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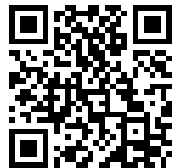
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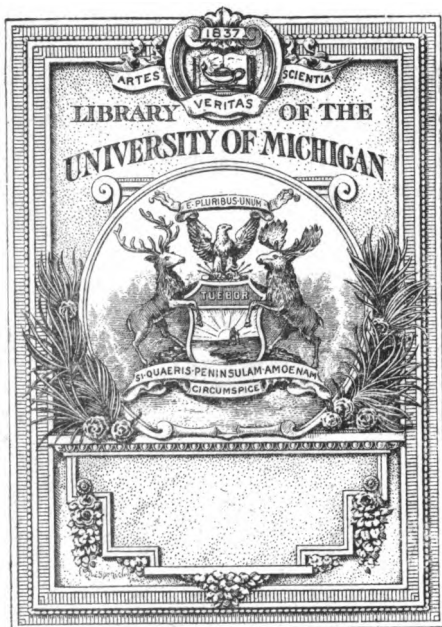
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INDEX.

- ABDOMINAL section, Dr. Burford's case of,** 105
Aconite a tenicide, 567
 Advertisement, a questionable, 40
 Aggravation according to time, by Dr. H. N. Martin, 214, 259, 293, 307, 364
 Agricola, practical notes by, 445, on *belladonna*, 550
 Ainhum, a Brazilian disease, 287
 Alcoholism, Dr. Gallavardin on, 375
 Allopathic and homeopathic treatment contrasted, 164, 320
 Allopathic dose, an, 195
 Ambir beads for throat diseases, 527
 Amenorrhœa, *sepia* in, 539
 Anemia, chlorotic, Dr. Simpson on, 361
 Angina pectoris, *phos.* in, 496; *spigelia* in, 415
Anilene a cause of eczema, 15
Antipyrin, effects of, 70
Argentum Nitricum for dreams of snakes, 324; in nerve exhaustion of business men, 11
Aristol in psoriasis, 479
 Arsenical poisoning, case of, 245
Arsenicum in papular eruption, 441; in carbuncle, 442
 Asomnia, *acon.* and *gels.* in, 296
 Ataxy, locomotor, *exalgine* in, 466
 Athletic sports, Mr. Metcalfe on, 340
Atropine, strange effects of, 325
 Attenuations, stability of, Mr. Wyborn on, 189
Aurum, Dr. Drzewiecki on, 562
 Australia, homeopathy in, 436; Medical Law in, 41; propaganda in, 339
 Ayerst, Mr. W. E., death of, 522
- BALDNESS,** 379
 Bennoch, Mr. F., death of, 380
 Bath Homeopathic Hospital, 223
Belladonna, the root, 550
Bellis perennis, proving of, 447
 Berdoe, Dr., on vivisection, 279
 Berridge, Dr., Hahnemannian Cures by, 203, 246, 300, 356, 410, 443, 542
 Birmingham Homeopathic Hospital, 223
 Black Book, a, 280
 Blackley, Dr. C., presidential address of, 448
 Blackley, Dr. G., case of lupus of hand, 218; case Reynaud's disease by, 219
- Blake, Dr. E., case of stammering by, 218
 Blindness, *gelsemium* in, 202; Society for the prevention of, 486
 Boils, *arsenicum* in, 294
 Bombay, poisoning in, 479
 Bönninghausen's sides of the body, 10; on the relative worth of symptoms, 92; on sides of body, 101, 122, 147, 184
 Bootle Homeopathic Dispensary, 151
Borax in epilepsy, 244
Boro-citrate of Magnesia in urinary calculi, 46
 Bournemouth, Meeting of Congress at, 433
 Bovinine, 472
 Bradshaw, Dr., cases treated by *Sepia*, 109
 Brain, congestion of, *apis* in, 360
 Breathing improver, 217
 Brighton Homeopathic Dispensary, 179
 Bristol Homeopathic Hospital, 276
 British Homeopathic Society, meetings of, 24, 76, 115, 218, 266; 316, 370, 507, 556; election of officers in, 342; annual assembly of, 370; president's address at, 372; meeting of, 437
British Medical Journal on homeopathy, 533
 Bromley, Phillips Memorial Hospital at, 152, 173
 Bronchitis of children, discussion on, 116
 Browne, Dr. S., on homeopathy in Tasmania, 455
 Buck, Dr., hemiplegia after embolism, 218
 Buenos Ayres, want of a homeopathic practitioner in, 185
 Burford, Dr., case of abdominal section by, 105
 Burnett, Dr., fistula by, 28; on lichen urticarius, 487
 Butcher, Mr., translation of Meyer on Obesity by, 29
 Butcher, Dr. C. W., on Hahnemann's Homeopathy, 30
- Cactaceæ*, Hale's monograph on, 8, 42
Calcarea in rheumatism, Dr. Clarke on, 207
Calendula in deafness, 25; Dr. Cooper on, 535
 Cancer, Mattei's remedy for, 332

- Carbuncle, *lachesis* in, 406; *ars.* in, 442
 Cardiac Therapeutics, Dr. Hale's, 182
 Carter, Mr. R. B., on the war-path again, 387; can't persuade the Ophthalmological Society to pass an anti-homeopathic resolution, 338; becomes abusive in consequence, 390; submits to meet a homeopath on conditions, 391; Dr. Dudgeon's reply to, 484
 Cataract cured by medicine, Dr. Ussher on, 13
 Catarrh of Stomach, *nux v.* and *ferr.* in, 540
 Cats, homeopathy for, 149
 Causalgia, 326, 378
Cayenne pepper, a criminal use of, 532
 Central German Homeopathic Society, 243
Chambers' Encyclopedia, article on homeopathy in, 200
 Champlin's Clinical Hints, 394
 Chemical *vs.* physiological test, 338
 Chemists, sale of nostrums by homeopathic, 102
Chloroform, poisoning by, 468
 Cholera, *copper* a protection against, 392
 Clarke, Dr., on *sulphur* in boils, 16; keynote of *staphisagria*, 16; *lachesis* in neuralgia and piles, 17; on *sulph.* in neuralgia, 206; the two paths in medicine, 507; *phosphorus* case by, 250; Dictionary of Domestic Medicine by, 280
 Clifton, Dr., practical jottings by, 395; on Mattei's remedies, 379
 Climbing down, 434
Coca, effects of, 521
Cocaine poisonings, 532; bad effects of, in cataract operations, 567
 College of Physicians, boycotting of homeopathy by the, 193
Comfrey, uses of, 304; botany of, 379
 Complaint by Dr. Herschell, 565
 Concert at Grosvenor House, 243, 292
 Congress of British Homeopaths, 396, 416, 433, 448
Conium, indications for, in consumption, 232
 Consultation with Homeopaths, 484; *The Hospital Gazette* on, 526
 Consumption, Dr. Gregg on, 181, 231; Koch's cure for, 529, 552; Rousset's cure for, 554
 Cook, Dr., on Therapeutics as an applied science, 556
 Cooper, Dr., on *calendula* in deafness, 535
 Corfield, Mr., death of, 566
 Cough, *viscum album* in, 359; *arsen.* in, 360; phthisical, Dr. Clarke on, 208
 Cows, milk-fever in, Mr. Ellis on, 306
 Crampers, Mr., death of, 396
 Cremation, Dr. W. B. Clarke on, 52
 Croucher, Dr. A., false accusation against, 103
 Croydon Homeopathic Dispensary, 231
 Cyclopaedia of Drug Pathogenesis, Pt. XI., 233; Pt. XII., 323; Pt. XIII., 520
 DALZELL, Dr., on tonsillitis, toothache, and insomnia, 494
 Dandruff, *chloral* in, 437
 Devon and Cornwall Homeopathic Dispensary, 460
 Diabetes, *kreasote* in, by Dr. Ghosh, 488
 Dictionary of Domestic Medicine, Dr. Clarke's, 280
 Diphthong, the, 294
 Dixon, Dr. Jacob, death of, 141
 Dog-bite, heroic treatment of, 43
 Drug action, Dr. Watson on, 186; Ferrum on, 237
 Drzewiecki, Dr., on *aurum*, 562
 Dudgeon, Dr., offered presidency of International Homeopathic Congress of 1891, 342; How Hahnemann Cured by, 343, 475; reply to R. B. Carter, 484
 Dyspepsia, *nux v.* in, 538
 EAR-RINGS, a cause of tuberculous infection, 431
 Eastbourne Homeopathic Convalescent Home, 166, 423; Homeopathic Dispensary, 177; Leaf Homeopathic Hospital at, 277; *odium medicum* in, 102, 148
 Electric belt quackery, 44, 90
 Electric or magnetic? 91
 Ellis, Mr., on milk-fever in cows, 306
Eucalyptus oil, by Dr. Dalzell, 106, 158; in bronchial asthma, 106; in cardiac dyspnoea, 108; in hay fever, 158
Euphrasia in colds, 8
Exalgine, poisonous effects of, 330, 465; in locomotor ataxy, 466; in trifacial neuralgia, 466; in *sciatica*, 466; in *shingles*, 467.
 Exeter Homeopathic Dispensary, 229
 Explosive medicine, an, 37
 FALLOPIAN TUBES, Dr. Burford on lesions of, 370; discussion on, 370
 Fee, may an allopathic take one from a homeopathic doctor? 199
 Fevers, by Dr. Ghosh, 425
Filix mas, dangers of, 238
 Fistula, by Dr. Burnett, 28
 Folkestone Homeopathic Dispensary, 28; as a health resort, 182
 Foreign graduates, status of, 87
Fousel oil, poisoning by, 376
 GALLAVARDIN, Dr., on milk preservation, 183; on alcoholism, 375

- Gas*, poisoning by, 471
 Gastralgia, *arsen.* in, 541
 Gentry, Dr., Concordance Repertory of, 140, 221, 235; on power or mode of action of potentized drugs, 405
 Ghosh, Dr., on fevers, 425; on diabetes, 488
 Glandular swellings, *kali hydriod.* in, 413
 Glasgow Homeopathic Dispensary, 175
 Glove, blood-poisoning by a, 238
 Goldsborough, Dr., on rare cases of pneumonia, 77
 Gould, Messrs., on tinctures, 564
 Gregg, Dr., on consumption, 181
- HAHNEMANN, letters of, 17, 111, 209, 259, 417, 502; how he cured, by Dr. Dudgeon, 343, 475; Dr. Mahony on, 427; dinner, the, 198; at Paris, 198
 Hahnemann's homeopathy, an appeal for, 30; inspiration, 87
 Hahnemannian cures, by Dr. Berridge, 203, 246, 300, 356, 410, 443, 542
 Hair restorer, 282
 Hale, Dr., cardiac therapeutics by, 182
 Hand, varying size of, 431
 Hansen, Dr., 102; cases by, 294, 359, 413, 441, 538
 Hastings Homeopathic Dispensary, 175
 Headache, heroic treatment of, 98
 Hematuria, *tereb.* in, 442
 Hering's Guiding Symptoms, 521
 Herring, on vaccination and homeopathy, 142
 Herschell, Dr., complaint by, 565
 Heuvel, Dr. Van den, on Posology, 397
 High attenuations, 333
 Homeopathic Association of the South (U.S.A.), 27
 Homeopathy, centenary of, 527
 Homeopathy fails, when, 86
 Hospital, the new homeopathic, 6
Housewife, *The*, Dr. Pope's articles on Domestic Homeopathy in, 147
 How the powers of drugs were determined, 437
 Hull Homeopathic Dispensary, 518
 Hyderabad commission, the, 100
 Hydrocele, electrolysis in, Mr. Ockenden on, 159
 Hydrophobia, *pita* a cure for, 7; Pasteur and, 50, 530
Hyoscyamus for toothache, 286
- Ignatia*, mental symptoms of, 222
 Illegal practice, actions for, 282, 333
 Influenza, symptoms and treatment of, 10, 50; Dr. Morrison on, 53; Dr. S. Wilde on, 61; increase of death-rate during, 65; warm weather and, 66; of 1847 and 1857, 67; *antipyrin* in, 68; and alcoholism, 71; homeopathic treatment of, Dr. Gutteridge on, 72; Dr. Walker on, 73; preventive treatment of, 74; the microbe of, 74; discussion on, 80; in Malta, 103; cause of, 139; in America, 148; Dr. Dudgeon on, 152; Dr. Fernie's work on, 183; *sulphuric acid* in, 201; Dr. Moir on, 266; discussion on, 266; in horses, 266; at the Antipodes 454; Dr. Morrison on, 541
 Insanity, *merc.* in, 495
 Insects as authors of epidemics, 377
 Insomnia, *rhus.* in, 494
 Invalids' Handbook, Hall's, 376
Iodine in vomiting, 324; in Woodhall Spa water, 377
 Iodism, rare form of, 377
Iodoform intoxication, 292; effect on odour of silver, 396
- JAMAICA, homeopathy in, 8, 430; Bill, the, 200; homeopathy in, 236
 James's Dictionary of Medicine, 97
Jequirity, active principle of, 47
 Journals, three new, 151
- KOCH'S cure for consumption, 529, 552; Austrian physicians on, 534
Kola nut, uses of, 293
Kronenquelle water, symptoms caused by, 13
- Lachesis* in neuralgia and piles, 17
Lachnanthes in phthisis, 158
Lactic acid in diarrhoea of phthisis, 104
 Lager beer, flavour of, 87
Lancet, *The*, on toleration, 338
 League, The Homeopathic, Fourth Annual Report of, 374
 Lee's Repertory, 520
 Leprosy and vaccination, 339
 Lichen urticarius, *thuja* in, by Dr. Burnett, 487
 Lister, Sir J., gives up the spray, 434
 Liverpool Hahnemann Hospital, 160, 236
 London Homeopathic Hospital, additions to staff of, 51, 88; meeting at, 270; proposed new, 241, 283, 292, 311; progress of building fund of, 336, 382, 421, 436, 474, 522
Lycopus virg., action of, 52; Dr. S. Wilde on, 108
 Lynn, Mr. J. E., death of, 335
- MADDEEN Dr., case of anemia by, 514
 Mahony, Dr., on how Hahnemann cured, 427
 Manchester Homeopathic Dispensary, 176
 Mansell, Dr. J., death of, 90
 Martin, Dr. H. N., aggravation according to time by, 214, 259, 293, 307
 Mattei's specifics, 332, 379, 473
 Melbourne Homeopathic Hospital, 28, 145, 200, 237, 283, 455, 457

- Merc. corr.* in dysentery, 8; poisoning by, 289
Mercury, poisoning by, 483
 Mesmerism, discussion on, 317
 Metchnikoff's phagocytes, 435, 482
 Meyhoffer, Dr. J., death of, 335
 Milk preservation by Dr. Gallavardin, 183
 Moore, Dr. G., death of, 89
 Moore, Dr. M., on *strophanthus*, 42; on New Zealand, 322
 Morgan, Major Vaughan, on the proposed new homeopathic hospital, 283, 382, 562
 Morrison, Dr., on influenza, 53, 201, 541
 Mussel poisoning, 340, 430
- NEATBY, Dr., lupus in foot by, 218
 Nephritis, *arsen.* in, 296, 297
 Nerve exhaustion of business men, Dr. Burford on, 11
 Neuralgia, *sulphur* in, Dr. Clarke on, 206; *trifacial*, *exalgine* in, 466, 467
 New York, homeopathy in, 84
 New Zealand, Dr. M. Moore on, 322
 Nicholas, Mr., cases by, 495
 Nitrous oxide, Dr. Clarke on, 64; administration of, 462
 Norwich Homeopathic Dispensary, 458
 Nosodes, 529
 Nursing record, the, 10
 Nutmegs, medicinal uses of, 9; poisoning by, 486
- OBESITY, treatment of, 29
 Ockenden, Mr., on enlarged prostate, 298
 Onions for sleeplessness, 393
 Orthodox treatment, 289
 Oxford Homeopathic Dispensary, 176
 Oysters, poisoning by, 191
 Ozanam, Dr., death of, 149
- PAPULAR eruption, *sulphur* in, 539
 Paris, homeopathy in, 198
 Pasteur and hydrophobia, 50, 530; on influenza microbe, 75; Tyndall on, 100; Drzewiecki on, 534
 Pennsylvania, homeopathies in, 484
 Phagocytes, the microbe eaters, 435; the microbe eaten, 482
 Pharmaceutical testing, 321
 Pharmacopeias, homeopathic, companion to the, 519
 Pharmacy, carrying the war into, 138
 Phlebitis, case of, 295
 Phosphorus case by Dr. Clarke, 250; poisoning by, 328
 Phrenology and physiology, by J. Webb, 519
 Physiological research and clinical medicine, 244
 Pita a cure for hydrophobia, 7
 Pneumonia, discussion on, 77
- Podophyllum*, proving of, 246
 Poland, homeopathy in, 102
 Posology, Dr. van den Heuvel on, 397
 Posology by Ferrum, 477
 Potencies, relative power of high and low, 38
 Potency question, the, 385
Primula obconica, causes eczema, 6; proving of, 496; poisoning by, 499, 523
 Progress of homeopathy, 6
 Prostate, enlarged, Mr. Ockenden on, 298
 Psoriasis, *arsenic* in, 414; *aristol* in, 479
 Psycho-therapeutics, Dr. Tuckey's, 278
Pumiline, discussion on, 319
Pyrogen in typhoid fever, 56
- RAY, Dr., on influenza in Melbourne hospital, 454
 Reign of Law in Medicine, 392
 Repertory, Gentry's concordance, 140, 221, 235, 427; Time, 430; Lee's, 430
Rharmac, Dr. Ussher on, 63
 Russia, homeopathy in, 533
- Sacch. lactis* in cardiac dropsy, 88
Salicin in beer, poisoning by, 500
Salicylate of soda, poisoning by, 469, 470
Salicylates in beer, Dr. Ussher on, 566
Salufer, Dr. Ussher on, 63
 Sarcoma, Dr. Skinner's case of, 438
 Scarletina and cow's milk, 182
 Scent, hypodermic injection of, 397
 Schädler, Dr., death of, 150
 Schüssler's tissue remedies, 234
 Sciatica, *exalgine* in, 466
 Scientific doctors and modern physiology, 1
 Scientific medicine, 150
 Scott, Sir W., a reader of the *Organon*, 113
 Self-doctoring, 104
Senecio aureus, 190
Sepia, cases treated by, Dr. Bradshaw, on, 109
 Shaw, Mr. Knox, case of essential atrophy of conjunctiva by, 218; hydrocele cured by operation, 218
 Shingles, *exalgine* in, 467
 Shuldham, Dr., Family Homeopathist, 520
 Sides of the body and drug affinities, Bönninghausen's, 122
 Silk, Mr., on *nitrous oxide* gas, 464
 Sinner, a repentant, 338
 Skinner, Dr., case of sarcoma by, 438
 Sleeplessness, *onions* for, 393; *tachesis* for, 406
 Smith, Dr., apology of, 149
 Smith, Dr. H., case of ulcer by, 15; on *pyrogen* in typhoid fever, 56; *gels.* in blindness, 202

- Spectacle frames, poisonous, 378
 Spencer and Huxley on physiology and therapeutics, 1
 Stammering, Dr. Blake on, 218; and tonsillitis, 342
 Stanley and homeopathy, 533
Staphisagria, a keynote of, 16
 Strangury, *cantharis* in, 408
Strophanthus, Dr. M. Moore on, 42
Sulphur in boils, 16
 Surgery and homeopathy, 3
 Sussex Homeopathic Dispensary, 177
Symphytum, botany of, 379
Symphoricarpus rac., in vomiting of pregnancy, 238
 Symptoms, relative worth of, 92
- TAPE-WORM**, dead shot for, 567
 Tasmania, homeopaths and allopaths in, 9, 436, 455
Thuja, Hahnemann on high potency of, 386
 Tight lacing in monkeys, effects of, 150; death from, 393
 Tinctures from plants, on making, 524; Gould on, 564
 Tomatoes as food, 485; poisoning by, 485
 Tonsillitis, case of, 494
 Toothache, *merc.* in, 494
 Torquay Homeopathic Dispensary, 517
 Tuckey, Dr., psycho-therapeutics by, 278
 Tumbling down, 482
 Tunbridge Wells Homeopathic Hospital, 228
Turpentine, proper allopathic dose of, 195, 281
 Twain, Mark, and homeopathy, 97
- Tyndall on Pasteur, 100
 Typhoid fever, *pyrogen* in, 56; Mr. Wyborn, 95
- URETHRITIS**, *hydrates* in, 441
 Urinary calculi, *Boro-citrate of Magnesia* in, 46
 Ussher, Dr., notes by the way by, 13; on *Salicylates* in beer, 566
- VACCINATION** and homeopathy, Dr. Herring on, 142
Viburnum prunifolium, in threatened abortion, 467
 Villers, Dr. A., the new editor of the *Alleg. Hom. Zeit.*, 51
Viscum album in chronic cough, 359
 Vivisection, Dr. Berdoe on, 279
- WARD'S** Island Hospital, 244
 Warts, *Natr. m.* for, 411
 Watford, homeopath wanted at, 283
 Welsch, Dr. H., honour conferred on, 392
 Western Counties Therapeutical Society, 120, 319
 What homeopathy has saved us from, 200
 Who goes first? 394
 Wilde, Dr. P., on Mechanical Obstacles to Cure, 120, 323
 Wildes, Dr., on homeopathic schools, 8
 Wright, Dr. D., on bronchitis of children, 116; case of sympathetic ophthalmia by, 219
 Wyborn, Mr., on the stability of attenuations, 189

THE HOMEOPATHIC WORLD.

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SCIENTIFIC DOCTORS AND MODERN PHYSIOLOGY.

In a recent discussion in *The Times* on "Political Ethics," between Mr. HERBERT SPENCER and Professor HUXLEY, a noteworthy passage of arms occurs *apropos* of an illustration from medical practice made use of by Mr. SPENCER, which we here reproduce:—

"I pass on," says Mr. SPENCER, "to his (Professor HUXLEY's) comments on absolute politic ethics. 'Your treatment is quite at variance with physiological principles' would probably be the criticism passed by a modern practitioner on the doings of a Sangrado, if we suppose one to have survived. 'Oh, bother your physiological principles,' might be the reply. 'I have got to cure this disease, and my experience tells me that bleeding and frequent draughts of hot water are needed.' 'Well,' would be the rejoinder, 'if you do not kill your patient, you will at any rate greatly retard his recovery, as you would probably be aware had you read Professor HUXLEY's *Lessons on Elementary Physiology* and the more elaborate books on the subject which medical students have to master.' This imaginary conversation will sufficiently suggest that, before there can be rational treatment of a disordered state of the bodily functions, there must be a conception of what constitutes their ordered state; knowing what is abnormal implies knowing what is normal. That Professor HUXLEY recognizes this truth is, I suppose, proved by the inclusion of physiology in that course of medical education which he advocates. *If he says that abandonment of the Sangrado treatment was due, not to the teachings of physiology, but to knowledge empirically gained, then I reply that if he expands this statement so as to cover all improvements in medical treatment he suicidally rejects the teaching of physiological principles as useless.*" (Nov. 15.)

To this the physiologist replies :—

“ Mr. SPENCER addresses a sort of *argumentum ad hominem* to me. It is hardly chosen with so much prudence as might have been expected. Mr. SPENCER assumes that, in the present state of physiological and medical science, the practitioner would be well advised who should treat his patients by deduction from physiological principles (‘ absolute physiological therapeutics,’ let us say), rather than by careful induction from the observed phenomena of disease and of the effects of medicines. Well, *all I can reply is, Heaven forbid that I should ever fall into that practitioner’s hands*; and if I thought any writings of mine could afford the smallest pretext for the amount of manslaughter of which that man would be guilty, I should be grieved indeed. Mr. SPENCER could not have chosen a better illustration of the gulf fixed between his way of thinking and mine. Whenever physiology (including pathology), pharmacy, and hygiene are perfect sciences, I have no doubt that the practice of medicine will be deducible from the first principles of these sciences. That happy day has not arrived yet, and I fancy it is not likely to arrive for some time. But, *until it comes, no practitioner, who is sensible of the profound responsibility which attaches to his office, or, I may say, is sane, will dream of treating cholera or smallpox by deduction [from] such mere physiological principles as are at present well established*. And if this is so, what is to be said of the publicist, who, undertaking to preserve the health and heal the diseases of an organism vastly more complicated than the human body, seeks guidance, not from the safe, however limited, inductions based on careful observation and experience, but puts his faith in long chains of deduction from abstract ethical assumptions, hardly any link of which can be tested experimentally? ”

If Professor HUXLEY can speak thus slightly of “ mere physiological principles,” what must be said of the “ mere pathological principles ” which are founded upon them; and of the practitioner who bases his practice on such flimsy materials? And yet there are weak-kneed homeopaths who think it a great pity HAHNEMANN was ignorant of this questionable stuff. Let them study his *Organon* and his *Chronic Diseases*, and they will find his knowledge of pathology at once more profound and more practical than anything now taught in the schools. The broad first principles of physiology and pathology unknown to the modern school were known to him, and on them his therapeutics is based, and also his opposition to, and the

final overthrow of the Sangrado order of practitioners. Professor HUXLEY and his school only know the "mere" physiological principles. Professor HUXLEY is so far more enlightened than the rest that he knows them to be what they are, and rates them at their proper value. For all practical therapeutic purposes they are useless. Rule-of-thumb practice is better than "scientific medicine" founded on such science. Sir ASTLEY COOPER has said: "The practice of medicine is founded on conjecture and improved by murder." And such must inevitably be the case unless we have some first principles to guide us. Modern so-called scientific doctors, says Professor HUXLEY, have nothing of the kind. HAHNEMANN has revealed the true nature of diseases and the true principles of treatment. Let all those of his disciples who are tempted to stray into the pastures of the self-styled "scientific" school be warned by Professor HUXLEY's words, and learn how much their boasted science is worth.

SURGERY AND HOMEOPATHY.

THERE is much confusion of mind among both allopaths and homeopaths in regard to the position surgery occupies, or should occupy, in relation to homeopathy. It has sometimes been cast upon us as a reproach that homeopathy has no surgeons; and enthusiastic homeopaths have been known to retort that homeopathy can do without them. Homeopathy, it is alleged, can accomplish by means of drugs all that the knife can do and much more besides. Other homeopaths, again, have discountenanced efforts that have been made to develop homeopathic surgeons on the ground that they can get all the surgery they require performed by allopathic surgeons.

But these are only partial ways of looking at the question. There is a great need for homeopathic surgeons as we have always contended, and shall presently show again. Surgery has its own proper place that no drugging can possibly supply. So long as bodily deformities exist, and accidents

occur, and natural processes are apt to go wrong, skill of hand and steadiness of nerve will be required to put them right. But there is a large tract of debatable land lying between Medicine and Surgery where surgeons who know what drugs can do are pre-eminently needed.

There are some who wish for homeopathic surgeons chiefly in order that they may have some one they can meet in consultation on amicable terms when a surgical opinion is desired. And this is certainly a matter of no small importance ; but it is not the chief thing. The attitude of the homeopath towards disease is entirely different from that of the allopath. The allopath knows little or nothing about chronic constitutional states, and the expression they sometimes find in morbid growths. The only notion he has when he sees a tumour is to cut it out. If a patient consults an allopathic surgeon about a growth on his tongue which he cannot remove by big doses of *Potassium Iodide*, he can think of nothing better than a grand operation which shall relieve the man of his tongue altogether, with his submaxillary glands—and leave the disease in his blood.

Here, it seems to us, is the vital point. Are we to send our patients to surgeons of this kind when they demand a surgical opinion, or are we to have surgeons of our own who are as enthusiastic in their belief in HAHNEMANN as we are ourselves, who know what drugs can do and what the knife cannot do ;—who can use the knife when it must be used as well as the best, and who will be the last to use it when its use can be better spared? To this question there can be only one answer.

The surgeon who “loves the knife” is a hateful institution ; and the surgeon who “believes” in it as the remedy for everything is scarcely much better. The greatest power is often shown in reticence : Wellington was as great behind the lines of Torres Vedras as he was at Waterloo. It is not the man who is always desirous of showing what he can do, but the man who has the courage to do nothing when meddling can do no good—however much an ignorant

patient may cry out for "something to be done"—that commands respect and confidence.

Allopathy, by its stupid denial of the power of drugs as disclosed to the world by HAHNEMANN, necessarily claims all that we have called the debatable land as the proper domain of the knife. It knows no better; for the simple reason that it steadily refuses to learn. HAHNEMANN has taught us to study patients in their complete individuality. Following in the lines he has laid down, many practitioners have cured patients of their tumours, and of the diseased constitutions which have given rise to the tumours, when allopathy had nothing but the knife to offer, and could promise nothing better than a short reprieve as the probable fruit of operation. A case in point is one narrated in an article by Dr. DUDGEON in our last number. Dr. BURNETT's remarkable cures related in his book on *Tumours of the Breast* are others. Of course, all tumours are not to be cured in this way; but the fault of that lies not with homeopathy but with us who practise it. If we approach our task with the notion that there is no power in drugs to cure patients of their tumours, or that we have not the skill to use them effectively for that purpose, we certainly shall not make cures; and our patients will probably go to the wielders of the knife who cut away the growth and leave the disease behind. If, on the other hand, we undertake our cases with the conviction that what has been done in the past may be done now, and that it is our fault if we do not accomplish it, very different will be our results.

Attitude here is everything. The attitude of the allopathic surgeon towards disease in a large proportion of the cases that come before him is radically wrong. Hence the need of homeopathic surgeons—men who understand disease as HAHNEMANN has revealed it, and who are not afraid to face the labour of mastering the means of coping with it which he has placed in our hands.

NEWS AND NOTES.

THE NEW HOMEOPATHIC HOSPITAL.

THE great work before the homeopaths of Great Britain for the year 1890 is the raising of funds for the New Hospital in London. Promises have already been received from a few well-known friends of homeopathy for one-fourth of the sum required before the work can be commenced, and it now remains for the rank and file of the supporters of homeopathy to contribute the rest. Every medical man should make known among his *clientèle* the great need there is for the new building, and invite them to turn their generosity in this direction. That the wards have been made as commodious and cheerful as they are at present is little short of marvellous, but no amount of care can make up for want of principle in construction or turn old walls into new ones. Surely the friends of homeopathy in the metropolis and the country are equal to supplying this want. Mr. G. A. Cross, Secretary to the Hospital, will be happy to receive subscriptions and answer any inquiries.

"PROGRESS OF HOMEOPATHY."

A VERY interesting League tract has been compiled from the address of Dr. Pope, editor of *The Monthly Homeopathic Review*, delivered on the occasion of his being presented with a testimonial. The tract bears the title, "Progress of Homeopathy," and constitutes No. 25 of the series. The writer passes in review the principal events of the last twenty-five years; and he shows how some things that happened a few years back would be impossible now. All who wish to be well posted in the recent history of homeopathy should possess themselves of *Tract 25*.

PRIMULA OBCONICA.

APROPOS of the letter of "Ferrum" in our last number about the eczema-producing properties of *Primula obconica*, a correspondent points out to us that for some weeks past *The Gardening World* has been publishing despairing

letters on the same subject from cultivators of the plant. Indeed, so much suffering has been caused by handling it, that fears are entertained of its cultivation being abandoned altogether. Our correspondent has asked us for a remedy, and we have suggested the use of *Rhus Tox.*, both as prophylactic and curative. We hope this potent drug may soon have a good proving, which it will no doubt well repay.

“PITA”—ANOTHER CURE FOR HYDROPHOBIA.

IF hydrophobia is still considered incurable, it is certainly not for want of “cures.” From *The Lahore Tribune* of October 30th we have received the following extract; and we learn from our correspondent, to whom we are indebted for sending it to us, that “Pita” is the fibre of the *Aloe*.

“Mr. Labouchere writes in *Truth*: ‘The doctors of Seville are proclaiming the discovery of a most efficacious remedy for hydrophobia. In a French account of it, which I have before me, it is spoken of as “pita,” which is not French for anything that I am aware of, but is, I fancy, the scientific name for flax or hemp. The discovery is thought so much of in Seville that a memorandum on the subject, drawn up by the local doctors, has been transmitted by the civil governor of the town to the sanitary authorities. It describes the case of a child suffering from all the worst symptoms of hydrophobia, who had taken no nourishment of any kind for seventy-two hours, and was all but given up when the “pita” was tried by way of experiment. The account says that the patient seized the stuff, and “ate it with voracity.” He at once showed benefit from it, and continued to munch it for several days, other medicines being stopped. It was first administered on the evening of the 18th, and on the night of the 21st the patient slept and took food. On the 24th he was pronounced convalescent, and by the 26th all the functions were reported perfect. He had been gradually taking less and less “pita,” and the bulletin of the 26th states that he “has a horror of it.” I am quoting, not from a romance, but an official document. I think that our doctors had better investigate “pita.”’”

DISCOVERIES IN HOMEOPATHY.

THE *Pharmaceutical Journal and Transactions* (Nov. 30th) has made two great discoveries—that *Euphrasia* is good for colds, and that *Mercurius Corrosivus* cures dysentery. The authorities for these discoveries are a Dr. G. M.

Garland and a Mr. Chowdhorry. Here is the account of these wonderful discoveries and how they were arrived at:—

“EUPHRASIA OFFICINALIS IN COLDS.—The common ‘eyebright’ (*Euphrasia officinalis*), in addition to the wonderful virtues attributed formerly to it in the treatment of ophthalmic complaints, was considered to be ‘a great dryer.’ This part of its reputation appears to have been justified in the experience of Dr. G. M. Garland, who states that he has found it of great service in the treatment of acute coryza (*Bost. Med. Surg. Journ.*, Nov. 7th, p. 453). The remedy was used in the form of a tincture (strength not given), which in ten-drop doses in water is described as exercising a powerful action upon the recently inflamed mucous membrane of the nose and pharynx, reducing the secretion in a very short time. The tincture is said to have been found specially useful in the acute coryza of infants.

“MERCURIC CHLORIDE IN DYSENTERY.—Acting on the presumption that the efficacy of ipecacuanha in dysentery is due to its power of stimulating the liver and producing an abundant secretion of bile, Mr. Chowdhorry experimented in the Burdwan Hospital with perchloride of mercury, as likely to serve the same purpose without the nauseating effects. He reports (*Lancet*, Nov. 3rd, p. 901) that he has treated many cases with uniform success. In two of the cases reported a dose of five minims of liquor hydrargyri perchloridi in two drachms of water was administered every four hours, and in a third the same quantity of liquor in an ounce of water.”

THE CACTACEÆ.

WE publish elsewhere an appeal from Dr. E. M. Hale for assistance in compiling a monograph on the *Cactaceæ*. Dr. Hale’s labours in adding to our knowledge of the homeopathic materia medica are so well known that we need only call attention to his letter to ensure him the help he desires. Communications should be addressed to Dr. E. M. Hale, 65, E 22nd Street, Chicago, U.S.A.

JAMAICA.

DR. THOMAS WILDES, the indefatigable representative of Homeopathy in the Island of Jamaica, is making a strong move to have the homeopathic qualifications of the United States recognized by the Colonial Government. A Bill has been introduced in the Legislative Council of Jamaica, by the Hon. Wellesley Bourke, to “facilitate the settling in this island of qualified medical and surgical practitioners”

and to "make provision whereby the diplomas, licences or certificates of approved universities, colleges and schools in foreign countries and in Her Majesty's dominions should be recognized in this Island." The Bill goes on to set forth that, notwithstanding anything in any law to the contrary, "it shall be lawful for holders of diplomas, &c., according to the Allopathic, Homeopathic, or Eclectic systems," &c., named in the schedule appended, to be registered as practitioners in the Island. Dr. Wildes, in an able letter to *The Colonial Standard and Jamaica Despatch* of October 29th criticizes the schedule and especially the omission from it of the best Homeopathic schools in the States, and quotes the New York law respecting the standing of Homeopathic and Allopathic degrees. Dr. Wildes' letter cannot fail to have good effect when the Bill comes to be passed into law.

HOMEOPATHS AND ALLOPATHS IN TASMANIA.

THE Launceston *Daily Telegraph* (October 15th), reporting the proceedings of the St. John's Ambulance Association of that town, announces that Dr. Wilkins Gutteridge, with whose name our readers are well acquainted, was chosen to examine the candidates. The course of lectures had been delivered by Dr. L. Gray Thompson, an allopath, we believe. It is quite right that in work of this kind the two schools should be associated on even terms.

NUX MOSCHATA.

THE Allopaths have at last discovered that nutmegs have another use besides flavouring puddings, as will be seen from the following extract:—

"NUTMEGS. — Dr. J. V. Shoemaker (*Med. Bull.*) says that the medicinal qualities of nutmegs are worthy of more attention than they have hitherto received. They will be found valuable in the treatment of summer diarrheas, many cases quickly yielding to the administration of half a drachm in milk. Insomnia may be effectually relieved by them when opium has failed, and chloral is contra-indicated. They can be administered in delirium tremens with safety and benefit when any other sedative would be perilous. An ointment, composed of two drachms of powdered nutmegs, one drachm of

tannic acid and one ounce of lard, constitutes an excellent application for itching and irritable hemorrhoids. The dose of powdered nutmeg varies from two to ten grains for children and from ten grains to two drachms for adults. Larger quantities than this have produced profound coma lasting for hours."—*New York Medical Times*.

Dr. Shoemaker might have added that the *nux moschata* subject was excessively sensitive to cold damp air; and that irresistible drowsiness in the day-time and after meals, and dryness of the mouth on waking in the morning, without thirst, are leading indications for the use of the drug.

THE "NURSING RECORD."

THE editor of *The Nursing Record* requests us to announce that an *American Edition*, in addition to the ordinary issue, will be published each week from December 21, 1889, by Messrs. Bloomfield & Co., 658, Broadway, New York.

BENNINGHAUSEN'S "SIDES OF THE BODY."

It is our intention to publish shortly in our pages this excellent little work (modestly called by its author an "exercise" in Homeopathy) which we are sure will be welcomed by all our readers who aim at strict homeopathizing.

ORIGINAL COMMUNICATIONS.

INFLUENZA.

IN face of the steady advance of the Influenza epidemic it is desirable that we should be prepared for its arrival. From the accounts that have been given it is something more than what is ordinarily called an "influenza cold." The prominent symptoms of the disease as described by eye-witnesses are as follows:—

Rapid onset.

Prostration of body and depression of mind.

High fever with not very rapid pulse.

Intense frontal headache, with pain in the eyeballs, foul tongue, fetid breath, constipation and general malaise.

Catarrh of the nose and frontal sinuses and sore throat are common, but by no means universal.

Vague rheumatic pains along the back, shoulders, and limbs.

Relapses are common when there has been too early exposure during convalescence.

Fuller particulars are desirable, but these symptoms suggest a number of remedies, prominent among which may be named—*Aconite*, *Arnica*, *Arsenicum*, *Baptisia*, *Belladonna*, *Bryonia*, *Gelsem.*, *Glonoïn*, *Natrum mur.*, *Pulsat.*, *Rhus*.

Languor before fever is found under *Ars.*, *Bapt.*, *Natrum mur.*

Headache with fever—*Arn.*, *Ars.*, *Bell.*, *Chi.*, *Eup. perf.*, *Hep.*, *Ign.*, *Nat. mur.*, *Puls.*, *Rhus*, *Sil.*, *Sul.*

Foul breath with headache is found under *Apis*. Foul breath in general is under many remedies, notably—*Arnica*, *Ars.*, *Baptis.*, *Bell.*, *Bry.*, *Gels.*, *Hepar.*, *Mercurius*, *Nit. ac.*, *Nux.*, *Petrol.*, *Pod.*, *Rhus*.

Gelsem. has headache beginning in cervical spine, extending over whole head, causing a bursting sensation in forehead and eyeballs.

Glonoïn has severe frontal headache, affecting the eyes.

Pulsatilla has frontal headache, with feeling as if the eyes would start out of the head.

Judging from the data we have, we are inclined to give *Arsenicum* the first place as a prophylactic, and *Natrum mur.* the second. If the epidemic appeared amongst us, we should advise those exposed to take *Arsenicum* two or three times a day in the 12th attenuation. If *Arsenicum* failed, in many cases we should give *Natrum mur.* For the treatment of an attack we should be guided by the individual symptoms of the patient, but we should expect to find the remedy among those named above, *Acon.*, *Bry.*, *Gels.*, *Bell.*, *Bapt.*, *Nat. mur.*, *Puls.*, and *Rhus* being the most likely, not forgetting a dose of *Sulphur* or *Psorinum* if the patient did not react well.

THE NERVE EXHAUSTION OF BUSINESS MEN: A CASE.

BY G. H. BURFORD, M.B.

THIS case is peculiarly interesting to business men, since

it is a type of "the disease of the century"—nervous exhaustion. The patient was a business man, aged forty-five; he had originally a fair aptitude for business, but of late years his commercial capacity seemed to have deserted him. "He could not bear the thought of business: and things might go as they pleased." This was his frame of mind when I first saw him.

He was very melancholic, and sometimes afflicted with suicidal impulses; his mind was lethargic; his prevailing tendency was to inordinately magnify trifles until they seemed prodigious evils. He was very sleepy during the day, brightening up somewhat toward evening; he had for long been afflicted with headaches, which were worse in a warm atmosphere; and his *tout ensemble* was one of painful nervousness.

I commenced his treatment with *Sulphur*, *Psorinum*, and *Thuja* consecutively, but without any great progress. A careful review of the symptoms, with a desire to select the "simillimum," led me to *Argentum Nitr.*; for the following reasons:—

1. Hypochondriasis.
2. Lethargy and drowsiness during day.
3. Headaches, worse when warm and after food.
4. Great flatulence after meals, relieved by belching.
5. "No real appetite for food."
6. Constipation alternating with diarrhea.
7. Loss of sensation and of power to a certain extent in the wrists and fingers, chiefly of the right.
8. Old evidence of a similar lesion in the right lower extremity, evidenced by a clubfoot.

For these symptoms I put him on *Argentum Nitr.* 6 thrice daily. In a fortnight I raised the potency to *Arg. Nit.* 30, and finally I gave him a week of the same remedy in the 200th dilution.

I saw him a few weeks after he ceased to take the 200th potency. Said he, "I am better than I have felt for years. All my lethargy has gone; my headaches occur but seldom, and my energy is marvellous to myself. Business is now, for the first time for a long while, an *actual pleasure*, and my whole being seems changed; I sleep well, and without morning drowsiness."

After the lapse of another fortnight I again saw him; and his progress was fully maintained. He felt more confidence in himself, and remarked, "I did not expect you

to be able to do me any good. I have tried all the doctors, but to no purpose." *Argent. Nitr.* will be his sheet-anchor for any further and similar troubles in years to come; for the manner in which he responded to its administration was scarcely less marvellous to himself than to all his friends. For brain-fag, attended by nervous dyspepsia of this type, *Argentum Nitr.* is a sovereign remedy.

20, Queen Anne Street, Cavendish Square, W.

NOTES BY THE WAY.

By DR. USSHER.

KRONENQUELLE WATER.

THIS natural mineral water produced these symptoms with me:—Pain outside the condyle of left jaw, then pain as if in the centre of left *membrana tympani*; dull but not severe stiffness of left *masseter*; inability to open the jaw fully; constant tinnitus, like blowing off steam, day and night, making me believe that it was at the Wandsworth goods station.

Finally, cracking in *masseter* muscle with continual yawning, tenderness of region about jaw condyle, and marked swelling of it, continuing all the time I used it—at this period 10½ bottles; and on returning to the remainder of the dozen, tinnitus, &c., returned. It contains iron, and so far from relieving the stiffness of my knees which I anticipated, made them more so. Its action on the left ear and jaw may be borne in mind.

CURE OF CATARACT BY MEDICINE.

E. P., female, 20, siliquose cataract of left eye; capsule of lens wrinkled, white, sight almost nil—observable to everybody by reason of its whiteness. Her mother says she was born without defect, and the only predisposing cause I can connect was erysipelas at three years of age; she has been blind since then. The eyes are an old-fashioned-blue now not often seen; right eye perfect. She was pale and out of health; and I find on Feb. 22, 1889, *Bell.* 3x, prescribed, followed by *Cal. C.* 12 on March 5th. March 16th, eyes smart, worse out of doors, headache in forehead, heart beats much, *Ars. Fowler* 1x; and April 8th to 20th, continued the same to her benefit, followed on the 30th by

Puls. 2x. She was irregular in her monthly period. May 8th, *Silicea* 6x trit. Knowing the power of the medicine on the cornea I thought I would try it on the lens, and as Dr. Burnett said, "I pegged on" in hope. June 6th, *Silicea*; June 24th, *Phosp.* 6; July 3rd, *Silicea* 30 *bis die*. Aug. 12th, 24th, Sept. 2nd, the same. Sept. 16th, still taking *Silicea* 30; felt sick, shooting headache in forehead. Sept. 28th, face swelling, with stripes of red. Stopped *Silicea* 30, gave a few doses of *Graphites* 12. She had a rough skin, and cracks about her mouth; feared a return of erysipelas. Oct. 11th, resumed *Silicea*; then comes the report, "Sight clearing." Was it possible, or too good to be true? Oct. 23rd, kept to *Silicea* 30; and now, Nov. 15th, looking at the eye with a good lens, there is only the remains of opacity, a mere central trifle, all round, the slightest milkiness, whilst the sight is improved so that she can read type of the size of "Notes by the way." Her health manifestly improved. In a little time the lens will be as clear as the other, and a noticeable deformity removed. Could *Silic.* 6x have accomplished it? I think not; the improvement was after the 30th, and steadily since. It has always been an ambition of mine to cure cataract by medicine. I know it can be done, and there are many other things that will yield to remedies in the hands of the homeopath, as has been proved again and again. After experience of thirty-two or thirty-three years, I have never seen cataract get well of itself. The pasty, washed-out look of the girl led me to *Silicea*, and in it and its compounds I have the most unshakeable faith, a faith again and again tested, and all the stronger when it ends in cure. Time is necessary, and what is a year when an eye has been closed to practical use for seventeen years!

"Peg on, peg on, is the tune of my song,
And you go ahead whilst pegging along."

It is too much for some to believe in the possibilities of thirties, but to try and persevere is far from impossible; to succeed where the otherwise have laughed at you is worth the scorn and vituperation of any amount of detractors. Nature reveals secrets to those who can be reverent and patient. What the interpretation of the process may be never troubles me.

ECZEMA WITH A VENGEANCE.

Both legs, from knees to ankle, perfectly *symmetrical*, but why? I could not understand it. The man looked the picture of health, and there were large ulcers, three on one leg and two on the other. I observed one of his hands unduly red, and asked the cause: the right hand had been handling *anilene*. Read Allen's proving, and you will see that this death-dealing dye has an affinity for the legs. His daughter spotted the mischief, but he would not believe her. *Petrol 2x pilules* has cured the eczema. *Bell. 3x* relieved the pain at night; *Calendula*, a lotion of the mother tincture, improved the sores. I am confident that they will be healed by *Calcarea Silicata 1x trit*, and that before long. I am glad to learn that the anilene dyes are going out of the market.

Wandsworth, Nov., 1889.

P.S.—One shilling's worth of anilene goes as far in leather-dying as ten shillings' worth of cochineal did. When the men work without indiarubber gloves, the hands are covered with cracks, and one of my patients gets terrible colic.

OUR CLINIC.

A LONG-STANDING ULCER QUICKLY CURED BY
SIMPLE TREATMENT.

By DR. HARMAR SMITH.

OCTOBER 21st, 1889.—Miss F., Guildford, æt. about 30. General health appears good. Has an ulcer of the neck, under the lower jaw, near the anterior border of the sterno-cleido-mastoid muscle. It is not quite as large as a florin. The patient states that four years ago she noticed a small tumour—apparently an enlarged gland—and consulted a surgeon about it, who made an incision into it, which soon formed an ulcer. For this she has been attended by Mr. — ever since, who has made various applications. There had not, however, appeared the slightest tendency to heal, and when she came to me it was as bad as ever. The last dressing was with an ointment of red precipitate.

I applied a weak *Calendula* lotion, and prescribed *Sulphur* 4x.

November 4th.—Ulcer nearly healed. Continue lotion.

November 28th.—Ulcer quite well. Discharged cured.

Latimer House, Guildford, December, 1889.

SUCCESSION OF BOILS—*SULPHUR*.

By DR. CLARKE.

WM. W., 22, October 12, 1889, has suffered for two or three months with a series of boils on the face. His general health is good. The only other symptoms he complained of were that his bowels were slightly *constipated*, and that his appetite was *too good*. These last symptoms pointed to *Sulphur*, which was given in the 30th attenuation, and in a fortnight he returned to say that the boils had all gone and no new ones had appeared.

The medicine which corresponds best to "a succession of boils," when there are no other symptoms to guide, is *Anthracinum*; but in all cases the totality of symptoms must be considered. *Sulphur* corresponds to boils, and with the other symptoms present was clearly the medicine in this case.

This patient was the brother of the girl I cured of cheloid, with *Silica* 3, some years ago, and it was her case that led him to consult me, thinking I should not want to use the knife. The case of the sister is published, but I may mention that she had been operated on at St. Bartholomew's for a small tumour of the forehead, and that cheloid appeared in the scar. This was removed at St. Bartholomew's by a second operation, and the cheloid returned. It was then she consulted me, and under *Silica* 3 the cheloid gradually disappeared, the pain of it (for it was painful) being the first thing to leave. Her brother tells me there has been no return, and she remains well.

A KEY-NOTE OF STAPHISAGRIA.

By DR. CLARKE.

IN CASES of throat affection, such as enlarged tonsils, if the patient complains of *stitches flying to the ear* (especially the left) *on swallowing*, *Staphisagria* is the remedy.

Frank S., 23, on March 23, 1889, came to the hospital with the following symptoms among others, which he had had for a month, following a cold :

Pain in throat and chest, worse in the morning.

Gets up thick stringy phlegm.

Tonsils rather large, the left sore to touch.

Slight stitch flies to the left ear on swallowing.

Stephisagria 30 soon put an end to the last symptom. The tonsils became smaller, and his other symptoms abated. He remained a week or two longer under treatment, but this was for another affection.

NEURALGIA AND PILES: CURED BY LACHESIS.

By DR. CLARKE.

M. G., aged 45, complained of a pain in the lumbar region, passing round the left side of the body and down the left thigh.

The pain was so severe that it crippled her.

It was followed by a slight attack of bleeding piles.

It was completely relieved by lying on the back.

On a previous occasion, two months before, *Bryonia* had been given with some benefit. The position of the pain, together with the complete relief by lying on the back, now led me to *Lachesis*, which I gave in the 12th attenuation. Steady improvement followed, and in a few weeks she reported herself as entirely free from pain.

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 27.

[To DR. STAFF.]

DEAR COLLEAGUE,—I could not answer your esteemed letter, the 30th March, before to-day. General Bowsdin has taken up much of my time, and continues to do so. Dr. Däubachs, of Agram, sends you the enclosed sovereign.

I am glad that you take a fatherly interest in *Conium maculatum*. I have already done so, and will continue doing so; and I think that something more valuable will come out of it than is to be found in the upwards of 100 volumes which have been

written *pro* and *contra* Störck's little book on *Cicuta*, of which terribly large doses were given, which only served to fill the cemeteries. I give $\frac{\dots\dots}{x}$, and have seldom required to give a globule more.

Give my compliments to Dr. Röhl, and tell him to take every other morning one of the three powders (marked A, B, C,) for the purpose of proving this very important antipsoric. Each contains *Natrum muriaticum* $\frac{\dots\dots}{x}$. But I beg you will not tell him what it is, in order not to weaken his attention to the symptoms of this marvellous remedy by the commonness of the name. It is also good that you and Dr. Rummel should keep it so long for us until a sufficient number of symptoms have been collected, and striking cures have been made with it before it is given to the public. For the cure of cases more than $\frac{1}{x}$ of it should rarely be given. Therefore I beg Dr. Röhl, if A has, in 48 hours, caused important symptoms, to wait a few days longer before taking B, and still longer before taking C, if B has caused a considerable number of symptoms. He may even omit taking C altogether, if the first two have already afforded sufficient results.

The *Natrum muriaticum* was completely purified by a second gradual crystalization, and of course separated from all other salts.

Four days ago, I had the pleasure to receive a visit from our Dr. Rummel. We missed you greatly. We talked of many things during the short time he was here, but had no time to discuss them at length.

I asked him to get from you Dr. Schmit's address for me; be so good as tell it me the first opportunity, and when you write to him, give him my thanks for the pretty pocket medicine case. He might write many good papers for your *Archiv* if he were not so extremely modest.

I have improved and even cured several cases of curvature of the spine by antipsoric remedies (*e.g.*, *Calc.*) without the aid of a machine. A respectable unmarried lady, of about 40 years of age, who was very deformed, while taking antipsoric medicines for periodical headache and some miliary eruption, became two inches taller, so that I scarcely recognized her when I saw her a year afterwards.

The case of your dear daughter, which you yourself observed, is not less astounding.

I am delighted to hear of the improvement, I may say complete recovery, of your dear wife and your daughter Eliza, and I am sure you would be equally pleased with the improvement in my youngest daughter Louisa, if you should see her.

I beg to offer my sincere sympathy to the amiable sufferer,

Mrs. von Oldershausen, and to assure her in my name, that the all-merciful Deity sends us no afflictions which shall not promote our welfare on the other side.

I entrust the fate of my article on *Causticum* to your hands! I never read the *Allgemeiner Anzeiger*, because I have no time to do so. Even the political papers lie beside me several days before I can look at them. My time is much taken up. Months fly past like days.

The good Dr. Stüber seems to have got up a little again, from what I hear. His docility, patience, and modesty make him very useful.

As regards the publication of my *Lesser Writings*, I can confidently trust to your good judgment. I leave it entirely to you.

I send herewith a few grains of pure *Mercurius*, prepared as directed in the *Chronic Diseases*.

With kindest regards, from all my family to you and your esteemed house,

Yours very truly,
SAM. HAHNEMANN.

Coethen, June 22, 1829.

No. 28.*

MY DEAR BARONESS,—Your nervous malady has certainly got to a great height; still I am confident you have the perseverance required to enable you gradually to get rid of it by appropriate medicine, of which I have good hopes on account of your docility. If you are *very moderate* in eating, and get enough into the open air, I can allow you to eat a little salad twice a week, a vegetable in moderation, but the flatulent sort (such as peas, haricot beans, lentils) you are better without. But you may take spinach, carrots, French beans, and of dry vegetable food, millet, rice, barley, sago—farinaceous puddings seldom. But I beg you to live chiefly on beef and mutton, pigeons and poultry, smoked ham, but only raw. All smoked meat uncooked.

In the evening a couple of cups of warm milk are allowable, and milk puddings at dinner. Very little fruit of any kind at a time, but you should have some every day.

During the monthly period you can continue to take the powders, only do not commence a fresh portion while it is present.

I can hardly permit a whole bath—it is too trying. If you do take one, you must only wash yourself for two minutes in

* [This letter is to a patient, name not given. The original is in the collection.]

pure tepid water. It would do you harm to remain longer in the water.

I hope for the best results, and remain

Your obedient,

SAM. HAHNEMANN.

Coethen, June 23, 1829.

No. 29.

[To DR. STAFF.]

DEAR COLLEAGUE,—I wish you all success with the illustrious patient, and I hope that you will restore her health, though it has been so profoundly injured—thanks to brainless allopathy—by following my advice. What I must chiefly impress on you is that, in your treatment, you should restrain as much as possible your natural impetuosity, and not expect to accomplish *much* in a short time! This is the rock on which you are liable to be wrecked. “*Ille nobis cunctando restituit rem,*” says Eppius approvingly of Fabius (Cunctator). You have not, as you observe in your letter, to do with a purely dynamic, purely psoric disease (as many of my followers imagine when they are called upon to treat diseases ruined by allopathic treatment). No; you can at first do very little for the original disease, because the thousands of probably incredibly minute, organic alterations, which the vital force, that has been assailed by improper medicines, has been compelled by them to make in the internal organs, are obstacles everywhere present. Good regimen, slow and frequent exercise in the open air, and especially the mesmeric influence of her healthy, good-tempered maid, must continually support the depressed vital forces of the good patient, so that they, on the one hand, shall assist the action of the antipsoric medicines, and on the other hand (*id quod caput rei est*), shall gradually repair the organic faults, alterations, and derangements effected by the vital force in the interior, so that the physician may be able to act curatively on the original disease. At present, the best antipsoric remedies are discomfited by these internal dilapidations, and can do extremely little in such a complicated condition; therefore you will need to exercise the utmost patience and forbearance *so as not to be over-hasty in this very difficult undertaking.*

If, therefore, *Calc.* has had no bad effect on her present monthly period (for it certainly corresponds to the profuse discharge, though there is not in this case the too-early appearance of the period for which it is curative), it is worth while to allow it to exhaust its action—if within the past twenty days since it was taken no more troublesome symptoms have been produced by it which prevent its further action.

But even in the latter case, which I do not apprehend, the apparently not inappropriate *Lycopod.* (it might regulate the action of the bowels) might be given, not in substance but only by a single momentary olfaction, allowing it from twelve to twenty days to exhaust its action.

But I beg you once more to have patience; be perfectly cold-blooded about the case; unless some urgent necessity arises, let all go on quietly; let her take frequent gentle exercise in the open air, and let her country maid every day hold the patient's hands in her own and apply her hands to the patient's neck, especially if the patient complains of coldness of those parts or of the whole body. In this way you will gradually be able to bring the case to a successful termination.

If we are unable to ascertain the original symptoms she complained of at the very commencement of her illness, when first she put herself in the hands of the allopaths, we cannot act with certainty. Her present symptoms are chiefly of an artificial character produced by internal organic disorders, for which we can do little dynamically, and which the vital force strengthened in the above manner can only gradually repair, thereby allowing the pure psora to appear, on which alone we can act. *Tantum!* I will give further advice, if you follow this exactly.

Colonel von Bock tells me that "*Æsculapius*"* is to appear in the *Lesser Writings* after all; is that the case?

Kindly send me the address of Schmit,† of Vienna.

Von Bock has just undertaken to travel to Halle in order to have it out with the professor of chemistry. This person has made no concealment of his resolution not to accept my article, as its views are opposed to the traditional teaching. That is just what I feared! What annoyance, what opposition to improvements must we not expect from the orthodox blockheads! But Von Bock pressed him so hard that he became ashamed of himself, and has given his word to get it printed at once; and he promised to send v. Bock a copy. If only he will keep his word, which time will soon show. I cannot publish the fourth part of my book, which contains *Causticum* until this article appears.

* ["*Æsculapius in the Balance*," published as a separate pamphlet in 1806, was at first refused permission to appear among Hahnemann's collected lesser writings, but before the publication was completed, the publisher appears to have relented, and it comes in as the last article in the second volume of Stapf's collection. It is a masterly and pungent criticism of the practice of traditional medicine. A translation of it was published in the third volume of the *British Journal of Homeopathy*, and it will be found in my collection of Hahnemann's *Lesser Writings*, p. 470.]

† [Dr. J. Schmit (whose address Hahnemann seems to have had some difficulty in obtaining from Stapf), at Hahnemann's request, furnished him with full details of the trial of homeopathy in the chief garrison hospital at Vienna, by Dr. Marenzeller, by command of the Emperor. Dr. Schmit's report appeared in the *Archiv*, vol. x. p. 73.]

I am rejoiced to hear of our Dr. Röhl's experience with that great remedy *Natrum muriaticum*. I have made a note of much of it.

It is wonderful what a curative effect *Con. Mac.* has had on the boy. It is a pity that it caused no more symptoms in him—the reason evidently being that it was so exactly homeopathically adapted to his case.

Among your multifarious occupations see if you cannot induce some one to assist in making an alphabetical repertory of the antipsoric remedies! I am in great tribulation that I have not been able to get this desirable work brought out, as it was promised in your *Archiv!* *

What I myself can do that I do accurately, but when I employ the assistance of others, then it is done with great difficulty or may be not at all.

Farewell, and remember your

S. HAHNEMANN.

Coethen, July 14, 1829.

My family all desire to send you their kindest regards.

No. 30.

[To DR. STAPP.]

DEAR COLLEAGUE,—I can bear much joy and grief, but I was hardly able to stand the surprise of so many and such strong proofs of the kindness and affection of my disciples and friends with which I was overwhelmed on the 10th of August.† Even now when I have regained my mental equilibrium and examine and reflect on all the tokens of cordial kindness with which I have been honoured, I am lost in admiration over the handsome presents of tasteful and elegant design, and brought together with the best intention and with great labour. I have not deserved them; they are gifts of generosity, delicacy, and excessive gratitude, whose value I fully appreciate. May those who thought of giving me this pleasant surprise live long and prosper!

I beg the originators to communicate to all this feeble expression of my thanks, and to retain a large share of it for themselves.

Now for a little piece of business. I enclose good Dr. Hering's letter, and beg you when an opportunity occurs of sending him something, to forward to him the accompanying note, for I have

* [In 1833, Dr. Bönninghausen, of Münster, published an excellent repertory of the antipsoric medicines, which served as the model for Jahr's larger works in that line.]

† [The jubilee of Hahnemann's reception of his doctor's degree.]

no opportunity of doing so. It contains specimens of the new antipsoric remedies, *Alumina*, *Causticum*, *Natrum muriaticum*, *Kali*, and *Conium maculatum* in globules.

I send herewith also the article by our Schmit,* in which, as he wished me to do, I have introduced a few remarks. It is very creditable for a first essay (as far as I know he has never before published anything). I gave him the material for it here and overcame his modest repugnance to such work. We will try and persuade him to communicate something more to the world. I trust he may prosper in Lucca.

Perhaps you have some reason to be angry with Colonel von Bock. I know nothing about it. At all events he did me a great service in travelling at his own expense from here to Halle to see Professor Schweickert and Schweickert-Seidel, and when they scornfully refused to print my article, pressed them so hard that at length they had to promise to print it immediately, and to send him a copy to Brunswick, *poste restante*—which they and the publisher did, with letters containing the condition that he should pay the cost of printing (3 thalers) to the bookseller Vieweg in Brunswick, and send to them in Halle the receipt, otherwise the article could not be inserted in the *Jahrbuch der Physik und Chemic*, and so come before the public. I will leave you to judge of this behaviour, as also of the preface these Halle people have prefixed to the little article, and for which, consequently, v. Bock had also to pay. They seem, in the preface, to regard my article as an offence which requires to be apologized for, and, with diplomatic punctiliousness, deny their responsibility for the printing of it; just as if my article contained verbal inaccuracies which should not be laid to the charge of the editors. What gross insults and calumnies!

I send the article to you now, but beg you to return it when you have the opportunity. But I fear they have pocketed the Colonel's three thalers and have not had the grace to insert the article in their periodical, whereby the whole object of it will be frustrated.

I therefore beg of you, as soon as Mr. Remler or you receive the number of this periodical with the appended article, to let me know immediately by letter, in order that I may make arrangements for the printing of the fourth part of the *Chronic Diseases*, for I will not touch a pen before this is done. Good God! how tiresome and difficult and how beset with hindrances is the work of bringing the truth before the world, and of conquering preju-

* [The title of this article, which appeared in the second part of the eighth volume of the *Archiv*, is "Why do chronic diseases sometimes require such a long-continued homeopathic treatment for their radical cure, and why is a cure of some cases impossible?" It is impossible to distinguish the portions woven in by Hahnemann, as they are not indicated by any sign.]

dice! If the good did not itself reward the doers by approbation from above and from the depths of the left breast, then it must assuredly remain undone.

Give my thankful regards to Rummel, Gross, Franz, and Gersdorff, and I remain, with many greetings from my family,

Yours very truly,

S. HAHNEMANN.

Coethen, April 18, 1829.

Try and pay me a visit as soon as possible.

As I am sending a packet to-day I may as well enclose a copy of our local newspaper, which contains an account of our festival. I don't know where the editor got all his information, he did not get a particle from me.

Please to return Dr. Hering's letter at your convenience. I beg you to keep it quite secret that I am the author of the Halle article, for if that is known sentence of death would be immediately pronounced against it and no one would put it to the proof.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

THIRD Ordinary Meeting, Thursday, December 5, 1889, Dr. COOPER, Vice-President, in the chair.

Mr. KNOX SHAW exhibited a Rectal Polypus, and also a Salivary Calculus, which he had removed from patients.

Dr. CLARKE showed a tubercular tumour of the Pons Varolii taken from a child aged 5½ years.

Mr. DUDLEY WRIGHT showed the colon of a woman aged 45 who died of ulceration and perforation of the bowel, the ulcers being due to impaction of fœces. He also showed specimens taken from a patient who had been operated on for diseased bone, and afterwards died of embolism secondary to ulcerative endocarditis. This patient had chorea as a child and a sister died of cerebral embolism.

Dr. BURFORD narrated a case of scirrhus of the mamma. The patient had been treated by a London homeopath for 18 months, during which time the tumour diminished; the swollen arm became of natural size, and the glands of the axilla disappeared. For six months she was abroad, when she noticed a lump in the abdomen. Dr. Burford saw her in consultation, and found the remains of a tumour in the left breast; in the abdomen, large uterine fibroids, part of which had taken on carcinomatous action. There was also a dulness at the left base of the chest. He con-

sidered there had evidently been a metastasis of carcinomatous action. Dr. Burford brought forward a proposition to this effect :—

“That a Commission be appointed by the President, of the Fellows and Members of this Society, to examine and report on the observed influence of Homeopathic medication on the life-history of neoplasms : and that, so far as possible, patients under such observation be exhibited before the Society from time to time.”

Dr. MOIR seconded this proposition.

Dr. DUDGEON suggested that the terms of the motion should be made to include the action of all internal remedies.

The motion as thus amended was then referred to the next meeting.

Dr. COOPER then vacated the chair, which Dr. HUGHES took, and read his paper on *The Care of the Ears, with especial reference to the use of Calendula.*

Dr. COOPER placed the practice of diving among the most frequent causes of deafness ; sea-bathing was more injurious than bathing in fresh water. Fatigue tells very soon on the ear, and will readily reproduce an ear-discharge. Dr. Cooper advised professional men to adopt auto-massage previous to undertaking fatiguing holidays, such as mountain-climbing.

He next referred to the use of *Calendula* in deafness. He instanced the case of a patient at the hospital who had been previously treated at University Hospital. Taking the hint from Culpepper that *Calendula* was an “expulsive,” he gave it in the ϕ strength to the patient, and this was followed with the greatest benefit. The patient has still indications of a skin disease which occurred originally after he was vaccinated.

Calendula is useful in eczematous and ulcerating surfaces. In another case the indication was great susceptibility to take cold, especially in damp weather. Dr. Cooper used the tincture with *Sacch. Lach.* as a snuff. In another case he used *Calendula* 3x internally and externally.

DISCUSSION.

Dr. BLACKLEY asked what was the nature of the glairy hyaline discharge mentioned in one of the cases. He also stated that he had ceased to use *Calendula* externally, having given it up in favour of antiseptic dressings.

Dr. MOIR agreed with the preliminary remarks of Dr. Cooper as to the luxury of a sand bath, also as to the undesirability of too many clothes—both heavy bathing garments and in ordinary life. Some patients of his had been much benefited by the “Sun cure”—which consisted in wearing hardly any clothes at all. Dr.

Moir said *Calendula* often caused an offensive discharge at first, but after a day or two the wound became sweet and healing progressed. He would like to know how Dr. Cooper mixed his *Calendula* for external application.

Mr. WRIGHT asked if Dr. Cooper had an improved method of getting water out of the ear.

Dr. NEATBY used *Calendula* strong—1 in 4 to 1 in 8—and the dressing should be wet. For dry dressing he used other things. It answers the same purpose as an antiseptic.

Mr. KNOX SHAW referred to the action of *Calendula*, though his experience in ear cases was limited. He was disappointed with his results in ear cases; but *Hydrastis* and *Ferrum Picricum* were of great value, and he will now look with great interest to *Calendula*. He recommended his patients to dry out the ear with a little cotton wool before putting anything in. With regard to *Calendula*, he had quite dropped its use, on account of the foul smell. When the *Calendula* is used strong, the alcohol may act as an antiseptic. He had had a *Calendula Oil* made by extracting the *Calendula* with hot oil. This oil has a pungent smell, and this he uses in dressing burns; and though the burns do become offensive, good results follow.

Dr. MADDEN asked whether *Calendula* has been found to produce eczematous eruptions? *Dulcamara* and *Arnica* can produce eczema. Also he asked why it should not be applied to the ear by the meatus as well as by the eustachian tube as a snuff. He asked if it was recommended for deafness from colds generally? His experience of the drug as a vulnerary was very satisfactory. In deep wounds he would use an antiseptic. Dr. Madden referred to the use of *Salufer* as a dressing in discharge.

Dr. CLARKE had seen one of the cases referred to by Dr. Cooper, and could verify the remarkable effects of *Calendula*. Dr. Cooper had given us a few indications in which we might prescribe the drug, but, though few, they were clear. He referred to a case, related by Dr. Ghosh in THE HOMEOPATHIC WORLD, of very inveterate eczema cured by *Calendula*. This might have some bearing on Dr. Cooper's use of the drug. Dr. Clarke had seen a number of apparently hopelessly crushed fingers saved by use of *Calendula*; and, for his part, he was not afraid of the smell it occasioned.

Dr. DUDGEON said that Dr. Cooper's papers were always interesting as they always gave us an agreeable surprise, for he brings forward remedies which no one would have divined from the pathogenesis. This showed the value of clinical observations. *Calendula* nearly always immediately removes the pain of superficial burns. He did not agree with Dr. Cooper's remarks about diving. He never found his hearing in the least degree affected by his diving. The water never gets

into his ears. Those who get water into their ears can prevent it by putting a little oiled cotton wool into their ears. In some cases bathing in the sea is dangerous. One of the most severe cases of meningitis he had seen was in a gentleman who had gone into a rough sea with an ear discharge. It is not the salt water that does harm—it is neither injurious to eyes nor ears.

Dr. HUGHES thought the value of *Calendula* in Dr. Cooper's cases was due to the local effects, as in all the cases it was used locally as well as internally. In most cases of catarrhal deafness of any standing *Iodine* 2x or 3x was very effective. He regretted to hear what Dr. Blackley and Mr. Knox Shaw said about anti-septics. The rule was *Primum non nocere* ("Don't hurt your patients"), and that could hardly be said of the use of *Perchloride of Mercury* or *Carbolic Acid*.

Dr. COOPER, in reply, said the glairy discharge referred to by Dr. Blackley was one accompanying post-nasal growth and enlarged tonsils. He thought it indicated pressure on the eustachian tube. *Calendula* changes in its character. The glycerole changes in a few days. This does not have the same effect as the dry. The form he used was *Sacch. Lach.* saturated with the tincture or sacchurated triturate in the 3x. The *Sacch. Lach.* should be very fine. Mr. Knox Shaw had given interesting information in reference to *Calendula Oil*. *Calendula* is well known to herbalists and old women throughout the country. *Salufer* (Silico Fluoride of Sodium) has an extraordinary action when much diluted. A case of lupus treated with a lotion of three grains of *Salufer* to a tumbler of water healed very quickly. Used dry it is most penetrating. It will go through any tissue, and must be most carefully used. It has a valuable silicious action, and strengthens old people. With regard to the question of Dr. Hughes, he believed that *Calendula* does have an internal action. The provings in Hull's Jahr were very significant. The sense of chilliness was very prominent. He used the nose as a means of administering medicines. This he found preferable to giving them by the mouth. He gets a much more direct action in that way. He always used powder for local applications. The best thing to dry out an ear is a little absorbent cotton wool.

HOMEOPATHIC ASSOCIATION OF THE SOUTH.

We have received from Dr. Lippincott, Hon. Sec. of the Association, copies of the *Memphis Appeal* recording the meeting of the Southern Homeopathic Association in the city of Memphis. We are glad to learn that it was a very animated and satisfactory meeting. The President, Dr. W. E. Green, of Little

Rock, in an able speech explained the position of homeopathy in the South, and why it had made less progress there than in the Northern states. He concluded by urging all to support the organ of the Association—*The Southern Journal of Homeopathy*. The address of welcome to Memphis was delivered by Col. Keating, and responded to by Dr. C. E. Fisher, whom we had the pleasure of meeting recently in this country. One of the principal subjects discussed was that of malarial fever, and some of the readers of papers were sharply criticised for their neglect of strict homeopathic rules in prescribing. All shades of homeopathic doctrine and practice were represented at the meeting.

The next meeting of the Association was fixed for Nov. 12, 1890, and the place chosen was Birmingham, Ala.

INSTITUTIONS.

MELBOURNE HOMEOPATHIC HOSPITAL.

We have received the Official Report of this leading Institution for the year 1889. We have already published the substance of it, taken from *The Melbourne Age*, in our November number, to which we must refer our readers.

FOLKESTONE HOMEOPATHIC DISPENSARY.

We are glad to see Dr. Murray has opened a dispensary at 86, *Tontine Street*, Folkestone. The attendance is on Monday at seven, and on Wednesday and Friday afternoons at three. The dispensary is on the self-supporting principle. We wish it every success.

REVIEWS.

FISTULA.*

In his latest monograph on *Fistula*, Dr. Burnett continues his praiseworthy labours in endeavouring to confine within stricter limits the surgeon's sphere of operations. In this volume our author shows with the greatest clearness that the common notion of *curing* fistula by laying the track open is completely

* *On Fistula and its Radical Cure by Medicines.* By J. Compton Burnett, M.D. London: James Epps and Co., 170, Piccadilly, and 48, Threadneedle Street. 1889.

erroneous. Fistula is a sign of constitutional disorder, and if it is "cured" without this fact being taken into consideration, something worse will almost inevitably result. A number of interesting and instructive cases are related, some of them healed with uncommon medicines, among which Dr. Burnett is an indefatigable gleaner. *Pyrogen* in one case removed "sweating at the anus" which had existed for many years, and caused the skin to assume a clearer aspect. These symptoms may prove valuable indications for the use of this unproved drug. One remarkable case of urinary fistula in a syphilitic and tubercular subject was treated successfully with *Merc. Sol.* 3x. and *Bacillinum c.* in attenuation, neither given alone proving sufficient. We should be glad if Dr. Burnett could tell us what *Bacillinum* is, and if it is different from the *Tuberculinum* of Swan.

OBESITY.*

In the preface to his translation of Dr. Mayer's pamphlet, Dr. Butcher says :—

"The treatment of obesity is of such importance, that I make no apology for presenting in an English form a brief *résumé* of the most recent researches on this subject.

"The enormous sale of nostrums, pills, and patent medicines for the cure of corpulence testifies to the determination of patients to reduce their bulk by fair means or foul—and several fatal cases have recently directed my attention to the grave danger they run in doing so.

"Prevention is better than cure, in this as in other methods; but there is no disease in which relief can be more certainly obtained by a careful course of treatment."

We have no hesitation in pronouncing this pamphlet a most able account of the subject, and the thanks of English readers are due to Dr. Butcher for giving it to us in our own language. It may be consulted with profit by all who have to do with this complaint. There is much that is common to both schools in the treatment of obesity; but of course the homeopath has a great advantage in the knowledge of drugs, also of the essential pathology of the disease. Dr. Mayer lays great stress on the "inherited tendency" to obesity; and he maintains that dietetic rules are not sufficient to meet this. He thinks mineral waters are the most important means of curing obesity.

In place of Dr. Mayer's "inherited tendency" the disciple of Hahnemann will place "inherited psora," and in Hahne-

* *Modern Methods for the Cure of Obesity.* Being a Report read before the Medical Society of Berlin, by Dr. Jacques Mayer, Karlsbad. Translated by W. Deane Butcher, M.R.C.S. Windsor: R. Oxley and Son, Printers to the Queen. 1889.

mann's antipsoric medicines he will find the best means of dealing with this troublesome disorder. Obesity is sometimes itself a disease, but much more often it is only one symptom of many indicating a psoric constitution.

EXTRACTS.

AN APPEAL FOR HAHNEMANN'S HOMEOPATHY.

WE take the following from an address delivered at the opening of the Hahnemann Hospital, Rochester, N. Y., April 10, 1889, by CLARENCE WILLARD BUTLER, M.D., Montclair, New Jersey, and reprinted from *The Medical Advance* for June, 1889:—

The opening of this hospital, an institution where the mode of medical practice is to be homeopathic, and *only homeopathic*, marks an epoch, not alone in the history of hospital work, but in the history of medicine. Although this method has been followed by many physicians in private practice, and adopted in some charitable institutions (notably, in that fair monument to woman's earnestness and persevering endeavour, "The Woman's Homeopathic Hospital of Philadelphia"), this is the first general hospital in the world's history to adopt uncompromisingly and unconditionally this method; and I would that the grateful task which your kindness has imposed upon me might end with this statement of happy fact; but we may not ignore the further fact, that, in order to dedicate to Hahnemannian Homeopathy this beautiful building, it has been necessary to divide the resources of a great charity.

A step like this is in itself so important, and without good and sufficient reasons so indefensible, that it is due to the thousands of homeopaths throughout the world whose eyes are turned inquiringly upon us; it is due to the hundreds of thousands whose work for charity is contributing so much to the world's betterment, and it is especially due to the people of Rochester whose present generosity has established, and whose future contributions must maintain this institution, that the reasons for a separate and especial guild-house where these distinctive methods may have fair opportunity, unembarrassed by conflicting opinions and unhampered by differing methods, to pursue that course which shall demonstrate their superiority, or shall fail of such demonstration.

If it can be shown that these proposed methods are distinctive—that they differ radically or even materially from all

other known methods, that they are other than those employed by many who march with us under the banner upon whose fair folds is inscribed the motto, "*Similia Similibus Curantur*," and especially if it can be further shown that by the testimony of a body of men respectable in numbers, in intelligence and in character, these methods are superior to all others for the mitigation of human misery, I think that a spirit of fairness and honesty will impel not only the friends but the opponents of this and similar undertakings to acknowledge not alone their right to exist, but the necessity for their existence.

I assert that all that is implied in the foregoing sentence is true in point of fact. I assert that in the new, as in the old, school of medicine, factions exist, whose theory of therapeutic action and whose methods in remedial application are widely different, and that these differences are so radical that harmonious action in the treatment of diseased conditions is impossible, and all endeavours at concerted action are not only unsatisfactory to the physicians, which is in itself a small matter, perhaps, but disastrous to the welfare of the patient, which is a matter of the gravest possible importance.

In discoursing of the present *status* of homeopathy, especially in respect of these matters, I wish it understood that I speak of conditions and of principles, not of men. It shall be my earnest endeavour to be wholly impersonal, and if, when I have concluded, I may seem to have reflected on any man or set of men, I shall have desired it not at all. Ladies and gentlemen, I honour the profession to which I belong; I honour the men and women who grace its ranks; I honour them for their high grade of intelligence and for their high standard of morality. If it has been urged that, as a class, they are less progressive than other scientists, I do not forget that their discussions involve questions of health and happiness, of disease and misery, of life and death, and while I may at times deplore their excessive conservatism, I can but respect the motive which, in matters so grave and serious, impels them to courses of seeming safety. If individual instances of depravity and wickedness have cast reproach upon the guild, I consider how many are the physician's opportunities for dishonest practices and disgraceful conduct; how strong and direct his temptations to wrong-doing, and wonder at and admire that high standard of professional honour which makes the prostitution of this high calling to ignoble ends the rare and infrequent exception. Their methods are public property which may without censure be criticised freely, however, and this I shall not hesitate to do.

From the time when the greatest of therapeutists, if not the greatest of physicians that the world has ever known, first announced the celebrated discovery which he epitomized in the

Latin words, *similia similibus curantur*, many differences of opinion and of practice have existed among those who recognized in it the embodiment of a great truth, and these differences still exist. Certain ones recognize the rule of homeopathic prescribing as not a "principle in practice" but as a law of nature, God given, and therefore unchangeable. Others have regarded it as a simple rule of practice, the product of man's ingenuity, and therefore always fallible and often untrustworthy. The first class of physicians, from the very nature of their faith, believe thoroughly that no deviation from this law is permissible, since the creature cannot hope to improve upon the methods ordained by the Creator. The others believe that, since it is but a rule of medical practice, it may receive as little attention as any other suggestion made by the great physicians of past or present times. The one class to-day is represented by the Hahnemannian homeopathist; the other by the advanced allopathist. Between these two extremes have ever been, and are still found, a large number of physicians holding all intermediate shades of belief, and these men mostly call themselves homeopathists. Far be it from me to deny them this honourable title, but I shall refer to them as Eclectic-homeopathists, since this term carries no undertone of reproach and as fairly as may be expresses their avowed methods in practice. Some of this class regard the law of homeopathic prescribing as a simple rule or principle in practice, and differ from their neighbour of the old school principally in their belief in its wider applicability; others regard the law as a true law of nature, but hold that the collateral branches of necessary knowledge are as yet so insufficiently developed that strict adherence to this law is impossible; and others still, while holding the homeopathic mode of prescribing as an expression of natural law, by some acrobatic feat in mental gymnastics unknown to the logician, still claim that it is right from time to time to depart from it. These are the principal differences of theory existing between the two factions which divide the new school of medicine. The differences in practice are even greater than those of theory. The Hahnemannian homeopathist believes that the sphere of drug action under the homeopathic law is wide and comprehensive, while the Eclectic therapist would limit the law's legitimate sphere to narrow bounds. The method pursued by the Hahnemannian for arriving at such a knowledge as shall furnish him a basis for intelligent prescribing differs materially from that of his Eclectic *confrère*. The former endeavours in a methodical and painstaking manner to possess himself of a detail of all the conditions which the case presents from the most pronounced and obvious tissue change to the most minute and seemingly trivial sensation experienced by the

sufferer. Knowing that no mistakes are made in the great laboratory of nature, he regards no deviation from that vital harmony which we call health as too inconsequent for his grave consideration—indeed, since many remedies produce similar pathological changes within the human economy, while the changes in function or sensation vary largely, he has learned to find among these latter his most reliable guides to the selection of that drug which is most homeopathic to his case. The Eclectic—on the other hand, casting aside these less obvious symptoms as mere accidents of the disease (as if Nature allowed accidents to occur!) or as too insignificant for serious attention, bases his prescription upon the more manifest symptoms. The one, in short, endeavours to prescribe for the *whole* sickness; the other for but a *part* of it.

The prescription being determined upon, the Hahnemannian gives but one remedy at a time, since he has no reliable records of the action of drugs given alternately for provings—that is, to the healthy, for the purpose of ascertaining their sphere of action—while the Eclectic, letting no such minor consideration as lack of preliminary knowledge interfere, does not hesitate to drive two, three, or even more potent drugs “tandem” through the human system.

In choosing the strength or potency of the remedy to be employed, the Hahnemannian is careful to select one which shall produce the curative effect of the drug only, avoiding thus the complication of a drug disease superinduced by the direct action of his therapeutic agent; the Eclectic not only frequently uses drugs for their anti-pathic, not homeopathic action, but even when striving for the latter not infrequently grafts a drug disease upon that already existing, by the exhibition of too strong medicaments. The potencies habitually employed by the two factions of our school have been frequently regarded the most marked and peculiar difference between them. This is not true. Such difference does exist, but other differences are more important and more radical. The Hahnemannian has learned by comparative experience and careful observation, that by using the higher potencies he can accomplish more favourable results than by using the lower; that he can accomplish these results more quickly, and that when accomplished they are more permanent. Therefore he uses them. The Eclectic has never learned this lesson. and, therefore, *he* does not. And that is all there is about it.

In any scientific experiment it is necessary, in order to the accomplishment of a given result, that all the requirements of the experiment should be carefully and painstakingly performed. If not, failure must certainly follow. What would you think of a chemist, who, leaving out one of the ingredients

or ignoring one of the conditions necessary to the formation of a complex chemical compound, should attribute his lack of success to failure of recognized laws of chemical affinity? What of the scientist who would deny the existence of any such law as that known as the Law of the Attraction of Gravitation because this bottle of water is not dashed to the earth in spite of the supporting desk? Are you surprised that the Eclectic-homeopathist, having made his prescription without having fulfilled *all* the requirements of the law for prescribing, should frequently fail? With the natural egotism of man he is inclined too often to attribute this failure to other than the true cause, and then he feels justified in resorting to such expedients as are employed by his neighbours of the old school of medicine. In short, he leaves the guidance of natural law to follow that Will-o'-the-wisp, the "medicine of experience."

This the Hahnemannian does not do. If failure follows his prescription, he knows that that failure is because for some reason he has not mastered his case, not because Nature was unfortunately too tired for her appointed work. This knowledge and his always careful examinations tend more and more to make him a successful prescriber, while the careless habits induced by the laxer methods of the Eclectic-homeopathist bring to him no added strength, and his growing experience, owing to his frequent failures, leads him more and more to depart from homeopathy and to resort to eclecticism.

In another important matter there is a wide divergence in the practices of these two kinds of homeopathists. The Eclectic claims that he is not only justified in cases whose nature entails a large amount of physical suffering, or in cases that are necessarily fatal, but that it is his undoubted duty to administer some one or more of that long list of drugs furnished by the art of the chemist and which experience has proven to have the power of benumbing sensibility, and thus afford temporary surcease from suffering. In cases where the pains are agonizing to the verge of madness, what man of humane instincts can let his patient suffer when agents exist which may with magic rapidity charm away that agony? When no hope of saving human life remains, why should not the kind physician, with agents such as these, smooth the rugged pathway to the great unknown? With such alluring and specious arguments as these are pleaded the cause of palliative medicine.

Let us examine these arguments, casting aside the glamour with which rhetoric has clothed them, not as does the sickly sentimentalist, but after the plain, business-like manner of those who seek the truth,

"As a lover lonely,
To woo her, win her, wear her only."

In the first place, such pleading as this assumes that these are, if not the only, at least the best methods for affording relief to the sufferer. Is this true? It dwells upon the relief afforded, but says nothing of the pains and sufferings entailed by these supposed agents of pure humanity. Is this fair? It implies that in such cases the law of homeopathic therapeutics has no sphere of action. Is this in accordance with observed facts? To all these queries I answer emphatically, *No!*

I know of no reason why, as a matter of pure theory, the law of cure should be also the law of safest and most effective palliation. But I do know that it is. I know this by testimony so direct and conclusive, that he only whose judgment is obscured by prejudice, can have the temerity to deny it. The testimony on this subject comes from three classes of observers. From those who have never employed these benumbing agents, but have always depended upon the law alone. I envy these men their experiences, but I must cast their testimony aside as worthless in an examination such as this, for its records are from one side only. Again, we have the testimony of those who have always employed these agents, and never faithfully, persistently followed the law, and this testimony, like the other, is valueless, and for the same sufficient reason. But we have the testimony of many of recognized honesty, of large experience and wide observation, of acknowledged skill and puissance in the practice of their art, who have tried faithfully *both* methods, and whose testimony, therefore, is of surpassing and unquestionable value. And the testimony of these men in private and in public, and scattered over the pages of homeopathic literature from its earliest publications to the present time, is uniformly this—that the *aggregate of human suffering is least* when *all* prescriptions for the sufferer have been such as are strictly enjoined by the homeopathic law of cure. And this is another distinguishing mark of the Hahnemannian homeopathist. I have no time to further pursue this subject—to refer to thousands of miserable opium, chloral, bromide, cocaine, and alcoholic inebriates, whose horrible lives are ever present protests against such dangerous drugging, nor to those other thousands doomed by these pernicious drugs to hopeless invalidism. In the considering of them and their terrible records, one is tempted to place himself at the feet of Calvin, and from that dark and mighty intellect learn to have faith in the powerful machinations of a personal Devil. I do not envy that man who, standing by the sick bed, feels called upon to decide whether or not the sickness is incurable, knowing that an error of his poor, weak, fallible judgment will consign to premature death or living misery, a human being whose life and health mean that a man's work shall be done for the world's advancement; and I am pro-

foundly thankful that a wise Creator has made my duty so plain that the terrible responsibility of such a decision need not rest upon me.

In this connection I wish to refer to a series of catch phrases all based upon the same idea, and that one so foolish that I feel almost that an apology is due for introducing to an intelligent audience sophisms so manifestly absurd. But they appeal with such force to the ignorant and unthinking that their influence demands a notice which their character would not warrant. I refer to such sayings as these: "I believe in anything that will cure." "I employ the best methods of all schools, whether homeopathic or not." "When homeopathy fails, *of course* I resort to something else."

Homeopathy, ladies and gentlemen, if it is not a gigantic humbug, is natural law, given by God Himself, and for its universal and unvarying success He (and I say it reverently) and He alone is responsible. Man fails in its application, for the human is always liable to err, but this law cannot fail till all law fails and the universe is resolved into original chaos.

"When homeopathy fails!"

The unbeliever or the unthinking may have some fair excuse for such phrase, even though the words clothe them with the motley and crown them with cap and bells; but what shall we say of that one, professing a belief in homeopathy, whose monumental assurance and microscopic intellect dares to advance as argument an absurdity like that. What can we say? Let us, with the widest possible stretch of human charity, exclaim with witty Beatrice, "God made him; let him pass for a man."

Such, then, are the principal differences between the Hahnemannian and the Eclectic homeopathists. They are not the only ones by any means; on many other important, though minor points, they are equally at variance. But enough has been cited, I am sure, to convince any fair-minded person that such harmony in belief and in practice as alone can insure the highest success possible to either faction, does not, and for the present at least cannot, exist; and that joint work in hospital labour would only insure abject failure.

This hospital, then, not only has good excuse for its existence, but is an absolute necessity if the practice of the Hahnemannian offers help and hope to sick humanity. That, in the opinion of a large body of competent judges, it does make such offer, is a fact so patent that it requires no proof. Your very presence here to-night is an earnest of the truth of this assertion. The great physicians of the homeopathic school almost without exception have been in accord with the tenets of Hahnemannian homeopathy as I have briefly presented them to you, and every

decade marks material gains in the numbers of its adherents. The future is bright with hope, and the signs of the times gladden the hearts of the faithful. Among these indices of the trend of homeopathic growth, none has inspired to renewed exertion and comforted with especial gladness the lovers of pure homeopathy more than the auspicious event which we meet to-night to consummate.

The reputation of the physician, however surpassing his excellence, is usually a local one; but I congratulate you, citizens of Rochester, that you have just cause for pride, because dwelling among you are men of all medical schools and of *all factions* who by their contributions to the sum of medical knowledge and their devotion to medical science and art, have made reputations not only national but international. And of these noble men none have made or merited greater names than the distinguished band of physicians who will serve you in the medical and surgical wards of this new hospital. One there is, your senior physician, whose earnest, efficient work for the advance of pure homeopathy has made his name known and loved by every Hahnemannian throughout the world.

The preliminary work is now done, the hospital is established, the dedication is made, and the experiment has begun. With a board of managers so earnest, with a corps of patrons so generous, with a staff of physicians so skilful, there can be no fear of the result.

Ladies and gentlemen of the board of managers, on behalf of the many, who, differing from you in medical belief, still hold to the good old maxim of "fair play;" on behalf of the many, who, rejoicing in the same medical faith, turn their eyes to you in thankfulness and in hopefulness; on behalf of the many, who, because of your action, shall receive the highest type of medical treatment, not alone in this, but in other similar institutions *which this one has made possible*; and in the name of that great physician whose natal day we thus fittingly celebrate, I bid you "God speed."

AN EXPLOSIVE MEDICINE.—A curious accident was recently brought before the Medical Association of Montreal by Dr. Desjardin. The victim was a patient at the Montreal Hospital. He was suffering from an ulcerative stomatitis, from which pastilles of compressed chlorate of potash had been prescribed. He carried a supply of these in a paper bag in the hip pocket of his trousers, along with a penknife, and one day, sitting down heavily on a hard seat, a detonation was heard, and before he could be divested of his clothing he was severely burned over an area of nine inches by six, the burn being the third degree.—*Medical Press*, Dec. 11th.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

RELATIVE POWERS OF HIGH AND LOW POTENCIES.

DR. VAN DEN HEUVEL has sent to "Ferrum" the following remarks in reference to the above subject:—

DEAR SIR,—Unhappily, neither the public nor the profession have taken the question of Posology in hand, and consequently the Homeopathic Congress of Paris seems to have limited its sanction to the simple statement of a few rules, without drawing from them any useful application.

One would ask: "Why such indifference?" The reason lies in the absence of faith in attenuations. Speaking generally, we may say that physicians accept or deny the attenuations—forming in this way the High and Low Dilutionists—because they have not a law or rule whereby to judge why and when to use one or the other. England and America—especially the latter—show us both sects, sometimes bitterly hostile to each other. "In both cases" (low and high), says Dr. Burnett, in "Gold as a Remedy," p. 134, "it savours too much of Pharisaism. Militant homeopathy wants all her adherents, and has a right to their allegiance. Do not let us delude ourselves: giving crude drugs does not necessarily exclude homeopathicity of drug to disease; and the mere fact of giving high dilutions never was homeopathy, and never will be. Hahnemann was an omni-dilutionist, and gave low dilutions, although it is quite true that he subsequently gave much higher dilutions the preference. Thus far I have confined myself to the lower dilutions of gold. When I meet with cases to which gold seems to me to be homeopathic, and which the low attenuations fail to cure, I shall mount a rung or two in the posological ladder."

This ought to be the guidance for all physicians taking the law of *similia* as a method of cure. In other words, omni-dilutionism ought to be accepted, and the war between the two potencies—raging chiefly in America—would come to an end. Further, in the above remarks of Dr. Burnett, he will find the conditions *sine quâ non*. He cannot obtain the *jucunde* of a cure according to the *similia*. The *tuto et cito* we obtain by homeopathicity of drug to disease; the *jucunde* by the attenuations. And I fancy that your appeal to the medical profession for a law for posology is based chiefly upon the motive that you have failed to discern the conditions to obtain the *jucunde*. For I presume I guess rightly, in reading your remarks, that you mean to ask what attenuations on a decimal or centesimal scale we shall use in the treatment of any disease; and not how many drops, or pilules, or grains of trituration we shall dissolve in so many spoonfuls of water.

This latter part of the question—the *quantity* of medicine—was resolved by Hahnemann himself; he admitted that, when a medicine was perfectly homeopathic to the disease, one globule, drop, or grain, may cure as well as any larger quantity of the same medicine. This was very probably the reason why he stated that a few globules of *Merc. Sol.* were sufficient to cure a case of syphilis as well as the salivating doses of the modern syphiliographer. Who is right? Who is wrong? A man who is not an obstinate unbeliever may give both opinions a trial, and come to the conclusion that, after all, Hahnemann was not so far out of the way in limiting his quantities to the infinitesimals.

In proof, I have at hand a modern allopathic paper, in which the authors give, as very astonishing, the rapid cure of syphilis by injecting hypodermically, at different intervals, a few doses of *Calomel*, after the patient had been dosed with large quantities of the *Sublimite* and *Iodide*. The wonder fades away when one contemplates that *Calomel* was perfectly homeopathic, and given by the best absorbing process, the hypodermic injection. Cure was compulsory in this case, as in Hahnemann's.

But we deviate: back to the *quality*, or attenuations. I said, in my last letter, "A solution is near." This was a deliberate fib, as the question of posology was solved—or "supposed to be"—ten years ago by myself. I give the restriction "supposed to be," for I have never been controlled by public criticism; and if I have failed to hit the nail on the head, in giving a rule, I dare hope I have taken a step nearer to the solution than any of the other authors who have given their rule as infallible, but unfortunately too confused, and, on account of this confusion, never thought of at the bedside. Who, to give one instance, is master of the primary and secondary symptoms of a drug? One is quite glad to select a perfect homeopathic drug. But this will be the object of subsequent discussion.

To sum up in a few words my experience in dosage, I must say that I am, and am bound to be, an omni-dilutionist, according as circumstances guide me to select a high or low attenuation. In accordance with my rule, I have used with success the mother tincture (rarely, however), as well as 1,000x and 6,000x.

By the way, I may state that I found infinitesimal doses as efficient in the tropics, against violent diseases, as in Europe; although my experience about posology was forcibly limited, having only ϕ , 3x, and 30x at my disposal.

To-day I am compelled to abandon further argumentation about posology, because I have not the advantage of the press, and because I fear to provoke an avalanche of objections, the refutation of which would require a strong dose of Puritanism.

You say, "experience seems to be the only guide." I am compelled to say, No: you may accumulate millions of facts, and draw an average of statistics; yet the struggle will not help you to select such or such attenuation. There is a law.

May I ask you for a copy of *one page* of the tabulated list you made, so as to enable me to judge of its value. I may perhaps find in it an argument in my favour. I mean that, as I want instances from authors, I may find them in your list.—I remain, sincerely yours,

DR. TH. VAN DEN HEUVEL.

REMARKS BY "FERRUM."

SIR,—May I be allowed to say a few words in reference to Dr. Van den Heuvel's remarks in your present number, and in further reference to Dr. Watson's remarks (p. 525).

The necessity of "the pathogenesis of each separate potency" seems fearful to contemplate. If a few medicines were proved in three or four widely different attenuations, the knowledge gained thereby would probably throw much light on provings generally. But I imagine there have been sufficient proved already in varying attenuations for a guiding principle (or principles) to be discovered therefrom, if some master mind, skilled in working out deductions from the concrete to the abstract, would take the matter in hand.

Independently of that prosaic method of research, Kepler's exhaustive process might be brought to bear on the subject, so as to utilize to greater advantage the provings already made. For instance, a high attenuation probably either is or is not more suited to an organic than to a functional derangement; to a mental disease than to one of the respiratory system; to ear diseases than to disorders of the stomach; a low attenuation probably either is or is not more suitable than a high one to affections of the muscles, skin, mucous or serous membranes; to a sanguine or bilious temperament. Also, speaking generally, mineral medicines probably act better (or otherwise) in a high attenuation than those derived from the vegetable kingdom.

So far as I can judge or guess, one of the best ways of studying the matter would be to take particular notice of *the order of the symptoms* in the proving. Those symptoms which appear first, and in the greatest number of provers, must, one would suppose, require a different attenuation from such as appear only after a lengthened proving, or in a small minority of the provers; though I believe exceptions have often been noticed.

Will not some of our "Masters in Israel," acting on the above or other methods, draw out a few leading principles for guidance in the selection of the attenuation in any given case? Doubtless there are already many such principles scattered in the extensive fields of homeopathic literature; but it would surely be a great boon to many if they could obtain the mature thoughts of some competent authority on the subject; although such a work, however interesting to some, would not be likely to command a large sale.

In the meantime I, for one, hope Dr. Van den Heuvel will favour us with a further instalment of his views, not forgetting to initiate us into the mystery of his "rule" on the subject.—Sir, yours very respectfully,
FERRUM.

A QUESTIONABLE ADVERTISEMENT.

H. E. S. writes:—

Passing through Exeter I purchased from a grocer some of —'s medicines, the attached advertisement being given with them. You will observe they say the medicines "are *always* supplied in the *advanced potencies* instead of the ordinary *weak dilutions* usually sold," &c., &c.

I submit this is an unworthy statement to make, the high dilu-

tions not only being effectual when the stronger are sometimes useless, but taking the time required in preparation the high attenuations cost more to prepare.

[We quite endorse our correspondent's objection to the terms of the advertisement. To those who know anything about homeopathic drugs the words have no meaning, and they are misleading to those who know nothing about their preparation.—Ed. *H. W.*]

DR. POPE'S LECTURE ON "MERCURIUS."

WE are requested to state that we were in error in saying that the above lecture, reviewed in our pages last issue, is "published by the author." It is a reprint from the *Hahnemannian Monthly* of May and June last, a few copies only having been struck off.

APPOINTMENTS, VACANCIES, AND OPENINGS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

MEDICAL LAW IN AUSTRALIA AND OPENINGS FOR HOMEOPATHS.

MR. SYDNEY B. ELLIOT, of the Homeopathic Medical College (Eastern Boulevard, between 63 and 64 Streets, New York), writes to us as follows:—

"Through the kindness of Dr. Danter, of Toronto, Ontario, I have had the pleasure of looking over some of the numbers of *The Homeopathic World*, and at his suggestion I am writing to you for information as to medical law in Australia. I hope you will not think it an imposition on my part. I have found it very difficult to get any light on the matter, and, as the Editor of this journal, which has such a wide circulation, I thought you would be able to give me the desired information. I have been studying medicine at Trinity Medical College, Toronto, Ontario, the largest, and recognized to be the best, medical college in Canada; but as it was my intention to follow Homeopathy, and as there were no homeopathic medical colleges in Canada, I decided to come here and take a course (final) at the New York Homeopathic Medical College, believing it to be the best in America. I have been in New York for the last seven or eight months substituting in hospitals and dispensaries. I wish to settle in Australia. I prefer Melbourne, and would be very much obliged if you would be so kind as to inform me whether a diploma from this or any other American Homeopathic College will be recognized in Melbourne, Sydney, or Tasmania, or as to what are their requirements. It was partly owing to an article by a physician of Sydney asking for assistance, which appeared in last year's November number of *The Homeopathic World* that led me to choose Australia to settle

in. Perhaps you may know of some one else who requires assistance, or of some opening for a young homeopathic physician in Australia. I may say that I am a Canadian, of English descent, the son and grandson of a physician, and can furnish the best of references as to character, &c."

[We have replied privately to Mr. Elliot that it is optional on the part of the majority of Colonial Councils whether they recognize Homeopathic qualifications or not, the only one which has authoritatively decided in their favour being that of South Australia. If our colonial readers can give more precise information to Mr. Elliot, either through the medium of our journal or by writing to him direct, they will be rendering him a great service.]

GENERAL CORRESPONDENCE.

DR. E. M. HALE'S "CACTACEÆ."

To the Editor of the HOMEOPATHIC WORLD.

SIR,—As a member of the Bureau of Materia Medica and Therapeutics in the American Institute of Homeopathy, I have selected as the subject of my paper, "The Pathogenetic and Therapeutic Properties of the *Cactaceæ*."

The number of known *genera* in this *family* is 18, and of *species* about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic and curative powers of any member of this important family before June 1, 1890.

E. M. HALE, M.D.

65, 22nd Street,
Chicago, Ill., U.S.A.

STROPHANTHUS HISPIDUS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I write to ask if any of your medical readers have had any definite experience in organic disease of the heart with *Strophanthus hispidus*? I have Prof. Fraser's pamphlet (1886), and some memoranda from Burroughs, Welcome and Co.; but the indications there given for its use are not definite enough for a homeopath.

Strophanthus is not, of course, in Allen's Encyclopedia, having been introduced since its publication. But its virulence as a poison, its muscle-paralyzing power, and its action (what?) on the

circulation give *promise* of a very important addition to our *Materia Medica*, when we have *Strophanthus* fully proved.

At the Anthropological Institute of London, lately, Governor Moloney, of Lagos, stated that he had brought over to the Royal Botanical Gardens, Kew, some living specimens of a new species of *Strophanthus*. He named no less than six arrow-poisons that are derived from various species of this plant, namely, *umtsuti*, *wanika*, *hippo*, *kombé*, *wakamba*, and *onaye*.

"*Strophanthus* exerts a much more powerful action upon the heart, and a less powerful action upon the blood-vessels, than *Digitalis*," concludes Prof. Fraser. It must indeed be a powerful drug, for its alkaloid, *Strophanthin*, killed a frog by stopping the heart's contractions in extreme systole, in the infinitesimal strength of *one part in six millions* of water—an attenuation intermediate between our 6x and 7x dilutions. The Sphygmographic tracings given by Prof. Fraser display a distinctly *steadying* and *slowing* effect upon the pulse, in cases of mitral regurgitation.

Yours faithfully,

J. MURRAY MOORE, M.D., M.R.C.S.

51, Canning Street, Liverpool.

Nov. 18, 1889.

HEROIC TREATMENT FOR DOG-BITE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Whatever may be the merits or demerits of Pasteurism, medical science has made some progress since the year of grace 1824.

A relative of the writer, a substantial farmer, was bitten in the thumb of the left hand by a playful young terrier dog. But as the dog had never before been vicious, and seemed, moreover, to be dull and heavy, and odd in his manner, there could be no doubt, they thought, that he was mad, as indeed he must have been "to bite so good a man." A doctor was sent for from a neighbouring small town, who, after careful inquiry, shook his head, and pronounced the case to be serious. There was but one reliable remedy, and that was amputation. But before deciding upon this, he would like to consult a medical colleague, a man of wide experience.

His friend was decidedly of opinion that nothing short of an operation would avert the dreaded malady, and it was well to be on the safe side. The next morning, the medicine-man was with his patient, not exactly like the apothecary of Hudibras, who

"Came prepared with death to wrestle,
Armed with a mortar and a pestle;"

but, having his tools with him, boldly removed both the thumb and the dreaded rabietic virus with it, and, as an additional precaution, advised that the dog should be killed. The operation was eminently successful. The patient's nervous anxiety left him, and he lived to a good old age—a living witness of the doctor's skill, whose reputation as a scientific practitioner was firmly established.—Respectfully yours,

J. M.

P.S.—Incredible as this story may seem, it can be verified by many persons still living who were well acquainted with the late Mr. H.

ELECTRIC BELT QUACKERY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I send herewith a pamphlet on the above subject, which, in the interests of the public (and especially of those who read your valuable journal), I think should find a place in part at least in your pages. This form of quackery is coming to the front, as far as the most unscrupulous and untruthful advertisements can bring it. Newspapers are flooded with the falsehoods, the walls placarded with huge posters, and processions of men, either sandwiched or drawing small waggons, are engaged, on which large advertisements appear, telling the easily gulled people how “the doctors are astonished, &c.” Yes, indeed, we are “utterly astonished” that useless articles sold as “electric belts” should have one penny thrown away upon them. I should like to give your readers one or two facts connected with these so-called “electric” belts, which possess neither more or less electricity than the paving-stone in the street, and which do not produce the slightest deflection on the most delicate galvanometer—a fact which, beyond all controversy, at once disposes of any claim on the part of the belts to possess, or to be able to impart, electricity. (I am happy to say, that only this week I have prevented four of my patients purchasing them.) Well, as to the facts. (1) A gentleman residing in Southport, seeing advertisements praising up the rubbish, wrote for a belt enclosing one guinea. He received a reply asking for a full statement of his case, in order that “our Electrician” might go carefully through it, and so be enabled to send the “right sort of belt.” The gentleman sent the required particulars, and in reply received an

opinion from "*our Electrician*" that, having gone through this case most carefully, &c., &c., he had discovered that the patient was suffering from &c., &c., &c. A one-guinea belt would be useless, and they strongly recommended their seven-guinea one as *exactly suited to his numerous complaints. Good old Electrician!*—not enough of gold about the one-guinea belt, of course not—zinc and copper, twill and braid, *plenty*:—but, the seven-guinea belt—that was the thing to suit the patient on the one hand, and the *Electrician's pocket on the other*. The gentleman wrote back to say that, occupying a public position, he would be able to push the article if it did *him* good, and asking "*our Electrician*" to let him have one at a reduction as he was not VERY well off. The feelings of humanity in the bosom of "*our Electrician*" were stirred to their uttermost depths. The patient should be *saved at any cost*. He would make a great and startling concession. The poor sufferer should have the belt at trade price, *only* £5 14s. 6d. "Kindly send your cheque for £4 19s 6d., as we have already received your cheque for £1 1s., and the belt shall be sent," and then *farewell* to all pain and suffering. Tell it not in Gath. Publish it not in the streets of Askalon—trade price £5 14s. 6d. Will it be believed? No. They *cost* about 3s. 5d. each to make, and by selling them at 4s. 6d. any one could make a *good living!* But I suppose this amiable electrician, grieved at the sorrows and woes of humanity, gives a heavy bonus to each of his work-people, and so brings up the *cost price* to £5 14s. 6d.! Being warned in time, the gentleman stopped his cheque by telegraph (for he had already sent the balance to "*our Electrician*"), and then the fun began. Letters of persuasion, entreaty, and threats followed one another fast and thick; but the *sufferer* was obdurate—and so the matter ended. The money remained in the pocket of the patient, and the belt—well, I believe it is yet lying at the Post-office, Southport, because, although *cost price* was £5 14s. 6d., it seems that it is not worth while to send for it. (2) Fact the second. A gentleman, thinking that electricity would be of service, consulted "*our Electrician*," and after a long time spent in asking questions the clever man came to the conclusion that £100 would about cure the gentleman—but cash before cure, if you please! And good reason—he well knew there would not be any cash *after* cure: because no cure would or could take place through the agency of the

Electric belts! Why, one could get *more* benefit from two yards of red flannel. Well, the gentleman reminded him that he did not walk about with a hundred pounds in his pocket. "You have a banking account, I presume?" "Yes." "Well" (opening a drawer), perhaps you will "find a cheque here belonging to your bank." Always ready, you see! The gentleman thought, "If you cannot trust me, why should I trust you?" and rose to go, when "our Electrician" immediately demanded a "*consultation fee* of five guineas. Shade of Æsculapius! how it makes one's mouth water! Here was an unqualified man—unqualified in every way except in impudence—asking a fee of Five Guineas for a consultation! "But," said the gentleman, "you advertise 'consultations free.'" "Oh yes, *if you buy a belt.*" I am sorry to say that this gentleman, instead of knocking the impostor down, paid him the fee and left—a sadder and wiser man.

What I want to impress upon your readers is, that all the belts, charms, amulets, &c., ever sold, are not worth *one brass farthing*, and the little pamphlet I send shows the whole thing up. It is worth buying and reading, because it lays the fraud open to the core. By the way, you will notice in the pamphlet that Mr. Robert J. Parks, of Southport, a medical electrician and a gentleman of the highest scientific attainments, and who has made some very valuable discoveries in connection with electricity as applied for the cure of disease, challenged Mr. Harness (a manufacturer of electric belts) in a sum of £50 to prove, scientifically, before any audience, that his belts could produce, or impart, to any one wearing them, the current he alleges they do. What a chance for an advertisement for Mr. Harness. But it is a significant fact (and one which every one should ponder well over) that Mr. Harness *declined the challenge altogether*.—Yours truly,

T. REGINALD JONES.

24, Hamilton Square, Birkenhead, Nov. 1889.

VARIETIES.

BORO-CITRATE OF MAGNESIA IN URINARY CALCULI.—Mr. N. Perez refers to the case of a boy, four years old, having a large calculus in

his bladder. Before performing an operation, he tried the application of the boro-citrate of magnesia, of which he gave fifteen grains dissolved in an ounce of syrup, one to three table-spoonfuls every day. After three days of this treatment a good deal of white sediment appeared among the mucus in the urine, which continued about one month, the other phenomena disappearing (*Cal. Homeopath.*).—*Albany Medical Annals*, Sept., 1889.

THE ACTIVE PRINCIPLES OF THE SEEDS OF ABRUS PRECATORIUS (JEQUIRITY).—Drs. Sidney Martin and Wolfenden have communicated to the Royal Society the results of an investigation into the action of one of the active principles of jequirity seeds. As is well known, a watery effusion of the seeds dropped into the eye causes severe inflammation of the conjunctiva, while, injected under the skin, it also causes great local irritation, and death in some hours. Both these actions were formerly ascribed to a bacillus, until Warden and Waddell demonstrated that they were dependent on a proteid body which they named "abrin." Dr. Martin has previously found that there are two proteids present—a globulin and an albumose. In the present paper the authors show that the physiological action of the globulin is the same as that of the watery extract of the seeds and as the abrin of Warden and Waddell. When applied to the eye or injected under the skin there is intense local irritation. The general action begins shortly after administration with a fall of temperature, but the first very evident symptoms are only seen after some hours, and consist in languor and dulness. These increase, breathing becomes more rapid, there is bloody diarrhea, and death in about twenty-four hours. There is no suppuration locally, and the blood pressure is scarcely altered. *Post mortem* there are found petechiæ in the serous membranes and hemorrhagic gastro-enteritis. Exposure to a temperature of 75° or 80° C. destroys the activity of the globulin. Dr. Martin has also investigated the action of the albumose. The results are very much the same as in the case of globulin. The symptoms are similar, and heating destroys its poisonous properties. In conclusion, the striking resemblance between jequirity and snake-poisoning is pointed out.—*British Medical Journal*, November 9th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Allingham (Dr. H. W.).** The Treatment of the Internal Derangements of the Knee-Joint by Operation. 8vo, pp. 170. (Churchill. 5s.)
- Burnett (Dr. J. C.).** On Fistula and its Radical Cure by Medicines. Feap. (Epps & Co. 2s. 6d.)
- Duncan (Dr. J. M.).** Clinical Lectures on the Diseases of Women, Delivered in St. Bartholomew's Hospital. 4th ed. 8vo, pp. 540. (Churchill. 16s.)
- Ebing (Dr. R. von Krafft).** An Experimental Study in the Domain of Hypnotism. Translated from the German by Charles G. Chadcock. 8vo, pp. xii—129. (Putnam's Sons \$1.25)
- Gregg (Dr. R. G.).** Consumption: Its Cause and Nature—to which is added the Therapeutics of Tuberculous Affections by H. C. Allen. M.D. pp. 478, large 8vo. (Homeopathic Publishing Company. Net 20s.)
- Hart (Dr. C. P.).** Therapeutics of Nervous Diseases: including also their Diagnosis and Pathology. Large 8vo, pp. 268. (Homeopathic Publishing Company. 10s.)
- Hartbridge (Dr. G.).** Refraction of the Eye: A Manual for Students. With 98 Illusts. 4th ed. Cr. 8vo, pp. 258. (Churchill. 6s.)

Mitchell (Dr. K.). *The Drink Question: Its Social and Medical Aspects.* Cr. 8vo, pp. 254. (Sonnenschein. 2s. 6d.)

Moore (N.). *Pathological Anatomy of Diseases, Arranged according to the Nomenclature of Diseases of the Royal College of Physicians of London.* (Student's Guide Series.) 12mo, pp. 490. (Churchill. 8s. 6d.)

Moore (N.). *The Distribution and Duration of Visual New Growths: Being the*

Bradshawe Lecture, delivered before the Royal College of Physicians of London on August 19th, 1889. Cr. 8vo, pp. 55. (Pentland. 2s. 6d.)

Sandwith (F. M.). *Egypt as a Winter Resort.* Post 8vo, pp. 150. (Kegan Paul, Trench and Co. 8s. 6d.)

Sawyer (Sir James). *Notes on Medical Education.* Post 8vo, pp. 114. (Simpkin, Marshall & Co. 8s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 34, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Dr. Murray Moore, Liverpool; Dr. Usher, Wandsworth; Dr. Sydney P. Ellis, New York; *Editor Nursing Record*, London; Dr. Thos. Wildes, Jamaica; Mr. Foster, Scarborough; Mr. E. H. Laurie, London; Messrs. James Epps and Co., London; Dr. Murray, Folkestone; Mr. W. Pumfrey, Wantage; Dr. G. Herring, London; Dr. E. M. Hale, Chicago; Mrs. Gaskoin, Claphill Barns, Amptill; Mr. J. Martin, Stafford; Dr. Harmar Smith, Guildford; Dr. Pope, Grantham; Dr. Morrisson, St. Leonards; Bœricke and Tafel, Philadelphia.

BOOKS AND JOURNALS RECEIVED.

Homeopathic Review. — Zoophilist. — Allg. Hom. Zeit. — Maanedskrift fur Homeopathi. — Monatsblätter. — New England Medical Gazette. — New York Medical Times. — Homeopathic Journal of Obstetrics. — California Homeopath. — Medical Advance. — Revue Homeopathique Belge. — La Reforma Medica. — The Clinique. — Bibliothèque Homeopathique. — Hahnemannian Monthly. — Albany Medical Annals. — Colonial Standard and Jamaica Dispatch. — L'Union Homeopathique. — El Criterio Medico. — Medical Counsellor. — North American Journal of Homeopathy. — Medical Visitor. — Pharmaceutical Journal and Transactions, Nov. 30. — American Homeopathist. — L'Art Médical. — Launceston Daily Telegraph. — Southern Journal of Homeopathy. — Trade, Finance, and Recreation, Dec. 11. — The Gardening World, Dec. 14. — Memphis Appeal, Nov. 14 and 16. — Chironian. — El Consultor Homeopatico. — Fistula, by Dr. Burnett. — Facts are Stubborn Things, by Dr. Thos. Wildes, Jamaica. — The Secret of the Sects. — Report of the Melbourne Homeopathic Hospital. — Publications of Massachusetts Homeopathic Medical Society, vol. ix., 1888.

THE HOMEOPATHIC WORLD.

FEBRUARY 1, 1890.

THE EPIDEMIC.

THE widespread epidemic of Influenza, which has made such havoc among the notabilities of Europe, as well as among the unknown, has left little else to be thought of during the last few weeks, and we have, therefore, devoted an unusual amount of the space of our present number to its consideration. The discussion on Influenza held at the Extraordinary Meeting of the British Homeopathic Society will be read with interest. Two important points came out very clearly in the discussion: First, that the disease is contagious as well as climatic; that it is conveyed from person to person, and also by articles that have been touched by infected persons, and is not due solely to some influence in the air. In this respect it differs from malarial fevers like ague, and from cholera, in both of which the disease is taken from tainted air, but not from diseased persons. The second point brought out was the fact that under homeopathy influenza patients do not die.

In considering the subject of the epidemic it is well to bear in mind that the word "influenza" is now applied to two totally distinct things—the epidemic disease, and ordinary cases of severe cold. We imagine this latter application of the word "influenza" came about somewhat in this way. After the first appearance of epidemic influenza, every person who took a very severe cold would naturally wish to dignify it and distinguish it from a slight cold, by calling it "an influenza cold;" and this would

gradually become shortened into "influenza." At any rate, severe cases of ordinary catarrh are now called "influenza;" but they are always among us, and have a different origin from their epidemic namesake. This is a specific disease produced by a specific poison. What that poison is no one as yet knows; it is only known by its effects.

NEWS AND NOTES.

PASTEUR AND HYDROPHOBIA.

IN a thoughtful article in *The National Review* for December last Dr. George Herring discusses the Pasteurian treatment of hydrophobia, and comes to the conclusion that the claim put forward on behalf of his treatment cannot be sustained. The first point Dr. Herring makes is that Pasteur's inoculations cannot be regarded as an instance of "like being given to cure like," since he inoculates pure rabic virus, and not something like it. He next shows that the figures adduced in support of its efficacy are unreliable, quoting Dr. Dudgeon's article in our own pages; and, lastly, he explodes the idea that no other treatment has proved efficacious, instancing particularly on the contrary the Buisson treatment. In the quotation from Dr. Dudgeon there is an error, which is obviously a slip. Dr. Dudgeon said that in the ten years before Pasteur the mortality from hydrophobia in France was thirty, and increased in the first year of Pasteur's inoculations to thirty-six. Dr. Herring makes him say that in the ten years before Pasteur the mortality increased to thirty-six per annum. The most interesting point in connection with all inoculations is whether they are to be regarded as common instances of the homeopathic rule—likes cure likes. Dr. Herring says vaccination may be so regarded, as vaccinia is a different disease from smallpox. This is more easy to state than to prove. At any rate the history of the vaccine lymph now in use is very obscure, many authorities contending that it is merely smallpox modified by passing through the cow. If that is so, Pasteur's dog-rabic virus, modified by passing through rabbits, would form a parallel case. Pasteur's inoculations must be judged on the strength

of their results and not on theoretical grounds. He has not caused any diminution of the hydrophobic death-rate; he has not cured a single case where hydrophobic symptoms have shown themselves; he has certainly caused the death of some patients by his inoculations. On these grounds, as well as the cruelty his method entails, his practice is to be condemned. In the theory of his practice the whole question of nosodes is involved, and that is too great to be settled off-hand. The virus of any disease when prepared by attenuation in the method of homeopathic pharmacy becomes altered, but yet remains a power. Just as *Lachesis* attenuated will not kill, but will produce symptoms and cure, so attenuated *Psorinum*, as Hahnemann said, will not produce psoric disease, but will produce some of its symptoms and cure them. It is not an *idem* but a *simile*.

STAFF OF THE LONDON HOMEOPATHIC HOSPITAL.

THERE have been of late several additions to the medical staff of the London Homeopathic Hospital. Mentioning them in the order of time we name first Dr. G. H. Burford, of 20, Queen Anne Street, W., who has been appointed assistant physician to the gynecological department. Dr. Skinner, of 25, Somerset Street, W., and Dr. J. Cavendish Molson, of 54, Hill Road, Wimbledon, have been appointed to the out-patient staff. As is well known, Dr. Skinner's practice is on purely Hahnemannian lines. His clinic will be held on Saturday afternoons, and he will be glad to see any medical man who may be desirous of watching his practice. The institution is to be heartily congratulated on its recent acquisitions.

ALLGEMEINE HOMÖOPATISCHE ZEITUNG.

WITH the January issue of this time-honoured periodical Dr. Alexander Villers, of Dresden, succeeding to the editorial chair vacated by Dr. Lorbacher, makes his bow to the public. With this number the *Allgemeine Homöopatische Zeitung* commences its 120th Volume. In the past it has done splendid service in the cause of homeopathy, and we are convinced that in the able hands of Dr. Alexander Villers its career of usefulness will be well sustained. We wish it and its editor many happy new years.

EDUCATING THE PUBLIC.

WE have received a number of copies of the Indianapolis *Independent*, through the medium of which Dr. W. B. Clarke of that city is endeavouring to educate the people's mind on a number of topics. It seems that even in the United States, where land is so plentiful, the question of the disposal of the dead is forcing itself on men's minds. In over-crowded cities and countries like our own, the demand for cremation instead of burial has much to recommend it. Dr. W. B. Clarke forcibly and eloquently discourses on the benefit of cremation to his countrymen. The objection to it is one of sentiment chiefly, but sentiment, though learned people pretend to despise it, rules the world, and it requires very powerful arguments to overcome it. Another matter on which Dr. W. B. Clarke is enlightening the masses is on the care of babies. In a lecture delivered before the Nightingale Association of Professional Nurses he touched on many important points, and especially recommended the baby-garments introduced by Dr. C. L. Grosvenor and described in our pages some months back.

LYCOPUS VIRGINICUS.—According to a writer in the *Chicago Medical Times*, the principal sphere of action of the *lycopus* seems to be upon the thoracic viscera, and, consequently, upon all lesions having diseases of these organs for their basis. In diseases of the heart, either functional or organic, marked by irritability and irregularity of the organ, dyspnea, feeling of oppression in the cardiac region; its administration is followed by gratifying results. Hypertrophy and dilatation have been known to undergo marked diminution in consequence of its administration. *Lycopus* possesses sedative properties equal to those of *digitalis*, and, unlike that remedy, it produces no cumulative effect, which ought to make it preferable to *digitalis* in cases of protracted administration. In pericarditis and endocarditis its sedative action lessens the frequency of the pulse, irritability and attendant inflammation, in a manner equalled by no other remedy. One case of exophthalmos has been reported as having been cured by *lycopus*. In diseases of the respiratory apparatus *lycopus* has been found very useful. Hemoptysis, associated with rapid and tumultuous heart-action, yields readily to its influence, as does hemorrhage from any part. Dr. Hale lauds *lycopus* highly for its efficiency in cases of incipient phthisis and in chronic inflammatory diseases of the lungs. By regulating the heart's action and equalizing the circulation in the lungs it mitigates or arrests the local inflammation. Chronic irritable cough, arising from a smouldering inflammation in the lungs can be cured by its administration.—*New York Medical Times*.

ORIGINAL COMMUNICATIONS.

EPIDEMIC CATARRH.

By DR. MORRISSON.

INFLUENZA is a word so well known that many people cannot understand such a complaint assuming a malignant character. But to say that the present epidemic cannot be really influenza merely shows a want of acquaintance with its etiology. When an invasion threatens, it is wiser to prepare to meet the enemy than to risk a panic by ignoring the warnings. Hence the public should have some definite idea of the symptoms, course, and possible consequences of this epidemic, which has played such havoc among the nations of Europe, and which has even crossed the Atlantic ocean. Its effects are not merely an increased death-rate from acute attacks of the respiratory diseases. They will be felt by some for weeks and months in a greater liability to bronchitis, congestion of the lungs, tubercular deposits, cardiac debility, rheumatic tendencies, and constitutional weakness.

There are many peculiarities in connection with an epidemic of influenza. It may spread over immense areas, as the present epidemic has done; it may invade certain regions or localities, and scarcely touch others; its course may be arrested or diverted without apparent cause, while mountains and oceans may fail to stop its onward march. Neither age, sex, position, nor nationality are respected by it, though the young and the old, the feeble and the careless, suffer the more severely. Rapid alternations of temperature and a mild, moist atmosphere appear to favour its development and continuance, but the originating causes of a malignant outbreak are shrouded in mystery. My own opinion is that this is a specific contagion of a malarial type.

Sometimes influenza is very fatal, especially if lowering measures and heavy dosing are added as treatment. I witnessed a severe epidemic in the colony of Tasmania, during the earlier part of my medical career. The death-rate was excessive, especially among young children and old people, the symptoms being generally those of the epidemic now prevailing here, but with the rheumatoid pains less marked. What are the indications of an attack? First, of the incipient stage. A feeling of prostration

comes on, almost suddenly, with headache, aching in the loins, drowsiness, and perhaps chilliness. This may pass off with a short rest, but within a few hours is followed either by catarrhal or rheumatoid symptoms, with a quickened pulse and febrile temperature. There are two forms, the catarrhal and the rheumatoid, which may be distinct or consecutive. The first is that of nasal catarrh, with bronchial irritation. The second is that of rheumatoid pains, especially in the loins, lower limbs, head, and eyeballs; acute tonsillitis; and congestion of the lungs, or other organs; with furred tongue, loss of appetite, depraved taste, high fever temperature, vital prostration, neuralgias, and sometimes constipation. All the internal organs are liable to become involved during the progress of the disease, even including the brain. These liabilities are lessened by domestic care and proper medical attention. In severe cases rest, warmth, and nourishing foods and drinks are indispensable for a good recovery. Great care is often necessary to avoid complications and relapses. The treatment should be non-alcoholic, especially during the acute stages, with dry heat, wet compresses, or linseed poultices, as required.

On placing a tinted speck of mucus under a high magnifying power, say of 800 diameters, among the cells of mucus may be seen some slightly ovoid micrococci, and sometimes scattered bacilli. The larger micrococci are of a somewhat irregular diamond-like shape, but with rounded angles, the smaller micrococci being regular in outline and nearly spherical in shape. These, as well as any other bacteria present, may be readily seen on reversing the slide. Heating the slide destroys the mucus cells, and leaves the germs more distinctly visible. While the disease is active, say on the fourth days, the circular mucus cells are very distinct, but as the attack passes over, and even before the cough ceases, they become larger, irregular, and some of them throw out ameboid processes. Whether the micrococci, or other germs, have any direct connection with the disease can only be proved, or disproved, by artificial cultivation and experiment, as has been done with other micro-organisms. Possibly the disease may be propagated by means of a septic ferment, but whatever its nature the rapidity with which it spreads, in wave-like zones, and the number of people simultaneously affected, indicate that it belongs to the class of infectious zymotic

diseases. Sometimes the argument is adduced that this cannot be so because certain people escape, even when in close contact with sufferers. They do so largely with other infectious diseases, such as scarlet fever and measles, hence this argument cannot be said to have much weight. There must either be a predisposition to, or a direct infection, for a disease to obtain a hold upon any particular individual.

TREATMENT is preventive and remedial. Adopting measures to maintain the standard of health constitutes the former, and medical care the latter. As direct remedies I should select the following :—

ACONITE, 3x, in three-drop doses, for the early febrile stage, and a few half-grain doses of *Aconitine* 3x trituration, at half-hour to hour intervals, to induce perspiration and to lower a high fever temperature.

ARSENICUM 3x, in three-drop doses, or in preference *Arsen. Iod.* 3x, every two or three hours during the catarrhal stage.

CAMPHOR 1x tincture, or *Menthol.* for inhalation, in hot water, at the times of sneezing, during the incipient stage.

GELSEMIUM 2x tincture, in five-drop doses, when the sharp rheumatoid achings first commence, with a febrile temperature.

IODINE, 1x glycerine tincture, five drops in an inhaler, with one-drop doses, the 3x, or *Potass. Iod.* 2x, internally for the throat complications.

LYCOPodium, 12 to 30, tincture, in one to three-drop doses, for the later effects of pneumonia, when the cough results only in a small lump of mucus, is worse during the night, and does not wake the patient from sleep.

MERCURIUS SOL., 3x trituration, in half-grain to three grain doses, for the rheumatoid pains, especially without a fever temperature, and when hepatic and gastric symptoms are prominent.

PHOSPHORUS 4x tincture, in drop doses, with glycerine, when the harsh cough comes on, and in congestion of the lungs; and last, but not least,

POTASSIUM IOD. 2x tincture, in five to eight-drop doses, for the incipient catarrhal symptoms which affect the frontal sinuses, and especially with those who have a tendency to chronic colds.

Other medicines present, in their provings, good pictures

of the various phases of influenza, especially *Baptisia*, *Pulsatilla*, *Rhus Tox.*, and *Sabadilla*, but the drugs already mentioned have served me well. I have seen and experienced that *Potassium Iod.* 2x, every hour to every three hours during the day, with *Gelsem.* θ to 2x at night, can arrest the disease, or lessen its severity. *Ammonium Carb.*, *Antim. Tart.*, and *Bryonia* have their advocates for the cough, but where they are not clearly indicated I think *Phosphorus*, in low dilutions, will be found far superior. *Phosphoric Acid* 1x, has been mentioned for the after prostration, but when the cough has been relieved by *Phosphorus* this will seldom be required. As domestic remedies, to be kept ready at hand, I would specially mention *Aconite* 3x; *Arsenicum* 3x; *Mercurius Sol.* 3x; and *Phosphorus* (in glycerine) 4x. These are well-tried remedies, certain to do at least some good.

At the recent meeting of the British Homeopathic Society, in London, it was remarked that no speaker had mentioned having a fatal case. This was perfectly true, for no doctor present had such a case to record, even from the complications. This clean sheet is in marked contrast to the roll of our allopathic friends, whose saline mixtures have not only failed to save several people of high rank, with every luxury available, but whose skill has not proved sufficient to keep down the general death-rate. Even where homeopathic treatment cannot arrest an attack, it reduces the risks of the complications to a minimum. This is a result by no means to be despised, for it means a shorter illness and a safer voyage over the quicksands of this treacherous disease.

26, Harley St., W., January 18th, 1890.

CASE OF TYPHOID FEVER TREATED MAINLY BY PYROGEN.

By DR. HARMAR SMITH.

I VENTURE to publish the following case, although its history is not quite perfect, my attendance having terminated before convalescence was completed, for a reason I cannot fully explain. I offer it, however, as a small contribution towards the therapeutics of an imperfectly tried medicine.

Mrs. —, æt about 30; no children; residing not more

than an hour by rail from Guildford. First visited on a Wednesday, when I was told that she began to suffer from diarrhea on the previous Sunday, and had had several relaxed motions daily since then. Tongue very thickly coated with white fur, and had had griping pains before each stool, for which she had been taking colcynth. No nausea or vomiting. *Tinct. Pulsatilla* and *Ignatia* alternately. Allowed for diet, arrowroot with lime-water.

Friday (6th day of illness).—Diarrhea increased in frequency; retching, constant uneasiness in abdomen, but no tenderness or tympanitic distension. Temperature, 101.2°; pulse, 100. *Aconite* and *Ipecac* in alternation. Fomentations and bran poultices to abdomen. Continue milk diet. I now began to suspect I had got a case of typhoid fever, but there is no anxiety of countenance, no prostration—the abdomen is flaccid; and this being the sixth day of the disease, one would expect a higher temperature if it were typhoid.

Saturday (noon, 7th day).—Temperature normal; only two motions in the night. Slept well. Pulse quiet. Tongue covered with thick white fur; copious deposit of urates, &c. Seven p.m.—Husband reported temperature risen to 102°, and three motions passed.

Sunday (4 p.m., 8th day).—Five watery motions since I was there yesterday. No griping or other pain, no vomiting, little retching, no abdominal tenderness. To continue milk diet, and take everything cold. *Tinct. Baptisia* 3x every two hours.

Monday (9th day).—Visited at noon. Six watery motions from 4 p.m. to 6.45 a.m. Temperature—1 a.m., 100.5°; 10 a.m., 99.5°. Continue *Baptisia*. Report sent 4.30 p.m.: Temperature, 100.8°—no return of diarrhea.

Tuesday (10th day of illness).—Visited at noon. Temperature, 10 a.m., 100.5°. Bowels acted three times from 10.40 p.m. to same time in the morning. Continue *Baptisia*. I had now no doubt of the case being typhoid, but as Mr. —, who is very well posted up in domestic homeopathic literature, doubted the correctness of my diagnosis, I recommended a consultation, which he agreed to. Mr. —'s scepticism arose from a statement made in Dr. Ruddock's "Vade Mecum," viz., that "if on the fourth or fifth day the maximum temperature attained during the twenty-four hours be not 105°, the disease is most probably not typhoid fever" (2nd Ed., p. 61). I find

that in his "Text Book" Dr. Ruddock has modified this statement so far as to require the maximum temperature on the fourth or fifth day to be 103.5° or 104° , instead of 105° if the case be typhoid. It was, however, as we have seen, much lower than this on the tenth day. It was very clear to me, as I showed Mr. —, that if the case had been one of simple diarrhea, as he supposed, the temperature would more probably have been abnormally depressed than elevated. Eight p.m.—Visited Mrs. — with my friend Dr. —. Temperature, 100.5° ; pulse, 120. Bowels relaxed twice. Dr. — agreed with me as to the diagnosis of the case, but said that, as the head was not affected, *Pyrogen* would be a better medicine than *Baptisia*. *Tr. Pyrogen* (6) gr. iij. every two hours. To increase the dose to five drops to-morrow.

Wednesday (11th day).—Visit at noon. Had slept well. Tongue cleaner. Relaxed motions at 8.45 p.m., 3.20 a.m., 12.10 p.m. Temperatures—12.40 a.m., 99° ; 4.44 a.m., 99.4° ; 7 a.m., 99.2° ; 12.10 p.m. (during visit), 100.4° . Pulse, 100. Milk, chicken-broth; brandy, a teaspoonful every four hours, as recommended in typhoid by Dr. Murchison.

Thursday (12th day).—Visit at noon. Patient has had rather a restless night. Temperatures—5.30 p.m., 101.9° ; 8.10 p.m., 101.5° ; 11.10 p.m., 100.6° . Bowels acted 12.10 p.m., 5 p.m., 9.45 p.m., 12.55 a.m.

Friday (13th day).—Retches frequently yesterday evening, but no vomiting. Slept nearly all night. Pulse came down from 120 to 100. Temperatures—5.30 p.m., 102° ; 8.30 p.m., 100.6° ; 2.25 a.m., 99.8° ; 7.10 a.m., 99.4° ; 12 noon, 100° . The motions have now the yellow-ochre colour and pea-soup consistence characteristic of typhoid. Was carried to and laid on the couch a short time yesterday, and enjoyed the change. Has taken a pint of milk and the whites of several eggs. Dislikes chicken-broth and brandy. Omit both, and substitute beef-tea and half a glass of very old port wine three times a day. Takes the juice of hothouse grapes freely.

Saturday (14th day).—Further improvement. Slept most of night. Enjoyed lying on couch. Several liquid ochre-coloured motions. Pulse 100. Vomited once after food. I have frequently examined the skin, or got the nurse to examine, for petechiæ, but never found any. Urine high-

coloured, but contains less sediment. Heart's impulse scarcely felt, but first sound heard distinctly. Taking freely of milk with lime-water; also beef-tea. Temperatures—4.15 p.m., 101.2°; 1 a.m., 100°; 10.15 a.m., 99.1°; 2.35 p.m., 101.1°.

Sunday (15th day).—Temperatures—6.30 p.m., 102°; 10.20 p.m., 101.2°; 4.45 a.m., 99.4°; 6.30 a.m., 99.3°. Bowels acted, 4 p.m., 6.20 p.m., 7.20 p.m., 9 p.m. After this no action for nineteen hours, but passed water (acid) several times. Had seven hours' sleep.

Monday (16th day).—Wired early this morning to Mr. — to discontinue alcohol entirely, but to give weak black tea if wished for. The nurse was a very incompetent one (I could not persuade them to have a stranger), and I had reason to believe more stimulant was given than I had allowed, and thought this might be keeping up the temperature. Visited at noon. Had slept five hours at intervals. Only one motion in twenty hours; still ochre-coloured. Temperatures—9.15 p.m., 101.6°; midnight, 100°; 4.15 a.m., 101°; 8.30 a.m., 99.4°; noon, 100°. Has continued the *Pyrogen* (6) every four hours; have now substituted *Pyrogen* (3).

Tuesday (17th day).—Bowels only acted once; more scanty and more consistent motion. Pulse 100; has more tone. Severe headache for several hours in the afternoon; increased by the slightest noise. Temperature rose immediately after its cessation at 6 p.m. Has taken milk or beef-tea twelve times in twenty-four hours. Temperatures—6 p.m., 102°; 12.30 a.m., 100°; 7.30 a.m., 99.1°; 9 a.m., 99.8°. To give a small teaspoonful of brandy occasionally with tea if headache return, which, however, was not needed. Deposits in urine much lessened.

Wednesday (18th day).—Letter from Mr. — saying that as his wife was very much better, I might delay my next visit till Saturday. Temperatures—Noon, 100°; 6 p.m., 100.4°.

Thursday (19th day).—The temperature being maintained, I thought it better to go to-day. The bowels now are acting naturally, and she begins to take renewed interest in domestic affairs; also has a craving after solid food, which, of course, I would not allow whilst there was any elevation of temperature. Temperatures—Noon, 99.2°; 6 p.m., 101°; midnight, 100°; 6 a.m., 99.2°.

Friday (20th day).—Not visited. Temperatures reported—Noon, 99.4°; 6 p.m., 101°; midnight, 99.1°; 6 a.m., 99.4°.

Saturday (21st day).—Temperatures reported—Noon, 100·4°; 6 p.m., 100·3°; midnight, 99·1°; 6 a.m., 99·1°.

Sunday (22nd day).—Report: Temperatures—Noon, 100·1°; 6 p.m., 101·2°; midnight, 99·1°; 6 a.m., 99·2°. All other symptoms reported favourable, viz., bowels, sleep, cheerfulness—freedom from pain—one motion in eighteen hours.

Monday (23rd day).—Visited. Countenance natural; spirits good. One motion in twenty-four hours. Temperatures—Noon, 100·8°; 6 p.m., 100·8°; midnight, 100°; 6 a.m., 99°.

Tuesday (24th day).—Report: Temperatures—Midnight, 99°; 6 a.m., 98·5°; noon, 100·4°; 6 p.m., 100·3°. The fever, which was now the sole symptom, having assumed an intermittent type, I had a question as to giving *Quinine*, but wrote first to Dr. — without suggesting this. He thought the report “most favourable,” and suggested laying aside the *Pyrogen* for a day, and giving instead *China*. 1x, four drops every three hours, and sponging the body with warm water and carbolic soap.

Thursday (26th day).—Visited. All symptoms most favourable. Temperatures—Midnight, 99·1°; 6 a.m., 99·3°; noon, 100·3°; 6 p.m., 100·3°. All the symptoms, with exception of temperature and some debility, normal. Bowels act naturally once a day. Sleeps well. Still hungry and longing for solid food, which causes some impatience on its being denied. Omit *Pyrogen*, and substitute *China*. (1x) gt. iv. every four hours.

Saturday (28th day).—Report: Temperatures—Midnight, 100°; 6 a.m., 99°; noon, 99·4°; 6 p.m., 100·3°.

This was my last visit or report received. I very unexpectedly received a letter from Mr. — to-day giving me to understand that both his wife and himself were disappointed at the result of the treatment, although I had told him that the average duration of cases of typhoid fever was from a month to six weeks, and often longer. He also added that he had written to the gentleman who had visited the case with me—as I understood—to ask for another visit without consulting me. This led me to write in a way which gave offence, and although my friend would not go apart from myself, another London colleague was found who was less scrupulous. I heard, however, from a relative that the case continued to go on favourably, and that Dr. — only paid one visit.

I believe that the *Pyrogen* (of the virtue of which in typhoid I had probably formed extravagant expectations after reading Dr. Drysdale's and Dr. Burnett's pamphlets on the subject), though it may have helped to bring the case to a favourable termination (but of this I am not sure) has possibly occasioned the loss of the patient to myself. I mean that by extolling too highly this new remedy, and even giving hopes of by it cutting short the fever, as would appear in Dr. Burnett's first case, I may have raised expectations which the results did not justify.*

I have records of some cases of typhoid successfully treated with *Baptisia*, and, with the editor's permission, I shall hope to present them ere long to the readers of THE HOMEOPATHIC WORLD.

Latimer House, Guildford, Jan. 7, 1890.

A CASE OF INFLUENZA.

By STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.

ON the evening of January 3rd, was called to see a young man, æt. 28, who stated that on the previous day, whilst writing a letter, he was seized with shivering which became so marked that he had to discontinue writing. He now complained of full, bursting feeling, and throbbing in the head, with soreness of the scalp; great aching, soreness and tenderness of the eyeballs; severe backache in the loins; and an aching sore feeling in the legs. The skin was dry, hot and burning, the pulse 120, and the temp. 101·2°.

He had some congestion of the fauces, and a dry, hacking cough. Tongue clean, but rather dry.

He got *Acon.* 1x and *Bell.* 1x every hour alternately, but, the next morning, I found the symptoms unchanged, and the temp. 103·3°.

I now prescribed *Verat. Vir. φ*, and *Eupator. perfol.* 1x every hour alternately. At my next visit, on the evening of the same day, the patient told me that twenty minutes after taking the first dose of the new medicine (*Verat. Vir.*) he broke out into a most profuse perspiration and had been sweating ever since. Notwithstanding this, I found the

* Still when, as it were in sight of land, I was of course disappointed a not being permitted to conduct the vessel into harbour.

temp. to be $103\cdot2^{\circ}$, and the general symptoms only slightly mitigated. He was very restless, and prostrate, and complained much of the backache and the pain in the eyeballs. As the skin was now acting so freely, I discontinued the *Verat. Vir.* and *Eupatorium*, and left *Baptisia* $\phi.$ and *Cimicif.* 1x to be taken during the night. These medicines gave relief to the pains complained of, and he got several hours of sleep, the first sleep he had had for two nights. Next day, January 5th, the temp. had gone down to 99° , and the symptoms generally were lessened. He now complained of much nausea and faintness on raising himself from the pillow, and as the cough was troublesome as well, he got *Bry.* 1 every two hours, which relieved those symptoms.

On January 6th, the temp. was normal, and the pulse 80, but, for the first time during the attack, coryzal symptoms appeared, the discharge being profuse, watery, and excoriating. *Arsen.* 6 was prescribed, and this, with a generous diet, including champagne, brought the patient, in a few days, to a satisfactory convalescence.

Remarks.—There can be little doubt that this was a true case of influenza.

It is noticeable that the *Acon.* and *Bell.*, first prescribed, had no influence whatever upon the fever, whilst it was evident that *Verat. Vir.* produced a powerful diaphoresis. The action of *Eupatorium perfoliatum* was disappointing, the patient having many symptoms indicating this drug, notably the soreness of the eyeballs, the backache, and sore-aching of the legs, all of which were markedly relieved by *Baptisia* and *Cimicifuga*.

Eupatorium perfol. ought to be a useful and prominent remedy in the present epidemic. In an epidemic of Relapsing Fever in Liverpool, several years ago, I found this medicine of great service in relieving the muscular, or "bone pains" which occur in that disease. Besides the above, the medicines which would seem most called for in the prevailing influenza epidemic are *Bryonia*, *Arsenicum*, *Gelsemium*, *Rhus*, *Cinchona*, and *Sticta pulmonaria*.

Cheltenham, January, 1890.

NOTES BY THE WAY.

BY DR. USSHER.

I THOUGHT I was alone in working at *Salufer*, until Dr. Cooper's remarks at the Society, showing that he had utilized *Silico Fluoride of Sodium*, reminded me at once of *Lapis Alb.* (*Silico Fluoride of Lime*). It was triturated in 1x, and even that is *too* strong for some. It did this, however: A child had been in attendance at one of the hospitals with mastoid abscess, which they cut many times, and some bone-pieces came away. The child had been a year there, and was no better; whilst the mother, a spectator of this, came away invariably ill. At last the child was brought to me, and I gave about 2 grs. in solution. Before the child had taken it (Tuesday to Thursday) *two days*, the remainder of the bone came away, the sore perfectly healed, an otorrhea was cured with *Hepar*, all offence ceasing in a fortnight. Bearing in mind that Slag had been given to a man and cured excessive moisture of anus, I gave this *Salufer* to a man who had been long tried with it, and who had taken with benefit *Calc. Silic.* 1x. The *Salufer* increased it much, and I have yet to find how he fares. With the experience from the *Liq. Sodae Chlor.* (thanks to Cooper), I expect great things in uterine ailments from this *Salufer*. The *Soda Salts*, as in the case of Gold seem to have an affinity for the womb.

In labours that have been unusually quick, followed by bearing down, and offensive discharge, the old prescription of Dr. Cooper's has been always useful: *Liq. Sodae Chlor.*, gtt. ii., aq. ʒij; dose, five drops. The *Salufer* is a disinfectant, and may be used locally. It is healing up a case of epithelial cancer that was becoming offensive, and I have kept it from spreading much for two years, first with the *Calc. Silic.* 1x internally and externally, and latterly with the *Salufer* used in the same way. I own to a weakness for pet remedies, and this is one. A gentleman had a fall off a ladder, and severely hurt his shoulder. I gave him a very unorthodox remedy, a mixture of equal parts, *Rhus* 1x, and *Arnica* 1x. You may call it *Rharnac*, as I do, for convenience. He speedily got well, and I gave him some of it, because he said it completely stopped a long and persistent moisture from the anus and possibly rectum. It served me very well with a German woman, who, in lifting a heavy patient, severely

hurt her shoulder joint, and was plastered in stucco, bandaged in splints to her great detriment. She horripilated at the very name of a doctor after this, but at her sister's suasion took my *Rharnac*, and has had a well restored arm. Sprain and strain go together it is very successful binary homeopathy, so don't despise it, but do better if you can.

Wandsworth, January 9th, 1890.

A PROVING OF NITROUS OXIDE OR LAUGHING GAS.

RECORDED BY DR. CLARKE.

SOME months ago I was requested to give gas to a young lady, age twelve, for the purpose of tooth-extraction. She was an unusually long time in going under, and after the operation seemed rather dazed. I saw her safely home, but I left town the same day. I did not see her again, and only heard some months after of what followed.

She became delirious in the evening.

Screamed whenever she fell asleep.

Complained of great pain at the chest.

A cough came on and she coughed up blood.

Her feet were put into hot water, and hot-water bottles were placed to the chest. This gave great relief; she described the sensation as a feeling as if something which was obstructing the chest dropped down into the stomach.

She was confined to bed for a fortnight.

At the present time, though well in other ways, she has a cough in the early morning. She cannot lie on the right side. The right side of the chest is duller than the left, and there is increased vocal resonance and prolonged expiration. She complains of sharp pains in the front of the chest.

Since this case has been thus unpleasantly brought to my notice I have heard of several others; and I publish it in the first place as a warning against a little-known danger, and in the second place that *Nitrous Oxide* may be thought of as a possible remedy in congestion of the lungs. The right lung was affected in this case, and the relief from heat was very marked.

ALL ABOUT INFLUENZA :

AN "OMNIUM-GATHERUM."

We have collected from all sources information of interest regarding the epidemic, which we here present to our readers. The first extract we take is from the *British Medical Journal* of January 18th, giving the effect of the epidemic on the *Death-rate of London and Paris*, and the coincidence of *Warm weather*.

"GREAT INCREASE IN THE DEATH-RATE IN LONDON AND PARIS.

"A Comparison with Former Epidemics.

"There was a marked increase in the mortality from influenza in London during the week ending January 11th. During the week ending January 4th only four deaths were referred to this disease, while in the following week, ending Saturday last, no fewer than 67 fatal cases were reported, together with a very large excess of mortality from diseases of the respiratory organs, no fewer than 1,068 deaths being referred to these diseases, being almost double the average. Of the 67 persons whose deaths were referred to influenza last week in London, only 4 were under 20 years of age, while 24 were aged between 20 and 40, 28 between 40 and 60 years, and 11 were aged upwards of 60 years. During the great influenza epidemic which prevailed in London at the end of 1847 and the early part of 1848 the general mortality showed, as is the case at the present time, a large excess above the average for the season. In the two months during which influenza was most fatal in 1847-8 the weekly deaths exceeded the average by about 60 per cent., and the deaths attributed to lung diseases during the same period showed an excess of no less than 90 per cent. The fatal cases of influenza during this period averaged 176 weekly, though these deaths represented only 10 per cent. of the excess in the general mortality.

"From the latest returns from Paris it appears that the death-rate in that city is almost unprecedentedly high. The rate of mortality was only 20.2 per 1,000 during the week ending November 2, 1889, since which time it has steadily increased week by week until it reached 31.2 in the week ending December 21, 53.7 in the last week of 1889, and further rose to 61.7 per 1,000 during the week ending January 4. The average death-rate in the corresponding period of recent years was only 25.1 per 1,000; the death-rate during the week under notice was therefore considerably more than double the average. The 2,683 deaths registered in Paris during the week ending January

4, included 89, which were directly referred to influenza, 37 to typhoid fever, 32 to diphtheria, 24 to whooping-cough, and 3 to small-pox. The most noticeable feature of the return is the extraordinary fatality of diseases of the respiratory organs. To these causes alone no fewer than 977 deaths were referred, against only 155 in the corresponding period of 1889; and of these 977 deaths 500 resulted from pneumonia, against only 52 in the first week of 1889. The greatest excess in the mortality from pneumonia and bronchitis occurred among persons aged between 20 and 60 years, 376 deaths having been recorded, against only 21 in the corresponding week of last year. The deaths of males aged between 20 and 40 years were more than double those of females at the same age; while among persons aged upwards of 60 years the deaths of females exceeded those of males."

" WARM WEATHER AND THE EPIDEMIC.

" *Epidemics preceded by High Thermometric Readings.*

"The mean temperature during the month preceding this outbreak, and during the two months of its greatest mortality, exceeded the average. It is worthy of note that from the middle of October until the middle of December, when the maximum mortality prevailed, the temperature each week, with one exception, exceeded the average for the season. During the milder epidemic of influenza which prevailed in March, 1851, the deaths from all causes during that month, of which only 155, or about 3 per cent., resulted from influenza, exceed the average by 24 per cent.; while the mortality from diseases of the respiratory organs during the same period showed an excess of no less than 85 per cent., almost corresponding with that prevailing in the great epidemic of 1847-8. During March, 1851, the month of this smaller epidemic, the mean temperature exceeded the average, and in the preceding two months the temperature showed a very great excess. With regard to the present epidemic, the temperature during the past two months has almost corresponded with the average, and the weekly mortality from diseases of the respiratory organs has showed an excess on only two occasions during November and December last. Thus it will be noticed that comparatively mild weather has prevailed prior to each of the three periods since 1847 during which influenza has been epidemic in London, and notwithstanding the general rule that the mortality from diseases of the respiratory system remains below the average while mild weather prevails, there has, in each of these periods, been a very great excess in the death-rate from these diseases. This suggests the probability that a large number of deaths, the causes of which

were referred simply to some disease of the respiratory system, was connected in some way with the prevailing epidemic."

We next quote Dr. W. T. GAIRDNER, of Glasgow, on previous epidemics, from *The Lancet*, January 4th.

"THE INFLUENZA OF 1847 AND 1857.

"To the Editors of the THE LANCET.

"SIRS,—I am able, from personal recollections of the above epidemics, to corroborate some of the statements by Dr. Wilks in your issue of last Saturday. Of the former and much more severe epidemic I have, indeed, no notes available, and possibly my reminiscences may therefore be less trustworthy; but in respect of the epidemic of 1857 I am more assured, having given a portion of two clinical lectures upon it in November of that year, which were printed in a volume entitled 'Clinical Medicine, &c.' and published in 1862. Here, at page 100, after enumerating the leading symptoms observed in 1857, it is added: 'But though catarrh is frequent, and may be severe, *the disease is essentially a fever, not a catarrh.* Nay, the catarrh may be absent, or insignificant; not unfrequently it is so.' Examples are then given of instances where catarrh might reasonably have been expected to be more than usually severe, but where, in point of fact, it was absent, or slight, the febrile symptoms being far the most prominent. Alluding to the previous epidemic of ten years before (1847), I then remark upon 'a succession of cases (in the Edinburgh Royal Infirmary) such as I have never seen since that time. In the course of a few weeks there occurred—I forget exactly how many—but upwards of half a dozen cases of inflammation of all the great serous membranes conjointly—double pleurisy, pericarditis, peritonitis. Most of them were fatal; indeed, they seemed to come into the house only to die; so rapid, so uncontrollable were the symptoms, that no time was given for the application of remedies, even had remedies been clearly indicated.' I have a most vivid impression to this hour, and even after so much longer hospital experience, of the quite unique character of the impress given to the cases in hospital during the epidemic of 1847. But then it ought to be added that this particular influenza epidemic, besides being in itself everywhere more severe than that of 1857, followed in the wake of the Irish famine of 1845-46, with all the consequences—scurvy, dysentery, epidemic typhus and relapsing fevers, &c.,—which more directly succeeded, and almost led up to, and mingled with, the influenza. The epidemic of 1857, on the other hand, occurred in the midst of a period of comparative quiescence as regards all other

febrile and epidemic diseases. Its influence upon the disease and mortality in my own wards, however, was not inconsiderable, and was noticed in detail in the clinical lecture above referred to. In a subsequent lecture I adverted to the tale of the epidemic as told by the death-rate, using for the purpose the weekly return for London, Nov. 21st, 1857, in comparison with the same week in the ten previous years. I will not trouble you with the details of this, but they are well worthy of being studied anew in connection with the present or impending epidemic. Briefly stated, the result of my survey was that the mean mortality of the ten preceding years was raised by one-seventh; that bronchitis, pneumonia, phthisis, and whooping-cough, all showed a largely increased mortality; while that from other epidemic diseases was exceptionally low, and that apoplexy, paralysis, and some other diseases of the two extremes of life, shared in the general increase of the death-rate during the admitted prevalence of influenza, even when 'influenza' itself, as a distinct nominal factor in the mortality, scarcely appeared at all, until towards the close of the epidemic, the 'gentle hints and solicitations of the registrar in the weekly reports' appeared to have taken some effect, and the apparent influenza mortality, as stated, rose to twenty-two. It is obvious, therefore, that if the progress of the epidemic in this country or elsewhere is to be traced by the death-rate, regard will have to be had to the considerations now alluded to.

"I am, Sirs, yours obediently,

"W. T. GAIRDNER.

"Glasgow, Dec. 30th, 1889."

ANTIPYRIN.

The fashionable remedy for influenza is *Antipyrin*. This is a product of coal-tar, and possesses properties of lowering fever-temperature somewhat like those of quinine. But it is a powerful agent, and in Vienna many deaths were ascribed to its injudicious use. So great a danger had this become, that its sale by druggists was forbidden except on a doctor's order. Antipyrin, when given to the healthy, produces fever symptoms and a rash, and it is highly probable that it has a homeopathic relation to the disorder; but, of course, in massive doses it may prove very dangerous. We quote the following letter which appeared in the *Lancet*, January 11th, bearing on this point:

"ANTIPYRIN AND THE PREVAILING EPIDEMIC,

"To the Editors of THE LANCET.

"SIRS,—Two years ago I made a communication to the

Academy of Medicine, based upon a case which had occurred in my practice, where the most disagreeable effects had followed administration of antipyrin. I quoted two other unpublished cases that had been related to me, and three published cases taken from English and American periodicals.

"In the six cases the chief symptoms noted were: Three times swelling of the eyelids to such an extent that the eyes were almost closed; and swelling of the face, so that the features were scarcely recognizable. Once the swelling was chiefly located in the throat, and threatened asphyxia. Five times there was a rash of some kind, generally erythema or urticaria, with troublesome itching. In one case where there was urticaria there was loss of consciousness; and, taking into consideration that it was immediately restored by the hyperdermic injection of atropine, it seems to me quite possible that there may have been urticaria of the hemispheres, a rare but recognized condition. In two cases buzzing of the ears was noticed. In two also there was violent gastric pain, followed by gastric enteritis, lasting six weeks, it being several months before the patient entirely recovered. Once there was profound mental disturbance, the patient being afraid of becoming insane, and the mental equilibrium did not return entirely for some months. Hypersecretion in the shape of running from the nose and eyes and excessive perspiration were noted several times, and once the patient felt as if she were stuffed with ice.

"Although I had not been in the least alarmed by my patient, who had never been in the slightest danger, and only made known the case in the interests of truth, a somewhat sharp discussion followed, and a very eminent professor decided that his inexperienced *confrère* had been frightened at symptoms with which every one was acquainted, referring to his *brochure* upon the subject, where they were said to have been described. As a matter of fact, it was only mentioned that in some cases a rash appeared like that sometimes following the administration of quinine, but without gravity, and requiring no treatment—a very different picture to that which I had drawn. The same professor rallied me pleasantly upon what he was pleased to term my homeopathic tendencies in prescribing belladonna, supposing that I had done so on account of the 'scarlatiniform' rash he had seen, whereas I was in reality guided in my choice by the fact that two of the commonest symptoms of an overdose of antipyrin being hypersecretion and urticaria, the drug that best counteracts these might reasonably be hoped to neutralize the effects of a medicine that gives rise to them. The upshot of the discussion was that a medicine having such high official approbation could on no account be allowed to have any kind of drawbacks.

“Since then numerous cases have been related to me from time to time by people thinking that I was ‘against antipyrin,’ of which I have taken no account, using it neither more nor less than before. The only difference I have made since publishing my paper, which, I think, shows that the drug in question is not invariably harmless, has been to begin always by small doses of the drug. I generally prescribe the first full dose to be taken in four instalments, and when I have tested the idiosyncrasy of the individual, I continue henceforth with ordinary doses, always keeping a look-out for possible accidents. I have several times had reason to congratulate myself that, instead of a tablespoonful containing ten or fifteen grains of the drug, I had begun with a teaspoonful every half-hour until the tablespoonful had been taken.

“Now to the object of my present letter. During the last month or so I have been compelled, like every one else, to give antipyrin for the treatment of the prevailing epidemic, my practice having consisted of a sharp purge to begin with, antipyrin to relieve the pain, and quinine as the specific remedy for the disease. In many cases there have been eruptions, some of which were pathological, but others were decidedly of drug origin. I have seen discharges from the eyes and nose, and swelling of the eyelids. The only serious complication of the disease of a preventable kind (broncho-pneumonia and pleurisy having been generally due to imprudence) has been pulmonary paralysis, and, although I am wandering somewhat from the point, I have often found cough that had been attributed to bronchial irritation due to relaxed palate and uvula.

“What I wish to point out, however, is that I find the symptoms put down to the influenza are in many cases those described in my paper as due to overdoses of antipyrin, particularly swelling of the eyes, urticaria, and watery discharges; and, conversing upon the subject recently with a member of the profession, I was told of a case terminating in death, and where, in my opinion, the fatal occurrence was distinctly due to treatment. The patient, an elderly American lady, had been treating herself. The symptoms had consisted of cough, a dusky eruption on the body, which appeared swollen, profuse perspiration, troublesome itching, and urticaria, chiefly between the fingers, swelling of the eyelids, which were reduced to a mere slit, and fear of impending insanity. The antipyrin had been taken for about ten days, and persisted in, because the gravity of the symptoms, which included pains in the limbs and prostration, seemed to point to the necessity of active treatment. Finally, a medical man was called in and the antipyrin stopped, but the patient never rallied, and died two days later.

“Antipyrin is one of the most valuable additions to the Phar-

macopeia of modern times, and no one can call in question our indebtedness to it during the late epidemic; but I would submit that some of the supposed symptoms put down to the influenza are really due to the action of the remedy; and I feel sure that if the attention of the profession is called to this point, my statements will be endorsed by many others.—I am, Sirs, yours truly,

“OSCAR JENNINGS, M.D.

“Rue Marbeuf, Paris, Jan., 1890.”

We have no doubt Dr. Jennings is right in ascribing many of the rashes to antipyrin; but that will not account for all of them. We have observed a rash in one case where none was given.

“HABITUAL DRUNKARDS ARE EXEMPT” (?)

Most of us have read of the demoralizing consequences which ensued when the Northern States of America, in the time of the war, exempted habitual drunkards from the operation of the draft. Scarcely less dreadful were the consequences of some Paris medical dictum to the effect that free libations of warm alcohol were protective against the disease. We quote again from the *Lancet* of January 11th:—

“INFLUENZA AND ALCOHOLISM.

“That was a strange sentence in our Paris correspondent’s letter of last week which stated, from observing that those addicted to alcohol did not take influenza, the physicians had advised the use of warm alcoholic drinks. In three days no less than 1,500 people were taken up for drunkenness in the streets of Paris, of whom 1,200 said that they were simply following the treatment prescribed for influenza! We cannot say that there is any such exemption or advantage in this country in those who take alcohol. But the indiscriminate advice to the public to drink warm alcoholic drinks seems to us a very questionable prescription. Certainly we think that, so far, results in England will compare very favourably with those of Paris, and the preventive efficacy of warm alcoholic drinks is no part of the creed of English physicians. The great points to observe, both for preventing the disease and passing through it favourably, are to live naturally, soberly, and sensibly, to inhale fresh air, taking wholesome and simple food, and a sufficiency of sleep. If alcohol is needed in a disease with so short a pyrexia, it is in small quantity and in the stage of sweating and convalescence.”

HOMEOPATHIC TREATMENT.

For a full account of the Homeopathic treatment of Influenza we must refer our readers to the article in our last number, and also to several articles in other parts of our present issue, and to the discussion before the *British Homeopathic Society*.

Lady SANDHURST (whose Home for Crippled Children, 148, Marylebone Road, is known to many of our readers) writes to us :—

“I find *Baptisia* is the antidote to the poison. I use *Baptisia* 8x, and I find it cuts short the complaint in about 80 hours. I use *aconite* with it, give one dose first and then another or two when required. I begin with a bath when it is possible—a Turkish bath is best—but at all events I put the patients to bed for 24 hours, and feed them *well* with light food and plenty of oranges. Every one in my house, except myself, has had it, some severely; all are now convalescent, and have recovered quickly.”

Baptisia was one of the medicines we named in our article, and we have had some very satisfactory experience with it. The typhoid type of fever, foul tongue, pains all over, and general uneasiness, have been the indications on which we have given it.

Dr. GUTTERIDGE communicates the following letter to the *Daily News* :—

“Having had several patients under my charge suffering, some of them very severely, from attacks of this epidemic (Influenza), and having succeeded in curing all of them, including myself as one, I give you shortly, for the benefit of your readers, a detail of the plan I have followed. With myself the symptoms set in pretty smartly and suddenly early one evening. Before the next morning they had all disappeared, so that I have not been kept from my professional duties for a single day. I may add that my treatment was equally successful with another inmate of my house. The case had advanced further than my own, but by the next morning all traces had disappeared.

“First, as a preventive, the frequent sniffing and breathing of camphor, carefully preserved in a well corked wide-mouthed bottle, and of full average strength. Then if symptoms of influenza, such as lassitude, set in with dryness and irritation of the nostrils, throat, and windpipe, make your use of camphor almost continuous, and take at the same time three drops of

tincture of *pulsatilla* every half-hour until relief is obtained. It may be advisable in many cases, and unavoidable in some, to go to bed without delay, taking plentifully of hot tea, broths, and other warm fluids, and securing an abundance of covering, so as to produce and keep up abundant perspiration, which may be all the more readily induced by putting the feet into hot water with mustard or mustard oil, and keeping up the heat for twenty minutes. After the sneezing, running of the eyes, and nose, and cough have nearly abated, for remaining weakness and loss of appetite I advise three drops of the 1·300th dilution of phosphate of strychnia in water three or four times a day. So long as the epidemic prevails, more than ordinary care should be exercised as to chills, damp, wet clothes, draughts, and undue or careless exposure to the weather.

“Trusting that my hints may prove as useful to others as the carrying of them out was to myself,—Yours, &c.,

“R. S. GUTTERIDGE.”

Since success is the ultimate test of all treatment we must not quarrel with Dr. Gutteridge's prescriptions, but we cannot help asking the question, as a correspondent, suggests, what share the *Pulsatilla* had in the cure, and how it was the *Camphor* did not antidote it?

DR. DE NOË WALKER'S OPINION.

We will conclude by quoting from *The Echo* of Jan. 17th, a letter by Dr. DE NOË WALKER.

“THE HOMEOPATHIC PREVENTION AND TREATMENT OF ‘INFLUENZA.’

“The first initial symptom is a rigor or shivering, rarely, if ever, absent. Muscular, deep-seated pains in the back, headache, often severe, and sometimes extending to the back of the head and nape of neck. Some mental depression, and a general feeling of lassitude, sometimes amounting to prostration, and in some cases apt to persist even after convalescence has been fully established. Sometimes, although rarely, the stomach, kidneys, or parotid glands, are chiefly attacked, in which latter case the ailment may be mistaken for ‘Mumps.’ In the former case, the patient is nauseated or vomits. There is no pain in the region of the kidneys, but the patient is obliged to get up every fifteen or twenty minutes. As respects severity, the above symptoms, always sudden, vary very much. Sometimes a slight shivering only is experienced, and the subject requires no medical treatment. In other cases, perhaps in most, although the severity of the attacks vary, from occult cases, in different countries,

towns, and districts, the above symptoms are more or less severe, and may at once oblige the patient to take to his bed. In subjects already suffering from some chronic ailment, especially of the respiratory organs, the symptoms may be severe, and more or less obstinate or dangerous.

“The moment the shivering is felt, the patient should take Arsenicum Album—two drops in half a wine-glass of water, and go to bed. The next morning, in most cases, convalescence will have set in. But, should the patient complain of headache and sorethroat, give Belladonna, two drops in eight teaspoonsful of water, one teaspoonful every third hour, unless prevented by sleep or meals. As respects the latter, the patient may eat and drink *ad libitum*. But beef tea should always be thickened with toast, rice, tapioca, or *pâte d'Italie*. Never otherwise. But if there remains headache with cough, often severe and obstinate, give Bryonia Alba instead of the Belladonna. In most cases, moreover, the course of Bryonia will have to be repeated, two, three, or four times. For the peculiar lassitude, or even prostration, nervous and muscular, that remains after all the above symptoms have disappeared, Arsenicum Album will again prove specific. One drop morning and evening in three tablespoonsful of water for two consecutive days. For subjects under fourteen years of age, two drops in four teaspoonsful of water, one teaspoonful morning and evening.

PREVENTIVE TREATMENT.

“Arsenicum Album and Camphor. Dose:—For an adult—Two drops in four teaspoonsful of water, at bedtime, as a full dose and basis for subsequent doses. Then, for the next four nights, one drop only, in three teaspoonsful of water, and, after that, one drop every other night for, say, a week. For children—The dose of Arsenicum should be only one drop in six teaspoonsful of water, two teaspoonsful every night at bedtime. The Camphor should be taken every morning. Two pilules, which, when possible, should be swallowed whole, and not broken up in the mouth. Children should take only one pilule about mid-day, another about 3 or 4 p.m.

“Sometimes ‘influenza’ is accompanied by some ‘febrile movement,’ as the French physicians aptly term it; but it seldom indicates Aconite, and is generally fully met by the Arsenicum. Yours, &c.,

“ARTHUR DE NOË WALKER, M.D.

“24, Carlyle Square, S.W.”

POSTSCRIPT.—THE MICROBE.

As we go to press the discovery of the microbe of Influenza

is announced in *The Times* (January 22), from which we quote. Perhaps our contributor Dr. Morrisson will have something to say as to the priority of the discovery. We also append an extract from the *Pall Mall Gazette* (January 23), quoting the opinion of M. Pasteur's on the discovery as expressed to a representative of the *New York Herald*.

“VIENNA, Jan. 21.

“THE honour of having discovered the influenza bacillus is claimed by several of the Vienna papers to-day for Dr. Jolles, of this city, who for some time studied under Dr. Robert Koch, of Berlin. The influenza bacillus is described as being a thing *sui generis*, though bearing some resemblance to the pulmonary bacillus. It differs from the latter in having a dark-coloured curved head or tip. Dr. Jolles further claims to have discovered specimens of this bacillus in the Hochquellen water with which Vienna is supplied, and which has a great repute for its purity. His first analysis of this water was made after letting a tap run for half an hour, so that he might be certain to have water which had not stagnated in the pipes, and he then tested a cubic centimetre of the liquid, with the result that he found bacilli in it. Dr. Jolles has not yet tried inoculation on any human patient, and a rabbit on which he experimented died from blood poisoning due to other causes. The publication of the discovery as a proved fact is therefore somewhat premature. However, a rival to Dr. Jolles has already started up in Professor Weichselbaum, who, according to the *Tagblatt*, has also found the influenza bacillus.

WHAT M. PASTEUR SAYS ABOUT IT :

“Supposing these young doctors have discovered the genuine influenza bacillus, they have achieved nothing of any great moment. Everybody knew already that influenza was caused by microbe. Nobody's happiness is especially increased by the additional knowledge that this microbe has a head which resembles that of a bishop. ‘All that the Vienna doctors have accomplished, if they ever accomplished it, is to put another useless jar alongside dozens of others equally useless.’

“It will be interesting,” says the *Pall Mall Gazette*, “to see Dr. Jolles's face when he reads of the remorseless way in which ‘my esteemed maître Pasteur’ has jumped upon his ‘great medical discovery.’”

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

THE Fourth Ordinary Meeting of the Session, Thursday, January 2, 1890. Dr. CARFRAE, President, in the chair.

Dr. G. H. BURFORD brought forward the following motion :—

“That a Committee be appointed by the President from the Fellows and Members of the Society to examine and report on the observed influence of internal Medication on the life history of Neoplasms : and that, so far as possible, patients under such observation be exhibited before the Society from time to time.”

Dr. BURFORD, in introducing his motion, said he thought the minds of the rising generation should be made up on the curability of neoplasms. He had seen cases of so-called cure in which the disease appeared to be simply repercussed, the disease reappearing elsewhere. He would be happy to do the work of digesting the materials accumulated by such a committee,

Dr. MOIR seconded the motion, which was carried unanimously.

Dr. DUDGEON asked if Dr. Burford intended to inquire into published cases only, or to confine its attention to those which could be examined and handled ?

Dr. BURFORD thought it possible to have two sections, one dealing with historical cases, and the other with those which could be investigated now.

The PRESIDENT concurred.

Mr. KNOX SHAW said the matter was one of immense importance, and with a little care in laying down rules for the Committee some valuable results might be forthcoming. He suggested that if a member would allow one of the Committee to see a patient of his when he is about to treat him for carcinoma, this would be an advantage, and would strengthen the evidence in the case. It is often an advantage for more than one to see a patient.

Dr. DUDGEON thought Mr. Shaw had shown the impossibility of getting a diagnosis of cancer. What is wanted is an infallible diagnostician.

Dr. BLACKLEY heartily approved the appointment of such a Committee. He instanced the case of multiple sarcomata which was shown some years ago to the society, being apparently cured, the tumours having disappeared from the exterior parts. In about twelve months the man died of the disease, which had recurred internally. He instanced another case in which the symptoms closely resembled those of cancer of the stomach, and the case was so diagnosed. The man is now well, and it turns out that he had been taking heavy doses of *Arsenic*, to which the symptoms

were probably due, the patient being a subject of gouty eczema. Had this case been investigated by a committee, a different diagnosis might have been arrived at at first.

The motion was put and carried unanimously.

Mr. DUDLEY WRIGHT showed a specimen taken from a child aged four years, who died in consequence of running a knitting-needle into his ear. The child had the needle in his hand, and fell with his ear on the needle.

The PRESIDENT announced a proposal of Dr. Blackley's, that, in view of the presence of the Russian epidemic, the Society should hold an extraordinary meeting on January 16th, to discuss the subject. Dr. Blackley offered to open the discussion, and Dr. Moir also promised to read brief notes of some of his cases.

Dr. GOLDSBROUGH, of London, then read his paper on "*Exceptional Cases of Acute Pneumonia*," of which the following is the syllabus :

(a) *Causation of Adynamic Condition in Pneumonia*; (b) *Relative frequency of Abscess in such Cases*; (c) *Contagiousness of Pneumonia*; (d) *Delayed Development of the Local Lesion*; (e) *TREATMENT* :—*Use of Digitalis, Baptisia, Alcohol. Frequent change of Medicines.*

The first of the patients, whose case he reported, was exhibited to the Society. Two of the cases occurred in the same house, and seemed to follow the eating of fish. The sanitary arrangements were examined and found not to be at fault. In referring to the subject of the causation of typhoid pneumonia he maintained that it was often due to blood poisoning. Some cases appear to be distinctly contagious.

Abscess is not more frequent in the adynamic form.

DISCUSSION.

Dr. DUDGEON said the points brought forward by Dr. Goldsbrough were very interesting. Abscess occurred, in his experience, not in typhoid pneumonia, but in common acute pneumonia, and in embolic pneumonia. The malarious or epidemic character of pneumonia has been strongly supported, and the supposed origin in colds and chills thrown doubt upon. He did not think Dr. Goldsbrough's cases proved that pneumonia was contagious.

Dr. HUGHES said Dr. Goldsbrough's cases well illustrated the utterly atypical character of the cases of pneumonia we generally meet with. He thought the details of the cases were more interesting to the man who conducts the case than to others who heard them read. He did not think *Digitalis* had any influence on the course of a pneumonia, *Digitalis* not being

related to lung tissue or fever. *Baptisia* he could understand being useful in pneumonic cases. He thought we should steadily work away with medicines homeopathically related to the condition of the lungs. Fleishmann gave nothing but *Phosphorus*, and got excellent results. Dr. Hughes thought that frequent changing of medicines was bad.

Dr. CLARKE said the paper of Dr. Goldsbrough raised many important points. If he might be allowed a criticism he would say that the cases were somewhat undigested, and the points not brought out with sufficient clearness. This was especially so with the indications for the remedies given. He thought Dr. Hughes might have gone further: it was not medicines homeopathic to the condition of the lung, but to the state of the patient that were wanted. Our allopathic friends, like Dr. Gairdner and Dr. Dyce Duckworth, are always telling us that they treat patients and not diseases: it seemed as if members of the Society were rather going after treating diseases and not patients to-night.

Dr. BURFORD thought the cases were exceedingly valuable, and, although they might have been better digested, still in their details lay the chief part of their value.

There are pneumonias that are contagious and others epidemic, and others idiopathic. Five men may get a chill on the top of an omnibus; four of them may take, as a result, a different affection—pneumonia, pleurisy, rheumatism, catarrh—and the fifth may escape any after-effect of any kind.

Septic pneumonias were not treated of by Dr. Goldsbrough, and yet these are of frequent occurrence. After tying the carotid artery pneumonia will follow, and also after operations on the trachea. There is no sufficient explanation of these. Hypostatic pneumonia occurring in typhoid conditions is one of great interest; but he must attribute many pneumonias to chill. The barometric cases have been very frequent in his experience. A change of temperature—sudden east wind—always brought a batch of cases when he was in hospital work. The "Coccus" of pneumonia has had its day; after being described and much talked of, it has been quietly dropped. Dr. Octavius Sturgis has recorded a number of cases in which contagion has been traced. In nine cases out of ten pneumonia was, he believed, constitutional disease, the particular stimulus acting on the part which in each one is most vulnerable.

Mr. DUDLEY WRIGHT did not think the first case was really one of abscess of the lung, but of purulent pleuritis, which finally opened into the lung. He thought vomiting was infrequent in pneumonia. The feelings of patients were very important—those who were hopeful at the outset of the disease generally did well, and those who desponded died. Convalescence may be pre-

dicted before it actually sets in, by black specks in the hitherto rusty expectoration which indicated the onset of resolution.

Dr. DAY announced that this was one of the diseases for Collective Investigation instituted by *The Review*. He hoped there would be better response than there had been as yet.

Dr. MOIR said there was too much in the paper to discuss the whole of. He agreed with Mr. Wright that the first case was one of empyema. He expected phthisis would follow. In all those cases where he was doubtful he put in a hypodermic needle. It was also well to evacuate these cases as soon as possible. Regarding medicines his experience was the fewer used the better.

Mr. KNOX SHAW thought the cases were most instructive and fruitful. He thought few men in busy practice could show such elaborate notes. Regarding the question of empyema and the desirability of evacuation, he instanced a case in which there was recurrent empyema which had now healed. Homeopathy was singularly successful in the treatment of pneumonia, especially if we choose and stick to one remedy, or at most two, say *Phos.* and *Bry.*

Dr. GALLEY BLACKLEY thanked Dr. Goldsbrough for his paper, which he thought bore the stamp of freshness, and was by no means too elaborate. He did not agree with Dr. Burford in thinking that pneumonia so frequently succeeded barometric changes; on the Continent and in America pneumonia was invariably present after a long spell of intense cold, when the vital powers were depressed, and exposure almost invariably meant an attack of sthenic pneumonia.

Dr. CARFRÆ (in the chair) would have liked more definite information as to physical signs, brown expectoration, for instance.

Dr. GOLDSBROUGH (in reply) thanked the Society for the manner in which his paper had been received. Although the diagnosis of his first case might be open to the criticism passed upon it by several speakers, he still held to the opinion formed at the time of the patient's illness, that the condition was one of abscess or purulent infiltration of the lung. He believed that when the paper appeared in print the indications for most of the medicines administered would become apparent. He quite agreed that in ordinary cases of pneumonia, two or three medicines were sufficient throughout the illness; but in cases where the disease was not of the ordinary type, and fluctuations and changes in the patient's condition were rapid and often serious, he considered frequent change of medicine most desirable if any effects could be wrought by the drugs. He did not consider the contagiousness of pneumonia as established, but many facts occurred in practice from time to time that were very suggestive of it.

EXTRAORDINARY MEETING.

Thursday, January 16th, 1890. Dr. CARFRAE, President, in the chair.

Letters of regret for non-attendance (some containing notes of cases seen by their writers), were received from Drs. Ramsbotham, Webster, Shackleton, Vernon, Mackintosh, Douglas Moir, Scriven, Proctor, Morehouse, Wolston and Neatby.

The subject under consideration was the *Influenza Epidemic*.

Dr. GALLEY BLACKLEY opened the discussion by narrating a number of striking cases. The ages of his patients varied from two and a half years to seventy-two. The medicines he had used were *Ars.*, *Bry.*, *Phos.*, *Acon.*, and *Kali bichrom*. He had not seen occasion to use *Baptisia*.

Dr. DUDGEON said his experience differed somewhat from that of Dr. Blackley. He noticed three types: (1) Febrile, without catarrh; headache and pains in extremities being the accompaniments. (2) That attended with most horribly painful sore-throat, generally affecting one side. This is accompanied with fever. (3) The catarrhal form, with laryngeal or bronchial catarrh; a sub-variety of this is attended with diarrhea. All are attended with headache.

The medicine he had found best indicated in most cases was *Aconite*. It had cut short many cases. For the catarrhal variety *Arsenicum* is the remedy; for the sore-throat, *Mercurius*. With these three remedies he thought we could undertake to treat any case. He would not call the disease "epidemic catarrh," as there was often no catarrh present.

Dr. MADDON asked if any present could throw any light on the kind and extent of the infectiousness of the disease. He had no doubt it was infectious. He regarded it as infectious as scarlatina and measles. He wanted to know if it could be carried by a third person. Following the advice of Dr. Dobell, published in the medical papers, namely, to send out patients early, had resulted in several attacks of bronchitis in his practice. In several cases he had found signs of congestion. In these *Phosph.* acted as a specific. He narrated a case of relapse in a girl of eleven. After apparently recovering a relapse occurred. A temperature of 105° was registered, and the day after this a characteristic crop of measles eruption came out. After some cases violent neuralgia followed. This was met by Schüssler's remedy, *Kali Phos*. He believed *Anti-pyrine* was specific in many cases, and thought it was probably homeopathic. The fever was completely obliterated in a very short time. He gave 5-grain tabloids every few hours. He had seen several gastric neuralgic cases, violent painful colic without diarrhea. *Cuprum* relieved one case very rapidly.

Dr. MOIR agreed with Dr. Maddon that the disease was infec-

tious. At the beginning of the epidemic he observed that men were attacked—now it was all women. He read notes from a letter by Dr. A. S. Kennedy proving its infectiousness. He read notes of the first case of the kind he had seen, and the only fatal case. At the *post-mortem* there was some catarrhal pneumonia present—the spleen was soft, and there was a reddish patch in the ileum, which made it possible that it might be typhoid. In reference to the eruption, he had spoken with a gentleman who had been in Smyrna when the epidemic was there. A rash, which began on the palms of the hands, was observed in a majority of the cases there. *Aconite* he had used most largely, also *Phosphorus*. He agreed with Dr. Maddou about the uncertainty of judging the effects of medicines, as the natural course of the disease was so varied.

Dr. HUGHES narrated a little outbreak of influenza in Brighton, which was introduced by a French governess before the general epidemic appeared. Two children at first were taken, then the father, who had typhlitis. He recovered under *Lycopodium*. After that he saw nothing for a fortnight; then several cases occurred—one in a young lady, sudden prostrating headache, removed speedily by *Bry. 12*. Next a strong man was taken with violent pains in the spine. *Gelsem* in a day or two removed that. It was not for some time after this that he came across a typical case. He would call them ordinarily a feverish cold. The distinction is that *Aconite* does not cut them short. This separated between a true infection and a feverish attack from chill. He would like to ask the opinion of members on the spinal affection, and its connection with the powerlessness of the legs. *Sticta pulmonaria* in the 1st dilution met the dry cough that remained. He did not see any cases of catarrh in the beginning of an attack, though it frequently appeared during convalescence.

Dr. DEANE spoke of an outbreak of influenza among troops. The first case was one of a man with high fever, the eyes being congested. He suggested *Iodide of Arsenic* and *Phosphorus* alternately, as the man had pneumonia. Thirty cases presented themselves the next day. These separated themselves into the three types indicated by Dr. Dudgeon. All had frontal headache and backache. Some had epistaxis. Many had violent diarrhea. Most of them he sent into hospital. *Veratrum* combated the diarrhea in one case which he kept under his own treatment. Very few of the women in barracks had it, and very few children. He was advised by the Brigade-Surgeon to give *Zinci-Sulph.*, 80 grain doses, to cut the attacks short. This advice he did not follow. *Aconite 3x* had cut many cases short in twenty-four hours. The faintness and weakness that remained afterwards was noteworthy. Many had vertigo. Referring to

the rash, one brother officer said the disease was dengue because of the rash; but it has not the history of dengue, and the rash is not characteristic. Malarial diseases will cause rashes. He had seen one case (a lady) where there was an extensive eruption of erythematous spots, intensely irritating. He noticed it very infectious. He called attention to the prevalence of measles along with the influenza.

Dr. MORRISON would divide all his cases into two classes—the rheumatic and the catarrhal. In regard to medicine, he had used *Aconitine* 8x rather than *Aconite*. He had been disappointed with *Arsenicum Merc. Sol.* had been of decided use in pains in the limbs. The two most useful he had found were *Kali Iod.* 2x and *Gelsem.* For the febrile symptoms and the pain *Gelsem* was of most use. *Phos.* 4x was of much use in the cough, more so than higher attenuations. He asked if any had used *Sabadilla*. He had found a micrococcus in the expectoration, and he had observed a difference in the mucous globules. He had no doubt the disease was highly infectious, and in various ways. In one case it was communicated by letters from Germany. He had noticed a want of correspondence between temperature and pulse-rate.

Mr. D. WRIGHT observed on the infectiousness of the disease, that the influenza cases that came into the hospital were put into two wards. The cases which originated among the patients already in the hospital occurred not in these wards but in others. This did not favour the infection theory. The pulse was not frequent. It was very variable in force and rhythm. Great depression characterised the cases, and brandy was needed. The bronchial mucous membrane has been affected in most cases. The expectoration is very difficult to get rid of. Many patients had slight attacks of conjunctivitis, especially in the left eye. He had seen no true rash, but in some there was a blotchy appearance of the upper part of the chest. The child referred to by Dr. Morrison died simply of collapse.

Dr. POPE had observed in and around Grantham a large number of severe colds; but one or two genuine cases had occurred. He remarked regarding the infectiousness of influenza, that ordinary severe colds are catching, and run through a house. He thought the suddenness of onset was the first distinguishing feature; then the pains in the limbs; then the prostration which led to the great proclivity to congestions. Each case had to be treated individually. He relied on *Aconite* to abate the fever. *Baptisia*, in his opinion, covers the pains in the limbs better than any other remedy. He related a case of this kind in which *Baptisia* succeeded rapidly after *Arsen.* had failed. The pains vanished leaving great weakness; which was followed by neuralgia. In noticing the question which had

been suggested whether medicine had any influence in controlling the disease, Dr. Pope observed that only one fatal case had been alluded to. In the practice of the old school there were numbers of fatal cases. In one aged patient, a gentleman of eighty, who was paralyzed, he feared a fatal result; but though he had a severe attack of congestion of one lung with a considerable degree of coma, he had made a good recovery. Under allopathy he did not think he could have recovered. *Apis Crotalus* and *Lachesis* ought also to be mentioned as remedies in such cases as those which had been referred to as having a somewhat purpuric eruption.

Dr. BURFORD said, referring to Dr. Morriison's statement as to the microbes, that observers have failed to identify a specific one. In the majority of cases he was acquainted with, the incidence of the disease was on the hemopoietic system. All the symptoms were indicative of blood-alteration, the charging of the blood with ptomaines. Very great stress must be laid on the amount of prostration that is left behind. It is the most dangerous clinical feature of the disease. The altered composition of the urine was a remarkable feature. He would like to see an estimate of the urea and phosphates passed in the cases in hospitals.

Dr. GILBERT referred to the high temperature and cough. *Hyoscyamus* and *Conium* were of no use in the cough. *Gelsem.* did great good. In cardiac cases the prostration was very great. *Arsen.* and *Phos.* 8x were of great service. *Acon.* was his general remedy, until perspiration set in, then *Bryonia* and *Phosphorus*. He related cases showing that it was communicable by infection. He placed the incubation period at three days.

Dr. MOLSON had so frequently observed perversion of the sense of taste that he had come to regard it as a characteristic symptom; one patient said his bread and butter tasted like straw. He had had one case of otalgia with suppuration when *Capsicum* proved useful. In another case with sanious discharge *Belladonna* and *Pulsatilla* did no good, but *Plantago* dropped into the ear relieved at once. In all cases where there was fetor of breath he found *Baptisia* an unrivalled remedy.

Dr. HEMPSON DENHAM said the disease was essentially a fever of an adynamic type. It is confined chiefly to the mucous membrane. It was a pharyngeal and laryngeal affection. In one case of his there was a large loss of blood from the kidneys. He thought defective drainage had much to do with it. He attributed it to the amount of sewage constantly being poured into the North Sea.

Surgeon-Major KAYE, of Leamington, had seen one case imported from Park Lane. This case got well in three days. He suggested vapour-baths as auxiliary of *Aconite*. Wet packs should also be made use of. As resident physician at

Smedley's for some years he had had much experience in this treatment.

Dr. BLACKLEY (in reply) had had throat trouble in many cases. Regarding infectiousness, what he had heard had altered his opinion. He came disbelieving in it, but he could not resist the facts that had been brought forward. A fact against the theory is that sometimes several are struck down in a house all at once. He had had one case where the influenza and measles were present in a patient at the same time. He thought in many cases the rashes were due to antipyrine or quinine, or both. He had not used *Kali Iod.*, but *Iodine* had done good.

SPECIAL CORRESPONDENCE.

NEW YORK.

From our Special Correspondent.

OUR long silence has depended more upon the dearth of news, than forgetfulness on our part. Matters medical have not drifted much out of the ordinary for the past months, with a single exception, to be mentioned later.

The New York Homeopathic College and Hospital opened its lectures in its new building, which unfortunately for students and faculty was a little too new. The sound of hammer and unfinished lecture rooms have interfered very much with the class-room quiet and order. But all have laboured diligently against the various inconveniences naturally arising from such a combination, knowing that when completed they will have a building to be proud of. The surgical pavilion in connection with the college will soon be completed, and will add very much to the clinical facilities.

The last election of the County Society resulted in the choice of the following officers: President, Dr. Geo. S. Norton; Vice-President, Dr. M. Leal; Secretary, Dr. Chas. Deady. The past year has been a prosperous one in the history of the Society, under the presidency of Dr. H. M. Dearborn. The meetings have been well attended, the roll of membership increased, and the scientific work well performed.

During the past months the County Society at various meetings considered the present status of the Medical Board of the Ward's Island Hospital, to wit, that three of its members were members of the County Society of the old school, and two were not members of any society, which was "contrary to law." In the course of the dispute a communication was sent to the Commissioners of Public Charities and Correction, citing the

following: That the Commissioners had given the hospital, "to be under the medical care of homeopathic physicians." They therefore asked, "(1) If the Commissioners intended that the Medical Board of the hospital should be composed exclusively of homeopathic physicians? (2) What was their criterion of judging if a physician was homeopathic? (3) If membership in the Homeopathic Medical Society was that criterion? (4) If a physician who does not comply with the laws of the State is eligible? And (5) If the Commissioners intend that a physician who has left the Homeopathic Medical Society should continue a member of the Board?"

This was forwarded to Dr. Guernsey, President of the Medical Board, who replied that "since the death of Dr. Bayard, he did not know there was an exclusive homeopathic physician in the City; that the members of the Medical Board practised and believed in the rule of similars, but did not believe it was the only way of curing the sick, nor did the members of the County Society believe any different; that some of their number had left the former Society for personal reasons, and though members of the old-school society their practice had not changed; that those who were not members of any society were former internes of the hospital, and were duly registered under the present law, and it was apparent that the old law was a dead letter."

This reply was not satisfactory to the Society, and they therefore moved a resolution—that the Commissioners be requested to abolish the present Medical Board, and to constitute a new one from the names presented by the Society. These included the present members of the Board, who are members of the County Society, together with a number of new names from which the vacancies were to be filled. Here the matter rests at this writing, the Commissioners having failed to take any action.

The new bill to be presented to the Legislature this winter will urge the appointment of three separate examining boards, to be composed of members of the three state societies, to be appointed by the Board of Regents of the University of the State of New York from a list to be sent in by each state society. If the old-school support this they will nullify the object had in view by the American Medical Association, the "single examining board" and its autocrat power, and they will aid in recognizing other schools as equal before the law. On the other hand, if they oppose it they will show that their cry about raising the standard of education was not an honest one, for as these examining boards work under rules issued by a central power they must be uniform and apply to all applicants. The probabilities are that the bill will not be passed, and it is equally certain no single examining board bill will pass. Our need is

for a national examining board, compelling recognition by all boards of examiners in any country. There is too much of a trades-union business about our present boards, for the "dear" people are not crying out to be protected from the profession, although they are the ones these bills so kindly aim to protect. The attempt to raise the standard of education is all right, but we do not like the mode.

During the past year we have treated in the Ward's Island Hospital, 4,004 patients. Of this number 1,750 have been discharged cured; 1,805 improved; 136 not improved, and 257 have died, a mortality of 6.42 per cent.

Wishing yourself and your journal a prosperous New Year, we are, yours fraternally,

T. M. S.

Homeopathic Hospital, Ward's Island, New York,
December 26, 1889.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

"WHEN HOMEOPATHY FAILS."

INQUIRER calls our attention to a passage in Dr. C. W. Butler's address, p. 86 of our January number, in which the speaker criticized the objection raised by some who say, "when homeopathy fails, of course I try something else." Our correspondent enforces her remarks by quoting a case of white-leg which she nursed for a homeopath whose medicine did no good, the patient becoming worse, when a great change for the better was brought about by judicious packing.

Our reply is that homeopathy is not answerable for the shortcomings of its practitioners. Homeopathy does not claim to be the only way of relieving sufferers; though it does claim to be the most rational, scientific, and certain method of relieving the sick yet known. But it is a system that is very exacting on its professors, and unless they devote to it an immense amount of loyal study they are apt to be disappointed in their results. Homeopathy is in no way antagonistic to any health-restoring conditions, whether hydropathic, dietetic, climatic, or gymnastic, but it is antagonistic to all systems of heavy drugging and depleting. Homeopaths are also free to use stimulants when occasion for them arises; but the more perfectly homeopathy is practised the less likely is the necessity for other measures to arise.

HAHNEMANN'S INSPIRATION.

INQUIRER also thinks Hahnemann in some of his letters is too presumptuous for a mortal, and that his claim to a sort of inspiration is too much to be allowed.

This is a theological point which it is not our part to enter upon. No two persons mean exactly the same thing when they speak of inspiration, hence, nearly all argument about it is vain. But it is generally conceded among Christian folk that all good and great works have their origin outside the worker; and all who have achieved good and great results have admitted that the power by which they achieved them was not their own. This is not usually regarded as presumption on their part. Only those who know what Hahnemann's work was can estimate either its greatness or its originality, and those who do know something of what it was cannot doubt that he was a man raised up for a purpose, of which purpose his whole life's work was one long fulfilment.

QUERY.

LAGER BEER.—It is said the Pilsener Lager beer is flavoured with some kind of mushroom. Can any correspondent tell your readers the botanical name of this mushroom and its reputed medical action? —E. B. I.

STATUS OF FOREIGN GRADUATES.

To the Editor of the HOMEOPATHIC WORLD.

VERITAS writes: SIR,—The writer is a foreign graduate in medicine, and, although largely engaged in literary work, has found time to practise hydropathy, massage, homeopathy, and the hygienic treatment of disease. The latter now largely encroaches upon his time, albeit both medicine and advice is also cheerfully paid for by his patients. He is more and more disposed in consequence to give himself more fully to the homeopathic treatment of disease. In the summer season he is located in one of our northern watering places, where there is no homeopathic physician, and homeopathic medicines cannot be obtained except in that useless condition they are in after lying all winter in an ordinary allopathic chemist's shop. Under the circumstances would he be justified as "setting up" as a "Homeopathic Medical Practitioner"—placing the same on his door-plate. He has seen such signs in large towns as "Dr. So-and-so, Foreign Physician," "Dr. —, Dentist," "Dr. —, Eclectic Medical Practitioner." In every instance the persons so practising have worked for or hold *honoris causa*—European and American degrees. Like the writer they appear to be in good practice, seem to be respectable persons, and their right (as far as legal interference is concerned) to affix Dr. to their names seems to be undisputed, albeit they are and must be "unregistered or unqualified medical practitioners." In Dublin, Liverpool, and in Glasgow, the writer is known to many members of the medical profession. *He does not visit*, or take midwifery cases. His prescriptions have always been respected and made up at Homeopathic Pharmacies. He would like to know his true position. Must he cease to practise homeopathy simply because he is "unqualified"—notwithstanding his *clientèle* and the apparent good he is doing? And if he can practise—can he, without giving

offence to the medical profession, place the following on his door plate: ["Dr. A— B—, Homeopathic Practitioner," or "Homeopathic Medical Practitioner?"] It would be interesting to know how far a person so situated and so qualified can act as a medical practitioner. And in what way can he most legitimately announce his claims?

REPLY.

The law of our country allows any one who pleases to practise medicine; but unless the person has a registrable degree he must not call himself "Dr.;" and he possesses no legal standing, and is not qualified to give certificates. If "Veritas" holds a respectable medical degree of another country and wishes to practise here, our advice to him is to put his name on his plate and his degree after it, stating whence it is derived. Whether or not he appends "Homeopathic Practitioner" is a matter more of personal taste than anything else.

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

APPOINTMENTS.

To the LONDON HOMEOPATHIC HOSPITAL.—Assistant Physician Gynecological department, Dr. G. H. Burford, 20, Queen Anne Street, Cavendish Square, W. Days: Tuesday and Friday, 3 to 5 p.m.—Assistant Physicians in charge of out-patients, Dr. Thomas Skinner, 25, Somerset Street, Portman Square, W. Day: Saturday, 3 to 5 p.m. Dr. T. Cavendish Molson, 54, Hill Road, Wimbledon. Days: Tuesday and Saturday, 3 to 5 p.m.—Junior House Surgeon, Dr. W. S. Cox.

TUNBRIDGE.—Dr. J. C. Pincott of Calverley Parade, Tunbridge Wells, has taken consulting-rooms at Salford Terrace, Tonbridge, where he attends twice a week—Tuesdays at 12.45 and Thursday evenings at 6.

SACCHARUM LACTIS IN CARDIAC DROPSÆ.—Milk sugar in cardiac dropsy is regarded by Germain Séé as the most reliable and least harmful diuretic. He attributes the good effects of a milk diet almost exclusively to the lactose. One hundred grammes (three and one-eighth ounces) lactose will produce an enormous diuresis, increasing the daily discharge in twenty-four hours to two and one-half litres and daily over-reaching this, until on the third day, four to four and one-half litres are voided. Milk sugar, therefore, removes cardiac dropsy surely and rapidly, and only fails if Bright's disease complicates it. It is usually well borne, and may be continued for eight or ten days or longer, with intermissions. When cardiac dyspnea co-exists, Séé resorts to iodide of potassium.—*New York Medical Times.*

Obituary.

DR. GEORGE MOORE.

We regret to announce the death of Dr. George Moore, of Hertford Street, Mayfair, which occurred on Wednesday, January 8th, from inflammation of the lungs. We extract the following from the obituary column of *The Times* :—

“The death is announced, at the age of fifty-six, of Dr. George Moore, of Hertford Street, Mayfair, which took place, after a short illness, on Wednesday last. A fortnight ago, in the course of his professional duties, he caught a severe chill, which rapidly developed into inflammation of the lungs. Dr. Moore began to practise in Manchester, but shortly afterwards removed to Staffordshire, where his skilful treatment of throat and chest diseases amongst the coal-miners and potters gained him considerable renown. Twenty years ago he came to London, and as a specialist in throat and chest affections soon acquired a celebrity to which his exceptional abilities justly entitled him, many members of the Royal Family being amongst his patients. The Princess of Wales, whom he attended for twenty years, has expressed her ‘deep sympathy with his family, and great personal regret for the loss of one she had known and valued for many years.’ He was a man of great culture and knowledge both in a general and a medical sense, and his professional integrity, nobility of character, sense of honour, and kindness of heart won the confidence as well as the steadfast friendship of every one with whom he came in contact. His loss will be deeply felt by a wide circle of friends and patients.”

While in practice at Skelton, near Stoke-upon-Trent, in Staffordshire, Dr. Moore was called to attend the late Duchess of Sutherland, who remained his friend and patient until her death. All the notices we have seen of his death omit to mention that Dr. Moore was a homeopath. He was at one time connected with the London Homeopathic Hospital. His father is the well-known authority on veterinary homeopathy. Dr. Moore leaves a widow and three sons and three daughters. One son is already in the profession, and one is studying medicine.

The Lancet (January 18th) says of Dr. Moore :—

“He was the author of several books, amongst them being : ‘Nose and Throat Diseases,’ ‘Enlarged Tonsils Curable without Cutting,’ ‘Hay Fever and Summer Catarrh,’ ‘Bronchitis and Asthma, and their Spray Treatment.’ In 1883 he invented a new nose inhaler, which was found of great service in hay fever and catarrh. He was very successful in his treatment of asthma by means of sprays, he being the first to introduce it into England twenty years ago.”

GENERAL CORRESPONDENCE.

THE LATE DR. JOHN MANSELL.

To the Editor of the HOMEOPATHIC WORLD.

DEAR MR. EDITOR,—I think some notice should be taken of the death of John Mansell; I loved and revered him as a brother. He died on Christmas Day, aged 82. He called upon me in Nottingham over thirty years ago, and said he should like to read some homeopathic books. I lent him several, and advised him to get Hughes's *Pharmacodynamics*, a splendid book for beginners, and this he *studied thoroughly*. He was not a Hahnemannian, but a sound good homeopath; his dosage from 3 to 30.

Mansell was well up in his profession, what we call "a good all-round man," a first-rate conservative Surgeon, never operating unnecessarily (as sadly too many do), but when occasion required he used his knife skilfully. I wished him to stay and help me, but he did not like town life, and retired to that quiet village of Woolsthorpe in the Vale of Belvoir, and there I found him of great value watching many cases of severe illness which I should have resigned on account of time and distance. He never spared himself, and was always at the call of every one night or day. His liberality and kindness caused him to die poor, as he felt truly that "he that lendeth to the Lord," &c.; and I feel that his place amongst the good old homeopaths is not easily replaced. Mansell went to his home beloved, mourned and honoured by all who knew him, and truly he was a man *Sans peur et sans reproche*.

WM. BRADSHAW.

January 6, 1890.

ELECTRIC BELT QUACKERY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Is it not rather a pity that Mr. Jones did not exclude Pulvermacher's Electric Belts from those on which he justly pours his righteous indignation? They will doubtless generate electricity; although the curative effect thereof is of course quite another matter.

I also have before me a circular of a tiny galvanic battery about $1\frac{1}{2}$ inch in diameter, to be worn on the chest, the circular containing a testimonial from a homeopathic M.D. I should have no faith whatever in its magic charm, *alias* magnetic current; but presume the said M.D. had in some way tested

its merits, either scientifically or clinically, or both, before giving the ingenious manufacturer a testimonial.

And is not *one brass farthing* rather too low an estimate of the value of some electric belts? I have known a few instances, and they are doubtless numerous, in which benefit appeared to result from their use; although I should like to see the galvanometer that they would deflect. My own idea is that, especially in cases of rheumatism, it is the extra warmth which does good.

As to the fraud, I have seen magnetic socks for cold feet, sold for 7s. 6d., yet incapable of producing as much magnetism as a steel stay busk; and another pair, sold for about 5s., the only magnetism or electricity in which was produced by a *dressing of turpentine* applied to the socks before being forwarded to the purchaser.—Sir, yours very respectfully,

FERRUM.

ELECTRIC OR MAGNETIC?

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In reply to a letter which appeared in your January issue upon Electricity, I wish it to be clearly understood by all persons, scientific and otherwise, that no reference is made in any of my papers that would warrant the reader in supposing that my Appliances are Electric, or that they produce such an Electric condition as can only be obtained by contact with an electrified body.

For any scientific or professional man to suppose this only shows how greatly he has been misinformed, or has misread one of the greatest and grandest truisms of Nature taught by, and strikingly illustrated in, Magnetic phenomena, namely, that life and all that betokens it, is not necessarily accompanied by noise, show, or observation: we find also that the beneficent forces of Nature around us silently and unobtrusively operate for our good.

I do not attempt to prove what life is, nor *how* it absorbs, and is strengthened by, Magnetic influence; my contention is that life force is rendered more vigorous by the proximity of Magnetism to the living organism. To refuse to accept the service offered because the method in which the work is wrought is undemonstrable is as unreasonable as it would be to refuse to breathe God's air and eat our daily bread until scientifically shown in what way these good gifts work together for the strengthening and enrichment of life.

The validity of all that is asserted by me rests on a far different basis, namely, the testimony of those (and their name is legion) who have proved that Magnetism does contain some-

thing which has an affinity for the life of the body, in the same sense as the air and sunlight possess a something allied to a healthy development of life in the seedling and plant.

If any man will say that Magnetism has *not* this vitalising quality, he must calmly discredit the evidence of thousands of honest men and women whose experience must inevitably give him the lie.

Let me say again that it is Magnetism and not Electricity for whose honour I contend. Magnetism can under no circumstances be harmful by immediate contact, but Electricity can be hurtful to the last degree. There is abundant evidence that the latter is one of the swiftest means of destruction, so much so that there are those who assert that therefore it is capital for capital punishment; however that may be I have no desire whatever to identify my Treatment with a force which can be so baneful. I do not hereby discredit the uses of Electricity in Surgery—surgical cases I do not undertake—but since it is contended that Electricity as well as Magnetism can do much in its relation to chronic diseases, and since the relation between these two great forces (which relation does not mean identity) has been long ago demonstratively proved by Faraday, why not use the safe and natural form of the remedy? We have in Magnetism the primary element and force—nay, I may say the *essential* element and force—out of which all the Electricities are manufactured, and we have it without the harmfulness of the power which is as destructive as it is mighty.

I know that many wise men sneer at the work of this natural remedial agent—time was when they sneered in like manner at the principles of Homeopathy. I only ask thoughtful men to give this subject the attention it deserves, and to judge for themselves.—Yours truly,

B. COPSON GARRATT.

16, Finsbury Square, London, E.C.
January 17, 1890.

THE RELATIVE WORTH OF SYMPTOMS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The following extracts on the relative worth of symptoms may prove of interest to those who have followed the correspondence which has appeared in the HOMEOPATHIC WORLD on the different potencies. They are taken from an article by Benninghausen, in the *Allgemeine Homeopathische Zeitung*, 1856, and reproduced in the *Homeopathic Physician* of September last. They appear to me to show the views of our high-potency friends.

"Among the various elaborations of the *Materia Medica Pura* of Hahnemann, of which such an abundance have been made in modern times, I miss one whose importance has only of late years become fully evident to me. This is a statement of the *time* which has elapsed *after the taking of the remedy before a given symptom was observed*. . . . If my old memory does not mislead me, it was the genial C. Hering who first (and up to the present time he is the only one who has called my attention to it) pointed out to me that the *proving symptoms* which manifested themselves *last* were the *most important for employment in curing*, and were far from being only secondary and useless in therapeutics. . . . A truth appears to lie at the bottom of this assertion of Hering's, which till now has been little observed, and which makes us regret that in so many new as well as old provings so little attention has been paid to a statement of the *time* at which the symptoms manifested themselves after the taking of the drugs, and especially in the case of those peculiar symptoms in which mainly the individual characteristics of the drug must be sought. . . ."

Then follow some observations on the foregoing rule as applied to *Borax*.

"At the very beginning in both symptoms 4 and 5, of which the first was observed during five weeks, the second during three weeks, a peculiarity meets us which belongs to no other remedy in the same way. It is *anxiety of sudden downward motion*, and is by no means to be confounded with the but slightly similar symptoms which we have of *Carb. v.*, *Sep.* and *Sulph.* According to my experience this anxiety clearly expresses itself in a *swing*, and most pre-eminently at the moment when the swing moves *forwards*, almost never when it moves *backwards*. I have observed this by no means unusual symptom not only in children, but also in two adult women, and in every case regarded it as a useful one; and it also by the result proved itself to be of value not simply for this, but also for the other existing trouble. . . . Among the symptoms which affect the eye we come upon two, viz., 77 and 78, which are pre-eminently peculiar to this remedy, and which, until now, were observed only in the working of *Silica* and *Puls.* It is that peculiar kind of inflammation of the eyes which is caused and kept up by the *growing in of the eyelashes*, thus constantly irritating the ball of the eye, and which is not permanently cured even when allopathically the corpus delicti has been removed and the lashes torn out by the roots. Every one of us has probably found the admirable working of *Borax* proved in cases of this kind of inflammation (of course the other symptoms corresponding), and it only remains to be noticed that symptom 77 was first observed *after six weeks* and symptom 78 after 35 days. Among the morbid phenomena of the ears from symptoms 88 to 106, and in connection with which symptoms 51 and 60 must be considered, *those* have by the curative results proved themselves to be the most marked which were connected with *ulceration of the ear*. But these symptoms 95-6-7 first showed themselves on the 27th and 19th days. Symptom 51 just mentioned in this connection first appeared after the 32nd day, and at the same time with symptom 96. Scabs in the nasal cavities, with inflammation and shining redness at the tip of the nose, which are not seldom met with in (psoric) persons who have neither at any time been syphilitic, nor been abused with *Merc.*, often find (with *Sep.* or *Sil.*) their remedy in *Borax*, as many, also, of us may have experienced. But the symptoms which apply here—109, 111, and 112—do not stand amongst those which appear in the first days after taking the remedy, but date from the 10th, 16th, and 18th days. It is probable that many among us have, like myself, had opportunity to cure by means of this remedy painful *erysipelas*, commonly on the left side of the face (the similar Bell *erysipelas* generally

occupies the *whole face*, or only the *right half*), which is unendurable, especially when the muscles contract in laughter. The two symptoms which apply here—120 and 121—were not observed until from the 31st to the 34th day."

The article goes on to notice the toothache symptoms which occurred on the 40th day, affections during dentition of children 36th and 40th days; apthæ symptoms 4 weeks, 30 days, 33 days, and five weeks. Frequent urination at night 24 and 34 days; soreness of urethra *after* micturition 26th and 30th days, too early and too long-continued menstruation 25 days and seven weeks. The predominant chilliness which is quite peculiar to this drug, and furnishes an excellent indication for its use, was likewise observed very late, viz., after 23, 14, 33 days, and even after five weeks. Further, in symptoms which appeared early, and correspond to a form of spleen affection, *Borax* has not afforded any result worth mentioning when prescribed. The writer of the article concludes as follows :

"I, by reason of my many-yearred and wide experience, hesitate not to affirm distinctly and assuredly, that precisely those morbid phenomena which are *deepest-rooted* are most quickly, most surely, and most permanently cured by the administration of such remedies as (if appropriate in other respects) furnish corresponding indications amongst their *latest observed symptoms*; and especially is this the case when these remedies are given in *very high potencies* and in *small and unfrequent doses*!"

Now, Sir, in view of the re-proving of medicines which is now in operation, and in view, too, of the different opinions of the leading lights of homeopathy—the opinions of yourself and of Dr. Sutherland of the *New England Gazette*, for instance, being very different—the foregoing to my mind opens out an important field for discussion.

Yours, &c.,
ASSISTANT.

Oldham, January 11, 1890.

TYPHOID FEVER.

To the Editor of the HOMEOPATHIC WORLD.

DEAR Sir,—In an article by E. H. Hankin, published in the *British Medical Journal* (2, 1889, 811-812), it is stated that an albumose was separated from anthrax cultures by precipitation with alcohol and subsequent washing with the same liquid to free it from ptomaines. Solutions of this precipitate were injected into the circulation of rabbits and mice; when these animals were subsequently inoculated with virulent anthrax

cultures, they were found to be protected. It was found, however, that such immunity against the disease was conferred only when very minute doses of the albumose were administered, namely, from one five-millionth to one ten-millionth of the body weight of the animal.

It would be an immense boon to humanity if the typhoid bacillus could be cultivated and utilized in a similar manner which strongly resembles *Similia similibus*.—Yours faithfully,

JOHN M. WYBORN, F.C.S.

59, Moorgate Street, City, London,
January 20, 1890.

[Perhaps Dr. S. Swan, of New York, could supply our correspondent with attenuated Typhoid bacillus. The question of nosodes is one of great importance, but before they can be of much use they must be proved like *Psorinum* and the serpent poisons.—Ed. H. W.]

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Barbour (A. H. F.). Atlas of the Anatomy of Labour Exhibited in Frozen Sections. Student's ed. Folio. (W. and A. K. Johnston. 12s. 6d.)
- Bartholow (R.). A Practical Treatise on Materia Medica and Therapeutics. 7th ed., Revised and Enlarged. 8vo. (H. K. Lewis. 18s.)
- Bigelow (Dr. H. R.). Gynaecological Electro-Therapeutics. With an Introduction by Dr. G. Apostoli. Illust. 8vo. (H. K. Lewis. 8s. 6d.)
- Bosworth (Fracke H., M.D.). Diseases of the Nose and Nasopharynx. Illusts. and Coloured Plates. 8vo, pp. 670. (New York. 80s.)
- Burt (Dr. Stephen S.). Exploration of the Chest in Health and Disease. Cr. 8vo. (H. K. Lewis. 6s.)
- Caird (F. M.) and Cathcart (C. W.). A Surgical Handbook for the Use of Students, Practitioners, House Surgeons and Dressers. 3rd ed. 12mo, bd., pp. 274. (Griffin. 8s. 6d.)
- Candler (C.). The Prevention of Measles. Post 8vo, pp. 390. (Kegan Paul and Co. 5s.)
- Cheadle (Dr. W. B.). The Various Manifestations of the Rheumatic State, as Exemplified in Childhood and Early Life. With Chromolithographs. Cr. 8vo. (Smith, Elder and Co. 3s. 6d.)
- Collier (Mark P. M.). On the Physiology of the Vascular System. 8vo. (H. K. Lewis. 8s. 6d.)
- Cripps (H.). On Diseases of the Rectum and Anus, including the 3rd ed. of the Jacksonian Prize Essay. 2nd ed. 8vo, pp. 512. (Churchill. 12s. 6d.)
- Crookshank (Edgar M.). History and Pathology of Vaccination. 2 vols. Post 8vo, pp. 1,061. (Lewis. 36s.)
- Cullingworth (C. J.). A Manual of Nursing, Medical and Surgical. 3rd ed., Revised. 12mo, pp. 190. (Churchill. 2s. 6d.)
- Davies (Dr. H.). The Mechanism of the Circulation of the Blood through Organically Diseased Hearts. Edit. by A. T. Davies. Cr. 8vo. (H. K. Lewis. 8s. 6d.)
- Felkin (R. W.). On the Geographical Distribution of some Tropical Diseases, and their Relation to Physical Pneumonia. With 16 Maps. Reprinted from the Proceedings of the Royal Society of Edinburgh. 8vo, pp. 60. (Pentland. 5s.)
- Fenwick (S.). Clinical Lectures on some Obscure Diseases of the Abdomen. 8vo, pp. 252. (Churchill. 7s. 6d.)
- Gorham (J.). A Manual on the Proper Mode of Extracting Teeth. 3rd ed. Fcap. (H. K. Lewis. 1s. 6d.)
- Humphrey (L.). A Manual of Nursing, Medical and Surgical. With numerous Illusts. Post 8vo, pp. 250. (Griffin. 8s. 6d.)
- Lagrange (F.). Physiology of Bodily Exercise. (International Scientific Series). Cr. 8vo, pp. 410. (Kegan Paul and Co. 5s.)
- Ledy (Dr. J.). An Elementary Treatise on Human Anatomy. 2nd ed., Re-written. Illust. 8vo. (Smith, Elder and Co. 25s.)
- Letchworth's (Wm. P.). The Insane in Foreign Countries. Illust. 8vo. (Putnam's Sons. 14s.)
- Lewis (W. B.). A Text-Book of Mental Diseases, with Special Reference to the Pathological Aspect of Insanity. With Illusts. in the Text, Charts, and 18 Lithographed Plates. Roy. 8vo, pp. 576. (Griffin. 28s.)
- Macfarlane (A. W.). Insomnia, and its Therapeutics. 8vo, pp. 366. (H. K. Lewis. 12s. 6d.)
- Medical Directory (The). 1890. (Churchill. 14s.)

- Murrell (W.).** Chronic Bronchitis and its Treatment: A Clinical Study. Illust. Cr. 8vo, pp. 196. (H. K. Lewis. 8s. 6d.)
- Oaler (Wm.).** The Cerebral Palsies of Children: A Clinical Study from the Infirmary of Nervous Diseases, Philadelphia. 8vo. (H. K. Lewis. 5s.)
- Roth (Bernard).** The Treatment of Lateral Curvature of the Spine. With Appendix on the Treatment of Flat Foot. Illust. 8vo. (H. K. Lewis. 5s.)
- Saundby (Robert).** Lectures on Bright's Disease. Illust. 8vo. (Hamilton and Co. 6s. 6d.)
- Smith (E.).** A Practical Treatise on Disease in Children. 2nd ed. 8vo, pp. 920. (Churchill. 22s.)
- Spender (Dr. J. K.).** The Early Symptoms and Early Treatment of Osteo-Arthritis (commonly called Rheumatoid Arthritis). Cr. 8vo. (H. K. Lewis. 2s. 6d.)
- Squire (Balmanno).** On the Treatment of Diabetes. 8vo, ed., pp. 54. (Churchill. 2s. 6d.)
- Starr (Dr. Louis).** Hygiene of the Nursery. 2nd ed. With 25 Illusts. Cr. 8vo. (H. K. Lewis. 8s. 6d.)
- Strahan (Dr. J.).** The Diagnosis and Treatment of Extra Uterine Pregnancy. 8vo. (Baillière. 4s. 6d.)
- Tomes (C. S.).** A Manual of Dental Anatomy, Human and Comparative. 3rd ed. Cr. 8vo, pp. 492. (Churchill. 12s. 6d.)
- Tooth (H. H.).** The Gulstonian Lectures on Secondary Degenerations of the Spinal Cord. 8vo. (Churchill. 3s. 6d.)
- Treves (F.) and Lang (H.).** German-English (A) Dictionary of Medical Terms. Cr. 8vo, 2-bd., pp. viii.—408. (Churchill. 12s.)
- Wills (G. S. V.).** A Manual of Vegetable Materia Medica. With numerous Illusts. and Woodcuts. 11th ed. Post 8vo, pp. 480. (Simpkin. 10s. 6d.)
- Wolfe (J. R.).** Original Contributions to Ophthalmic Surgery. Illust. 8vo, bd., pp. 97. (Churchill. 3s.)
- Year Book of Pharmacy, 1889.** (Churchill. 10s.)
- Yeo (J. Burney).** Food in Health and Disease. 12mo, pp. 586. (Cassell. 9s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Dr. Pincott, Tunbridge Wells; Jersey Supply Company; Dr. Morrison, St. Leonards; Dr. Bradshaw, London; Dr. Usher, Wandsworth; Dr. Stanley Wilde, Cheltenham; Mr. Pumphrey, Wantage; Dr. T. M. Strong, New York; Dr. Harmar Smith, Guildford; Mr. Ivatts, Dublin; Mr. Jas. Coates, Rothsay; Dr. Nichol-

son, Clifton; Messrs. E. Gould and Son, London; Mr. J. B. Elliott, Toronto.

BOOKS AND JOURNALS RECEIVED.

Monthly Homeopathic Review. — Chemist and Druggist. — Allg. Hom. Zeit. — Monatsblätter. — Zoophilist. — Medical Advance. — Hahnemannian Monthly. — Revue Hom. Belge. — Medical Era. — Southern Journal of Homeopathy. — California Homeopath. — Indianapolis News. — Medical Counselor. — North American Journal of Homeopathy. — New York Medical Times. — Clinique. — Scottish Sport. — Medical Annals. — Medical Visitor. — Bibliothèque Homeopathique. — Chironian. — American Homeopathist. — Homeopathic Physician (December). — Montreal Tracts on Homeopathy, No. 6. — Congestion of the Lungs and Its Dangers, by Dr. Thos. Nichol, Montreal. — Scarletine in its Relation to Cow's Milk at Wimbledon and Merton, 1886-7, by C. H. Cooper, A.M., I.C.E. — Notes on Influenza, by a London Physician.

THE HOMEOPATHIC WORLD.

MARCH 1, 1890.

MARK TWAIN AND HOMEOPATHY.

SINCE Homeopathy was made known to the world, it has never wanted supporters among men of unusually brilliant wit and intelligence. A certain quick perception of correspondences is a necessary quality in those who practise according to the law of "similars," and perhaps for this reason homeopathy has frequently numbered wits among its practitioners. The late Dr. QUIN was a conspicuous instance, as also the late Dr. HERING, of London. As for the present generation, if we may take the great battle in *The Times* on *Odium Medicum* as a criterion, we know on which side the wit and argument had the best of it there; and if we were not able to decide for ourselves, we could cite no less an authority than *Punch* to prove that the "Pilule" was more than a match for the "Bolus."

The names of WHATELY, BRIGHT, and BEACONSFIELD may be mentioned among past supporters of homeopathy; and among those of the present who regard it with favour, J. R. LOWELL and MARK TWAIN.

MARK TWAIN'S pronouncement on the beneficial results of HAHNEMANN'S reform is made in *Harper's New Monthly Magazine* for February, in an article entitled "A Majestic Literary Fossil." The "Fossil" alluded to is a *Dictionary of Medicine* by Dr. James, of London, who was assisted in its compilation by Dr. Samuel Johnson.

MARK TWAIN prefaces his article by a comparison of the present generation with all the former: the present take

kindly to new ideas, and regard the men of the past as children compared with themselves; formerly things were reversed—nothing was thought anything of that could not boast of antiquity, and the men of preceding ages were regarded with reverence as fathers and superiors.

From the *Dictionary* MARK TWAIN quotes many instances of the superstitious regard our fathers paid to the opinions of the ancients, and to this he attributes the absolute standstill in medical practice that existed for so many centuries. Here is the treatment of headache that was recommended in the middle of last century, and prevailed much later:—

“The celebrated Bonetus’s ‘Observation No. 1’ seems to me,” says MARK TWAIN, “a sufficient sample, all by itself, of what people used to have to stand, any time between the Creation of the world and the birth of your father and mine, when they had the disastrous luck to get a ‘Head-ach.’”

“A certain Merchant, about forty years of age, of a Melancholic Habit, and deeply involved in the Cares of the world, was, during the Dog-days, seiz’d with a violent pain of his Head, which sometime after compelled him to keep his Bed.

“I, being call’d, order’d venesection in the Arms, the Application of Leeches to the vessels of his Nostrils, Forehead, and Temples, as also to those behind his ears; I likewise prescribed the Application of Cupping-glasses, with Scarification, to his Back. But notwithstanding these Precautions, he dy’d. If any Surgeon, skill’d in Arteriotomy, had been present, I should have also order’d that Operation.’

“I looked for ‘Arteriotomy’ in this same Dictionary, and found this definition—‘The opening of an Artery with a view of taking away Blood.’ Here was a person who was being bled in the arms, forehead, nostrils, back, temples, and behind the ears, yet the celebrated Bonetus was not satisfied, but wanted to open an artery, ‘with a view’ to inserting a pump, probably. Notwithstanding these ‘Precautions’—he dy’d. No art of speech could more quaintly convey this butcher’s innocent surprise. Now that we know what the celebrated Bonetus did when he wanted to relieve a Head-ach, it is no trouble to infer that if he wanted to comfort a man that had the Stomach-ach, he disembowelled him.

"I have given one 'Observation'—a simple Head-ach case; but the celebrated Bonetus follows it with eleven more. Without enlarging upon the matter, I merely note this coincidence—they all 'dy'd.' Not one of these people got well; yet this obtuse hyena sets down every little gory detail of the several assassinations as complacently as if he imagined he was doing a useful and meritorious work in perpetuating the methods of his crimes, 'Observations,' indeed! They are confessions."

Other instances of the orthodox medical treatment of the past are alluded to, and finally the composition of *Aqua Limacum*, which comprised almost every kind of nastiness that a depraved mind could think of; and then MARK TWAIN exclaims:—"There! The book does not say whether this is all one dose, or whether you have a right to split it and take a second chance at it, in case you live."

And now we come to the part which concerns us most, and which we have italicised. MARK TWAIN thus sums up the matter:—"When you reflect that your own father had to take such medicines as the above, and that *you would be taking them yourself to-day but for the introduction of HOMEOPATHY, which forced the old-school doctor to stir around and learn something of a rational nature about his business*, you may honestly feel grateful that homeopathy survived the attempts of allopathists to destroy it, even though you may never employ any physician but an allopathist while you live."

THE FATE OF CADAVERIC MICROBES.—It is a comfort to learn, on the authority of M. Esmarch, that most pathogenic microbes succumb sooner or later after their victims have died. The experiments were carried out with nine different micro-organisms, and the bodies of the animals on which they had wreaked their wicked will were either buried or kept under water, or exposed to the air. The bacillus of septicæmia survived ninety days, while that of anthrax disappeared within a week. The bacillus of fowl cholera was seldom found after three weeks, but the tubercular microbe did not lose its virulence until 204 and 252 days had elapsed. All trace of the other organisms was lost in from three days to a week, including those of typhoid fever, Asiatic cholera, and tetanus. As a general rule, the more active the decomposition, the sooner did they perish, and this is another argument in favour of "earth to earth" burial pending the universal adoption of cremation.—*Medical Press*, Dec. 11th.

NEWS AND NOTES.

TYNDALL ON PASTEUR.

PROFESSOR TYNDALL, relieved from his labours at the Royal Institution of London, has carried his patronage of germs and fermentation to his native land. *The Lancet* of February 8th quotes an address lately delivered by the redoubtable professor at the Ulster Hall, Belfast. "If a lucid and full exposition," says *The Lancet*, "is sufficient for instruction," Professor Tyndall's address must have left his audience with a "fairly clear idea" of the part played by living organisms in disease and putrefaction. The caution of *The Lancet* in not venturing beyond "fairly clear" is highly commendable. We in London hardly needed to be told what the professor said—we have heard it all before. We were certain to hear something of Lister, of Koch, of silk-worms and vine-diseases, of fermentation and of splenic fever. Finally, as the climax of all, we were certain to hear of Pasteur's crowning achievement—his triumph over hydrophobia. But even we were not prepared for the startling announcement with which the address closed. We know, because Sir James Paget has said it, that nine hundred of Pasteur's patients have been as absolutely saved from death as if they had been snatched from drowning; but we did not know (until Professor Tyndall told us) that, "thanks to the Pasteur method, the mortality from hydrophobia fell in 1887 from the high average of 70 to that of 3 per cent." "Such results," he maintained, "assert with a logical force which cannot be resisted, the reason and the justice of performing, even though it imply vivisection, such experiments as are needful for their attainment." It would not greatly endanger the public safety to admit that "such results" would justify anything—murder, for instance,—if they were real! As it is, their only existence is in the heated imagination of partisan professors. According to Professor Tyndall's figures, it is not nine hundred but more like four thousand whom Pasteur has saved from death. We greatly fear some peculiar germs have taken possession of Professor Tyndall's brain.

THE HYDERABAD COMMISSION.

DR. LAUDER BRUNTON has been to India and come back

again; has vivisected a wilderness of animals; has received the Nizam's £1,000 for his trouble; has formed certain opinions the reverse of what he held before—and now finds himself at loggerheads with the practical anesthetists. Dr. Braine, writing in *The Lancet*, Feb. 8th, shows that whatever may be the case with pariah dogs and other animals in India, with human beings in this country different results occur. In several points Dr. Braine criticises the conclusions of the Hyderabad Committee—

“In paragraph 33 of the Report the Committee state that they performed a large number of operations which are reputed to be particularly dangerous from shock, such as extraction of teeth, evulsion of nails, section of muscles of the eye, &c. These operations were performed in all stages of anesthesia, and even when the animal was merely stupefied with chloroform; in no case was there anything suggestive of syncope, or failure of the heart's action. Yet in Conclusion VIII. we find, ‘As a rule no operation should be commenced until the patient is fully under the influence of an anesthetic, so as to avoid all chance of death from surgical shock or fright.’ Now how are we to reconcile these two statements? Is it not apparent that animals do not suffer from surgical shock and cardiac failure, and are in this respect different from human beings? I venture to state there is no anesthetist, even of moderate experience, who has not noticed cases of shock from insufficient anesthesia, due to the surgeon commencing the operation before asking the administrator whether the patient is ready.”

With regard to Conclusion IX., which enjoins the watching of the respiration only, Dr. Braine says if it is carried out the fatal cases will rapidly increase. The face and the pulse need just as much watching as does the breathing.

Writing in the same number of *The Lancet* and to similar effect, Dr. W. Roger Williams enters an emphatic protest against the dictum of the Hyderabad Commission that deaths from chloroform administration “must be ascribed entirely to carelessness on the part of the administrators. Such a statement is opposed to all clinical experience, and it is simply preposterous.”

We wonder whether the “enlightened” Nizam will have these letters shown to him, and if he should see them whether he will think his £1,000 was wisely parted with.

BOENNINGHAUSEN'S BOOKLET.

In consequence of our producing entire the valuable little

work of Boenninghausen in the present number, other matter of interest has naturally been crowded out. We have several books and pamphlets for review, the notices of which we have been compelled to hold over. We have arranged with our publishers to have copies of Boenninghausen's work struck off, so that our readers will be able to obtain it separately if they wish. It will be obtainable on application at 12, Warwick Lane. Many of our readers and others will doubtless be glad to possess it.

SALE OF NOSTRUMS BY HOMEOPATHIC CHEMISTS.

THE Medical Board of the Liverpool Hahnemann Hospital have had under consideration the practice adopted by some homeopathic chemists of advertising patent specifics of their own for various ailments, and have passed a resolution strongly protesting against it.

HOMEOPATHY IN POLAND.

DR. JOSEFA DRZEWIECKIEGO, of Warsaw, has been kind enough to send us a pamphlet on Homeopathy, written by himself. We are pleased to see that the capital of Poland has so energetic a representative of our system. We regret that our ignorance of the Polish language prevents us from duly appreciating the pamphlet, but we make our acknowledgments to the author all the same.

DR. HANSEN OF COPENHAGEN.

OUR readers will be pleased to hear that Dr. Oscar Hansen, of Copenhagen, has promised to send us a further supply of his interesting clinical cases. Dr. Hansen is removing from his present address. After April 15th he will be found at Halmtorvet, 14, I. Copenhagen.

ODIUM MEDICUM IN EASTBOURNE.

HOMEOPATHY is evidently making great way at Eastbourne; so much so that it has stirred up the allopathic opposition in the person of a certain Dr. Smith to deeds of

blind hatred which have made him deservedly the laughing-stock of the town. *The Sussex Daily News* and *The Eastbourne Review* report the facts at length, which are briefly as follows: Dr. Alexander Croucher, one of the representatives of homeopathy in Eastbourne, attended a patient during her confinement, and he had occasion to use instruments in order to effect delivery. The patient eventually developed symptoms of influenza, and three days after her delivery her condition became serious. She was seen in the morning by Dr. Croucher. In the evening, as her condition became worse, the husband sent for the nearest doctor—Dr. Smith. Dr. Smith informed the friends that the patient had been wrongly treated, and, according to two witnesses, stated that she had been injured by improper use of instruments and was dying in consequence. He called another allopath in consultation. Two days afterwards the patient died, and Dr. Smith refused to give a certificate of death. Hence an inquest. A more pitiable exhibition has seldom been made in a witness-box than was made by Dr. Smith. He had scarcely a straightforward answer to give to any of the coroner's questions. The gentleman who made the post mortem examination proved that no injury whatever had been done. The coroner severely commented on Dr. Smith's conduct in refusing to sign a certificate, thus entailing an inquest for which, on Dr. Smith's own showing when in the witness-box, there was not the least necessity. The jury promptly returned a verdict of "Natural Causes." At the close of the inquest the following colloquy took place:—

Dr. Croucher here rose and publicly called upon Dr. Smith to apologize.

Dr. Smith refused.

Dr. Croucher—You said that I ruptured the uterus with the instruments. That has been disproved.

Dr. Smith—I never said so.

Dr. Croucher—Two witnesses have sworn to it.

Dr. Smith—I don't care if they have. I apologize if I said it—but I didn't say it. I will not apologize for what I have not done.

We congratulate Dr. Croucher on the manner in which he has come out of a trying ordeal. Dr. Smith dug a pit for him and fell into it himself.

INFLUENZA IN MALTA.

We learn from a correspondent that the island of Malta

has been visited by the epidemic, but it has not attained so severe a form as elsewhere. There have, however, been a number of deaths due to neglect or complications. *Camph.*, *Acon.*, and *Bry.* were found very useful; *Camph.* in the hot stage, *Acon.* in the cold stage, and *Bry.* for the pains. *Coryza* was not by any means common.

“ALLOPATHIC AND HOMEOPATHIC TREATMENT CONTRASTED.”

FOR a blood-curdling specimen of human vivisection we commend our readers to a description of a case of neuralgia, treated on “scientific principles,” given in League Tract, No. 26, bearing the title at the head of this note. The patient suffered from neuralgia of one arm. For this the man was literally cut to pieces by a series of operations, the last of them being the opening of the spinal canal and section of the nerve roots. With this case are contrasted other similar cases treated by simple homeopathic remedies with perfectly successful results. This tract should be in the hands of all.

SELF-DOCTORING.—On Tuesday, December 3rd, the Deputy Coroner for Buckinghamshire held an inquest at Stantonbury, on the body of John Russell, who died the previous Sunday from caustic poisoning. Russell had been at home ill, having met with an accident at the Wolverton Works, where he was employed. He was also troubled with ulcers on the tongue, and being accustomed to doctor himself he applied some lunar caustic to the ulcers for the purpose of burning them out. By some accident he swallowed a quantity of the caustic, and although medical attendance was at once procured, he died in great agony on Sunday morning. A verdict was returned of “Death by misadventure.”—*Chemist and Druggist*, Dec. 14th.

LACTIC ACID IN THE DIARRHEA OF PHTHISIS.—Dr. Polyák, of Görbersdorf, gives in the *Orvosi Hetilap* the results of some trials he has made of lactic acid, recommended for the diarrhea of phthisis by Drs. Sézary and Aune. The initial dose employed was thirty grains per diem in four ounces of water; this was increased subsequently, but not more than seventy-five grains per diem were given. On the third day the diarrhea and the pain were generally arrested, and during the next day or two the stools assumed their ordinary character. It was found advisable to continue to give small doses for some time longer. The patients bore the treatment well; it produced no diminution of appetite, and, unless continued for a long time, gave rise to no disagreeable symptoms. Dr. Polyák thinks it possible that even ulcers of the intestines may be healed by this means.—*New York Medical Times*, Jan.

ORIGINAL COMMUNICATIONS.

A SUCCESSFUL CASE OF ABDOMINAL SECTION.

By DR. BURFORD.

LAST summer I saw, in consultation with Dr. Hall, at Surbiton, a young girl of 24, with a well-marked attack of acute pelvi-peritonitis. There was considerable abdominal distension, most developed in the right flank; temperature of a hectic type, and drenching perspirations. Local examination further revealed a large amount of deposit in both broad ligaments, and a small cystic swelling in the right parametrium. The *cul-de-sacs* were soft and baggy, and the whole condition was that of pelvic inflammation with commencing suppuration.

Hepar Sulph., continued steadily for a month, greatly altered the aspect of affairs; and on my second visit the patient's condition was most markedly changed for the better. The temperature was normal; the abdominal distension had vanished; the perspirations had lessened, and the general condition was fairly satisfactory. No discharge of pus had occurred from any outlet. The treatment was continued, and the patient benefited considerably therefrom.

In December the cyst was observed to have rapidly increased in size, filling now the whole right flank; and as the abdominal cavity was slowly recovering from a violent inflammatory attack, the risk incident to a possible rupture of the cyst was considerable. Under these circumstances abdominal section was decided upon, which I performed on December 19th.

After the usual parietal incision, the cyst wall was found to be everywhere firmly adherent to contiguous tissues and viscera. Soft adhesions were freely broken down by the hand, but firm and dense bands were existent too considerably to allow of either enucleation or removal of the cyst. I accordingly tapped with Spencer Wells' largest sized trocar; but even through this the cyst contents could not be evacuated. I enlarged the aperture, introduced my hand, and brought out large quantities of flocculent material in various stages of disintegration. I felt the normal ovary through the base of the cyst, which was monolocular, and, as originally diagnosed, a suppurating parovarian cyst.

This, together with the peritoneum, was freely flushed with plain warm water (*more* Tait), the cyst aperture narrowed by a purse-string suture, two Keith's glass drainage tubes inserted, one into the cyst, the other into the peritoneal cavity, and the operation concluded in the usual manner, silkworm gut being used for sutures.

On the second day symptoms of post-sectional peritonitis developed themselves, but which were admirably checked by *Belladonna* and *Mercurius Corr.*, so that by the sixth day danger from this source was over. The tube from the peritoneal cavity was removed on the ninth day, and that from the cyst on the fourteenth day, both perfectly sweet in odour. The cyst rapidly contracted, and at the end of a month had granulated up, so that its total capacity was now scarcely half an ounce. The patient was now removed to her own home, having gained considerably since operation in body weight, and mental and physical energy.

My thanks are due to Dr. Carfrae (at whose initiative I saw the case) for his assistance at the operation; to Dr. Moir and Dr. Clarke, for the valuable aid and hearty co-operation they rendered at the same time; to Dr. Day, whose anæsthesiation was simply perfect, during a prolonged and most tedious operation; and lastly to Dr. Hall, but for whose untiring perseverance and skill in supervising the stadium of convalescence, the eminently satisfactory result here recorded might have been considerably jeopardized.

20, Queen Anne Street, Cavendish Square, W., Feb. 1890.

EUCALYPTUS OIL.

By ARTHUR DALZELL, M.B., MALVERN.

Case 1.—CHRONIC BRONCHIAL ASTHMA, COMPLICATED WITH INFLUENZA.

Miss G——, aged thirty, with signs of Chronic Bronchial Asthma, complained of great prostration, intolerable aching in limbs and back, and intense thirst. Tongue thickly coated white. Bowels confined. Pulse 95. Temperature 100. Skin dry. Thin irritating discharge from eyes and nose. Intense thirst. Prescribed *Aconitum Nap.* 2x every half hour, *Arsenicum Alb.* 3x every two hours. This was on Jan. 21st, at 11 a.m.

Jan. 21st, 5 p.m. Patient had been moved to another room, contrary to orders. Pulse 110. Temperature 103. Skin moist. Discharge from eyes and nose stopped. No thirst. Aching in limbs almost disappeared. Speaks in a whisper, almost suffocated by an incessant rattling cough, with inability to raise hardly any expectoration. Loud wheezing expirations. Profound prostration. Prescribed Oil of Eucalyptus, 5 drops in a tablespoonful of water, and waited the result. In a few minutes the patient spoke in her natural voice, and the wheezing expirations almost entirely ceased. I next prescribed *Ammonium Carb.* 3x every hour, and the Eucalyptus Oil to be given at 11 p.m.

Jan. 22nd. Patient feels much stronger, had several refreshing intervals of sleep during the night. Cough less frequent, and expectoration brought up quite easily. Pulse 85. Temperature 99. No return of Asthma. Continue *Am. Carb.* 3x every two hours, and to take Eucalyptus last thing at night.

Jan. 23. Patient feels hungry. Cough almost gone. No spasmodic breathing at night. Sleep undisturbed by cough or breathing. Temperature 98½. From this time the patient made a good recovery, and left England for the Cape on Jan. 29th.

Case 2.—CHRONIC BRONCHIAL ASTHMA AND PULMONARY CONSOLIDATION.

Mrs. G—, aged 50, with physical signs of Bronchial Asthma and Pulmonary Consolidation, complained that for nearly six months she had been unable to sleep at night for more than half an hour at a time. Appetite poor, bowels regular. Throat feels as dry as leather, especially after sleeping, also after eating or drinking. No other sensations in it. Wheezing expirations worse at night. Difficult inspiration, rendering any refreshing sleep impossible. Rattling cough, worse on movement, on pressure from clothes. Rather difficult expectoration. Muco-purulent. Prescribed *Lachesis* 12, that relieved the throat after the first dose, and finally cured it. Eucalyptus Oil, five drops at night, banished the Asthma, purified the secretions, and allowed refreshing sleep. *Strophanthus* (Fraser's preparation) twice a day toned up the heart. This was in the beginning of November. Patient still continues to sleep well, and only takes the Eucalyptus twice or three times a

week at night. Cough is almost gone. Secretion mucus. Appetite good. Throat no longer troublesome. Before I saw the patient she had been taking *Ant. Tart.* 2x and *Coca Wine*.

Case 3.—DYSPNŒA OF MITRAL INCOMPETENCY.

Mr. L., 63, with signs of Mitral Incompetency, complained that for two years he had always been awakened at 1.30 a.m. by a feeling of constriction in the chest; he next begins to cough, and with the assistance of *Ipecac.* 1x, at last succeeds in expectorating. Between 5 a.m. and 6 a.m. he usually falls asleep. I prescribed Eucalyptus Oil, ten drops last thing at night. The next morning when I met him he said—"I say, moderate your dose next time, I slept eight hours on end." I must, however, confess that in this last case I found two drops of *Strophanthus* last thing at night answer equally well. The patient himself reserves the Eucalyptus for special occasions—*i.e.*, when the weather is cold. He had been a homeopath for thirty years, and tried everything from *Nux.* downwards.

A NOTE ON *LYCOPUS VIRGINICUS*.

By STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.

As a heart remedy, I have had some satisfactory experience with *Lycopus Virginicus*.

In one of the worst cases I have ever seen of pericarditis, complicated with bronchitis, where the respirations reached as high as 84 per minute, *Lycopus* ϕ , in one drop doses, was the only medicine that gave any relief, the usual remedies having been previously tried. The respirations, the fever, and the cough were all markedly diminished in the course of twelve hours after commencing the *Lycopus*, and the patient made a perfect recovery.

Another case was that of a young woman who, since an attack of acute rheumatism two years previously, suffered much from palpitation and darting pains in the cardiac region. There was a systolic bruit at the apex. *Spigelia*, which usually helps these symptoms, failed in this instance, but *Lycopus* ϕ soon produced an amelioration, and, after taking it for a month, there was a complete cessation of both pain and palpitation.

There is a proving of *Lycopus* in Cowperthwaite's "Text-Book of Materia Medica," a reference to which shows the homeopathicity of the drug to the conditions I have related. The general action of the *Bugle Weed* upon the heart is thus described: "Primarily, it weakens the power and vitality of the heart, decreasing the blood-pressure in the arteries, and consequently the tension everywhere, thus producing a condition of cardiac irritability with depressed force. Secondly, it gives rise to cardiac erethism, and, if pushed far enough, would result in hypertrophy with dilatation."

CASES TREATED BY *SEPIA*: WITH REMARKS.

By DR. BRADSHAW.

I HAVE been surprised by many of our clever men ignoring the value of *Sepia* in a variety of ills, but when I read that they only gave the medicine in the A, B, C dilution, that quite accounted to me for their failures. Here I must remark that when the decimal scale came out, my chemist marked my medicines A, B, C. I hated the scale then as much as I do now, and stick to the Cent. I worked my dispensary very much with the object of testing our remedies, and in the course of twenty-six years over 31,000 patients passed through it, and that I found a good field of study, and I much wish that I was again at work in it. *Sepia* I consider as quite a female remedy. I have cured many cases of ringworm with it, say the medium dilution 30.

Annie, 12, pretty, young girl, quite well in health, beautiful dark long hair, been under her doctor several months, and he told her mother to cut off the hair and have the scalp shaved. First, there was the well-marked herpes circinnatus, many patches; and, secondly, porrigo decalvans, four or five places the size of half a crown, smooth, shiny, hard skin, and thin whitish hair, only to be seen by a lens. The eruption extended from the ears, all over the back of the head, down to the bottom of the neck. There were about a dozen patches of eruption. Gave her *Pil. Sepia* 12, one *ter die*; to report in ten days. Just the same, *Idem*. In a month's time, about the same. *Pil. Sepia* 30, one *ter die*, and I painted some of

the places over with *Sepia* 12. At the end of the second month the eruption seemed dying away. Gave her *Pil. Plac. ter die*, as she was well under the curative influence of *Sepia* and would require no more. At the end of four months she was perfectly well, and the hair growing over the bald places quite healthily. I painted the eruption about four times.

We have no remedy superior or, I consider, equal to *Sepia* in some cases of dysmenorrhea, attended with slight displacement of the uterus, and scanty catamenial discharge, in the 12th and 30th dilution. I have found *Sepia* 200 act quite as well as the 12 and 30 in a curative point of view; but here I must remark that I differ from many of my brother homeopaths in the administering of the 200. I say that a dose should not be given more frequently than once a week or ten days, and a *plac.* given meanwhile, for my experience has taught me that a too frequent repetition of the dose interferes much with the curative action of the medicine. *Sepia* 12, 30, 200, is one of our most valuable remedies in the second stage of gonorrhoea. I have had some very good cases of cure. They recover quicker by using a *Sepia* injection, and this I have found act well. *Sepia* 30, min. x, *Aqua Distil. Oi*, an ounce injected at bedtime, and wash out the vagina with either tepid or cold water, mane. The same treatment holds good and is very curative in most of the cases of leucorrhoea. I consider that astringents in these cases are of small use, and very often injurious, and I have come to the conclusion that nearly all such remedies now in use should be deprecated by all good homeopaths.

Instead of giving more *Sepia* cases, I refer my readers to Dr. Hughes's valuable article in his "Manual of Pharmacodynamics," the truths of which I have pretty well tested. I fear, Mr. Editor, you may think my paper too long, but let me state that I cannot quite style myself a Hahnemannian. My dosage has been for years from 3 to 30, and I am sorry to say I frequently alternated my medicines in acute cases, which I am sure now is bad practice and quite unnecessary; and if I did so now I should look upon myself as a semi-homeopath. I am quite certain that one medicine at a time acts more curatively, and we certainly arrive at more definite conclusions. I know this is hard to believe, and also to follow out, and more especially when we first come out of the allopathic

ranks with all the false dogmas, ideas, and notions that have been knocked into us.

In conclusion, I hope all my homeopathic friends will read, mark, and carefully ponder over "Extracts: an Appeal for Hahnemann's Homeopathy," in the January number of THE HOMEOPATHIC WORLD. Our noble art and science of medicine for ages has gone through wonderful changes, and we may exclaim *Tempora mutantur et nos mutamur in illis*, and the sage advice of our old master as regards dosage has been entirely ignored by his followers. Alas, we may truly say, *Quot homines tot sententiæ*.

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 31.

[To DR. STAFF.]

DEAREST FRIEND,—You have rendered an immense service to me by your appropriate and necessary notes in the collection of my *Lesser Medical Writings** published under your editorship; I may even be so vain as to say that you have thereby rendered a service to the world. But I think you have almost given too high an estimate of me in your beautiful preface! In short, I am very much beholden to you. Would you believe it? it is only within the last few days that, owing to an accumulation of work, I have been able properly to look through your well-planned and well-executed laborious undertaking.

I do not know how I am still able to get through such a quantity of work. But what we do willingly only fatigues us till bedtime. In the morning, thank God, there is a complete return of strength.

Your dear letter of the 3rd of Sept. gave me the pleasant expectation of seeing you soon here, and now your last letter, containing an almost absolute refusal to pay me a visit, has proportionately disappointed me. Do not serve me so! How do you know, if next year, when the season is so far advanced that travelling becomes possible, I shall still be alive! That cannot be considered at all certain; and just consider for a moment how much we have still to talk over!

* [Hahnemann's *Lesser Writings*, collected and translated by myself, and published, in one volume, by Headland in 1851, contain many more of Hahnemann's writings than are included in the two volumes edited by Staff.]

The affectionate letter from our Guilton and his contribution of 100 francs to our institution give me much pleasure.

I wish I could give you some good advice for your much afflicted patient; I have copied out the account of her disease into my diary; therefore you can refer to that when you wish to consult me about her. I have thought of two medicines for her (antipsorics), viz.: for her severe nausea and extreme weakness, *Natrum Muriaticum* (of which I send a globule $\frac{0}{x}$ for olfactions), and for her depression of spirits at other times, *Con. Mac. x*, at which you should only allow her to smell once, allowing both to act for from twelve to twenty days. As a rule I would counsel you not to employ the antipsorics for this patient, who has been brought so low by over-excitement, in any other way than by olfaction.

For the intermittent fever which has been prevalent in Germany for more than a year, and which seems to have affected her, I have found nothing so serviceable as this same *Natr. Mur.* (it was sometimes removed by a single olfaction of $\frac{0}{x}$), and *Carbo veg.* (I had only the VIth of it), but in her case I would advise the Xth. You will be able to judge which is the most suitable for her.

Kali Carb. has been of great use to me also in restoring the psoric suppression of the menses, even after it had lasted for years. I thank you for your communication of your similar remarkable case.

The prohibition of the homeopathic treatment of acute diseases in Russia is so abominable that it must be of the greatest advantage to us. Every educated person sees that it is a contrivance of the dominant allopathic sect, in order to divert the attention of the public from the remarkable superiority of homeopathy in the treatment of acute pleurisy. But what would such a strabismic government do if a homeopath were to cure a pneumonia or a pleurisy in a few hours? Would it condemn the homeopathic doctor to have his head cut off? Hardly in our time, not even in Russia.

The trial of Trinks and Wolf* must inevitably prove advantageous to the accused, if they will only stand up with sufficient boldness, and afterwards take care that the verdict shall be widely published, with the declaration that the traditional medical authorities know nothing about the subject, have never made trial of it, nor done anything to convince themselves; and that they have only pronounced their judgment in the interests of the old method, and therefore have displayed a partial spirit. The time is past when we would allow them to give us the sack.

* [An account of this trial will be found in No. 6 of the *Homeopathic League Tracts*.]

Do not fear, all will turn out better than you imagine. I must now conclude, with best regards of myself and family to you, your wife, and amiable family.

Your friend,
S. HAHNEMANN.

Coethen, Sept. 28, 1829.

No. 32.

[To DR. STAFF.]

DEAREST FRIEND,—I now fulfil my promise and send you the proving of *Sulphuric Acid*, as far as it has been done.

You will find here a letter for you from Rome which came to me.

How did you find matters in Halle? Will my article be published?

Baroness von Ende, who is at present residing at Vevay near Geneva, a great patroness of literature (who has a property in the neighbourhood), was requested by Walter Scott, with whom she corresponds, to send him two copies of the 4th Edition of the *Organon* and she has forwarded them to him in Edinburgh.*

I must now close this letter with kind regards from my family.

Yours very truly,
SAM. HAHNEMANN.

Coethen, Nov. 10, 1829.

No. 33.

DEAR FRIEND AND COLLEAGUE,—I thank you for the third number of the eighth volume of your *Archiv*. It has pleased me very much, and I can find nothing censurable in it. We must endeavour to maintain its old value, so that it shall remain unsurpassed in the estimation of the medical public. Gross, Rummel, and also Aegidi,† and Hartmann have acquitted them-

* [It is interesting to know that Sir Walter Scott, among his many acquirements, sought to make himself acquainted with Hahnemann's doctrines. The earliest notice of homeopathy in Britain was a discussion that took place in the Medical Society, London, in 1826, apropos of a paper read before the Society by Mr. Kingdon, but that would not likely be what instigated Sir W. Scott to inquire into the matter. As he was no doubt well acquainted with Sir Daniel Sanford, who wrote an excellent article on *Hahnemann's Homöopathic in the Edinburgh Review* for January, 1830, possibly it was from him that Sir Walter heard about homeopathy. I can find no mention of the Baroness v. Ende or of homeopathy in Lockhart's *Life of Sir W. Scott*.]

† [Dr. Aegidi of Freienwalde on the Oder, though an ardent disciple of Hahnemann, went very near to ruin the system. He began to make experiments, along with Bönninghausen of Münster, in 1832, with respect to the administration of mixtures of homeopathic medicines, and Hahnemann was so taken with the idea that he proposed inserting a paragraph in the

selves well. I will soon make a search to see if I have any presentable provings of medicines.

Our M. Müller contributes a thoroughly good work in his exposure of the sins and injuries committed by the official allopaths.* I think that if this does not convince the judges, we must have great doubts about their impartiality.

I learn from Von Brunnow that the question respecting the dispensing their medicines by homeopaths will be determined by the Government in the beginning of February. Von Brunnow doubts if it will be settled in our favour. But howsoever it may turn out, at all events we shall set heads and hearts in motion, and that in no small manner; and if they will not now do us justice, they will in the end be forced to do so.

How would it do if you were in the *Archiv* to recommend the homeopaths who are persecuted by the medical authorities for dispensing their own medicines to adopt a plan whereby they could elude all such laws, e.g., that they should not allow their patients to take anything material, but only let them smell at a phial in their pocket cases, so that the physician neither gives powders himself nor prescribes them from the drug shops. *La rareté du fait* would serve to maintain their patients' confidence; no authority could forbid this, and experience shows that acute as well as the worst chronic diseases of all kinds can be happily

5th edition of the *Organon* (1833) recommending such mixtures. He was, however, induced not to do this by the protests of the Central Society of Homeopathic Physicians, and Aegidi himself becoming convinced of the dangers of such a practice, joined in persuading Hahnemann to abandon his project. Lutze of Coethen, as is well known, published an edition of the *Organon* in 1865, with the suppressed paragraph recommending medicinal mixtures.]

* [This refers to an article by Dr. M. Müller, in the 8th volume of the *Archiv*, on the trial of Dr. Trinks for the manslaughter of a young woman who died under his care, and who, according to the report of the *post mortem* examination conducted by the official and of course hostile medical men appointed by the medical authorities, had the following diseases: Violent inflammation of the fundus of the stomach passing into gangrene; spleen much swollen and friable; inflammation of the mesentery; thickening and ulceration of the whole mucous membrane of the ileum; inflammation of both kidneys; inflammation of caecum and degeneration of its mucous membrane; inflammation of left side of diaphragm; effusion of blood into both pleural cavities and inflammation of both lungs; effusion of blood under pericranium of occiput. A pretty considerable list of morbid conditions, any two of which would almost suffice to kill most patients under ordinary medical treatment. It is the greatest compliment to homeopathy that its enemies should have thought it such an extraordinary thing that homeopathy failed to cure this wonderful morbid complication, that all the powers of the State were set in motion to know the reason why. Dr. Müller had an easy task to show up the absurdity of the whole affair, and he executed it with ability. Dr. Trinks contributed another article on the same subject in the 10th vol. of the *Archiv*, by which time the long and tiresome process came to an end. A brief account of this case will be found in *Homeopathic League Tracts*, No. 6.]

and speedily cured by this means. This would be the speediest way to induce the governmental authorities to grant us the right to dispense our medicines, when they see that we can do without their permission. If I were in such a difficulty I would at once do this.

The next time I write to Hermann I will try and persuade him to send you some reports from time to time.

Dr. Daubach of Agram asks me to make an urgent request to you that you will kindly send him a lithograph of my portrait; and in order that the good man may see that I have done as he bids me, I now beg you to do so.

Mrs. O. R. Günther has written to you almost too much good about me; I can only appropriate a very small percentage of it, and take the rest as a gift of her kindness. But when such highly-placed and excellent ladies interest themselves in procuring for homeopathy a good repute in Berlin, we can have no doubts about the ultimate conversion of this important capital.

It is a pity that in the new third edition of the first volume of the *Materia Medica Para*, which is now being printed, I have forgotten to mention in the prefatory note to *Nux Vomica* that even in persons of mild disposition, a want of resolution (hesitancy) makes the patient a suitable subject for the employment of *Nux V.*, if it is indicated by the other symptoms. I beg you to communicate this to others.

The observation about *Natr. Mur.* $\frac{1}{x}$ you mention, is very welcome to me; please to send me more of the same kind! You will find many such nocturnal pains in *Natr. Mur.* I am certain that $\frac{1}{x}$ can do great things.

With the best greetings of all mine to yourself and your worthy family,

Yours very sincerely,

SAM. HAHNEMANN.

COETHEN, Feb. 15, 1890.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

FIFTH Ordinary Meeting, Thursday, February 6, 1890. Dr. CARPRAE, President, in the chair.

Dr. BLAKE mentioned that asthma might be caused by pressure of new growths on the median or vidian nerve, and he showed to the meeting an instrument which he had devised for discovering pressure on the septum of the nares.

Dr. BURFORD then related his case of *Ovarian Cyst*, with operation, the particulars of which we publish elsewhere.

Dr. CLARKE congratulated Dr. Burford on the happy issue which had attended his case. It had been his privilege to be present and assist at the operation, and he could give his testimony that the case was a most unpromising one. It was certainly not such an one as an operator would have chosen, but it was not always possible to pick and choose. He was not in favour of the indiscriminate use of the knife, but he recognised that there are cases where operation is imperatively necessary, and this was one.

Dr. CARFRAE joined in congratulating Dr. Burford. He had never seen a less hopeful-looking case. He was acquainted with the case before Dr. Burford, having seen the patient more than once with Dr. Hall. He fully approved of all the steps that were taken; and he was especially glad at the happy result, as it was carried out under the hostile allopathic eyes of Surbiton.

Mr. DUDLEY WRIGHT then read his paper on "*Bronchitis in Children*," of which the following is a synopsis:

(a) *Etiology of the Complaint*; (b) *Simple Bronchitis*; (c) *Spasm of the Bronchial Tubes*; (d) *Complications and their treatment—including Capillary Bronchitis, Catarrhal Pneumonia, Diarrhea, and Hyperpyrexia*; (e) *Chronic Bronchitis and Bronchiectasis*.

DISCUSSION.

Dr. EDWARD BLAKE approved of the use of the bath in every case of lung disease. He followed the bath by oiling with plain oil, or oil with phosphorus, or cod-liver oil. Sudden cyanosis in children with bronchitis showed the blocking of one of the larger bronchi. He preferred *Antim. Tart.* in trituration to the tincture. *Sambucus* is more appropriate to infants than *Ipecac.* *Sambucus* is invaluable in snuffles in non-syphilitic children. The normal temperature of a baby at 1 p.m. is 100° F., so the temperature was a somewhat uncertain factor to go by. He did not agree that sublingual ulcer was due to striking the frenum against the teeth, as it occurred in babies where there were no teeth. He had used pinol with success. He thought poultices were going out of fashion. He used them still. For babies they should not be heavy. He had devised an apparatus of straps for applying poultices and preventing them slipping down. He mentioned the "Leiter tubes" with approbation.

Dr. COOPER spoke of the necessity of preventing bronchitis when continually recurring. He adopted a process of sponging and rubbing and gradual exposure to air. He had used *Antim. Tart.* with success, but when he got a very bad case of spasm, weak pulse, inability to lie down, chest choked with phlegm, nothing acted like the *Acetum Lobeliae Inflatae*. Resin stirred with a hot poker gave off a vapour which was the best inhalent he knew. In old-standing cases of winter bronchitis

preparations of strychnine have very good effect. *Kali Iod.* 30 would often prevent recurring attacks in children, especially when complicated with ear diseases.

Dr. MORR compared hospital cases with those in private practice, the former occurring often in patients with broken-down constitutions to begin with. There was a connection between nose and ear diseases and bronchitis, as pointed out by Dr. Cooper. He believed few children knew how to breathe properly. He was indebted to Dr. Blake for the hint about this. He thought *Antim. Tart.* was the best medicine, and was better in trituration than in solution. He also approved of the bath. Of vapours, turpentine was very good. Kreosote was better than pumiline, especially when there was fetid expectoration. *Stannum 3* was excellent in cases of collapse of the lungs where there was abundant purulent expectoration.

Dr. BURFORD congratulated Mr. Wright on his paper. It was always interesting to have cases detailed as observed in hospitals, where the conditions could be so much better commanded than in private practice. In reference to the question of spasm in bronchial cases, he did not think it existed. There was impaction of the tubes, but no signs of spasm. The value of the old emetic was proof of this. The condition was one of ataxy, and not of spasm. One symptom was of great use to him in discovering those latent cases of chest affection. The fan-like movement of the *ala nasi* pointed to the presence of lung lesion when there was nothing else to distinguish between this and general nervous irritation. Why *Antimonium Tart.* does not act in solution is the fact that there is a fungus which destroys its chemical composition. Referring to the bath, he much preferred sponging.

Dr. DYCE BROWN considered the paper very full and exceedingly interesting. He placed *Phosphorus* quite as high as *Antim. Tart.*, if not higher. He owed this hint to Dr. Hughes. He always used the trituration of *Antim. Tart.* Dr. Brown agreed with Mr. Wright that there was spasm as well as blocking in the capillary tubes. He was interested to hear of Dr. Cooper's success with *Lobelia*. From the pathogenesis he should expect it to be useful more in spasmodic cases. Sometimes very severe cases occur in connection with teething, and in such *Chamomilla* is often very effective.

Dr. NEATBY thought the paper eminently practical and founded on personal experience. He differed from Mr. Wright as to bronchitis being a result of diarrhea. Where the one followed the other it was not an effect, but both were dependent on the same constitutional condition. Referring to the use of *Aconite* to reduce temperature, he thought it was useless, and naturally so. He had got much more good from *Phosph.* and from

Chamomilla, for the use of which he was indebted to Dr. Dye Brown's suggestion.

Dr. WOLSTON thought the paper most practical and interesting. It was necessary to bear in mind concurrent complaints. He was reminded of a case seen by the late Dr. Henderson with him. The bronchitic condition disappeared, but the child did not get well. At the post-mortem an encysted abscess was found, due to blocking of a bronchus. He preferred cold applications to hot ones. If an ulcer of the frenum exists, *Merc. Cor.* relieves with lightning rapidity. *Lycopodium* is of great value in cases where a fan-like action occurs. He also agreed that *Phosphorus* was invaluable, and for this reason—that there was always some lobular pneumonia connected with these cases. *Scilla* had given him good results. Keeping the mouth shut was of very great importance. As for *Chamomilla*, he does not know the disease in children in which it is not useful.

Dr. DAY, referring to the methods of leading children to breathe through the nose, said he had seen in the *Hahnemannian Monthly* a plan described of fastening an "obturator" over the mouth during sleep. He agreed that ammonia carbonate was a better stimulant than alcohol, on account of the effect of the latter in inhibiting the control of the heart. He referred to the connection of whooping-cough with bronchitis.

Dr. HUGHES congratulated the Society on the acquisition of Mr. Wright, who had read such an excellent paper. Mr. Wright, as a younger man, necessarily paid more attention to the general treatment than the medicinal. The seniors paid more attention to the medicines. He explained the use of *Phosphorus* in catarrhal pneumonia as being due to the fact that the case had got out of the sphere of the bronchial artery into that of the pulmonary artery. If given in heavy doses it will do harm: he gives nothing lower than the 2nd centesimal, often the 3rd, and in subacute cases the 6th. *Iodine* is of great value when there is lobular pneumonia in patches with pain. He believed it was when there was plastic inflammation that it was specially useful. He agreed about giving *Antim. Tart.* in trituration, but he had found the *Vinum* quite effective. The question of chronic bronchitis is too large to enter upon, but he mentioned the value of *Calcarea Iodata* introduced by Dr. Meyhoffer. Its indication is wasting in children, *Calcarea* being more suited to fat children.

Dr. CLARKE had been much interested in the paper, and hoped Mr. Wright would read many more. In reference to the case of his mentioned, he wished to point out that the prescriptions were not his own but Mr. Wright's, and therefore the result must be ascribed to him. Many speakers had mentioned external applications in great variety, and he was much struck

with the fact that each particular application was much better than all the rest in the hands of the member who mentioned it. For his part, he did not place much reliance in any, though he did not discard them entirely. For success in the use of medicines, strict individualizing was necessary. The prescription should not depend on the name of the disease, or the supposed pathological condition. Diseases were not entities because they had names. *Phosphorus* would cure in a *Phosphorus* case, and *Antim. Tart.* in an *Antim. Tart.* case; *Iodine*, again, would cure in a case where it was indicated, and this in spite of any name—pneumonia, bronchitis, catarrhal pneumonia—that might be given to the disease.

Dr. DUDGEON had used *Antim. Tart.* for many years in bronchial catarrh both of children and of old people. He never found any failure of power in the tincture. He gave it in the 3rd usually; and with all deference to Mr. Wyborn, he did not think the higher attenuations were less stable than the lower. With regard to spasm, he was not very clear about it, and he would rather have had the symptoms than the name. He criticised the term "catarrhal pneumonia"; catarrh was one thing and pneumonia was another. Pneumonia was a croupous disease. It has been remarked that there is an epidemic pneumonia, which has been observed to follow the present epidemic of influenza, and is very fatal, though distinct from it. He objected to Dr. Hughes's distinction between *Phosphorus* and *Antim. Tart.*, as *Antim. Tart.* had produced pneumonia as well as *Phosphorus*. *Iodine* was excellent in many cases of pneumonia.

Dr. BLACKLEY was much gratified by the paper. He could say the same as Dr. Clarke, with respect to some of his cases mentioned—that the treatment was Mr. Wright's rather than his own. He also agreed with Dr. Clarke as to the necessity of individualizing cases. With respect to Dr. Hughes's remarks on pneumonia and catarrhal pneumonia, he entirely dissented from his opinion, and agreed with Dr. Dudgeon. The two diseases were quite distinct, and *Antim. Tart.* was the remedy most frequently indicated. With regard to *Iodine*, he had yet to learn that *Calc. Iod.* contains the virtues of *Calcarea* and *Iodine*; *Arsen. Iod.* is very different in its action from either *Arsenicum* or *Iodine*.

Dr. CARFRAE (in the chair) approved of the paper as being clinical and practical, and as having drawn forth a most useful discussion. He did not agree with Dr. Cooper as to the virtues of *Lobelia*. He found Gould's *Phosphorus* more satisfactory than the ordinary tincture. It mixes better with water.

Mr. DUDLEY WRIGHT (in reply) thanked the members for the kind way in which his paper had been received. He still held that spasm did occur along with congestion. It is in these cases that the inhalation of ether relieves all difficulty.

Dry cooing râles are heard. Where there is plugging, moist sounds are heard if any are heard at all. In the wards the solution of antimony acted well, perhaps because it was not kept long enough for the bacteria to develop.

*. In our report of Dr. Hughes's remarks at the Fourth Ordinary Meeting of the Society, there is an error which we wish to correct. On p. 78, in our February number, line 2 from the top, Dr. Hughes is made to say that he could understand *Baptisia* being useful in "pneumonic" cases. "Septic cases" is what he did say.

WESTERN COUNTIES THERAPEUTICAL SOCIETY.

MEETING HELD AT THE COTTAGE, CLIFTON, DECEMBER 13, 1889.

Present—Drs. Eubulus Williams, S. Morgan, and T. D. Nicholson, of Clifton; P. R. Wilde and G. Norman from Bath; and A. S. Alexander from Plymouth. Visitor—Dr. Smart, from Combe Hay, Bath.

After some preliminary business, Dr. P. R. WILDE read a paper on "Mechanical Obstacles to Cure."

Dr. Wilde maintained that there were many cases met with in practice in which drugs failed to be of benefit, or only succeeded after certain obstacles had been removed. Chronic ulcers of the leg were taken as an instance:—

"The site of such ulcers is determined by purely mechanical causes. We find them more common about two inches above the ankle, where the superficial veins are exposed to the greatest pressure, and we can remove this mechanical obstacle to cure by insisting on rest in the horizontal position. But the labourer or artizan cannot always afford the time which such treatment requires, and the result is not always successful or permanent, because there is another mechanical obstacle which accounts for failure even when the patient is placed under the most favourable conditions. To find this, it is only necessary to examine the tissues around the ulcer. We notice that instead of being soft and yielding to the touch they are hard, tense, and resistant. If we consider for a moment the effect which this exercises upon the blood-vessels which nourish the affected part, and upon the lymphatics and veins which drain it, we cannot fail to see a mechanical obstacle to cure which medicines can hardly be expected to overcome. If a plant was placed in hard and unbroken ground, through which fluids could permeate with difficulty, it would die away or pursue an unhealthy growth. The gardener knows how to prevent and cure such conditions; he breaks up the ground around the plant, because he recognizes that a free circulation both to and from its roots is essential to its healthy growth. But the surgeon apparently does not recognize this simple principle in the cure of chronic ulcers; they come to us not only as the centre of a mass of indurated tissue, but even the outside skin is thickly coated and rendered impermeable by oxide of zinc or some other ointment employed to protect the raw

and irritable surface. Before medicine can have a chance of doing good, we must remove these mechanical obstacles, both natural and artificial, and this we can do by baths of 90° F. to 95° F., and by manipulations designed to remove infiltration and restore the activity of the circulation in the surrounding tissues. By such physical means systematically employed we can very speedily remove cases of chronic ulcer from the lists of failure to the records of cure."

Chronic cases of skin disease, and eczema especially, were next dealt with. After a time, from being a constitutional disease it becomes in a manner purely local. The tissues under the skin are indurated by the products of continued inflammation. This Dr. Wilde regards as a mechanical obstacle to cure, only to be overcome by the aid of moist heat and mechanical manipulation :—

"The proceeding is often a disagreeable one to the operator, but not to the patient, because we do not rub the skin and irritate the sensory nerves, but we firmly compress it, and so produce temporary anæsthesia at the point of contact, and then we use the skin to triturate down the tissues and the morbid products beneath it, and the result is immediately soothing instead of irritating to the patient."

Another class of cases was referred to, occurring in women who suffer from pain in the back and bearing-down sensations. These troubles Dr. Wilde traced to lax abdominal muscles, which are so weak that they cannot resist the force of the diaphragm, which exerts a force of from 120 to 400 lbs. at each inspiration. In men the abdominal muscles are compelled to exert a resistance; in women stays are made to do duty instead, and the muscles consequently waste. In order to cure resulting backache and bearing-down, mechanical means such as suitable exercises and the interrupted galvanic current must be called into requisition. *Apropos* of this a case of "tumour" was related. The swelling was of the size of a child's head, and had puzzled the patient's ordinary attendant and also a gynecologist called in consultation. Dr. Wilde demonstrated that the tumour was nothing more than great accumulation consequent on atrophied and relaxed muscles, and by appropriate treatment the whole trouble was speedily and permanently removed. Irritation of the throat from enlarged papillæ at the base of the tongue, and reflex neuralgias from decayed teeth, were next referred to; and two cases were related in which the presence of a cyst had caused troublesome symptoms immediately removed when the cyst was taken away.

In chronic gout and rheumatism, for the absorption of the crippling deposits "baths, physical manipulation, and electricity are things with which we can accomplish cures, but we cannot build a house by prescribing a chisel or a screw-driver. Neither

can we hope to affect complicated mechanical conditions by using any single tool which may have proved particularly useful in any special case that may be reported."

Cases of spinal irritation were next dealt with, these needing carefully distinguishing from cases of hysteria, as the treatment was very different. It was in spinal irritation cases that the Weir-Mitchell treatment is most appropriate.

There was some discussion afterwards.

Dr. WILLIAMS said he generally found good bandaging sufficient for chronic ulcers.

Dr. ALEXANDER mentioned a case of an old man with chronic eczema and edema who was completely cured by massage after the failure of drugs assisted by compression.

Dr. SMART said he had given great relief in chronic ulcers by free incisions through the indurated edges, but he now found indiarubber bandages sufficient. He also gave, as an illustration of the subject, a case of asthma cured by wearing the beard.

Dr. ALEXANDER referred to cases of asthma caused by nasal obstruction, and cured by its removal, stating the reason of the asthma to be the great susceptibility to pressure of the middle-third of the septum supplied by the naso-palatine nerve.

Dr. NICHOLSON thought that exercises might very well take the place of massage in many cases with benefit. He praised the use of *Lachesis* 6 in a case of apparently incurable indurated chronic ulcer of leg, which effected a temporary cure alone without any mechanical appliances.

Dr. MORGAN related a case of spinal curvature cured by exercises.

Dr. WILDE, referring to spinal cases, stated the importance of a correct diagnosis, and mentioned a case of spinal irritation which ended in an asylum. It commenced by a sprain of the ankle, and was treated by exercise instead of rest.

THE SIDES OF THE BODY, AND DRUG AFFINITIES.

BY

DR. C. VON BOENNINGHAUSEN.

(Reprinted from the Edition of CHARLES J. HEMPEL, M.D.)

PREFACE.

At the annual Convention of the Homeopathic physicians of the Rhenish Provinces and Westphalia, which was held at Düsseldorf, on the 28th of July of the present year, the necessity of strictly individualizing every case of disease, and of studying with a corresponding accuracy the characteristic symptoms and

peculiarities of drugs was discussed, among a variety of other subjects. Unless we are intimately acquainted with the character of the symptoms, which, like the red thread in the ropes of the English Navy, runs through the whole pathogenesis of every single drug, the process of individualizing the phenomena of disease would lose its real value, inasmuch as the practitioner would be deprived of the means of applying his remedies to the case before him with positive certainty and precision. It seems, therefore, of the utmost importance to carefully collect, examine and verify all the facts which, in one way or another, are capable of leading to this desirable knowledge of the natural morbid symptoms as well as the physiological effects of our drugs.

To accomplish this end I had, originally for my own use, perfected the subsequent arrangement concerning the characteristic action of drugs on the *right or left side of the body*, and in numerous cases, where the want of decisive symptoms rendered the selection of the proper remedy doubtful, I had derived great advantages from it. The members of the convention, to whom this arrangement was shown, expressed their entire approbation with my plan, which was considered superior to the existing homeopathic publications in which this subject is not treated with sufficient completeness; and all expressed a desire that this little work might be given to the press for the benefit of the profession generally.

This gave rise to the publication of the present pages, which are few in number, but full of deep significance, and which it has cost me a great deal of labour to achieve. Any one who will take the trouble to study the characteristic peculiarities of our drugs in the original provings on the healthy, will find that the records of such peculiarities are exceedingly scanty, and that it is precisely in the provings of our polychrests, which are constantly used in daily practice, that this want of all accurate distinction between the right and left side of the body, although frequent mention is made of semi-lateral ailments, is principally perceptible. In order to increase my materials, and to obtain a confirmation of my statements and data by experience, it became necessary to consult my own cases of cure, as well as those of other practitioners, and to devote a considerable deal of time and labour to this business, which I could not have accomplished if I had not had carefully conducted records of diseases to refer to. In spite of all the care and attention which I have bestowed upon this execution of my plan, I am not sure that I may not have committed a mistake or an oversight, especially in regard to the remedies which are not much used in the practice. As regards the vast majority of my indications, especially as far as the more frequently used remedies are concerned, I believe I can safely say that no errors need be apprehended.

Most drugs have manifested their action more or less on either side of the body, both during the proving and during their use in disease; the great question is, on which side this action was more particularly manifest. This distinction as well as the degrees of this action seemed to me best indicated by different print.

[Common type indicates the lowest degree of action; italics, the next higher degree; small capitals, the next; and large capitals the highest degree of all. The types used by the author were somewhat different.—ED. H. W.]

It seems impossible that, in such an arrangement as this, incorrect statements should have occurred; on the other hand, the finding a remedy is facilitated by the alphabetical order which has uniformly been observed.

In the second part of this work, the Drug Affinities, the remedies which belong to the lowest degree, have been omitted for the purpose of avoiding all unnecessary crowding of mere names which would tend to embarrass the reader; the other three degrees have been distinguished by the same varieties of print as in the first part. The second part contains the result of the examination to which I have subjected, for a number of years past, my former labours in reference to the same subject, and which convinced me that an excessive number of remedies rendered their proper application in disease so much more difficult.

In conclusion I need scarcely remark that both parts of this little work should only be looked upon and used as means of *facilitating the selection of the proper remedy*; and that the homeopathic law, *similia similibus*, should always remain the supreme guide in the treatment of disease whenever the characteristic symptoms of the drug are indicated with sufficient clearness to enable us to decide that the spirit of the remedy which we select is in harmony with the character of the disease.

C. VON BOENNINGHAUSEN.

Münster, August, 1853.

[* * We are indebted to Dr. Skinner for the loan of his copy of this work, which has enabled us to present our readers with this reprint.—ED. H. W.]

SIDES OF THE BODY.

INTERNAL HEAD.

Right Side.

Acon., Agar., ALUM., Ambr.,
Amm., A. mur., Anac., Ang.,
Ant., Crud., Ant. tart., Ap., Arg.,
Arn., Ars., Asaf., ASAR., AUR.,

Left Side.

Acon., Agar., Alum., AMBR.,
Amm., A. MUR., Anac., Ang.,
ANT. CRUD., Ant. tart., AP., ARG.,
ARN., Ars., ASAF., ASAR., AUR.,

Bar., BELL, BISM., BOR., BOV.,
Brom., BRY., *Calad.*, CALC.,
Camph., *Cann.*, CANTH., *Caps.*,
C. an., C. VEG., CAUST., *Cham.*,
CHEL., Ghin., Cic., CINA., Clem.,
Cocc., Coff., *Colch.*, Coloc., Con.,
Creos., *Croc.*, Cupr., Cycl., Dig.,
Dros., DULC., Euph., Euphr.,
Ferr., FLUOR., *Graph.*, Guaj.,
Hell., HEP., *Hyosc.*, IGNAT.,
Iod., Kali, *Lach.*, Laur., Led.,
Lyc., M. arct., M. austr., *Magn.*,
Mang., MAR., Men., Merc., Mezer.,
Millef., MOSCH., M. ac., Natr.,
N. MUR., Nitr., N. ac., *N. Mosch.*,
N. vom., *Oleand.*, Op., Par.,
Petr., *Phosph.*, *Phosph. ac.*, Plat.,
PLUMB., Psor., *Puls.*, R. BULB.,
R. scel., *Rheum.*, *Rhod.*, RHUS,
Ruta., SABAD., SABIN., Samb.,
Sassap., *Scill.*, S. corn., Selen.,
Seneg., Sep., SIL., *Spig.*, Spong.,
Stann., STAPH., *Stram.*, *Stront.*,
Sulph., S. ac., Tar., THUJ.,
VALER., Veratr., VERB., Viol.
od., Viol. tric., *Vit.*, *Zinc.*

Bar., Bell, Bism., Bor., Bov.,
BROM., *Bry.*, *Calad.*, CALC.,
Camph., *Cann.*, *Canth.*, CAPS., C.
an., C. veg., *Caust.*, CHAM., Chel.,
Chin., Cic., Cina., *Clem.*, Cocc.,
Coff., *Colch.*, COLOC., Con., *Creos.*,
Croc., *Cupr.*, CYCL., DIG., *Dros.*,
Dulc., EUPH., Euphr., Ferr.,
Fluor., GRAPH., GUAI., Hell.,
Hep., *Hyosc.*, Ignat., IOD., *Ipec.*,
KALI, *Lach.*, *Laur.*, Led., Lyc.,
M. arct., M. AUSTR., MAGN.,
Mang., Mar., *Men.*, MERC.,
MEZER., *Millef.*, Mosch., M. ac.,
Natr., N. mur., *Nitr.*, N. ac., N.
MOSCH., *N. vom.*, OLEAND., Op.,
PAR., *Petr.*, *Phosph.*, *Ph. ac.*,
PLAT., Plumb., PSOR., *Puls.*, R.
bulb., R. scel., *Rheum.*, RHOD.,
Rhus., *Ruta.*, Sabad., *Sabin.*,
SAMB., *Sassap.*, *Scill.*, S. corn.,
SELEN., *Seneg.*, SEP., Sil., SPIG.,
Spong., *Stann.*, *Staph.*, *Stram.*,
Stront., SULPH., S. ac., TAR.,
Thuj., Valer., *Veratr.*, Verb., V.
od., Viol. tric., *Vit.*, ZINC.

EXTERNAL HEAD.

AGAR., Alum., Ambr., Amm.,
A. mur., ANAC., Ang., *Aur.*,
Bell., Bor., Brom., BRY., CALC.,
CANTH., *Caps.*, C. an., C. veg.,
Caust., CHEL., Chin., Clem.,
Coloc., CON., *Creos.*, Dig., DROS.,
Graph., *Guaj.*, Hep., Iod., KALI,
Laur., *Led.*, Lyc., M. mur., *Mang.*,
MEN., Merc., MEZER., M. ac.,
Natr., N. mur., *Nitr.*, N. ac.,
Petr., *Phosph.*, Ph. ac., Plat.,
Psor., *Puls.*, R. bulb., *R. scel.*,
Rhod., RHUS, *Sabad.*, SASSAP.,
SEP., SIL., *Spig.*, *Spong.*, Stann.,
STAPH., *Stront.*, Thuj., *Veratr.*,
V. tric., *Vit.*, *Zinc.*

Acon., Agar., Alum., Ammon.,
Anac., *Ang.*, *Ant. crud.*, *Ant.*
tart., Arg., ARS., ASAR., *Aur.*,
Bar., Bell, Bor., Calc., *Caps.*, C.
AN., C. veg., *Caust.*, *Cham.*, Chel.,
CHIN., CLEM., *Cocc.*, Coloc.,
DIG., DULC., *Euph.*, GRAPH.,
Hep. Iod., Kali, *Laur.*, Lyc.,
Magn., M. mur., Mang., Men.,
MERC., *Millef.*, M. ac., Natr., N.
MUR., *Nitr.*, N. ac., *Oleand.*, *Petr.*,
PHOSPH., *Ph. ac.*, Plat., *Rhod.*,
Rhus, RUTA., *Seneg.*, Sep., Sil.,
Spig., *Staph.*, *Stront.*, SULPH.,
Tar., THUJ., *Verb.*, V. tric.,
Zinc.

EYES.

Right Side

Acon., Agar., Alum., Ambr.,
AMM., *A. mur.*, Anac., Ang., A. cr.,
A. tart., Ap., *Arn.*, ARS., ASAF.,
ASAR., *Aur.*, *Bar.*, BELL., *Bism.*,
Bor., Bov., Brom., Bry., *Calad.*,
CALC., CAMPH., CANN., CANTH.,

Left Side.

ACON., *Agar.*, Alum., Ambr.,
AMM., *A. mur.*, Anac., *A. cr.*, A.
tart., AP., *Arn.*, ARS., ASAF.,
ASAR., *Aur.*, *Bar.*, *Bell.*, *Bor.*,
Bov., Brom., BRY., *Calad.*, *Calc.*,
Camph., *Canth.*, *Caps.*, C. an., C.

Caps., C. an., C. VEG., *Caust.*, *Cham.*, Chel. Chin., Cic., Cina, CLEM., Coff., *Colch.*, COLOC., CON., *Creos.*, CROC., *Cycl.*, DIG., DROS., *Euph.*, EUPHR., *Ferr.*, FLUOR., *Graph.*, *Guai.*, *Hep.*, *Hyosc.*, *Ignat.*, Iod., KALI., Laur., *Led.*, LYC., M. arct., M. austr., M. mur., MANG., *Mar.*, MERC., Millef., M. ac., NATR., N. MUR., NITR., N. AC., N. *Mosch.*, N. vom., Oleand., PAR., PETR., PHOSPH., Ph. ac., PLAT., PLUMB., *Psor.*, *Puls.*, R. bulb., R. scel., Rheum., RHOD., RHUS, Ruta., Sabad., *Sassap.*, Scill., Selen., SENEG., *Sep.*, SIL., *Spig.*, Spong., Stann., STAPH., *Stram.*, *Sulph.*, S. ac., Tar., Thuj., *Valer.*, VERATR., V. tr., *Vit.*, Zinc.

veg., *Caust.*, *Chel.*, *Chin.*, Cina., *Clem.*, *Colch.*, *Con.*, *Croc.*, *Dros.*, *Euph.*, *Euphr.*, *Ferr.*, *Fluor.*, *Hell.*, HEP., *Ignat.*, Iod., Kali., LAUR., *Lyc.*, M. arct., M. AUSTR., *Magn.*, *Mar.*, *Men.*, *Merc.*, MEZER., MILLEF., M. ac., N. mur., Nitr., N. ac., N. vom., *Oleand.*, *Op.*, Par., Petr., *Phosp.*, Ph. ac., Plat., PLUMB., *Psor.*, PULS., R. bulb., R. scel., *Rheum.*, Rhod., *Rhus*, *Ruta.*, Sabad., *Sabin.*, *Sassap.*, SCILL., *Selen.*, Seneg., SEP., *Sil.*, SPIG., SPONG., STANN., Staph., *Stram.*, *Stront.*, SULPH., S. ac., TAR., THUJ., *Valer.*, *Veratr.*, V. od., V. tr., Zinc.

EARS.

ACON., *Agar.*, ALUM., Ambr., AMM., A. MUR., ANAC., ANG., A. CRUD., Ap., Arg., Arn., Ars., Asaf., *Asar.*, Bar., BELL., Bor., Bov., Brom., Bry., *Calad.*, CALC., *Cann.*, CANTH., C. an., C. veg., *Caust.*, *Cham.*, CHEL., Chin., Cic., Clem., *Cocc.*, *Colch.*, Coloc., *Con.*, *Creos.*, *Croc.*, *Cupr.*, *Cycl.*, Dig., DROS., Dulc., *Euph.*, *Euphr.*, *Ferr.*, FLUOR., *Graph.*, *Hell.*, HEP., *Hyosc.*, IOD., *Ipec.*, KALI., *Lach.*, Laur., *Led.*, LYC., M. arct., *Magn.*, M. mur., Mang., *Mar.*, Men., Merc., Mezer., Millef., M. ac., Natr., N. mur., NITR., N. AC., N. *mosch.*, N. VOM., Par., *Petr.*, PHOSPH., Ph. ac., PLAT., PLUMB., *Psor.*, PULS., R. bulb., R. SCEL., Rheum., Rhod., RHUS, Ruta., Sabad., *Sabin.*, *Samb.*, SASSAP., Scill., Selen., *Seneg.*, *Sep.*, SIL., *Spig.*, SPONG., Stann., Staph., SULPH., S. AC., Tar. THUJ., *Valer.*, *Veratr.*, Verb., Zinc.

Acon., *Agar.*, Alum., *Ambr.*, AMM., A. mur., ANAC., Ang., A. cr., Ap., Arg., ARN., *Ars.*, ASAF., *Asar.*, AUR., Bar., Bell., *Bism.*, BOR., BROM., BRY., *Calad.*, *Calc.*, *CAMPH.*, *Cann.*, *Canth.*, *Caps.*, C. an., C. veg., *Caust.*, Chel. Chin., Cic., Clem., *Colch.*, Coloc., *Con.*, *Creos.*, *Croc.*, *Cupr.*, *Cycl.*, Dig., DROS. DULC., *Euph.*, *Euphr.*, *Ferr.*, Fluor., GRAPH., GUAI., *Hep.*, IGNAT., Iod., Kali., *Lach.*, LAUR., *Lyc.*, Mang., *Mar.*, Men., MERC., MEZER., MILLEF., M. ac., Natr., N. mur., Nitr., N. ac., N. *Mosch.*, OLEAND., *Par.*, *Petr.*, *Phosph.*, Ph. ac., Plat., Plumb., PSOR., *Puls.*, R. bulb., R. scel., Rheum., *Rhod.*, *Rhus*, Sabad., *Sabin.*, *Sassap.*, Scill., Selen., Seneg., *Sep.*, *Sil.*, *Spig.*, Spong., *Stann.*, STAPH., *Sulph.*, Tar., Thuj., *Valer.*, *Veratr.*, VERB., VIOL. OD., *Viol.* tric., *Vit.*, Zinc.

NOSE.

Right Side.

ACON., Alum., *Ambr.*, Amm., A. mur., Anac., A. crud., *Asaf.*, AUR., BROM., BRY., *Calad.*, CALC., *Canth.*, C. an., C. veg., *Caust.*,

Left Side.

Agar. AMM., A. mur., Anac., A. cr., Ap., ARS., *Asar.*, AUR., BELL., BOR., Bov., Brom., *Bry.*, *Calc.*, *Canth.*, *Caps.*, C. an., C.

CHEL., *Cic.*, COCC., COLCH., CON., CROC., DROS., FLUOR., GRAPH., HEP., IOD., KALI., LAUR., LYC., *M. arct.*, *Mang.*, MAR., MERC., *Natr.*, *N. mur.*, *Nitr.*, N. AC., *N. vom.*, PETR., PHOSPH., PH. AC., PLAT., PSOR., PULS., R. BULB., *R. scel.*, RHUS, Sabin., *Sassap.*, SEP., SIL., SPIG., Stann., SULPH., S. ac., Tar., THUJ., *Veratr.*, *V. od.*, V. tr., *Vit.*, Zinc.

VEG., CAUST., *Chel.*, *Chin.*, *Cina.*, COCC., COFF., COLOC., DROS., *Dulc.*, FLUOR., GRAPH., *Hell.*, HEP., KALI., LAUR., LYC., *M. arct.*, *Magn.*, *M. mur.*, MAR., MERC., N. MUR., N. ac., N. MOSCH., *N. vom.*, *Oleand.*, PETR., *Phosph.*, PLAT., PSOR., PULS., RHOD., *Rhus*, Sabin., *Sassap.*, SEP., SIL., *Spong.*, Stann., STAPH., *Sulph.*, Tar., *Thuj.*, V. tr., Zinc.

FACE.

Acon., *Agar.*, *Alum.*, *Amm.*, A. MUR., *Anac.*, A. cr., A. tart., Ap., *Arg.*, ARN., ARS., Asaf., Asar., AUR., *Bar.*, BELL., *Bism.*, BOR., Brom., BRY., CALC., Cann., CANTH., Caps., C. an., C. veg., CAUST., Cham., *Chel.*, CHIN., *Cina.*, COCC., *Colch.*, COLOC., *Con.*, CREOS., *Cupr. Cycl.*, Dig., *Dros.*, *Dulc.*, Euphr., FLUOR., *Graph.*, *Guai.*, HEP., Hyosc., Iod., *Kali.*, *Lach.*, LAUR., Led., LYC., *M. arct.*, *Magn.*, *M. mur.*, *Mang.*, MAR., MEN., MERC., *Mezer.*, Millef., *Mosch.*, NATR., *N. mur.*, *Nitr.*, N. AC., *N. mosch.*, N. VOM., *Oleand.*, PAR., PETR., PHOSPH., PH. ac., PLAT., PLUMB., PSOR., PULS., R. bulb., R. scel., *Rheum.*, RHUS, Sabad., Sabin., *Sassap.*, SEP., SIL., SPIG., Spong., Stann., STAPH., Stram., Stront., *Sulph.*, S. ac., Tar., *Thuj.*, *Valer.*, *Veratr.*, Verb., VIT., Zinc.

Acon., *Alum.*, *Amm.*, *Anac.*, A. cr., A. tart., Ap., Arg., Arn., Ars., ASAF., *Asar.*, Aur., *Bar.*, Bell., Bor., Bov., BROM., Bry., Calc., CANN., Canth., CAPS., C. AN., C. veg., *Caust.*, Cham., *Chel.*, *Chin.*, *Cic.*, *Cina.*, CLEM., COCC., *Coff.*, Colch., COLOC., CON., CREOS., *Cupr.*, DIG., DROS., *Dulc.*, *Euph.*, *Euphr.*, Fluor., Graph., *Guai.*, *Hell.*, HEP., HYOSC., *Ignat.*, Iod., Kali., *Lach.*, LAUR., Led., LYC., M. ARCT., *Magn.*, *M. mur.*, *Mang.*, MAR., MEN., *Merc.*, *Mezer.*, *Millef.*, Mosch., M. AC., NATR., *N. mur.*, *Nitr.*, N. ac., N. mosch., N. vom., OLEAND., PAR., PETR., Phosph., *Ph. ac.*, *Plat.*, PLUMB., PSOR., PULS., R. bulb., RHOD., *Rhus.*, *Ruta.*, Sabad., Sabin., *Samb.*, *Seneg.*, SEP., Sil., Spig., SPONG., Stann., Staph., Stram., Stront., SULPH., S. ac., Tar., *Thuj.*, *Valer.*, *Veratr.*, Verb., *V. od.*, V. TR., Zinc.

TEETH.

Right Side.

Agar., *Alum.*, *Ambr.*, *Amm.*, *Anac.*, ANG., Ap., *Aur.*, BAR., BELL., Bov., Brom., BRY., CALC., *Camph.*, Cann., Canth., C. an., C. veg., *Caust.*, *Chin.*, *Coff.*, Colch., COLOC., CON., CREOS., FLUOR., *Graph.*, HELL., IOD., Kali., Lach., LAUR., LYC., *MAGN.*, *Mang.*, MAR., *Merc.*, *Mezer.*, *Natr.*, *N. mur.*, N. ac., N. vom., *Oleand.*, PETR., *Ph. ac.*, PSOR.,

Left Side.

Acon., AGAR., *Alum.*, *Ambr.*, *Amm.*, *A. mur.*, *Anac.*, AP., ARN., *Asaf.*, *Asar.*, *Aur.*, BAR., Bell., BOR., *Brom.*, Bry., Calc., Cann., Cauth., C. AN., C. VEG., CAUST., CHAM., *Chel.*, CHIN., CLEM., COFF., Colch., CON., *Creos.*, *Croc.*, *Cycl.*, EUPH., Fluor., Graph., GUAL., *Hyosc.*, Iod., Kali., LAUR., Led., LYC., M. ARCT., MAR., MERC., MEZER., *Millef.*, N.

Puls., R. BULB., R. scel., Rhod.,
Rhus, *Ruta.*, SABAD., SASSAP.,
Sep., *Sil.*, Spig., Spong., STAPH.,
Stromt., Sulph., TAR., Thuj.,
Valer., VERB., *Vit.*, ZINC.

mur., *Nitr.*, N. MOSCH., *N. vom.*,
Oleand., PHOSPH., *Puls.*, R. scel.,
Rheum., RHOD., RHUS, Sabad.,
Sabin., *Samb.*, SELEN., *Seneg.*,
SEP., *SIL.*, SPIG., Spong., *Staph.*,
Stromt., SULPH., THUJ., *Veratr.*,
Verb. ZINC.,

MOUTH AND FAUCES.

Alum., AMM., A. crud., *Ars.*,
Aur., Bov., Brom., Calc., C. VEG.,
Caust., *Chin.*, Coloc., CREOS.,
DROS., FLUOR., Graph., Iod.,
Lach., *M. arct.*, Mar., MERC.,
Millef., *N. mur.*, *N. ac.*, *N. vom.*,
Petr., Plat., *Plumb.*, *Psor.*, R.
bulb., *Rhus*, *Sabad.*, *Sep.*, *Sil.*,
Spig., *Stann.*, *Sulph.*, *Thuj.*,
Zinc.

Acon., Alum., *Ang.*, A. crud.,
A. tart., *Ap.*, *Aur.*, Bar., BELL.,
Bov., Calc., *C. an.*, C. veg.,
CAUST., *Colch.*, CREOS., *Croc.*,
Cupr., Dros., *Euph.*, Fluor.,
GRAPH., HEP., Iod., KALI., LACH.,
LYC., *M. austr.*, Mar., Men.,
Mezer., Millef., *N. mur.*, *N. ac.*,
N. mosch., *N. vom.*, *Oleand.*,
Phosph., Ph. ac., Plat., *Psor.*,
PULS., *Rhod.*, RHUS, Sabad.,
Sabin., SENEG., SEP., *Sil.*, Spig.,
SULPH., *Tar.*, *Thuj.*, *Veratr.*,
Zinc.

HYPOCHONDRIA.

Right Side.

ACON., *Agar.*, ALUM., AMBR.,
AMM., A. mur., ANAC., *Ang.*,
A. crud., *Ap.*, *Arn.*, *Ars.*, *Asaf.*,
BAR., BELL., Bor., BRY.,
Calad., CALC., CANTH., C. AN., C.
veg., *Caust.*, *Chel.*, *Chin.*, CLEM.,
COCC., COLCH., CON., CREOS.,
DIG., Dulc., *Ferr.*, Fluor., *Graph.*,
Hep., *Hyosc.*, *Ignat.*, *Iod.*,
KALI., LACH., LAUR., *Led.*,
LYC., *M. arct.*, *M. austr.*, M.
MUR., Mang., Mar., MERC.,
Millef., MOSC., *Natr.*, N. MUR.,
N. ac., *N. mosch.*, N. VOM.,
Par., PETR., Phosph., *Ph. ac.*,
Plat., *Plumb.*, *Psor.*, *Puls.*, R.
bulb., R. scel., Rhod., *Rhus*,
Ruta., SABAD., *Sabin.*, S. CORN.,
SELEN., *Sep.*, *SIL.*, *Spig.*, STANN.,
Staph., *Sulph.*, *S. ac.*, *Valer.*,
VERATR., Verb., *Vit.*, ZINC.

Left Side.

Acon., *Agar.*, Alum., Amm.,
A. MUR., *Anac.*, A. CRUD., AP.,
Arg., ARN., ARS., ASAF., ASAR.,
Aur., Bell., Bor., Brom., *Bry.*,
Calad., Calc., CANN., C. an., C.
VEG., CAUST., CHAM., *Chel.*, CHIN.,
Cocc., *Coff.*, Con., *Creos.*, CUPR.,
Dig., Dulc., EUPH., FERR.,
FLUOR., *Graph.*, *Hep.*, IGNAT.,
Iod., *Ipec.*, *Kali.*, LAUR., Lyc.
Mang., Mar., Merc., MEZER.,
MILLEF., Mosch., M. ac., *Natr.*,
N. mur., *Nitr.*, N. AC., *N. vom.*,
Oleand., *Par.*, *Petr.*, Phosph.,
Ph. ac., *Plat.*, *Plumb.*, *Puls.*,
PSOR., R. BULB., R. scel., RHEUM.,
Rhod., *Rhus*, *Ruta.*, Sabad.,
Sassap., *Scill.*, S. corn., *Seneg.*,
Sep., *Sil.*, *Spig.*, *Stann.*, *Staph.*,
SULPH., *S. ac.*, *Valer.*, VERB., *V.*
tric., *VIT.*, ZINC.

ABDOMEN.

Agar., AMBR., A. mur., Anac.,
Ang., A. crud., AP., Arg., *Arn.*,
ARS., Asaf., Aur., BAR., Bell.,

Acon., *Agar.*, ALUM., Ambr.,
AMM., A. MUR., Anac., *Ang.*, A.
crud., A. TART., AP., ARG., ARN.,

Bism., *Bry.*, *Calad.*, *Calc.*,
Camph., *Cann.*, *CANTH.*, *C. AN.*,
C. VEG., *CAUST.*, *Chel.*, *Chin.*,
Cic., *Clem.*, *Cocc.*, *Colch.*, *COLOC.*,
Con., *Creos.*, *Croc.*, *Cupr.*, *Cycl.*,
Dig., *Dros.*, *Dulc.*, *FLUOR.*, *Graph.*,
Gual., *IGNAT.*, *Iod.*, *Ipec.*, *Kali.*,
LACH., *Laur.*, *LYC.*, *M. austr.*,
M. MUR., *Mar.*, *Men.*, *Merc.*,
Mezer., *Millef.*, *Mosch.*, *Natr.*,
N. mur., *NITR.*, *N. ac.*, *N. mosch.*,
N. vom., *Oleand.*, *Petr.*, *Phosph.*,
Ph. ac., *Plat.*, *Plumb.*, *Psor.*,
Puls., *R. bulb.*, *R. scel.*, *Rhod.*,
Rhus., *Sabad.*, *Sabin.*, *Samb.*,
Scill., *SENEG.*, *SEP.*, *Sil.*, *Spig.*,
Spong., *STANN.*, *Stront.*, *Sulph.*,
Tar., *THUJ.*, *Verb.*, *V. tric.*, *Vit.*,
Zinc.

Ars., *ASAF.*, *Asar.*, *Aur.*, *Bar.*,
Bell., *Bov.*, *Brom.*, *BRY.*, *CALC.*,
Camph., *Cann.*, *Canth.*, *Caps.*,
C. veg., *Caust.*, *CHAM.*, *Chel.*,
Chin., *CINA.*, *Cocc.*, *Colch.*,
Coloc., *Con.*, *Creos.*, *Croc.*, *CUPR.*,
Dig., *DULC.*, *Euph.*, *FLUOR.*,
Graph., *GUAI.*, *HEP.*, *Ignat.*,
Iod., *KALI.*, *Laur.*, *Led.*, *Lyc.*,
M. arct., *M. austr.*, *M. mur.*,
Mang., *Mar.*, *Men.*, *Merc.*,
Mezer., *MILLEF.*, *M. ac.*, *Natr.*,
N. MUR., *N. ac.*, *N. mosch.*, *N.*
vom., *Oleand.*, *Op.*, *PAR.*, *Petr.*,
Ph. ac., *Plat.*, *PLUMB.*, *Psor.*,
PULS., *R. BULB.*, *RHEUM.*,
Rhod., *Rhus.*, *Ruta.*, *Sabad.*,
Sabin., *Samb.*, *SASSAP.*, *Scill.*,
Selen., *Sep.*, *Sil.*, *SPIG.*, *Spong.*,
Stann., *Staph.*, *SULPH.*, *S. ac.*,
TAR., *Thuj.*, *VALER.*, *Verb.*, *V.*
tric., *Vit.*, *Zinc.*

ABDOMINAL RINGS.

Right Side.

Alum., *Amm.*, *A. MUR.*, *Ap.*,
Ars., *AUR.*, *Bell.*, *Bor.*, *CALC.*,
Camph., *Cann.*, *Canth.*, *C. an.*,
C. VEG., *Cic.*, *Clem.*, *Cocce.*,
COLOC., *Con.*, *Dig.*, *Dros.*, *Dulc.*,
FLUOR., *Graph.*, *Hell.*, *Iod.*, *Ipec.*,
KALI., *LACH.*, *Laur.*, *LYC.*,
Mang., *Mar.*, *MERC.*, *MEZER.*,
N. VOM., *Op.*, *PETR.*, *Ph. ac.*,
Psor., *PULS.*, *R. bulb.*, *RHOD.*,
RHUS., *Ruta.*, *Sabin.*, *Sassap.*,
SENEG., *Sep.*, *SIL.*, *Spig.*, *Spong.*,
Stann., *STAPH.*, *STRONT.*, *Sulph.*,
S. AC., *THUJ.*, *Valer.*, *VERATR.*,
Vit., *Zinc.*

Left Side.

Agar., *Alum.*, *Ambr.*, *AMM.*,
A. mur., *A. crud.*, *AP.*, *ARG.*,
Arn., *Asar.*, *Aur.*, *Bell.*, *Calc.*,
Camph., *Cann.*, *Canth.*, *C. an.*,
Chel., *Cocc.*, *Dig.*, *DULC.*, *EUPH.*,
FLUOR., *Graph.*, *IGNAT.*, *Kali.*,
Laur., *Lyc.*, *M. ARCT.*, *M. austr.*,
MAGN., *M. mur.*, *Merc.*, *N. AC.*,
N. mosch., *N. vom.*, *Par.*,
Phosph., *Rhod.*, *Rhus.*, *Sabad.*,
Sabin., *Sassap.*, *Sep.*, *Sil.*, *Spig.*,
Spong., *Stann.*, *Staph.*, *SULPH.*,
S. ac., *Tar.*, *Veratr.*, *V. tr.*, *Vit.*,
ZINC.

SEXUAL ORGANS.

ACON., *Alum.*, *Ap.*, *ARN.*, *AUR.*,
Bism., *CALC.*, *Cann.*, *Canth.*,
CAUST., *CLEM.*, *Coff.*, *COLOC.*,
CON., *Croc.*, *Graph.*, *HEP.*, *IOD.*,
LACH., *LYC.*, *M. arct.*, *Mar.*, *MEN.*,
MERC., *Mezer.*, *M. ac.*, *N. ac.*,
N. VOM., *Petr.*, *PULS.*, *Rhod.*,
SABIN., *S. corn.*, *Selen.*, *Sil.*,
SPIG., *SPONG.*, *STAPH.*, *SULPH.*,
S. AC., *Tar.*, *Valer.*, *VERATR.*,
ZINC.

Agar., *Alum.*, *Ambr.*, *A. mur.*,
ANG., *A. cr.*, *AP.*, *Arg.*, *Aur.*,
Bar., *BROM.*, *Bry.*, *Calc.*, *Cann.*,
Chin., *Clem.*, *Colch.*, *Con.*,
Euph., *FLUOR.*, *Graph.*, *KALI.*,
Lyc., *M. arct.*, *MAGN.*, *Mar.*,
Men., *Merc.*, *Mezer.*, *Natr.*, *N.*
AC., *Petr.*, *PH. AC.*, *Plumb.*, *Puls.*,
RHOD., *Rhus.*, *Sabad.*, *Selen.*,
Sep., *Sil.*, *Spig.*, *Staph.*, *Tar.*,
THUJ., *Zinc.*

NECK AND NAPE OF THE NECK.

Alum., Amm., Anac., Ang., A. cr., A. tart., Ap., Arg., Asaf., Aur., BELL., BISM., Bry., Calc., Camph., Canth., Caps., C. veg., CAUST., Chel., Chin., Cina., COCC., COLCH., Coloc., CON., Cupr., Dulc., FLUOR., Guai., HEP., IOD., KALI., LACH., LAUR., Led., Lyc., M. austr., Mar., Men., MERC., MEZER., Natr., N. mur., Nitr., N. AC., N. VOM., Oleand., Petr., Ph. ac., Plat., Plumb., Puls., Rhod., Sabin., SASSAP., SENEG., SIL., Spig., SPONG., Staph., Sulph., S. AC., Thuj., Vit., Zinc.

Acon., Alum., A. mur., Anac., Ang., AP., A. crud., Arg., Arn., Ars., ASAF., ASAR., Aur., Bar., Bell., Bor., Bov., Brom., Bry., CALC., Canth., C. an., C. veg., Caust., Cic., COCC., Colch., Coloc., Croc., Cycl., Fluor., GUAL., Hyosc., Ignat., Kali., Lach., LAUR., LYC., Mar., Merc., Mezer., Mosch., N. vom., OLEAND., Par., Ph. ac., Psor., Rhod., Rhus., SABIN., Scil., SELEN., Sep., Sil., Spig., Spong., Staph., STRAM., SULPH., S. ac., TAR., THUJ., Veratr., V. tr., Vit., Zinc.

CHEST.

Right.

Acon., Agar., Alum., Ambr., AMM., A. mur., Anac., Ang., A. cr., A. tart., Arg., ARN., Ars., ASAF., Asar., Aur., Bar., BELL., Bism., Bor., Bov., BROM., BRY., Calad., Calc., Camph., Cann., CANTH., Caps., C. AN., C. veg., Caust., Cham., Chel., Chin., Cic., Cina., Clem., COCC., COLCH., COLOC., Con., CREOS., Croc., Cupr., Cycl., DIG., Dros., Dulc., Euph., Fluor., Graph., HEP., HYOSC., Ignat., IOD., Ipec., Kali., LACH., LAUR., LED., Lyc., MGS., M. arct., M. austr., M. MUR., Mang., Mar., Men., Merc., Mezer., Millef., M. ac., Natr., N. mur., Nitr., N. ac., N. mosch., N. vom., Oleand., OP., Par., Petr., PHOSPH., Ph. ac., Plat., Plumb., Psor., PULS., R. bulb., R. scel., Rheum., Rhus., Ruta., Sabad., Sabin., Sassap., SCILL., Seneg., Sep., SIL., Spig., Spong., Stann., Staph., Stront., Sulph., S. ac., TAR., Thuj., Valer., VERATR., V. tric., Vit., Zinc.

Left.

ACON., Agar., Alum., Ambr., Amm., A. MUR., Anac., Ang., A. cr., A. TART., AP., Arg., ARN., Ars., Asaf., Asar., Aur., Bar., Bell., Bism., Bor., Bov., Brom., Bry., Calad., CALC., Camph., CANN., Canth., CAPS., C. an., C. VEG., CAUST., CHAM., Chel., CHIN., Cic., CINA., Clem., COCC., Colch., Coloc., Con., CREOS., Croc., Cupr., Cycl., Dig., Dros., DULC., EUPH., FLUOR., GRAPH., GUAL., Hep., Hyosc., IGNAT., KALI., Lach., LAUR., Led., LYC., Mgs., M. ARCT., M. AUSTR., Magn., Mang., Mar., MEN., MERE., Mezer., Millef., Mosch., M. ac., Natr., N. MUR., NITR., N. AC., N. mosch., N. VOM., OLEAND., Par., Petr., PHOSPH., PH. AC., Plat., PLUMB., Psor., Puls., R. BULB., R. scel., Rheum., RHOD., RHUS., RUTA., Sabad., SABIN., Sassap., Scill., SENEG., SEP., Sil., SPIG., SPONG., STANN., Staph., Stront., SULPH., S. AC., Tar., THUJ., VALER., Veratr., VERB., V. TR., Vit., ZINC.

BACK.

Acon., Agar., Alum., Ambr., Amm., A. mur., Anac., Ang., A. cr., A. tart., Ap., Arg., ARN., ARS.,

ACON., AGAR., ALUM., Ambr., Amm., A. MUR., ANAC., Ang., A. cr., A. tart., AP., Arg., Ars., Asaf.,

Asaf., Asar., Aur., Bar., Bell., Bor., Brom., Bry., CALC., Cann., CANTH., C. AN., C. veg., *Caust.*, Chel., Chin., CIC., Cina., Cocc., Colch., COLOC., CON., Cupr., Dig., Dros., Dulc., EUPH., FLUOR., GUAL., Hep., Iod., Kali., LAUR., LYC., M. ARCT., M. austr., Mar., Men., Merc., Mezer., Millef., Mur. ac., N. MUR., N. ac., N. vom., OLEAND., Petr., PHOSPH., Plat., PLUMB., R. BULB., R. scel., Rhod., RHUS, Ruta., *Sabad.*, SAMB., Sassap., Sep., Sil., Spig., Spong., Stann., Staph., Sulph., S. ac., TAR., Thuj., Verb., V. tric., Vit., ZINC.

Aur., BAR., Bell., BISM., BRY., Calc., Cann., Canth., C. an., *C. veg.*, CAUST., Chel., CHIN., Cina., Cocc., Colch., Coloc., CON., *Creos.*, Croc., Cupr., Dig., DROS., Dulc., Euph., Ferr., Fluor., GRAPH., Guai., Hell., HEP., IGNAT., Iod., KALI., Laur., Led., Lyc., Mgs., *M. austr.*, MANG., MAR., Men., Merc., Mezer., Millef., Mosch., M. ac., *N. mur.*, Nitr., N. ac., N. vom., Oleand., Par., Petr., Phosph., Ph. ac., Plat., Plumb., Psor., PULS., R. scel., Rhod., Rhus, RUTA., Sabad., SABIN., Sassap., SCILL., SENEG., Sep., SIL., Spig., SPONG, STANN., Staph., Stront., SULPH., S. ac., Tar., Thuj., VALER., VERATR., Verb., V. tric., Vit., Zinc.

UPPER EXTREMITIES.

Right.

Acon., Agar., Alum., AMBR., Amm., *A. mur.*, ANAC., ANG., *A. crud.*, A. tart., Ap., Arg., Arn., ARS., Asaf., Asar., AUR., Bar., BELL., BISM., Bor., Bov., Brom., BRY., Calad., CALC., Camph., CANN., CANTH., Caps., C. an., *C. veg.*, CAUST., Cham., Chel., Chin., Cic., Cina., Clem., Cocc., Coff., COLCH., COLOC., Con., Creos., Croc., CUPR., Cycl., Dig., Dros., Dulc., Euph., Euphr., Ferr., Fluor., GRAPH., Guai., Hell., Hep., Hyosc., IGNAT., Iod., Ipec., Kali., LACH., Laur., Led., Lyc., Mgs., M. arct., M. austr., Magn., M. mur., MANG., Mar., Men., Merc., Mezer., Millef., Mosch., M. ac., NATR., N. mur., Nitr., N. ac., N. mosch., N. vom., Oleand., Op., Par., Petr., PHOSPH., Ph. ac., Plat., PLUMB., PSOR., PULS., R. bulb., R. scel., Rheum., RHOD., Rhus, Ruta., Sabad., Sabin., Samb., *Sassap.*, Scill., S. corn., Selen., Seneg., SEP., SIL., Spig., Spong., Stann., Staph., Stram., Stront., Sulph., S. ac., Tar., Thuj., Valer., Veratr., Verb., Viol. od., V. tr., Vit., Zinc.

Left.

Acon. Agar., ALUM., Ambr., Amm., *A. mur.*, ANAC., Ang., *A. crud.*, A. tart., Ap., Arg., ARN., ARS., ASAF., Asar., Aur., BAR., Bell., Bism., Bor., Bov., Brom., Bry., Calad., Calc., Camph., Cann., Canth., CAPS., C. an., *C. veg.*, Caust., CHAM., Chel., Chin., Cic., Cina., Clem., Cocc., Coff., Colch., Coloc., Con., CREOS., Croc., Cupr., Cycl., Dig., Dros., Dulc., Euph., EUPHR., Ferr., FLUOR., Graph., Guai., Hell., HEP., Hyosc., Ignat., Iod., Ipec., KALI., Lach., Laur., Led., LYC., Mgs., M. ARCT., M. AUSTR., Magn., M. MUR., Mang., MAR., Men., Merc., Mezer., Millef., Mosch., M. ac., Natr., *N. mur.*, Nitr., N. ac., *N. mosch.*, N. vom., OLEAND., Op., Par., PETR., Phosph., PH. AC., Plat., Plumb., Psor., Puls., R. bulb., R. scel., Rheum., Rhod., RHUS, Ruta., Sabad., SABIN., Samb., Sassap., SCILL., S. corn., Selen., SENEG., Sep., Sil., Spig., Spong., STANN., Staph., Stram., Stront., SULPH., S. ac., TAR, Thuj., VALER., Veratr., Verb., Viol. od., V. TRIC., Vit., Zinc.

LOWER EXTREMITIES.

Acon., *Agar.*, *Alum.*, *Ambr.*,
Amm., *A. mur.*, *Anac.*, *Ang.*, *A.*
crud., *A. tart.*, *Ap.*, *Arg.*, *Arn.*,
ARS., *Asaf.*, *Asar.*, *Aur.*, *Bar.*,
BELL., *Bism.*, *Bor.*, *Bov.*, *Brom.*,
BRY., *Calad.*, *Calc.*, *Camph.*,
Cann., *CANTH.*, *Cap.*, *C. an.*, *C.*
veg., *Caust.*, *Cham.*, *Chel.*, *Chin.*,
Cic., *Cina.*, *Clem.*, *Cocc.*, *Coff.*,
Colch., *COLOC.*, *Con.*, *Creos.*,
Croc., *Cupr.*, *Cycl.*, *Dig.*, *Dros.*,
Dulc., *Euph.*, *Euphr.*, *Ferr.*,
FLUOR., *GRAPH.*, *Guai.*, *Hell.*,
Hep., *Hyosc.*, *Ignat.*, *Iod.*, *Ipec.*,
Kali., *LACH.*, *Laur.*, *Led.*, *Lyc.*,
Mgs., *M. arct.*, *M. austr.*, *MAGN.*,
M. mur., *Mang.*, *Mar.*, *Men.*,
Merc., *Mezer.*, *Millef.*, *Mosch.*,
M. ac., *Natr.*, *N. mur.*, *Nitr.*, *N.*
ac., *N. mosch.*, *N. vom.*, *Oleand.*,
Op., *PAR.*, *Petr.*, *PHOSPH.*, *PH.*
ac., *Plat.*, *Plumb.*, *PSOR.*, *PULS.*,
R. bulb., *R. scel.*, *Rheum.*,
RHOD., *Rhus.*, *Ruta.*, *SABAD.*,
Sabin., *SAMB.*, *SASSAP.*, *Scill.*, *S.*
CORN., *Selen.*, *Seneg.*, *SEP.*, *Sil.*,
Spig., *Spong.*, *Stann.*, *STAPH.*,
Stram., *Stront.*, *Sulph.*, *S. ac.*,
TAR., *THUJ.*, *Valer.*, *VERATR.*,
VERB., *V. od.*, *V. tr.*, *Vit.*, *Zinc.*

ACON., *AGAR.*, *ALUM.*, *AMBR.*,
Amm., *A. mur.*, *Anac.*, *Ang.*, *A.*
crud., *A. TART.*, *AP.*, *ARG.*, *ARN.*,
Ars., *ASAF.*, *ASAR.*, *AUR.*, *BAR.*,
Bell., *Bism.*, *Bor.*, *Bov.*, *Brom.*,
Bry., *CALAD.*, *CALC.*, *Camp.*,
Cann., *Canth.*, *Caps.*, *C. an.*, *C.*
veg., *CAUST.*, *Cham.*, *Chel.*, *CHIN.*,
Cic., *CINA.*, *Clem.*, *Cocc.*, *Coff.*,
Colch., *Coloc.*, *Con.*, *CREOS.*,
Croc., *Cupr.*, *Cycl.*, *Dig.*, *DROS.*,
Dulc., *Euph.*, *Euphr.*, *FERR.*,
Fluor., *Graph.*, *Guai.*, *HELL.*,
HEP., *HYOSC.*, *Ignat.*, *IOD.*, *IPEC.*,
Kali., *Lach.*, *Laur.*, *Led.*, *LYC.*,
Mgs., *M. arct.*, *M. AUSTR.*, *MAGN.*,
M. mur., *Mang.*, *Mar.*, *Men.*,
MERC., *MEZER.*, *Millef.*, *Mosch.*,
M. ac., *Natr.*, *N. mur.*, *Nitr.*, *N.*
AC., *N. mosch.*, *N. vom.*, *Oleand.*,
Op., *Par.*, *Petr.*, *Phosph.*, *Ph. ac.*,
Plat., *Plumb.*, *Psor.*, *Puls.*, *R.*
bulb., *R. scel.*, *RHEUM.*, *Rhod.*,
RHUS., *RUTA.*, *Sabad.*, *SABIN.*,
Samb., *Sassap.*, *Scill.*, *S. corn.*,
SELEN., *Seneg.*, *Sep.*, *SIL.*, *Spig.*,
Spong., *Stann.*, *Staph.*, *Stram.*,
Stront., *SULPH.*, *S. AC.*, *Tar.*,
Thuj., *Valer.*, *Veratr.*, *Verb.*, *V.*
od., *V. tr.*, *Vit.*, *ZINC.*

GENERAL SYMPTOMS.

Right.

Acon., *Agar.*, *Alum.*, *Ambr.*,
Amm., *A. mur.*, *Anac.*, *Ang.*, *A.*
cr., *A. tart.*, *Ap.*, *Arg.*, *Arn.*, *Ars.*,
Asaf., *Asar.*, *Aur.*, *Bar.*, *BELL.*,
BISM., *Bor.*, *Bov.*, *Brom.*, *BRY.*,
Calad., *CALC.*, *Camph.*, *Cann.*,
CANTH., *Caps.*, *C. an.*, *C. veg.*,
Caust., *Cham.*, *Chel.*, *Chin.*, *Cic.*,
Cina., *Clem.*, *Cocc.*, *Coff.*, *COLCH.*,
COLOC., *Con.*, *Creos.*, *Croc.*,
Cupr., *Cycl.*, *Dig.*, *Dros.*, *Dulc.*,
Euph., *Euphr.*, *Ferr.*, *Fluor.*,
Graph., *Guai.*, *Hell.*, *Hep.*,
Hyosc., *Ignat.*, *Iod.*, *IPEC.*, *Kali.*,
LACH., *Laur.*, *Led.*, *LYC.*, *Mgs.*,
M. arct., *M. austr.*, *Magn.*, *M.*
MUR., *MANG.*, *MAR.*, *Men.*, *Merc.*,

Left.

Acon., *Agar.*, *Alum.*, *Ambr.*,
Amm., *A. mur.*, *ANAC.*, *Ang.*, *A.*
CRUD., *A. TART.*, *AP.*, *Arg.*, *Arn.*,
Ars., *ASAF.*, *ASAR.*, *Aur.*, *Bar.*,
Bell., *Bism.*, *Bor.*, *Bov.*, *BROM.*,
Bry., *Calad.*, *Calc.*, *Camp.*,
Cann., *Canth.*, *CAPS.*, *C. an.*, *O.*
veg., *Caust.*, *CHAM.*, *Chel.*, *CHIN.*,
Cic., *CINA.*, *Clem.*, *Cocc.*, *Coff.*,
Colch., *Coloc.*, *Con.*, *CREOS.*,
CROC., *Cupr.*, *Cycl.*, *Dig.*, *DROS.*,
DULC., *EUPH.*, *EUPHR.*, *FERR.*,
FLUOR., *Graph.*, *GUAI.*, *Hell.*,
Hep., *Hyosc.*, *Ignat.*, *Iod.*, *Ipec.*,
Kali., *Lach.*, *Laur.*, *Led.*, *Lyc.*,
Mgs., *M. ARCT.*, *M. AUSTR.*,
Magn., *M. mur.*, *Mang.*, *Mar.*,

Mezer., Millef., *Mosch.*, M. ac.,
NATR., N. mur., *Nitr.*, N. ac., N.
MOSCH., N. VOM., Oleand., *Op.*,
Par., PETR., *Phosph.*, Ph. ac.,
Plat., *Plumb.*, Psor., PULS., R.
BULB., R. SCEL., Rheum., Rhod.,
RHUS, Ruta., SABAD., Sabin.,
Samb., SASSAP., Scill., S. CORN.,
Selen., Seneg., Sep., SIL., Spig.,
Spong., Stann., STAPH., Stram.,
Stront., Sulph., S. ac., Tar.,
Thuj., Valer., *Veratr.*, Verb., Viol.
od., Viol. tric., VIT., Zinc.

Men., Merc., *Mezer.*, *Millef.*,
Mosch., M. ac., Natr., N. mur.,
Nitr., N. ac., N. mosch., N. vom.,
OLEAND., *Op.*, PAR., Petr., Phos.,
Ph. ac., Plat., *Plumb.*, Psor., Puls.,
R. bulb., R. scel., RHEUM., Rhod.,
RHUS, Ruta., Sabad., Sabin.,
Samb., SASSAP., SCILL., S. corn.,
SELEN., Seneg., Sep., Sil., STIG.,
Spong., STANN., Staph., *Stram.*,
Stront., SULPH., S. ac., *Tar.*,
Thuj., Valer., *Veratr.*, Verb., V.
ODOR., V. TRIC., Vit., Zinc.

Cross-wise.

Left Lower Side.
Right Upper Side.

Acon., Agar., AMBR., Amm.,
A. mur., Ang., A. crud., A. tart.,
Arg., Asar., *Bism.*, BOR., Bov.,
Bry., Calad., CALC., Cann., C.
veg., CAUST., Chel., Cic., *Cina.*,
Colch., *Coloc.*, Croc., Cupr., *Dig.*,
Dulc., Euph., *Euphr.*, FERR.,
Graph., Hell., Hyosc., Ignat.,
Iod., Ipec., LYC., Mgs., Magn.,
Mang., Mezer., M. ac., Natr., N.
vom., PHOSPH., Plat., PLUMB.,
R. bulb., *Rheum.*, *Rhus*, Ruta.,
Selen., SIL., Spig., S. AC., V. od.,
Vit.

Left Upper Side.
Right Lower Side.

ALUM., ANAC., ARN., Ars., *Bar.*,
Bell., Brom., Camph., Caps., C.
AN., Cham., *Chin.*, *Coff.*, Con.,
Cycl., Euphr., FLUOR., Hep.,
KALI, Lach., Laur., Led., M. art.,
M. austr., M. mur., *Mar.*, Men.,
Merc., Millef., M. ac., N. mur.,
Nitr., N. ac., *N. mosch.*, N. vom.,
Oleand., *Op.*, Par., *Ph. ac.*, PULS.,
R. scel., Rhod., RHUS, Sabad.,
Sabin., Samb., *Sassap.*, SCILL.,
S. corn., *Seneg.*, Spong., STANN.,
Staph., Stram., *Sulph.*, TAR.,
THUJ., Valer., VERATR., VERB.,
V. TRIC.

FEBRILE SYMPTOMS.

Ambr., BELL., *Bry.*, *Caust.*,
Chin., Cocc., *Fluor.*, Natr., N.
VOM., PHOSPH., PULS., R.
BULB., *Sabin.*, Spig., Verb.

Agar., Ambr., A. crud., Arn.,
Bar., *Caust.*, Cham., CHIN., *Dig.*,
Lyc., Par., PLAT., Puls., RHUS,
Ruta., *Spig.*, STANN., *Sulph.*,
Thuj., Verb., Vit.

PART II.

DRUG AFFINITIES.

Acon.—ARN., ARS., BELL., BRY., CANTH., CHAM., COFF., *Croc.*,
Dulc., Graph., LYC., MERC., MILLEF., N. vom., *Op.*, PHOSPH., PH.
AC., PULS., RHUS., *Ruta.*, SEP., SULPH., VALER., *Veratr.*
Agar.—BELL., CALC., Cocc., *Coff.*, LYC., N. ac., N. vom., PETR.,
PHOSPH., PULS., SEP., SIL., SULPH.
Alum.—BRY., CALC., CHAM., *Ignat.*, IPEC., *Lach.*, LYC., N. MUR.,
Phosph., *Plumb.*, PULS., *Veratr.*,
Ambr.—BELL., CALC., LYC., N. vom., PULS., *Staph.*, SULPH.

- Amm.**—BROM., CALC., *Fluor.*, HEP., PHOSPH., S. CORN.
A. mur.—ARS., *N. Vom.*, PULS., RHUS.
Anac.—CALC., COFF., CON., N. MUR.
Ang.—BRY., CALC., LYC., RHUS, *Verb.*
A. crud.—ARS., *Bism.*, *Brom.*, HEP., *Ipec.*, MERC., *Puls.*, SEP.,
 SULPH.
A. tart.—BELL., CHIN., COC., *Con.*, IPEC., OP., PULS., SEP.
Apis m.—ARS., BELL., CANTH., CHIN., *Ferr.*, *Graph.*, *Hep.*, *Iod.*,
Kali., *Lach.*, LYC., *Merc.*, *Millef.*, PULS., SEP., SULPH.
Arg.—MERC.
Arn.—ACON., ARS., *Bry.*, *Cann.*, *Caps.*, CHIN., CIC., FERR., IGNAT.,
 IPEC., *Merc.*, *Millef.*, PULS., *Rhus.*, *Sabin.*, *Samb.*, SCILL., SENEG.,
 VERATR., ZINC.
Ars.—ACON., *A. mur.*, ANT. CR., ARN., AP., BAR., *Brom.*, BRY., *Calc.*,
 C. VEG., CHAM., CHIN., *Coff.*, DIG., *Colch.*, *Dulc.*, *Euph.*, FERR.,
Graph., HEP., IGNAT., IOD., IPEC., *Kali.*, LACH., LYC., *Magn.*,
 MERC., *Mosch.*, *M. ac.*, N. MUR., N. VOM., PETR., PHOSPH., PH. AC.,
Plumb., *R. scel.*, SAMB., SCILL., S. CORN., SEP., SIL., *Stann.*, STAPH.,
 SULPH., *S. ac.*, VERATR.
Asaf.—AUR., CAUST., CHIN., *Men.*, MERC., N. AC., PH. AC., *Plat.*,
 PULS., SEP.
Asar.—*Jupr.*, *N. vom.*, *Phosph.*
Aur.—Asaf., *Calc.*, *Coff.*, MERC., N. VOM., PULS., *Phosph.*
Bar.—ARS., *Calc.*, *N. vom.*, *Sep.*, *Zinc.*
Bell.—ACON., AGAR., AMBR., A. TART., AP., BRY., CALC., CANN.,
 CANTH., CAUST., CHAM., CHIN., *Cic.*, *Cina.*, COFF., COLCH., COLOC.,
 CROC., CUPR., *Dig.*, *GRAPH.*, *Hell.*, HEP., HYOSC., IOD., LACH.,
 MERC., MOSCH., N. AC., N. VOM., OP., PH. AC., *Plat.*, PLUMB.,
 PULS., RHEUM., RHUS, SASSAP., SENEG., SEP., *Sil.*, STRAM.,
Sulph., VALER.
Bism.—A. crud., CALC., *Cocc.*, *Ignat.*, *Spig.*, *Staph.*
Bor.—BRY., CALC., CHAM., *Coff.*, SIL., Sulph.
Bov.—N. ac., SELEN., *Sil.*
Brom.—AMM., *A. crud.*, *Ars.*, *Camph.*, *Coff.*, HEP., IOD., *Magn.*,
N. mur., *Op.*, *Phosph.*, SPONG.
Bry.—ACON., ALUM., *Ang.*, ARS., *Bell.*, *Bor.*, CALC., C. VEG., *Caust.*,
 CHIN., CLEM., *Coloc.*, *Dulc.*, *Guai.*, IOD., *Ipec.*, KALI., LED., LYC.,
 MEZER., MILLEF., *Phosph.*, R. BULB., PULS., RHOD., RHUS,
Scill., SENEG., *Sep.*, *Veratr.*
Calad.—*Canth.*, CAPS., *Ignat.*, *N. vom.*
Calc.—AGAR., ALUM., AMBR., AMM., *Anac.*, *Ang.*, *Ars.*, *Aur.*, *Bar.*,
 BELL., BISM., BOR., BRY., CANN., *Caust.*, *Chel.*, CHIN., COCC.,
Cupr., FLUOR., *Graph.*, *Ignat.*, *Iod.*, IPEC., KALI., LYC., M.
 MUR., *Men.*, *Merc.*, NATR., *Nitr.*, N. AC., N. VOM., PETR.,
 PHOSPH., PH. AC., PULS., RHUS., *Sabin.*, SASSAP., SELEN., SEP.,
 SIL., SULPH., *Veratr.*, *Vit.*
Camph.—*Brom.*, CANTH., OP., *Veratr.*
Cann.—ARN., BELL., CALC., *Canth.*, *Coloc.*, EUPH., *Men.*, *N. mur.*,
 N. AC., PULS., THUJ.
Canth.—ACON., AP., BELL., *Calad.*, CAMPH., *Cann.*, LAUR., LYC.,
 PULS.
Caps.—ARN., CALAD., *Cham.*, *Chin.*, *CINA.*, *Ignat.*, *N. vom.*, *Puls.*
C. an.—C. veg., *Rhod.*, THUJ.
C. veg.—ARS., BRY., *C. an.*, CHIN., *Dulc.*, FERR., IGNAT., *Ipec.*, *Kali.*.

- LACH., MERC., N. MUR., N. AC., N. VOM., *Op.*, PETR., PULS., *Rhod. Sep.*, SULPH., *Veratr.*
 Caust.—ASAF., BELL., BRY., *Calc.*, COCC., CLEM., *Coloc.*, CREOS., CUPR., GRAPH., *Hep.*, IGNAT., LACH., *Lyc.*, NATR., N. VOM., PHOSPH., PLAT., PULS., RHOD., RHUS, SEP., SIL., SULPH.
 Cham.—ACON., *Alum.*, ARS., BELL., BOR., *Caps.*, CHIN., CINA., COCC., *Coff.*, *Coloc.*, HEP., IGNAT., *Ipec.*, *Lyc.*, *Magn.*, N. VOM., *Petr.*, PULS., RHEUM., *Rhus.*, *Stram.*, SULPH., VALER.
 Chel.—*Calc.*, *Lyc.*, *Puls.*, *Sulph.*
 Chin.—*Amm.*, A. TART., AP., ARN., ARS., ASAF., BELL., BRY., *Calc.*, *Caps.*, C. VEG., CHAM., CINA., CUPR., *Cicl.*, *Dig.*, FERR., *Fluor.*, HELL., IOD., IPEC., LACH., MERC., *Millef.*, N. MUR., N. VOM., *Phosph.*, PH. AC., *Plumb.*, PULS., *Samb.*, SEP., *Stann.*, SULPH., S. AC., VERATR.
 Cic.—ARN., *Bell.*, *Dulc.*, *Lyc.*, *Merc.*, *Op.*, *Rhus.*, *Stram.*, *Veratr.*
 Cina.—*Bell.*, CAPS., CHIN., *Dros.*, *Hyosc.*, *Merc.*, *Phosph.*, *Veratr.*
 Clem.—BRY., GRAPH., MERC., RHOD., RHUS.
 Cocc.—Agar., A. TART., *Bism.*, *Calc.*, *Caust.*, CHAM., CUPR., IGNAT., *Ipec.*, *Kali.*, *Mosc.*, *N. mosch.*, N. VOM., *Oleand.*
 Coff.—ACON., *Agar.*, *Anac.*, *Ars.*, *Aur.*, BELL., BOR., *Brom.*, *Caps.*, CHAM., COLLOC., CON., IGNAT., *Magn.*, *Mar.*, *Merc.*, *Mosch.*, N. VOM., *Op.*, PULS., *Sulph.*, VALER., VERATR.
 Colch.—ARS., BELL., FLUOR., *Merc.*, N. VOM., *Op.*, PULS.
 Coloc.—BELL., *Bry.*, *Cam.*, CAUST., *Cham.*, *Coff.*, *Magn.*, RHEUM., S. CORN., STAPH.
 Con.—*Anac.*, A. tart., *Coff.*, *Cupr.*, *Cycl.*, *Dig.*, *Dulc.*, LACH., LYC., N. AC., N. VOM., PULS., *Vit.*
 Creos.—*Caust.*, N. MUR., N. VOM., SEP., SULPH.
 Croc.—Acon., *Bell.*, *Op.*, *Plat.*
 Cupr.—BELL., *Calc.*, CAUST., CHIN., COCC., CON., *Dulc.*, HEP., HYOSC., IGNAT., IPEC., LYC., MERC., N. VOM., *Op.*, *Ph. ac.*, PULS., *Sep.*, *Sil.*, *Sulph.*, VERATR.
 Cycl.—CON., PULS.
 Dig.—ARS., *Bell.*, *Chin.*, CON., *Merc.*, N. VOM., *Op.*, *Phosph.*, *Ph. ac.*, PLAT., PULS., *Spig.*, S. AC.
 Dros.—CINA., *Hep.*, IPEC., N. VOM., *Sep.*, SPONG., VERATR.
 Dulc.—Acon., ARS., BRY., *Cic.*, CON., CUPR., *Led.*, MERC., N. VOM., *Ph. ac.*, *Puls.*, RHUS, SEP., *Sulph.*
 Euph.—ARS., *Lyc.*, MERC., *Mezer.*, PULS., *Rhus.*, *Sep.*, ZINC.
 Euphr.—CANN., HEP., N. VOM., *Spig.*
 Ferr.—AP., ARN., ARS., C. VEG., CHIN., HEP., IPEC., PULS., SULPH., S. AC., VERATR.
 Fluor.—*Amm.*, *Calc.*, *Chin.*, COLCH., GRAPH., N. AC., SIL.
 Graph.—Acon., AP., ARS., BELL., *Calc.*, CAUST., FLUOR., *Guai.*, *Kali.*, LYC., *Magn.*, NATR., N. AC., N. VOM., PHOSPH., PULS., SEP., *Sil.*, *Sulph.*, THUJ., *Vit.*
 Guai.—*Bry.*, *Graph.*, *Merc.*
 Hell.—*Bell.*, CHIN., *Phosph.*
 Hep.—AMM., A. CRUD., AP., ARS., BELL., *Brom.*, *Caust.*, CHAM., CUPR., *Dros.*, EUPHR., FERR., *Ignat.*, IOD., LACH., *Lyc.*, MERC., N. AC., RHUS, SEP., SIL., SPONG., *Sulph.*, THUJ., ZINC.
 Hyosc.—BELL., CINA., CUPR., *Op.*, PH. AC., PLUMB., STRAM., VALER., VERATR.
 Ignat.—*Alum.*, ARN., ARS., *Bism.*, *Calad.*, *Calc.*, *Caps.*, C. VEG., CAUST.,

- CHAM., *Cocc.*, COFF., CUPR., HEP., IPEC., LYC., MAR., MGS., M. ARCT., M. AUSTR., N. VOM., *Ph. ac.*, PLAT., PULS., *Ruta.*, SELEN., *Stram.*, VALER., ZINC.
- Iod.—AP., ARS., BELL., BROM., BRY., *Calc.*, CHIN., HEP., *Kali.*, LYC., MERC., PAR., PHOSPH., *Sil.*, SPONG., *Sulph.*
- Ipec.—ALUM., A. CRUD., A. TART., ARN., ARS., *Bry.*, CALC., *C. veg.*, *Cham.*, CHIN., *Cocc.*, CUPR., DROS., FERR., *Ignat.*, LAUR., NITR., N. VOM., *Op.*, *Phosph.*, PULS., *S. ac.*, VERATR.
- Kali.—AP., ARS., BRY., CALC., *C. veg.*, *Cocc.*, *Laur.*, LYC., MAGN., NATR., N. MUR., N. AC., *N. vom.*, PHOSPH., PULS., *Sil.*
- Lach.—ALUM., AP., ARS., BELL., *C. veg.*, CAUST., *Chin.*, CON., HEP., LYC., MERC., N. VOM., *Ph. ac.*, PLAT., PULS., STANN., *Zinc.*
- Laur.—CANTH., IPEC., *Kali.*, *Merc.*, *Spig.*
- Led.—BRY., *Dulc.*, *Lyc.*, *Puls.*
- Lyc.—ACON., AGAR., *Alum.*, *Ambr.*, *Ang.*, AP., ARS., BRY., CALC., CANTH., *Caust.*, CHAM., *Chel.*, *Chin.*, *Cic.*, CON., CUPR., *Euph.*, GRAPH., HEP., *Ignat.*, *Iod.*, KALI., LACH., *Led.*, *M. mur.*, *Mang.*, *Merc.*, M. AC., NATR., N. AC., N. VOM., PETR., *Phosph.*, *Ph. ac.*, PULS., RHUS, SEP., *Sil.*, *Vit.*
- Mgs.—IGNAT., *Zinc.*
- M. arct.—BELL., IGNAT., M. AUSTR., PULS., ZINC.
- M. austr.—IGNAT., M. ARCT., N. VOM., ZINC.
- Magn.—ARS., *Brom.*, CHAM., COFF., COLOC., GRAPH., KALI., *M. mur.*, N. VOM., PULS., RHEUM.
- M. mur.—CALC., *Lyc.*, *Magn.*, *N. vom.*, SEP., *Sulph.*
- Mang.—BRY., LYC., *Puls.*
- Mar.—COFF., *Ignat.*
- Men.—ASAF., *Calc.*, *Cann.*, *Plat.*, *Sep.*
- Merc.—ACON., A. CRUD., *Ap.*, *Arg.*, *Arn.*, *Ars.*, ASAF., AUR., BELL., *Bry.*, CALC., *C. VEG.*, CHIN., *Cic.*, *Cuin.*, *Clem.*, *Coff.*, *Colch.*, CUPR., *Dig.*, *DULC.*, EUPH., *Guai.*, HEP., *Iod.*, LACH., *Laur.*, *Lyc.*, MEZER., N. AC., *N. vom.*, *OP.*, *Ph. ac.*, *Plat.*, PULS., *Rheum.*, *Rhod.*, *Rhus.*, SASSAP., *Selen.*, *Sep.*, *SIL.*, SPIG., STAPH., SULPH., THUJ., *Valer.*, *Veratr.*, *Vit.*, ZINC.
- Mezer.—BRY., *Euph.*, MERC., *M. ac.*, N. AC., RHUS, *Sil.*, *Verb.*
- Millef.—ACON., *Ap.*, *Arn.*, BRY., *Chin.*, N. VOM., PULS., SCILL.
- Mosch.—BELL., *Cocc.*, *Coff.*, *N. vom.*, *Op.*, *Phosph.*
- M. ac.—ARS., BRY., LYC., *M. ac.*
- Natr.—CALC., *Caust.*, GRAPH., *Kali.*, LYC., N. MUR., PULS., SEP., *Sil.*, SPIG., *Sulph.*
- N. Mur.—ALUM., *Anac.*, ARS., *Brom.*, *Cann.*, *C. veg.*, CHIN., CREOS., KALI., NATR., *N. vom.*, *Petr.*, PULS., *Ruta.*, *Spig.*, *Vit.*
- Nitr.—*Calc.*, IPEC.
- N. ac.—AGAR., ASAP., BELL., *Bov.*, CALC., *Cann.*, *C. veg.*, CON., FLUOR., GRAPH., HEP., KALI., *Lyc.*, MERC., *Meger.*, PETR., PULS., RHUS, SEP., *Sulph.*, THUJ.
- N. Mosch.—*Cocc.*, *Ignat.*, *N. vom.*, *Sep.*
- N. vom.—ACON., AGAR., AMBR., A. MUR., ARS., *Asar.*, *Aur.*, *Bar.*, BELL., *Calad.*, CALC., *Caps.*, *C. veg.*, CAUST., CHAM., *Chin.*, COCC., COFF., COLCH., *Con.*, CREOS., CUPR., *Dig.*, *Dros.*, *Dulc.*, EUPHR., GRAPH., *Guai.*, IGNAT., IPEC., *Kali.*, LACH., LYC., *M. austr.*, *Magn.*, *Merc.*, MILLEF., *Mosch.*, *M. ac.*, *N. mur.*, *OP.*, *Par.*, PETR., PHOSPH., *Plumb.*, PULS., RHEUM., RHUS, SELEN., *Sep.*, *Sel.*, STRAM., SULPH., VALER.

- Oleand.—*Cocc.*, VIT.
- Op.—ACON., A. TART., BELL., *Brom.*, CAMPH., *C. veg.*, *Cic.*, COFF., *Colch.*, CROC., CUPR., DIG., *Hyosc.*, IPEC., MERC., *Mosch.*, N. VOM., *Phosph.*, *Ph. ac.*, PLUMB., *Stram.*
- Par.—IOD., N. vom., *Phosph.*
- Petr.—AGAR., ARS., CALC., *C. veg.*, *Cham.*, LYC., N. mur., N. AC., N. VOM., *Phosph.*, PULS., SIL., *Sulph.*, THUJ.
- Phosph.—ACON., AGAR., ALUM., AMM., ARS., *Aur.*, *Brom.*, CALC., CAUST., *Chin.*, *Cina.*, DIG., GRAPH., *Hell.*, IOD., IPEC., KALI., *Lyc.*, *Mosch.*, N. VOM., *Op.*, *Par.*, *Petr.*, PULS., *S. corn.*, SEP., *Sil.*, *Stront.*, *Veratr.*, *Verb.*
- Ph. ac.—ACON., ARS., ASAF., BELL., CALC., CHIN., *Cupr.*, DIG., *Dulc.*, HYOSC., *Ignat.*, LACH., *Lyc.*, *Merc.*, *Op.*, RHEUM., *Rhus*, STAPH., *Veratr.*, ZINC.
- Plat.—*Asaf.*, *Bell.*, CAUST., *Croc.*, DIG., IGNAT., LACH., *Men.*, *Merc.*, PLUMB., PULS., *Sabad.*, *Sabin.*, *Stront.*, *Vit.*
- Plumb.—ALUM., ARS., BELL., *Chin.*, HYOSC., N. mur., N. VOM., *Op.*, PLAT., *Stram.*, *Sulph.*, S. AC.
- Puls.—ACON., AGAR., ALUM., AMBR., *A. mur.*, *A. crud.*, A. TART., AP., ARN., ASAF., AUR., BELL., BRY., CALC., *Cann.*, CANTH., *Caps.*, *C. veg.*, CAUST., CHAM., *Chel.*, CHIN., COFF., COLCH., CON., CUPR., CYCL., DIG., *Dulc.*, EUPHR., FERR., GRAPH., *Ignat.*, IPEC., KALI., LACH., *Led.*, LYC., *M. arct.*, *Magn.*, *Mang.*, *Merc.*, MILLEF., NATR., N. MUR., N. AC., N. VOM., *Petr.*, PHOSPH., PLAT., R. BULB., *Rheum.*, RHUS, *Sabad.*, SEP., SIL., *Spig.*, STANN., SULPH., S. AC., *Valer.*, *Verb.*, *Vit.*
- R. bulb.—BRY., PULS., *Staph.*, *Sulph.*, *Verb.*
- R. Scel.—*Ars.*, *Puls.*, *Veratr.*
- Rheum.—BELL., CHAM., COLOC., *Magn.*, MERC., N. VOM., PH. AC., PULS.
- Rhod.—BRY., *Calc.*, *C. an.*, *C. veg.*, CAUST., CLEM., *Merc.*, N. vom., RHUS, *Sep.*
- Rhus.—ACON., *A. mur.*, ANG., ARN., ARS., BELL., BRY., CALC., CAUST., *Cham.*, *Cic.*, CLEM., COFF., *Dulc.*, *Euph.*, HEP., LYC., *Merc.*, MEZER., N. AC., N. VOM., *Phosph.*, *Ph. ac.*, PULS., RHOD., *Samb.*, SEP., *Sil.*, SULPH., *Veratr.*
- Ruta.—*Ignat.*, N. MUR.
- Sabad.—Plat., PULS.
- Sabin.—*Arn.*, *Calc.*, *Plat.*
- Samb.—*Arn.*, ARS., *Chin.*, *Rhus.*
- Sassap.—*Bell.*, CALC., MERC., *Sulph.*
- Scill.—ARN., ARS., *Bry.*, MILLEF.
- S. corn.—*Amm.*, ARS., BELL., COLOC., *Phosph.*, *Veratr.*
- Selen.—ALUM., BRY., BOV., CALC., IGNAT., *Merc.*, N. VOM., PULS., SEP., *Sulph.*, *Thuja.*
- Seneg.—ARN., BELL., BRY., *Stann.*
- Sep.—ACON., AGAR., *A. crud.*, A. TART., AP., ARS., *Asaf.*, *Bar.*, *Bell.*, *Bry.*, CALC., *C. veg.*, CAUST., CHIN., *Clem.*, CREOS., *Cupr.*, *Dros.*, *Dulc.*, *Euph.*, GRAPH., HEP., LYC., M. MUR., *Men.*, *Merc.*, NATR., N. AC., N. vom., PHOSPH., PULS., *Rhod.*, RHUS, *Selen.*, SIL., SULPH., *Veratr.*, *Vit.*
- Sil.—AGAR., *Ars.*, *Bell.*, BOR., CALC., CAUST., *Cupr.*, FLUOR., *Graph.*, HEP., *Iod.*, *Kali.*, *Lyc.*, MERC., *Mezer.*, *Natr.*, N. vom., PETR., *Phosph.*, PULS., *Rhus*, SEP., STAPH., *Sulph.*

- Spig.—*Bism.*, *Dig.*, *Euph.*, *Laur.*, MERC., NATR., *N. mur.*, *Puls.*,
Veratr.
- Spong.—BROM., DROS., HEP., *Iod.*
- Stann.—*Ars.*, *Chin.*, LACH., PULS., *Seneg.*, *Sulph.*, *Valer.*
- Staph.—*Ars.*, *Bism.*, COLOC., MERC., PH. AC., *R. bulb.*, SIL., *Sulph.*,
Thu.
- Stram.—BELL., *Cham.*, *Vic.*, *Hell.*, HYOSC., *Ignat.*, N. VOM., OP.,
PLUMB., *Veratr.*
- Stront.—*Phosph.*, *Plat.*, *Sulph.*
- Sulph.—*Acon.*, *Ambr.*, A. CRUD., AP., *Ars.*, *Bell.*, *Bor.*, CALC.,
C. VEG., CAUST., *Cham.*, *Chel.*, CHIN., *Coff.*, CREOS., *Dulc.*, FERR.,
Graph., *Hep.*, *Iod.*, MERC., N. AC., N. VOM., *Petr.*, PULS., *R. bulb.*,
Rhus., *Sassap.*, *Selen.*, SEP., *Sil.*, *Stann.*, *Staph.*, *Stront.*, *Thu.*,
VALER., *Vit.*
- S. ac.—*Ars.*, *Chin.*, *Dig.*, *Ferr.*, *Ipec.*, PLUMB., PULS.
- Tar.—*Con.*, *Kali.*, *Puls.*, *Valer.*
- Thu.—CANN., C. AN., HEP., GRAPH., MERC., N. AC., PETR., *Puls.*,
Selen., *Staph.*, SULPH.
- Valer.—*Acon.*, BELL., *Cham.*, COFF., HYOSC., *Ignat.*, *Merc.*, N. VOM.,
Puls., *Stann.*, SULPH.
- Veratr.—*Acon.*, *Alum.*, ARN., *Ars.*, *Bry.*, *Calc.*, *Camph.*, *C. veg.*,
CHIN., *Cic.*, *Cina.*, COFF., CUPR., DROS., FERR., HYOSC., IPEC.,
Merc., *Phosph.*, *Ph. ac.*, *S. corn.*, *Sep.*, *Spig.*, *Stram.*
- Verb.—*Ang.*, *Mezer.*, *Phosph.*, *Puls.*, *R. bulb.*
- Viol. od.—*N. vom.*, *Phosph.*
- Viol. Tr.—*Bar.*, N. AC., *Rhus.*
- Vit.—*Calc.*, *Con.*, *Graph.*, *Lyc.*, *Merc.*, N. VOM., OLEAND., *Puls.*,
Rhod., *Sep.*, *Sulph.*
- Zinc.—ARN., *Bar.*, *C. veg.*, EUPH., HEP., IGNAT., *Lach.*, MGS.,
M. ARCT., M. AUSTR., MERC., PH. AC.

SPECIAL CORRESPONDENCE.

NEW YORK.

[*Postscript to Letter published last month.*]

DEAR DOCTOR,—As an addendum to my letter, I would state that the Commissioners of Public Charities and Correction declined to interfere with the organization of the Medical Board, and there the matter rests for the present.

I enclose a slip which explains itself, taken from one of our daily papers, and is an attempt to injure, which will surely react upon those who start it.

New York.

T. M. S.

CARRYING THE WAR INTO PHARMACY.

A Leading Homeopathic Pharmacist arrested because he had not passed the Examinations of the Allopathic Board.

A new feature in the century-long war between the followers of the

allopathic and the homeopathic schools of medicine was revealed a few days ago when F. L. Bœricke, a member of the firm of Bœricke and Tafel, homeopathic pharmacists, at No. 145 Grand Street, was arrested, by order of the board of pharmacy, for selling homeopathic medicines to the public, a thing the pharmacy in question has been doing since 1835. Bail, of course, was at once furnished.

The board holds that homeopathic pharmacists, like druggists, must pass an examination before the board of pharmacy. The state recognizes homeopathy, and some of its finest hospitals, notably that at Middletown, are under the exclusive control of homeopathic physicians, but still the allopathic physicians refuse to recognize them. This is quite proper in view of the fact that the two treatments, aside from the mere size of doses, are radically different, but to require a homeopath to master all the pharmacopeia of a different school before being permitted to practise his own can hardly be called proper. What is not required of physicians could hardly, in fairness, be required of pharmacists. Should this move prove to be successful, every homeopathic pharmacy in New York must close, for it is hardly possible that a single pharmacist among them, and some have been in the profession for thirty years, can pass the allopathic examination.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

*. In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

CAUSE OF THE INFLUENZA EPIDEMIC.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In Bentley's *Manual of Botany*, p. 758, it is stated that "many important communications, attempting to prove that Fungi are either the cause of, or the means of propagating, various diseases in the human subject, have been made during the last few years; and it is now certain that Fungi are associated with several cutaneous and other external as well as internal diseases. In some cases of diphtheria, reported a few years since in the *British Medical Journal* by Dr. N. W. Taylor, it is stated that the only apparent source of the disease was the mouldiness of the walls, caused by the production of *Coprinus domesticus* and a form of *Aspergillus*. Berkeley also informed Dr. Taylor that, when he was at Lille in 1838, at which time Influenza was very fatal, it was supposed to arise from the spores of some species of *Coprinus*." I don't know whether the present epidemic has been traced to any such cause; but presume that, however interesting such a discovery might be, it would, from a homeopathic point of view, be more interesting than helpful.—SIR,
 yours very respectfully, FERRUM.

DR. GENTRY AND HIS WORKS.

We have received from Dr. Gentry, the indefatigable author of the *Concordance Repertory*, a private letter, from which we venture to make a few extracts. Dr. Gentry writes from "Rogers Park, Cook Co., Illinois," his new address, which those who wish to correspond with him should please note. He explains the delay that has occurred in getting out his book, and informs us that on Feb. 1st all the first volume would be in the binder's hands. We are much pleased by the following intimation of another work by Dr. Gentry, a *Rubrical Text-Book of Materia Medica* :—

"I also enclose sample (two pages) of my 'Rubrical Text-Book of the Materia Medica,' to show you the completeness of the *Concordance Repertory*. The sample will show you all the symptoms of Ignatia, affecting the mind and disposition, which will be found in the *Concordance Repertory*, and is a fair sample of the number of symptoms selected from other drugs.

"In selecting symptoms for the *Concordance*, I had to select from all *Materia Medicas*, and from every reliable source accessible. The result is, we not only have a repertory, but a *Materia Medica*, in a new and novel form, which for convenience has no equal.

"I shall be glad if you and all other practitioners of homeopathy in England think favourably of my work.

"I read with interest and profit the kind and valuable suggestion made in the *World* last spring by a correspondent, and the improvement suggested will be made in the second and successive volumes of the *Concordance*.

"Please remember me kindly to Dr. J. W. Carter. I hope to see all my friends in England some day."

We shall have something more to say of the *Materia Medica* next month. In the meantime we refer our readers to our advertising pages for information regarding the *Concordance Repertory*. We hope Mr. Carter will accept this intimation of Dr. Gentry's message.

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

TWICKENHAM.—A correspondent writes that the vacancy created some time ago by the removal of the homeopathic practitioner from Twickenham has never been filled, and that there is a great want of some one to take up the practice.

WANTAGE.—A correspondent writes to us that the town of Wantage is just now badly off for medical men, and affords a good opening for a homeopath. There is no homeopath nearer than Oxford—fifteen miles distant.

CHEMICAL LABORATORY, BLACKHEATH.—Mr. W. F. BUTCHER, F.C.S., M.P.S., of W. Butcher & Co., Spencer Place, Blackheath, having qualified himself as an analytical chemist, has fitted up a laboratory at Blackheath village, where he is now prepared to carry out any branch of analytical work. He will be pleased to forward a scale of charges to any one desirous of information. We are glad to know that we now have an analyst in our own ranks, and are under no necessity to seek another from without.

Obituary.

JACOB DIXON, L.R.C.P.E.

WE have to record the death of another veteran homeopath, who was at the same time a very remarkable man. Up till within the last four years Dr. Dixon resided and carried on his practice in Great Ormond Street in a house immediately facing the Homeopathic Hospital, and there was no better known figure in the neighbourhood than his. He lived in this same house for more than thirty years. Latterly he has resided at 127, Chetwynd Road, N.W., and there he died on January 29th, being in the eighty-fourth year of his age.

Dr. Dixon took his first medical qualification in 1827, L.S.A., of London. In 1868 he became a Licentiate of the Royal College of Physicians of Edinburgh. His conversion to homeopathy took place about the year 1857 or '58. He became one of the physicians to the London Homeopathic Hospital, and long after his official connection with the hospital ceased he continued to have an interest in the institution, and was always ready with advice and help when wanted.

Dr. Dixon was a voluminous writer, but only a small proportion of his literary efforts were devoted to medical subjects. A treatise entitled *Thirty-two Papers on Homeopathy*, another on *Cholera*, and one on *The Management of Infancy*, are his chief medical works. He also translated Thier's *History of the French Revolution*. He contributed largely to spiritualistic periodical literature.

At one time Dr. Dixon joined his friend Robert Owen in his attempt to remodel society, or rather to show how society ought to be remodelled. More than fifty years ago he joined Robert Owen's community at East Tytherly in Hampshire, relinquishing his London practice in order to do so. Among his writings were papers on Mesmerism, the therapeutic power of which he early recognized.

Dr. Dixon leaves a widow. He was attended in his last illness by Dr. George Herring.

GENERAL CORRESPONDENCE.

VACCINATION AND HOMEOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—If you will allow me I should like to make one or two remarks upon the *Note* with which you honoured me in THE HOMEOPATHIC WORLD of February.

About the folly of the Pasteurian treatment we are agreed; but not on the homeopathicity of vaccination. In my article on Hydrophobia I incidentally mentioned this subject, and from those remarks, and from your own comments, I am afraid that some readers will conclude that I am a pro-vaccinator, whereas I am totally opposed to the practice, especially the law which makes it compulsory. I think it would be logical enough to consider vaccination, as conducted by Jenner, a homeopathic proceeding and yet be opposed to that particular method of practising it. What connection there is now (at the present time) between vaccination and homeopathy I do not know, for we are no longer using the natural vaccine which Jenner used. Probably the poison varies according to its natural history. I think the original practice of vaccination must have come under the rule of *similia similibus curantur*, because it was really an efficient substitute for small-pox in those days. It is altogether different now. Whatever good the practice may have done in the past, it is now, as an American would say, "played out."

The late Dr. Tudge, of Yeovil, once told me that during a severe epidemic of small-pox, he used to give his patients an attenuation of vaccine internally; and so successful was he in this treatment, that he gained considerable reputation, and I believe a large increase of practice. Surely we ought to lay claim to this honour, and credit our system with having originated such a successful piece of practice. Dr. Tudge was a homeopath, and learnt how to induce this treatment by meditating on the old rule.

The practice of poisoning all the children in the land with all kinds of matter in the hope of preventing them being poisoned by another kind of virus, small-pox—this looks to me to be a most senseless proceeding, although quite in consonance with John Bull's usual lack of logic. However, no doubt reason will assert itself soon, and we shall then see the extermination of the twin monsters, Vaccination and Cuniculation.*

One word more. I quite agree with you in condemning the cruelty practised by Pasteur. Indeed, all these experiments on living animals are as useless as they are cruel, and it is the duty of every humane man to protest against them. Some men

* From *lepus cuniculus*, the rabbit.

do not seem to know that there is a limit to medical science, and that there is a false as well as a true method of science; hence we see a tendency to run into the wildest excesses, and to come to conclusions as impotent as those given by Dr. Brunton. There is no method at all to be compared with our own—the method of Hahnemann.

I would have gone more at length on the subject of Vaccination if I were not preparing an article for one of the Magazines.

Yours truly,

Feb. 7, 1890.

GEORGE HERRING.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Beard (G. M.).** A Practical Treatise on Nervous Exhaustion (Neurasthenia): Its Symptoms, Nature, &c. Edit. by A. D. Rockwell. Cr. 8vo. (Lewis. 7s. 6d.)
- Braithwaite (J.).** The Retrospect of Medicine: A Half-yearly Journal. Vol. 100, July-Dec., 1889. 12mo, pp. 440. (Simpkin. 6s. 6d.)
- Broadbent (W. H.).** The Pulse. Illust. with 59 Sphygmographic Tracings. 12mo, pp. 810. (Cassell. 9s.)
- British Pharmaceutical Conference.** Unofficial Formulary, 1888, with an Addendum, 1889. 8vo ed., pp. 81. (Churchill. 1s.; Addendum only, 6d.)
- Bryant (Thomas).** The Bradshaw Lecture on Colotomy, Lumbar and Iliac, with Special Reference to the Choice of Operation. Cr. 8vo, pp. 47. (Churchill. 8s.)
- Charts of the Human Body for Elementary Instruction in Anatomy, Physiology and Hygiene.** Nos. 1, 2 and 3, mounted on cloth, rollers and varnish, 37 x 25 inches, with Handbook. (Bacon ed. 6s.)
- Corning (J. L.).** A Treatise on Headache and Neuralgia. 2nd ed. With an Appendix by David Webster. Illust. Cr. 8vo. (Lewis. 7s. 6d.)
- Cripps (Harrison).** Cancer of the Rectum; especially considered with regard to its Surgical Treatment. 3rd edit. 8vo, pp. 206. (Churchill. 6s.)
- Cutter (E.).** Food in Motherhood; or, How to Maintain Health. 18mo, pp. 144. (Stott. 1s.)
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- What Must I do to Get Well, and How Can I Keep So?** 4th ed., thoroughly revised and greatly enlarged, with an Appendix on Consumption. Post 8vo, pp. 186. (Stott. 5s.)
- Year Book of Treatment for 1890: A Critical Review for Practitioners of Medicine and Surgery.** Post 8vo. (Cassell. 6s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, Harrington Road, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Editor Revista Argentina de C. M., Buenos Aires; Dr. Walther, Eastbourne; Mr. Elliott, New York; Dr. T. M. Strong, New York; Dr. Dalzell, Malvern; Dr. Stanley Wilde, Cheltenham; Dr. Oscar Hansen, Copenhagen; "Ferrum"; Dr. Hayward, Liverpool; Dr. Ockenden, Brighton; Dr. G. Herring, London; Dr. Gallavardin, Lyons; "V." Malta; Dr. Josefa Drzewieckiego, Warsaw; Dr. Guinness, Oxford; Dr. W. Gentry,

Cook Co., Illinois; Mr. W. F. Butcher, Blackheath.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Allg. Hom. Zeit.—Monatsblätter.—Homeopathic Review.—Chemist and Druggist.—Medical Advance.—New York Medical Times.—Hahnemannian Monthly.—Southern Journal of Homeopathy.—Revue Hom. Belge.—Chironian.—Hastings Evening Journal.—Maanedskrift, F. H.—California Homeopath.—Medical Era.—L'Art Medical.—Medical Advance.—North American Journal of Homeopathy.—Medical Visitor.—Albany Medical Annals.—Homceopatisch Maandblad.—Homeopathic Journal of Obstetrics.—Revue Homeopathique Francaise.—Leaf Homeopathic Cottage Hospital, Eastbourne, 2nd Annual Report.—British Vivisectors' Directory: a Black Book for the United Kingdom.—Sussex Daily News.—Eastbourne Review.—O. Homeopatiyi.—Oxford Homeopathic Dispensary Report.—Conservation du Lait en utilisant Trois Lois de la Physique. Par le Dr. Gallavardin.

THE HOMEOPATHIC WORLD.

APRIL 1, 1890.

NEWS FROM MELBOURNE.

WE are indebted to Messrs. MARTIN and PLEASANCE, the well-known firm of homeopathic pharmacists of Melbourne, for a batch of papers and documents containing news of great interest to homeopaths. First in importance is the account in *The Age* and *The Daily Telegraph* (Melbourne) of February 13th, of the laying of the foundation-stone of the new wing of the Homeopathic Hospital by His Excellency the Governor of Victoria, the Earl of HOPETOUN.

Our readers will remember that the plan of the hospital originally consisted of a central portion and two wings, but that at first only the central portion and the north wing were completed. An anonymous donor having presented the committee of the hospital with a sum of £10,000 for the completion of the building, the foundation-stone was laid by the Earl of HOPETOUN on Monday afternoon, February 12th. We quote the following from the account in *The Age* :—

“His Excellency, who arrived shortly before 3 o'clock, was received by Sir W. J. CLARKE, president of the board of management; the members of the board and the honorary medical staff; the secretary, Mr. BENNETT; and Mr. DERBIN WILLDER, the hon. secretary of the hospital extension fund. Lord HOPETOUN, who was accompanied by Captain WALLINGTON, private secretary, was escorted to the board room, where the members of the board and of the medical staff were presented to him. The party then proceeded to the site of the south wing, where a temporary staging had been erected, and Sir Wm. CLARKE formally requested his Excellency to lay the memorial stone. Mr. J. W. HUNT, honorary treasurer to the hospital,

then gave a sketch of the vicissitudes of the institution from its start in 1869 up to the present time, and appealed to the public to provide the increased revenue necessary to maintain the new wing when completed.

"Mr. GEORGE YOUNG, the contractor, was then introduced to Lord HOPETOUN, to whom he presented a silver trowel suitably inscribed.

"The Earl of HOPETOUN then declared the stone to be well and truly laid, and in doing so said that he had no desire to appear before them under false pretences. He was not a homeopath, but he was not one of those unthinking and ignorant people who had a prejudice against the science; on the contrary, he had seen some most wonderful cures effected by its aid, and he had personal cause to be grateful to it for good done to himself. As they were all aware, Melbourne had none too much hospital accommodation, and as there had lately been a good deal of sickness, what accommodation there was had been taxed to the utmost degree, and had proved itself quite unequal to the requirements of the present population. He had great pleasure, therefore, in taking part in that ceremony, which heralded an increase of accommodation in such a useful institution."

After the ceremony light refreshments were served in a marquee, and the most loyal toasts were honoured, and among the more special toasts, this:

"Lord HOPETOUN said he had one more toast to propose, that of the generous unknown donor whose munificence had given rise to that day's ceremony. If he was present amongst them he would be compelled to drink his own health, or otherwise his secret might be discovered. He heartily wished him a long and prosperous life."

The healths of Sir WILLIAM and Lady CLARKE were then honoured, and the proceedings terminated.

The next step for our Melbourne *confrères* is to have a fully equipped Medical College and School.

In response to our request for information as to the Law regarding foreign graduates in the Australian Colonies, MESSRS. MARTIN and PLEASANCE have kindly procured for us a copy of the Law, with its amendments regarding Medical Practitioners in Victoria. From this we gather that to hold any legal standing, a medical practitioner must be registered in the Colony. Registration is effected by the "Medical Board of Victoria," consisting of a committee appointed by the Governor in Council, three members at least,

including the President of the Board, being medical men. Any person—not necessarily a native-born or naturalized subject of her Majesty—who possesses any recognized British or Colonial qualification is eligible for registration. American qualifications are not included in the schedule. We believe, however, that a number of American graduates practise in the Colony, though they do not register.

The last item of intelligence to which we shall refer is contained in the *Australasian Journal of Pharmacy*, Jan. 20th, and *The Australasian Supplement*, Christmas Number. It is an illustrated account of the handsome new building erected by Messrs. MARTIN and PLEASANCE in Collins Street, for the purpose of their Pharmacy business. Homeopathy is not dying out in Melbourne at any rate.

NEWS AND NOTES.

THE BOENNINGHAUSEN REPRINT.

It has been decided not to publish separately the reprint which appeared in our last issue. If any of our readers wish to have it separately, an extra copy of the journal can be obtained by application at 12, Warwick Lane, E.C., and the part can be cut out from this. It is our intention to publish from time to time repertorial works which are difficult to obtain, and out of print. The next that will appear is the late Dr. Noah Martin's "Aggravations According to Time." These may be cut out and bound together, and interleaved, if desired. Extra copies will always be obtainable at the office for this purpose, by those who wish to keep their volume of THE HOMEOPATHIC WORLD intact.

"THE HOUSEWIFE" AND HOMEOPATHY.

THE editor of *The Housewife*—"a Practical Magazine concerning everything in and about the Home"—has added to the interest of his very interesting magazine by engaging Dr. Pope to write a series of articles on

Domestic Homeopathy. Two have already appeared—one in the February and one in the March number. *The Housewife* is a very entertaining sixpenny monthly, and fully justifies the description we have quoted above from its title-page.

INFLUENZA.

WRITING from New York, Dr. B. G. Clark tells us that in his practice the remedies most frequently indicated were *Puls.*, *Caust.*, *Rhus.*, and *Bry.* "The fever yielded beautifully to *Puls.* when indicated. *Acon.* I only gave twice in six weeks." Another correspondent expresses surprise that no mention has been made of *Phytolacca*, which corresponds to the rheumatic and catarrhal throat symptoms.

DR. H. C. ALLEN in a letter to Dr. Skinner, dated January 22nd, says :—

"It is very prevalent all over the American continent, from Maine to California, and from the Northern Canadian ice-land to the Gulf of Mexico. As it appears in this vicinity, the attack is a perfect picture of Gelsemium in its onset, and in a number of cases it has acted as a prophylactic. The allopaths are losing large numbers with pneumonia, which they would not if they did not use so much quinine. It simply suppresses the external manifestation, and it then takes its own time and 'raises Cain' generally."

HOMEOPATHY AND ALLOPATHY AT EASTBOURNE.

SOME enterprising press-man has been interviewing a local allopathic light (one paper, *The Sussex County Herald*, styles him "An allopathy") in Eastbourne on recent burning questions, and publishing the luminous result. Here is an extract :

"I presume you are an allopath. What is the prevailing opinion amongst medical men with regard to homeopathy?" "Homeopathy is not regarded at all seriously. Its tenets are so absurd that they obtain very little credence. In fact, it is no exaggeration to say that the practice of homeopathy so called does not essentially differ from allopathy. It is merely a fad." "Do you believe the stories frequently circulated as to persons being cured by homeopathy after ordinary doctors have failed?" "One frequently hears highly-coloured and exaggerated accounts of so-called cures, but I have never known a case which was benefited by homeopathy after allopathy failed."

Pray speak for yourself and your friends, Mr. Allopath !

We are glad to know that when you call homeopathy a mere "fad" you confess that it "does not differ essentially from allopathy." You are entitled to say what you please of your own "pathy," as you presumably know something about it. Your opinion of homeopathy, about which you evidently know nothing, is worthless.

SEQUEL TO THE INQUEST.

THE following is from *The Eastbourne Standard* of March 4th :—

DR. SMITH APOLOGIZES.

We have received the following letter for publication. The circumstances arise out of a recent inquest, in which Dr. Smith accuses Dr. Croucher of improperly treating a patient. Dr. Croucher commenced an action in the County Court for damages, but this was settled by Dr. Smith's apology. Dr. Croucher at first asked that the £5 should be paid to the Leaf Homeopathic Hospital, but Dr. Smith refused to do this, and the matter was settled as explained in the following letter :—

"EASTBOURNE, *February 28, 1890.*

"DEAR SIR,—I wish to acknowledge that my allegations imputing to you negligence and improper and unskilful conduct in your treatment of the late Mrs. Mercy Griffin are untrue.

"Judging now from the evidence of the doctors present at the post-mortem, she was not injured by you in any way, and I unreservedly withdraw all statements which in any way prejudicially reflect on your professional conduct.

"I regret the erroneous statements and tender you my apology.

"As arranged by our Solicitors, I send you herewith cheque for £5 as a donation to the funds of the Princess Alice Hospital.

"You are at liberty to publish this letter.

"Yours truly,

"SAMUEL SMITH.

"Dr. Croucher."

HOMEOPATHY FOR CATS.

IN *The Bazaar* of February 3rd there is an excellent article, signed "The Professor," on Homeopathy for Cats. It is too long for us to quote, but it contains some very useful directions for doctoring cats on the homeopathic plan. Domestic pets respond very readily to the indicated remedy.

DEATHS OF DISTINGUISHED FOREIGN HOMEOPATHS.

The Daily News of February 4th publishes the following note :

"Our Paris correspondent telegraphs : 'Dr. Charles Ozanam, who

gave up a professorship in a Paris hospital to practise homeopathy, has died suddenly at the age of sixty-five. He was credited with having helped to secure great length of life to Pius IX., in spite of the epileptic attacks to which he was subject, and directed the ambulances of the Pontifical army at Mentana.’”

We much regret to hear of Dr. Ozanam's death. He was quite one of the most remarkable of French homeopaths, and was a member of the International Homeopathic Congress of Paris last year. Another homeopathic veteran who was also present at the Paris Congress, Dr. Schädler, of Berne, has also gone to his rest. Dr. Schädler was one of the leading men in Switzerland, where he will be greatly missed both by his colleagues and the public. We had the happiness of meeting Dr. Schädler first at Basel in 1885, and again in Paris last year.

“SCIENTIFIC” MEDICINE.

If any one wishes to know the depths of degradation to which the “scientific” school, which seeks to advance medicine by vivisection, is capable of descending, we commend to them the following paragraph :

“TIGHT LACING IN MONKEYS.—The evil effects of tight lacing have been discussed and demonstrated well-nigh *ad nauseam*, though the exhortations to reform have not so far received the amount of attention from the fair sex that their importance and the persistence of the reformers would warrant. It has fallen to Dr. Lauder Brunton to afford a further demonstration of the pernicious effects of this practice in a way at once original and *somewhat entertaining*. In the course of the investigations carried out by him in conjunction with his colleagues of the Hyderabad Commission on the vexed and highly technical question of chloroform *versus* ether, it occurred to him to try what effect a mode of dress which was likely to interfere with respiration would have in causing sudden death under an anæsthetic. The experiments were carried out on female monkeys, for the *simple reason, as Dr. Brunton ingeniously explains, that they are more like women than dogs are*. A monkey belonging to the sex was accordingly enveloped in a plaster of Paris jacket to imitate stays, and a tight bandage was then tied round the abdomen so as to imitate the band which would sustain the petticoats. It is with *mingled feelings of curiosity and sympathy* that we learn of the result of the experiments, which is reported to have been ‘very marked indeed’; so much so, indeed, that several of the monkeys died very quickly. Dr. Brunton added that the survival of some of the animals experimented upon was probably due to the fact that the diaphragm is able to compensate to a large extent for the enforced loss of chest movement; nevertheless, if our lady friends do not take this lesson to heart, and learn from the fate of these tight-laced monkeys how serious a thing it is to

handicap Nature in the endeavour to simulate the graceful outline of the wasp, the medical philanthropist may well despair of ever being able to bring reason to bear on dress."—*The Medical Press and Circular*.

The italics are ours. The men who perpetrate these atrocities, and the men who write about them in the coarse strain of the above paragraph, are looked upon as quite respectable in society; and until society bestirs itself and treats them as they deserve, the atrocities will go on.

BOOTLE HOMEOPATHIC DISPENSARY.

WE are glad to learn from Dr. T. Simpson that he has "succeeded in opening a dispensary for the suffering poor of Bootle, near Liverpool, through the kindness of an enthusiast and the co-operation of a *confrère*," and already signs of approval and appreciation are manifest. About forty patients are prescribed for weekly.

THREE NEW JOURNALS.

ONE good result of the Paris Congress of last year has been the fusion of the two chief homeopathic societies of France—*Société Homeopathique de France* and *Société Hahnemannienne Fédérative*—into one under a new name—*Société Française d'Homœopathie*. Of the two committees, one has been formed—Dr. Lobarcher, president; Drs. Piedvache and Léon Simon, *père*, vice-presidents; Dr. James Love, secretary-general; Dr. Marc Jousset, treasurer; Drs. Soustre and Robillard, assistant-secretaries. The publication of the society is the first of the new journals we have to mention and to welcome—*Révue Homeopathique Française*. The second comes from the Netherlands—*Homeopathisch Maandblad*. It consists of a four-page monthly issue. We trust it will have a long and useful career as the mouthpiece of homeopathy in the Netherlands. *The Homeopathic Envoy* is the name of a new journal established "for propagating the True Medical Faith," and hailing from "Philadelphia and Lancaster." The first number is brightly written, and contains much useful information. The price is 25 cents per annum, and E. P. Anshutz, P.O. Box 921, Philadelphia, P.A., is the publisher.

THE REPORTS OF HOSPITALS AND DISPENSARIES.

MUCH of our space this month is devoted to the Annual Reports of the various Homeopathic Institutions. We are glad to observe that the younger hospitals are in a very healthy condition. The Phillips Memorial Hospital at Bromley has already taken its place as a recognized hospital, where surgical as well as medical cases can be attended to. We see in an account of a carriage accident, that the sufferers were removed to this hospital and attended to there until they were able to leave. The Tunbridge Wells Homeopathic Hospital has made an excellent impression on the town and neighbourhood. A representative of the *Tunbridge Wells Advertiser* waited on the Hon. Sec., Mr. Thos. Oetzmann, and obtained from him a most interesting account of the origin and growth of this Institution. It is published in the issue of February 7th. New and commodious premises have been secured and fitted up at 2, Collingdon Street, and these will presently be occupied.

ORIGINAL COMMUNICATIONS.

INFLUENZA.

BY DR. DUDGEON.

THE epidemic which has apparently spread over both hemispheres seems to be everywhere declining, and probably before these lines are printed we may be able to congratulate ourselves—or at all events our patients—on its final disappearance. Before it has completely faded from memory I may be allowed to record my experience of it, and to compare it with some other epidemics of influenza of which we have more or less graphic accounts.*

Like others who have had considerable experience of this epidemic, I have observed several varieties. One of the most frequent forms was generally ushered in by a very sudden accession of chilliness, followed quickly by fever, the temperature sometimes rising as high as 104°, but seldom exceeding 108°. This fever was attended by an extremely violent headache, generally confined to the sinciput, and involving the eyes, but sometimes extending to the occiput. There were also very

* Especially in the *Annals of Influenza*, edited by Dr. Theophilus Thompson, and published by the Sydenham Society in 1852.

violent pains in the back and limbs, great languor, depression of spirits, and debility. This was the simplest form of the disease, and the febrile symptoms, headache and pains, generally yielded rapidly to *Aconite* in repeated doses. If, after the fever had passed away, which it generally did in from twelve to eighteen hours, pains in the eyes, back, and limbs remained, a few doses of *Gelsemium* usually removed them. In spite of the apparently trivial and transient character of the fever, a disproportionate weakness usually accompanied and followed it. The strength I found was most readily restored by *Phosphorus*. If the appetite continued unimpaired, the loss of strength was not so great, and rapidly passed off. I have seen cases which passed through this form of the disease in twenty-four to thirty-six hours, at the end of which time they were as fit for work as before the attack.

If, however, in addition to the above febrile symptoms, there was sickness and vomiting and complete anorexia, the weakness lasted much longer and was much greater. I found *Arsenicum* very useful in such cases. It allayed the irritability of the stomach, and enabled the patient to take nourishment. But the total want of appetite often lasted a considerable length of time.

Sometimes sore throat of an unusually painful character, the inflammation extending down the pharynx and attended by great difficulty of swallowing, accompanied or followed immediately the febrile stage. This kind of sore throat yielded rapidly to *Mercurius* 8.

Another form of the epidemic was that where the irritation was more in the bowels, causing griping, flatulence and diarrhea, sometimes with, sometimes without the gastric symptoms, such as nausea or vomiting. Here also *Arsenicum* seemed to be the best remedy after *Aconite* had brought down the febrile symptoms.

Catarrh of the nose, eyes, and respiratory organs was a not unfrequent attendant or follower of the febrile stage. Violent coryza, hoarse dry cough, and bronchial catarrh were the forms assumed by this variety. *Arsenicum*, *Rumex*, and *Iodine* were the remedies indicated, and they usually acted well. But the bronchial catarrh was sometimes extremely obstinate, and *Antimonium Tartaricum* or *Phosphorus* was required. What gave a special intensity to the catarrhal symptoms was the attendant debility, which was sometimes very great and protracted if at the same time the stomach, or the stomach and bowels, were the seat of the catarrhal affection. I have seen cases where the patient had to keep his bed from sheer weakness for a week or more after the disappearance of the fever.

In one old lady, who had been treated allopathically for ten days before I was called in, I found right pneumonia and

pleurisy. This I treated with *Cantharis*, *Phosphorus* and *Antimonium Tartaricum*, and she made a good recovery.

In one case the disease seemed to attack specially the spinal cord. There was intense pain all the way down the spinal cord from occiput to cauda equina, and there was numbness and loss of power in the arms. Under *Gelsemium* these alarming symptoms rapidly subsided; but the debility in this case remained for several weeks. There were no catarrhal symptoms, but complete loss of appetite during the early stage of the disease. This case was removed to the country soon after the spinal symptoms had departed, and got into the hands of an orthodox believer in tonics and stout, which may account for the protracted character of the convalescence. Had I been able to prescribe I should have given *Phosphorus*, which I have so often seen to be extremely beneficial in such cases.

These are all the varieties of the disease I have met with, but I have seen them in many different degrees of severity. In only one of my cases was the affection of the head so severe as to cause delirium; but this alarming symptom did not last long.

Most observers agree as to the infectious nature of the disease. Some striking instances of this have occurred in my own practice. One especially was that of a young lady who, suffering from influenza, on the second day of the disease went to a part of Kent where no influenza had previously been. The day after her arrival one of the servants in the house was attacked by influenza, but the disease did not spread further.

The essential nature of the disease is a fever. The catarrhal, gastric, and pulmonary symptoms are not of the essence of the disease, but accidental attendants on some cases of it. We have so long been in the habit of speaking of catarrhal fever and even of simple coryza as "influenza," that the present invasion of influenza is frequently called epidemic catarrh. But that is a misnomer, Very many cases were without any catarrh whatever, and where catarrh did occur, in my experience it was not the primary affection, but only came on after the fever had begun to decline or had actually left.

As regards remedies, *Aconite* is *facile princeps* for the fever, and it often removes at the same time the violent headache, pain in the eyes, and rheumatoid pains in back and limbs. *Arsenicum* is indicated for the catarrhal symptoms, whether of the respiratory or digestive tract. The dry, harsh cough sometimes requires *Iodine* or *Rumex*; the latter I have found specially beneficial when the catarrhal symptoms were chiefly referable to the larynx. *Gelsemium* generally quickly removed the rheumatoid pains. Jousset, I observe, praises *Eupatorium* (he does not say which) for these pains. For the headache I have

seldom found it necessary to give anything but *Aconite*; but when that increased the febrile symptoms I found *Belladonna* of use. The weakness, as I have before mentioned, was usually rapidly removed by *Phosphorus*. Some of our colleagues have spoken favourably of the action of *Antipyrin* in the intense headache, and it is curious that it was only one who made extensive use of this fashionable allopathic drug who noticed an eruption like that of dengue in several of his patients. Perhaps the *Antipyrin* and the eruption stood to one another in the relation of cause and effect, for I do not think this eruption has been observed by any of our colleagues in patients who have not had this drug. However, I am not prepared to say that the disease is not sometimes attended by an eruption, for several allopathic observers have described such an eruption. I have never seen it myself; but then the experience of any one practitioner is limited.

The present (or may I say the late?) epidemic bears the strongest possible likeness to that of 1836-7. Dr. Streeten, who collected at much trouble all the information he could obtain from other practitioners as to their experience of the malady, describes in his *Report* the febrile affection with which the malady commenced, the debility and depression of spirits, the intense headache and pains in the back and limbs. The catarrhal symptoms are the same as we observed: suffused eyes, lacrymation, coryza, sore throat, hoarseness, cough, expectoration, dyspnea, oppression of chest, deranged digestion, loss of appetite, thirst, nausea and vomiting, and diarrhea. Of course all the above symptoms are not observed in the same case, but only one or a few of them. Dr. Streeten denies the infectious or contagious character of this influenza.

The epidemic of 1831, if we may judge from the description of Dr. Burne, was very like this one. He mentions what was constantly observed by us, that this disease did not seem to be the result of a chill. He likewise says, what we too have occasionally observed, that the disease "generally goes off with abundant nocturnal perspiration."

The influenza of 1803, which spread all over England and Ireland, seems to have been almost identical in its symptoms with the one we have just witnessed. Dr. Pearson, of London, says, "The following is its most frequent mode of attack: After some alternations of chilliness and heat, the patient is seized with a heaviness or pain of the head, with sneezing, wateriness of the eyes, hoarseness, and cough. These symptoms come on in the order here stated. In the course of a few hours the headache increases, the spine becomes hot, with pains in the back and limbs or transitory stitches across the chest. The tongue is white, the pulse quick and for the most part soft.

There are more or less of sickness of the stomach and sometimes vomiting. The bowels are generally costive, and remarkable uneasiness or even distressing pain is felt in some parts of the bowels in many instances. By the second or third night the cough and fever become greatly aggravated. The cough is strong and incessant, sometimes dry, but often accompanied (even at its first coming on) with an expectoration of thin sharp mucus; the fever is attended with increased heat and with extreme restlessness and anxiety. There is also some confusion of head. . . . The patient complains of excessive languor and dejection of spirits." "Such is the most common form of this epidemic. Its modifications, however, as we have before observed, are extremely numerous, so that in some there is a violent headache with little catarrhal affection, in others a sore throat, in others a peri-pneumonic condition, and in others a disordered state of the stomach and bowels. In some instances swellings of the parotid, maxillary, and cervical glands have been observed." This description would exactly suit the present epidemic. The swelling of the parotid glands, which I have not met with, has been seen by many practitioners throughout England. In some places it was so frequent that the disease was thought to be an epidemic of mumps; at least it was so called in the papers.

The "epidemic catarrh" of 1782, as described by Dr. Gray, resembled, with some differences, our influenza. The following were its chief symptoms: "Chilliness and shivering, sometimes succeeded by a hot fit and alternating with it for some hours, languor and lassitude, sneezing, discharge from nose and eyes, pain in the head (particularly between or over eyes); cough, sometimes dry, sometimes accompanied with expectoration; inflammation of one or both eyes; oppressive tightness about the pericardium; difficulty of breathing; pain in the breast or side, pain in the loins, neck, shoulders, or limbs, sense of heat and soreness in throat and trachea; hoarseness; bleeding from the nose, spitting of blood; loss of smell or taste; nausea, flatulence." So far the disease seems identical with our epidemic, even to the bleeding of the nose and spitting of blood, which I observed in one or two cases, but the remaining description will hardly fit the present influenza. "Watery blisters about the upper parts of the body; swellings in the face and other parts, attended with considerable soreness, apparently erysipelatous, and others of a different nature, forming abscesses in various parts, are sometimes observed. In a few instances a very painful swelling of the abdomen seemed to constitute the most disagreeable symptom of the disorder. An eruption about the nose and lips was not uncommon, and in some cases a miliary one, or one like chicken-pox, was remarked at the close of the disorder."

It would be tedious to go through the symptoms of epidemics of influenza of a remoter period, but it may be stated generally that the epidemics of 1775, 1762, 1743, 1733, 1709, and 1675 (this last observed and described by Sydenham), 1658 (described by Willis), 1580, 1557, 1513 and 1510 (these four last described by Short), resembled the more modern ones sufficiently to convince us that the cause of all must have been similar if not identical. What this cause is has never been ascertained. Many of the epidemics, like our own, seem to have travelled from Russia across Europe to Britain, and even to have invaded America. Most authorities assert the contagiousness of the disease; indeed, in Cullen's *Synopsis Nosologia Methodica* it is called "Catarrhus a Contagio." Its propagation by atmospheric infection is of course common to all the attacks. The languor and long-continued depression of strength and often of spirits seem to have struck the observers in every epidemic. The weakness was so great that the favourite remedy for febrile disturbance in the pre-Hahnemannian ages, to wit, bleeding, dared not be employed, as it was found by those who did employ it to be most disastrous in its effects. Even in the earliest recorded epidemic, that of 1510, Dr. Short says, "Bleeding and purging did hurt. . . . When blood was let the disease proved malignant and pestilential, being attended with a violent, cruel, and unheard-of malignity, and made bad work." Of the epidemic of 1557 he says: "At Mantua Carpentaria, three miles from Madrid, bleeding and purging was so dangerous, that in the small town 2,000 were let blood of and all died." One would have thought the doctors, after killing a few hundred, might have given the remainder of these 2,000 a chance of life by abstaining from bleeding them, but we must remember that this was in the country of Dr. Sangrado. In spite of the universal experience in all epidemics that bleeding does harm in true influenza, in the very last epidemic in 1837 Dr. Graves tells us that the observation of the symptoms "led persons to expect much benefit from venesection. The results, however, of its employment was, generally speaking, very unsatisfactory." Still, in spite of this, Dr. Greaves practised and recommended bleeding within the first twelve or twenty-four hours. However, he adds: "When you are called in to attend cases, you will most generally find that the patients have been ill for two or three days or more, and then the only mode of abstracting blood which you can have recourse to with safety is by leeching." Probably if the patients had waited another day or two before sending for the doctor, the period when even leeching could be had recourse to with safety (*i.e.*, without killing the patients) would have expired, and they might have recovered with their vital fluid intact.

EUCALYPTUS OIL AND LACHNANTHES.

By ARTHUR DALZELL, M.B., Malvern.

CASE 1.—Miss M——, age 40. I saw this patient on the 2nd of June, 1889. She was suffering from hay asthma, to which she was a martyr. Physical signs indicated plainly fibroid consolidation of part of the right lung, and bronchial asthma. Thin irritating discharge from eyes and nose; sneezing constantly. Thirst, prostration, and loss of appetite. Temperature, 99; pulse, 80. Has not passed a good night for weeks. I prescribed *Arsenicum Alb.* 3x, two drops in water every hour.

June 3rd.—Discharge much less; sneezing stopped. Temperature, 98½, passed a wretched night owing to difficulty in breathing. To continue *Arsenicum* and to take *Ol. Eucalyptus*, five drops at night.

June 4th.—Passed a splendid night; wheezing expirations have ceased. Discharge practically stopped. Appetite improved. From this date the patient steadily regained strength, and before leaving England for Davos Platz—where I advised her to go—she walked eight miles. When I last heard on Feb. 16, 1890, the patient reported herself quite robust.

CASE 2.—Mrs. B., age 43. I saw this patient on July 1, 1889. A well-known lung specialist had diagnosed collapse of lower lobe of right lung, and fibroid phthisis of both lungs. Great prostration, *night sweats*, bowels alternately *relaxed and confined*, *pain and stiffness in back*; *bruised all over*; *dry cough*, *roughness of throat*. Heart-sounds weak. Sleeps badly, owing to cough and difficulty in breathing. I prescribed *Lachnanthes θ*, three drops every four hours.

July 4th.—Prostration less. Night sweats have disappeared. Bruised feeling gone. Cough much better. Bowels slightly confined. Sleeps badly owing to difficulty in breathing. Prescribed *Ol. Eucalyptus* in the form of Baidon's Cremor Eucalypti (cod-liver oil, liq. pancreatives, eggs, cream, and hypophosphites) at 11 a.m., and after supper, 9 p.m. Continue *Lachnanthes*.

July 20th.—Patient feels a new being, and sleeps every night soundly. Bowels fairly regular. After three months the patient discontinued the *Lachnanthes*, but continued the Emulsion of Eucalyptus twice a day up till the end of December, stopping it for a week now and then.

Feb. 18, 1890.—Feels fairly strong and walks well. Appetite good; cough gone.

CASE 3.—Mrs. R——, 45 years old. Jan. 1, 1889. When I saw this patient she was in the last stage of consumption. Right lung consolidated. Left lung in cavities. Suspicion of tubercular kidney. Remittent fever. *Circumscribed flush on face. Brilliant eyes.* Respirations 40 per minute. Pulse 100—wiry. Skin dry, except at night, when *profuse perspirations.* Constant dry cough. Mucopurulent expectoration. *Bowels confined. Throat rough. Feels bruised all over.* Prescribed *Lachnanthes θ*, five drops every three hours. Jan. 2, 1889.—All the symptoms alleviated.—Respirations 26 per minute. Pulse 89. Cough almost gone. Breathing difficult. Continue *Lachnanthes* every four hours. *Eucalyptus*, ten drops every morning and night. Jan. 6th.—Sitting up knitting. Breathing relieved. Jan. 12th.—Patient died peacefully, every painful symptom soothed.

HYDROCELE, ELECTROLYSIS—CURE.

BY A. OCKENDEN, M.R.C.S. Eng.

A GENTLEMAN I was attending for carbuncle complained that the Hydrocele, which he had had for twelve years, had suddenly increased in size (the scrotum being of the size of a large cocoa-nut). It had, some years previously, been treated by the injection of Iodine-water, and, to a certain extent, successfully, as it had remained stationary, and had given no trouble, except from its size, until its sudden increase.

I suggested that he should have it treated by electrolysis, to which he consented; and on the 22nd December, 1889, I inserted a soft iron insulated needle, connected with the positive pole, into the sac, using a large zinc electrode, placed at the top of the thigh, for the negative pole; and passing a current from fourteen No. 2 Leclanché cells for thirty minutes. No pain was experienced at the time, or subsequently. December 3rd.—No change. December 4th.—Ditto. December 10th.—Sac not so tense. I did not see patient for about two months, when he informed me that he thought it was slowly decreasing. I received a letter from him on March 10, 1890, to say that Hydrocele was gone, or practically so!

The remarkable point about the case is the length of time

between the electrolysis and the absorption of the fluid. Still, I must attribute the case to electrolysis, as nothing else was done, and no medicines were taken. Its long existence (twelve years) pretty well proves that it could not be a case of natural cure.

25, Regency Square, Brighton.

INSTITUTIONS.

THE LIVERPOOL HAHNEMANN HOSPITAL AND HOMEOPATHIC DISPENSARY.

THE annual meeting of this charity was held at the Town Hall on Friday, the 31st of January, 1890. The Mayor (Mr. Thomas Hughes) presided; and amongst those present were Drs. Hudson, Hayward, J. D. Hayward, Charles Hayward, Mahony, John Murray Moore, Davidson, Gordon Smith, Williams, and P. Stuart; and Messrs. T. G. H. Nicholson, S. S. Bacon, Thomas Crosfield (chairman of committee), S. J. Capper (hon. secretary), Herbert J. Robinson (hon. treasurer), E. S. Eccles, A. W. Ronald, J. C. Stitt, T. McCracken, James Lister, A. J. Dalzel, H. E. Rensburg, Mazzini Stuart, Francis Bell (secretary), Edward Barkley, and other gentlemen. There were also a number of ladies present.

Mr. BELL (secretary) said that Mr. Thomas Gee, who was out of town, had sent a letter in which he stated that he had examined the deeds and securities belonging to the hospital, and had found them all in order.

Mr. BELL next read the annual report of the committee, after which

Mr. HERBERT J. ROBINSON (hon. treasurer) submitted the balance-sheet. He pointed out that they had again to meet a deficiency, but he could not say that it was a discreditable one. It was a deficiency of about £300, as against £570 the previous year, although during this year they had done more work; nevertheless this deficiency meant so much money from their reserve fund, and of course it was impossible to continue year by year to draw upon that. Their income depended largely upon annual subscriptions, and if all who believed or took an interest in homeopathy would give a small subscription, the hospital would be in a flourishing condition. If the report was but studied by others who might not believe in the treatment, they would see that the hospital did a large amount of good among the poor. Another point he wished to emphasize was that they endeavoured to help those who helped them-

selves. It would be seen from the statement that during the year the patients had contributed £490. Those patients came to the hospital, asked for help, and were willing to pay some small amount towards the cost. He would next turn their attention to the Endowment Fund. The total income from the investments was £481. Now, if they only had an amount invested that would bring them in something like £1,000 a year, they could work comfortably. It was not well that any institution should be over endowed, but they had nothing to fear in that direction; in fact, they were rather short. Mr. John Temple continued his offer of £100, provided nine others would give a similar amount; but it should be further known that he had kindly said if four others would give £100 each—making £500 in all—he would stand by his offer. Now, Mr. Richard R. Heap had given £100, and Mr. William Henry Tate another £100; and consequently they had now only £200 more to get in order to fulfil the terms of Mr. Temple's offer.

The MAYOR: Ladies and gentlemen, in rising to move the adoption of the report and treasurer's statement of accounts, let me say it was my privilege and pleasure this morning, at the invitation of the committee, to visit the hospital, and I may say I was more than pleased with the arrangements of the buildings, and the satisfactory work being accomplished there. I can only say that the public of Liverpool are greatly indebted to Mr. Tate for that valuable institution which he has given to Liverpool. I feel he is one of the few men who have done their duty to the citizens at large. The usefulness of the hospital which he has erected will ever be a memorial of the distinguished service he has rendered in his day and generation. In moving the adoption of the report, I cannot help referring to one matter which I see the committee have had the courage to deal with. The paragraph I refer to reads as follows:—"In the Hahne-mann Hospital the endeavour has been made to induce those who are able, to contribute towards their expenses while in hospital; but, as other institutions in the city admit similar cases free of charge, this aim of the committee has been seriously hindered. It is therefore desirable that the medical charities of the city should take some united action in the matter." Well now, that is certainly a movement that will have to be faced. There is no doubt, notwithstanding the greater prosperity of the bulk of our industrial people, that they have been taught too much to look upon institutions of this kind as places where they can get anything in the shape of comforts and assistance without payment. That is not a desirable thing to cultivate. I do think that the system of patients (who are able) contributing something towards the cost of medical assistance is one that ought to be established

in other institutions. It will do the people no harm, but on the contrary it will likely do them good; and I am quite sure that it would be no difficult matter to discriminate between those patients who are really too poor to contribute, and those who are able to pay. I sincerely hope that something may come out of this suggestion. I see you have established in your hospital a number of private rooms that can be engaged by well-to-do people, or strangers passing through the city who may suddenly be attacked by sickness. I regret that this is not sufficiently well known; but when it is better known I am sure it will be more appreciated, and instead of that part of the hospital causing a loss, it will be the means of adding to your income. I also join in the regret of the treasurer that there has been a deficiency of nearly £800 upon the year's work. That is not at all desirable; it is a bad principle for any institution to be eating away its capital. That seems to have been the process here for the past two years, and it can only go on for a few years more, and then you will find yourselves bankrupt. Under these circumstances I think you can safely make an appeal to the generous supporters of your hospital, as an increased number of subscribers is desirable upon all grounds. I think it is a matter for congratulation that although your income is only about £2,500, out of that £500 has come really from the patients themselves in the shape of contributions. That is very encouraging. It reflects great credit upon the committee, because it shows that they are desirous of placing this institution on a sound financial basis, and whilst doing a charity, are anxious to do justice to those who contribute towards the hospital. I have pleasure in moving the adoption of the report and the treasurer's balance-sheet.

Mr. THOMAS CROSFIELD seconded the motion. He said they had to thank the Mayor for his kind speech and for visiting the hospital that morning, going through the wards, and interesting himself in the various appliances they had in the institution for the recovery of the sick. In institutions Mr. Crosfield was connected with, he said there were always difficulties in regard to money matters. It was a pity, but it was a fact that they could not do without money. Many supporters of homeopathy, he had no doubt, were to be numbered amongst the contributors to other charities, and he therefore thought that they could fairly call upon the outside public—upon those who favoured the principles of allopathy—to give some kindly support to those responsible for the carrying on of the Hahnemann Hospital. He thought that the monied men, and those belonging to the middle ranks, should be more generous in their support. There were large magnates—receivers of immense revenues from land and property in Liverpool—who really gave them next to

nothing towards the support of this institution. It was all very well to say, "We don't believe in homeopathy," but they must believe that the appliances brought to bear in our work, the good housing, the good food, and the careful nursing in the Hahnemann Hospital, have resulted in the recovery of the sick, and many a time restored to families the bread-winners in health and strength. They were therefore justified, he thought, in not asking for a dole or a charity, but in putting it as the bounden duty of people to help those who through sickness or distress were less fortunate than others. He would like to say a word or two with regard to those who carry on the work of the hospital. As the chairman of the hospital, he could speak in a praiseworthy manner of those who give their assistance as committeemen, for they took a deep interest in the well-being of the institution, and were careful to see the business arrangements carried out. It was not his place at the present time to say anything of the medical staff, but he should like to state that the medical gentlemen took great pains in the treatment of those under their care. With respect to money matters, he hoped that at the end of next year, instead of having a deficiency, they would have made up the £300. The amount of work being done at the hospital was largely on the increase. They had thirty-seven or thirty-eight people in the wards, and they could accommodate ten or a dozen more. If the benefit that was being conferred on the sick in this hospital was only more generally known, at the end of next year they would be in a better position financially. He had great pleasure in seconding this resolution.

The report and treasurer's statement were adopted.

Mr. E. S. ECCLES moved the following resolution:—"That the cordial thanks of this meeting and of the subscribers generally be given to the General and Executive Committee of this institution for their valuable services during the past year." He said that the report showed that a great deal of work had been done in this institution during the past year, and they must feel that the committee had spent a great deal of time, and done good hard work in looking after the affairs of the hospital. They owed a deep debt of gratitude to the members of the committee. In looking over the report he noticed an increase in the amount contributed by the patients of 12 per cent.—about £60 over the previous year. He considered it was very satisfactory, and the committee should be congratulated upon the interest they took in this matter. It was important, and he believed that if all the hospitals throughout the city paid the same attention to it they would be able to raise more money from the patients. With regard to what Mr. Crosfield had said about subscriptions, he did not think that many of the sub-

scribers to the Hahnemann Hospital had given up their subscriptions to other hospitals, and so he thought that they had claim for help from even those who subscribed to other institutions.

Dr. HAYWARD seconded the motion, saying that they were very much indebted to the committee for what they had done. The labour they had gone through, and the assiduity they had shown, deserved great praise. Many of them had given up their occupations in the city to attend the committee meetings rather than neglect the work of the hospital.

The resolution was carried unanimously.

Mr. JAMES LISTER moved the reappointment of the president, vice-presidents, honorary treasurer, officers, and committee of the institution.

Dr. JOHN HAYWARD seconded the motion. He said that it had been stated that the least one saw of the committee of some bodies, the more smoothly and satisfactorily the work proceeded, but emphatically that was not the case so far as the Hahnemann Hospital was concerned. He had been connected in his time with several hospitals, but he had never before met with so careful and so observing a committee as this one.

The resolution was carried.

Mr. H. E. RENSBURG said he had great pleasure in proposing a vote of thanks to the honorary medical officers of the staff for their services during the past year. It was a fact that there were charitable institutions in existence for the poor that were not always so much appreciated as they should be. Only a few years ago there was a singular prejudice against hospitals. For instance, if a domestic servant fell ill and she was sent to a hospital it was considered a kind of punishment, and she looked upon herself as being degraded by being sent there. But it was the boast of the Hahnemann Hospital that the patients who were dismissed from that institution became propagandists of our hospital system. They really became missionaries who advocated our cause, and consequently showed their great appreciation of the home they had left, and the assistance they had received. There must be some cause for all this, and he thought he saw the cause in the great kindness the patients had received at the hands of the medical staff of the hospital. Whenever it was his duty to visit the hospital, and ask the patients how they were getting on, he had invariably heard nothing but commendation of the medical staff. Not only do the patients seem to be improving in health, but the peaceful, contented appearance of the faces show that their minds improve in the institution. This was chiefly due to the treatment of the medical staff, and the committee rejoiced over this state of affairs, because to a great extent the reputation of

the hospital depended upon the medical staff. The thanks of the meeting were therefore due to those gentlemen, not only for the ability they had shown in the treatment of the patients, but also for the patience they had exercised in meeting at times prejudices and superstitions based upon ignorance.

Mr. J. CARLTON STITT, in seconding the resolution, said it was a well-recognized fact now, that the medical profession as a whole were most self-denying in their labours, and he had great pleasure in testifying to the fact that connected with this hospital there was an experienced and devoted medical staff. He asked the meeting to join him in the vote to a body of self-denying men who were enthusiastic in their work.

Mr. EDWARD BARKLEY said he had come here of his own accord—he had not been solicited. He felt it was his bounden duty to support this motion, as one who once was an in-patient of this hospital. He had great pleasure in telling the meeting how good the members of the staff were to him when he was there. During the past fourteen years it had been his lot to be in different hospitals, owing to accidents at the docks, where he worked. But the working class, to his mind, were in no institution better looked after than at the Hahnemann Hospital. The patients there were always sure of a kindly word from the lady matron and the other members of the staff, and he hoped that the working class, as well as those blessed with this world's goods, would come forward and help to carry on this noble institution.

The resolution was carried unanimously.

Mr. S. S. BACON said before they parted it was his pleasing duty to propose a vote of thanks to the Mayor for kindly presiding on this occasion. It was well known that his worship gave a great deal of time and trouble, and took great pains to ascertain facts about these institutions. He had no doubt presided that day with pleasure to himself and profit to others, and there was no doubt but the remarks he had made that day would be efficacious for good. Particularly would it be the case in respect to his remarks upon the partial payment by patients for their treatment in the hospital. This matter had caused some of the members of the committee considerable thought, and had weighed heavily upon them. It was no doubt a most difficult point to contend with, seeing that so many institutions admitted patients free of charge, and without any question whatever as to the ability of those patients to contribute. The Mayor deserved their hearty thanks for anything he had said that would assist them in this matter. He had very great pleasure in proposing this vote of thanks.

Dr. GORDON SMITH: I have great pleasure in seconding it.

The motion was agreed to unanimously.

The MAYOR, in acknowledging the compliment, said he thanked them sincerely for the cordial vote of thanks they had given him for the little service he had rendered. It was indeed a great pleasure to him as chief magistrate to find himself associated day after day with so large a number of his fellow-citizens who were devoting their time and money towards the amelioration of the condition of their poorer brethren. At the same time one could not help feeling that it was a very desirable thing that gentlemen of position and of common sense should be associated with institutions of this sort, not only to manage them on a good sound commercial basis, but for the purpose of exercising their judgment as to whether it was a true charity that was being done or not. It was a pleasure to find that this committee had given so much thought and attention to the carrying on of this institution, and that they had been manly enough to express their opinions upon matters they consider are for the best interests of the public. He congratulated them upon their freedom of expression, and again assured them that it had given him great pleasure to preside over their meeting.

The proceedings were then brought to a close.

ATTENDANCE OF PATIENTS FOR THE YEAR 1889.

Out-patient Department, Hope Street.

Attendances at the dispensary	33,668
Visits at own homes	6,948

Roscommon Street Dispensary.

Attendances at the dispensary	25,280
Visits at own homes	1,994

Grand total of attendances	67,890
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Average daily attendance	221
Number of in-patients treated within the hospital during the year ending December 31	321

EASTBOURNE HOMEOPATHIC CONVALESCENT HOME.

FIRST ANNUAL MEETING.

The first annual meeting of the Eastbourne Homeopathic Convalescent Home was held at the Home, 66, Enys Road, on Tuesday, February 25th, too late for the insertion of a report in our last issue. Mr. F. C. S. Roper was voted to the chair, and there were also present Mr. J. Steinle, Mr. G. A. Cross (secretary), Dr. Walther, Dr. Croucher, Mrs. Walker, Mrs. King Sampson, Mrs. Cuthell, Mrs. Gibson, Mr. and Mrs. T. Gibbs, Mr. and Mrs. Nicholls, Rev. and Mrs. Shortlands, Rev. J. J.

Baddeley, Miss Bevis, Mrs. Thomas Moillet, Mrs. Theodore Moillet, Mrs. Williams, Lady de Wet, Mrs. Cross, Miss Sutton, &c.

Letters of apology were read from the Mayor of Eastbourne (Ald. W. E. Morrison), Mr. C. Davies Gilbert, the Rev. Canon Whelpton, the Rev. R. S. Woodward, Mrs. Boulton, Miss Bell, the Hon. Charlotte Ellis, Mrs. Wallis, Mrs. Braybrooke, Major Vaughan Morgan, &c. In his letter of apology for non-attendance, Major Vaughan Morgan wrote that he "regretted to say that the resolution of the Committee to make the hospital a local affair and to purchase everything in the town had not been appreciated."

The first annual meeting of the Eastbourne committee and supporters of the Homeopathic Convalescent Home, Eastbourne, was held at the Home, 66, Enys Road, on Tuesday, the 25th ult. The Report, which was read by Mr. G. A. Cross, and had already been adopted at a meeting of the Board of Management and the Council of the Home, held on Thursday, January 9th, covered a period from the early part of 1887 to December 31st, 1889, and congratulated the supporters of the Home on the large number of convalescents who have been benefited during the time the Home has been open, and on the satisfactory state of its finances. The Report says:—The Home was opened on Saturday, August 25, 1888. At the very commencement some difficulties of an entirely local nature had been suggested, but the Board are happy to report that their communications have been met in such a manner that these difficulties no longer have a place. A great many local friends, among them the late Mayor of Eastbourne, have visited the Home, and taken an interest in its welfare. The Board have been, on the whole, encouraged by the reception of this homeopathic organization in the town of Eastbourne, where many firm and influential friends have come forward to support it. The "Homeopathic Convalescent Home, Eastbourne," being thus an accomplished fact, its Board of Management cannot but acknowledge the indefatigable exertions of their chairman, Major William Vaughan Morgan, in the foundation and organization of the Home. To his energy and influence the existence of the Home is mainly due, and in the establishment of this new institution a fresh debt is added to those which the cause and the friends of Homeopathy already owe to him. Nor can the Board omit to name some of the generous donors to the Home. Mr. Hugh Cameron, who not only assisted at the foundation of the London Homeopathic Hospital itself, but rallied his friends to help in the establishment of the Home by donations amounting to over £1,000; Mrs. Harper, whose friends contributed nearly £300; Mrs. Clifton Brown, whose

munificent gift of £1,000 at once made the Home possible; Mrs. William Vaughan Morgan, Miss J. Durning Smith, and a friend of Mrs. Vaughan Morgan, who each contributed £100; also Miss Barton, Miss Isabella Barton, Mr. and Mrs. Smart, the late Mr. James Spicer, the Earl of Dysart, and Mr. Tate, who each contributed £50; Miss Houldsworth gave £40; Mr. William Debenham, Mr. Thomas Holt, Mr. Maurice Powell, Mr. William Maurice Powell, Miss C. A. Stilwell, Mrs. Willis, and Mrs. Alexander Brown, gave £25 each; Mrs. S. B. Brown, Mrs. Pearson (per Dr. Neatby), Mr. and Mrs. Reed (per Major Morgan), gave £20 each; Mrs. Alder and Mrs. Alexander Gordon (per Major Morgan), Major-General Beynon, Mr. Stephenson Clarke, Messrs. Epps and Co., Mr. R. B. Evered, Mrs. Fitz-Wygram, and Miss Hallett, gave £10 10s. each; and Mr. Francis Bennoch, Miss S. A. Crampton, Mrs. Locock (per Mr. Knox Shaw), Mrs. Septimus Vaughan Morgan, and Mr. Walter Vaughan Morgan, gave £10 each.

During the seventeen months reviewed in this Report, 226 persons have been resident, including 181 women, 63 children, and 32 nurses of the Hospital, for whose benefit, when invalided, the Home was intended, as well as for the convalescent poor.

The total amount received in donations up to July 31, 1889, at which date the foundation account was closed, was £2,558 8s. 6d., which, with £198 14s. 2d. proceeds of a concert at the Duke of Westminster's London residence, and £500, a legacy, made up a total of £3,251 17s. 8d. The amounts, being for the foundation of the Home, enabled the Board to purchase the lease of the house and furniture, and meet the unavoidable expenses of the foundation without drawing on the subscriptions; the difference, £1,351 18s. 2d., having been invested in £600 Queensland Government 3½ per cent. Inscribed Stock, and £684 0s. 9d. Canada 4 per cent. Inscribed Stock, thus forming a nucleus either for the desirable reserve fund or the more immediately necessary extension of the Home.

The annual subscriptions received amounted, in 1888, to £215 19s.; in 1889, to £249 10s. 6d., making a total of £465 9s. 6d.

Among the large contributions to the income is the sum of £108 4s. 5d., proceeds of a ball at the Portman Rooms, London, on Monday, May 20, 1889.

The first legacy received by the Home has been that of General Sir James Alexander, for many years a firm homeopath and member of the Board of Management of the London Homeopathic Hospital. The legacy was £500, which amount forms part of the investment in Canada 4 per cent. Stock.

The Board report that a complete inspection of the premises was made at an early date after occupation by the Sussex

Sanitary Inspection Association, who gave a most satisfactory account of its condition and sanitary arrangement.

The Board have appointed Miss Florence Lewis to the post of matron, while Miss Sutton has accepted the duties of honorary secretary, Dr. Walther retains the post of honorary consulting physician, and Dr. Croucher that of honorary physician and surgeon.

The Board gratefully acknowledge the kind consideration extended to the Home by the Directors of the London, Brighton, and South Coast Railway. They desire also to express their warm appreciation of the invaluable services of the consulting physician, Dr. Walther, both at the foundation of the institution and throughout its work. Their thanks are also due to Dr. Croucher for his assiduous attention to those patients who after entering the Home have needed his care; also to the local committee for their interest in the work; to Miss Sutton, the honorary secretary, for constant watchfulness over the welfare of the Home; to Miss Florence Lewis, the matron, for her care, economy, and unremitting attention to the numerous duties of her post; to Mr. Joseph Gibbs, the honorary chemist, for gratuitous supplies of medicines; and to the many friends who have made useful presents for the advantage of the patients.

The Board regret to state that in one important particular the original scheme has not been found practicable. The Home was designed for men, women, and children, as well as for the nurses of the London Homeopathic Hospital. Unfortunately, in a house of the size, the reception of men-patients is impossible. The residents have therefore been entirely confined to nurses, women, and children. The Board cannot, however, forget that men-patients are of all others those for whom the benefits of such a Convalescent Home are most urgently desirable. It is on their health that the maintenance of their families depends. Experience at the Hospital has proved that men-patients going anxiously to their daily work too soon after serious illness are liable to return to the Hospital wards after a brief absence, while two or three weeks at the seaside, free from cares, and under favourable conditions, would have given them a long lease of health and strength. There are various Homes for women and children; those for men are altogether too few, and are fully occupied by patients from the ordinary hospitals. The Board therefore trust that the generosity of friends of the Home will soon enable them to extend it for the accommodation of men, by providing the necessary funds either to purchase another house or to erect a convenient building in a suitable spot. One lady, who has already given munificently, and other friends who have already given generously, are prepared to extend further help. An Eastbourne friend has expressed his willingness to contribute

£100, and additional promises to the value of £1,500 would now enable the Board to proceed with the extension at the proper time. In concluding their Report, the Board believe the friends of the Homeopathic Convalescent Home will share their feeling that the institution has fully justified its establishment, that it has done in its first few months a really extensive work for so limited a Home, and that it has before it a future of increasing usefulness.

THE FINANCIAL STATEMENT.

The SECRETARY read the following financial statement:—

Foundation and Reserve Fund Account.—*Receipts*: Donations, £2,558 3s. 6d.; amount received from a concert given at Grosvenor House, May, 1887, £183 14s. 2d.; legacy left by the late General Sir James Alexander, £500: total, £3,251 17s. 8d.—*Expenditure*: House—Purchase of leasehold (£1,130), alterations and improvements, architect's fees, and law costs, £1,304 5s. 11d.; furniture, salaries and wages, printing, stationery, advertising, postage and petty expenses, incidental expenses of establishment, including travelling, maintenance, rates, insurance, &c., £595 13s. 7d.; purchase of £600 Queensland 3½ per cent. Inscribed Stock £594 15s. 6d., and £684 0s. 8d. Canada 4 per cent. Inscribed Stock, £757 2s. 8d.: total, £3,251 17s. 8d. Receipts and expenditure for five months ending December, 31, 1888.—*Receipts*: Subscriptions, £215 19s.; patients' fees, £27 16s.; interest and dividends, £19 9s. 1d.: total ordinary income, £263 4s. 1d.—*Expenditure*: Provisions, £91 0s. 10d.; house—rates, taxes, and insurance, £6 5s. 6d.; washing, £10 16s. 4d.; fuel and lighting, £9 8s. 2d.; medical necessities, £2 6s. 1d.; salaries and wages, £27 10s.; miscellaneous expenses—printing, stationery, postage, &c., £2 4s. 10d.; total ordinary expenditure, £149 11s. 9d.; balance, £113 12s. 4d.: total, £263 4s. 1d. Receipts and expenditure for the twelve months ending December 31, 1889.—*Receipts*: Balance brought from the previous account, £113 12s. 4d.; subscriptions, £249 10s. 6d.; donations, £18 7s.; interest and dividends, £49 15s. 10d.; patients' fees, £156 16s.; nursing fees, £11 8s.; proceeds of a dance at the Portman Rooms, May 20, 1889, £108 4s. 1d.; sale of photographs, 10s.: total, £708 4s. 1d.—*Expenditure*: Provisions, £221 15s. 6d.; house, £33 11s. 2d.; washing and cleaning, £31 6s. 10d.; fuel and lighting, medical necessities, salaries and wages, &c., £199 11s. 11d.; total ordinary expenditure, £456 5s. 5d.; cash at bankers and petty cash in hand, £251 18s. 8d.; total, £708 4s. 1d.

The CHAIRMAN moved, and Dr. WALTHER seconded, very briefly, the adoption of the Report.

The CHAIRMAN, in putting the Report to the meeting, said that

the Home was in a very satisfactory position, for, although it had been but a short time established, it had invested £2,998.

The Report having been carried,

The SECRETARY rose to move a vote of thanks to Dr. Walther (the honorary consulting physician), Dr. Croucher (the honorary physician and surgeon), to the local committee, and to the honorary secretary (Miss Sutton). He said he was sure that he only expressed the feelings of all the members of the Board of Management in London, and of all who knew anything of the Convalescent Home, when he acknowledged the services which Dr. Walther (as expressed in the Report) had rendered to the Institution. On the foundation of the Home two years ago, he (the Secretary) came down to Eastbourne with the object of getting subscriptions. He was not known to many people in Eastbourne, but he was so well introduced by Dr. Walther that in a few days he was enabled to get the promise of quite a considerable sum in annual subscriptions, in addition to inducing a number of Eastbourne ladies and gentlemen to form a local committee. But besides that Dr. Walther had rendered additional service in placing his professional services at the disposal of the Home. The thanks of the Board and of the subscribers were also due to Dr. Croucher, who gave a great deal of time to the Home gratuitously. The statement in the Report that Dr. Croucher had given assiduous attention to the patients was more than a mere formal phrase, it was a well-deserved acknowledgment. With regard to the local committee, they were invited to establish themselves as a local committee, because the Chairman of the Board of Management (Major Vaughan Morgan) aimed to make the Institution really and truly an Eastbourne institution. The Committee therefore had the work urged upon them, as it were, but they had responded in the most kind and ready manner to the invitation. The Board of Management in London, and the subscribers to the Home, were very much indebted to the honorary Secretary (Miss Sutton) for her indefatigable attention to the interests of the Home. Her post was one of responsibility—like that of the matron (Miss Lewis) who also had spared no pains to promote the welfare of the patients at the Home. One naturally looked to the honorary secretary of such an institution to help and foster it in innumerable ways, and Miss Sutton had been instant in all seasons in her care for and interest in the Home. Mr. Cross then referred to Colonel and Mrs. Clifton Brown. He said he had not sent them an invitation to that meeting because they were in Egypt, but before they went they had sent £50 as a contribution towards the current income (applause). Perhaps the subscribers would like to know what it cost to keep the Home going, apart from the general figures of the balance sheet.

The cost of each person maintained in the Home, taking everybody, permanent staff, nurses and all, including food, medicine, rates and taxes, and everything was 13s. 8d. per week, which he thought would hardly be regarded as an excessive sum (hear, hear), especially as the staff and patients admitted being remarkably well fed. Perhaps some further division of that figure would be better. Each person in the Home cost the Home 7s. 3d. per week for provisions. He thought they would admit that that also was not an extravagant cost (hear, hear). The other portion of the weekly cost, 6s. 5d., included all other expenditure—rates, coal, lighting, washing and cleaning, repairs, wages, medical necessaries, furniture, travelling expenses, printing, stationery, advertising, postage, and indeed all expenses. So that provisions cost 7s. 3d. per week per person, and all the numerous other expenses he had named came to only 6s. 5d. per week per person (applause). Their funds were of course satisfactory, but it had always been considered that they must not allow themselves to stand still, especially in the face of the fact that they were unable to carry out their original design. In their first announcement they stated that the Home would be for men, women, and children, but at present they were only able to receive women and children. A convalescent home for men was equally if not more requisite, and to carry out the original scheme it would be necessary to purchase or build a suitable house, and to do this their funds must be augmented by at least £1,500. Of their present investments £1,300 was invested in the fabric of their present Home, £300 in the furniture, and of course that was not available as a building fund. Therefore they wanted an additional sum of £1,500. That was the burden of their cry at the present moment (hear, hear).

The CHAIRMAN pointed out that these 226 patients only cost them £3 per head, whereas they had seen complaints in the papers that the patients in some of the London hospitals cost £6 to £8 per head.

Mr. NICHOLLS asked what was the qualification of a life member.

The SECRETARY said that every donor of 20 guineas was privileged to recommend one patient yearly for three weeks of the year. This constituted a life member. A donor of 40 guineas was privileged to recommend two patients for three weeks of the year, and so on. The Board of Management would be exceedingly gratified to receive subscriptions of life members. He might say that although he was a homeopath, he had no objection to take subscriptions from allopaths (laughter), and he never scrupled at asking for their subscriptions, because the people who came as patients to the Home, came to enjoy the sea-breezes, and it did not matter what they were or whence they

came—there was no “pathy” about that—so long as they were certificated as suitable cases for the Home to receive.

Mr. ROPER—You get some from the Leaf Hall Hospital?

The SECRETARY—Oh, yes, a few. We do not care where they come from as long as they are certified as suitable cases. As a matter of fact, a number of our patients have been received from allopathic physicians and from allopathic hospitals (hear, hear).

A vote of thanks was given to the Chairman, who, in acknowledging it, proposed a vote of thanks to the Matron (Miss Florence Lewis) and to the Secretary (Mr. Cross), which were unanimously voted.

The meeting then separated.

THE PHILLIPS MEMORIAL HOMEOPATHIC HOSPITAL.

THE first annual meeting of the subscribers to the above institution was held at the hospital, Widmore-road, Bromley, on Wednesday evening, the president, Mr. R. W. PERKS, occupying the chair.

The honorary secretary, Mr. J. M. WYBORN, having read the minutes of the last meeting, read the Annual Report, which went to show that the institution was a success, and much appreciated, but that additional funds are needed. The report was duly received and adopted.

Mr. PERKS proposed a vote of thanks to the committee, the medical officers, the honorary solicitor, and the honorary architect. He thought they were greatly indebted to them for the services they had rendered in the past.

Mr. PODGER seconded, and it was carried.

Mr. C. H. ALWIN, on behalf of the committee, thanked them for their renewed confidence. The duties had been a pleasure to them. They viewed with a feeling of pride the success of the hospital. Even for no other reason than that it was a memorial to their friend, Dr. Phillips, they would work, and for that alone.

Dr. MADDEN said he was asked to respond on behalf of the ladies' committee, and he thanked them very much for the vote of thanks. It had been a great pleasure to Dr. Thomas and himself to give their services. The house had been well arranged for the requirements of a hospital, and he hoped the paragraph in the report referring to the male ward would not be lost sight of. If they could obtain the adjoining premises they could in that way have a permanent ward to accommodate these. At present they would have to refuse admission to male patients, as they had no accommodation for them. It would also give them an opportunity, if the adjoining house were obtained, of having wards for private patients. This was a department which might

be instituted to the advantage of the hospital financially. They would require nearly £100 for the additional ward, and another £120 per annum to keep it going. If the committee would take the matter earnestly in hand, he was convinced there was sufficient local good feeling towards the hospital to carry out the proposal, which would without a doubt add greatly to its usefulness, and make it a model hospital for the district.

Mr. DENNES (honorary solicitor) thanked the subscribers for the vote of thanks passed. They had had the matter of the acquirement of the adjoining house before the committee, and trusted it would be able to come to a satisfactory arrangement.

Mr. MILLNER proposed the re-election of the president and committee of management. He thought the report they had listened to was most satisfactory.

Mr. DENNES seconded.

Mr. A. M. TAPP proposed the re-appointment of Mr. Wynne Thomas as house surgeon. That gentleman had had very considerable experience as an homeopathist, and came of an homeopathic family.

Mr. WYNNÉ THOMAS returned thanks, and assured the subscribers he would do all he could to further the interests of the institution.

The Rev. R. H. LOVELL proposed that bye-law eight shall in future read :—

“The matron shall be a trained nurse, and shall undertake the nursing of the patients in the wards (with extra help in cases requiring it), as well as the household management. She shall in all cases act under the direction of the committee and medical officers. She shall have full control over patients, the wards, and the engaging and dismissing of domestic servants, and shall be responsible for the observance of every order and regulation for the institution.”

And bye-law nineteen :—

“Home patients shall be visited at their own homes, distance not exceeding one mile from hospital, at 2s. 6d. for attendance and medicine for the week, or 7s. 6d. per month each patient, instead of 2s. 6d. per visit as formerly.”

Which was duly seconded by Mr. E. F. DUNCANSON, and carried *nem. con.*

Mr. AYLWIN proposed a vote of thanks to Mr. Podger for his kindness in executing the laundry work of the hospital free of charge.

Mr. WYBORN had great pleasure in seconding the vote of thanks. Mr. Podger's work was equal to a very substantial cheque, and he trusted he would be able to renew his offer for the next year.

Mr. H. PODGER said when he offered to execute the laundry work free of charge he did not know whether it would be a large or small item, but he intended, in either case, to carry it out. He would have great pleasure in continuing it during the next year. (Applause.)

Dr. MADDEN proposed a vote of thanks to their president for taking the chair. He had helped them greatly by his attendance, and also by his liberal support financially.

Mr. LOVELL seconded, and Mr. PERKS briefly returned thanks.—*Bromley and District Times*, Feb. 28, 1890.

HASTINGS HOMEOPATHIC DISPENSARY.

THE annual meeting of this Institution was held on Saturday afternoon, February 1st, at the Dispensary, Cambridge-road, Hastings, the Rev. G. A. Foyster presiding. Among those present were the Hon. Secretary (Mr. G. Osborn, J.P.), Mr. Griffin (Hon. Treasurer), Dr. Croucher, and the Rev. C. R. Howell. The tenth report of the Committee stated that during the year there had been increasing proof of the usefulness of the institution. For some time past the waiting-room had proved too small for the number of patients, and the Committee had therefore arranged for its enlargement. The Committee expressed their indebtedness to the Hospital Saturday and Sunday Funds, and urged the need of more annual subscribers. The total number of patients attended was 1,476, including 159 attended at their own homes. The total number of attendances had been 7,400.—Mr. Griffin presented the financial statement, showing receipts amounting to £312 9s. 11d. made up of subscriptions, and donations £109 18s. 6d.; patients' payments £122 12s.; payments received from Hospital Saturday and Sunday Funds, £47. The balance in hand was £36 16s. 7d., but it was explained that if the payments made to the doctors had been in proportion to patient fees there would be a deficit of £20.—In moving the adoption of the report and balance-sheet the Chairman, to illustrate the increasing usefulness of the dispensary, stated that in its first year the attendances were 2,000.—The Rev. C. R. HOWELL seconded, and the motion was agreed to.—The Committee was re-elected, with the addition of Messrs. Jepson and Stephen, and votes of thanks were passed to the Secretary, Treasurer, and Medical Officers.—*Sussex Daily News*.

GLASGOW PUBLIC HOMEOPATHIC DISPENSARY.

THE fifth annual meeting of the Glasgow Public Homeopathic Dispensary was held in the office of Mr. D. Johnstone Smith,

C.A., 149, West George-street, Glasgow. The Reports of the Honorary Secretary and the Honorary Physicians were submitted, which showed that there had been 4,545 consultations during the year, and that in addition to these the physicians, Drs. R. Gibson Miller and A. B. Calder, paid 418 visits to patients in their own homes. The whole cost of carrying on last year's work was under £54. There is no doubt that the Institution is a great boon to the sick poor, which is more than proved by the large number of consultations, and there can be but few institutions which do as much good at such a very small cost.—*Glasgow Herald*.

MANCHESTER HOMEOPATHIC DISPENSARY.

THE forty-fifth Annual Report of the Manchester Homeopathic Dispensary, 107, Great Ancoats-street, just issued, states that there has been again a large increase in the number of patients during the year, the figures showing 7,693, against 6,956 last year. The death of Sir Joseph Heron, an old subscriber to the Institution, is recorded with regret, and an appeal made for further means to allow of an increased medical staff. The treasurer's statement, which accompanies the Report, shows a balance of £3 18s. 1d. in favour of the charity.—*Manchester Examiner*:

OXFORD HOMEOPATHIC MEDICAL DISPENSARY, 37, HYTHE BRIDGE STREET.

SEVENTEENTH ANNUAL REPORT, 1889.

THE Committee are again glad to report favourably of the Homeopathic Dispensary. The number of patients who have received the benefits of the Institution, and the number of subscribers, both show a slight increase. The Committee are glad to acknowledge the indefatigable services of Dr. Guinness, and at their annual meeting unanimously tendered him a vote of thanks.

The report of Dr. Guinness is as follows:—

Physician's Report:—I am happy to be able to inform you that during the past year there has been an increase in the number of applicants for medical relief; for the year 1888 there were 743 new patients, and during the past year 796 patients were admitted, being an increase of fifty-three. The number of attendances including visits at their own homes (which were 358, and vaccinations 56) was 1,854. Deaths eight. I have still to report that a great number of the sick poor have applied to me for advice and medicine from many of the

villages surrounding Oxford, even as far as Bicester; many also come from Kidlington, Kirtlington, Eynsham, Woodstock, Abingdon, Culham, Witney, &c. The total number of patients admitted since the opening of the Dispensary is 22,998. I am happy also to state that in consequence of my always vaccinating the children with pure calf-lymph, no ill effects have supervened.

EASTBOURNE HOMEOPATHIC DISPENSARY,
16, LANGLEY ROAD.

REPORT FOR THE YEAR 1889.

J. WALTER, M.D., *Hon. Consulting Physician*; ALEX. H. CROUCHER, M.D. & C.M., *Hon. Physician and Surgeon*.

At this Institution the number of attendances has been 2,205.

Dr. Croucher attends every Tuesday and Friday, at five o'clock p.m., to give gratuitous advice to such persons as cannot pay medical fees. Medicine is supplied by means of tickets, entitling to a weekly supply for four following weeks; these may be obtained by gift from the Subscribers, or may be purchased at the Homeopathic Pharmacy of J. Gibbs, 58D, Terminus-road, for 2s. 6d. each. Subscribers are supplied with tickets at the rate of twelve for each guinea subscribed; tickets so issued are considered to be available only within twelve months of the date of subscription.

SUSSEX COUNTY HOMEOPATHIC DISPENSARY.

ANNUAL MEETING.

THE sixth annual meeting of life governors and subscribers of the Sussex County Homeopathic Dispensary (founded in memory of the late Dr. Hilbers) was held recently at the Dispensary, Richmond-place. The Rev. Prebendary Hannah (Vicar of Brighton) presided, and there were also present Mr. W. W. Andrews, Dr. Belcher, Mr. W. B. Chamberlain, Mr. P. W. Clement, Mr. Hounsom, the Rev. C. Hardy Little, Dr. Metcalfe, Major Newbury, Mr. Nunn, the Rev. A. D. Spong, Mr. Shapland, Mr. J. H. Sharp, J.P., and Mr. W. Stuckey. Letters of apology for absence were received from Mr. Gerald Loder, M.P., and Mr. Harries.—The SECRETARY read the report, as follows:—

The past year has been one of much importance to the Dispensary, and the Committee, in submitting their report, desire the earnest attention to its details of all interested in the Institution and the cause of Homeopathy. By the resignation of Mr. Harries, at the commencement of the year, the Dispensary was deprived of the active services of one whose experience and judgment had been of the utmost value from the time when, as one of the founders, he threw his energy into

the work; and the Committee lost the benefit of a most assiduous Chairman. They congratulate the subscribers that Mr. Harries is still associated with the Institution as a Vice-President. Two other gentlemen, who had been connected with the Dispensary from its inception, also retired—Major-General Elliott and Commander James—the former having filled the important post of Treasurer. In the early part of the year the Patron, H.R.H. the Duchess of Cambridge, passed away, and the Committee, in forwarding a vote of condolence, ventured to ask H.R.H. the Duke of Cambridge, K.G., to fill the post, and it is with great satisfaction that they report that his Royal Highness most kindly and readily consented to do so. Mr. Richard Davis, a gentleman who was elected on the Committee in March last, and to whose valuable help his colleagues looked forward with confidence, died suddenly about six months afterwards, a most useful career being thus unexpectedly closed. The Honorary Medical Staff has been increased during the year in consequence of Dr. Hilbers having kindly placed his services at the disposal of the Committee, his offer of assistance being most cordially accepted. The number of consultations at the Dispensary during the year had been 10,129, showing an increase of 127 as compared with 1888. The visits to patients at their own homes were 5,776, being 28 less than in the previous year. Subscriptions and donations to the general fund amounted to £181 13s., and payments for tickets purchased to £119 2s., this latter item being one of considerable interest and importance. The last paragraph of the report for 1888 mentioned a bequest by the late Mr. C. H. Mayhew of £100 (free from legacy duty). In consequence of the wording of the will, the sum of £83 6s. 8d. only was received. The Committee, after protracted discussion, appointed a Sub-Committee to endeavour to obtain freehold premises, which could be converted to the use of the charity. The Sub-Committee, after inspecting various properties, recommended that 28 and 29, Richmond-place be bought for £1,400. The purchase has been completed, and the property vested in trustees for the use of the Institution. This is a striking tribute to the foresight of those who originally fixed on the position of the Dispensary. An appeal sent out in the early part of the year resulted in the addition to the building fund of £113 13s. 6d. £50 of this was the liberal gift of the Misses Branton, who also gave a donation of £20 to the general fund. In order to meet the purchase, the whole of the building fund (except a small sum to keep the account open) has been used. £100 has been obtained on mortgage at 4½ per cent., and the balance has been paid from the general fund. The Institution is much indebted to the honorary solicitors, Messrs. Evershed and Shapland, for the time and attention they had bestowed on the large amount of legal work connected with the conveyance of 28 and 29, Richmond-place, the preparation of the trust deed, and other business. The Committee are of opinion that the alterations needful for the proper working of the Dispensary, and the accommodation of the medical staff and patients, should be proceeded with, especially as a considerable outlay in any case must be made in order to maintain the buildings. Preliminary plans have been prepared by Mr. Nunn, of Brighton, who estimates the cost at about £500, and in order that the opinion of the subscribers may be elicited, a resolution will be submitted at the annual meeting, which will give the Committee, to be then elected, the requisite authority to enter upon the undertaking. In conclusion, the Committee would re-

cord their gratitude to the Honorary Medical Officers, to the auditors, and to all those who, in varied ways, have assisted them in helping to extend the benefit of homeopathy to the sick poor of Brighton and the neighbourhood, and earnestly hope that by the blessing of God there may be still more extended usefulness in the year now entered upon.

The CHAIRMAN, in moving the adoption of the report, said they might feel sure that the Institution was doing a very useful and extending work. It was refreshing to find that the medical staff had been increased by the inclusion of Mr. Hilbers, and he thought they should all feel glad to see the name of Hilbers in connection with the Institution founded in memory of his father.—Mr. HOUNSOM seconded, and the motion was carried.—The meeting closed with a vote of thanks to the Chairman, proposed by Mr. HOUNSOM and seconded by Major NEWBERRY.—After the Chairman's reply, Dr. BELCHER stated that Mrs. Hounsom had presented £100 and Mr. Hounsom £20 to the fund for the alteration of the building.—*Sussex Daily News.*

BRIGHTON HOMEOPATHIC DISPENSARY.

ANNUAL MEETING.

THE forty-sixth annual meeting of the Brighton Homeopathic Dispensary was held recently at the Town Hall, Brighton. Mr. Marriage Wallis, J.P., presided, and there were also present Mr. J. Beal, Mr. F. S. Champion (Hon. Secretary), Rev. W. H. Harbour, Mr. R. Hughes, Mr. W. H. Rean, and Mr. Walder.

The SECRETARY read the report as follows :—

In presenting the accounts for the year 1889, the Committee of Management regret to have to report a greater deficiency at the close of the year than that of 1888. The annual subscriptions have been maintained, which is a source of satisfaction, but the donations for the year show a marked decrease. There would have been a still greater deficit, but that the Medical Officer has generously accepted a reduction in his salary, although the work entailed upon him has in no way diminished. The Committee trust the subscribers to the Dispensary (which is one of the oldest charities in Brighton, being now in the 47th year of its existence), by increasing their subscriptions and by recommending its claims to new friends, will enable the charity to continue and to extend its sphere of usefulness. It is a satisfactory feature that there has been an increase in the number of patients, although by a curious coincidence the number of consultations at the Dispensary has been exactly the same in 1889 as in 1888. The visits paid to out-door patients have been increased, thus making the total consultations and visits greater than those of the previous year. It may not be generally known to the subscribers that an ophthalmic department is attached to the Dispensary, and that patients suffering from diseases of the eye attend at the Dispensary on Wednesday mornings at nine o'clock. This special branch of the work has been in operation for over two years, and it is gratifying to the Committee to find that this department is

appreciated by the poor. All cases, except those requiring active surgical treatment, are prescribed for, and Messrs. Rowley and Son, the opticians, of St. James's-street, Brighton, supply spectacles, &c., at the same reduced rates as to the Eye Infirmary and County Hospital. The number of patients receiving such special treatment at the Dispensary for the year amounted to 185, and the consultations amounted to 768. Many tickets were purchased by poor patients expressly for this treatment. The medical report, appended, showed that at the Dispensary 1,121 cases had been admitted during the year, in addition to 78 left from 1888; 1,119 were discharged cured or relieved, and 80 remained under treatment. There were 5,711 consultations. The Visiting Medical Officer reported that 265 cases had been admitted during the year, in addition to 28 left from last year. 253 cases had been discharged cured or relieved; there had been 10 deaths, and 80 cases remained under treatment. 1,902 visits had been paid. The financial account showed receipts amounting to £242 13s. 7d., and expenses amounting to £309 5s. 6d., including a deficit from last year of £88 4s. 8d., leaving a deficit of £66 11s. 11d.

The CHAIRMAN moved the approval and adoption of the report, remarking that individually he did not approve of a report that showed more money spent than received. He hoped they would have such an increase in receipts as to meet the expenditure. What was wanted to sustain the Association was a vigorous effort to come before the public and make known their position.

Mr. J. BEAL seconded the motion, remarking that it seemed to him that as the Brighton and Hove Dispensary charged 6d. for the registration of each case, if something like that could be agreed on by the two Homeopathic Institutions it would increase their power. He was strongly in favour of the amalgamation, and thought in the interests of homeopathy it should be brought about.

The Rev. W. H. HARBOUR said he agreed with what had been said. Unity was strength. From what he knew of the feeling of the poor he thought the people did not know one institution from the other. He should be pleased if amalgamation could be effected, but not to the extinction of their medical staff, for he knew how much good they had done in some cases.—The motion was then put and carried.

On the motion of Mr. HUGHES, seconded by Mr. CHAMPION, the following were appointed the Managing Committee: Mr. W. H. Bayley, Mr. J. Beal, Mr. Daniel Friend, Mr. Daniel Hack, the Rev. W. H. Harbour, General Hoste, Mr. E. J. Marshall, Mr. W. Tickell, Mr. J. Balfour, and Mr. Armstrong Dash.

On the motion of Mr. REAN, the Rev. C. Parnell was re-elected Treasurer; Mr. Hughes, Honorary Physician; and Mr. Champion, Honorary Secretary.

The meeting closed with a vote of thanks to the chair, proposed by Mr. HUGHES, and seconded by the Rev. W. H. HARBOUR.
—*Sussex Daily News*.

REVIEWS.

CONSUMPTION.*

(First Notice.)

DR. ROLLIN R. GREGG did not live to complete the work on which he had spent so much labour and study, but he did finish that part of it in which his peculiar ideas were especially developed. Dr. Gregg had views of his own on the etiology and pathology of phthisis; and the practical bearing of these views related more to the prevention than the cure of the disease. Whether they would have influenced his teaching in respect to the therapeutics of consumption we cannot say, but such a strict Hahnemannian as Dr. Gregg could not have departed far from the old paths. When Dr. H. C. Allen undertook to finish the work by adding the therapeutic part, and thus raising a monument to the memory of his dead friend, there were only three medicines written out. The consequence is we have in reality two books, one by Dr. Gregg on the etiology and pathology of consumption, and one by Dr. H. C. Allen on its materia medica, with a repertory.

Dr. Gregg's theory is, in brief, this: *The cause of consumption is a loss of albumen from the blood, through irritated and abraded mucous membranes.* Tubercles he considers as nothing more than small aggregations of depraved red blood corpuscles, these having become depraved in consequence of the de-albumenated condition of the blood. We must confess that though Dr. Gregg's reasoning fails to carry conviction to our minds, he has brought many weighty arguments to bear on his contentions, and amassed a number of facts of high importance which are too frequently lost sight of, and which we had never seen in the same light before. It is a pity that our author has discounted his views as to the importance of loss of albumen in the causation of phthisis by his rejection of the bacillus of tubercle. The existence of this micro-organism in tubercle is proved beyond the possibility of doubt, whatever share it may have in producing the symptoms. To argue, as Dr. Gregg does, that the appearance of the rod-shaped bodies is produced by the rotting of fibrin, does not tend to raise our confidence in his reasoning powers. But, on the other hand, it in no way derogates from our obligation to him for bringing together and pressing on our notice certain highly suggestive facts. For these we give him our thanks; but before we can accept his theories, they must be submitted to a much more searching clinical test than they have yet received. At

* *Consumption: Its Causes and Nature.* By Rollin R. Gregg, M.D. To which is added *The Therapeutics of Tuberculous Affections.* By H. C. Allen, M.D. Ann Arbor, Michigan. 1889.

the same time we have no hesitation in commending Dr. Gregg's work to the careful perusal of our readers.

In our next number we shall notice Dr. Allen's contribution to the volume before us.

SCARLATINA IN ITS RELATION TO COW'S MILK.*

THIS interesting pamphlet is a reprint from the Transactions of the Epidemiological Society of London, having been read by the author on December 12, 1888. It contains an instructive account of the spread and distribution of the epidemic. Its origin is clearly traced to the milk supply coming from one special herd of cows, some of which were suffering from "an affection of the skin and udder, very similar to the malady reported on by Dr. Klein as having occurred among certain cows at Hendon." The pamphlet is accompanied by a map of the district, and a diagram showing the number of attacks of the disease occurring day by day during the epidemic.

FOLKESTONE AS A HEALTH RESORT.†

THIS pamphlet contains reprints of papers read by Sir Edward Chadwick, K.C.B., and various other authors on the occasion of the visit of the Association of Public Sanitary Inspectors of Great Britain. All the salient points of the situation, soil, meteorological, and sanitary arrangements of the town are duly set forth. Folkestone is doubtless one of the healthiest towns in the kingdom, and is more and more sought after not only as a sanatorium for visitors, but as a place of permanent residence.

CARDIAC THERAPEUTICS.‡

In this eight-page pamphlet Dr. Hale has collected the results of physiological experiments on animals (frogs chiefly) with various heart medicines. We fail to find anything useful in it, and in Dr. Hale's concluding prediction that "we shall gain immensely by a resort to the physiological effects of cardiac tonics when we know how to apply them properly," we have only an echo of the sounding promises of Old Physic which have never come to anything yet. Give us a few good characteristic symptoms, Dr. Hale, and leave frog-therapeutics to those who know nothing better.

* *Scarlatina in its Relation to Cow's Milk at Wimbledon and Merton, 1886-7.* By C. H. Cooper, A.M., I.C.E. London: Whiting and Co., 30 and 32, Sardinia Street, Lincoln's Inn Fields, W.C.

† *Folkestone as a Health Resort.* Reprinted from "Folkestone Express," Sept. 7, 1899. Folkestone: J. English, High Street.

‡ *On Recent Advances in Cardiac Therapeutics.* By E. M. Hale, M.D. Chicago.

INFLUENZA AND COLDS.*

IN the first part of this beautifully got-up little volume, Dr. Fernie deals with the subject of epidemic influenza. He compares the epidemic which has hardly yet left us with previous epidemics which he remembers; and he describes in detail the methods of treatment that he has found most successful. As regards medicines, he deprecates the use of *Antipyrin* and *Salicin*, and praises *Aconite* and *Veratrum Viride*, and when there is pneumonia, *Antimonium Tart.* and *Phosphorus*. Dr. Fernie gives some excellent advice regarding the feeding of influenza patients. He is no believer in the preventive properties of alcohol and tobacco. In the second part of his work Dr. Fernie discourses on common colds, and the various methods of dealing with them. He favours hydropathic measures, quoting from Dr. Gully. He is fully conversant with the value of camphor, but prefers camphor water to the pilules as ordinarily sold, mentioning the case of an Eton boy who ate a whole bottleful and nearly died in consequence. If Eton boys have no more discretion than this, we do not see why other people who have should forego the use of the convenient camphor pilules. *Bryonia*, *Cepa*, *Drosera*, *Natrum Muriacicum* and *Lycopodium* are also referred to by Dr. Fernie, and will show how well acquainted our author is with the New Therapeutics. Dr. Fernie has produced a very useful and very readable book.

MILK PRESERVATION.†

DR. GALLAVARDIN, among his other studies, has devoted a good deal of attention to the subject of milk preservation. In this little pamphlet he describes three methods. The *first* consists in placing a vessel full of milk in a salad-dish three-parts full of cold water. The vessel containing the milk is then covered with two or three folds of linen, the ends of which fall into the water. The constant evaporation from the linen keeps the milk cool and sweet. An improvement on this forms the *second* plan. This consists in placing the milk in a *glass* vessel instead of an earthenware one, as glass is a non-conductor of electricity, and preserves the milk from electric discharges. The *third* is more elaborate and more effective. The object of this method is to eliminate the chemical rays of sunlight, and for this purpose the milk is placed in vessels of yellow glass.

* *Influenza and Common Colds, the Causes, Character, and Treatment of each.* By W. F. Fernie, M.D. London: Percival and Co., King Street, Covent Garden. 1890.

† *Conservation du Lact: en utilisant Trois Lois de la Physique.* Par le Dr. Gallavardin. Extrait du *Lyon Médical*, du 2 Février, 1890.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

· In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

DICTIONARY OF MEDICINE.

V. MALTA.—The work will be in the hands of the public immediately. In the present edition there will be no *Materia Medica*. The writer hopes to prepare a work on this subject to be published separately, and possibly to be combined with future editions if called for. We are much obliged for your friendly letter.

A CASE.

J. R. (a clergyman) asks :—

1. About the case of a poor parishioner who had “white swelling” two years ago for which the knee-cap was removed. Subsequently she has been laid up for months with suppuration, great pain at intervals, and the discharge of matter and particles of bone from four openings. *Silica*, *Phosphoric Acid*, and *Arsenicum* have been the medicines given.

We quite agree with the treatment, and would only suggest in addition *Phosphorus* and *Hepar* according to the symptoms—*Hepar*, if there is much suppuration with great tenderness and desire to have the part lightly covered; *Phosphorus*, if there is prostration, tendency of the wounds to bleed, loss of flesh. In a chronic case of this kind we should prefer to use the 30th attenuation and give two or three doses daily until a decided effect was obtained, and then leave it off for a time. As for prognosis, we think under homeopathy the patient ought to recover, if the strength can be maintained. In any case it will take months. The bones are evidently diseased, and when all the diseased parts have come away a stiff knee will result. The limb should be kept straight, as a straight stiff leg is more useful than a bent one.

2. *Dios*, p. 183, *Prescriber*, 1st edition, is an error for *Dros. Cocc. c.* is correct, and stands for *Coccus Cacti*. *Camph. 3* is also correct under “Shiverings.”

BOENNINGHAUSEN'S WORK.

FERRUM.—The arrangement of the sides in the reprint is our own; in the work copied from it is as you suggest. To our notion the arrangement of the sides as they would appear in a patient facing one is the best and most natural, and therefore we altered it. We are obliged to you for your suggestions, but as we have decided not to issue a separate reprint we shall be unable to utilize them, as we otherwise should have done.

MR. T. OETZMANN, TUNBRIDGE WELLS.—We are obliged by your communications. We have referred your request to our publishers, from whom you will have heard.

APPOINTMENTS, VACANCIES, AND REMOVALS.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

HARD TO PLEASE.

M. D. writes :—

“ I notice you have correspondents from Twickenham and Wantage yearning for a homeopathic physician to settle in these respective villages. The former has a population of 12,000, with seventeen practitioners already on the scene, and this is about a dozen too many; the latter an obscure village inhabited by 3,400 souls, and blessed with five medicos, when in all probability one active practitioner could do all the work there. We frequently hear a lot of twaddle talked about these *good openings*, but they exist only in the imagination of a benighted few. I was induced some two years ago to come to this city with its 40,000 inhabitants, the sphere being represented to me as a perfect *el dorado*! It's nothing of the kind! There is practically little or nothing to do, and the first good town which can offer me *plenty of work*, there I'll take up my abode; but not Twickenham or Wantage, thank you!”

BUENOS AYRES.

Messrs. Butcher & Co., Blackheath, have received the following from a correspondent :—

“ When in London, I think I told you I had partly arranged with a medical man to come out here. Since my arrival I have heard nothing of him. There is ample room for several homeopathic doctors here—at least they would do remarkably well immediately after passing their allopathic general examination. In four months enough Spanish can be acquired for that purpose. Their English diplomas must be certified to by an Argentine consul. During the voyage and on arrival they should say nothing about homeopathy except to me and a few other friends, who would be pleased to indicate the *modus operandi* for being received here with as little delay as possible.”

For further particulars we must refer to Messrs. W. Butcher & Co.

REMOVALS.

DR. T. SIMPSON has removed from Upper Parliament Street, to 49, Bold Street, Liverpool.

DR. H. C. ALLEN, *Chicago*.—Dr. H. C. Allen, Editor of the *Medical Advance*, has removed from Ann Arbor to 5,401, Jefferson Avenue, Chicago, having joined his friend, Dr. Gee, in practice.

GENERAL CORRESPONDENCE.

DRUG ACTION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I think it is not yet too late to offer you another extract from a lecture given by myself before homeopathic practitioners at my own residence in May, 1888, *On Drug Action* :—

“ In investigating the cure of a disease by a drug, there are three elements or factors (dynamia) to be taken into consideration: the *vis vitæ*, or *vis medicatrix naturæ*, a self-conservative or harmonic force; the *vis morbi*, or disease-producing principle, a subversive force; and the *vis medicinæ*, or drug power.

“ And the results of these powers variously acting upon each other give us: 1. The Natural Disease. 2. The Pathogenesis. 3. The Therapeusis. The Natural Disease, which is the result of the action of the morbid principle (*vis morbi*) on the organism (*vis vitæ*), and the Pathogenesis, which is the morbid effect produced by the action of a drug (*vis medicinæ*) on the healthy organism (*vis vitæ*), and the Therapeusis, which is the effect of the curative dose of a drug (*vis medicinæ*) on a diseased organism (*vis morbi*), are homologous, *i. e.*, they are parallel processes, the same in kind but differing in degree, and each may consist of two diametrically opposed phases, or sets of symptoms.

“ The function of the *vis vitæ* is to maintain the organism in health. The function of the *vis morbi* is to depress, diminish, arrest, or stop all the functional activity of life. These two powers (dynamia) are in antagonism or polaric opposition to each other. *Disease* is the totality of the effects by which we recognize or perceive the action of the *vis morbi* upon the *vis vitæ*. When these two powers meet, ‘then comes the tug of war’; if the *vis morbi* prevails, it produces a set of symptoms characterized by a *depressed, diminished, or arrested* functional activity, such as paralyzes, anæsthesiæ, coma, stupor, weak, slow pulse, dysuria, constipation, chill stage of fever, all suppressions of the secretions and evacuations, &c., and these symptoms may be named drug, direct, negative, primary, passive, *vis medicinæ*, adynamic. If the *vis medicatrix naturæ* prevails it produces a set of symptoms characterized by an *increased* functional activity, such as vomiting, diarrhæa, hemorrhages, catarrh, convulsions, ptyalism, sweat, hyperæmia, full, frequent pulse, diuresis, hot stage of fever, delirium, &c., and may be named reactionary, indirect, positive, secondary, or counter, active, *vis vitæ*, dynamic. These names have been used in different and even contradictory senses by various authorities.

“ In natural diseases there are exhibited symptoms belonging

to either or both sets, sometimes in rapid alternation according to which *dynamis* prevails in the struggle for supremacy.

“In the *Materia Medica Pura*, vol. i. pref. p. vii., Hahnemann tells us ‘The vomiting which is consequent upon two or three grains of Tartar Emetic or twenty grains of Ipecacuanha; the purging which is induced by thirty grains of Jalap; and the sweat excited by a decoction of a handful of Juniper Berries, are much less the genuine effects of these substances than an endeavour on the part of the organism to annihilate in the shortest possible period the specific effects of these medicinal substances, &c.

“The living organism resorts to similar modes of evacuation in regard to the miasm of contagious diseases which is weakened and partially expelled by vomiting, diarrhea, hemorrhages, catarrh, convulsions, ptyalism, sweat, and similar processes, by which the organism tries to free itself from the poison.’

“A PATHOGENESIS is the result of the action of the drug (vis medicinæ) upon the *healthy* organism (vis vitæ); it is a *medicinal disease*, and is analogous to a natural disease, and consists also of a set of symptoms produced by the vis medicinæ and characterized by a *diminution* of functional activity, or a set produced by the vis medicatrix naturæ, characterized by an *increase* of functional activity or of both sets combined, as in a natural disease.

“A *small* dose of a drug is that quantity which induces the vis medicatrix naturæ to react against it and thus produce its characteristic symptoms of *increased* functional activity; and a *large* dose is that quantity which is capable of overpowering the vis medicatrix naturæ and producing its own characteristic symptoms of *diminished* functional activity.

“Small and large are relative terms and do not refer to an absolute quantity. A given dose may, under varying circumstances, act either as a large or as a small dose, and may *simultaneously* act as a small dose to one organ and as a large dose to another. *E.g.*, from *Allen's Encyclopedia*. (Aconitum). ‘Symptom 784: Constipation, clay-coloured stools, is a direct action symptom from a small dose. Symptom 1373: Paralysis, is a direct action symptom from a large dose. Symptom 778: Several very white stools during the day, is a reactionary symptom from a small dose. Symptom 770: Convulsions, is a reactionary symptom from a large dose.’

“The THERAPEUSIS is the result of the action of the medicine upon the *diseased* organism. The therapeusis, the pathogenesis, and the natural disease being *homologous*, the therapeutic dose is capable of eliciting from the *diseased* organism *two opposite* sets of symptoms similar to those composing the pathogenesis, and the natural disease. And in a case of disease, by the exhibition

of the *appropriate therapeutic dose*, that influence is exerted by it, which is capable of developing a set of symptoms *contrary* to those of the existing disease and so of annulling the disease. Hence there are *two phases* of the curative process both of which are in accordance with the formula *contraria contrariis*, and which correspond to the two contrary phases or sets of symptoms of the natural disease and of the pathogenesis.

“How to obtain the *therapeutic dose* I have already explained to you. The *diseased organism* is influenced by a *smaller quantity* of a drug than is the healthy organism, *i.e.*, the therapeutic dose is smaller than the pathogenetic dose capable of eliciting symptoms *exactly* similar to those to be cured. It seems, therefore, that during the struggle between the disease power (*vis morbi*) and the organism (*vis vitæ*), these antagonistic powers so far neutralize, annul, oppose, or check each other, that a *relatively small power*, *i.e.*, the therapeutic dose, is sufficient to decide the balance of power between them.

“Hempel’s *Therapeutics*, p. 61, says: ‘Drugs seem to affect the organism in *two opposite ways*, and may therefore be homeopathic to *two pathological conditions* holding towards each other relations of antagonism . . . to diarrhea as well as to constipation; to both a state of hyperæmia and to a state of anæmia, or deficiency of blood; to both atony and excessive irritability of the stomach; to a condition characterized by paralysis as well as to a condition characterized by spasm. Aconite and Nux may be used as true homeopathic remedies in paralysis as well as in tetanus; Ipecacuanha may remove perfect atony as well as spasmodic irritability of the stomach; Opium cures diarrhea as well as constipation, excessive wakefulness as well as drowsiness and stupor; Mercurius will check as well as promote the secretory action of the pancreas; Secale answers in uterine hemorrhage from atony of this organ, as well as in spasmodic uterine contractions, it will arrest the former and quiet the latter, simply by virtue of the beautiful and life-saving law, that EVERY DRUG is exactly homeopathic and therefore adaptable as a specific curative agent to *two morbid conditions* which are in direct or polaric opposition to each other.’ This double curative adaptability of drugs is seldom sufficiently dwelt upon by authors.

“Dudgeon’s *Lecture IV.*, pp. 111 and 113, says: ‘If this attempt to explain the curative action of medicinal agents be the correct one, it will be obvious that with respect to that method which I have termed direct irritation, or the medication by specific, or homeopathic medicinal agents, while the law *similia similibus*, expresses only the rule for the selection of the remedy, the actual curative process is rather *contraria contrariis*, for the impression we effect with our remedial agent, is the opposite of the existing condition of the diseased part.’

“Hughes’ *Pharmacodynamics*, 4th ed. p. 68, says: “Maintaining as he (Dr. Dyce Brown) does, the opposite action of ALL drugs in *health*, according to the quantity in which they are given, he would argue that when we give in *disease* small doses of a substance, which in large doses has caused a similar condition to that before us, we are administering an agent whose influence is in direct opposition to the morbid state. The curative process is thus *antipathic* though the principle of selection is *homeopathic*.”

“Dr. Banerjee will see that the *Calcutta Medical Journal*, 1867, p. 24, foot-note, says: ‘That drug is alone strictly curative which in intensity and sphere of action is EXACTLY equal to the disease, but tending in the opposite direction. To thoroughly counteract the diseased condition, we require in the drug, not only its *similimum* but its *contrarium* as well. One force can only be counteracted by another similar to it in kind, equal to it in intensity, but opposite to it in direction. This holds good in physics, and it would be a contradiction in terms if it did not hold universally. In fact, it is here I apprehend that the *similia similibus* and the *contraria contrariis curanter* laws should join hands.’

“HOMEOPATHY is the law of the *selection of the remedy* and expresses the relation between the natural disease and the pathogenesis (qualitative and quantitative), and ANTIPATHY is the *law of cure* and expresses the relation between the natural disease and the therapeutics (qualitative and quantitative).

Yours in truth and justice,

WM. GEO. WATSON, M.A., M.B., &c. &c.

150, Elizabeth Street, Sydney,
January 24, 1890.

THE STABILITY OF ATTENUATIONS.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—In a report of the discussion following the reading of a paper by Mr. Dudley Wright before the British Homeopathic Society, published in your current issue, it would appear from a remark which fell from Dr. Dudgeon, that I had expressed an opinion that the higher attenuations of all medicines are less stable than the lower. If any words of mine have pointed to this conclusion, I crave a small portion of your space in order to correct this impression.

I believe that during the discussion of my paper on *Pyrogen* I was questioned as to whether it would keep better in the higher attenuations than in the concentrated solution; and I then stated, with regard to this and the unstable compounds

generally, that I saw no reason why decomposing agents should not act even more rapidly on the dilutions than on the concentrated solutions, and instanced some test solutions, notably one used in the detection of alkaloids—the double *Iodide of Cadmium* and *Potassium*, which keeps well in concentrated solution, but not in dilute.

These, however, were general remarks, whereas each medicine requires to be studied individually. For example, *Phosphoric Acid* keeps very well in a solution of the B. P. strength, but, if only slightly more dilute soon becomes flocculent, and up to the second attenuation keeps badly. Above this, again, the spirit used in the higher attenuations prevents this evil.

Now with regard to *Antim. Tart.* I can readily understand that the trituration, as stated by Dr. Moir, would act better than the solution prepared strictly in accordance with the B. H. P. (unless quite freshly made), as I find 5 per cent. of spirit added to the water of solution is insufficient to prevent the germination of spores at the expense of the potash of the salt, and I have found it necessary to add as much as 8 per cent. of rectified spirit in order to ensure the solution keeping for several months.

This is an improvement of which I would advise homeopathic pharmacists to take note, as it is this improved solution which Mr. Dudley Wright has used in the wards of the hospital, and found to act well. The action of alcohol in this case—short of the precipitation of the salt in the anhydrous state—is beneficial, and renders the higher attenuations less liable to spontaneous change than the lowest; but the principle *ab uno disce omnes* will not apply here.

These observations refer solely to the chemical aspect of the question. Very probably the attenuations made from the triturated phosphorus of Hahnemann were of greater therapeutic value than those from a solution of pure unoxidized phosphorus. With this portion of the problem I am not qualified to deal.

Yours faithfully,

JOHN M. WYBORN.

59, Moorgate Street, E.C.

March 15, 1890.

SENECIO AUREUS.—Dr. Lamoreux, who has had a wide experience in the use of *Senecio aureus*, says (*Chicago Medical Times*) that the tincture made from the green herb (the whole plant being used) is by far the most active. In cases of suppressed menstruation, given frequently in small doses it will quickly restore the flow. If given a few days before labour it facilitates labour and prevents severe after-pains. In any case of severe flooding it has a direct and immediate effect upon the flow. It overcomes uterine congestion, and the various sensations of weight, dragging and distress in the pelvis. It is best given in infusion.—*New York Medical Times*.

VARIETIES.

POISONING BY OYSTERS IN JAPAN.—In March last, we learn from the *Sei-i-kuai*, Japan Medical Journal, of August, that an outbreak took place of what at first was regarded as a malignant form of disease, in Miuragun, in the prefecture of Kanagawa. Many deaths occurred in alarming rapidity. The inhabitants took alarm, and very many of them left their homes under a belief that the plague had broken out. The first death occurred on the 18th of March, and this was quickly followed by very many more; whole families were carried off, the number increasing up to the 23rd and 24th. The disease soon spread to the surrounding districts. To allay the increasing alarm, the Government at once ordered a careful investigation into the circumstances. It was then discovered that a few days before the outbreak the people of Miuragun, most of whom live by fishing, had discovered a new and unsuspected oyster bed; this was in due course visited by young and old, all of whom brought away a bountiful supply. They were freely partaken of, both in the raw and cooked state. The medical investigation soon revealed the true cause of the outbreak and deaths. The oysters were found to be very poisonous. A number of cats fed with the oysters died in the course of a few hours or a day. The symptoms preceding the deaths were almost the same as in the human being. Chemical analysis showed the existence of tyrotoxin in almost every case. There have been many instances of oyster-poisoning placed on record, but it has not been satisfactorily determined whether the toxic action of the oyster-poison is owing to the impurity of the water in which oysters are cultivated, to the locality in which they are found, to the time of year, or what not. The Japanese as a rule, however, do not eat oysters during certain summer months, any more than English people do.—*Medical Press*, Dec. 11th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Boericke (W., M.D.) and Dewey (Willis A.)** The Twelve Tissue Remedies of Schüssler, comprising the Theory Therapeutical application, Materia Medica, and a Complete Repertory of these Remedies. 2nd ed., revised and enlarged. 8vo, pp. 325. (Homeopathic Publishing Company. 12s. 6d.)
- Bowlby (A. A.)** Surgical Pathology and Morbid Anatomy. 2nd ed. (Student's Guide Series.) 12mo, pp. 622. (Churchill. 9s.)
- Fernie (W. T.)** Influenza and Common Cold; the Causes, Character, and Treatment of each. 12mo, pp. 120. (Perceval. 2s.)
- Gresswell (J. B. and A.)** A Manual of the Theory and Practice of Equine Medicine. 2nd ed., revised by George Gresswell. (Post 8vo, pp. 560. (Bailliére. 10s. 6d.)
- Hart (D. B.) and Barbour (A. H. F.)** Manual of Gynecology. With Fourteen Lithographs and Four Hundred Woodcuts. 4th ed. 8vo, pp. 740. (W. and A. K. Johnston. 25s.)
- Hughes (A. W.)** Nerves of the Human Body; with Diagrams. 4to. (Simpkin. 7s. 6d.)
- Money (Angel)** Treatment of Disease in Children. 2nd ed. Cr. 8vo, pp. 546. (Lewis. 10s. 6d.)
- Noman (D. van H.)** Casistique et Diagnostique Photographique des Maladies de la Peau. (10 Parts.) Part I. 6 plates, 4to, sewed. (Renshaw. 8s.)
- Rindfleisch (H.)** The Elements of Pathology. Translated from the first German edition by W. H. Mercur. Revised by J. Tyson. 2nd ed. Cr. 8vo. (H. Kimpton. 8s. 6d.)
- Sample (C. E. A.)** Essentials of Forensic Medicine, Toxicology, and Hygiene (Student's Manuals.) 8vo, pp. 210. (Renshaw. 6s.)
- St. Thomas's Hospital Reports** (vol. xviii.). 1889. Edited by Dr. Hadden

and Mr. Anderson. 8vo, pp. xiii-474. (Churchill. 7s. 6d.)
Squire (Peter). Companion to the latest edition of the British Pharmacopœia. 15th ed. Revised by Peter Wyatt Squire and Alfred Herbert Squire. 8vo, pp. 648. (Churchill. 10s. 6d.)

Tuckey (C. L.). Psycho-Therapeutics, or Treatment by Hypnotism and Suggestion. 2nd ed. revised and enlarged. 8vo, pp. 176. (Ballière. 8s. 6d.)
Westminster Hospital Reports (The). Vol. V. 1889. Edited by O. Sturges and G. Cowell. 8vo, pp. xi-308. (Churchill. 6s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, Harrington Road, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from "R. J.," Bristol; Dr. Skinner, London; Mr. Bell, Liverpool; Mr. W. J. Butcher, Blackheath; "Ferrum"; Mr. E. A. Cross, London; Mr. Wm. Brown, Sheffield; Dr. Dalzell, Malvern; Dr. B. G. Clark, New York; Dr. Watson, Sydney, N.S.W.; Dr. H. C. Allen, Chicago; Mr. Wyborn, London; Dr. Ockenden, Brighton; Mr. Thos. Oetzmann, Tunbridge Wells; Messrs. Martin and Pleasance, Melbourne.

BOOKS AND JOURNALS RECEIVED.

Homeopathic Physician. —

L'Union Homeopathique.—American Homeopathist.—Zoophilist.—Chemist and Druggist.—Monthly Homeopathic Review.—Allg. Hom. Zeit.—North American Journal of Homeopathy.—Chironian.—Clinique.—Revue Homeopathique Belge.—Medical Era.—L'Art Medical.—Monatsblätter.—Homeopathic Envoy.—The Medical Visitor.—Maanedskrift for Homeopathi.—Eastbourne Standard.—New York Medical Times.—New England Medical Gazette.—Homeopathic Recorder.—Medical Advance.—Revue Homeopathique Française.—Bibliothèque Homeopathique.—Hahnemannian Monthly.—Albany Medical Annals.—Homœopatisch Maandblad.—Melbourne Daily Telegraph, Feb. 13.—Melbourne Age, Feb. 13.—Australasian Supplement, Christmas, 1889.—Australasian Journal of Pharmacy, Jan. 20.—Folkestone as a Health Resort.—South Wales Homeopathic Institution.—Eastbourne Homeopathic Dispensary Report.—Influenza and Colds, by Dr. W. T. Fernie.—The Twelve Tissue Remedies of Schüssler, by Boericke and Dewey.—Medical Practitioners Act, 1865, with Amendments, Victoria.—Fortieth Annual Report of the Exeter Homeopathic Dispensary.

THE
HOMEOPATHIC WORLD.

MAY 1, 1890.

THE HOMEOPATHIC REVIEW AND THE
ROYAL COLLEGE OF PHYSICIANS.

TRUE to its ancient traditions, that close corporation known as the Council of the Royal College of Physicians has again distinguished itself by an act of petty oppression : it has boycotted our contemporary, *The Monthly Homeopathic Review*. The particulars of the affair, and the light in which it is regarded by an intelligent public, will appear in the following quotations which we take from the lay press :—

DAILY NEWS, APRIL 10TH.

“The publishers of *The Monthly Homeopathic Review* having made complaint that this periodical has been lately banished from the library of the College of Physicians, where it has been regularly admitted for twenty-five years, the Council have replied, through Mr. Munck, the Harveian Librarian, that there is now a library rule that ‘books on homeopathy shall not be placed on the table in the reading-room.’”

ECHO, APRIL 10TH.

“The College of Physicians has gone out of its way to give a gratuitous and memorable advertisement to homeopathy. It has boycotted the *Homeopathic Review*, and banished it from the reading-room; and for which, no doubt, the proprietor of the said *Review* will be grateful.

“If the College of Physicians had reached absolute perfection, it would have acted with more wisdom. But it has not. No class of men, all along the line of history, have changed their opinions and practices so often, and been more subject in the long run to outside influence than medical men. Every generation of medical men

contradict in theory and practice what a preceding generation said and did. Medical men might, therefore, with advantage cultivate tolerance."

NORTHERN WHIG (BELFAST), APRIL 12TH.

"The sage rulers of the Royal College of Physicians have decreed that books on homeopathy shall not in future be placed on the table in the reading-room. Yet homeopathy is possibly not the dreadful thing which this allopathic prohibition seems to suggest. There may be something in it after all. I know an old gentleman who, two years ago, was attacked by cancer in the tongue. He consulted several allopathic doctors, and the only comfort he could obtain from them was that he must submit to have his jaw divided and his tongue taken out at the roots, or expect to be dead in three months. He went to a homeopathic physician, and is alive at this moment, with every prospect of living for years. I know a lady who was bent double for nearly fifteen years owing to an internal complaint. Allopathic physicians were in vain. She consulted a homeopath, and is now as straight as a pine. This same homeopath was himself trained to allopathy, and used to scoff at and deride the newer method. He says he knows better now. It is clear that there are no such men as he on the Council of the Royal College. The Council are apparently as much afraid of the doctrines of Hahnemann as were the Pope and the Cardinals of the discoveries of Galileo."

It is a sure sign that there is life in a cause when it meets with persecution at the hands of established authorities and vested interests. A dead cause nobody will take the trouble to persecute; and it can only be fear of homeopathy and consciousness of the advance it has made in public and professional favour, that has urged the College to reject the *Homeopathic Review* in particular, and all homeopathic literature in general, from their library-table. To say the truth, we are surprised that it ever accorded it a place. It refuses to allow its members to consult with homeopaths, however badly they may want homeopathic advice. On one occasion its zeal against homeopathy brought upon its president (Dr. PARIS) the censure of Parliament. Dr. PARIS, in his report on the cholera epidemic and the various modes of treatment, had excluded the returns from the Homeopathic Hospital because they were so favourable, although they were vouched for by an allopathic inspector. Parliament openly censured him for

this partial conduct ; but the College will not be warned. It will allow its Examiner on *Materia Medica* to stuff his book with cribbings (unacknowledged) from homeopathic literature, but it will not countenance those who openly profess it ; and its sensitiveness having now become extreme it will no longer allow the *Homeopathic Review* a place on its library table.

The College, like Mrs. Partington, may brandish its mop, but it cannot keep down the rising tide.

AN ALLOPATHIC DOSE.

FROM the law reports of *The Times* of April 17th we extract the following instructive case :—

“ MARTIN V. STUBBS.

“ In this case Dr. Martin, of 40, Shaftesbury Road, Hammersmith, sued Dr. Stubbs, of 331, King Street, Hammersmith, to recover damages for libel.

“ Mr. Winch, Q.C., and Mr. C. Gill were for the plaintiff ; Mr. Crump, Q.C., and Lord R. Cecil for the defendant.

“ The short facts of the case as opened by counsel were as follows :— In the early morning of Easter Sunday of last year the plaintiff was called up to attend a man named Colman. He treated him for flatulent colic, and gave him two teaspoonfuls of turpentine. In the morning of Sunday plaintiff again called, and found Colman better. The turpentine had produced vomiting within half an hour, and all seemed to be going on well. As, however, he found that defendant, who was Colman's club doctor, was attending, plaintiff discontinued his visits. Three days later, however, Colman died, and defendant refused to give a certificate of death, and sent for the coroner to hold an inquest. This, however, Dr. Diplock declined to do, as he considered it unnecessary. The defendant then gave a certificate, which contained the following passage, under the heading, ‘ Cause of death.’ ‘ Primary cause, overdose (two teaspoonfuls) of turpentine given by another doctor. Secondary cause, peritonitis.’ This was the libel complained of, ‘ Overdose, &c., given by another doctor.’ The result had been to cause much unpleasantness and loss to the plaintiff.

“ The plaintiff was then called, and described his treatment. Two teaspoonfuls was not an overdose. The dose in the *British Pharmacopœia* was 4.

“Cross-examined.—I do not consider that there was any justification for attributing the death to the turpentine. The use of turpentine would not cause peritonitis. If the turpentine remained in the body and became absorbed, it might cause irritation to the bladder.

“Mrs. Colman, the widow, having given in evidence that she told the defendant what the effect produced by the turpentine was,

“Drs. Finlay, Biss, and Stevenson were called on behalf of the plaintiff to prove that the dose of turpentine administered was not an overdose and absolutely safe.

“For the defence Drs. Brunton and Collins were called, and stated that, in their opinion, it was a medium dose, such as the one administered, that was the most dangerous—as being very readily absorbed by the system.

“Dr. Stubbs, the defendant, was then called, and said that he acted perfectly *bonâ fide*, believing the cause of death to be as he stated in his certificate. He felt bound to put in all he did, as he was bound to give a certificate under 37 and 38 Vict., cap. 88, section 20, subsection 2.

“Cross-examined by Mr. Winch, Q.C.—He did not consider that it would do plaintiff any harm, as his name was not mentioned. It was not his practice, where another doctor had attended and he was in difficulty for a cause of death, to put ‘Killed by the other doctor.’

“Counsel on either side having addressed the jury,

“Mr. Justice Day summed up.

“The jury found for the plaintiff—damages, £200.”

If the Royal College of Physicians would leave persecuting homeopathy and turn its attention to deciding how much turpentine may be taken in safety, an unseemly conflict of medical evidence such as occurred in this case might in future be avoided. Here we have two Fellows and one Member of the College swearing that a dose of two drachms of turpentine could not cause a patient's death, and the Examiner in *Materia Medica* to the College (Dr. BRUNTON), with another, swearing that at any rate it caused irritation of the kidneys and might have aided death. The dose, he maintained, was not absolutely an over-dose (in spite of the kidney irritation); it was too large for some effects and too small for others.

When doctors differ, juries must decide, and we are not going to quarrel with the verdict. But we may point out

how modern allopathic treatment is illustrated by this case. *The Lancet*, April 19, reports the case at greater length. It appears from this that the patient received for "flatulent colic"—

- (1) Hot fomentations externally.
- (2) One grain of opium ; followed in half an hour by
- (3) Two teaspoonfuls of turpentine, given in hot water with sugar.

On arriving home the doctor sent the patient—

- (4) An anodyne mixture containing laudanum and cardamoms.

The next morning the patient "expressed himself as being better," and was ordered—

- (5) Castor oil.

He "seemed to be doing well," the account goes on; but subsequently blood was found in the urine, peritonitis ensued, and in three days the patient was dead.

We commend the case to the notice of those who imagine that there is now very little difference between homeopathy and allopathy. They will see that there is a world of difference still.

Allopaths have no fixed principle to guide them, either in practice or in judging of practice; or rather, they have a separate principle for each drug. But on what principle, we may ask, is turpentine given for colic? On the principle, we suppose, that it "is good for wind." That we do not deny, but we must put on the other side that there is no drug that creates wind and causes colic more surely than turpentine. TROUSSEAU and PIDOUX mention a case of meteorism caused by one teaspoonful. The same thing has occurred from sleeping in a newly painted room. What turpentine can cause, that it can cure, if given in a suitable dose. But until allopathy condescends to adopt the dosage of homeopathy along with its drugs, it must not expect to obtain its beneficial results. We recommend our allopathic brethren to find something better than the posology of the *British Pharmacopeia* to rest their consciences upon when things go awry.

NEWS AND NOTES.

HAHNEMANN DINNER.

ON Hahnemann's birthday, April 10th, the annual dinner of the British Homeopathic Society was held at the Criterion Restaurant, Dr. Carfrae, President of the Society, occupying the chair, supported by Mr. Cameron and Dr. Dudgeon. The proceedings were enlivened by the excellent singing of Mr. Richard Mackway's glee choir. The muster was not as great as on some previous occasions, but a pleasant evening was spent.

HAHNEMANN BANQUET AT PARIS.

On the same evening the French homeopaths celebrated the occasion by a banquet under the presidency of Dr. Labourcher, the *doyen* of French homeopaths. The following is from *The New York Herald* :—

“HOMEOPATHY IN PARIS.

“By the *Herald's Private Wire*.

“PARIS, APRIL 11.—The homeopaths of France have celebrated the 134th anniversary of the birth of Dr. Hahnemann by a banquet at the Marguery Restaurant. The French Homeopathic Society now comprises 250 members of the medical profession. There are in Paris two homeopathic hospitals, the Hôpital St. Jacques and the Hahnemann in the Rue Laugier, in each of which establishments between 150 and 200 consultations are given daily.”

A FASTING WOMAN.

As fasting is the order of the day we subjoin two extracts—one from *The Medical Press* and the other from *The Pall Mall Gazette*—relating to a singular case :—

“A FASTING WOMAN.

“In the South of France a woman, who is reported to have eaten nothing for the last nine years, is exciting the curiosity of the country where she resides. Zélie Bourrion, for such is her name, left off taking food several years ago, after the death of her husband, on account (as she says) of a vision, in which she said that people wanted to poison her. She avers that since then she has never tasted food of any kind, and both her friends and enemies admit the fact. A Dr. Laffon visited her frequently, and although he tried all the *ruses*

possible she obstinately refused to take anything, not even liquids, save water. In spite of all that she continued to work as usual, and did not seem a bit the worse. She is thin, however, but (as might be said) 'wiry.' Some of her neighbours think she is a saint, and the opinion of the priest is in the same direction, but others are not the less strongly convinced that she is possessed with the devil. In order to be certain of the fact Dr. Laffon persuaded her to enter the hospital, in order to have her under strict surveillance. For the last fortnight that she has been there he says that she has not tasted food. He means to keep her another fortnight, and if she still 'holds out' he will send her history to the Academy of Medicine."—*Medical Press*, April 2.

"THE FASTING WOMAN.

"Zélie Bourrion, the fasting woman, was dismissed on Saturday from the hospital of Bourdeilles, in the Dordogne, on the twenty-third day of her fast. She did not request to go nor ask for food, but there were signs of inanition, and Dr. Laffon, who was testing her power to stand hunger, did not dare to continue the ordeal any longer. She was in a room apart from the other patients, and constantly watched by two persons. There were relays of watchers, all chosen by Dr. Laffon, and they comprised medical men and Sisters of Charity. Some of the latter hold the popular notion that Zélie is possessed."—*Pall Mall*, April 14.

MAY ALLOPATHIC DOCTORS ACCEPT MONEY FOR ATTENDANCE ON HOMEOPATHIC DOCTORS?

It appears that a squeamish member of the old school was called in on emergency to attend upon a homeopathic brother. The patient died and the brother of the deceased requested the allopath to make a charge. In trouble about his soul, this gentleman applies to the "Ethical Editor" of *The British Medical Journal* to know what he should do. Here is the reply (March 1st) :

"Although there is no medico-ethical rule, within our knowledge, that has a direct bearing on the particular point submitted by 'M.R.C.S.,' the following extract from the *Ethical Code*, chap. ii., sect. 2, rule 1, relative to 'The Duties of Practitioners in regard to their Professional Services to Each Other,' &c., may assist him in determining the question in relation to himself: 'If a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined, for no pecuniary obligation ought to be imposed on the debtor which the debtee himself would not wish to incur.'"

This is rather a round-about way of saying "yes." Of course it avoids the point entirely. The querist wanted to know if it would be morally wrong to take a fee from a

medical man, not as a medical man but as a *homeopathic* medical man. The reply refers him to ordinary rules. The gist of it is this: although you must not have any sort of professional intercourse with homeopaths, you may accept money for attendance on them.

CHAMBERS' ENCYCLOPEDIA.

We are glad to learn that the article on Homeopathy that is to appear in the new edition of *Chambers' Encyclopedia* is from the pen of Dr. Pope.

MELBOURNE HOMEOPATHIC HOSPITAL.

MR. E. A. BENNETT, secretary of this hospital, writes to inform us that the managers are about to appoint a second resident medical officer. Applications are asked for to be sent in before July 31st. Applicants must have qualifications that are registerable in the colony, and must know homeopathy. Salary is £150 per annum, with board and residence, and the appointment is for three years. We must refer to our advertising pages for other particulars.

"WHAT HOMEOPATHY HAS SAVED US FROM."

SUCH is the title of League Tract, No. 28, just issued. It is as effective as any of its predecessors, and follows well on Mark Twain's article referred to recently in our pages. The labours and success of Hahnemann in denouncing and checking the hateful practices of his time are well brought out. But much remains to do even now.

THE JAMAICA BILL.

WE are sorry to learn from our correspondent, Dr. Wildes, of Jamaica, that the Bill, introduced by the Hon. Wellesley Bourke to amend the law and widen the schedule of degrees registerable in Jamaica has been lost by 10 votes to 4. The medical officer of the colony made a personal attack on our correspondent, who, however, is well able to defend himself. He points out in a letter to the

press the extremely unsatisfactory state of the public health, and expresses himself freely as to the shortcomings of the registered medical men of the colony. Apparently the unregistered medical men have the largest proportional share of public support.

ORIGINAL COMMUNICATIONS.

SULPHURIC ACID IN INFLUENZA.

By DR. MORRISSON.

ONE of the most severe forms of epidemic influenza is that of gastric catarrh. The precursory symptoms are malaise, then headache; then come the thickly furred tongue and feverishness, with nausea and vomiting. The vomiting is usually first of food, then of bile; and the fever temperature may rise to 102° F., or 103° F., within a few hours, though the pulse rate may be only 84 to 92. The craving for liquids is due rather to the clamminess of the mouth than to a mere desire for large quantities. Nocturnal delirium is common. Most of the symptoms are those of acute disturbance of the gastric organs, and their severity often causes great alarm to the patient and friends. For this condition I have found *Sulphuric Acid* very effective, one to three drop doses of the first or second decimal, in water, for adults, and the same dose of the second or third decimal for children, repeated every half-hour to every two hours. The characteristic influenza symptoms which follow those of gastric catarrh leave no doubt as to the nature of the attack. They are those of the rheumatoid form, for which the chief remedy is *Merc. Sol.* 3x; or those of bronchial complications, including the hoarse, barking cough. For the cough, I have chiefly used *Antim. Tart.* 3x, *Phosphorus* 4x, *Spongia* 12, and *Sticta P.* 1x, with four or five drops of *Chloroform* added to the two-drachm bottle, the dose being five drops, in water. Any of these medicines follow *Sulphuric Acid* well.

26, Harley Street, W., April 5, 1890.

COMPLETE RELIEF TO LONG-STANDING ATTACKS
OF TEMPORARY BLINDNESS BY GELSEMINUM
SEMPER VIRENS.

BY DR. HARMAR SMITH.

I THINK it only right to name the following striking effect of *Gelseminum*.

I have been for more than forty years subject to frequent attacks of temporary blindness, especially in damp weather, and after over-sleeping myself, although not generally a good sleeper. The attacks used frequently to last for half an hour or more, beginning with black spots (*Musca volitantes*), followed by dense clouds covering the whole field of vision, leaving for about another half hour a dazed or stupified feeling, making it difficult to collect the thoughts, also frequent vertigo.

I have at different times consulted several of my colleagues, though without permanent benefit, *Belladonna* being the only medicine that afforded even partial relief. I also consulted a very eminent London specialist in nervous diseases, who gave me to understand that he had not been able to cure his own wife of a similar affection. I however took Bromide of Potassium for several weeks by his recommendation, but without benefit.

I have during the last few months begun to take one or two drops of the mother tincture of *Gelseminum*, immediately on perceiving the premonitory symptoms of an attack, the effect being immediate and complete relief—a statement to which I am not aware of a single exception.

Latimer House, Guildford.

April 12, 1890.

P.S.—The provings of *Gelseminum* are in accordance with its action in the above case. My reference to them is taken from Dr. Hale's "New" American "Remedies" (2nd edition).

"Vertiginous sensation followed by confused vision.

"Smoky appearance before the eyes.

"Total blindness after a large dose.

"Could not tell a person across the room."

HAHNEMANNIAN CURES.—No. 1.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International
Hahnemannian Association).

THE following series of cases is designed to demonstrate the superior results which follow a *strict* adherence to the rules of homeopathy, as taught by Hahnemann; viz., (1) the most similar remedy, selected according to the symptoms of the patient, and not according to pathological theories; (2) the single remedy, not a mixture or alternation of medicines; (3) the minimum dose of the dynamized drug, not crude drugs, or unnecessarily repeated doses. As a result of nearly thirty years' practical investigation of homeopathy, I unhesitatingly declare that I have NEVER ONCE found Hahnemann's practical teachings to be erroneous.

CASE I.—*Phosphorus*. 1885, April 15th. Mr. B., aged 55, consulted me for the following symptoms. In 1856 he had typhoid fever, treated allopathically. Ever since then, if he lies on his left side he has desire for stool; and if he persists, a loose stool is the result. A few weeks ago he was in Boston, U.S.A., where he caught cold during cold weather. He has a dry hacking cough on entering the cold air; the cough shakes him. At first there was yellow sweet expectoration, but no sputa now. When on board ship returning to England, had much sweat on head, and the cough was worse when lying on back, better when lying on right side. Feels weak.

His history is as follows:—Never was a strong boy. His father was a healthy man, and died at age of 70; his mother died at age of 49 from overwork. Has had five sisters, who have had good health, but one died from the acute effects of catching cold. In 1865 patient had rheumatic fever, from which he made a good recovery under homeopathy. In 1884 had gastric fever, treated by a local homeopath. He first consulted me on May 28, 1884, for dyspepsia, which was relieved by *Carbo-veg.* C^m (F.C.); at this time he made no mention of the "thirty years' war" which this troublesome intestinal symptom had waged in his organism.

Diagnosis of remedy.—Taking the most peculiar symptom, not as by itself an infallible and exclusive keynote, but

as a valuable guide to the totality of the symptoms, I found in Bell's *Repertory of Diarrhœa*, "Aggravation from lying on left side, *Arnica*, *Phosph.*" Of these two remedies, a reference to Lee's *Cough Repertory* showed that *Phosph.* had all the cough symptoms, except the amelioration from lying on right side (it has aggravation from lying on right or left side); whereas *Arnica* has only the dry, hacking, and shaking cough. A further reference to the *Materia Medica* showed that *Phosph.* also corresponded to the sweat on head and the weakness.

I prescribed *Phosphorus* C^m (F.C.) every four hours for eight days.

April 29th. Has had no medicine for about a week. Is much better; cough almost gone; much less weakness; *he can now lie, and even sleep, on left side, without the stool symptoms being excited.*

1886, Feb. 11th. Has had no more of the abnormal desire for stool till some weeks ago, when it returned and has persisted. He also complains of rather sharp frontal headache, commencing on waking; with the headache, the mouth fills with saliva.

Diagnosis of remedy.—"Flow of saliva with headache" belongs to *Epiphegus* (viscid saliva), *Hippomanes*, *Indium*, *Kali-bichr.*, *Opium*, *Phosph.*, *Sepia*. As the same remedy was again indicated, I prescribed *Phosphorus* C^m (F.C.) twice daily for eight days.

March 30th. Reports that the headache ceased soon after leaving my house. The stool symptom also ceased before he had finished the medicine, and when I next saw him, May 8th, it had not returned.

From this time he remained fairly well in health, having no occasion for my advice, till March 21, 1889, when he consulted me for a general break-down from overwork, business worries, and heavy pecuniary losses. The desire for stool when lying on left side had lately returned at times, but never so badly as formerly. His stools were now thin in diameter and very long (they had been so for some years), soft but difficult to pass, had to squeeze and press abdomen and loins to assist the evacuation. He also had other symptoms of dyspepsia, which, not being characteristic of any one remedy, need not be detailed. I prescribed one dose of *Phosph.* mm (Fincké) a still higher potency than the former. This remedy speedily removed the unnatural urging to stool, and the evacuations became

more consistent, better formed, and less difficult to pass. His other dyspeptic symptoms also improved. Whether the *Phosphorus* would have completely cured these other symptoms I am unable to say, as a change in his condition necessitated a prescription of *Nux Vomica*; and later he required *Arsenicum* for an attack of the influenza epidemic.

Comments.—(1) The efficacy of Hahnemannian treatment is clearly demonstrated in this case, where a troublesome symptom which had lasted about thirty years after the unscientific treatment of typhoid fever, evidently showing some serious lesion of the intestinal canal, was rapidly cured by a few doses of the *simillimum* in a high potency; not returning for about three years, and then only under the unfavourable condition of a break-down of the health from overwork and worry, and again quickly cured.

(2) The value of clinical symptoms is also proved. In the *Encyclopædia* I am unable to find the characteristic symptom of this case, either under *Arnica* or *Phosphorus*; neither is the equally characteristic symptom of *Phosph.*, "stool narrow, dry, long, difficult to expel, very like a dog's stool," to be found therein. They are, at present, merely clinical symptoms. Such symptoms are often absolutely indispensable to fill up the gaps in our *Materia Medica*, till further provings produce them as pathogenetic symptoms. But it is necessary that they be used with caution. It does not follow because a symptom disappears under the action of a remedy, that it has been cured by the direct homeopathic action thereof. It is conceivable that a remedy may, without being homeopathic to all the symptoms of the case, be so far homeopathic as to remove a large number of them under the law of *Similars*; and that then, the chain of symptoms being broken, a few remaining links may drop off spontaneously, the organism being now sufficiently relieved for the *vis medicatrix nature* to complete the work. Hence clinical, far more than pathogenetic, symptoms, require frequent verifications, under diverse circumstances, before they can be safely resorted to as guides in the selection of the *simillimum*.

(3) The uselessness of pathology, as a guide in the selection of the most similar remedy, is also evidenced by this case. What pathologist could declare with certainty the exact nature of the intestinal lesion which must have existed in this patient? And if he could, how could he distinguish pathologically the difference between *Arnica*.

and *Phosph.*, which have both cured this symptom? The true "method of Hahnemann" is that of the selection of the remedy by symptom-similarity; and to accomplish this satisfactorily, we must habitually use the Repertory and the Materia Medica, consulting them in the presence of our patients, and, if need be, questioning them from the symptoms recorded therein. Our Materia Medica is too vast to be carried in the head of any of us, even were he a Bœnninghausen, a Hering, or a Wilson. Fortunately for the rising generation of homeopathic physicians, their work in this direction is being greatly simplified by the publication of Dr. E. J. Lee's *Repertory of Characteristics*,* which is without exception the best in arrangement and execution that I have ever seen in any language.

48, Sussex Gardens, Hyde Park, London, W.

OUR CLINIC.

By JOHN H. CLARKE, M.D.

NEURALGIA: ITCH SUPPRESSED BY LARGE DOSES OF *SULPHUR*:
CURED BY *SULPH.* 3 AND 30, AND *ARSEN.* 12.

JOHN H., 38, currier, October 5, 1889. Has been ill two years, and ascribes his illness to inattention to food and irregularities of diet.

Many years before, he had itch, and on his own account took large doses of crude *Sulphur*, which relieved him of the itch, but brought out a crop of boils on the buttocks. He had never been so well since this occurred.

At his first visit to the hospital he was seen by my friend, Dr. Day. The note entered in my book was as follows:

"Pain in the back of the shoulder and passing down the left arm. Cold in the limbs." The prescription was *Sulph.* 3.

Oct. 19.—At this date I saw him for the first time, and ascertained the facts detailed above. He said he was a little better than when he came a fortnight previously. On questioning him I found he had some other symptoms: Great nervousness; *low spirits*; *drowsiness during the day*; frontal headache; *sinking* sensation at the epigas-

* This work may be obtained direct from the author, 1123, Spruce Street, Philadelphia, Pa., U.S.A.

trium, < in the afternoon. The pain he described as a constant gnawing as if he had been branded, and it was < on starting to walk.

As all the symptoms came under *Sulphur*, and especially those italicised, I did not alter the medicine, but gave 30 instead of 3. In antidoting the effect of overdosing by a medicine, the higher the attenuation the better.

Nov. 2.—Great improvement. Sinking better; mind clearer; greater activity.

Three days after he received *Sulph.* 30 he was taken with neuralgia in the left temple. He is subject to this, and treats himself with Iron and Quinine for it. This he did on the present occasion, and it relieved. But he found on resuming the *Sulphur* that the neuralgia returned. He then took it only night and morning instead of three times a day, and the neuralgia did not return. But in order to make sure he again tried it three times a day, and again the neuralgia returned. I now gave him *Sacch. lact.* t.d. and the *Sulphur* 30 to take night and morning if the symptoms became worse.

Nov. 16.—Much better generally. "Sinking" gone. The pain in the shoulder was no better. I now gave *Arsen.* 12 gtt. i. t.d.; his description of the pain as a "constant gnawing as if *branded*, leading me to the medicine.

Nov. 30.—Much better. Shoulder better. Is better than he has been for years.

After this I heard from his daughter that he became, and continued, quite well.

RHEUMATISM—*CALCAREA.*

WM. H., 34, brass finisher, October 23, 1889. Had been suffering from rheumatism for three weeks. It affected his loins, and he had also stiffness of the back of the neck and sharp pains in the head in the evening.

The pain was *worse*—In the *evening*, and in the morning after rising; when quiet; and when indoors.

Better—In bed, and when near a fire.

The head-pain was *better* by *warmth* and *worse* by the *least cold air*. The head is also *worse* when the bowels are confined, which was the case at the time.

His eyes have been so sore he could hardly use them. Appetite poor; food lies heavy. Sinking sensation < in evening. Much wind collects in left hypochondrium.

Water thick, reddish yellow. Cold damp feet. Head gets hot and perspires all night.

The symptoms pointed unmistakably to one medicine, *Calcarea*, which was given in the 30th attenuation, every three hours.

This medicine cured him. He returned in a week to say he was very much better in all respects, and had only a little stiffness in the back left. *Calcarea* was continued, and no further prescription was needed.

COUGH IN PHTHISICAL PATIENT—*KALI C.*, *ANTIM. TART.*,
BRYONIA.

Wm. T., 39, builder, spare, dark. Had been under me for phthisis some years previously, since which time he had remained well. On June 1, 1889, he returned with a violent cough and other alarming symptoms.

With the cough he raised whitish phlegm, but no blood. There were night perspirations. Examination of the chest showed deficient movement in both sides, dulness over the right back. Increased vocal resonance at the right apex, and clicking râles.

In my absence he received *Arsen. iod.*

June 22.—Not able to lie down for cough. Cough < 2 a.m. and 5.30 a.m. when he gets up. Much expectoration in the morning on rising, white, thick. Appetite bad, bowels regular. Sweats all over at night, including the head.

I now put him on *Kali c.* 30, one drop three times a day. The 2 a.m. and 5 a.m. exacerbation pointed clearly to this medicine, the importance of which in phthisical conditions Hahnemann pointed out.

July 22.—He reported himself better. The cough did not come on till 4 a.m. instead of 2. Sweats at 4 a.m. Is still unable to lie down. Appetite poor. Bowels regular. Is losing flesh.

The continued perspiration, and the aggravation at 4 o'clock, now led me to *Ant. Tart.* It was given in the 30th attenuation.

Next week, July 27, he reported that he was now able to lie down; the sweats were less; and the cough did not come on till 5 a.m. Bowels regular. Gaining flesh.

He received more of the medicine, and discontinued treatment.

Sept. 7.—On this date he returned to say that his

cough had been bad again for a fortnight. A week ago he had had pain in the right chest, and it had now come on again. There was again night-sweat and cough at 5 a.m. *Bry.* 30, gtt. i. td.

Oct. 19. — Very much better. Less night-sweat. Gaining flesh. Still coughs at 5 a.m.

A repetition of *Kali c.* 30 finished the case.

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 34.

[To DR. STAPP.]

DEAR FRIEND AND COLLEAGUE,—My cordial thanks for your kind wishes at the advent of my seventy-sixth year, and a reciprocity of many good wishes for the prosperity of yourself and your esteemed family at the hands of Him from whom all good things emanate to us in an unseen manner. In the moments that we can spare from our busy lives we should unceasingly thank the great Spirit from whom all blessings flow with our whole heart and all our undertakings worthy of Him, though in all eternity we can never thank Him too much for His goodness.

Your message letter reached me when I was in the most extraordinary state in the world.

My good wife, who for many years had been always very ailing, who three years ago had very nearly succumbed to an abscess of the liver that burst into the lungs, and who had always objected to take any medicine, trusting to her enormous vital powers, fell ill, at the beginning of March, after taking a chill when, as it seems, she was in a state of great mental irritation, with a very severe catarrh and cough, with much pain in various parts. The cough was attended by difficult expectoration, it increased and was accompanied by a well-marked remittent fever, and she commenced to cough up pus, which was at first bloody and afterwards mixed with pure bile; then it became fetid, and at last extremely malodorous, just like an ulcer turning gangrenous. After great suffering, fever, and pains, she at length (on the 31st March, after midnight) gently fell asleep in our arms with the cheer-fullest expression in the world, to wake up in eternity. The release was not to be regretted on her account.

Several days before her decease a letter from Rummel gave me such an immense amount of vexation that I could speak to no one, and was unable to read or write a line. With difficulty I got out of bed several times a day to go to my dying wife (because she noticed my absence), but I took care not to show her that I was ill. *Staph.* and *Arsenic* several times in alternation set me right, so that I was recovering when she died.

The worry caused to me by the pompous funeral (necessary in this place), the fetching hither of my two distant daughters, the division of the (considerable) maternal property, and in addition a relapse of my nervous fever which robbed me of all my strength for three or four days, and then the accumulation of unanswered patients' letters, the daily importunity of patients in this place, and so forth—while in this position, but, thank God! quite recovered, I received your dear letter besides many other letters of felicitation. Is it a wonder that I could not answer you before to-day?

You have no doubt succeeded in keeping your good Mary Eylert alive, though the weather has been unfavourable. When you write me again (which I hope will be soon) tell me how she is now, and I will see if I cannot give you some friendly medical advice.

If Yxkull will pay me a visit I hope you will accompany him. You will find me as usual wrapped up in my mantle of God-given philosophy.

Your true friend,
SAM. HAHNEMANN.

Coethen, April 24, 1830.

Kindest regards from me and mine to your estimable family.

No. 35.

[To DR. STAPF.]

Coethen, August 5, 1830.

DEAR FRIEND AND COLLEAGUE,—Enclosed is the communication * which I would like to make to the meeting of the 10th of

* [This communication will be found in the 9th vol. of the *Archiv*. In it Hahnemann calls attention to the occurrence of severe diseases in sensitive organs, such as inflammation of the eye, deafness, lupus exedens on the face, &c.; and he says that though by judicious antipsoric treatment the health of the patient is improved, little or no improvement takes place in these local affections. This is owing, he says, to the psora being concentrated on those parts. In order to remedy this state of things he advises to apply to the patient's back a large Burgundy pitch plaster, which will excite an itching eruption on the skin and act as a derivative to the local disease, causing the psora to expend itself on this previously healthy cutaneous surface. In addition to this, mesmerism is to be employed, by a healthy, good-tempered

August. Let the sheet be slowly read aloud, and if you are going to give a report of this Congress in the *Archiv*, and include in the report this sheet as having been read before the Congress, you are at liberty to do so.

If after this has been read, and after other business, you would communicate to the meeting the enclosed anonymous article as though it was by some other person, you would do well. There are probably some among them who will understand its meaning and act accordingly. But to be serious, the homeopathic physician must eventually resolve that he shall no longer give sham medicines, but only the active remedy when and where it is necessary—in this way he will evade all so-called prohibitory laws against dispensing our own medicines, and no criminal law court will be able to say a word.

Yours very truly,
SAM. HAHNEMANN.

Bear this always in mind, that any one who undertakes the treatment of a chronic disease, must always have the allopathic prescriptions previously used before him; so that in his treatment he may avoid giving those medicines which the allopath has already given before in large doses; e.g., *Sulphur*, when sulphur has previously been given to excess; *Natrium*, when much Selters-water has already been drunk; and *Murias Magnesia*, when the patient has already taken too many sea-baths.

No. 36.

[To DR. STAFF.]

Coethen, Dec. 27, 1890.

DEAR FRIEND AND COLLEAGUE,—I send enclosed for Miss Eliza, *Natr. Mur.* $\frac{1}{x}$, and for Miss Mary, *Calc.* $\frac{1}{x}$. The latter has not given me sufficient information as to the symptoms she formerly complained of, such as the headaches during the last few weeks, the numbness of the limbs and the whole right side, the raw and sore throat, the flow of water into the mouth, the expectoration of blood and mucus with the cough, the swelling of the glands, the icy-cold feet. I beg you to send me soon a more detailed account. On the whole, however, I am satisfied with the condition of both.

person bringing the tip of the thumb or the tips of all the fingers close to the local malady for one or two minutes. In the 2nd edition of the *Chronic Diseases*, p. 122, note, he says the Burgundy pitch plaster does no permanent good to the psora. In this paper he also makes the curious assertion that phthisis pulmonalis consists essentially of a series of short catarrhal attacks, and consequently the medicine requires to be repeated at short intervals.]

I, too, considered that Aegidi was preferable to all the others for the Princess. I thank you for having recommended him.

I don't know exactly where Yxkull's property is situated; do you know if he has suffered from being so close to the Polish revolution?

The Dowager Duchess of Anhalt, Julie, writes to me from Rome: "Dr. Schmit complains that he has had no answer to his letter to me." Has a letter from him come to you? I have not received any.

It certainly looks ill that the many indubitable reports in the papers about the marvellous curative power of homeopathy (and of *Veratrum*) in cholera have not yet reached the ears and eyes of the rulers in general, and of Nicholas in particular, but it can hardly be doubted that they will eventually do so. The great, infinitely good Spirit, who cares for the fate of every mite, will also with mighty hand silently bring about the establishment of that great affair which is so intimately connected with the well-being of sick mankind hitherto so neglected, though it may not be perceived how all is ordained. Traditional medicine and surgery is a much too shamefully cruel business. Just read, for example, how Hasper, Kreuzing of Leipsic's nephew, in the face of the homeopaths, teaches how to mistreat cholera and make it fatal with bloodletting to 30 ozs., quantities of leeches, and *Calomel* to the extent of three or four drachms, on a false theory and after the example, as he says, of the *best physicians* in the world, viz., *the English!* Is that not enough to rouse the anger of the homeopaths? I would that Atomyr* were the man to raise his voice against the allopathic murderers—for the reviews of allopathic pamphlets as they have hitherto appeared in your *Archiv*, written in a mild, deferential, gentle manner, do not appear to me calculated to stir up the deaf, infamous rogues. The cautious, timid comments of our homeopathic reviewers are of no use; they have no more effect on them than so many fleabites. Can anything worse befall us than that we should be deprived of all our civil and natural rights, if we were to proclaim aloud their injustice, give them literary blows, and make war to the knife on the murderous gang? They must be taught to fear our assaults, which should give the death-blow to their false art. They must be made to tremble before us, otherwise we shall make no way and our

* [Dr. Atomyr, of Pesth, a voluminous writer on homeopathic subjects and the author of some very original works. He studied medicine at the Joseph's Academy in Vienna, but as he made no concealment of his homeopathic proclivities he was expelled from the Academy, and it was intimated to him that if he presented himself for examination in Vienna he would certainly be rejected. He removed to Munich, where he passed a brilliant examination and secured his degree. He practised many years in his native town, where he died in 1856.]

immense superiority will never be acknowledged; we shall never gain any honour, nor induce the public to regard them with well-merited horror and disgust. I entreat our fellow-workers to bestir themselves and do their utmost to demonstrate the superiority of our divine art by stout resistance and attack, and to expose the miserable nakedness of these destroyers of mankind. If I were thirty years younger, I would undertake to do this unaided, and none would escape my death-dealing blows; they would no longer write in their wretched journals; they would be reduced to silence. But now I may fairly expect that I might relinquish this duty to my vigorous disciples. But I see that I am mistaken. But now that I am near the completion of my seventy-sixth year I can no longer wield the controversial club; I have, at least I think I have, with great labour built up my art on irrefragable pillars. But to drive the rascally, conceited rogues out of the temple of Æsculapius with scorpion-whips—nothing else will do—is a task which ought not to be imposed on me. *Would to God! some man would arise among us with head, heart, and mighty arm, who would devote his life to this second urgently needful work as I have mine to the first: the foundation of homeopathy!* Give my kind regards to Attoymr.

I send you herewith the Hungarian translation of the *Organon*, and the first part of the 3rd edition of the *Materia Medica Pura*, which I beg you to put in your library as a small remembrance of me. I have not got Bethmann's *Tea-symptoms*; he has written to me that he will send them to you if you will accept them. I thank Guitton for his kind wishes with all my heart.

Up! let us raise our head!

If we do not conquer, if we do not overcome the enemies of ourselves and of humanity, *it will be our own fault!* In these stirring times, when all ears and eyes are on the *qui vive*, we can surely initiate and accomplish much. May my spirit animate you!

All my family send their kind regards to you, as do I also.

Yours,

SAM. HAHNEMANN.

I have not yet received Weber's book.*

* [Systematic Arrangement of the Pure Medicinal Effects of all Remedies hitherto Proved, by Court-Counsellor Dr. GEORGE ADOLPHUS WEBER, Physician in Ordinary to his Serene Highness the Prince of Solms-Lich and Hohen Solms, with a preface by Hofrath Dr. Samuel Hahnemann, Brunswick, 1831.—The previous year Dr. Weber published a *Systematic Arrangement of the Pure Effects of the Antipsoric Medicines*. This later work seems to be an amplification of the earlier one. It is a repertory, but I can't say much for its utility, as the arrangement is very confused. Hahnemann's preface is dated Oct. 13, 1830.]

AGGRAVATION ACCORDING TO TIME.*

By H. N. MARTIN, M.D.

IN THE MORNING.—Acon., Agar., {Aloe, Ambr., Amm. carb., Amm. mur., Anac., Ang., Ant. crud., Ant. tart., Apis., Arn., Aur., Amm. carb., Angustura, Benzoic acid, Calc., Carbo. veg., Chel., Coff., Con., Creos., Croc., Dros., Euphr., Eupat. perf., Guaj., Hep., Ignat., Iris. vers., Kali bichr., Kali carb., Kali hyd., Kobaltum, Natr. carb., Natr. mur., Nitr., Nitr. ac., Nux vom., Petr., Phosp., Phos. acid, Podo., Psor., Ran. bulb., Rheum., Rhodod., Rhus tox, Sabina, Scilla., Sepia., Staph., Stram., Sulph., Tar., Veratr., Verb.

Acon.—Faintness, with shortness of breath, when rising in the morning from bed, with nausea, vomiting, yawning, and a drawing sensation in the umbilicus.

Agar.—Increase of fever, with rapid pulse. Heaviness and vertigo, with epistaxis; worse in the open air and by sun's rays.

Aloes.—Epistaxis in the morning when awakening.

Ambra. grs.—Expectoration only in the morning, yellow or grayish, tough, salty, or sour.

Amm. carb.—Dry cough from 3 to 4 a.m., then falling asleep, with perspiration. Involuntary micturation towards morning.

Amm. mur.—Giddiness, with fulness and heaviness in the head; and dry cough, with burning and tickling in the larynx. Sleeplessness at 2 a.m. from cutting in the abdomen, sneezing, or from pain in the small of the back.

Anac.—Heavy sleep till 9 a.m.; morning nausea of pregnant women, relieved by eating, returning two hours after. Pressure in the pit of the stomach, with nausea and vomiting of the ingesta. Better after vomiting.

Angustura.—Pains in the back are worse about 4 a.m.

Ant. crud.—Perspiration in the morning when awakening.

Ant. tart.—Violent toothache early in the morning.

Apis.—Offensive diarrhea, worse in the morning. Restlessness, mucus in the mouth, diarrhea, hands blue and cold.

Arn.—Intermittent fever, with chill; drawing pains in the bones; bitter taste; frequent crustations, with putrid taste as from rotten eggs.

Aur.—Paralytic drawing sensation in the limbs when awakening, and perspiration on and around the genitals.

* Reprinted from the *North American Journal of Homeopathy*, vols. xix.—xx., consisting of four articles by the late Dr. H. Noah Martin. The first two articles occur in vol. xix., the second being supplementary to the first, both dealing with "Aggravation in the Morning." In this report we have run them together, placing all the medicines named in the two in alphabetical order.

Benzoic acid.—Awakes at 2 a.m. with heat, tense pulse, palpitation, and discharges of strong-smelling, dark-coloured urine.

Coff.—Headache with tightness of the brain; bitter taste in the mouth and nausea.

Calc.—Expectoration worse in the morning, sour, bitter taste in the mouth; chilliness.

Carbo. veg.—Spasmodic hollow cough, with bad-smelling brown or bloody pus only in the morning.

Chel.—Great debility in the morning, with perspiration before awaking, and dimness of sight.

Con.—Frequent and empty eructations.

Creos.—Low-spirited and weeping, with dulness, heaviness, and pulsation in the vertex and forehead; bleeding of the nose, and bad smell before the nose on awaking; ulcerative pains in the indurated os uteri in the morning; perspiration only in the morning.

Croc.—Lassitude and debility, with great distension of the stomach and feeling of emptiness.

Dros.—In whooping-cough the paroxysms are worse towards morning. In bronchial phthisis cough and expectoration, worse early in the morning, of greenish yellow bitter mucus, with gagging, which he is often obliged to swallow again; bruised pain in the back; perspiration mostly in face, or coldness on left side of the face while the right side is hot.

Euphr.—Frequent awaking, as if frightened, between 8 and 6 a.m., after which stupor, from which he awakens complaining.

Eupator. perf.—Early in the morning sensation as if violently whirled and then suddenly stopped.

Guaja.—Sensation of enlargement and protrusion of the eyes, with wide-open, staring, vacant look, and violent vomiting of watery mucus.

Hep.—Pains in the head and abdomen are worse in the morning, and are often accompanied by vomiting; coughing and expectoration are worse in the morning.

Ignat.—Headache as if sore and bruised; pain in the os sacrum.

Iris. vers.—Gums and tongue feel as if covered with a greasy substance; pain in stomach, with vomiting of a bilious, sweetish mucus. (Morning sickness of pregnancy.)

Kali bichr.—Wakens at 2 a.m. with heat, sweat, palpitation, dyspnea, and a desire to urinate. Awakes at 2 a.m. with nausea, and passes large quantities of strong-smelling pale urine.

Kali. carb.—Dyspnea and cough worse from 3 to 4 a.m.

Kali hyd.—Headache with heaviness at 5 a.m.

Kobaltum.—Colic, with rumbling in the abdomen before stool; tenesmus at 5 a.m.

Natr. carb..—Headache, with pulsation in the vertex every morning.

Natr. mur..—Hysterical debility; unrefreshed in the morning; morning cough, with expectoration of yellow, blood-streaked mucus; accumulation of mucus in the larynx; morning headache with vomiting, which goes off at about 10 a.m. Every morning pressing and pushing towards the genitals. (Prolapsus uteri.)

Nitr..—Cough is worse every morning at 3 a.m., with stupefying headache, cutting in the chest, and bloody expectoration.

Nitr. ac..—Headache in the morning, with vertigo; epistaxis with black clotted blood; white dry tongue and great thirst.

Nux vom..—Nearly all the symptoms are worse in the morning; the patient awakes at 3 a.m., then falls into an uneasy slumber, from which he awakes at a late hour, feeling tired and unrefreshed; he feels as if he had been on a "drunken spree" the night before.

Petr..—Sensitiveness of the scalp, very sore to touch, with numbness; great dryness of throat and mouth, with thirst for beer (bitter?).

Phosp..—Great weakness and vertigo in the morning; can hardly stand long enough to dress; various symptoms of headache are worse in the morning; painless, debilitating diarrhea.

Phosph. ac..—Morning sweat; spasmodic cough, caused by sensation of tickling in the pit of stomach and throat, with expectoration only in the morning; aching pains (growing pains) worse in the morning.

Podoph..—Morning diarrhea, headache with flushed face, dry mouth and tongue, colic with discharges dark green mixed with slime, and white chalk-like substances, and undigested food, having a very offensive smell, accompanied by a great deal of flatulence, and followed by prolapsus of the rectum.

Psorinum..—Diarrhea, horribly offensive, nearly painless, almost involuntary, dark and watery *only in the night*, and most towards morning.

Ran. bulb..—Scanty perspiration only in the morning on awaking.

Rheum..—Great weakness and heaviness of the whole body when awaking, with headache, and bad odour from the mouth.

Rhodod..—Pains appear to be in the bones and periosteum, and especially in the cranium; they are all worse early in the morning.

Rhus tox..—Cough worse in the morning; headache, with putrid breath in the morning; the walls of the abdomen feel lame when stretching out after awaking in the morning (rheumatic diathesis).

Sabina..—Headache early in the morning.

Scilla..—Influenza worse in the morning, with headache,

vertigo, nausea, violent coryza, with soreness in the nostrils; loose morning cough, which is more distressing than the dry evening cough; complaints are almost exclusively worse in the morning.

Sepia.—Sneezing before getting out of bed in the morning; always wakens at 3 a.m.; cough, with expectoration only in the morning, of yellow, greenish-grey pus, and great thirst in the morning; morning sickness of pregnancy. Throbbing in the occiput in the morning, with paralytic weakness of eyelids; worse from motion, from moving the eyes, and from lying on the back. Better in dark and with closed eyes.

Staph.—Headache, as if torn to pieces, in the morning; jerking and tearing around ulcers; toothache, nausea; pain in the back, as if broken or sprained; stiffness of the shoulder joints early in the morning.

Stram.—Painless, barking, spasmodic cough, in fine shrieking tone, returning every morning, and without expectoration (in asthma).

Sulphur.—Painless, sudden diarrhea, which drives the patient hurriedly out of bed. Strong pulsations of the heart, the carotids, and in the head, with fulness in the forehead, bleeding at the nose, and with nausea; worse on waking in the morning, from motion, stooping, talking, and in the open air.

Tart.—Heat in the face and hands, without thirst.

Veratr.—During menses, morning headaches, nausea, ringing in the ears, and pain in limbs.

Verb.—Awakens every morning at 4 a.m.; tongue coated yellow.

(To be continued.)

THE *New York World* mentions a rather curious practice resorted to by football athletes and others who require more than the normal amount of oxygen to be received into their lungs. A close observer, says the *New York paper*, may notice in the nostrils of some athletes of the present day a curious wire frame, the effect of which is to expand those important parts of the breathing apparatus, so that much more than the usual percentage of oxygen finds its way into the lungs. Not long ago, previous to an important boat-race, a report was circulated that several of the men who were to take part in it had gone to special practitioners in order to have additional "breathing holes" bored through the cartilages of their noses. The truth was that they came to have wire "spreads" inserted, says the *World*, to secure a greater "wind" supply; for more oxygen means, of course, more strength and endurance. The wire frames or spreads, as they are called, are about a third of an inch in diameter, shaped like a parallelogram with a rounded head, and about an inch long. According to all accounts, those who make use of them are surprised at the beneficial results of so doing.—*Scottish Sport*.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

SEVENTH Ordinary Meeting, Thursday, April 3rd.

Clinical Evening.

Mr. KNOX SHAW showed (1) a case of "Essential Atrophy of the Conjunctiva"—he was inclined to consider the condition one of pemphigus, though he had never been able to discover a vesicle on the eye, but there was undoubted pemphigus of the epiglottis; and (2) a case of cured hydrocele. The cure was effected by opening the sac and allowing the wound to granulate.

Dr. NEATBY showed a boy who had had severe pain in neck with spastic paralytic symptoms. *Bell.* relieved him speedily and permanently of his pain. He was then taken into a neighbouring hospital, and when he came out he was completely paralysed, and suffering from excessive perspiration. Then Dr. Neatby gave him *Lathyrus* and *Ipecac.* The twitchings disappeared; power came back. He can now walk. He diagnosed the case as one of *transverse myelitis.* *Silica* has always removed profuse perspirations when they appeared.

Dr. Neatby next showed a case of *Lupus* of the foot in a young woman of eighteen. The patient had had it from childhood. During the last year she had had repeated attacks of erysipelas. She has been taking arsenic for six months.

Dr. BLAKE showed a case of stammering in a young woman, twenty-three, who had suffered since nine years old. She was at one time unable to protrude the lower jaw, from paralysis of pterygoid muscles. She had also suffered from adenoids. By practising the action of the pterygoids, removal of adenoid growths, and lip exercise and breathing, she is quite cured. Stammering is an affair of lip and lung, not of glottis, as it has been supposed.

Dr. BURFORD showed a case of ovarian cyst of large dimensions in a woman aged fifty-nine. The growth had been slow at first, latterly rapid, and now operation had become imperative.

Dr. BUCK showed a patient with *hemiplegia after embolism, following cardiac valvular disease.* The patient had at first rheumatism, and afterwards chorea. Then she became suddenly comatose, and on recovering was found to be paralysed. At this time the cardiac bruit had disappeared.

Dr. BLACKLEY showed a case of lupus affecting the hand, causing loss of the forefinger. In this case the patient had also lupus of the face and essential atrophy of the conjunctiva.

Kali bichrom., *Arsenicum*, *Arsen. iod.*, and *Thuja* have been the chief medicines, *Arsen.* and *Kali bich.* having done the most good.

Dr. Blackley also mentioned a case of *Reynaud's* disease which he had hoped to show, but she had left the hospital. Photographs were passed round. The same patient had been shown a year ago, since which time the disease had made much progress.

Mr. DUDLEY WRIGHT, a case of *Sympathetic Ophthalmia* following injury to the opposite eye. A piece of broken glass was thrown, and injured the left eye. Under treatment she had recovered, the injured eye having got back part of its sight.

Dr. DAY showed several specimens under the microscope.

DISCUSSION.

Dr. Knorr Shaw's Cases.

Dr. DUDGEON wished to know how Mr. Shaw considered the case of hydrocele cured when there was evidently a new accumulation. The eye case was very interesting, and resembled pterygium, though it was quite different.

Dr. JAGIELSKI also did not consider the case of hydrocele radically cured.

Mr. WRIGHT apologised for bringing in the hydrocele case. It was on his own word that they had understood that the man was cured, and only on his appearance did they discover that some collection of fluid had again taken place.

Dr. MOIR was much interested in Mr. Shaw's eye case. Operations were of no avail. The only thing he thought of was the implantation of rabbit conjunctiva.

Dr. Neatby's Cases.

Dr. JAGIELSKI commented on Dr. Neatby's and Dr. Blackley's lupus cases. Dr. Jagielski hoped to have shown a case of lupus (*rodens*) in the face with red, hard, livid edges. There were a few wart-like granulations, but none healthy. Surgical treatment had been adopted, and the disease originated in a port-wine macula. Strong applications had produced the sore, and thence it extended attacking the external ear and meatus. His general health seemed pretty good, though he had bronchitic, asthmatic, and dyspeptic symptoms. Local treatment was first adopted, but was useless until internal medication had been given; and now, with both local and internal medication combined, healing is going on well. Antiseptic remedies must be applied. Creolin is the most useful. *Arsenic*, *Hydrastis*, and other medicines were given internally.

Mr. WRIGHT asked what success Dr. Neatby had had with *Salufer*. He had seen it effective in the wards in Dr. Blackley's cases.

Dr. Blake's Case.

Dr. BLAKE gave an account of his patient. The case was a good instance of adenoid stammering. The lips did not meet. The breathing was very defective. The usual recurrent bronchial râles were good. Dr. Blake described in detail the treatment of the case, and urged members to *treat* their stammering or stuttering patients. He called the disease *lip chorea*.

Dr. BLACKLEY in answer to Dr. Blake's question—Why should cases of *limb chorea* be considered suitable for a physician, and cases of *lip chorea* cases for an elocutionist?—was inclined to think moral and gymnastic treatment were the best for most cases of chorea.

Dr. BLAKE thought much could be done for chorea by medicines. On the indication of "quiet in sleep" he gave *Agaricus* in a case and cured it at once, after *Ignetia* had signally failed.

Dr. Buck's Case.

Dr. BUCK read the notes of the case. The patient was aged 32. The medicines were *Arsenicum*, *Belladonna*, and *Gelseminum*. *Gelsem.* certainly relieved the pains in the head.

Dr. MOIR said age was no criterion. Hemorrhage may occur into the brain at age.

Dr. DAY had also had a similar case in a girl in which embolism of the left cerebral artery took place and the patient died.

Dr. NEATBY commented on the progress of the symptoms which were unusual in the case.

Dr. BLACKLEY had seen the case with Dr. Buck and quite concurred with his opinion. The mitral bruit is now louder than when Dr. Blackley saw the patient on Nov. 30. Dr. Blackley had also seen another case of the same kind.

Dr. Burford's Case.

Dr. BURFORD repeated the reasons for operating in this case, and remarked that the hospital had no proper facilities to offer for such an operation. He also added that it was owing to the private munificence of a member of the staff that it had been arranged.

Mr. Wright's Case.

Mr. WRIGHT said the patient was a scrubber at Charing Cross Hospital, but she preferred to be treated at the Homeopathic. At first she would not come in, but stuck to her work, and came

as an out-patient. She was treated with hot fomentations and atropine dropped in. She had *Aconite* and *Belladonna*, and afterwards *Gelseminum*. The case was treated under Dr. Moir, in Mr. Shaw's absence, when in hospital, and by Dr. Burford when she was outside.

Dr. BLACKLEY asked members to take his remarks on his case as read. This was agreed to, and the meeting adjourned.

EXTRACTS.

DR. GENTRY'S NEW WORK.

WE have pleasure in reproducing the prospectus of *The Homœopathic Journal of Materia Medica*, to be published quarterly, William D. Gentry, M.D., editor.

As soon as a sufficient number of subscribers shall have been obtained, the initial number of the above-named quarterly will be issued.

The Homœopathic Journal of Materia Medica will be all that its name implies, its pages being devoted exclusively to the publication of articles upon the subject of materia medica.

Each number will contain from one hundred and thirty-two to one hundred and fifty pages, the larger portion of which will be devoted to publishing *The Rubrical Text-Book of the Homœopathic Journal of Materia Medica*.

The student and practitioner of medicine is in need of a work on materia medica which will be not only in name, but in truth and reality, a text-book. What is a "text-book"? Webster defines it as follows :

Text-book—*A book with wide spaces between the lines, to give room for observations or notes.*

In compiling the Concordance Repertory, it was found necessary to search, compare, and select from all materia medicas and from all reliable sources. In selecting, the rule observed was to choose only and give all the more characteristic pathogenetic symptoms, and include only such clinical symptoms as have been repeatedly verified. After selecting a symptom it was condensed by stripping it of all unnecessary verbiage, and the words for headings or to be indexed in the Concordance underlined or marked for the guidance of the corps of writers employed in the classification of the work. After being thus used the manuscript was laid aside. Without any design or purpose on the part of the author to prepare a materia medica for publication, it has been discovered now that he has completed a work which, on account of its arrangement, and completeness of characteristic and reliable symptoms, stripped of all unnecessary verbiage, will prove one of the most available and convenient text-books, in the sense of being a manual of instruction on which teachers of the science of materia medica may lecture or comment, and for study and practice, which has yet been devised.

This materia medica differs entirely in arrangement from any work heretofore published. It is arranged in sections, and each section is devoted to an organ or an anatomical division of the system. For instance, the first section contains all there is in the materia medica which the author considers characteristic and reliable, concerning or affecting the Mind and Disposition; the second section, all that there is concerning the Head and Scalp, Headaches, Vertigo, etc.; the third section, the Eyes; fourth, the Ears; fifth, the Nose; sixth, the Face, and so on until the whole body, Generalities, and Key-Notes, have been included.

It is this materia medica which we propose to publish in *The Homeopathic Journal of Materia Medica*.

It will be printed on heavy tinted paper, and so arranged with wide spaces between the symptoms, that the student or practitioner may note observations, or add newly discovered or verified symptoms as they may be presented in the future.

The size, material used, and character of the work, makes it necessary for the publisher to make the price of subscription Four Dollars a year.

It is expected that no member of the profession who desires to be fully posted on materia medica and possess one of the most complete and reliable materia medicas—a text-book in every sense of the word, will fail to subscribe for the Journal in time for the first issue. W. A. Chatterton, Publisher, 181, Clarke St., Chicago.

Appended is a sample of *The Rubrical Text-Book of the Homœopathic Materia Medica*:

MIND AND DISPOSITION.

IGNATIA AMARA.

Extremely susceptible to emotional influences. Grief, fright, disappointed love or other emotional influences develop hysteric paroxysms.

Readily chagrined, and slightest cause produces grief and tears.

Hysteria with melancholy; ennui, weeping mood.

Nurses troubles in seclusion and silence, and broods over them until they affect the whole system.*

Gets more and more nervous, and more weakened; sighs heavily and deeply. Low-spirited; sad; apprehensive; inclined to shed tears.

* In the sample a two-line space is left between the symptoms. We have only shown this in the case of the first four.

Makes himself wretched, brooding over imaginary wrongs and misfortunes.
Full of suppressed grief, seems weighed down by it.
Corroding heart-care.
Cannot help crying.
Sadness and anxiety.
Depressed; extremely despondent mood; intolerable melancholy and apprehension.
Apprehensive; distressed; filled with sad thoughts and gloomy forebodings, especially in evening and at night, with desire for solitude.
Great desire to do everything in haste.
Tendency to start.
Indifferent to everything.
Impatient; irresolute. Inconstancy; quarrelsome.
Avoids talking, is serious and quiet.
Alternate gaiety and tears.
Alternate cheerful or depressed mood.
Alternations of laughing and crying.
Angry, and soon repents of it.
Vacillating mood; depression and hilarity.
Ill-humour, then lively.
Slight blame or contradiction irritates and excites to anger.
Exceedingly irritable and inclined to be angry.
Anger followed by quiet grief or sorrow.
Jealousy.
Inconsolable anxiety; fearless.
Anxiety, as if she had committed a great crime.
Anxious mood.
Apprehensive and anxious feeling at pit of stomach, with oppression of breath and palpitation.
Anxiety about his disease, with fear of death.
Absent-mindedness. Taciturn.
Affectionate disposition, with very clear consciousness.
Great grief after losing persons or objects that were very dear.
Finely sensitive mood; delicate conscientiousness.

INSTITUTIONS.

BATH HOMEOPATHIC HOSPITAL.

THE annual meeting of the supporters of the Homeopathic Hospital was held at that institution Wednesday, March 12. General Warren Walker presided, and amongst those present were Colonel Gumm, Messrs. A. Hammond, G. E. Thomas, E. V. Forshall, W. Pumphrey, C. W. Dymond (hon. sec), T. B. Silcock, E. Capper, W. Capper, G. Cox, Mesdames Forshall, Dymond, Rose, etc.

The Committee, in their report, which was read by the HONORARY SECRETARY, deeply regretted the death of Mr. E. J.

Morgan, to whose services as a member of Committee and Treasurer for several years they bore hearty testimony. Mr. H. S. Wooster consented to succeed Mr. Morgan, but the pressure of other business has obliged him to give up the office, though he consented to remain a member of the Committee. General Warren Walker has undertaken the charge of the finances, and Mr. Ald. Hammond has consented to join the Committee, and preside over its deliberations. With reference to the changes in the *personnel* of the nursing staff, it was noted that on account of illness Nurse Amy was compelled to retire from the service of the Hospital. Since February Miss Sellars (Nurse Florence) has been doing good work in the wards, and it is expected that she will shortly be able to undertake the nursing of private patients. Nurse Dora, throughout the greater part of the year, has been about constantly employed in this way. For some time the Committee have been wishing to add to the number of nurses in training, but no candidates with suitable qualifications have yet been found. There is, said the Committee, a great and increasing demand for such services as their well-taught nurses are able to render. The medical service of the Hospital, alike as respects the treatment of patients in the wards, at the dispensary, and at home, continues to be most punctually and efficiently performed by Dr. Wilde and his colleague, Dr. Wills. The time and skill of these gentlemen have ever been ungrudgingly given, no matter what the demand that may have been made upon them. The Committee bore emphatic testimony to the skill and entire devotion which the Matron, Miss Hampshire, has always brought, and continues to bring, to the task of superintending the domestic and nursing arrangements of the Hospital. The thanks of the Committee and subscribers were due to her, and not to her only, but also to the nursing staff, by whom she is cheerfully and ably seconded. The Committee thanked the visitors, official and unofficial, and particularly the visiting ladies; especial mention being made of Mrs. Forshall, Miss Helen Tovey, Miss Wilson, and Miss Balfour. The services on Sundays continue to be conducted by Mr. E. V. Forshall, M.A., while on Tuesdays the patients have been cheered by the presence of the Rev. Thomas Tyers. Occasional calls have likewise been made by the Vicar of the parish, the Rev. P. W. G. Filleul. The Ladies' Work Society, as usual, held two sales of work during the year, by which the sum of £44 15s. 9d. was added to the funds of the Hospital. The Committee acknowledged various donations which had been made to the Hospital during the year, and a legacy of £225 under the will of Mrs. Cartwright. It has been found necessary to spend the greater part of this amount in meeting current expenses, but £100 of it has been placed in the bank on deposit. The Committee placed on record

their indebtedness to Miss Lindsay for the quarterly magazine, entitled "Hospital Notes," which is printed and issued at her own charge, and has been the means of bringing fresh and most welcome contributions to the funds. It is gratifying, said the Committee in conclusion, to notice the extension of the work of the Hospital in all departments, giving evidence that the cause of Homeopathy is gaining ground.

Mr. DYMOND also read the medical report, which was signed by Dr. Wilde and Dr. Grahame Wills, and said that the work of the Hospital showed continual and steady progress. The report compared the results of the work that had been accomplished during the last three years by means of the following table:—

		In-patients.		Out-patients.		Home Visits.
1887	...	46	...	2,847	...	—
1888	...	67	...	3,741	...	386
1889	...	85	...	5,519	...	1,205

This work, it said, did not represent the full amount of relief the Hospital was capable of giving, as it was limited by the number of subscribers' tickets available. The friends of the Hospital could greatly help to extend the sphere of its usefulness by individual efforts to increase the number of subscribers. The report dwelt particularly on the number of home visits that had been made during the year, which it said represented a large amount of time and labour, but had proved a great boon to a very large number of the poorest class. It seemed necessary to say that although it had been the rule for patients to pay 1s. a fortnight or present a subscriber's ticket, no poor person had been refused assistance for the want of either one or the other. The fees earned by private nursing during the year amounted to £94 12s. 6d. against £41 18s. last year, and this amount could have been doubled if a larger number of nurses had been available. They had been enabled to give a favourable account this year more through the increased interest that had been taken in the institution, than through any additional efforts on their own part.

The CHAIRMAN then read the balance sheet, which showed that the subscriptions amounted to £167 7s.; the donations to £122, and the amount received from the special fund, £103 6s. The receipts from the in-patients were £33 3s. 6d.; from the out-patients, £63 9s.; and from the home visits, 10s. The nursing fees were £91 9s. 6d., the dividends from investments, £114 4s. 7d., and there had been a legacy of £225. This, with £2 14s. 7d. income tax to be remitted, made the total receipts £923 4s. 2d. On the other side there was at the beginning of the year a balance due to the Treasurer of £93 14s. 5d. The housekeeping amounted to £323 15s. 10½d. The medicines and medical

appliances cost £48 11s. 9d. The other expenses left £100 on deposit at banker's, and a balance in hand of £1 3s. 2d.—General WALKER moved and Mr. DYMOND seconded, and the report and accounts were adopted.

In conclusion a vote of thanks was accorded to the Chairman on the motion of Mr. CAPPER, seconded by Mr. PUMPHREY.—*Bath Chronicle.*

BIRMINGHAM HOMEOPATHIC HOSPITAL.

THE annual meeting of the Birmingham and Midland Homeopathic Hospital and Dispensary was held on Thursday, March 6th, at the Council House. The Hon. A. C. G. Calthorpe presided (as the Mayor, who had promised to take the chair, was not present). The proceedings were considerably delayed in the expectation that his worship would arrive. The meeting included Major-General Phelps, Dr. Blake, Dr. Wingfield, Councillor Martineau, Messrs. R. L. Impey (treasurer), E. Corfield, A. Harris, H. Hughes, S. Robinson, W. Charlton, N. N. Solly, P. W. Walker (secretary), and several ladies.—The SECRETARY read the Report of the Committee. It stated that, although during the past year from various causes there was a large falling off in the number of in-patients, it was a subject for congratulation that the work in the dispensary and among the home-patients continued to exhibit a high degree of activity. The following are the statistics for the year 1889 compared with those of 1888:—In-patients: Children, 57 in 1888, 32 in 1889; adults, 256 in 1888, 159 in 1889, giving totals of 313 and 191 respectively. Out-patients: Number of patients, 3,908, and 3,278; attendances, 17,937 and 18,376. Home-patients: Number of patients, 652 and 643; visits made by house surgeon, 3,653 and 4,188. With regard to the in-patients, the number treated had been considerably less than the very high total of 1888, but this was in a large measure accounted for by the closing of the hospital for seven weeks during the autumn, necessitated by two of the nurses having been attacked by scarlet fever. While there had been an increase of expenditure of £56 12s. 3d., there had been a diminution of income of £119 15s. 4d., resulting in an excess of expenditure over income of £299 5s. 1d., as compared with an excess of £122 17s. 6d. for the year 1888, and increasing the total deficiency at 31st of December to £983 10s. 4d. In reference to the principal heads of expenditure, that for maintenance, as might be expected, was somewhat less than in the previous year; but there was a marked advance in the cost of surgical appliances and drugs. The item of furniture and repairs was still unusually large. It included, however, an amount of £50 paid on account of alterations and

renewals of the heating apparatus, and £44 18s. 4d. for improvements in the sanitary arrangements undertaken on the advice of Dr. Alfred Hill. On the contra side of the account the decrease of income was mainly attributable to the smaller amount received as donations. There was also a very considerable falling off in the receipts from paying patients, which had been caused by frequent changes of the house surgeon and the closing of the wards referred to. In August last Miss Seavill intimated her desire to be relieved of the duties of lady superintendent. Her resignation was accepted, and the following resolution was unanimously adopted by the Committee:—"That this Committee, in receiving Miss Seavill's notice of resignation of her post of lady superintendent, hereby records its high appreciation of the zealous and valuable services she has rendered to the hospital during the past four-and-a-half years, during which time the work of the hospital has largely increased, and its administration has been conducted by her with marked efficiency and economy." Her successor (Miss Andrewes) entered upon her duties on the 21st of November, and the Committee had reason to hope that the economic management of the hospital, which had been a marked feature of recent years, would be continued under her administration, and be combined with great efficiency. The balance appended showed the results mentioned in the report.—The CHAIRMAN, in moving the adoption of the report and balance-sheet, regretted the absence of the Mayor. He (Mr. Calthorpe) pointed out that the hospital, as usual, wanted more money. It seemed to be the inevitable condition of the institution. There was a large amount of good done through the ladies' wardrobe and relief fund, and many thanks were due to the promoters for their action. Mr. R. L. IMPEY seconded the motion. The falling off of the in-patient department, he said, was serious, but there was much cause for congratulation on the general work of the hospital. There had been many clouds during the past year, and he hoped there would be a more settled state of things in the future. The institution was £170 worse than at this time last year, owing greatly to the falling off of income from in-patients. The resolution was agreed to.—The CHAIRMAN moved the re-election of Lord Windsor as president. The motion was seconded by Dr. BLAKE, and agreed to.—Mr. R. L. IMPEY, in acknowledging a vote of thanks for past services as hon. treasurer and re-election to that post, said he never expected that there would be so serious a deficiency. He had written to fifty friends of the hospital, and had already received promises for £267, and had no doubt the other £30 necessary to clear off the debt would soon be forthcoming. The readiness of the response showed great sympathy with the hospital, and he intended to clear off the whole of the deficiency.—The Committee were re-elected, and

other business of a formal character having been transacted, the proceedings terminated with a vote of thanks to the Chairman.—*Birmingham Post.*

TUNBRIDGE WELLS HOMEOPATHIC HOSPITAL: ANNUAL MEETING.

THE annual meeting of the subscribers and supporters of the Tunbridge Wells Homeopathic Hospital was held on Tuesday, March 11th, at the Institution, Upper Grosvenor-road, under the presidency of the Hon. J. M. Byng. There was a large attendance, amongst those present being the Hon. Mrs. Byng, Mrs. and Miss Laird, Major and Mrs. Warren, Miss Warren, Mr. Small, Mrs. Tripp, Mrs. Bingley, Mrs. F. Molliett, Mr. S. Pace, Mrs. and Miss Bodmar, Councillor Jones, Mr. C. Riley, Mr. Langton, Miss Huxley, Mr. and Mrs. Wilson, Mr. G. Cheverton, Mr. H. Whibley, the Rev. J. Mountain, the Rev. Mr. Bull, Mr. G. Jenner, Mr. and Mrs. Slatter, Mr. A. H. Tester, Captain Lewin, Mr. and Mrs. Pincott, Mr. J. Oetzmann (hon. secretary), Mr. W. Brackett, Mr. T. Dunn, &c.—The report, as read by Mr. Oetzmann, showed that in the year 1888, 522 patients had been treated at the dispensary then in existence, 2,500 attendances had been made by them, and 400 visits had been made by the medical officers to patients unable to attend. During the past year 765 patients had been seen at the hospital, 3,880 attendances were made, and 190 visits were made by the medical gentlemen. The Committee considered that some remuneration should be made to Dr. Pincott for making these home visits, and that £50 should be raised for this purpose by special contributions, but only £16 12s. had been at present contributed. Their thanks were also due to Mr. A. H. Tester, for his kindness in attending dental patients, and they proposed that he should be elected as hon. dentist to the hospital. The report referred to the effort which had been made to establish the hospital, of the receipt of contributions from Mr. C. Riley, £100; Mr. Smart, £50; Mr. Halt Mason, £52 10s.; Mr. H. P. Turner, £20; as well as £25 from the Hospital Saturday Fund, which gift was greatly appreciated, as showing the interest the working class took in the institution.—Mr. W. Brackett read the treasurer's report for the past year, and said that the friends of homeopathy were to be congratulated on the position they had now attained in Tunbridge Wells. The total receipts for the year were £400 6s. 8d.; and after payment of expenses they had a balance in hand of £31 19s. 3½d., in addition to £250 invested in the bank. In 1888 there 58 subscribers and four donors, receipts from the former being £60 14s. 6d., and from the latter source £7 5s.; but through the energy of the Hon. Sec. (Mr. Oetzmann), the

number of subscribers was now 104, representing £120 15s. 6d., and 99 donors, who gave £248 18s. It had been his privilege to belong to the original Committee in 1853, and he was thankful to have seen so small a movement grow to its present proportions, while they yet anticipated greater things in the future.—Dr. Pincott read the medical officer's report.—On the motion of the President, the report was adopted and ordered to be printed and circulated amongst the subscribers. He was pleased to see such a large attendance, and to know that a great interest was taken in the institution in Tunbridge Wells, which was due to the indefatigable efforts of Mr. Oetzmann, their Hon. Secretary. He eulogized the services of Dr. Neild and Dr. Pincott, and spoke of the assistance given by the donors.—The Rev. G. Mountain seconded, and spoke of the need there was for furniture to be provided for the hospital, which could be put into the institution if the charitably-disposed and liber-hearted knew of the need.—The resolution was carried.—Mr. Langton proposed that the best thanks of the meeting be given to the hon. physicians and surgeons for their gratuitous services during the year, and for their assiduous attention to the patients; to Mr. W. Brackett as treasurer; and to Mr. G. Cheverton as chemist and dispenser.—Councillor Jones seconded, and the motion was carried.—Mr. T. Ladds having been proposed as auditor of the accounts, the Rev. Mr. Bull proposed that the Hon. J. M. O. Byng be re-elected President, and Mr. W. C. Morland as Vice-President.—Mr. Oetzmann seconded.—The President returned thanks, and the Committee were then re-elected, with the addition of Major Warren, the Rev. J. Mountain, and Mr. G. Jenner, the latter as representing the Hospital Saturday Fund, the Committee of whom had contributed £25 towards the hospital.—Mr. Oetzmann was unanimously re-elected Hon. Secretary.—In reply to the vote of thanks accorded, Mr. G. Cheverton spoke of the services Mr. A. H. Tester had rendered as dentist, and proposed he be appointed dental surgeon to the hospital.—Dr. Pincott seconded in eulogistic terms.—Mr. Tester thanked the meeting for the appointment conferred upon him. The meeting closed with a vote of thanks to the Chairman for presiding.—*Sussex Daily News*.

EXETER HOMEOPATHIC DISPENSARY.

In presenting the report for the year 1889, the Committee are pleased to note the marked increase in the number of the patients, and also in annual subscriptions and donations:—

“They again thank the dispensers of the Hospital Saturday Fund for a generous contribution, increased they observe from 12 to 15 guineas. A proportionate increase on the part of all other subscribers

would relieve the Committee from much anxiety, and enable them to command (what they have long desired) the services of a paid Medical Officer for home visitation of the sick poor. They commend this need to the consideration of their friends in the sanguine expectation that their liberality will supply it.

“The removal of the Dispensary from Queen Street to 15a, Bedford Circus (formerly the Dental Hospital) has been a great success. The waiting-room for the patients and the room for the Medical Officers are all that can be desired, being light, warm, and well ventilated. The situation, too, is at once prominent, central, and quiet.

The additional rent paid, and the necessary expenditure in furnishing, have taxed the resources of your Committee somewhat severely, and it is to be regretted that as a consequence the Treasurer's Report shows an adverse balance of £19 11s. 5d. Your Committee, however, feel assured that all friends of Homeopathy will gladly help to wipe off this deficit.

“Alluding again to the subject of Home Medical Visitation, during 1889 Dr. Woodgates and Dr. Abbott voluntarily paid no less than 310 visits to patients unable to attend at the Dispensary, and to them the Committee feel that their hearty acknowledgments are due.

“They also thank those friends who subscribed towards the presentation portrait of the President, the Hon. and Rev. H. H. Courtenay, who has so ably presided over them for a period of forty years. They thank, too, those ladies who kindly gave sponges, basins, &c., for the use of the Medical Officers, and shelves and fittings for the storing and dispensing of drugs.”

MEDICAL OFFICERS' REPORT.

During the past year the total number of cases treated has been 503 (73 more than in 1888), of which there were—

Remaining on the books	-	-	66
Cured	-	-	321
Much improved	-	-	49
Not improved	-	-	12
No report	-	-	47
Died	-	-	4
Sent to Hospital	-	-	2
Discharged	-	-	2

503

The number of consultations held during the year amounted to 4,117, and 310 visits were made to patients at their own homes. There have been eighteen cases of surgical operations by the Medical Officer.

HENRY WOODGATES, M.D., M.R.C.S.,
Consulting Physician.

GEORGE ABBOTT, M.D., L.R.C.P.,
Medical Officer.

CROYDON HOMEOPATHIC DISPENSARY.

REPORT FOR 1889.

There have been 1,165 patients under treatment as compared with 877 during the previous year.

This represents upwards of 4,000 attendances; being an increase of about 900 from 1888.

Besides this, many visits have been paid to patients at their homes, partly for small fees and partly free.

Medical Officers { T. E. PURDOM, M.D., C.M.
J. DELEPINE, M.B., C.M.

REVIEWS.

CONSUMPTION.*

(Second Notice.)

WE now come to the second part of this work—*The Therapeutics of Tubercular Affections*. Those who are acquainted with Dr. H. C. Allen's classical work on the *Therapeutics of Intermittent Fever* will not need to be told that Dr. Allen is a master of the *Materia Medica*, and they will understand the character and the value of his contribution to the present volume.

Dr. Allen does not directly endorse Dr. Gregg's theories, but neither does he condemn them, and now and again he points out their practical bearing on therapeutics. After a few pregnant introductory remarks on the Geographical Distribution of Phthisis, Effect of Climate, Personal Hygiene, and Diet, Dr. Allen proceeds to the Homeopathic Treatment. Every student should master the four pages of practical advice on the method of practising homeopathy—the necessity of finding the simillimum, the three mistakes which Hahnemann warned his followers against committing, and Hahnemann's Three Rules.

Dr. Allen proceeds to give, in alphabetical order, a detailed description of each of the medicines of major importance in the treatment of tubercular diseases. First he gives general characteristics, and then the characteristic symptoms in the respiratory domain—Larynx, Cough, Chest, and Lungs—aggrava-

* *Consumption: Its Causes and Nature*. By Rollin R. Gregg, M.D. To which is added *The Therapeutics of Tuberculous Affections*. By H. C. Allen, M.D. 1889. Chicago: Published by Dr. H. C. Allen, 5401, Jefferson Ave. To be obtained also of Alfred Heath and Co., 114, Ebury Street, London, S.W., and Homeopathic Publishing Co., 12 Warwick Lane, E.C.

tions and ameliorations, and concludes by giving the relations of the medicine to others. Interspersed also throughout his descriptions he names medicines that have the same symptom and condition as the one described, or an opposite one; thus the *materia medica* part is to a large degree comparative, and therefore the more useful in practice. In order to exhibit more fully Dr. Allen's method, we give one of the medicines entire.

CONIUM.

Characteristic.—Especially suitable for the diseases of old people, old women and hypochondrical old maids, with rigid muscular fibre; debilitating diseases of old men consequent upon enforced continence or sexual excesses in youth; persons with light hair, easily excited, as well as the opposite condition.

Glandular indurations: of stony hardness (*Carb. an.*; *Iod.*); of mamme and testes, especially in persons of a scrofulous, tuberculous, or carcinomatous cachexia; after contusions, blows, falls; indurations, the effects of old injuries.

Inability to sustain any prolonged mental effort; memory enfeebled, comprehension difficult. Greatly concerned about little things. Dreads being alone, but avoids society (*Kali c.*, *Lyc.*); hypochondriasis.

Vertigo: Worse lying down (on sitting up in bed, *Coc.*); when turning over in bed, as though the contents of the room were turning in a circle, must keep the head perfectly still. The smallest quantity of spirituous liquors intoxicates. Intermitting flow of urine; flows in a full stream at first, then stops, flows again, &c.

At every menstrual effort, the breasts (which are usually relaxed) become enlarged, sore, painful.

Aggravation.—At night, lying down; cold air; rising up in bed; going from warm room into open air (*Phos.*).

Amelioration.—In the dark when walking.

Larynx and Trachea.—Larynx sensitive to touch (*Apis*, *Lach.*). Almost constant irritation to a dry cough, from a dry spot in the larynx, where there is a crawling (from a dry spot in throat, *Actea*). Scraping in larynx, with irritation to cough, and dry cough in evening.

Respiration.—Shortness of breath, or want of breath, when walking or taking the least exercise; in morning on waking, with constriction of chest.

Asthma: of old people, with tickling cough; in morning, when waking; in paroxysms during wet weather; the face bluish red; nervous bronchial asthma.

Sensation as if chest did not expand enough; finds it difficult to take full inspirations.

Cough.—Unbearable titillation in throat-pit, causing paroxysms of dry cough.

Cough caused by a dry spot in larynx; crawling and scraping in larynx; tickling in throat; itching and tickling in chest, behind sternum (*Iod.*, *Phos.*, *Puls.*); enlargement of bronchial glands; irritation of laryngeal and tracheal mucous membrane; going from warm room into the open air (*Phos.*). Sympathetic during pregnancy (*Kali br.*,—see *Nux M.*, *Sab.*); talking or laughing (*Dros.*—see *Phos.*).

Cough : dry, teasing, spasmodic ; titillating, nightly, hacking ; in short spells ; persistent, annoying ; with violent headache, fluent coryza, oppression of chest, and evening fever ; recurs every evening at 6 o'clock, lasting till daylight ; with pain in abdomen, which he must hold with his hands.

Chest and Lungs.—Sharp thrusts directly through the chest, from sternum to spine, while sitting. The clothes lie like a weight on the chest and shoulders. Stitches, pleuritic ; in right chest about nipple, on every inspiration, while walking, not relieved by hard pressure ; beneath the ribs ; from abdomen to right side of chest. Cutting pressing pains in both sides of the chest, worse from inspiration.

Expectoration.—Hæmoptysis, especially after masturbation, with weakness or pressing, cutting pains in chest. Sputa : bloody ; copious ; purulent ; difficult ; hardened ; of putrid taste, like rotten eggs, especially after measles or scarlatina, loose, unable to expectorate, must swallow what is raised (see Caust.) ; frothy, with yellow nucleus ; yellow mucus in masses, during the day.

Relations.—Follows well after Cal., Dros., Ferr., Phos., Myr., Com. Is followed by Bell., Lyc., Phos., Puls., Rhus., Sulph.

Has relieved the dry cough of pulmonary phthisis when Hyos., Dros., and Op. failed.

Inimical and antidotal : Nit. Ac.

“This remedy, in order to act beneficially, has frequently to be preceded by some other drugs, and must then be used in the smallest doses (the highest potencies).”—HÄHNEMANN.

The *Repertory*, which concludes the work, deals only with the medicines described in the *materia medica* portion. This we think is a pity. Those medicines to which reference is made for the sake of comparison, might have been included in the *repertory* without adding much to its bulk. For instance, among the characteristics of *Kali bichrom.*, we have under Nose: “Clinkers” from nose or posterior nares (*Alum, Sep., Sil, Teuc*). In the *repertory* of characteristics, under the same symptom, only *Kali bi.* and *Sep.* are given. Perhaps Dr. Allen only regards the symptom as characteristic of these two ; but still we think the others might have been given as well, with a mark to distinguish them as less important.

Naturally, we miss a number of medicines we might have expected to meet, but Dr. Allen was bound to make a selection, and on the whole he has selected wisely. All who aim at exact prescribing should possess a copy of the work.

CYCLOPÆDIA OF DRUG PATHOGENESY. PART XI.*

WE are pleased to note the steady progress of this work, now

* *A Cyclopædia of Drug Pathogenesis.* Edited by Drs. Hughes and Dale. Part XI. *Natrum Muriaticum, Phosphorus.* London : E. Gould and Son, 59, Moorgate Street. New York : Boericke and Tafel, 145, Grand Street. 1899.

rapidly approaching its completion. The present number fully sustains the character of its predecessors. The editors are accumulating a vast store of rich raw material, for which all future writers in the field of materia medica and clinical homeopathy will owe them thanks.

SCHÜSSLER'S TISSUE REMEDIES, BY BOERICKE AND DEWEY. SECOND EDITION.*

THE call for a second edition of this work within two years of its appearance is a matter on which the authors may well congratulate themselves. The new edition does not differ materially in size from its predecessor (pp. 325 in the 2nd, against pp. 303 in the 1st), but the authors have pruned out some of the matter of the first to make room for more important additions. We observe that the authors have most properly made use of Dr. H. C. Allen's magnificent proving of *Magnes. Phos.*, for which they make their acknowledgment to him in their preface. Since the provings of *Magnes. Phos.* bring out so admirably the sphere of the drug, confirming Schüssler's indications arrived at in other ways, it is fair to presume that the other unproved remedies of Schüssler would equally well repay proving. Dr. Allen's proving of *Magnes. Phos.*, which is to be found in the *Medical Advance* for December, 1889, raises that medicine to the rank of a Polycrest.

The work before us consists of four parts: 1. An introductory chapter giving the biochemical theory of Schüssler, and setting forth the relationship between this and homeopathy, and also between the salts of Schüssler and the remedies of the homeopathic materia medica. 2. A *Materia Medica* of the Twelve Tissue Remedies, in which the chemistry, physiology, relationship, and symptoms of the substances are given, including both "bio-chemical" data and homeopathic data for their use. 3. The therapeutical application of the remedies, being a catalogue of diseases in alphabetical order, with the distinctive indications for each of the remedies. 4. The book concludes with a full and useful *Repertory*, arranged on the usual plan of homeopathic repertories.

We have no hesitation in commending this work to the notice of our readers. We have frequently found Schüssler's remedies most satisfactory in practice, and we know of no better guide to their use than this work of Drs. Boericke and Dewey.

* *The Twelve Tissue Remedies of Schüssler, Comprising the Theory, Therapeutical Application, Materia Medica, and a Complete Repertory of these Remedies.* Arranged and compiled by William Boericke, M.D. and Willis A. Dewey, M.D. Second Edition. Revised and Enlarged. Philadelphia: Hahnemann Publishing House. 1890.

CONCORDANCE REPERTORY. VOL. I.*

At last we are enabled to announce the appearance of this volume, which we have frequently brought to the notice of our readers. The 885 pages are devoted to the symptoms of Mind, Head, Eyes, Ears, Nose, and Face. As we have already described the nature and scope of the work, we will only say here that we have used it every day since it has been in our possession, and we find it incomparably the greatest labour- and time-saving work we are acquainted with. Time and use must show if the symptoms are all equally reliable, but we believe Dr. Gentry has good authority for most. All who have not done so should order the work at once. Our publishers are the London agents, and we must refer to our advertising columns for the price. We believe the three remaining volumes will now appear with little delay.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

•• In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

“ HOMOEOPATISCH MAANBLAD.”

DR. BONIFACE SCHMITZ, *Antwerp*.—The address of the Editor of this journal is De Redactie Van het, “Homoeopatisch Maanblad” te 's-Gravenhage. The publishers are Heeren La Rivière & Voorhoeve te Zwolle.

MR. CHIVERTON, *Wincanton*.—Requests for copies of this journal must be addressed to the publishers, represented by Mr. C. Miller, 12, Warwick Lane, E.C.

* *The Concordance Repertory of the More Characteristic Symptoms of the Materia Medica.* By W. D. Gentry, M.D. Vol. I. New York: A. L. Chatterton and Co., 78, Maiden Lane. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. 1890.

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

VACANCIES.

JAMAICA.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—An agent of ours in Jamaica writes us that there is a good opening for a homeopathic practitioner possessing good British qualifications in that island. Good fees are obtainable, and the climate is that of a *health resort*, “as invalids can suit themselves in getting any kind of climate they choose.” There would therefore be an opportunity for any medical man in delicate health seeking a temporary change to benefit by a few years’ residence there. Our correspondent further says that the law does not permit American physicians to practice in the island.—Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, London, E.C., April 18, 1890.

LIVERPOOL HAHNEMANN HOSPITAL AND DISPENSARY, *Hope Street*.—Wanted, a non-resident stipendiary medical officer for the above hospital. He must be qualified and registered. Salary, £100 per annum. For particulars apply to the Secretary, Francis Bell.

MALVERN.—We much regret to learn that Dr. Arthur Dalzell (who has recently contributed to our pages) has suddenly broken down in health, and has to go abroad at once. He is anxious to find a *confrère* to take charge of his practice in his absence. It is a good and growing practice, and the fees are good. Mr. J. I. Glover, of the English and American Pharmacy, Malvern, has written to us on behalf of Dr. Dalzell, and to this gentleman we refer inquirers.

RYDE.—Messrs. Leath & Ross write to us that a client of theirs resident in Ryde informs them that there is much need of a homeopathic physician in that town.

HITCHIN.—A correspondent from the neighbourhood of Hitchin, Herts, writes to lament the medical destitution of his county, and hopes some enthusiast may be persuaded to settle in Hitchin (10,000). We commend this busy town to the notice of our readers. We should think the best way to obtain a resident homeopathic medical man would be for the local homeopaths to club together and guarantee a new-comer a certain sum. From all we hear allopathy is not very brilliantly represented in the neighbourhood.

MELBOURNE HOMEOPATHIC HOSPITAL.—We have called attention elsewhere to the vacancy at this institution for a second resident medical officer. See also our advertising pages.

REMOVAL.

DR. MOLSON, *Wimbledon*.—Dr. J. CAVENDISH MOLSON has removed to 13, LINGFIELD ROAD, Wimbledon, from 54, Hill Road.

GENERAL CORRESPONDENCE.

DRUG ACTION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Dr. Watson's condensed and systematic remarks appear to me very interesting; but I should like, by your leave, to say a few words about his classification of the forces of health and disease.

The *vis vitæ*, *vis morbi*, and *vis medicinæ* are doubtless more or less distinct; but if they could at all times be thus classified, the art of prescribing would surely be a much more simple matter than at present. So far as I can judge, they constantly overlap in a most puzzling manner. For instance, "the function of the *vis vitæ* is to maintain the organism in health;" but the *vis morbi* appears to be intimately concerned in the same process by disintegrating and dissolving those particles requiring to be removed from the system in the various forms of waste material. "When these two powers meet, 'then comes the tug of war'"; but, on the other hand, health consists apparently in a proper balance of these two constructive and disintegrating processes.

Vis alimenti might, perhaps, be called a fourth force, and would be found in a similar manner to overlap the *vis medicinæ*, &c., in ways which I need not particularize.

Again, does the *vis vitæ* *always* produce *increased* functional activity? Is not sleep a natural vital process? On the other hand, is the *vis morbi* *always* characterized by depressed, *diminished*, or *arrested* functional activity? Are not such diseases as mania and tumours characterized by *increased* functional activity? *Apparently* such is certainly the case; although I have seen tumours ascribed to a want of activity in the disintegrating process.

Whatever may be the explanation, or the true pathological reading of the symptoms, numerous diseases are, to outward appearance, characterized by increased functional activity in the part affected; and I sometimes think the fact might be more dwelt upon by homeopaths, at least when indulging in theorizing.

Sir, Yours very respectfully,

FERRUM.

VARIETIES.

CAUTION REGARDING EXTRACT OF MALE FERN.—A Bohemian practitioner, writing in the *Allgemeine Medicinische Central Zeitung*, mentions a case where, having administered two drachms of extract of male fern in gelatine capsules, followed by castor oil, which had brought away a considerable length of worm, he was somewhat surprised to be aroused at five o'clock on the second morning to go to the patient, who had just had a violent rigor, and was at that time feverish and suffering great pain in the abdomen with diarrhea and constant vomiting. The temperature was 103° F., and the stools presented the characteristic odour of male fern. For these symptoms ice and morphia were prescribed, by which means the sickness was brought under pretty quickly, but the intestinal catarrh required treatment for several days. The writer came to the conclusion that the explanation of the late appearance of the symptoms was due to the fact that the extract in the capsules had become inspissated, and therefore difficult of solution in the juices of the stomach. Some little time later he gave the same patient a drachm and a half of the extract in the fluid form, and succeeded in bringing away the whole of the worm without causing any disagreeable symptoms.—*Lancet*, Jan. 4th.

SYMPHORICARPUS RACEMOSUS (SNOW-BERRY).—Dr. Phil. Porter (*Hom-Jour. of Obs.*, May, 1889) says of this drug that when given to female provers it produced almost uniformly the same results, "a feeling varying from qualmishness, to intense nausea with violent vomiting." Upon these indications it has been given in the higher potencies to patients suffering from the vomiting of pregnancy with the most satisfactory results. Dr. E. V. Moffat says: "The indications for symphoricus, so far as I have observed them in cases of pregnancy, are a feeling of qualmishness with indifference to food. In more severe cases there is deadly nausea; the vomiting is a continuous and violent retching, but it covers every gradation between these extremes. It does not seem to be confined to any particular morning aggravation. A prominent symptom is the disgust at the sight, smell, or thought of food. One case I remember in which the patient was comparatively comfortable while lying on the back, but would be nauseated by the slightest motion of the arms, particularly raising them. This case was completely relieved by a few doses. And so the cases might be multiplied." Dr. Moffat sent the drug to a number of other physicians, all of whom reported favourably. Besides the reflex gastric disturbances of pregnancy, it has been given repeatedly in cases of nausea or vomiting, before or after the catamenia, with admirable results. Again, apart from menstruation, it has proved beneficial in certain cases of irritable or congested ovary, hysteria, and ovarian tumour.—*New York Medical Times*.

ALLEGED BLOOD POISONING FROM A GLOVE.—A somewhat sensational paragraph has appeared in a portion of the lay press relating to the death of a lady which is said to have been due to blood poisoning derived from a glove. The facts, as stated, are as follows:—A young

Jewess from Kieff was visiting her friends in the Polish capital, who in honour of her visit gave a large ball. The young lady, well known for her beauty and other attractions, purchased for the occasion a pair of long Danish gloves. While in the middle of a dance she suddenly felt a severe pain in her left wrist, which rapidly became inflamed and swollen. Upon reflection she remembered to have slightly pricked the wrist with a pin while making her toilet. Subsequently medical examination showed that the young lady was suffering from carbuncle and blood poisoning, contracted from the glove. The medical men in attendance expressed their conviction that the glove had been made from the skin of an animal suffering from anthrax. Within forty-eight hours their unfortunate patient was dead. The rapidity of the development of the symptoms is not the least remarkable feature in this case; we do not question the theory which has been advanced to account for the attack; it is a quite possible one, though without corroborative evidence it sounds just a little transcendental. In view of the processes through which "skins" have to pass before being cut up into gloves, a perfectly disinterested person can only feel some admiration for the robustness of the individual microbes whose tenacity of life and purpose enabled them at the proper moment to give expression to their malignity.—*The Medical Press*, Jan. 8th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Arey (A. L.). *Laboratory Manual of Experimental Physics: A Brief Course of Quantitative Experiments Intended for Beginners.* 16mo, pp. ii-200. (Syracuse, New York. 4s.)
- Berdoe (Edward). *The Healing Art and the Claims of Vivisection: a lecture delivered at Cambridge, March 10, 1890.* Cr. 8vo, pp. 50. (Sonnenschein. 1s.)
- Billings (Dr. J. S.). *The National Medical Dictionary, including English, French, German, Italian, and Latin Technical terms used in Medicine and the Collateral Sciences, and a series of tables of useful data.* 2 vols., Imp. 8vo. xlv.-1580, (Pentland. Net 50s.)
- Gentry (Dr. W. D.). *Concordance Repertory of the more Characteristic Symptoms of the Materia Medica.* Vol. 1. Roy. 8vo. 30s. Pp. 16-885. (Homeopathic Publishing Company.)
- Gibson (G. A.) and Russell (W.). *Physical Diagnosis: a guide to Methods of Clinical Investigations.* With 101 Illustrations. Cr. 8vo., pp. 374. (Pentland. 10s. 6d.)
- Hill (M. B.). *Chronic Urethritis and other Affections of the Genito-Urinary Organs.* 8vo. (Lewis. 3s. 6d.)
- Humphry (Laurence). *A Manual of Nursing, Medical and Surgical.* With numerous Illustrations. 2nd edit. Cr. 8vo, pp. 240. (Griffin. 3s. 6d.)
- Kelly's London Medical Directory, 1890. 8vo. (Kelly. 4s. 6d.)
- Lee (A. B.). *The Microtome's Vade Mecum: a handbook of the methods of Microscopic Anatomy.* 2nd edit. 8vo, pp. 480. (Churchill. 12s. 6d.)
- Lewers (A. H. N.). *A Practical Text-Book of the Diseases of Women.* 2nd edit. With 146 Illustrations. Cr. 8vo, pp. 460. (Lewis. 8s.)
- Maokenzie (W. J.). *Home Medicine and Surgery: a Dictionary of Diseases and Accidents, and their treatment when the services of a Doctor are not obtainable, with Illustrative Diagrams showing how to apply Surgical Bandages, Splints, &c.* Cr. 8vo, pp. 158. (L. N. Gill. 2s. 6d.)
- Medical Register, 1890. Roy. 8vo. (Spottiswoode. 4s.)
- Owen (Edmund). *A Manual of Anatomy for Senior Students.* With numerous Illustrations. Cr. 8vo, pp. 512. (Longmans. 12s. 6d.)
- Peretra (J.). *Selecta e Præscriptis. Selections from Physicians' Prescriptions.* 18th ed. 32mo, pp. 364. (Churchill. 1s. 5s.)
- Shuldham (Dr. E. B.). *The Health of the Skin and its nervous affinities.* Post 8vo. 76 pp. 1s.
- Thornton (J. Knowsley). *The Surgery of the Kidneys. Being the Harveian Lectures, 1889.* 19 illustrations. 8vo, pp. 102. (Griffin. 6s.)

Transactions of the American Gynecological Society. Vol. 14. 1869. 8vo. (Paul, Trübner and Co. 25s.)
 Walley (T.). A Practical Guide to Meat Inspection. With 26 illustrations. Post 8vo, pp. 188. (Pentland. 8s. 6d.)
 Winckel (F.) A Text-Book of Obstetrics,

including the Pathology and Therapeutics of the Puerperal State, designed for Practitioners and Students of Medicine. Translated from the German under the supervision of J. Clifton Edgar. With 180 illustrations. Roy. 8vo, pp. 926. (Pentland. 28s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, Harrington Road, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Dr. W. B. Clarke, Indianapolis; Dr. Wildes, Jamaica; Dr. Bertridge, London; Dr. C. L. Tuckey, London; A. M. C., Hitchin; the Rev. Mr. Swallow, Shanghai; Mr. Francis Bell, Liverpool; Dr. Morrisson, St. Leonard's; Mr. Chiverton, Wincanton; Mr. Pumphrey, Wantage; Messrs. Leath & Ross, London; Dr. Harmar Smith, Guildford; Messrs. Gould & Son, Moorgate Street; Dr. Boniface Schmitz, Antwerp; Messrs. Alfred Head & Co., London; Mr. W. T. Stead, London; Dr. Thos. Wildes, Jamaica; Mr. E. A. Bennett,

Melbourne; Dr. Purdom, Croydon; Dr. J. Cavendish Molsen, Wimbledon.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Homeopathic Review.—Chemist and Druggist.—Monatsblätter.—El Criterio Medico.—Allg. Hom. Zeit.—Medical Era.—Revista Homeopatica.—Medical Visitor.—American Journal of Homeopathy.—Clinique.—Revue Homeopathique Belge.—Californian Homeopath.—La Reforma Medica.—Chironian.—Healthy Life.—New York Medical Times.—American Homeopathist.—New England Medical Gazette.—La Médecine Hypodermique.—Homoeopatisch Maandblad.—Albany Medical Annals.—Medical Advance.—Hahnemannian Monthly.—Announcement of meeting of Indiana Institute of Homeopathy.—Psycho-Therapeutics, by Dr. Tuckey.—Comfort and Economy of Clothes, by T. H. Holding.—First Annual Report of Phillips Memorial Homeopathic Hospital and Dispensary.—Comptes Rendus du Congrès International d'Homeopathie, Paris.—Homeopathic League Tract, No. 28.—Supplement to the Jamaica Gazette, March 6, 1890.—Report of Croydon Homeopathic Dispensary.

THE
HOMEOPATHIC WORLD.

JUNE 2, 1890.

THE NEW HOSPITAL.

THE magnificent donation of £10,000 to the building fund of the proposed new Homeopathic Hospital practically settles the question as to whether the scheme is to be gone on with or not. Of the £30,000 needed before a start can be made already one-half is promised, and it cannot be doubted that when an effort is made the rest will soon be forthcoming. The generous donor of the £10,000, a friend by whose liberality the Hospital has already largely benefited, desires that the gift should be anonymous, a wish which we are bound to respect. In the list of donations announced up to the present appear the names of other staunch friends of the Hospital for substantial sums ranging from £2,000 downwards.

On one particular feature of the list we should like to dwell, showing how much the success of the effort rests with the medical men. It will be seen on referring to the list that it is through the medical men that a very considerable proportion (including one sum of £1,000 through Dr. EPPS and £200 through Dr. MOIR) of the amount is promised. We therefore appeal to the medical men to use their influence with their patients. Many of them are well able to contribute, and will be glad to do so when the necessities of the case are put before them. And this appeal applies not to the London doctors only. Dr. COLLINS, of Leamington, has given the country doctors an excellent lead. Leamington is not one of the largest or

wealthiest of our provincial towns, and yet Dr. COLLINS has raised a fund of £40 among his friends. If all our country colleagues would do as much as this, the building would be started at once.

The Board of the Hospital, with Major VAUGHAN MORGAN (whose letter we publish elsewhere) as its moving spirit, we may trust to do its part. As a first step in calling public attention to the movement, a concert is being organized at Grosvenor House, kindly lent for the occasion by his Grace the DUKE OF WESTMINSTER. An excellent programme has been arranged, and although the notice is somewhat short, we have no doubt it will prove a great success.

The need of a new hospital building we have dwelt on before, and it will be found fully set forth in Major MORGAN'S letter and in the Annual Report of the Hospital. Briefly we may recapitulate them here.

1. The present building was not built for a hospital, but was adapted from private houses.

2. The plan is antiquated: there are no facilities for some of the finer kinds of modern surgical work; the walls are old, and difficult to thoroughly cleanse and disinfect.

3. The accommodation for the very large out-patient department is totally inadequate.

4. The building being old, the cost in repairs amounts to a very considerable sum annually.

As the metropolitan centre of the Homeopathic Art it is highly desirable that the building should be worthy of what it represents, and in every way equal in equipment to the best of the old-school hospitals. It is also desirable that it should afford accommodation for more patients than the present one. To obtain official recognition as a teaching hospital a minimum of 120 beds is required, and the number of beds in the new hospital should not fall below that limit.

In order to strengthen the hands of the Board and the Building Committee, we again urge on our readers to do their utmost to help raise the funds. £30,000 is the lowest

sum on which the building can be commenced. We hope a much larger sum will be subscribed.

Let each of our readers consider the amount he can afford to give, and get all his friends to do the same, and then send us the names and the amount they feel justified in promising; we shall be pleased to transmit them to the Hospital authorities, and to acknowledge the amounts in our pages.

We venture to say there is not a more useful or a more deserving charity in the metropolis than the LONDON HOMEOPATHIC HOSPITAL, and no giver need fear that his gift will not be well and wisely spent.

NEWS AND NOTES.

THE CONCERT AT GROSVENOR HOUSE.

ON Thursday afternoon, June 5th, at 3 o'clock, a grand morning concert will be given at Grosvenor House, by kind permission of his Grace the Duke of Westminster, in aid of the fund for rebuilding the London Homeopathic Hospital. Madame Nordica will sing for the first time "Enduring Love," composed by herself. Mr. Sims Reeves has also consented to sing, and other eminent artists have kindly consented to give their services. The concert is under the management of Mr. Raphael Roche, and a very attractive programme has been arranged. Applications for tickets should be made to Major Vaughan Morgan, 5, Boltons, S.W., or Mr. G. A. Cross, Homeopathic Hospital, Great Ormond Street, W.C.

THE OLDEST EUROPEAN HOMEOPATHIC SOCIETY.

THE Central German Homeopathic Society (Homœopatische Centralverein Deutschland), the oldest Homeopathic Society in Europe, will meet this year at Dresden on the 9th and 10th of August, under the presidency of Dr. Kafka, senr., of Prague. On the 9th of August a pilgrimage will be paid to Meissen and to the house where Hahnemann

was born. On the 10th, after the scientific business, the members will dine together at the Belvedere in Dresden.

WARD'S ISLAND HOSPITAL.

AFTER a service of seven years, our esteemed New York correspondent, Dr. T. M. Strong, has resigned his post, and entered on private practice at Macon, Georgia. Dr. Strong was entertained to a farewell dinner by the Medical Board, and he carries away with him the good wishes of all his colleagues, to which we now add our own. Dr. Strong is succeeded by Dr. George Taylor Stewart, M.A., of Trinity College, Hartford, and M.D. of Hahnemann College, Philadelphia.

PHYSIOLOGICAL RESEARCH AND CLINICAL MEDICINE.

Dr. Huchard made some very pertinent remarks on the above topic at a recent meeting of the Société de Thérapeutique of Paris (*Lancet*, March 10).

“In reply to a statement to the effect that iodide of sodium was a substance of no great therapeutic action, and possessed of an activity of a lower degree than iodide of potassium, Dr. Huchard said that such an assertion, based on simple physiological experiments, was not justified. It should be known also that iodide of sodium does not act simply as an iodide, but also as sodium, its principal action being to determine a lowering of the arterial tension. Physiologists deceive themselves when they wish to apply their results to clinical medicine. They are still more deceived when they conclude from the animal to man, and from man in health to one who is sick. Dr. Huchard asks, Why should digitalis possess a remarkable diuretic action in the cardiac subject, whereas in the healthy subject it has no such effect? Why does the same drug—*e.g.*, sulphate of quinine, administered to two fever patients, typhoid and erysipelatous, not act in the same manner? These are questions which physiology has not answered, but which clinical observation has revealed. Physiology is useful to the latter, but it should not be in subjection to it, and it cannot assume to countervail facts which result from study and a long observation of patients.”

Most homeopaths will endorse these sentiments.

BORAX IN EPILEPSY.

THE house-physicians to the Queen Square Hospital for

the Paralysed and Epileptic (Drs. Russell and Taylor) contribute to the *Lancet* of May 17 a paper on the use of *Borax* in epilepsy. They report the results in twenty inveterate cases. Of course heavy doses were used, ranging from 20 to 60 grains, only one patient receiving 7 grains. In a good proportion of the cases the fits were either averted or made less frequent. It seemed to be more effective when the *Bromide* had previously been given in large doses. Among the effects of the *Borax* in the larger doses were observed the following :

1. Nausea and vomiting (one or other or both) in eight cases ; in one the vomiting was accompanied with abdominal pain.

2. Abdominal pains, two cases.

3. Relaxed motions, one case.

4. Sore lips, ears, and nose, one case.

5. Sore lips, five cases.

6. Sore lips and tongue, one case.

7. Eczematous patch at angle of mouth, one case.

8. Psoriasis, one case.

9. Cutaneous rash, three cases.

10. Pleurisy, one case.

Altogether a goodly array of *Borax* symptoms. If space permits we will give the symptoms more fully in a future number.

A CASE OF ARSENICAL POISONING.—A case is recorded by Kovacs in the *Wiener Med. Wochensch.* of arsenical poisoning due to a single large dose of arsenic, which presents many points of interest. The patient, a man forty years of age, took no less than two drachms and a half of white arsenic. In about an hour the usual symptoms of severe gastro-intestinal irritation followed, which were subdued by appropriate treatment. A week later, however, symptoms of affection of the peripheral nerves developed. There were first edema and coldness of both lower limbs, and a week later some anesthesia of the feet, lightning pains, and unsteady gait, and anesthesia began to make its appearance in the upper extremities, beginning in the finger-tips. The muscles of both upper and lower limbs wasted and became extremely soft, and fibrillary twitchings were frequent. The knee-jerks and superficial reflexes were absent. After four weeks' treatment the ataxy passed off, and the muscles regained their former bulk. The last symptoms to disappear were the pains and paresthesia. In some other cases observed, the "latent period" between the time of taking the arsenic and the development of the nervous symptoms has been even longer, as much as four weeks in a case recorded by Seeligmüller ; and these cases are a warning not to give an absolutely favourable prognosis in cases of acute arsenical poisoning, even when the acute symptoms have entirely passed away.—*Lancet*, March 1st.

ORIGINAL COMMUNICATIONS.

A FRAGMENTARY PROVING OF *PODOPHYLLUM*.

By E. V. ROSS, M.D.

Mr. E. J., *æt.* 26, on March 19th took ten grs. of *Podophyllum* 1x. to "stir up his liver." This was eleven a.m., and about six p.m. same day was taken with an indescribable sick feeling all over, and a *persistent dry-rough feeling in pharynx and esophagus, and a feeling as though a ball or lump was in upper part of esophagus; this dry, rough feeling extended along the right eustachian tube with dull aching pain in right ear.* Eight p.m.: dull stupefying headache, chiefly in forehead, and by lying down. Fulness in region of stomach, with belching of gas, and sour eructations. Marked salivation and offensive odour from mouth, sleep disturbed and full of *confused dreams.* Rolled and tossed about, *bed felt too hard (Arn. Bap.), and a feeling as though the head and shoulders were lying too low.*

At three a.m. was challenged to stool, which was profuse, watery, and dark green in character; frequent call for stool, with a peculiar weak, dull, griping pain below umbilicus, and fulness in the rectum before stool and by stool; faint, weak feeling in region of stomach during stool, tenesmus and faint feeling after stool.

These symptoms gradually passed off in the course of two or three days. The looseness of the bowels was in turn followed by constipation, which was soon corrected by *Nux Vomica* 3x.

342, Monroe Avenue,
Rochester, N.Y., U.S.A.

HAHNEMANNIAN CURES.—No. 2.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International
Hahnemannian Association).

CASE II.—*Cicuta.* 1882, March 12th. Mr. W., aged 65, had had much worry in April, 1881. This, with exposure to cold east winds, brought on jaundice. He then consulted a homeopathic physician, who diagnosed prostatic disease,

and gave him low potencies in alternation, but without any good result. He then consulted another homeopathic physician, who prescribed a mixture of Strychnia and two other remedies in appreciable doses. No benefit following, he resorted to allopathy.

On November 5, 1881, the jaundice having subsided, a new and more serious train of symptoms set in. Involuntary jerking of feet came on, worse in right foot, disturbing sleep; this increased to absolute plunging of the right leg, to such an extent that the inguinal glands became swollen and painful; subsequently there supervened a rotatory motion of the body, chiefly during sleep. His allopathic physician declared it must end in paralysis. Again he resorted to homeopathic treatment, and once consulted the late Dr. David Wilson, but only obtained temporary relief.

On March 12, 1882, I visited him and found him in the following condition. Much worse. More jerking of right leg, with a return of the plunging thereof, which for a time had ceased. Lateral shaking of the body, chiefly during sleep, but also at times when sitting up during night. The jerking of the right leg was chiefly lateral, but was also in other directions; sometimes the left leg jerked laterally. Standing stopped all the jerking at once. All along the convulsive movements have been worse at night, whether sitting or lying. The jerking of leg was relieved by rubbing spine. Tender spot in middle of dorsal vertebræ. The jerking commences during sleep, increasing till it wakes him; it now comes on also at times when sitting. The jerking of the leg is relieved by drawing up the leg.

This was undoubtedly a very difficult, as well as a very serious case. The fact that so acute an observer and so accurate a prescriber as my valued friend and colleague Dr. Wilson had failed to find a *simillimum*, augured ill for the result; nor could I discover any medicine recorded in the Repertories as having either produced or cured such symptoms as the patient manifested. However, in Allen's *Symptom Register* (p. 932) I found the following:

- Rolling in bed—*Arsen.*, *Merc.-Cor.*, *Stram.*
- Rolling in bed in sleep—*Thuja.*
- Rolling as if faint—*Naja.*
- Rolling as if faint, when walking—*Naja.*
- Rolling on ground—*Cicuta*, *Tarent.*
- Rolling from side to side—*Natr.-C.*
- Rolling as if weak, on walking—*Naja.*

On reference to the *Materia Medica* I found the following symptoms :

Arsenic. 2312.—“ While rolling about in bed he screams, ‘ I am suffocating ! ’ throws off the covering, opens his mouth wide, as if to draw breath, and remains fixed in this condition for several seconds.” 2344. “ Rolling about in bed.”

Merc.-Cor. 930.—“ He rolled so incessantly from side to side that it was difficult to distinguish pulsation, even at heart.”

Stramonium 1413.—“ Constant motion of all the body ; the muscles were in constant movement as if the boy had chorea ; the features were constantly changing, at times laughing, at times expressing astonishment—the lips moved as if endeavouring to speak, sometimes puckered as in whistling ; the mouth was frequently opened and snapped together ; the tongue was often run rapidly out of the mouth and licked about the cheeks ; the whole head thrown backwards and forwards ; *the spine and whole body affected by spasmodic twisting* ; the upper and lower extremities in constant movement, not jerking ; anxiety and restlessness ; the hands were frequently carried to the face, rubbing the nose and mouth, pulling at the lips, groping about, fingering the bed-cover, scratching the face or throat ; at times the arm suddenly sank down relaxed for a moment, the whole body seemed exhausted, then the muscular spasms would begin anew.”

Thuja 3165.—“ Slept very uneasily ; rolled constantly about in bed, and moaned.”

Naja 456, 489.—“ Rolled about as if very faint and weak when walking.”

Cicuta 472.—“ Falls to the earth and rolls about.”

Tarentula 758.—“ On the way home suddenly fell to the ground, as if struck by apoplexy, followed by shortness of breath, blackness of face, hands, and other extremities, &c. The patient revived as he heard music, began to sigh, moved first his feet, then his hands, and the rest of the body, and soon after, on being raised to his feet, danced vigorously, with sighs so deep as almost to frighten the bystanders. *He rolled upon the ground and kicked vigorously.*”

Natrum-Carb.—This symptom I cannot find in the *Encyclopaedia* ; it may be a misprint, of which there are many in the *Symptom Register*.

It will be seen that under "Rolling" many symptoms are associated which have only a verbal similarity. On comparing these with the "rotatory motions of the body" which had appeared at an early stage of the disease, one by one the remedies were eliminated till the *simillimum* was reached.

Arsenicum was rejected on account of the absence of the suffocation of symptom 2312; while 2344 described merely a restless movement.

Merc.-Cor.—This symptom is from a case of acute poisoning, and I interpreted the rolling to be from the severe pains produced.

Thuja.—This symptom is merely one of extreme restlessness.

Naja.—These symptoms are expressions of weakness, and not of convulsion.

There remained now *Cicuta*, *Stramonium*, and *Tarentula*.

Stramonium.—This very complex symptom is not convulsive in its character, but choreic; only one detail of it corresponded to the patient's symptoms.

Tarentula.—This symptom was excluded by the absence in the patient of the apoplectic symptoms, and of the relief from music.

There remained, therefore, only *Cicuta*, which in addition to the symptoms already quoted, has produced also—384. "Frequent involuntary jerking of lower limbs;" 343. "The limbs were tossed about hither and thither;" 344. He tossed his limbs, now to one, now to the other side;" 345. "Spasmodic distortion of the limbs, throwing himself to the distance of two feet."

I prescribed *Cicuta Virosa* 1m (Jenichen) in water every two hours.

March 13th.—He says the medicine acted splendidly, and had done him "incomparably more good" than any other. He fell asleep soon after the first dose at 12.20 p.m., slept much during afternoon, and fairly so during night; it has been the best sleep for a long time, with very little jerking, only one slight plunge, and no shaking of body. The medicine was now prescribed every three hours, and subsequently repeated at various intervals as the symptoms indicated.

On March 17th the symptoms had nearly gone, and on March 24th had ceased; and he said this was the best night he had had since his illness. The medicine had to

be again repeated on a recurrence of the symptoms ; but on April 9th they finally ceased, and were *not* followed by paralysis as the allopathic physician had foretold.

Comments.—(1) There can be no doubt that this case was attended with great danger, and that, if not treated scientifically, *i.e.*, homeopathically, it would have ended either in paralysis, as the allopath predicted, or in death from exhaustion. But the *simillimum* in high potency is able to overcome even the most acute diseases, so long as neither the vital force is too low to allow of a reaction, nor the vital organs organically injured beyond possibility of repair ; and even in these cases the *simillimum* will give the greatest amount of relief that is possible.

(2) It will be noticed that one of the first symptoms of improvement was improved sleep. This is *always* a sign of improvement ; and I have often noticed this change for the better before any other improvement was acknowledged.

(3) Attention may be called to the immediate relief to the convulsive movements *by standing*. This symptom should be observed carefully in other cases ; it may prove to be a keynote of *Cicuta*.

ANOTHER PHOSPHORUS CASE.

By JOHN H. CLARKE, M.D.

In November, 1886, I was consulted by a gentleman, aged twenty-five, of dark hair and eyes and florid complexion, who had been troubled for seven or eight years with diarrhea. It began whilst he was engaged in wool-sorting at Bradford. Previously he had been quite well, but as a child he suffered from *crusta lactea* so severely that his life was despaired of, and ever since that time he had been subject to an eruption of flat pustules, coming in little patches, which dried up in a few days and scaled off. This would be brought out on his legs when sitting near a fire. It was worse when he was at school. On three occasions he has had eczema, twice on the calves and once on the thigh. He has used "strong stuff to draw it out," and he succeeded in drawing out a good quantity of discharge. The first outbreak was four years before, and the last two years. His health was better in

other respects at that time. The palms of the hands and the soles of his feet are dry, and the skin peels off in powder.

The first onset of the diarrhoea he attributes to cold. It came on gradually, and he hardly noticed it. Whilst at Bradford it became very bad, and at times the stools passed unconsciously in sleep. He had two or three, and at times seven or eight, motions in the day, and four or five in the night. Generally there are more in the night.

The stools are light and watery, are not offensive, but are accompanied by much flatulence, which is very offensive. He would sometimes remain well for a month, never longer. Tingling in the fingers and cramps in the limbs accompany the motions, and occur also at other times, sometimes after eating. He has no pain after food, but sometimes great fulness. Is always thirsty, and has a great appetite, which he dares not indulge. He likes cold water, and is fond of salt. Tongue brown at the back; no acidity; taste of food eaten recurs. In March of the same year he had slight ulceration of the anus, and passed a little blood, but never since. His condition when he came to me was as follows:

Greatly depressed and at times irritable.

Is chilly and subject to colds, but yet he is better in winter and worse in summer, both generally and as regards the diarrhoea.

The abdomen is greatly enlarged, but no organic disease can be discovered. Pulse 120, full, irregular.

Three years before, during a cruise in the Mediterranean, when at Malta, where it was very hot, the diarrhoea was very bad. In Greece he went ashore and had a long drive without anything to eat, and after this he was very bad.

In the summer before he consulted me, when on board a yacht, he pulled a rope, and after the pull felt as if cut in two across the abdomen.

My first prescription of *Arsen.* 3 stopped the diarrhoea for a few days, but afterwards it came on very badly. *Nat. Mur.* 200 was followed by considerable general improvement. On the 12th of December I was led by this symptom—"The diarrhoea occurs when he lies on his side. He cannot sleep on his side; if he does, a motion comes at once. During the day he can lie on his side on a sofa"—to *Arn.* and *Phosph.* The occurrence of diarrhoea in the night, its white, watery character, and the accompanying

cramps and numbness, settled the choice in favour of *Phos.*, which was given in No. 30, one dose at 11 a.m. and another at bedtime.

There was now steady improvement; the stools diminished in frequency and improved in character. He became better and stronger in general health. The tingling rather increased than diminished. I gave one dose of *Phos.* 200 on the 15th.

December 16th. At 12 noon yesterday a quite natural motion, the best he has had for months. At 11 p.m. a second stool, as loose as ever, and he felt rather bad after it. Slept well and took breakfast all right. Felt a little tingling at breakfast; changes of the weather bring on the tingling. Tongue dirty. Pulse 84, somewhat irregular.

He is fond of oranges, and likes acids, which, however, do not agree. *Phos.* 200, one dose repeated.

The next day he was better generally. In the twenty-four hours there had been only one motion, loose and lightish. *No medicine.* On the 18th he left London, and I ordered him more of the *Phos.* 200 to take dissolved in water night and morning. But in case of relapse I gave him also *Puls.* 200, of which he was to take a dose every hour dissolved in water if the diarrhoea returned.

The indications for *Puls.* were—Diarrhoea which does not cause exhaustion; white stool, and changeable character of stool; aggravation by lying on the left side (either side in my patient); numbness and chilliness.

January 20th. No tingling since; has felt equal to work; can lie on either side; has been able to eat anything, and has tasted food less afterwards than for a long time. *Puls.* arrested diarrhoea promptly when it showed any tendency to return. Medicine repeated.

March 1st. Has had some more diarrhoea; not stopped so promptly by *Puls.* as formerly, but the greater part of the time has kept well. Has had patches of the pustular affection on arms and legs, and some herpes on the lip. No coldness of feet or hands. Hands still dry, but less so than they used to be.

He now went on a voyage to Madeira. I ordered him the same medicines to take with him, but instructed him not to take them except in case of need.

In May I saw him again. He was well all during the voyage out, but at Madeira the steaming heat of the place brought on a relapse, and he was not quite clear of it

until after his return home, though *Puls.* generally controlled the diarrhœa. Urine thick at times. I gave him a few doses of *Lycopod.* 200, and he remained well from that time till July, when the effects of the heat of summer were felt as usual. *Nat. m.* 200 was then given, and in about a week he got better.

Sept. 14th. Feeling pretty well. *A strain always makes the diarrhœa worse.* This symptom, taken with the fact that he was once formerly severely strained by pulling a rope on board ship, and was very bad after it, led me to give *Arnica* as this was also one of the medicines which has aggravation by lying on the side (left). I gave one pilule in the 30th three times a day. He remained very well till the last week in October. Had not felt so well for a long time. October 20th the diarrhœa returned after an attack of piles. The piles disappeared when the diarrhœa came on. Had piles some ten years previously.

Phos. 30 one pilule every four hours till the diarrhœa ceased. Then to go on with *Arnica* 30 occasionally. He now remained well till March, 1888, when the diarrhœa returned, he having had a little show of eczema a month before.

I have heard from him recently that he has remained perfectly well, and was never out of a doctor's hands for so long a time in his life before.

Before putting himself under me he had been treated for six months by Dr. Kidd. Dr. Kidd's treatment was very beneficial at first; but the benefit did not continue, and when he came to me the patient was in a very low state indeed, and his friends were, not unnaturally, very anxious about him. Dr. Kidd put him on a strict diet, milk, bread, and malted food forming the chief part of it, and at last there was hardly any food that he could take without making him ill. I went on the opposite plan, and gave him permission to take all kinds of plain food, as I looked upon his affection as being constitutional, and not having much to do with diet. The treatment was tedious, but having regard to the long duration of the case and its relapsing nature, not more prolonged than might have been expected. *Phosphorus* had, in my opinion, the chief share in the cure, *Pulsatilla* and *Arnica* being very powerful helps.

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 37.

[TO DR. STAFF.]

DEAR FRIEND AND COLLEAGUE,—Fulfil your promise and make use of the beautiful sleigh road to give me the pleasure of a visit, for you cannot come to me often enough. But mind! you must bring friend Rummel with you.

You will not wear that splendid ring? Is it not a real pleasure, without the slightest admixture of envy, to rejoice heartily and truly at the good fortune that has befallen a friend? Would it be right to withhold such a pleasure from such a friend and to refuse to show him the beautiful ring that you have received? I feel that I am such a friend to you, to whom it is a kind of present to know that a piece of good luck has fallen to your share, and I believe there are many who feel as I do. Therefore wear the ring when you visit a true friend, and confer a pleasure on him by so doing! But the letter the Duke wrote to you is worth at least double the costly ring. But the friend does not grudge you even that, but makes you heartily welcome to it, and is as much pleased as though the letter were written to himself. Now you know what you have to do in this case, and you will wear the ring in order to show it to the sympathizing friend.

Enclosed I return you Aegidi's letter. I felt it incumbent on me to communicate it to the Princess, and I did well, for the Prince has already found a vacant post of regimental surgeon in a hussar regiment, and has begged the General Staff-Surgeon von Wiebel to appoint Dr. Aegidi to the post. This I have already announced to Dr. Aegidi. I am happy to have been able to procure this good fortune for the excellent Aegidi, and in addition to the pay attached to the post he can freely and frankly practise homeopathy in a populous town under the protection of the ruler of the land, and may even prepare his own medicines and dispense them unhindered to all his patients! If this is not a real piece of homeopathic good luck then I don't know what is. I have also received for him the patronage of the Princess, which he will retain, though, at the same time, I remain her chief physician.

So short a time has elapsed since I got the new number of the *Archiv* that you kindly sent, that I have only been able to read Müller's article.* It has pleased me so much that

* [This is the continuation of the article alluded to in Letter 33, on the farcical trial for manslaughter of Trinks, Wolf, Lehmann, and Helwig.]

I cannot refrain from sending him in a day or two a letter expressing my approval. That's the way to come forward if we would not allow ourselves to be trampled on. He has put us all under a great obligation to him for this article.

Have you heard anything about Yxkull? I have not. Hermann, of Petersburg (who has to do with his family), writes about him (without being asked by me): "He is a pitiful, wavering reed." I could not describe him better. *Apropos* / Dr. Hermann (he writes his name with one "r" only) has become related to me; he has just married the youngest daughter of my nephew the Academician Trinius.

May you continue to be strong and active and to love

Yours truly,

SAM. HAHNEMANN.

Coethen, Feb. 3, 1831.

No. 38.

To the Homeopathic Physician, DR. TRINKS, well-born.

DEAR COLLEAGUE,—It was only a few days ago that I had time to read your epistle to Hufeland.* It has given me much pleasure, and I confess to you that I consider your reply to that Osann-Hufelandian pamphlet very able, and I feel compelled to tell you so.

Should you ever again take up your pen for such an object, I would entreat you to lay aside all mildness and go to work in a stern and unsparing manner, so that the monstrosity conspiracy, which contemptuously refuses to read all mild corrections and always impudently cooks up afresh what has been ten times refuted, will be compelled to wake up out of its pleasant and comfortable slumber and join battle—for hitherto all they have done is mere guerilla warfare from the shelter of a wood without coming out into the open or fighting with honourable weapons when we attack them.

I beg you to accept my good wishes and remain,

Yours very truly,

SAMUEL HAHNEMANN.

Coethen, March 1, 1831.

* [This is a reply by Trinks to the celebrated pamphlet by the great German physician, Hufeland, on Homeopathy, a translation of which was published in *The British Journal of Homeopathy*, vol. xvi. The title of Trinks's reply is, "Homeopathy, an Epistle to Hufeland, by Dr. C. F. Trinks, practising physician in Dresden. 1830." It is a masterly reply to a courteous attack. Needless to say Trinks has much the best of the fight.]

No. 39.

[To DR. STAPP.]

DEAR FRIEND AND COLLEAGUE,—I must get that horrible dissertation on *Chancre** out of the house, so I send it back to you, and ought to have done so long since.

I also forward to you an excellent Guide for patients seeking medical aid, as to what they have to attend to in their report of their cases to the homeopathic physician, by the adept Baron von Bönninghausen† of Münster. As I do not know if Dr. Schweickert is still in Grimma, I beg you to send him a copy of it in order that he may reprint it in his *Journal*. What do you say about Professor Schultz's work‡ on the homeobiotic medicine of Theophrastus Paracelsus, which has been published in Berlin (and of which there is a full notice in the *Vossische Zeitung*, No. 92)? According to him I borrowed my system from this man's writings (incomprehensible gibberish!), but did not rightly understand the matter, and made a bungle of it. Th. Paracelsus, he tells us, understood it much better.

No one hitherto had attempted to attack homeopathy from this side—that alone was wanting.

Do you know that there is in Bremen a homeopathic physician, Dr. Meyerhof? He is about sixty years old, is much esteemed by patients, and has a large practice. I have been told this by a friend who resided some time in Bremen.

If you have read carefully the *Natürliche Geburt*, I will thank you to return it to me; some theologians here are anxious to read it.

I am unable to write more at present, so send my kind regards to you and your dear ones.

Yours,

SAM. HAHNEMANN.

Coethen, May 5, 1831.

No. 40.

[To DR. STAPP.]

DEAR FRIEND AND COLLEAGUE,—I write you again without

* [Evidently Sigismund Waldin's thesis alluded to in the next letter as having been received by Gross.]

† [Dr. von Bönninghausen, who died at Münster, where he had practised many years, in 1864, at the age of seventy-nine, was an enthusiastic adherent of homeopathy. He did much to facilitate its practice by the excellent repertories he compiled. He was also the author of a highly philosophical and learned commentary on the Aphorisms of Hippocrates.]

‡ [The title of this work is, *The Homeobiotic Medicine of Theophrastus Paracelsus contrasted with the Medicine of the Ancients, and as the Source of Homeopathy*, by C. H. SCHULTZ. Berlin, 1831.]

waiting for an answer to my last letter, and, in order that I may not incur the reproach of neglect, I enclose a little note and a powder (*Acid. Sulph.* $\frac{1}{2}$) for your dear daughter. I thank you for kindly sending me the second number of the tenth vol. of the *Archiv*. It was not worth the trouble that Gross has taken to expose to all the world the miserable character of the Zang-Waldin* thesis; still, as retribution for the persecution of Attomyr, it is valuable, and also as payment for the condemnation he pronounced on Marenzeller's test-cures.†

I have found Army-Surgeon Apelt to be a first-rate prover of *Agaricus*. Where does this honest man live? Give him my regards.

I have no doubts as to the good intentions of Dr. G——, ‡ of Weimar (I cannot make out his name), but I fear he will not be able to attain his object with *Fluoric Acid*. In the first place, the anticipated effect on phthisis tuberculosa smacks rather of chemistry; in the second place, no *punctum concentrationis* can be fixed for its use, for, as far as I know, this acid does not crystallize; and in the third place—and this is the worst—in what other phials can it be kept save in leaden or pure silver ones? Moreover, what does not recommend it for medicinal purposes is that no one can say positively whether it does not take up some of the silver or lead.§ Besides this, it is volatilized at a temperature of 15°. However, we will not interfere with him in his project; something useful may come of it.

I would advise him rather to turn his attention to non-siliceous fluor-spar itself. Treated according to our method, which discloses the properties of substances, it must be able to furnish a powerful medicinal preparation. If you can procure some fluor-spar free from silica, you would oblige me by sending me a little.

President Braun, of Bernburg, writes me that *Selenium* was sent to you at the same time as it was to me. My piece weighs about 15 grains. If you have not received any, I will send you the half of mine. I have earnestly requested our Gross to be sure to go to Naumburg on the 10th of August, and he is pretty sure to do as I wish. I have requested Schmit, of Vienna, to do

* [In this thesis the candidate Waldin admits that the views he puts forward are those of Professor Zang.]

† [For an account of Attomyr's persecution and of Marenzeller's public trial of homeopathy in Vienna, see No. 11 of the *Homeopathic League Tracts*.

‡ [Evidently Dr. Goullon, sen. He was a most fertile writer on theoretical and practical points of homeopathy. He died in 1883, at the age of eighty. His son, who now practises in Weimar, inherits his father's fertility in literary work, if he does not even surpass him in that respect.]

§ [The *British Homeopathic Pharmacopeia* thinks that the phials should be made of gutta-percha. I remember Dr. C. Hering suggesting the employment of bottles made of fluor-spar.]

the same, and begged him to persuade Atomyr to go. Does Schmit know him by that name? I have also asked Schmit to impress on Atomyr the urgent necessity of cutting up the latest performance of Hufeland—*Die Homöopathie*, 1831, forty-six pages, published by Reimer, of Berlin (is not that the pamphlet you allude to?).

Is your portrait to be a Vienna steel engraving? How much will it cost? The only object of my portrait is to provide funds for the Homeopathic Institute (*in spe*), so that the copies may be sold for its benefit, nor for that of myself or my family.

If Schmit and Atomyr come to the meeting of the 10th of August, which I have requested them to do, I beg you to send them on to me here; or, better still, bring them hither in your company, and get our good Von Brunnow to come along with you, if he is with you. I would be equally pleased to see dear Stegemann again, if he will accompany you. If you mention in the *Archiv* the good fortune that has befallen Cammerer, do not forget to set forth, as a pendant to this, that Dr. Aegidi has been summoned from Tilsit to assume the post of homeopathic physician-in-ordinary to the Princess Frederic of Prussia in Düsseldorf, with a salary of six hundred thalers per annum, travelling expenses, free post, and a written permission from the authorities to enable him to prepare and dispense his homeopathic medicines, and that he has already entered on his duties. Aegidi has now gone to fetch his family. He writes me word, on his way thither, from Berlin, that Bönninghausen has business in Düsseldorf which will keep him there for six weeks; that they are on terms of cordial friendship; that Bönninghausen, during his absence, with attend to the Princess's health; and that he has converted to homeopathy an eminent allopathic physician in Alberfeld, Dr. Regenstecher—a very remarkable story! He winds up with this true remark: "The greatest allopathic thinkers, if they only possess hearts and heads, will by and by become the most zealous adherents of the truth."

Now, in conclusion, I would beg you to exert all your energies (*nervos omnes intendas*) to obtain for our homeopathy a clinical educational institute under the patronage of a ruling sovereign. I would like to live to see this accomplished.

With friendly remembrances from my family,

Yours truly,

S. HAHNEMANN.

Coethen, May 12, 1831.

No. 41.

[To Dr. THINKS.]

DEAR COLLEAGUE,—From what you write me about the con-

dition of the good Countess of Turn and Taxis, though it seems serious I think I could do her good if only I could see her here for a few hours and examine her minutely myself. After that, if I have monthly reports supervised by you of the effects of the medicines given from time to time, even though she might be a long way off, I might be able to advance the amelioration very considerably. No doubt the cure might be hastened if I could have her a good long time near me (as you can easily understand); but the solitary life in a little town would hardly satisfy the mind of a patient accustomed to a more animated city life and hitherto supported through her illness by many intellectual diversions. If the spirits are depressed, that is a great obstacle to the action of the most appropriate medicine. Most of my patients I cure by correspondence, at a distance, if the treatment is assisted by their obedience and favourable external circumstances.

Yours,
S. HAHNEMANN.

[Coethen, June, 1831.*]

AGGRAVATION ACCORDING TO TIME.

(Continued from Page 217.)

By NOAH MARTIN, M.D.

FORENOON.

IN THE FORENOON.—Arg, Cann., Carbo veg., Guaj., Hep., Mang., Mar., Natr. mur., Nux mosch., Phos., Sab., Sep., Sil., Spig., Silicia, Staph., Sulphur, Sulph. ac., Valer.

Argentum met.—The pains and weakness are worse towards noon.

Cannabis Sat.—Sensation as if a stone were pressing on the vertex. This as well as all symptoms are particularly worse in the forenoon.

Carbo veg.—Sleepiness in the forenoon.

Guajacum.—Mental symptoms are worse in forenoon, especially forgetfulness and absentmindedness.

Hepar. Sulph.—Catarrhal symptoms with boring at root of nose, worse in forenoon. Great hunger in forenoon.

Manganum.—Roughness, constriction, and hoarseness, worse in the forenoon and in the open air.

* [This letter is without date, but as it comes in somewhere between March and December, 1831, I opine it must have been written about June.]

Marum verum Trucrium.—Sensation of great general debility towards noon.

Natr. carb.—The patient is generally worse in the morning and forenoon. Sensation of emptiness in the stomach and ravenous hunger, worse in forenoon. Also cold hands and feet, with hot head and general chilliness, worse in forenoon.

Natr. mur.—Headache in the forenoon. In intermittent fever the headache commences early in the morning, and the chill commences at 9 or 10 o'clock a.m.

Nux mosch.—Headache in forenoon, after eating breakfast.

Phosphorus.—Singing, burning, and pulsation in forehead, with nausea and vomiting in the forenoon.

Sabadilla.—Coryza with stupefying headache, with general heat of the whole body, and itching and burning of the scalp.

Sepia.—The head involuntarily jerks backward and forward when sitting, worse in forenoon. Constant nausea after breakfast. (Pregnant women.)

Silicia.—Ravenous hunger, but cannot swallow her food because of nausea. Worse in forenoon.

Staphysagria.—After breakfast canine hunger with nausea, and a sensation as if the stomach were hanging down relaxed.

Sulphur.—Every day at 10 or 11 a.m. sensation of gnawing and hunger in the stomach, and general weakness. If no food is taken it soon passes away.

Sulphuric Acid.—Most of the complaints are worse in the forenoon or evening.

Valeriana.—Voracious hunger with nausea, as if a string were hanging down into the stomach, accompanied by ptialism. (Pregnant hysterical women.)

IN THE AFTERNOON AND EVENING.—Acon., Agar., Alum, Aloe, Ambr., Amm. c., Amm. mur., Ang., Ant. crud., Ant. tart., Apis, Arg., Arn., Ars., Asaf., Asar., Bell., Bis., Bor., Bov., Bry., Calad., Calc., Canth., Caps., Carb. an., Carb. veg., Caust., Cham., Chel., Cocc., Coleh., Coloc., Croc., Cycl., Dulc., Euphr., Guaj., Hell., Hep., Hyosc., Ignat., Iod., Ipec., Kali, Kali brom., Kali hyd., Lach., Laur., Led., Lyc., Magn., Magn. mur., Mang., Mar., Men., Merc., Mezer., Mosch., Mur. ac., Natr., Nitr., Nitr. ac., Nux mosch., Nux vom., Petr., Phosph., Phos. ac., Plat., Plumb., Puls., Ran. bulb., Ran. scel., Rhodo., Rhus., Rumex., Sarsap., Silen., Sep., Sil., Stann., Staph., Stront, Sulph., Sulph. ac., Thuj., Valer., Viol. tr., Zinc.

Aconite.—Chest symptoms; also when lying on left side, when rising, and in warm room.

Agaricus musc.—Nearly a specific for chilblains; worse in the evening and at night. Also itching and burning of the legs in

evening, with desquamation. Ravenous hunger towards evening.

Alumina.—Hoarseness in the afternoon and evening.

Aloes.—Symptoms of the mucous membranes worse in afternoon.

Ambra gris.—The moral and nervous symptoms are worse in the evening. Coldness of the hands and intensely painful coldness of the legs in the evening. Symptoms of indigestion, eructations, &c.; worse in the afternoon.

Ammon. carb.—Sensation of chilliness in the feet, with bruised feeling in the limbs, and great fatigue and weakness. Attacks of chilliness in the evening. Great anguish, weakness, and apprehension in the afternoon, as though a great crime had been committed, with disposition to weep in the evening. Violent toothache as soon as retiring to bed in the evening. Sore throat, right side, in evening; heat in face after dinner, with qualmishness. Oppression of stomach after dinner and supper. Cough with dyspnea in the evening in bed. Violent pain in left forearm in evening in bed, with sensation as if the bones would curve inward.

Ammon. mur.—Excessive itching over the whole body, with sleepiness, but inability to sleep early in the evening. Chills occur in the evening. Tearing toothache, shooting and lacerating pains in the tips of the toes and fingers, with coldness of the feet, when in bed in the evening.

Anacardium.—Memory is much better in the afternoon. Sensation as if both temples were pressed inward towards evening. Cough worse in the afternoon, with heat and burning in the face and head; nausea and lassitude every afternoon at four o'clock.

Angustura.—Rheumatism. Stiffness, lameness, soreness, and sensation of contraction in all the joints and tendons, especially in the back and upper extremities, towards evening and after sitting. Violent chill every afternoon at 3 p.m. Great sleepiness until 9 p.m., afterwards wide awake till midnight.

Antim. crud.—Gastric symptoms are worse in the afternoon and evening.

Ant. tart.—Anxiety and timidity, with burning of the eyes, in the evening.

Apis. mell.—Chills and heat, cough, hoarseness, giddiness, pain in the eyes, and toothache; are worse in the evening.

Arg. met.—Heat with shivering in afternoon without thirst, fever in the evening with thirst, accompanied by frontal boring headache.

Arnica mont.—Cough worse in the evening.

Arsen. alb.—In intermittent fever the chill commences in the afternoon. Pulse is slower in the evening than in the morning.

Asafetida.—Vertigo, with confusion and violent compression. Cold sweat and colic, with loss of sight in evening.

Asarum. Europ.—Pain and pressure in forehead and temples, with tension behind the ears; burning of the canthi and redness of the conjunctiva with lachrymation; worse at five o'clock every evening.

Belladonna.^{*}—Attacks of neuralgia every afternoon at 4 o'clock, lasting until 3 in the morning; worse from heat and better when sitting up.

Bismuth.—Symptoms of digestive organs are worse in evening; a grand medicine for some quite common forms of indigestion.

Borax ven.—Frightened condition of mind, with anxiety and sleepiness towards evening; fear of falling when going down stairs (corroborated many times).

Bovista.—Fever; chill commences in the back every evening at 7 o'clock.

Bryonia alb.—Head symptoms are worse at 9 p.m., and from motion and heat.

Calad. seg.—Intolerable itching and burning in the vulva; worse in the evening (frequently corroborated); cough and fever are worse in the evening.

Calc. carb.—Chilliness with palpitation of the heart; uneasy sleep, with sudden waking with a start and illusions of the fancy in the evening; the child suddenly awakens with eyes staring at some imaginary object on the wall, with pointing of the fingers as if frightened, and retreating backward from the object. (This symptom has been observed over and over again.)

Canthar.—Burning heat in the head in the afternoon after dinner, with qualmsiness and aversion to all kinds of food in the evening.

Caps. ann.—Cough, particularly worse in the evening, accompanied by fulness in the head as if it would burst; nausea and vomiting, worse also from motion and from cold.

Carbo an.—Vertigo in the evening with accelerated pulse.

Carbo veg.—Indescribable anguish every afternoon from 4 to 6 o'clock, with hoarseness; spasmodic cough and dyspnea in the evening.

Caut.—Insupportable restlessness throughout the whole body, especially the legs, accompanied by heat from 6 to 8 p.m. The cough is also worse in the evening, with inability to spit out what is raised; it has to be swallowed again; the cough is ameliorated by a swallow of cold water.

* [This symptom I have corroborated many times. One dose of *Belladonna* in any of the high potencies often gives complete relief in five or ten minutes. Possibly a low potency would do the same as quickly, but I have no experience to give.—H.N.M.]

Chamomilla.—The fever, dry cough, headache, and toothache come on every evening.

Chelidom. maj.—Sensation of painful heaviness and fulness in the right lung and liver, with constant pain under the lower inner angle of the right scapula, together with heavy pain in the right shoulder and arm (pneumonia and congestion of the liver), worse in the afternoon; the cough is worse in the morning.

Cocculus.—Chilliness in legs and back, mostly in afternoon and evening; most aggravations are in the evening.

Colchicum.—Nearly all the symptoms are worse in the evening, especially epistaxis.

Colocythis.—Hemicrania with nausea and vomiting, pale face, and sunken eyes (sick headache), worse at 5 p.m.

Crocus sat.—Peculiar paroxysms of hilarity, frantic joy, immoderate laughter, then sadness, or perhaps anger or religious melancholy, accompanied by chills in the small of the back, extending down the legs, and sensation as though something alive were in the abdomen; worse in the evening at menstrual period. (Hysteria.) Menstrual fluid is blackish, stringy, and offensive. (Often corroborated.)

Cyclamen.—Chilliness, with shuddering in the evening, with great weariness and irresistible desire to sleep; no appetite for supper. (If your horse loses his appetite after a hard day's drive, and seems excessively weary, give him Cyclamen—Dr. Mahlon Preston.)

Dulcamara.—Stupefying, drawing headache, worse in the evening.

Euphrasia.—The testicles are spasmodically drawn up in the evening. General aggravations are in the evening.

Guaq. Off.—Violent hunger in the afternoon and evening.

Helleborus Nig.—Violent stupefying headache, with pressure from within outward, with fluent coryza; worse from motion, and from 4 to 8 p.m. (Cerebral inflammation.)

Hepar sulph.—Chill comes every evening at 8 o'clock.

Hyosciamus.—Head and mental symptoms worse in the morning. Putrid taste in the mouth in the evening. (*Puls.* in the morning.)

Ignatia amar.—Cannot sleep because of hunger in the evening.

Iodine.—Itching and burning at the anus every evening.

Ipecac.—Suffocative cough, gets worse in the evening. (Hooping cough.)

Kali carb.—Evening fevers; chilliness, with thirst, better from warmth; then heat, without thirst, with fluent coryza; then slight perspiration, with sound sleep. (Lippe.)

Kali brom.—Colic of infants, from 5 to 10 p.m. (Hale.)

Kali hyd.—Chilly and drowsy from 4 to 8 p.m., with thirst.

Lachesis.—Chill most from 3 to 4 p.m.

Laurocerasus.—Fever symptoms are worse in afternoon and evening.

Ledum pal.—Chilliness with colic every evening.

Lycopodium.—Head, cough, and fever symptoms are worse from 4 to 8 p.m. (Often corroborated.)

Magn. carb.—Most of the symptoms are worse from 1 to 10 p.m.

Magn. mur.—Chill in the evening from 4 to 8 o'clock.

Manganum.—Very sleepy early in the evening.

Marum truciium ver.—Increased heat and exaltation, with loquacity. Increased secretion of pale urine, with frequent desire to urinate, followed by colic in the region of the hepatic flexure.

Menyanthes.—Perspiration in the evening immediately on lying down.

Mercurius.—All symptoms of the mucous membranes are made worse by the cool evening air.

Mezereum.—Dull cramp-pain and lacerating in the right malar bone. Worse in evening.

Moschus.—The body seems built out and encased in brass and iron. The surrounding atmosphere seems solid. Worse in the evening. (Catalepsy).

Muriatic acid.—Drowsiness in the afternoon; chilliness in the evening, with coldness in the back.

Natr. carb.—Heat in the head, with heaviness; redness of the face; irresistible drowsiness, and deep sleep in the afternoon.

Nitrum.—Chill in the afternoon and evening, with full, hard, rapid, quick pulse.

Nitric acid.—Flushes of heat in the afternoon, and creeping chills in the evening, with dry cough when lying down.

Nux mosch.—Dryness of the mouth without thirst; great hunger, and staggering gait as if intoxicated, with foolish expression of countenance. Worse in the evening.

Nux vom.—Headache commences in the morning and gets very much worse in the afternoon.

Petroleum.—Intermittent fever. Chill comes at 7 o'clock in the evening, followed by perspiration and cold feet.

Phosphorus.—Chilliness in the afternoon and evening, followed by heat and thirst, with heat in the back and circumscribed redness of cheeks. Hectic fever in the evening, with faintness and diarrhea. (Phthisis.)

Phos. acid.—Alternating chill and heat, with burning in eyelids and canthi, without thirst in the evening.

Platina.—Headaches, worse in the evening from uterine disorders. Spasmodic yawning in afternoon, with chill in the evening, accompanied by tremulousness over the whole body.

Plumbum.—Chills, with violent thirst and redness of the face in the evening.

Pulsatilla.—All the mental and most other symptoms are worse at about twilight. As the shades of evening approach, the mind becomes shadowed with gloomy forebodings.

Ranunculus bulb.—Headache on the vertex with pressure on eyeballs; stitches in the ears; nausea; dry heat in face and redness of cheeks, accompanied by cold hands and feet, and chilliness in the afternoon and evening.

Ranunculus scel.—Low spirited and depressed, with pain in the chest as if bruised, and weakness in the evening.

Rhododendron.—Feverish heat in the evening, with burning in the face and icy cold feet.

Rhus. tox.—Intermittent fever; in the afternoon chills, with thirst; the violent fever, with drawing pains in the legs, without thirst; afterwards sometimes sour-smelling perspiration in the evening.

Rumex crisp.—Hoarse barking cough comes on every evening at 11 o'clock; then at 2 and 5 a.m. each paroxysm lasts nearly an hour, and is continuous. (Corroborated.)

Sarsaparilla.—Heat, with perspiration only on the forehead; accelerated pulse and palpitation of the heart in the evening.

Selenium.—Headache every afternoon; red urine, with red coarse-grained sandy sediment. Desquamation in spots on the palms of the hands, with violent itching; worse in the evening. (A reliable symptom not found in books, sometimes met with in tertiary syphilis.)

Sepia.—Flushes of heat in the afternoon and evening with thirst, and redness of the face; worse while sitting or in the open air.

Silicia.—Burning itching on the occiput, worse in the evening when undressing; chill; violent heat with violent thirst, and perspiration, mostly on the head; return every evening from 3 to 5 o'clock.

Stannum.—Heat with perspiration, comes every afternoon, from 4 to 5 o'clock.

Staphysagria.—Humid, fetid or scurfy eruptions, mostly on the back of the head; burn and sting worse at 3 p.m. Chilliness worse at same hour.

Strontiana carb.—A peculiar sensation, as if the scalp were tightly drawn over the head from the vertex to the upper jaw, occurs every evening; other parts of the body are affected in the same way, as though the skin were too tight at same time.

Sulphur.—At 4 p.m. every day the head is drawn down to the left shoulder without pain, and remains so until after sleep. In the morning well again. (Corroborated.) Epistaxis at 3 p.m.

Sulphuric acid.—In the evening flushes of heat, with epistaxis. The blood is bright, red, and frothy. Toothache worse in the evening.

Thuja occ.—Headache and chills; are worse at 3 p.m. and 3 a.m.

Valerian.—Pains in the head and hysterical symptoms are worse in the evening.

Viola tri.—Heat on the side of the face on which he *does not* lie; worse in the evening.

Zinc. met.—Flatulent colic, with morose disposition, and sensitiveness of the scalp, especially of vertex, in the evening.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

EIGHTH ordinary meeting of the session, Thursday May 1, 1890. Dr. DUDGEON in the chair.

Dr. BURFORD showed a large ovarian cyst removed by him from a patient, and described the operation.

Dr. MOIR then read his paper, entitled "*Clinical Notes on Cases of Influenza.*" Dr. Moir had not had a single case in which catarrhal symptoms were prominent except during convalescence. Bronchitis was the most frequent complication. The fever was of a remittent type. Influenza frequently lit up slumbering cases of phthisis, and even set it up where it did not previously exist. Charts of the temperature and weather during the prevalence of the epidemic were shown. Mr. Hurndall (who was present) had given Dr. Moir a description of the symptoms in horses. The *Iodide of Arsenic* was most effective in the treatment of horses, both as corrective and as prophylactic. Dr. Moir considered it an epidemic malarial disease. He did not think any microbe had been proved to have anything to do with the causation of the disease.

DISCUSSION.

Mr. HURNDALL (veterinarian), on the invitation of the Chair, gave his experience. He had had a considerable number of cases in horses, and had not lost any. His friends the Messrs. Edgar, of Dartmouth, had had large numbers. These gentlemen, being allopaths, at first gave *Salicin* and *Salicylate of Soda* and *Carbolic Acid*. Mr. Henry Edgar had had one very interesting case. On Mr. Hurndall's advice he employed *Iodide of*

Arsenic. The case was related at length, the temperature and pulse being very high. The horse was treated at first with *Salicin* for some days without benefit. Under *Iodide of Arsenic* steady improvement took place. The legs were swollen and tender to touch, especially the tendons. He had no other medicine, and did very well. Mr. Hurndall considered the horse was the only animal liable to the disease. The secretion from the eyes and nose was acrid and excoriating, and it was on that symptom that he selected the *Iodide of Arsenic*. He had no cases that ran on to bronchitis or pneumonia. He was indebted to Dr. E. M. Hale for his knowledge of *Iodide of Arsenic*. Mr. Edgar gave it to a number of horses as a prophylactic, and the disease did not spread. Mr. Hurndall had formed the opinion that the disease was transmissible from horse to man. He believes he caught it from a horse himself.

Dr. DRYSDALE had been struck by the intense coldness of the limbs in many cases, and he had found *Verit. vir.* of more use than *Aconite*. *Eupatorium* had been successful where the bone-pains were prominent. The cases were generally easily dealt with. In one case *Lamocerasus* had been of service. He had had no fatal case, and no remaining chronic disease. He had seen no case of infection, and believed the disease to be malarial.

Dr. HUGHES thought all must be glad of this second opportunity of comparing notes. He found homeopathic treatment very effective. None of his cases had given him any anxiety. He found it a pure fever. The fever had been chiefly indicative of *Gelsem.* (pains in the head) and of *Belladonna*; when *Aconite* was indicated it did not act so promptly as *Gelsem.* or *Belladonna*. Dr. Hughes had seen no instance of personal contagion. He thought it might be contagious when there was catarrh. He thought the disease was analogous to cholera, and he was inclined to connect it with the floods in China. He found it had given homeopathy a good lift, as all the epidemics did.

Dr. CLARKE congratulated Dr. MOIR on having made a subject which many thought to be played out quite fresh and interesting. He would only refer to one or two points; and first, in regard to contagion between men and horses. One of his out-patients was employed in a stable where many horses had influenza. His master had the disease, and believed he caught it from the horses. Dr. Clarke's patient was quite convinced that he had taken it from the horses he had to attend to. He rapidly improved under treatment, and on comparing his experience with that of his master, who was treated allopathically, he considered himself much the better off. Dr. Clarke had had two cases in which brain complications occurred. One was in a young woman who was admitted to the hospital. He saw her

the day after admission, and found her delirious, and complaining of pain in the head. She would only lie on one side. There was a very offensive odour, which, it appeared, proceeded from the ear. *Baptisia* was prescribed. The following day she became suddenly hemiplegic, and died in about half an hour. At the post-mortem a large cavity was found in one hemisphere of the brain, which had been the site of an abscess discharging fetid pus through the ear. This must have existed a long time. The influenza sufficed to determine the fatal result, but the death could hardly be ascribed to the influenza. It was the only fatal case he had had. The other case was that of an old lady of seventy, who became suddenly attacked one evening with vomiting and headache; these got better when she was taken with lumbago; then this subsided and the headache returned—right-sided chiefly. One morning he found her paralyzed all down the left side. One peculiar symptom was confusion of mind as to time. She always imagined it was afternoon. *Lachesis* was the only medicine he could find corresponding to this, and under it the symptom rapidly disappeared. On giving another medicine for similar symptoms, and omitting the *Lach.*, the symptom returned. *Lach.* was given again, and again it disappeared, and the patient is rapidly recovering the power of her side. Just recently he had had some of the severest cases, one in a young boy who was attacked in almost all parts at once—stomach, liver, chest (bronchitis, pneumonia, and pleurisy). He was in a critical state for some days, but made a rapid recovery.

Dr. SPIERS ALEXANDER (Plymouth), had had a large number of cases in the West of England. Among them were some mental cases, which eventually did well. He had found *Aconite* of very little use. *Gelsem.* and *Ver.-Viride* were much more often indicated. In two typhoid cases *Baptis.* and *Gels.* did something to lower the temperature, but it was only after *Sulphur* was given that the temperature was decidedly and permanently lowered. If catarrh occurred at all it was after the initial symptoms had been overcome. He gave *Arsen. Alb.*, which was very efficacious, and had the advantage over the *Iodide* that it was proved. [Dr. Hughes remarked that the *Iodide* was also proved, and referred to the Cyclopedia.] He believed it was contagious, and he gave cases in proof. In regard to sequelæ he had one case, a man who had a second attack immediately after the first, and in another month again he came back with anasarca and albuminuria. *Bryonia* covered the totality of symptoms and improved the case at once, *Arsenicum* finally curing him.

Dr. BLACK NOBLE had only one death among some three hundred patients. The patient he lost was a lady aged 79, who had been previously broken down by ill-health. She took

pneumonia and simply did not rally, dying in three days. The chief medicine he gave was *Arsenic*, and attributed his success to its use. He gave it as prophylactic, and took it himself and found it effectual.

Dr. HILBERS had one case that terminated in bad abscess in the ear, and another in which erythema nodosum was one of the symptoms.

Mr. KNOX SHAW had had little personal experience in the epidemic except in his own house. His children were taken with gastric symptoms which he attributed to unwholesome milk, but found afterwards they must have been due to influenza. Mr. Shaw's brother noticed in some of his cases that the pulse bore no relation to the temperature. He had seen one boy who developed severe otitis externa. He saw in *The Lancet* that in some cases there was pus in the joints. A man in the hospital at Hastings, with old ulcer of the legs, was seized with symptoms of influenza; in a few days he developed severe erysipelas of the leg, but eventually got quite well. Referring to the influence of influenza on the death rate, he found that of Hastings was increased, also the percentage due to diseases of respiratory organs.

Dr. BURFORD related one case in which the influenza was conveyed to a house in the country by a gentleman who visited the house and was taken by the disease two days after his arrival. Others in the house took it from him. In some cases ovarian dropsy seems to have been developed into great activity by the influenza. A case of severe stomatitis following a second attack of influenza had come under his care.

Dr. BLACKLEY had had one severe attack of otitis media. One case of parotitis he has seen in consultation with Dr. Cooper. Dr. Blackley thought there was a new growth, but it turned out to be pus. In one case the left lobe of the thyroid, in a man, suppurated and was aspirated. He had had several cases of pneumonia. Several cases have been taken for phthisis by the ordinary attendants.

Dr. DUDGEON (in the chair) remarked on the concurrence of affections of the special cord. He had had two cases. One was in a servant girl. There was pain from the nape of neck to cauda equida. The arms were numb.

Another case, a lady nearly 70, had influenza early in the year. He was sent for recently, early in the morning, and found the right arm very weak, and had lost all power of co-ordination. The right leg was completely powerless. This continued for several days, but has now subsided. A month before the attack she had very acute pain all down spine and sciatic nerves. Now that the nervous pains have subsided, a sort of lumbago had come on.

He has lost no case of influenza, but he attributes one death to the sequela of it. A lady who had been under his care for fifteen years with degenerative disease of the liver, got along very well till she took influenza. She was taken with violent pain in the liver. This soon subsided under remedies, but the other symptoms continued and she died. Referring to infectiousness he related a case: A patient under the disease went to a remote village in Kent where there was no influenza, and the disease broke out in the house where she was, among those who frequented it.

Dr. MOIR (in reply) regretted in the hurry of bringing away his paper he had left out an important sheet which dealt with otitis. In the hospital there were two cases of general anasarca and albuminuria. Both did well. He summarized the mortality in the experience of the members present, and compared it with the allopathic, which gave a much higher rate of mortality.

INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL.

THE Fortieth Annual General Meeting of the governors, donors, and subscribers of the hospital took place in the Board Room of the hospital, on Wednesday, April 30, 1890, Major VAUGHAN MORGAN presiding. Among those present were Dr. Carfrae, Dr. Neatby, Dr. Day, Dr. Epps, Dr. Yeldham, Mr. Slater, Mr. Rosher, Dr. Dyce Brown, Dr. Dudgeon, Dr. Clarke, and other supporters of the hospital.

The meeting having been opened with prayer by the chaplain, the Rev. DAGRE CRAVEN,

The Secretary-Superintendent (Mr. G. A. Cross) having read the notice convening the meeting, and minutes of the Annual General Meeting on Tuesday, April 30, 1889, which were confirmed and signed.

The SECRETARY-SUPERINTENDENT then read the Fortieth Annual Report, for the year ended March 31, 1890:—

“The fortieth year of the hospital, for which year the Board of Management now present to the governors, donors, and subscribers their Annual Report, has been without precedent as to the large number of the in-patients admitted into the wards, the out-patients treated in that department, and the general financial prosperity and progress of the work. The number of the

in-patients has been, indeed, far in excess even of the highest total of previous years, while the expenditure only shows a moderate rise on that account; the income has been notably increased; the amount due from the hospital to its reserve fund has been repaid; and the year has been closed with a balance in hand. It is not necessary to point out that this rapid advancement is due to increased activity in every department—official, medical, and nursing—and that it points to a growing development of the institution and its charitable work.

“The increase of patients has been not less than 118 more than in any previous year, the total amounting to 830.

“The following table shows the progressive increase of in-patients during the past eight years :—

1882-3.	1883-4.	1884-5.	1885-6.	1886-7.	1887-8.	1888-9.	1889-90.
487	... 543	... 656	... 675	... 711	... 712	... 711	... 830

The number of out-patients has been 10,363, against 9,486 in the previous year. The progress of the last eight years is as follows :—

1882-3.	1883-4.	1884-5.	1885-6.	1886-7.	1887-8.	1888-9.	1889-90.
7,467	... 8,404	... 9,007	... 8,844	... 8,824	... 8,822	... 9,486	... 10,363

Of the total of 10,363, 4,216 have been renewals, making the net total of new patients 6,147. The Board ascribe this encouraging extension of medical relief to the increased interest in the hospital displayed during the year by the medical staff; and they have every hope that if the supporters of the hospital supply the means, the number of poor persons brought under the benefit of homeopathic treatment will be still further increased in the ensuing year.

“The Board in their last report expressed the hope of effecting some economies in the course of the past year. Looking to the largely increased number of patients, remembering that many of them have been surgical cases (always a most costly class), they submit the year’s expenditure as moderate, seeing that the increase is smaller than should be reasonably expected from the extended work. The current income has been £4,706 6s. 3d., the current expenditure £4,759 5s. 11d., leaving a balance which has been partly devoted to the repayment of the debt of previous years to the reserve fund.

“The award to the hospital from the Metropolitan Hospital Sunday Fund for the year again shows an increase, being £250, against £208 6s. 8d. last year, £203 2s. 6d. in 1887-8, £197 18s. 4d. in 1886-7, £138 19s. 2d. in 1885-6, and £120 in 1884-5; that of the Hospital Saturday Fund shows a slight increase also, being for the year under review £79 2s., against £78 14s. in the previous year, £94 8s. 10d. in 1887-8, £82 4s. 5d. in 1886-7, £75 10s. in 1885-6, and £51 7s. 4d. in 1884-5.

“In this the fortieth year of the hospital’s history the first Demonstration and Church Parade by working men took place on Sunday, September 29th, the proceeds, after payment of all expenses, amounting to £30. The proposition arose among the working men themselves, some of whom had experienced the advantages of the hospital, and it

was carried out with an energy and enthusiasm which reflected the highest credit on all concerned. Where all were so earnest and assiduous it would be invidious to name any who worked so ardently to make the demonstration a success, but the Board of Management accord their warm thanks to the Lodge of the Loyal United Friends which organized the parade, and, considering the lateness of the season, made it a complete success.

"The legacies received during the year have been one of £10, from the late Miss E. S. Kirton, of Clapton; the second instalment—£20—of the legacy left to the hospital by the late Mr. George Sturge; an award of £7 10s. from the bequest of the late Lord Henry Seymour to the hospitals of London and Paris; and a legacy of £270 from the estate of the late Mr. Edward Fawkes. The legacy of £500 left by the late General Sir James Alexander to the hospital for the Convalescent Home has been received, and has been transferred to the home in accordance with the terms of the will.

"The Board report with much gratification some munificent additions to the Endowed and 'In Memoriam' beds through the generosity of those constant friends of the hospital, Miss Barton and Miss Isabella Barton. Early in the year Miss Barton founded in perpetuity 'The Mary Bed' by a gift of £1,000, and Miss Isabella Burton founded 'The Alice Cot' by a gift of £750. In addition, Miss Barton, towards the close of the year, endowed, by a further gift of £1,000, 'The Barton Bed,' hitherto maintained by an annual subscription.

"In investing the gifts for endowment purposes, the Board has pursued its later policy of securing for the hospital that combination of fair interest and sound security afforded by the stocks of the Colonial Governments. The investments have, therefore, been placed in the New Zealand and Cape of Good Hope Inscribed Stocks. An exceptionally favourable opportunity, however, led to the investment of two large gifts, with the consent of the donors, in the debentures of the South Australian Land Mortgage and Agency Company (Limited).

"The Board are gratified to report that the Convalescent Home, which, though a separate institution, is closely allied to the hospital, has, since its opening in August, 1888, been well occupied. Its first report shows a total of 226 persons resident since its opening on August 25, 1888, including 131 women, 63 children, and 32 nurses of the hospital. Its financial state is also satisfactory. The report of the home urgently calls attention to the fact that in one important particular the original scheme has not yet been carried into effect, and goes on to say:—

"The home was designed for men, women, and children, as well as for the nurses of the London Homeopathic Hospital. Unfortunately, in a house of the size, the reception of men-patients is impossible. The residents have therefore been entirely confined to nurses, women, and children. The Board cannot, however, forget that men-patients are, of all others, those for whom the benefits of such a convalescent home are most urgently desirable. It is on their health that the maintenance of their families depends. Experience at the hospital has proved that men-patients going anxiously to their daily work too soon after serious illness are liable to return to the hospital wards after a brief absence, while two or three weeks at the seaside, free from cares and under favourable conditions, would have given them a long lease of health and strength. There are various

homes for women and children ; those for men are altogether too few, and are fully occupied by patients from the ordinary hospitals. The Board therefore trust that the generosity of friends of the home will soon enable them to extend it for the accommodation of men, by providing the necessary funds either to purchase another house or to erect a convenient building in a suitable spot. One lady, who has already given munificently, and other friends who also have already given generously, are prepared to extend further help. An Eastbourne friend has expressed his willingness to contribute £100, and additional promises to the value of £1,500 would now enable the Board to proceed with the extension at the proper time.'

"The Nursing Institute, although warmly appreciated by those members of the medical profession who send for nurses, and by their patients, shows a slight increased average of nurses employed in out-nursing duty. The receipts from this source have been £1,667 13s., as compared with £1,509 17s. 9d. for 1888-9, £1,481 11s. 6d. for 1887-8, £1,651 11s. 1d. for 1886-7, and £1,185 15s. for 1885-6.

"The applications for the services of nurses are largely dependent on the mindfulness of the medical profession ; but all friends of the hospital are asked to remember that a large staff of trained nurses is always kept in readiness for a private case.

"The Board have the sincere gratification to report that the post of patron of the hospital, for so many years filled by her Royal Highness the Duchess of Cambridge, has, at the request of the President, Lord Ebury, been accepted by her Royal Highness the Princess Mary Adelaide, Duchess of Teck.

"The following members of the Board of Management retire in the usual annual rotation :—The Earl of Denbigh, Colonel Clifton Brown, Mr. Chambre, Mr. Crampert, Mr. Debenham, Mr. Prescottt, Mr. Trapmann ; and, being eligible, are proposed for re-election. Feeling that the long and active connection of Lord Ebury, President, with the Board of Management, of which his lordship was chairman for years, should not be severed, the Board have elected the Hon. Algernon Grosvenor to a seat at the Board, and that appointment the governors, donors, and subscribers will be asked to confirm in the usual way.

"Some noteworthy modifications and changes have taken place in the medical staff. Mr. C. Knox Shaw has been appointed surgeon to the hospital, in addition to the post of ophthalmic surgeon, which he has held for some years ; Dr. G. H. Burford has been appointed assistant-physician in charge of diseases of women ; Dr. Thomas Skinner and Dr. J. Cavendish Molson have been appointed assistant-physicians. All these appointments will be submitted for the confirmation of the governors, donors, and subscribers. Dr. Roberson Day has been appointed anesthetist.

"Mr. W. Lloyd Mathias, who at the date of the last report occupied the post of resident medical officer, having retired from that post, the Board appointed Mr. Dudley d'Arcy Wright to the office ; and the increased medical work having necessitated the appointment of an assistant resident medical officer, the Board have appointed Mr. W. E. Cox to that post.

"The Board received with much regret, at the latter part of the year under review, the resignation of Dr. Edward Hamilton, who has

for eleven years held the post of consulting physician—withdrawal from the practice of his profession forming Dr. Hamilton's reasons for retiring. In the best interests of homeopathy the Board felt compelled to fill the vacancy thus created by the selection of members of the medical profession still in practice, and residing in London; and they have appointed Dr. Dudgeon and Dr. Dyce Brown to be consulting physicians to the hospital.

"The Board have also to report, with regret, the resignation through ill-health of Mr. Cronin, who for sixteen years has held the post of honorary dentist.

"The Board record their indebtedness to the honorary solicitors (Messrs. Gedge, Kirby, and Millett); to the honorary architect (Mr. Alfred Robert Pite); to Mr. Frederick Rosher, for performing the duties of the sub-treasurer, *pro tem.*, during the absence of that officer; to the honorary chemists (Messrs. E. Gould and Son, of Moorgate Street), for their gratuitous supply of homeopathic preparations; also to the lady visitors of the hospital, for their sympathetic ministrations to the sick within the wards; and to the medical staff, collectively and individually, for their skilful care and for their loyal interest in the work of the hospital.

"Medical students and practitioners inquiring into homeopathy have, as in former years, attended the hospital under the guidance of the medical staff.

"The usual arrangements for such instruction remain in force, and all students and medical practitioners are invited to visit the wards and out-patient department in order to become acquainted with the methods of homeopathic practice."

The concluding part of the Report dealt with the question of hospital rebuilding which has been fully dealt with elsewhere.

The CHAIRMAN (Major William Vaughan Morgan) then rose to propose the adoption of the Report, and said: "Ladies and gentlemen,—The motion which I have the pleasure to make is one usually made by our President, Lord Ebury, whom we are always so delighted to see at the hospital—(hear, hear)—but who is unable to attend as he hoped to do to-day. His lordship wrote to me yesterday as follows:—

"DEAR VAUGHAN MORGAN,—It is with very great regret that I find myself compelled to relinquish my post of honour to-morrow; but my attack has been so severe, and I am in so much fear of a relapse, that I am compelled to do so, and to ask you to have the goodness to occupy it, and to inform those present how sorry I am not to see them. My regret is enhanced by the fact that in consequence I shall be debarred from enjoying the conversation on our existing prosperity, and on the prospects of a new and better-furnished institution for teaching the principles of our illustrious founder. With best wishes for the success of every branch of our institution, and best thanks to our treasurer for the debt of gratitude we owe him,—I remain, dear Vaughan Morgan, faithfully and sincerely yours, (signed) EBURY."

"We have the gratification of knowing, therefore, that nothing but absolute indisposition could have prevented our honoured President from joining us to-day, and that his lordship shares our natural satisfaction at the encouraging state of things existing in our hospital. We have had, as usual, a very full and explanatory report, which

places the record of the past year so clearly before the supporters of the hospital that very little is left for additional remarks. There is one very important subject not mentioned in the report—namely, the subject of alcohol. In connection with a well-known metropolitan hospital, it was boasted a few days ago that the consumption of alcohol had been reduced from £5 per patient to £2 4s. 8d. (Hear, hear.) Another hospital had followed suit by stating that its consumption was only £1 18s. 11d. per patient. Now, from figures handed to me by Mr. Cross I find that our expenditure for that sometimes indispensable, but always objectionable, kind of article is only 12s. 6d. per patient. (Cheers.) But we have economized in other ways. Three years ago we owed a considerable sum to our reserve fund, which, as you know, is the repository of our legacies and such extraordinary receipts as it would be unsound policy to regard as income. We thought it better to try by careful management to repay that indebtedness rather than write it off. And we have this year completed that repayment. (Cheers.) In addition to that we have supported a much larger number of patients, and carried on a much more extensive work generally, and we come out with a balance in hand. (Hear, hear.) Speaking of our income, I may state that our augmented receipts are in some measure due to the steps taken to increase the productive power of our investments. For many years they were in Consols and New Three per Cents., yielding only a very small interest. At the last alteration of our laws powers were given to the Trustees to invest in a wider, though still limited, choice of stocks, and the Board, following the example of some other hospitals, has of late years thought it advisable to accept the security and interest offered by the various Colonial loans, and so the investments are distributed over a variety of Colonial stocks, producing a very acceptable increase in the yearly income. (Hear, hear.) We now come to a very important subject indeed—the proposal to rebuild the hospital. (Hear, hear.) The wishes of the Board are amply set forth in the Report, and I will only add that it is proposed at an early date to constitute a committee composed of members of the Board, and of the medical council and staff, with some subscribers, to carry out this great proposal. (Applause.) The first public step will be a concert in the Rubens Room at Grosvenor House, which the Duke of Westminster has very kindly placed at my disposal for Thursday, the 5th of June. The concert will be of the very first order, for it is a singular fact that all, or nearly all, our greatest singers are adherents of homeopathy. (Hear, hear.) Mr. Sims Reeves confesses his indebtedness to it; and as he has fixed the date of the concert to fit in with his other engagements it may be safely assumed that he will appear.' Madame Patti, Madame Albani, Madame Nordica, and Madame Antoinette Sterling are all homeopaths. (Hear, hear.) And although we shall not have all these eminent artistes at our concert, I can promise a really first-rate performance, as we shall certainly have Mr. Barrington Foote and Mr. Hayden Coffin, who have volunteered their valuable services. Reverting to our report, the retirement of our old friend, Dr. Hamilton, from the post of consulting physician, threw upon the Board the responsibility of finding a suitable succession. The appointment of consulting physician is, as you know, at the disposal of the Board, and it was felt that it would be to the best interests of homeopathy and the hospital if a departure were made from the old

practice of the hospital, and two consulting physicians were appointed instead of one. The Board have, therefore, appointed Dr. Dudgeon and Dr. Dyce Brown, and it is hoped that both these appointments will be found beneficial to the hospital. One other subject I will touch upon—our Convalescent Home at Eastbourne. The First Annual Report of that Institution, which, though separate from the hospital is closely associated with it, has been issued, and shows a very gratifying amount of work done, and a very satisfactory financial condition. There also, after all claims have been met, we have a balance in hand. (Hear, hear.) We are not able yet to receive men-patients at the home, and that is its great defect up to the present. The new hospital scheme will prevent our taking any active steps, at present, to enlarge the home for the accommodation of men, but that is a matter which will not be lost sight of, as we are most anxious to complete the scheme in that essential particular. I am extremely gratified to have been able to speak on so many pleasing subjects—(hear, hear)—and I now move that the Report which has been read be adopted." (Cheers.)

General BEYNON said he had much pleasure in seconding the proposition so fully and explicitly made by their chairman. With regard to the much-needed rebuilding of the hospital, now that the scheme had been taken up by Major Morgan, he had little doubt that within the year it would be carried into effect. He usually succeeded in getting what he wanted, and always managed to carry out what he suggested.

The usual votes of thanks to the officials of the hospital were passed and the retiring members of the Board re-elected, with the Hon. Algernon Grosvenor, a new member, and the proceedings were brought to a close.

BRISTOL HOMEOPATHIC HOSPITAL AND DISPENSARY.

In presenting another yearly Report of the Homeopathic Dispensary to the subscribers, and to the public generally, the committee take this opportunity to assure those interested in its operations that the work of this institution has been continued during the past year with its usual success, to the immense benefit of large numbers of the poor, thus conferring the blessings of the homeopathic treatment on many who would otherwise be unable to avail themselves of that beneficent treatment which they have learnt to value.

The number of attendances during the year has been 5,999, and the number of home visits 450. There have been eight deaths, one baby of inanition four days old, one of tubercular meningitis, and one of acute bronchitis; two cases of consumption, one of paralysis, and two of acute bronchitis, aged respectively 81 and 64, the latter complicated with heart disease.

The committee again appeal to the general public to aid the

medical officers in this work of charity by subscribing the necessary funds to extend their operations. It is believed that no other similar institution in this city can show so large an amount of good done with so small an expenditure. The subscribers may therefore feel satisfied that their contributions are laid out to the best advantage for the help of the sick poor.

The committee regret that from want of the necessary funds they have not yet been able to open the hospital, as originally contemplated, for the reception of in-patients, which would be an immense boon to many among the poorer classes, who have learnt to appreciate the benefit of homeopathy in acute diseases.

LEAF HOMEOPATHIC COTTAGE HOSPITAL, EAST-BOURNE.

THE SECOND ANNUAL REPORT.

In presenting the Second Annual Report to the Subscribers and Donors, the Committee of the Leaf Homeopathic Cottage Hospital have great satisfaction in recording, that the past year has been marked by a considerable increase of work, and that the finances continue in a satisfactory condition. They trust that all those interested in the Hospital will be gratified with the extent of relief given during the past year, and with the economy of the management during that period.

The work done during the past year shows a considerable increase. The total number of cases treated, being 119 in 1889 against 77 in 1888. This total, however, includes 22 cases that have not occupied beds in the Hospital, being for slight accidents, which have been dealt with as Out-Patients.

The Committee have to thank Dr. Croucher for a summary of the remaining 97 cases, with a description of each case, which is appended to the Report. From this it appears that

62	Patients have been cured,
24	" " relieved,
2	" have died,
3	" " been discharged at their own request,
6	" remained in the wards on the 31st December, 1889.

97

Ten operations have been performed during the past year.

The Hospital is entirely supported by voluntary subscriptions and donations. The subscriptions in 1889 amounted to £151 3s. 6d., against £142 2s. 6d. in 1888. The new subscribers, with those who

have increased their subscriptions, have been 31, whilst 14 who subscribed in 1888 have either not paid or have reduced their previous amounts; showing that, though the number of new subscriptions was 17 in excess of the previous year, the nett gain to the Institution was only £9 1s. The Committee earnestly appeal for further annual subscriptions, as with an expenditure of about £340 per annum, the present amount of £151 is quite inadequate to place the Hospital on a sure foundation.

The donations, as might be expected, show a considerable reduction. In 1888 the Committee received £297 14s. 6d., an amount exceptionally large, owing to handsome donations towards furnishing the Hospital. In 1889 this source of income fell to £93 5s. 2d., and of this sum £50 was contributed by one kind and liberal donor, the Hon. Charlotte Ellis. The funds have, however, been largely assisted by a Bazaar most kindly held at Streatham by Mrs. George Coles, which produced £104 8s. The receipts from a few Hospital Sunday presents and from the Hospital boxes was £8 3s. 2d., against £7 0s. 2d. the previous year.

The Hospital does not participate in the large Sunday and Saturday collections made in this town, amounting to about £550 to £600 per annum.

The total expenses of management during the past year have been £339 8s. 6d.; deducting from this £12 7s. 6d. for goods supplied in 1888 and paid for in 1889, it leaves £326 16s. as the total cost incurred for the twelve months ending 31st December last, or an average cost of £3 7s. 5d. per head for each patient admitted; a result which compares favourably with the expense per head in London Hospitals, which is said to range from £5 to £8 per annum for each patient.

In conclusion, the Committee have to express their thanks to Dr. Croucher, Hon. Physician and Surgeon, and to Dr. Walther, Hon. Consulting Physician, for the skilful and satisfactory treatment of the patients under their charge.

The Matron, Miss Bevis, has been assisted during the past year by Miss F. F. Coles, a niece of Miss Leaf's, and the Committee wish to place on record the great appreciation they have of their kind and constant attention to the patients under their care. And they also wish to thank the Matron for the careful way in which she has continued to manage the household expenditure of the Hospital, whilst at the same time providing every necessary comfort for the patients.

REVIEWS.

PSYCHO-THERAPEUTICS.*

THE favourable reception accorded to Dr. Tuckey's work on its first appearance has necessitated his bringing out a new edition. In his preface Dr. Tuckey says: "The present work,

* *Psycho-Therapeutics; or, Treatment by Hypnotism and Suggestion.* By C. Lloyd Tuckey, M.D. Second Edition, Revised and Enlarged. London: Baillière, Tindall and Cox. 1890.

while claiming only the modest position of its predecessor, is considerably enlarged, and contains additional chapters on the physiology and psychology of hypnotism, or suggestion, in my personal experience, which will, I hope, render it a useful handbook for practitioners who have not the time to devote to more elaborate and systematic works." In these words Dr. Tuckey very aptly describes the scope of his treatise. Dr. Tuckey possesses a very pleasant literary style, which carries his readers along with him, and certainly has no tendency to "hypnotise" them. In this volume he has brought together much interesting information on a variety of subjects allied to hypnotism and suggestion. We have no doubt whatever that in this practice we have a very great power, but whether it is capable of being sufficiently methodised and safeguarded to admit of its being used in general practice is another question. Also we should like to know in what proportion of cases the cures are permanent, and in what percentage sick people of all kinds are amenable. It seems to us that were medical men to take up this line of treatment, it is so fascinating and absorbing that it would scarcely leave them time or faculties for any other. Dr. Tuckey fitly dedicates his book to the eminent Dr. Liébeault, of Nancy.

THE HEALING ART AND THE CLAIMS OF VIVISECTION.*

Dr. BERDOE is well known for the strength of his opinions and the courage and the force with which he brings them before the world. Dr. Berdoe possesses a whole-hearted admiration for the poet Browning, and, like his hero, he possesses whole-hearted detestation of so-called scientific experiments on sentient beings, be they animals or be they patients. In this little brochure of fifty pages, consisting of a lecture delivered by the author at what may be termed the English vivisectioners' metropolis—Cambridge—Dr. Berdoe ably sums up the case against vivisection as having anything to do with advancing the healing art. We will not attempt to follow Dr. Berdoe through the whole of his argument, but we commend our readers to peruse the book and master it for themselves. In our opinion nothing has hindered the progress of the healing art so effectually as this vivisection.

Referring to a statement by the celebrated homeopathic borrower, Dr. Lauder Brunton, to the effect that:—"Almost all our exact knowledge of the action of drugs on the various organs of the body, as well as the physiological functions of the organ-

* *The Healing Art and the Claims of Vivisection.* By Edward Berdoe, M.R.C.S. Eng., S.R.C.P. Edin. London: Swan Sonnenschein and Co. 1890.

isms themselves, has been obtained by experiments on animals ; ” —Dr. Berdoe exclaims, “ Ignorance cannot be Dr. Brunton’s excuse for this astounding statement.” In this sentiment we entirely agree with Dr. Berdoe.

A BLACK BOOK.*

It is often stated by those who know no better (and sometimes by those who do) that there is no vivisection to speak of in this country ; and when the society who publish this volume brought out a *Vivisector’s Directory* some years ago it was objected that a large number of the names were those of foreigners. The present volume is the answer to these objections. There have been in all 676 men licensed under the Act of 1876 to vivisect in England, Scotland, and Ireland. In this *Black Book* their names, qualifications, and samples of their work are recorded, making a volume of ninety-nine pages octavo, small print. It is a book calculated to open the eyes of many comfortable persons, who do not like to know of the evil that goes on around them ; and we trust that it may be largely read among them and rouse them to action. And we trust that it may have another effect, namely, a deterrent one. For men who have to make their living by attending the sick, a prominent position in a book of this kind is not the best advertisement. The publication of this *Black Book* may therefore prevent some simple-minded youths from being led astray into the evil ways of the vivisectors.

A DICTIONARY OF DOMESTIC MEDICINE.†

As in the case of other books for which we are responsible, we must content ourselves with giving the preface of the *Dictionary of Domestic Medicine* by way of a notice.

“ Many non-medical readers of the *Prescriber* having requested me to bring out a more popular and elementary work on the same lines of arrangement, I have used such leisure moments as I could find during a number of years in preparing such a work, and the present volume is the result.

“The *Prescriber* was originally intended for the use of medical men or medical students ; no description of diseases was given, but simply

* *The British Vivisector’s Directory, a Black Book for the United Kingdom.* By Benj. Bryan, with a Preface by Frances Power Cobbe. London : Society for the Protection of Animals from Vivisection, 20, Victoria Street, S.W. ; Swan Sönenschein and Co., Paternoster Square. 1890.

† *A Dictionary of Domestic Medicine : Giving a Description of Diseases, Directions for their General Management and Homeopathic Treatment, with a special section on Diseases of Infants.* By John H. Clarke, M.D. London : Keene and Ashwell, 74, New Bond Street. New York : Boericke and Tafel.

under the heading of the name of the disease the medicines most commonly indicated, with their differential indications. The *Dictionary* follows the plan of the *Prescriber* in giving in alphabetical order a list of diseases, with the appropriate homeopathic treatment, but, in addition each disease is described as plainly and concisely as possible, with diagnostic hints for distinguishing it from other similar diseases; and directions are also added for dieting and general management.

"In their proper alphabetical place will also be found special articles on Baths, Clothing, and Diet; and under the heading "Infants" a sub-alphabetical arrangement of the disorders peculiar to the earliest years of life.

"In the compilation of the *Dictionary* many sources have been drawn upon, but the author makes himself responsible for all the advice here given. Dr. Constantine Hering's *Domestic Physician*, the most original of domestic treatises, and the author's *Prescriber* are the works which have been most largely used."

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

A SUGGESTIVE QUESTION.

"FERRUM" writes: In reference to the conflicting medical evidence as to an overdose of Turpentine (*HOMEOPATHIC WORLD*, May, p. 196), I think a homeopath might naturally ask what assurance we have that experience can guide allopaths more accurately in the selection of a remedy (where much more experience and discrimination must certainly be required) than in deciding what constitutes an overdose.

TWO CASES.

MAY I ask for information in the two following cases? A lady tells me that, after arranging a room, the impression of the objects in it remains on the retina for the next *two or three hours*, causing confusion of sight and considerable unpleasantness. Is not such an experience very unusual? I cannot find such a symptom mentioned; but the general symptoms appear to indicate Glon. or Act. r.—*The Prescriber* mentions tobacco *blindness*: if there is also tobacco *deafness*, would the same remedies be indicated, the general health being good?—FERRUM.

ANSWER 1.

We should say the symptom is very unusual. At any rate, we have never met with it either in natural disease or drug effects. The nearest symptom we can think of is "oversensitiveness of the retina," which is found under *Bell.* and *Gels.*

ANSWER 2.

Deafness is not a prominent tobacco symptom, though "roaring in the ears" has been frequently observed. The medicines which antidote tobacco in its general effects are likely to prove antidotal in this also. We should expect *China* to prove useful.

ILLEGAL PRACTICE.

"JUSTICE" writes :

May 17, 1890.

Please see in *Lancet* for this date, page 1,100, a paragraph entitled "Actions for Penalties under Apothecaries Act." Kindly insert this in your next issue of *WORLD*. It is a glaring and bad case.

Here is the paragraph :—

"ACTIONS FOR PENALTIES UNDER THE APOTHECARIES ACT.—At the instance of the Medical Defence Union three actions were recently brought in the Exeter County Court in the name of the Society of Apothecaries, against Joseph Abbott, who is manager or assistant in the employ of John M. Rendall, chemist, 98, Queen Street, Exeter. A penalty of £20 was claimed in each action from Abbott for acting and practising as an apothecary without having obtained a certificate under the Apothecaries Act. The actions were to have been tried on the 7th inst., but, previously to the day of hearing, the defendant paid the three penalties into Court, with costs, amounting in all to £65 5s. 6d."

HAIR RESTORER.

ALLAN writes :

SIR,—Can you tell me of a hair-restorer that is *effective* and *safe* to use? I am informed that such articles as contain lead are likely to produce paralysis. Is there any truth in that assertion?

ANSWER.

We certainly consider the use of hair-washes containing lead is dangerous. In sensitive subjects they might even cause paralysis. We have known the following hair-wash prove useful :—

Ol. Amygdalœ ʒi.
Ol. Olivæ ʒi.
Liq. Ammon. fort. ʒii.
Tinct. Lyttœ ʒi.
Ess. Bergamott. gtt x.
Sp. Vin. Rect. ʒii.
Aq. Destil. ad. ʒiv.

But the best "hair-restorer" in any case is the most similar homeopathic remedy.

APPOINTMENTS, VACANCIES, AND REMOVALS.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees.

Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

APPOINTMENT.

DR. DRUMMOND, *Malvern*.—The vacancy at Malvern announced in our last number has been filled. Dr. Dalzell has secured for his *locum tenens* Dr. JOHN DRUMMOND, who will reside at Holland House, Church Street, and will carry on the practice during Dr. Dalzell's absence.

VACANCIES.

WATFORD.—Lord Ebury writes from Rickmansworth enclosing a letter from Mr. Pollett, urging once more on the attention of homeopathic doctors the claims of Watford and district. Since Dr. Murray's departure for Folkestone no one has been induced to take up the practice. A flourishing dispensary is in danger of lapsing, if no one can be induced to come to the rescue. Watford is the centre of a populous district and there are many homeopathic families established in the neighbourhood.

MELBOURNE HOSPITAL.—We beg once more to remind our readers of the opening at the Melbourne Hospital alluded to in our last. We have a number of circulars giving particulars of the post and requirements, which we shall be pleased to send to any one who will apply to us.

CHANGE OF RESIDENCE.

DR. T. M. STRONG, *Macon*.—Our correspondent Dr. T. M. Strong, who has been for seven years chief of the staff of the Ward Island Homeopathic Hospital, has resigned his post and settled in private practice at MACON, GEORGIA, U.S.A.

GENERAL CORRESPONDENCE.

A NEW HOMEOPATHIC HOSPITAL FOR LONDON.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—It having been decided by the Board of Management of the London Homeopathic Hospital to erect a new hospital, will you permit me the use of your columns to describe our proposed *modus operandi*. In order to raise the required sum it is essential to bring home to all those interested in Homeopathy the necessity of doing the utmost they can to assist the Building Committee in their desire.

1. It is proposed to raise a minimum amount of £80,000; as to which I am of opinion that if it be worth doing, then "twere well 'twere done quickly."

2. The first step will be the concert, of a highly attractive character, which will take place on Thursday afternoon, June 5th, in the Rubens Room of Grosvenor House, by the kind permission of his Grace the Duke of Westminster. The Rubens Room, with its unique and beautiful decorations, its pictures, and the adjoining room with its articles of vertu and paintings (including the celebrated "Blueboy" of Gainsborough), are quite an adequate recompense for the price of the tickets, which has been fixed at 21s. each, or six for £5, for the front rows, reserved and lettered; and 10s. 6d. each for the few unreserved seats. But the list of artistes gives a sufficient assurance of a first-rate performance. We are assured of Madame Nordica, who will sing for the first time a song, "Enduring Love," of her own composition; also the first of English tenors, Mr. Sims Reeves, and those established favourites, Mr. Hayden Coffin and Mr. Barrington Foote, together with Madame Belle Cole and Miss Marguerite Hall, to which will be added recitations by Miss Marjorie Leigh, who will make her first public appearance. The instrumentalists will be (amongst others) Monsieur Tavidar Nachez (violin) and M. Ernest Gillet (violoncello), while the conductorship having been undertaken by Mr. Raphaël Roche—who so very successfully managed the last concert for the Hospital at St. James's Hall—is a conclusive guarantee of a first-class and attractive entertainment.

3. The President of the British Homeopathic Society will, in his forthcoming address, call the attention of the members of that society and of the medical profession generally to the subject, an important one in the history of Homeopathy, and it is hoped that the project will be energetically taken up by all Homeopathic medical men.

4. An active canvass will be made amongst all those interested in Medical Reform, as a result of which it is confidently anticipated that the required amount will be quickly forthcoming.

This belief is justified by the fact that at the preliminary meeting held in the Board-room of the Hospital on the 8th ult. to appoint a Building Committee, the Chairman was able to announce a first list of donations amounting to upwards of £15,000, more than one-half of the whole sum required. A list of these is subjoined.

5. I will conclude with a brief *résumé* of the reasons which have decided the authorities to enter upon this very important onward step. The development and the activity of the Hospital during the past few years has been very rapid, and it is thought that if the tide be taken at the flood, the Hospital has in view a future of great usefulness and importance. As a standing testimony to the vitality of Homeopathy, a new and enlarged building will have a unique value. But further progress is not

possible while the medical work is conducted within the present antiquated structure. Large sums have from time to time been spent in repairs and improvements to the building, resulting in increased efficiency and adaptability, with highly satisfactory returns. But in every department the want of accommodation is sorely felt. There is not room enough for the increasing number of patients, the domestic arrangements are inadequate, the accommodation for nurses is restricted, and more consulting rooms are desirable for the medical staff. The provision for surgical cases is inadequate, especially for cases requiring very serious operations, and there is no room for isolating cases.

It only remains for me to urge upon all who wish that Homeopathy should not only hold its own but should progress, to join in this large and well-supported scheme, by sending in, either from themselves or their friends, promises of donations (which may be made in three yearly payments) to our Secretary-Superintendent at the Hospital.

Meanwhile I subjoin a First List of Donations, and will hope to send a second and more widely representative list for your July issue.

Very truly yours,

WM. VAUGHAN MORGAN.

5, Boltons, South Kensington, S.W.

DONATIONS TO THE NEW BUILDING PROMISED OR PAID.

		£ s. d.				£ s. d.	
<i>Per Major Vaughan Morgan—</i>				Mrs. C. Whateley			
"A Friend well known	£	s.	d.	Willis	21	0	0
to the Hospital" ...	10,000	0	0	Samuel Sugden, Esq.	20	0	0
Major Wm. Vaughan				Mrs. Stilwell	10	10	0
Morgan	2,000	0	0	Mrs. B. L. Cohen	5	5	0
Mrs. Wm. Vaughan				H. W. Tinne, Esq. ...	5	5	0
Morgan	1,000	0	0	J. Sutcliffe Hurndall,			
				Esq.	2	2	0
<i>Per Dr. Epps—</i>				<i>Per Dr. Galley Blackley—</i>			
James Epps, Esq.	1,000	0	0	Dr. Galley Blackley ...	25	0	0
<i>Per G. A. Cross, Esq.—</i>				Miss E. Syngé	1	1	0
The Lord Ebury	300	0	0	<i>Per Dr. Burwood—</i>			
Alfred R. Pite, Esq.	105	0	0	Alexander Henderson,			
William A. Pite, Esq.	52	10	0	Esq.	50	0	0
Wm. Debenham, Esq.	52	10	0	<i>Per Dr. Butcher (Windsor)—</i>			
Thos. D. Galpin, Esq.	50	0	0	Dr. Butcher	21	0	0
Francis Bennoch, Esq.				<i>Per Dr. Dyce Brown—</i>			
F. R. S. L.	31	10	0	Dr. Dyce Brown	52	10	0
Alan E. Chambre, Esq.	31	10	0	Patrick Ness, Esq. ...	5	0	0
Fredk. Rosher, Esq.	31	10	0	C. A. Kelly, Esq.	2	2	0
Major-General Beynon	25	0	0	<i>Per Dr. Buck—</i>			
B. L. Cohen, Esq. ...	25	0	0	E. Hough, Esq.	1	1	0
G. A. Cross, Esq.	25	0	0	Miss Agnes Skelton ...	1	1	0
John Pakenham Stil-							
well, Esq.	31	10	0				
H. W. Prescott, Esq.	21	0	0				

	£	s.	d.		£	s.	d.
F. W. Tewen, Esq. ...	1	1	0	<i>Per Dr. Mackintosh (Torquay)—</i>			
<i>Per Hugh Cameron, Esq.—</i>				Dr. Mackintosh.....	3	3	0
Hugh Cameron, Esq.	5	5	0	<i>Per Dr. Byres Moir—</i>			
<i>Per Dr. Cay (Leamington)—</i>				Mrs. Russell Gurney... 100	0	0	
The Misses Congill ...	10	0	0	Dr. Byres Moir	25	0	0
<i>Per Dr. Clarke—</i>				H. T. Wooderson, Esq.	10	10	0
Dr. Clarke	21	0	0	<i>Per Dr. Cavendish Molson—</i>			
N. B. Lincoln, Esq.	0	10	0	Rev. H. Brancker ...	10	10	0
<i>Per Dr. Collins (Leamington)—</i>				<i>Per Dr. Neatby—</i>			
T. B. Dale, Esq.	25	0	0	C. Fellows Pearson,			
Miss Dale	5	0	0	Esq.	26	5	0
Miss Brandt	5	0	0	Mrs. Hardy	10	0	0
Miss Congill ..	5	0	0	W. Wolfe Fletcher ...	5	0	0
Miss Amherst	0	10	0	Miss Willis.....	2	0	0
<i>Per Dr. Cooper—</i>				<i>Per Dr. Rean (Brighton)—</i>			
W. J. Kingsbury	10	0	0	The Rev. C. Parnell... 10	0	0	0
Mrs. Muller	5	0	0	<i>Per Dr. Wm. Roche (Ipswich)—</i>			
<i>Per Dr. Roberson Day—</i>				Dr. Wm. Roche.....	5	5	0
A Grateful Patient ...	5	0	0	<i>Per C. Knox Shaw, Esq.—</i>			
E. C. Reed, Esq.	1	10	0	C. Knox Shaw, Esq.... 25	0	0	
J. T. Matthew, Esq....	1	1	0	Frank Shaw, Esq. ... 10	0	0	
Mrs. Cockburn	1	0	6	Mrs. Holmes	1	1	0
J. Macpherson, Esq.	0	10	0	<i>Per Dr. Skinner—</i>			
<i>Per Dr. Dudgeon—</i>				Dr. Skinner	21	0	0
Dr. Dudgeon	5	5	0	<i>Per H. Thorold Wood, Esq.—</i>			
Mrs. Salter.....	1	1	0	H. Thorold Wood,			
<i>Per Dr. Hughes (Brighton)—</i>				Esq.....	5	5	0
Dr. Hughes	5	5	0	<i>Per Dr. Mackechnie (Bath)—</i>			
<i>Per Dr. Mackechnie (Bath)—</i>				Dr. Mackechnie.....	1	1	0
Dr. Mackechnie.....	1	1	0	Total	£15,389	15	6

VARIETIES.

HENBANE SEEDS FOR TOOTHACHE.—Henbane seeds are still not uncommonly used for toothache, under the impression that the ailment is caused by worms in the decayed teeth. A penny is made hot in the fire, and immediately on removal a pinch of the seeds is dropped on it, and the whole covered at once with a wineglass, which becomes filled with thick fumes. The glass is then applied to the mouth and the smoke inhaled, when the worms are supposed to be expelled. I called one morning to see a patient who had just used the remedy, and I naturally essayed to correct his notion of the cause of his malady; but he smiled in a superior manner, and said that he had not only seen the worms on two or three occasions, but could show me three in the glass he had recently used. There, sure enough, were three little brown-headed larvæ—or, at all events, they looked exactly like larvæ to the naked eye—but on examining them at home under a

2-inch glass their true nature was explained. They were simply the embryos of three seeds which had been forcibly expelled on the rupture of their seed-coats, and had adhered to the moist sides of the glass, and thus escaped the destruction which had overtaken the rest. Science was triumphant; my patient confessed his defeat, and remarked that he had long known that we must not believe all we *hear*, but found also that we must not believe all we *see*.—L. B. BRUNTON, in *Lancet*, Dec. 21st.

AINHUM, A BRAZILIAN DISEASE.—Ainhum was first systematically described by a Brazilian surgeon as attacking coloured races in Brazil. The merit of its actual discovery, as Dr. Radcliffe Crocker and others have pointed out, is due to Dr. Clarke, who described the disease before the Epidemiological Society in 1860, as a dry gangrene of the little toe among the natives of the Gold Coast. Dr. Da Silva, Lima, however, described ainhum as a disorder long known as existing amongst Africans and Creoles in South America, first writing about it in the *Gazeta Medica de Bahia* in 1867. Ainhum consists in hypertrophy and degenerative changes in the little toe, a constriction forming and slowly becoming deeper until the digit is amputated spontaneously or otherwise. The disease is often symmetrical and may last for years. It is now known that the fourth, or even the great toe, may be affected, and Egles describes a case where a finger was attacked. It is frequent near Bahia, and also occurs in the Southern States of America, the West Indies, the West Coast of Africa, India (where Hindoos are also liable to the disease), Réunion, and Nossi-bé. M. Cogues has described a case of ainhum, which occurred in Madagascar, in the March number of the *Archives de Médecine Navale*. The pathology of ainhum is obscure, and although spontaneous amputation of digits is a feature in some forms of leprosy, it is by no means certain that the two diseases are closely allied.—*British Medical Journal*, March 23rd.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Berdce (Edward). *The Healing Art and the Claims of Vivisection*. A Lecture delivered at Cambridge, March 10, 1890. 12mo, pp. 50. (Sonnenschein. 1s.)

Bishop (E. S.). *Lectures to Nurses on Antiseptics in Surgery* (Nursing Record Series). 12mo, pp. 64. (Low. 2s.)

Browne (Lennox). *The Throat and Nose, and other Diseases*. Third Edition. Revised and Enlarged. Roy. 8vo, pp. 670. (Baillière. 21s.)

Ebstein (W.). *Compulsions and its Treatment on Physiological Principles*. New edit. Cr. 8vo, pp. 90. (Grevill. 2s. 6d.)

Guy's Hospital Reports. Vol. 46. (Vol. 81 of 3rd Series.) 1889. Edited by N. Davies-Colley and W. Hale White. With 12 Plates. 8vo, pp. xlviii-519. (Churchill. 10s. 6d.)

Jacobi (A.). *A Treatise on Diphtheria*. 8vo, pp. 252. (New York. 10s. 6d.)

Jaksoh (R. V.). *Clinical Diagrams: The*

Bacteriological, Chemical and Microscopical Evidence of Disease. Trans. from the 2nd German ed. by James Cagney, and an Appendix by Wm. Stirling. With numerous Illus. Roy. 8vo, pp. 424. (Griffin. 25s.)

Kippax (J. R. M.D.). *A Hand-book of Diseases of the Skin and their Homeopathic Treatment*. Fourth Edition, revised and enlarged. Post 8vo, pp. 294. (Homeopathic Publishing Company. 10s.)

Macdonald (Greville). *A Treatise on Diseases of the Nose and its Accessory Cavities*. Cr. 8vo, pp. 366. (Watt. 10s. 6d.)

Maxwell (T.). *Terminologia Medica Polyglotta; a Concise International Dictionary of Medical Terms*. Compiled by Theodore Maxwell with the assistance of Dr. E. de la Harpe, E. M. Holmes, and others. Demy 8vo, pp. 460. (Churchill. 16s.)

- Noyes (H. D.). A Text-Book on Diseases of the Eye. 8vo, pp. 670. (New York. 80s.)
- Obersteiner (H.). The Anatomy of the Central Nervous Organs in Health and Disease; translated with annotations and additions by Alex Hill. With 198 Illusts. 8vo, pp. 424. (Griffin. 25s.)
- Richardson (B. W.). National Health. Abridged from "The Health of Nations." A Review of the Works of Sir Edwin Chadwick. Cr. 8vo, pp. 940. (Longmans. 4s. 6d.)
- Sauer (S.). The "Barnscheidtism;" or, The Natural Healing Art. By the Inventor and Discoverer of this New Science, Karl Barnscheidt. 12mo, pp. 256. (Simpkin. 1s.)
- Smedley (Mrs.). Ladies' Manual of Practical Hydropathy. 18th ed. Cr. 8vo, pp. 356. (J. Blackwood and Co. 2s.)
- Snow (Herbert). The Palliative Treatment of Incurable Cancer. Cr. 8vo, sd., pp. 47. (Churchill. 2s. 6d.)
- Snow (H.). On the Reappearance ("recurrence") of Cancer after apparent extirpation; with Suggestions for its Prevention, and General Remarks on the Operative Treatment of Malignant Growths. 8vo, pp. 142. (Churchill. 5s. 6d.)
- Stirling (W.). Outlines of Practical Histology: A Manual for Students. With 344 Illusts. Cr. 8vo, pp. 352. (Griffin. 12s. 6d.)
- Thornton (J.). Advanced Physiography. With Six Maps, 180 Illusts., and Coloured Plate of Spectra. Cr. 8vo, pp. 328. (Longmans. 4s. 6d.)
- Unna (P. G.). The Successful Treatment of Leprosy. With Notes by J. L. Milton. 8vo, sd. (Chatto and Windus. 1s.)
- Warren (J. C.). The Healing of Arteries after Ligature in Man and Animals. Illust. 8vo, pp. 134. (New York. 16s. 6d.)
- Wynter (W. E.) and Wethered (F. J.). A Manual of Clinical and Practical Pathology. 8vo, pp. 310. (Churchill. 12s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Messrs. Gilbert and Hall, Bournemouth; Dr. Berridge, London; Mr. G. A. Cross, London; Dr. John Drummond, Malvern; Dr. Th. Kafka, Carlsbad; "Ferrum;" Dr. A. von Villers, Dresden; Major Vaughan Morgan, London; Dr. T. M. Strong, Macon, Georgia, U.S.A.; Dr. E. V. Ross, Rochester, N.Y.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Homeopathic Review.—Allg. Hom. Zeit.—Monatsblätter.—L'Union Homéopathique.—Revue Homeopathique Belge.—Homeopathic Physician.—American Homeopathist.—L'Art Médical.—Malvern Advertiser.—Hahnemannian Monthly.—North American Journal of Homeopathy.—Bibliothèque Homeopathique.—Clinique.—Dietetic Gazette (New York).—Medical Visitor.—New York Medical Times.—La Reforma Medica.—Californian Homeopath.—Albany Medical Annals.—L'Omiopatia in Italia.—New England Medical Gazette.—Advertisement for removal of Medical Officer of the Melbourne Homeopathic Hospital.—Reis and Rayyet (Prince and Peasant), Calcutta.—Mild Galvanic Currents, by C. B. Harness.—Cyclopedia of Drug Pathogenesis, part xii.—Report of Bristol Homeopathic Hospital and Dispensary.—Address, Synopsis of, by Professor T. J. Crofford, M.D., Memphis.

THE
HOMEOPATHIC WORLD.

JULY 1, 1890.

ORTHODOX TREATMENT.

"I wish it to be clearly understood that Dr. H. prescribed the drug in perfect accordance with the ORTHODOX METHOD OF MODERN TREATMENT, AND NOT INCORRECTLY.—Prof. E. VON HOFMANN."

In a clinical lecture reported in *The Medical Press* of June 11th, Dr. E. VON HOFMANN, Professor of Forensic Medicine at the University of Vienna, calls attention to "The Dangers Attending the Use of Corrosive Sublimate by Absorption in Medicinal Treatment."

The case which formed the text of the lecture was an extremely distressing one. The patient, F. J., was an operative, who died in the hospital on January 25th, having been brought in on January 17th, suffering from peritonitis, about six in the evening. Three months previously she had given birth to a child, and had been constantly complaining of ill health ever since. On the 15th, 16th, and 17th of the month she consulted Dr. H. at his own house.

In his evidence Dr. H. stated that the patient came to him complaining of pain in the throat, rhagades at the angles of the mouth, specific-looking papules on the face, breasts, and arm-pits, large papules on the genitals, and enlarged lymphatics. He prescribed:—

I.

R Potass. Iod. 10·0 grammes
Aq. dist. 200·0 grammes
Sig. Two tablespoonfuls daily.

II.

℞ Hydrarj. Bichlor. corros.

Alumi Crudi

Ras Camphoræ

Cerusiæ

Spt. Vini

Acet. Vini a.a. 5·0 grammes

Sig. Solutio Plenckii : for the use of the doctor.

III.

℞ Hydrarj. Bichlor corros. 0·20 grs.

Spt. Vini 20·00 grs.

Sig. To be applied with a small brush by patient.

On the 17th, about three o'clock in the day, the patient came to Dr. H. with Nos. 2 and 3 untouched. He applied the Solutio Plenckii to the genitals by means of cotton wadding, and painted the papules on the chest with what remained. In spite of the pain, she desired the mouth painted also, which he did with No. 3.

On her return home she complained of great pain about the body, and suddenly fell to the ground unconscious. An hour after this she was found in a helpless state by the neighbours, screaming out for some one to hang her, as she had tried it herself, but the rope had broken in the attempt. No rope could be found on searching the house, but marks of a rope were visible on the neck. A doctor was called in, who sent her to the hospital. The doctors at the hospital considered it a case of suicide, but open to a doubt whether it had not been caused by some one else.

On the 18th of January she was anemic and fainting. There were blisters and inflammation wherever the application had been made. On the 19th vomiting returned of a greenish character, with threatening collapse. The cauterized parts appeared leathery and dry. In the evening she had several brown-coloured watery stools. 20th. Collapse increased; large deposit in urine; abdomen painful to pressure. 21st. Profuse diarrhea mixed with

blood and matter, and great pain all over body. 22nd. Collapse imminent, with hyaline casts in urine. 23rd. Vomiting returned; hiccough, which was more or less since the 19th, is now troublesome; diarrhea still exists; the cauterized surfaces are now granulating. 25th. Pulse scarcely perceptible, and at twelve o'clock the increasing collapse ended in death.

The *post mortem* examination showed among other changes the intestines congested throughout, and in the ileum and large bowel the inner surface was congested and discoloured with diphtheritic ulcers on the upper part. Mucous membrane smaller and ecchymosed. Extensive peritonitis, the small intestines being adherent to the pelvic organs. The left fallapian tube in its external part was distended, and contained pus. The kidneys showed slight parenchymatous degeneration.

Professor VON HOFMANN sums up the case as follows:—

“In the first place we may conclude that Francesca J. died of a severe dysenteric inflammation of the bowel, but more of the diarrheal character. Secondly, the phenomena of the inflammation were those resembling acute poisoning from Corrosive Sublimate.” He concludes that it was by absorption of Plenki's Solution that the poisoning occurred. Then follows this astonishing paragraph, part of which we have put at the head of this article:—

“She had been of a weak constitution, anemic, and only a few weeks after a confinement, all of which must have played an important part in the imbibition of the poison. *I wish it to be clearly understood that Dr. H. prescribed the drug in perfect accordance with the orthodox method of modern treatment, and not incorrectly.*”

We do not remember to have met with anything more appalling than this utterance in the literature of modern medicine. We do no question that it is right. Dr. H., no doubt, followed the teachings of authority. But then, what severer condemnation could be passed on orthodox modern medicine? PROFESSOR VON HOFMANN has pronounced sentence upon it. The above narrative tells what it is

capable of doing for delicate women of weakly constitutions. We only hope, in their death-agonies, the unfortunate victims have some better consolation than the reflection that the poison of which they are dying has been prescribed "in perfect accordance with the orthodox method of modern treatment, and not incorrectly."

NEWS AND NOTES.

THE NEW HOSPITAL.

WE are glad to announce that the Building Fund is steadily increasing. The total received and promised now exceeds £17,400. Still more is required, and the sooner it arrives the sooner the work will begin. The position of homeopathy in this country will be judged by the results. We have to acknowledge a contribution of £5 from E. W. Garland, Esq., of Queen's Gate.

THE CONCERT.

THE concert announced in the last number to take place at Grosvenor House proved at once an artistic and a financial success. Here is *The Daily News* (June 6th) account:—

"In aid of the funds of the Homeopathic Hospital a largely-attended concert was given yesterday in the Rubens room at Grosvenor House. The programme was a miscellaneous one, but it included 'Come into the Garden, Maud,' sung by Mr. Sims Reeves, songs and instrumental pieces for Mesdames Hall, Caryll, and Cole, Messrs. Coffin, Nachez, and Gillett, and a new and unambitious, though very pretty song, 'Enduring Love,' composed by Madame Nordica, and sung by that eminent artist. The song was encored, and Madame Nordica repeated it, playing her own accompaniment."

IODIFORM.

WE take the following from *The Medical Press* (Paris Letter) of April 23. Iodoform should prove a valuable homeopathic remedy.

"DIAGNOSTIC OF IODOFORM INTOXICATION.

"M. Burlureaux spoke on the means of recognizing intoxication of

iodoform. A soldier was admitted into the military hospital for a scarlatiniform eruption which commenced on the left arm three days after the application of iodoform dressing for a wound on the same member. This eruption was followed by desquamation, and in spite of the absence of sore throat and albuminuria, scarlatina was diagnosed. However, learning that iodoform was used, and that the patient complained of a disagreeable taste, a piece of silver was placed in the mouth, and immediately a garlic taste was experienced, which Poncet, of Lyon, described as characteristic of iodoform. In mixing some of the saliva with calomel a canary-yellow was obtained, which was due to the formation of mercurial iodide. M. Burlureaux esteemed that both these signs could be used in determining intoxication by iodoform or iodide of potassium."

KOLA NUT.

THE African kola nut is steadily making its way into favour. Some time ago we called attention to the excellent kola nut preparations of Mr. Pettage, of Edinburgh. *The Lancet* (May 10) contains a short account of a paper by Mr. T. Christy on the subject:—

"At a meeting of the Balloon Society, held at St. James's Hall on the 18th ult., Mr. T. Christy read a paper on the uses of the kola nut. It is well known this fruit has long been in use amongst the natives of Western Africa when on long and tedious marches, as it is said to possess great sustaining and stimulating powers. Travellers declare that not only does this nut reinforce the system when it is debilitated by fatigue, but that it also quiets temporarily the pangs of hunger and thirst; and, in fact, the natives frequently carry powdered kola in lieu of provisions. Analysis has shown that it contains 2.5 per cent. of caffeine, with very little tannin (about 1.5 per cent.), being much better in this respect, therefore, than tea, which usually contains at most 2.5 per cent. of the alkaloid, with 16 or 17 per cent. of tannin. At about the same time a communication from Dr. Heckel of Marseilles was read at the Paris Academy of Medicine on the same subject, in which the writer suggests that powdered kola nut should be used as part of the soldiers' rations as a preventive of fatigue on long marches. He mentions a test made during the manoeuvres of the Sixth Army Corps, among other instances, in support of his statement. From these facts there seems every chance of kola becoming in course of time a powerful rival of tea and coffee, as well as a substitute for so-called "pick-me-ups."

TIME AGGRAVATIONS.

IN our present number we give a repertory of the morning aggravations of Dr. Noah Martin's article. We intend to give, subsequently, repertories of the forenoon and afternoon and evening aggravations.

THE DIPHTHONG.

THE *Medical Advance* has followed our example in the matter of dropping the diphthong, and spells "homeopathy" without it. Of course we approve. Having adopted homeopathy, by all means let us adopt the word into the English language. *The Southern Journal of Homeopathy* (which has been re-adopted by its first editor and founder, Dr. C. E. Fisher) has gone back to the old spelling. But as it confessedly only dropped the diphthong from scarcity of type we do not regard this as a retrograde step. Perhaps we should rather congratulate it on its more opulent circumstances. We welcome Dr. Fisher back to his post. He resides at San Antonio, Texas. The new publisher of the journal is T. Engelback, 180, Canal Street, New Orleans.

ORIGINAL COMMUNICATIONS.

CASES FROM MY PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

No. 1. BOILS—*Arsenicum*.

MASTER-PAINTER, C. V. N., 45 years, Copenhagen. Was formerly well. Malady commenced two years ago. Came under my treatment on the 23rd of April, 1887. Furuncles here and there on the body—some of the size of a walnut, others the size of a hazelnut. Some of them have discharged a little yellow, thick pus. They are hard, red, movable over the underlying parts. State of health otherwise good; but as soon as one crop of furuncles have disappeared new ones appear. Was some months ago under the treatment of a homeopathic doctor, with improvement, but then ceased with the treatment. *Arsen. album*. 6 C. dilution, five drops three times daily.

May 4th. One small furuncle has shown itself on the left shinbone; the others are, for the greatest part, gone. Same prescription.

June 1st. All furuncles gone ten days ago; well. Discharged well (Journ., v. 2,522).

2. ASOMNIA—*Aconite*, *Gelseminum*.

Controller of duties, K., 58 years, Copenhagen. Has for

some time suffered from sleeplessness and want of strength, for which an allopathic doctor used morphia and quinine and iron—at first with effect. Since then condition again worse, and at the examination on the 11th of June, 1887, the state was as follows: Much uneasiness during sleep; depressed humour; small appetite; tongue white coated on the hinder part; stools somewhat hard; often falls suddenly asleep, but awakes soon after, and lies awake then for the whole night; depression at the pit of the stomach; no palpitation of the heart or headache; the sounds of the heart pure; has had much emotion and troubles. *Gelseminum* dil. 1x, three drops three times daily; coffee, tea in the evening, and spirits forbidden.

June 14th. No change. Sleep partly restless, partly wanting; throws himself about, in order to fall asleep; fears; depressed humour. *Aconitum* 2 C. dil., five drops three times daily, in alternation with *Gelsem.*, five drops three times daily.

June 18th. Much improvement. Sleep tolerably good; appetite good; tongue clean. Continued.

June 21st. Again less sleep.

Hereafter he became better and better, and was discharged cured on the 6th of July (Journ., v. 2,556).

3. PHLEBITIS—*Apis*, *Merc. sol.*, *Hamam.*

Mrs. D. S., wife of a bookseller. Eight years ago, after delivery, had metritis (inflammation of womb) and phlebitis. Was attended by two allopathic doctors, but without improvement, whereupon she took to the use of homeopathic medicine, and was soon cured. Four years ago she again had phlebitis in a slighter degree. Now the malady began again on the 10th of January, and showed itself in a severe degree. The family having their own allopathic medical adviser, who has attended them for twenty-four years, she at first came under his treatment, but without improvement, so that I was called in on the 1st of March. Both legs were attacked. On the anterior aspect of both legs, from a little below the knees down to the ankle-joint, there was a shining, rose-coloured, hard, and very sore swelling. Violent, stinging, and flying pains; sleeplessness on account of pains; no appetite; fever, with perspiration in the night. Along the veins the soreness and filling out is severest. *Apis Mellifica* 3x solut., five drops every second hour; poultice of linseed-meal.

March 4th. Better. The roselike redness nearly gone ; the pain decreased ; no fever. Continued.

March 7th. Considerable improvement. Soreness and pains much decreased ; sleeps a little at night. Continued, four times daily.

March 10th. Still a deal of swelling, but the pains are trifling. Perspires a great deal at night, but it does not ease the condition. Discontinued *Apis*. *Mercur. sol.* 1 cent. trit., three times as much as a pea, in a teaspoonful of water.

March 15th. Considerable improvement. The swelling decreases ; general condition good. A quantity of varicose veins are seen, here and there, on the legs. No pains. *Hamamelis virg.* 1 C. dil., five drops three times daily. Omit *Mercur. sol.*

March 17th. Nearly quite recovered—has to-day been down to her husband's place of business ; and on the 20th she was out a short time in the open air.

Continued with *Hamamelis* till the end of March. She was then perfectly well, and up to July, 1889, she has had no return of the malady.

4. NEPHRITIS—*Arsen.*

Musician, H. M., 36 years old, Copenhagen. Came under treatment on the 25th of November, 1887, and had then been ill for eight weeks. Has been treated at the Borough Hospital for six weeks, with but small improvement. Has, as musician, blown in Harmony Orchestra in Tivoli and on the plain, consequently in the open air, and has then always been cold about the feet. Complains now of a little faintness, thirst, rotten taste. Good appetite and sleep ; never edema. Oppressing pains in the loins and down in the thighs. Makes water three times in the night. Quantity of urine in twenty-four hours, two and a half quarts. The urine is pale, frothy, clear, slightly acid ; specific gravity, 1,016. Contains $1\frac{1}{4}$ per cent. albumen and a few cylindrical tube-casts. Burning pains from time to time in urethra, both during and when not making water, but never any incontinence. *Arsen. album.* 3 C. dil., three drops three times daily.

December 5th. No thirst ; taste good ; burning pains in urethra ceased. Same prescription.

December 17th. All symptoms gone. No making water

in the night. The urine contains only traces of albumen ; no cylinders. Same prescription.

December 31st. The urine normal. Altogether well. Discharged (Journ. v. 2,620).

5. NEPHRITIS—*Arsen.*, *Phosph.*

Shoemaker, E. S. F., 37 years old, Copenhagen. Has had ulcus penis, ten years ago, at St. Croix. Was treated for it with ointments. At the same time there were syphilides. Later on he was well until five months ago. Has been treated for four months in the Borough Hospital with milk-cure and quinine pills, but without trace of improvement.

The treatment began March 17, 1888. Complains of some faintness and thirst ; drinks often, but little at a time. Otherwise he feels no sickness. Making water is normal during the day ; not at all in the night. Urine sour, clear, white-yellow ; Sp. gr. 1,014. One and a half quarts in twenty-four hours. The urine contains 6½ per cent. albumen and cylinders. Trifling edema of the lower eyelids ; edema about the ankles. Is tall ; complexion pale. *Arsen. album.* 3 C. dil., five drops three times daily.

March 27th. Better. 5 per cent. albumen in the urine. Continued.

April 12th. The edema nearly gone ; 9 per cent. albumen in the urine. Continued.

April 24th. Same. *Phosph.* 3 C. dil., five drops three times daily.

There was 9½ per cent. albumen in the urine on the 9th of May, and now *Phosph.* 2 C. dil. was given in the same manner. Already (the 30th of May) there was only 3½ per cent. albumen in the urine, and the quantity was one litre in twenty-four hours. Edema of the ankles very insignificant ; no thirst. Debility decreased much ; otherwise all normal. *Phosph.* was given for a week, and pause a week, alternately ; but on the 15th of October there was 3½ per cent. albumen. Very few cylinders (casts). He received *Arsen. album.* 2 C. dil., three drops ter. die, and as no effect was remarked, on the 12th of November I gave him *Arsen. album.* 3 Dec. dil. in the same manner. On the 22nd of November there was 2½ per cent. albumen and no cylinders (casts) ; on the 17th of December, 2 per cent. ; on the 21st of January, 1889, 1 per cent. albumen ; and on

the 8th of February the urine was normal and he was very well. Since this time he is well (Journ. v. 2,646).

(To be continued.)

ENLARGED PROSTATE.

By A. OCKENDEN, M.R.C.S.

Mr. C., æt. 63, wine merchant.

Previous history: Good general health; drank at times more than was good for him. Four years ago I treated him for stricture of the urethra by dilatation; excessively irritable urethra and bladder; but he made a good recovery.

Present illness: Difficulty of passing water; spasmodic stricture; slight return of organic treated by catheter; great irritation of urethra and bladder, but after some time managed to use No. 14 vulcanized; at times bleeding from urethra; twist when passing catheter; great tenderness in perineum; prostate enlarged as felt by rectum; a good deal of cystitis; very disturbed nights; bladder never completely emptied except by catheter; two or three small stones came away, caught in the opening of catheter.

Treatment: Bladder washed out daily; medicines tried—*Puls.*, *Staph.*, *Kali Hyd.*, *Sulph.*, *Dulc.*, and *Canth.*—of no use; later, *Chimaph* θ five drops and *Argen. nit.* 3x were decidedly useful, and ten drop doses of *Bellad.* θ relieved the great irritability of bladder.

On October 11th I used galvanism to prostate by means of catheter-electrode, giving two milliamperes, for five minutes. Repeated galvanism on October 19th, giving three milliamperes, and on October 31st giving four milliamperes.

November 2nd. On passing catheter found bladder empty.

November 12th. Galvanism, three and a half milliamperes for four minutes; catheter forced out.

November 18th. Injected into passage about five grains of *Cocaine* dissolved in a little water and allowed it to remain for two or three minutes, and was enabled to give five milliamperes for six minutes.

December 3rd. Ten milliamperes for five minutes.

Since last galvanism patient has been unwilling to have it done again, although it has always given a certain

amount of relief, but seemed to be followed in four or five days by an increase of cystitis.

I will not give in detail the treatment from December 3rd until March 8th, as it would be tedious and useless. Suffice it to say that the bladder was washed out daily, and sometimes a small quantity of *Morphia* injected into the bladder, with some relief to the great irritation and pain. But the improvement was not maintained, and patient requested me to try again. I had an instrument made, consisting of No. 12 vulcanite catheter with the end cut off, to which was attached a silver piece the size of No. 14 catheter, one inch in length, with a number of fine holes, inside a piston, the wire to move it coming out of the end; a connection was also put on for the conducting wire. The silver end was filled (the piston being drawn back) with five grains of *Cocaine* mixed with sufficient vaseline and lanoline; the instrument was then introduced down to the prostate, the piston pushed down, and allowed to remain two or three minutes until patient could not feel the point of the catheter when moved. The current was then turned slowly on, cell by cell, until at seventeen and a half milliamperes some sensibility was caused. The other pole (positive) was large, and placed on the abdomen. The current was allowed to pass for ten minutes.

On the 9th (10 a.m.) patient had not used catheter, and had had little pain.

On the 12th galvanism again in the same way, fifteen milliamperes.

March 15th. Some trouble with pieces of phosphatic concretion; injected some very dilute *Ac. nit.* into bladder.

March 17th. Two soft concretions came out by catheter—one by passage.

March 19th. Galvanism as before for ten minutes, twenty-two and a half milliamperes.

March 31st. Galvanism, twenty-five milliamperes for ten minutes; passed a good night.

April 23rd. Patient has not used catheter for a week. Bladder has still been washed out daily, but water is nearly free from mucus; improvement in every respect.

April 30th. Patient is very comfortable; only has to rise twice in the night, and has not used catheter. Still taking *Chimaph. θ* and *Arg. nit.*

May 3. Remains much the same; has not used catheter; passes good nights; and is so well that he is disinclined to

have any further electrical treatment. Of course I do not consider the case a cure, but the relief from constant pain and misery which my patient has endured for several months, with sleepless nights, is very marked. The treatment never kept him away from business, and was comparatively painless. I may add that he is a very nervous man, and would not have submitted to any operation by the knife. He is still (May 30th) comparatively well, and greatly improved in looks and spirits.

25, Regency Square, Brighton.

HAHNEMANNIAN CURES.—No. 3.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE III.—*Cicuta virosa*. 1882, January. Mr. H., aged 71, with fatty degeneration of heart, had suffered for about seven months with right hemiplegia. His case was given up as hopeless by three allopaths, including two consulting physicians from the West End. They all said he must soon die. Under *pure Hahnemannian treatment* I greatly relieved him, so that he could walk a little with support. One of the consulting physicians said, when he heard of it, that "it was simply conjuring;" however, he never asked me how I "did the trick." Later, the patient, through his own obstinate folly, in persisting in going out in a bath-chair when there was snow on the ground and an east wind blowing, and in taking a bath in a temperature of only 96°, contracted a severe broncho-pneumonia, from which I again restored him. Towards the end, dropsy of the right leg supervened. A few days before his decease I was called to visit him in the night. I found him suffering from violent paroxysmal cough, each paroxysm being followed by lock-jaw for a few minutes: there was also a new symptom, not manifestedly connected with the paroxysms of cough, jerking of the left arm.

Diagnosis of the remedy.—In the late Dr. C. Lippe's invaluable Repertory, a doubly-interleaved copy of which I always carry with me to the patient's bedside, I found (p. 213) "Jerks of left arm, *Cicuta*." The peculiar symptom "lockjaw after coughing," has not been recorded; but at

p. 67 of the same Repertory, under "Trismus," I found *Cicuta* with twenty-eight other remedies; *Cicuta* having also this variety of the symptom, "Trismus, with teeth tight together." I at once dissolved a few globules of *Cicuta virosa* 1m (Jenichen) in water, and ordered a spoonful every two hours till relieved. The following afternoon I visited him, and found he had had a good night, much less cough, and no return of the jerking of the left arm or the lockjaw. He lingered on in comparative ease for a few days, and then passed away quietly in his sleep.

Comments.—(1) This case shows the necessity of carrying the Repertory to the bedside of the patient. Here was an extreme case, which if not speedily relieved would have resulted in an agonizing death. An accurate selection of the remedy must be made at once; there was no time for delay, or for a mistake. But what brain could contain with precision *all* the remedies which produce or cure trismus, or jerking of the arms? Many of them would, of course, be known to every homeopathic physician; but it would be a mere coincidence that he should recollect that only *Cicuta* had jerking of the *left* arm. Ignorant people often sneer at the homeopathic physician for consulting his books before prescribing. It is not necessary in every case, and the more characteristics the physician can memorize, the less frequently will he need to do so, especially in acute cases; but he should always be prepared to make this study, for there are often apparently conflicting characteristics, and in these cases it is a difficult and painstaking study to select the true *simillimum*. Why should the physician be reproached for ignorance because he cannot recollect the voluminous symptoms of some six hundred medicines, occupying ten quarto volumes of the *Encyclopedia*, besides other provings not therein incorporated, or subsequently added to our *Materia Medica*? Does not the judge often reserve judgment, and the barrister bring his law-books from which to prove a precedent? Can the most learned doctor of divinity accurately quote all the verses in the Bible which contain the word "faith," with the context in each case, unless he first refers to Cruden's Concordance? And if so, why should the physician be debarred from a similar practice?

(2) It is asserted by some, that though homeopathy is sufficient in curable cases, narcotics and anæsthetics must

be resorted to as the only means of relief in incurable cases. This is a strange assumption. Surely to cure is a greater work than to relieve; and if homeopathy can accomplish the greater, why not the lesser? My own experience has always been that in incurable cases a strict adherence to Hahnemannian homeopathy will do far more to relieve the sufferings of the patient, and procure euthanasia, than any resort to allopathic palliatives; only it should be remembered that in these cases the curative action of the remedy is very speedily exhausted; and, if the patient lives long, a fresh medicine has to be frequently selected according to the constant recurrence of the symptoms in a new form.

(3) In this case there was no time to return home to study the *Materia Medica*, and to carry that gigantic work to the bedside of the patient was obviously impracticable. Hence the necessity that our *Repertory* should be so complete that it should be sufficient for such occasions.* A subsequent study of the case from the *Materia Medica* proved the *a priori* accuracy of the selection, as much as the good result proved it *a posteriori*. In the *Symptom Register* to Allen's *Encyclopedia*, the symptom "Jerking of arm" is not given. Under "Convulsions of left arm" (p. 100) we find *Causticum* and *Stramonium*. The *Causticum* symptom is 1009 "Convulsions in the left arm (which is weaker) up and down, after some exertion, followed by great heaviness of the arm; then a kind of rumbling along down in the muscles, extending into the bone, as from the crawling of a mouse, with which the twitches disappear." The *Stramonium* symptom is 1419: "Violent convulsive movement of the lower jaw, of the lips, left arm, and right lower extremity." Neither of these medicines was the *simillimum*, because the crawling sensation of *Causticum* was absent, as was also the very characteristic diagonal action (left arm, right leg) of *Stramonium*.

Under "Twitching of left arm" the *Symptom Register* gives (p. 110) *Aloes*, *Calc.-carb.*, *Castoreum*, *Fluor.-ac*, *Rhodos.*, *Rhus*, *Scilla*, *Verat.*, *Zinc*. But on referring to the *Encyclopedia*, we find that under this notice of "Twitching," subjective and objective symptoms have been unwarrantably

* Lippe's *Repertory* is the best *completed* work, but omits many symptoms, which I have added to my copy. Lee's *Repertory*, now being published, is as near perfection as anything human can be.

amalgamated, the exact locality, moreover, being in some cases inaccurately given.

Thus we find—

Aloes 969.—“In left hand and fore-arm, the sensation as if internally asleep; now and then an internal jerking and twitching without pains.” (This symptom is therefore only subjective, and is not in the arm, but the fore-arm and hand.)

Calc.-carb. 1099.—“Single involuntary motions and twitching in right thigh, in left shoulder, and left arm.” (This is an objective symptom like that of the patient; but, like *Stramonium*, it has the diagonal action, left arm, right leg, which is absent in the patient.)

Castoreum 222.—“Painful twitching on inner surface of left upper arm; afterwards, also, in right upper arm, at 9 p.m.” (This is only subjective.)

Fluoric Acid 422.—“Sensation of numbness, jerking, and lameness in left arm, appears in morning and forenoon, and subsides again between 12 and 1 o'clock.” 424. “A burning, pricking, and jerking pain in the whole left arm, often returning, as if there was passing through the nerves a very painful, but slow electric shock; most severe on the inside of the left little finger, together with, now and then, a sharp stitch in tip of finger, passing from within outwards; at 2 p.m.” (These symptoms are only subjective.)

Rhododendron 457.—“Fine drawing and jerking in right arm and left hand.” (This is also subjective, and is in the right arm, and not the left as stated in the *Symptom Register*.)

Rhus 862.—“Jerking sensation in left arm.” (Subjective only.)

Scilla 256.—“Convulsive twitching of left arm, while standing.” (This resembles the patient's symptom, but *Scilla* has no trismus.)

Veratrum 715.—“Twitching in both arms.” (This is bracketed as doubtful, and does not refer to the left arm only, as erroneously stated in the *Symptom Register*.)

Zinc 1246.—“Twitching of the left arm, in the morning, during sleep.” (This symptom is objective, but it occurs only during sleep; neither has *Zinc* trismus.)

Under “Trismus,” the *Symptom Register* gives only *Agar-Ph.*, *Cic.-m.*, *Kali.-cy.*, *Naja.*, *Nux. Op.*, *Strychn.*; *Cicuta virosa* being omitted altogether.

I have added to my interleaved copy of Lippe, *Acon.*,

Colch. (Dig.), Magnes.-arct., Rhamnus-cath., Spigel. But none of these have the "jerking of left arm."

Thus *Cicuta virosa* was evidently the *simillimum*. Besides 181: "lockjaw," it has 355: "Jerking in left arm, so that the whole body is jerked." The latter portion of this symptom had not developed in the patient, but it was simply a question of the intensity of the movement.

48, Sussex Gardens, Hyde Park, London, W.

COMFREY AND ITS USES.

By F. H. B.

IN none of the homeopathic treatises that I possess do I find any mention of the above remedy. I am surprised at this, for I believe it to be a very valuable one in certain cases. Its common name of *knitbone* seems to point to popular experience of one of its uses; but I believe its knitting, or uniting, power extends to muscular and other tissues of the body, as well as to the bones. Let me give two instances of my own personal experience. Many years ago I had an inguinal rupture on each side, not extensive ones, but causing a protrusion about the size of half a small walnut. After wearing a truss for some time, I bethought me of what I had heard of the uniting power of Comfrey, and made some tincture from the root, and rubbed it in. After doing so two or three times, the signs of rupture quite disappeared, and the parts remained sound for about three years; when, from some cause or other, the right side broke out again, but as it did not give much trouble I neglected it for some time, and then tried the Comfrey tincture again, but this time without success. I suppose the ruptured edges had got too far asunder. The left side, however, which originally was the worse of the two, has kept sound ever since. I think this shows that a rupture, if not too extensive, and if taken in time, may often be cured by this remedy. The other case I have to relate was of a different kind. Five weeks ago I had a fall on my back, the whole force of which was concentrated on a small portion of the lower spine, through the intervention of the back pad of my truss. I thought for the moment my back must have been broken, the pain was so excessive; and not only the back, but diaphragm and all the organs below it suffered acutely for three or four weeks after the fall. But a fortnight after the fall, I was for the first time

conscious of a pain and tenderness higher up the spine, at the point, I think, where ribs commence, and on feeling I found a protuberance there, as if a partial dislocation had taken place there. I again thought of Comfrey, and had some of the tincture applied. The tenderness at the point subsided after two or three applications, and in a few days the protuberance disappeared.

I account for the disturbance at this higher point on the same mechanical principle as when you strike a crooked stick, lying on the ground, at one end, the other end will start up. This no doubt is the way in which infantile falls from nurses' arms often end in humped backs. The blow of the fall is probably on the lowest part of the body in most cases, but the jar of the blow is conveyed up the column of the spine to the point where the ribs begin to branch out, and that point being weakened, curvature after a while begins. The timely use of tincture of Comfrey would, I feel sure, prevent this sad result.

Contrast the above simple treatment with the following. A lady related to me had a painful protrusion on the spine, at the upper portion I have named above. Her husband took her to some London specialist, who engaged her in a formidable looking framework of iron, which at times gave her increased pain, but after two or three readjustments seemed to be reducing the protruding vertebra; but still the place was painful. I asked whether there was any suspicion of caries of the vertebræ. She told me that the doctor feared it might be beginning; whereupon I urged her to take *Ac. Fluor.* 30. She did so after much persuasion, and I soon heard that the pain had ceased. The much persuasion was called for through fear of the effects of so formidable an agent as *Fluorine*, but when I explained what the proportion of *Fluorine* in the 30th dilution would be, and that it might be regarded more in the light of a metaphysical than of a material solution, these fears vanished. I have no doubt, however, that tincture of Comfrey, if used in the first place, would have effected a far quicker and more satisfactory cure, to say nothing of the comparative expense.

Carsington.

[NOTE.—On more careful examination I find that the point of secondary disturbance was higher up than I have described it above, viz., two or three inches higher than the first insertion of the ribs in the spinal column.]

VETERINARY HOMEOPATHY—MILK-FEVER IN COWS.

By Mr. JAMES ELLIS.

As superintendent of the Wray Park Herd, it may be of some interest to the readers of your valuable journal if I relate some of my experience.

We began to employ homeopathy in May, 1885. Our first patient was a cow suffering from milk-fever, the veterinary surgeon having given the case up as hopeless. The treatment was begun at 10.30, and by 1 o'clock the next day the cow was up. Ten drops of *Aconite* were given in a wineglass of water, followed in thirty minutes by ten drops of *Belladonna*. These were given alternately for four hours. Then *Nux* was given every four hours until the cow got up.

The same cow had milk-fever again in 1886 and 1888. Again this year (1889) in May she had a very severe attack, but she recovered. She was quite insensible for some hours, and as she was swelling up very fast I gave her *Arsenicum*, which I find is very good in milk-fever cases after *Aconite* and *Belladonna*.

This cow, "Old Bessie," went to Horsham, and won the gold medal in the butter test.

I have treated 180 cows, and out of that number eighteen have gone down with milk-fever, and all have recovered.

In the spring of 1885 we had three cows die under professional veterinary advice.

I had a cow calved on the 30th of August last. She went on well for twenty-seven hours, and then fell down with milk-fever, and became rapidly worse. I gave her *Aconite* and *Belladonna* twenty minutes apart until she had had six doses of each, then two doses of *Nux*. When she had the second dose of *Nux* she was nearly blind, and became quite blind. She became very cold. I could take her tongue out of her mouth, and she had no power to draw it back or move her head. She was insensible for twenty hours in this state. I gave her *Arsenicum* every twenty minutes, four doses; then every hour for seven hours; then *Nux* every four hours. She got well, and was in the field in a week.

We give to cows, as a preventive, *Aconite* and *Belladonna* every two hours alternately for thirty hours, then leaving them off if they are well. The first dose is given two

hours after calving. We never give preventive treatment in the case of first calves, as milk-fever never occurs in these cases. The third, fourth, and fifth deliveries are the most dangerous times, and only heavy milkers are liable to the fever. Jerseys are more liable than any other animals.

The constipation that follows milk-fever is relieved by *Belladonna*.

Wray Park, Reigate, June, 1890.

REPERTORY TO AGGRAVATION ACCORDING TO TIME.

Arranged by JOHN H. CLARKE, M.D.

MORNING.

Complete List.

Acon., Agar., Aloes, Ambr., Amm.-mur., Amm.-carb., Anac., Ang., Ant.-crud., Ant.-tart., Apis., Arn., Aur., Amm.-carb., Angustura, Benzoic acid, Calc., Carbo-veg., Chel., Coff., Con., Creos., Croc., Dros., Euphr., Eupat.-perf., Guaj., Hep., Ignat., Iris-vers., Kali-bichr., Kali-carb., Ka'i-hyd., Kobaltum, Natr.-carb., Natr.-mur., Nitr., Nitr.-ac., Nux vom., Petr., Phos., Phos.-acid, Pod., Psor., Ran.-bulb., Rheum., Rhodod., Rhus-tox., Sabina, Sepia, Scilla., Staph., Stram., Sulph., Tar., Veratr., Verb.

Time Table.

MORNING (not further defined).

- „ Abdomen, pains in—*Hep.*
- „ Backache, as if broken or sprained—*Staph.*
- „ Chilliness—*Calc.*
- „ Colic with rumbling in abdomen before stool; tenesmus, 5, a.m.—*Cobalt.*
- „ Cough—*Hep., Nat.-m., Phos.-ac., Rhus.*
- „ Debility—*Chel., Croc., Nat.-m.* (hysterical), *Phos.* (with vertigo).
- „ Diarrhea—*Apis., Phos.* (painless debilitating), *Pod.* (with headache, &c.).
- „ Ears, ringing in, during menses—*Verat.*
- „ Epistaxis—*Agar* (with vertigo), *Nit.-ac.* (black clotted blood).
- „ Eructation—*Con.*
- „ Expectoration—*Calc., Hep., Nat.-m.*
- „ Eyes—*Guaj.* (protrusion), *Sep.* (lids, paralytic weakness).

MORNING (not further defined).

- „ Fever—*Agar.*, *Antim. tart.*
- „ Hands blue and cold—*Apis.*
- „ Head, pain in, and abdomen worse in the morning and often accompanied by vomiting—*Hep.*
- „ Headache—*Coff.*, *Ign.*, *Nit.-m.*, *Nit.-ac.*, *Phos.*, *Pod.*, *Rhus, Sep.*, *Staph.*, *Verat.*
- „ Headache, breath putrid with, in the morning—*Rhus.*
- „ „ Bruise, and sore, as if—*Ign.*
- „ „ Flushed face, with, and diarrhea—*Pod.*
- „ „ Menses, during—*Verat.*
- „ „ Occiput, throbbing in, with paralytic weakness of eyelids; worse from motion, from moving the eyes, and from lying on the back—*Sep.*
- „ „ Sore and bruised, as if—*Ign.*
- „ „ Tightness of the brain, with—*Coff.*
- „ „ Torn to pieces, as if—*Staph.*
- „ „ Vertigo, with—*Nit.-ac.*
- „ „ Vomiting, with—*Nat.-m.*
- „ Heaviness with vertigo and epistaxis—*Agar.*
- „ Influenza—*Scilla.*
- „ Larynx, accumulation of mucus in—*Nat. m.*
- „ Menses during, morning headaches, nausea, ringing in the ears and pains in the limbs—*Verat.*
- „ Mouth, mucus in—*Apis*
- „ Nausea, toothache—*Staph.*
- „ Pregnancy, morning sickness of—*Anac.*, *Iris-v.*, *Sep.*
- „ Restlessness—*Apis.*
- „ Scalp sensitive, sore to touch, with numbness—*Petr.*
- „ Shoulder joints, stiffness of—*Staph.*
- „ Stomach, distention of, with feeling of emptiness—*Croc.*
- „ „ pain in, with vomiting—*Iris v.*
- „ Stomach-pit, pressure in, with nausea and vomiting of ingesta—*Anac.*
- „ Symptoms all worse in morning—*Nux, Sul.*
- „ Taste bitter, and nausea—*Coff.*
- „ „ „ sour—*Calc.*
- „ Thirst, great, with expectoration—*Sep.*
- „ „ white dry tongue—*Nit.-ac.*
- „ Throat, dryness of, with thirst for beer—*Pet.*
- „ Toothache, nausea—*Staph.*
- „ Ulcers, jerking and tearing round—*Staph.*
- „ Unrefreshed—*Nat.-m.*
- „ Uterus, ulcerative pains in indurated—*Creos.*
- „ Vertigo with headache—*Am.-mur.*, *Agar.*, *Nit.-ac.*
- „ „ with great weakness—*Phos.*

MORNING (not further defined).

- „ Vomiting with headache, goes off 10 a.m.—*Nat.-m.*
 „ Vomiting in pregnancy—*Anac., Iris-r., Sep.*

ONLY IN THE MORNING.

- „ „ Cough with expectoration—*Sep.*
 „ „ Cough, spasmodic, hollow, with bad smelling breath and yellow pus—*Carb.-v.*
 „ „ Expectoration, yellow or greyish, tough, salty or sour—*Ambra.*
 „ „ Perspiration—*Creos.*

EVERY MORNING.

- „ „ Cough, painless, hacking, spasmodic, in fine shrieking tone returning every morning, and without expectoration—*Stram.*
 „ „ Genitals, pressing and pushing towards—*Nat.-m.*
 „ „ Headache with pulsation in the vertex—*Na.-c.*

TOWARDS MORNING.

- „ „ Diarrhea, horribly offensive, only in the night, or more towards morning—*Pso.*
 „ „ Micturition involuntary—*Amm.-c.*
 „ „ Whooping cough, paroxysms worse towards morning—*Dros.*

EARLY IN THE MORNING.

- „ „ Cough and expectoration in bronchial phthisis; worse early in the morning—*Dros.*
 „ „ Headache—*Sabina.*
 „ „ Pains in bones and periosteum especially of cranium—*Rhod.*
 „ „ Sensation as if violently whirled, and then suddenly stopped—*Eupat.-perf.*
 „ „ Shoulder-joints stiff—*Staph.*
 „ „ Violent toothache—*Ant.-tart.*

MORNING, AWAKING.

- „ „ Before, perspiration—*Chel.*
 „ „ Epistaxis—*Alo.*
 „ „ Nose, bad smell before—*Creos.*
 „ „ Perspiration in the morning when awaking.
 „ „ Scanty perspiration only in the morning on awaking—*Ran.-b.*
 „ „ Sleep, heavy till 9 a.m.—*Anac.*
 „ „ Symptoms worse—*Sul.*
 „ „ After, abdominal walls feel lame when stretching out—*Rhus.*

MORNING, BED.

- “ “ Diarrhea, sudden hurrying the patient out of bed—*Sul.*
 “ “ Faintness and shortness of breath when rising in the morning from bed—*Aco.*
 “ “ Sneezing before getting out of bed in the morning—*Sep.*

MORNING, SPECIFIED HOURS.

- “ “ 2 a.m.—Sleeplessness from cutting in the abdomen, sneezing, or from pain in the back—*Am.-mur.*
 “ “ “ Waking at 2 a.m., with heat, tense pulse, palpitation, discharge of strong smelling, dark-coloured urine—*Benz.-ac.*
 “ “ “ Waking at 2 a.m., with heat, severe palpitation, and desire to urinate—*Kali-bichr.*
 “ “ “ Wakes at 2 a.m. with nausea, and passes large quantities of strong-smelling, pale urine—*Kali-bichr.*
 “ “ 3 a.m.—Awakes—*Nux-v., Sep.*
 “ “ “ Cough worse every morning at 3 a.m., with stupefying headache, cutting in the chest, and bloody expectoration—*Nitr.*
 “ “ 3 to 4 a.m.—Cough, dry, from 3 to 4 a.m., then falling asleep with perspiration—*Am.-carb.*
 “ “ “ Dyspnea and cough worse from 3 to 4 a.m.—*Kali-c.*
 “ “ 3 to 6 a.m.—Frequent awaking as if frightened between 3 and 6 a.m., after which stupor, from which he awakens, complaining—*Euphr.*
 “ “ 4 a.m.—Awakens every morning at 4 a.m.; tongue coated yellow—*Verb.*
 “ “ 5 a.m.—Headache with heaviness at 5 a.m.—*Kali-hyd.*
 “ “ “ Feverishness at 5 a.m., also with rumbling in the abdomen before stool—*Cobalt.*
 “ “ 9 a.m.—Sleep heavy till—*Anac.*
 “ “ 10 a.m.—Headache goes off—*Nat.-m.*

INSTITUTIONS.

THE LONDON HOMEOPATHIC HOSPITAL.

NEW BUILDING.—CIRCULAR AND SUBSCRIPTION LIST.

The rapid development of THE LONDON HOMEOPATHIC HOSPITAL—far beyond the precedents or even the possibilities of former years—justifies the belief that the hospital has before it a future of greatly-increased importance and value from a medical as well as a charitable point of view. *Further progress is not possible, however, within the present antiquated building.*

Considerable sums have from time to time been spent in repairs and improvements to the building, and the augmented work and satisfactory returns may be looked upon as resulting from the sanitary and structural improvements of recent years. But, in the wards, in the domestic departments, in the arrangements for trained nurses, in the out-patient department, the want of accommodation is sorely felt. There is not room enough for the increasing number of patients, the domestic arrangements are inadequate, the accommodation for nurses is restricted, and more consulting rooms are desirable for the medical staff. The provision for surgical cases—without which no hospital can hold its ground as against the scientific arrangements of other hospitals—is hardly such as to allow of the fair treatment of cases requiring the more serious operations and the more special surgical and sanitary nursing.

The Board have long known that the hospital building is not adapted to the exigencies of modern medical and surgical requirements, and they have decided to appeal to all friends of the hospital for sufficient funds to build

A NEW, ENLARGED, AND COMPLETE HOSPITAL.

The amount required will be £30,000, of which the sum of over £17,000 has already been promised (see the following First List of Donations), and an earnest appeal is now made to all the friends of the hospital and of homeopathy to provide the further amount of £13,000 still requisite.

Cheques and money orders should be crossed "Prescott and Co."

G. A. CROSS,
Secretary-Superintendent.

FIRST LIST OF DONATIONS TO THE NEW BUILDING PROMISED OR PAID.

<i>Per Major Vaughan Morgan—</i>							
	£	s.	d.		£	s.	d.
"A Friend well known to the Hospital" ...	10,000	0	0	Major Wm. Vaughan Morgan	2,000	0	0

	£	s.	d.		£	s.	d.
Mrs. Wm. Vaughan				Mrs. B. L. Cohen	5	5	0
Morgan	1,000	0	0	Samuel Clarke, Esq....	5	5	0
Colonel James Clifton				Miss C. A. Stilwell ...	5	0	0
Brown	500	0	0	W. Leatham Bright,			
"A Friend"	105	0	0	Esq.	5	0	0
James Slater, Esq. ...	100	0	0	J. A. Bright, Esq.,			
Miss Notcutt	1	1	0	M.P.	5	0	0
Concert at Gros-				James Vaughan, Esq.	5	0	0
venor House 198 15 0				Mrs. Fred Pennington	5	0	0
<i>Per Raphaël Roche,</i>				J. Sutcliffe Hurndall,			
<i>Esq.—</i>				Esq.	2	2	0
Enrico Arbit,				Rev. T. Chamberlain	2	2	0
Esq.	2	2	0	Josiah M. Goodall, Esq.	1	1	0
Edward Joseph,				Mrs. E. J. Swain	1	1	0
Esq.	1	1	0	Mrs. Parr	0	10	6
Henry Hayman,							
Esq.	0	10	6	<i>Per Dr. Galley Blackley—</i>			
	202	8	6	Dr. Galley Blackley ...	25	0	0
<i>Per Dr. Epps—</i>				Mrs. Stern	21	1	0
James Epps, Esq.	1,000	0	0	John Roberts, Esq. ...	3	3	0
Mrs. Rose	25	0	0	Miss E. Sygne	1	1	0
Hahnemann Epps,							
Esq.	10	0	0	<i>Per Dr. Burwood—</i>			
H. Gray, Esq.	5	0	0	Alex. Henderson, Esq.	50	0	0
<i>Per G. A. Cross, Esq., Secretary-</i>							
<i>Superintendent—</i>				<i>Per Dr. Edward Blake—</i>			
The Lord Ebury	300	0	0	Mrs. Hodgskin	25	0	0
Alfred Robt. Pite, Esq.	105	0	0	W. H. Walker, Esq....	25	0	0
William Pite, Esq. ...	52	10	0	Mrs. Waterhouse	10	0	0
Wm. Debenham, Esq.	52	10	0	Madame de Hagen ...	5	5	0
Thos. D. Galpin, Esq.	50	0	0	Mrs. Curwen	5	0	0
Francis Bennoch, Esq.				Signor Battistessa ...	2	2	0
F. R. S. L.	31	10	0	F. Allshorn, Esq.	2	2	0
Alan E. Chambre, Esq.	31	10	0	Good Samaritan	1	1	0
Fredk. Rosher, Esq.	31	10	0	Mrs. James A. Caird	1	1	0
John Pakenham Stil-				Baroness de Pallandt	1	1	0
well, Esq.	31	10	0	Rev. Chas. Johnston	1	1	0
Major-General Beynon	25	0	0	Mrs. Chas. Stephenson	0	10	0
B. L. Cohen, Esq. ...	25	0	0				
G. A. Cross, Esq.	25	0	0	<i>Per Dr. Bradshaw—</i>			
W. M. Cross, Esq. ...	25	0	0	Dr. Bradshaw	3	3	0
W. H. Trapmann,							
Esq.	25	0	0	<i>Per Dr. Dyce Brown—</i>			
Herman W. Tinnè,				Dr. Dyce Brown	52	10	0
Esq.	25	0	0	Mrs. Cruikshank	21	0	0
Mrs. Edwin J. Law-				Edward Roche, Esq....	10	10	0
rence	25	0	0	Charles Neck, Esq. ...	5	5	0
H. W. Prescott, Esq.	21	0	0	Miss Cruikshank	5	0	0
Mrs. C. Whateley				Rev. H. J. Bigge	5	0	0
Willis	21	0	0	Patrick Ness, Esq. ...	5	0	0
Samuel Sugden, Esq.	20	0	0	C. A. Kelly, Esq.	2	2	0
Mrs. Nathaniel Montefiore	15	15	0	Madame Sinaner de			
Claude G. Montefiore,				Stein	1	0	0
Esq.	15	15	0				
Mrs. Stilwell	10	10	0	<i>Per Dr. Buck—</i>			
				Dr. Buck	5	5	0
				L. E.	5	5	0
				E. Hough, Esq.	1	1	0

	£	s.	d.		£	s.	d.
Miss Agnes Skelton ...	1	1	0	<i>Per Dr. Mackechnie (Bath)</i> —			
F. W. Tewen, Esq. ...	1	1	0	Dr. Mackechnie.....	1	1	0
<i>Per Deane Butcher, Esq. (Windsor)</i> —				<i>Per Dr. Byres Moir</i> —			
Dr. Deane Butcher ...	21	0	0	Mrs. Russell Gurney... 100	0	0	
<i>Per Hugh Cameron, Esq.</i> —				A. B.	100	0	0
Rt. Hon. Lady Llan- over.....	50	0	0	Maurice Powell, Esq.	50	0	0
Hugh Cameron, Esq.	5	5	0	Dr. Byres Moir	25	0	0
Colonel Lyne.....	5	0	0	Miss Green	25	0	0
<i>Per Dr. Cay (Leamington)</i> —				Mrs. Lang Elder	25	0	0
The Misses Congill ...	10	0	0	H. T. Wooderson, Esq.	10	10	0
<i>Per Dr. Clarke</i> —				Miss Ford Barclay ...	10	0	0
Dr. Clarke.....	21	0	0	Thomas Flemming, Esq.	10	0	0
E. W. Garland, Esq.	5	0	0	Miss Webbe	10	0	0
N. B. Lincoln, Esq.	0	10	0	William Mort, Esq. ...	5	5	0
<i>Per Dr. Collins (Leamington)</i> —				R. Curling, Esq.	5	5	0
T. B. Dale, Esq.	25	0	0	Mrs. Marshman	5	0	0
Miss Dale	5	0	0	Miss Oxley	5	0	0
Miss Brandt	5	0	0	Mrs. Wheeler.....	5	0	0
Miss Congill ..	5	0	0	Misses Jacomb	5	0	0
Miss Amherst	0	10	0	Mrs. Black	5	0	0
<i>Per Dr. Cooper</i> —				Mrs. Duncanson	5	0	0
Friends of Dr. Cooper	100	0	0	A. Macnab, Esq.	3	3	0
W. J. Kingsbury, Esq.	10	0	0	Alfred Braby, Esq. ...	3	0	0
Frederick Ford, Esq.	10	0	0	Mrs. Hindson	1	1	0
Mrs. Muller	5	0	0	Mrs. Gaze	1	1	0
<i>Per Dr. Dudgeon</i> —				Mrs. Morant	1	1	0
Lady Caird.....	25	0	0	A. N.	1	1	0
Dr. Dudgeon	5	5	0	Mrs. Jeffcock.....	1	1	0
Mrs. Salter.....	1	1	0	Mrs. Reid	1	1	0
<i>Per Dr. Roberson Day</i> —				Mrs. Hands	1	1	0
Robert Morton, Esq.	5	5	0	Silverwood Cope, Esq.	1	1	0
A Grateful Patient ...	5	0	0	Mrs. Silverwood Cope	1	1	0
E. C. Reed, Esq.	1	10	0	<i>Per Dr. Mackintosh (Torquay)</i> —			
J. T. Matthew, Esq.	1	1	0	Dr. Mackintosh	3	3	0
Mrs. Cockburn	1	0	6	<i>Per Dr. J. Cavendish Molson</i> (Wimbledon)—			
J. Macpherson, Esq.	0	10	0	Rev. H. Brancker ...	10	10	0
<i>Per Dr. Guinness</i> —				Mrs. Rawlins.....	1	1	0
Mrs. Miller	25	0	0	<i>Per Dr. Neatby</i> —			
<i>Per Dr. E. J. Hawkes</i> —				C. Fellows Pearson, Esq.	26	5	0
Miss Jane Gipps	10	0	0	Mrs. Hardy	10	0	0
Mrs. S.	5	0	0	W. Wolfe Fletcher ...	5	0	0
Mrs. Hardcastle	1	0	0	Miss Willis.....	2	0	0
<i>Per Dr. Herring</i> —				<i>Per Dr. Pullar (Norwood)</i> —			
Henry Dixon, Esq. ...	2	2	0	The Misses Leaf	100	0	0
<i>Per Dr. Hughes (Brighton)</i> —				Lawrence Pullar, Esq.	25	0	0
Dr. Hughes	5	5	0	<i>Per — Rean, Esq. (Brighton)</i> —			
				The Rev. C. Parnell... ..	10	0	0
				<i>Per Dr. Wm. Roche (Ipswich)</i> —			
				Dr. Roche	5	5	0

	£ s. d.		£ s. d.
<i>Per C. Knox Shaw, Esq.—</i>		<i>Per Dr. Skinner—</i>	
W. H. Dawson, Esq.	105 0 0	Dr. Skinner	21 0 0
J. Oxley Laurie, Esq.	25 0 0	<i>Per Dr. Stanley Wilde</i>	
C. T. Knox Shaw, Esq.	25 0 0	<i>(Cheltenham)—</i>	
Frank Shaw, Esq. ...	10 0 0	E. Healy Thompson,	
Mrs. Locock	5 0 0	Esq.....	1 1 0
J. C. Dobbing, Esq. ...	3 3 0	Miss Hearen	1 0 0
Miss Liddell	2 0 0	<i>Per H. Thorold Wood, Esq.—</i>	
Mrs. Holmes	1 1 0	H. Thorold Wood,	
Miss Kingsbury.....	1 1 0	Esq.....	5 5 0
Miss Roberts	1 1 0	<i>Per Dr. Dudley Wright—</i>	
Mrs. Saunders	1 1 0	Dr. Dudley Wright ...	2 2 0
"An Irish Friend" ...	1 0 0	Mrs. Howell	1 1 0
Colonel Turner	1 0 0		
Miss Fanny Smither	0 10 0		

Total amount, promised or paid (first list), £17,486 9s 6d.

Many of the foregoing donations are promised under the conditions that they may be paid in Three Yearly Instalments, some in Five Yearly Payments.

Gifts of £1,000 and upwards entitle the Donor to name a bed in the New Hospital in perpetuity.

LONDON HOMEOPATHIC HOSPITAL—NEW BUILDING.

WE have received from Mr. Cross the following copy of a circular letter transmitted to all the members of the medical profession known to be practising homeopathy in Great Britain:—

"London Homeopathic Hospital,
"Great Ormond Street, Bloomsbury, W.C.,
"June 23, 1890.

"DEAR SIR,—From the accompanying papers you will see that the scheme to rebuild the hospital has been munificently and promptly initiated.

"The movement has, however, only begun, and its further progress and ultimate success depend entirely on the manner in which it may be taken up by the medical profession.

"The munificent promises which head the list are to be regarded as conditional upon the raising of the whole of the remaining £18,000 within the next three months.

"This is possible only to the medical profession, who know the sources from which substantial gifts can be anticipated. The raising of this considerable sum within the limited time is therefore dependent entirely on the support of the medical profession, through their patients.

"The Board of Management have always felt—and they trust that the medical men will feel too—that the London Homeo-

pathic Hospital (the first hospital devoted to homeopathy in England, if not in the world) has peculiar and imperative claims on the patients who have benefited from homeopathic treatment, and, as the centre of homeopathy in England, deserves the support of every medical man, whether in the metropolis or the provinces.

“ Although, in the case of medical men practising out of London, there may sometimes be local claims which naturally claim attention, yet it is felt that so important a work in the history of homeopathy as the building of a new and large general homeopathic hospital in the metropolis, of a capacity entitling to recognition as a medical school, namely, 120 beds, is an effort demanding the direct and active interest of every member of the medical profession practising homeopathy throughout the country.

“ There can be no doubt whatever that if the proper appeal be made by the members of the medical profession, there is a sufficient number of wealthy persons who have benefited by homeopathy to at once make up the sum required by substantial gifts of a thousand or five hundred pounds. It is believed that if the new hospital is not mainly provided by a few such generous persons, the amount required will not be raised at all. I need not, however, add that any donations from 10s. upwards will be heartily welcomed.

“ It is earnestly hoped that you will fall in with these views and personally urge the matter on the kindly attention of those whom you know to be indebted to homeopathy. By your uniting with your colleagues in this great project (already more than half successful through the munificence of a few), there can be no doubt that the required sum will soon be fully promised—the more specially as the payments may be spread over three years.

“ As it has happened that letters addressed from the hospital to the homeopathic section of the medical profession have elicited only a limited response, may I beg that this one at least, on a most important project for the advancement of homeopathy, may receive the favour of a reply.

“ Very faithfully yours,

“ G. A. Cross,

“ Secretary-Superintendent.

“ P.S.—Dr. Cooper has promised to raise within the next three years £100 among his friends. It is hoped that you also will be able to adopt so excellent a method of helping to raise the necessary amount.”

Mr. Cross offers to send a number of circulars, with lists of contributions, to those desirous of appealing on behalf

of the fund, and expresses his willingness to appeal himself to any one whose name and address are sent to him.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

Miscellaneous Evening.

NINTH ordinary meeting, June 5th. Dr. CARFRAE, President, in the chair.

Mr. KNOX SHAW showed a specimen taken from the knee joint of a lad whose thigh had been amputated in the hospital two days previously. The boy, *æt.* 10 years, has suffered from disease of the joint for two years, ending in extensive suppuration, burrowing among the muscles of the thigh and leg. There was a considerable quantity of albumen in the urine. Under these circumstances amputation was preferred to excision of the joint. Section through the head of the tibia showed an abscess cavity, with a loose separation, the cavity opening into the knee joint. The joint was disorganized, the cartilage being extensively eroded.

Mr. Knox Shaw then showed a patient, who had lately been admitted into the hospital, suffering from considerable enlargement of the right foot and leg. The man was 49 years of age, and the right foot had been swollen some years, with a tuberculated and warty thickening of the skin about the ankle. A week before admission the foot became suddenly inflamed, painful, and had increased in size. The disease was considered due to a chronic lymphangitis similar to and allied to elephantiasis. Suggestions as to treatment were invited.

Dr. HUGHES mentioned a similar case in a girl. It was limited to the space below the knee, and very tender in the region of the long saphenous vein. It was more like a phlegmasia dolens than anything else.

Dr. MOIR had also seen a case in a young woman aged 23. It was very much improved by an india-rubber bandage. She then complained of the other leg, there were tender cords about the ankle, as if the lymphatics were implicated.

Dr. DUDGEON had seen a case in a patient who had much standing. The foot remained small, but above it there was a hard swelling, which did not pit up to the knee, and the limb presented an extraordinary appearance.

Dr. COOPER suggested *Euphorbium* as a medicine.

Mesmerism.

Dr. COOPER then gave a few remarks on the Public Exhibition of Mesmerism. Dr. Cooper thought that, as the society had petitioned Parliament for the prohibition of the sale of arsenical wall-papers and other articles, it might also petition Parliament to stop the evils of public exhibitions of mesmerism. He referred to the mesmeric exhibitions at present going on, and mentioned that in some countries it was prohibited by law. He had seen a tribe of savages who did most horrible things under the influence of mesmerism. He considered the exhibition at the Aquarium was not any less reprehensible. The mesmerist produces a state of temporary insanity. He makes his subjects drink all kinds of substances, kerosene oil and carbolic acid, for instance. Dr. Cooper considered that persons should not be allowed to subject themselves to this treatment. He doubted if these experiments could be carried on without affecting permanently the nervous system and the brain. Mesmerism ought to be confined to serious and scientific inquiry. The cause of the taking up of these experiments by the public was the attitude of the medical profession in denying the phenomena. Dr. Cooper submitted a draft of the petition he proposed.

Dr. DUDGEON said when he commenced his medical career there was scarcely a town which had not its electro-biologist, so frequent were these exhibitions. He does not know that either insanity or nervous disorders were increased, though the experiments were ten times more numerous than now. If we petitioned, we should, in the first place, be required to give evidence that those dreadful effects did take place. The House of Commons would ascribe our action to the prejudice of doctors. He thought the best thing we could do was to leave the matter severely alone.

Dr. DYCE BROWN considered the exhibitions were quite demoralizing, but he was not sure it was advisable to take action. He thought the proposition might be left on the table and thought over.

Dr. POPE did not know if it was worth while petitioning Parliament, but we should discourage such exhibitions. Mesmerism is now carried on at private parties. He remembered two or three persons who had been the subjects of such experiments, and they were most miserable looking specimens of humanity.

Dr. HUGHES sympathized with Dr. Cooper and Dr. Dyce Brown. Hypnotism is a very powerful morbid agent. It is a sort of mental drug. But he did not believe we were justified in using it medically for out-lying disorders. Much more was it un-

justifiable in using it in public exhibitions. It had moral and spiritual bearings as well as bodily. He did not think the want of definite cases should hinder our taking action.

Dr. WOOD (America) referred to a case which he was acquainted with in which a strong man was under the influence of a powerful mesmeriser, and he could not think it could be harmless. He expressed his pleasure in meeting with the members of the Society.

Dr. PAYNE (of America) had been to Paris and seen Charcot. His experience there was very disappointing. Charcot's clinic consisted more of experiments than anything else. There were two really therapeutic clinics. In that of Dr. Bérillon there were eight men and two women under hypnotism. Dr. Bérillon made suggestions to the patients and then awakened them. Dr. Louis has a peculiar method of procedure. He would hypnotize a girl, his assistant; make the assistant take the hand of the patient who was not hypnotized. He then told the assistant that she had the symptoms of the patient, and asked if the patient was not better. Dr. Payne thought it was analogous to the mind cure. He could not say anything as to the permanency of the cures. Mind-reading is explained by muscle influences.

Dr. MOIR referred to the work of Charcot. He quite agreed with the last speaker. In the Salpêtrière there was nothing but experiments, and those of the worst kind—much worse than any of those complained of by Dr. Cooper.

Dr. CARFRAE (in the chair) quite agreed with Dr. Cooper as to the undesirability of these experiments, but Dr. Dudgeon's view coincided with his own. It was possible to be too fussy about a subject.

Dr. DYCE BROWN's motion, seconded by Dr. HUGHES, that this subject be further considered, was carried by a large majority.

Case of Hernia.

Mr. Shaw showed a patient on whom an operation for radical cure of hernia had been performed in March, 1890.

Dr. MOIR said he could confirm what Mr. Shaw said about the use of a truss. He thought a truss ought certainly to be worn for some time after operation.

Dr. ROBERSON DAY exhibited a number of pathological specimens. By means of the oxy-hydrogen micro-lantern the objects were thrown on a screen, so as to be visible to all the members present. The specimens exhibited were almost all obtained from the hospital. Many of them were of great interest and exceedingly beautiful. Sections of tubercle of the lung demonstrated the way in which the new growth is scattered through the lung. Perhaps two of the most interesting sections were—

one made from a small portion obtained from an ulcer of the lip during life, the diagnosis of which was somewhat obscure. Here the microscope did good service by proving the growth to be an undoubted epithelioma, and not a syphide. The other specimen was cut from a tumour of the breast, which demonstrated it to be scirrhus cancer. This evidence was ultimately confirmed by a recurrence of the growth taking place in the patient after the operation. Other specimens were papilloma of bladder, papilloma of rectum, spinal cord, adherent pericardium, and many others.

MEETING OF THE WESTERN COUNTIES THERAPEUTICAL SOCIETY.

THIS Society's meeting was held at Penmellyn, Bournemouth, May 14, 1890. There were present:—Drs. Nankivell, Drury, Hardy, and Frost, of Bournemouth; Dr. S. P. Alexander, of Southsea; Dr. A. Midgley Cash, Torquay; Dr. W. Cash Reed, Plymouth; Dr. Geo. Norman, Bath; Drs. S. Morgan and T. D. Nicholson, Clifton.

Dr. NANKIVELL read a paper on the therapeutics of "Pumiline."

DISCUSSION ON DR. NANKIVELL'S PAPER.

Dr. NICHOLSON's experience quite coincided with the author's of the value of "Pumiline" in affections of the respiratory mucous membrane. He had not tried it in kidney disease, but was particularly interested in Dr. Nankivell's observations on that subject.

Dr. CASH mentioned a case of collapse with stoppage of sputa, and was delighted with the effect of "Pumiline" in promoting free expectoration and relief.

Dr. ALEXANDER contrasted "Pumiline" and Eucalyptus oil, recommending the latter in steam rather than on sponge. He questioned how far they were homeopathic.

Dr. HARDY considered all the pine extracts acted homeopathically on mucous membranes, skin, and kidneys. He referred to Hutchinson's observations on the action of tar, and said that "Pumiline" produced dermatitis in a similar manner to tar. He had experienced rapid relief from "Pumiline" in chronic nasal catarrh in his own person, but was not sure that its general action was superior to Terebene. He thought tar water superior to any other remedy in bronchitis.

Dr. NORMAN approved of the use of Terebene, and had found "Pumiline" in conjunction with the mineral water of Bath decidedly beneficial. They had an umbrella room in Bath, where the vapour of the mineral water is effectually administered.

Dr. MORGAN had not used "Pumiline," but had proved Terebene to be useful in hemoptysis.

Dr. HARDY added here in reference to Hemoptysis that in his experience Turpentine is much the best, getting the topical effect by burning in a food warmer and giving five minim doses internally in capsules.

Dr. REED approved of Terebene 1x dil. in strumous albuminuria.

Dr. FROST recommended care in the administration of "Pumiline," as he had known six minim doses produce vomiting in one case. He thought it as effective as Cresoline in Pertussis—in one case affording great relief in three days.

Dr. DRURY remembered the use of Naphtha forty-eight years ago, as invaluable.

Dr. NANKIVELL, in reply to several members said, he considered "Pumiline" equal to Terebene in laryngeal affections. He specially wished to draw attention to its value in albuminuria. Speaking from his experience of ten or twelve cases, "Pumiline" acted marvellously in renal troubles; chiefly gouty, diabetic, and tubercular. He recommended "Pumiline" lozenges as a convenient mode of administration. He had used five minims in milk in some cases without unpleasant effects, and had continued this dose for twelve months with continued benefit.

On the suggestion of Dr. REED it was agreed that the members should report their clinical experience with this remedy to the next meeting of the society.

HOMEOPATHY AND ALLOPATHY.—"1. Homeopathy is a method according to which every medicine has a specific power of inducing a certain diseased state of the system (*similia similibus curantur*, 'likes are cured by likes'). It is held that if such medicine be given to a person suffering under the disease which it has a tendency to induce, such disease disappears, because two similar diseased actions cannot simultaneously exist in the same organ. Homeopaths hold that there are only three imaginable modes of employing medicines against disease, viz., antipathic, homeopathic, and allopathic. 2. Allopathy is the method opposed to homeopathy—of treating disease by the production of a condition of the system different from, or opposed to, the condition essential to the disease to be cured. The name allopathist was given to the ordinary physician by Hahnemann, the German who introduced homeopathy into practice about the close of the last century. It is contended that the belief of the so-called allopathist is not founded on extreme generalizations, and that he refuses to be limited in his practice by any other technical rules than those derived from a fair record of facts investigated on the ordinary principles of positive science."—*Yorkshire Post*, May 24th.

REVIEWS.

PHARMACEUTICAL TESTING.*

THE full title of this work describes its scope and aim so perfectly that we cannot do better than quote it in full: "A Manual of Pharmaceutical Testing for the Man of Business and his Assistants: Comprising simple instructions for the testing of the chemicals of the British Pharmacopeia, &c., with such materials and appliances as are in common use at the dispensing counter." On the necessity for such a handy book there is no need for us to dwell. Something, of course, must be taken on trust; and when a chemist knows the wholesale houses he deals with, he may trust a good deal; but even in the best cared for establishments mistakes will happen, and subordinates will sometimes be less careful than the heads. It becomes, therefore, an absolute necessity that dispensing chemists and their assistants should have the means of testing the drugs they dispense and checking the honesty and care of those from whom they obtain them. In this small volume Mr. Bernard Proctor has supplied them with the guidance they need. Our only wonder is how they have done without it hitherto.

In an introductory chapter Mr. Proctor describes the manipulations and apparatus required; and then in alphabetical order he names the various articles of the Pharmacopeia, their possible impurities and how to detect them. We will conclude this notice by quoting two specimens.

" ARGENT NITRIC.

" Crystalised silver, which is usually a very pure salt, but the fused caustic in sticks or points may contain potassium nitrate or silver chloride, which may be added in small quantity to give them a tougher character.

" The official test by precipitation with excess of HCl, collecting, washing, drying, and weighing the precipitate, affords the means of ascertaining the purity of the salt or the amount of its dilution.

" Another method of examination is to dissolve a few grains of the silver nitrate in a few drops of distilled water; add HCl in excess and boil; after subsidence the clear liquor should evaporate on a slip of glass with a scarcely perceptible residue. Examining a tough caustic point in this way, I found 11 grains yielded a residue of 0.3; but as tough caustic is not supposed to be a pure chemical, a result of this kind is not to be objected to. It is possible, though not probable, that the silver salt may contain lead or mercury, but if it be boiled as above,

* *A Manual of Pharmaceutical Testing for the Man of Business and his Assistants.* By Bernard S. Proctor, F.I.C. Published at the offices of *The Chemist and Druggist*, 42, Cannon Street, E.C., and at Melbourne and Sydney.

the chlorides of these metals as well as others will be found in the clear liquor from which the chloride of silver has subsided, the chloride of lead being pretty freely soluble in hot water.

"Theoretically, 17 grains of silver nitrate should exactly precipitate 5.35 grains of ammonium chloride, but as the article to be tested has an equivalent three times as great as the reagent, a small deposit would be easily overlooked if the examination were conducted as suggested under *Argent. et Pot. nit.*"

" ARSENI IODIDUM.

"The probable impurities are metallic arsenium or its suboxide if the sample has been produced by the trituration process, or a contamination of arsenious acid if the salt has been obtained by the evaporation of solution of arsenious with hydriodic acid.

"If the former impurities are present they remain undissolved as a dark grey powder when the iodide of arsenium is heated with water; if arsenious acid be the impurity, it remains as a white powder very difficult of solution in water. In either case, so soon as the orange-coloured iodide of arsenium has dissolved, the insoluble matter may be separated by filtration, and after washing with a little cold water the usual tests for arsenium or arsenious acids may be applied. The complete or nearly complete volatilization of the sample on heating in a test-tube excludes many other impurities, but while these tests cover the likely faults in the preparations, they are not by any means exhaustive."

NEW ZEALAND.*

Our readers will not have forgotten the interesting letters we have published from time to time from our former New Zealand correspondent. Dr. Murray Moore has now returned to this country, and taken up practice in Liverpool, but he has not forgotten his nine years of residence in the southern colony, the experiences of which he has embodied in the interesting volume before us. Dr. Moore's book is a mine of information, and is as full of interest as it is of facts. It is the best guide to the country with which we are acquainted. The work is divided into twelve chapters headed as follows:—(1) Migration, Emigration, and Immigration; (2) The Climates of New Zealand, General and Local; (3) The Maoris and their Customs; (4) Auckland and the Naples of New Zealand; (5) The Mineral Springs of New Zealand; (6) The Wonderlands of New Zealand: Excursions to the Hot Lakes and Terraces, and to the West Coast Sounds; (7) The Volcanic Eruption of Mount Tarawera; (8) Self-government and the Settlement of the Land; (9) Public Works and Institutions; (10) Productions and Industries; (11) Social Life in New Zealand; (12) Professional Experiences. These

* *New Zealand for the Emigrant, Invalid, and Tourist.* By John Murray Moore, M.D. London: Sampson Low, Marston, Searle, and Rivington (Limited), St. Dunstan's House, Fetter Lane, Fleet Street. 1890.

headings will give an idea of the scope of the work. It is illustrated by excellent maps and a view of Auckland Harbour.

One of the most graphic, and at the same time saddest, portions of the book is the description of the eruption of Mount Tarawera and the destruction of the wonderful White and Pink Terraces, the loss of which we join with the author in deploring. Nor can we consider the loss compensated by the increased fertility of the formerly barren district which contained them.

We have no doubt that Dr. Moore's work will take its place as a standard handbook on New Zealand.

CYCLOPÆDIA OF DRUG PATHOGENESY. PART XII.*

We have pleasure in announcing another instalment of this work. Three of the four volumes which it is to comprise are now complete. In a Preface to the volume the editors state that vol. iv. will afford room for the Index as well as the completion of the drugs. The editors invite suggestions as to how it shall be framed. There will also be an Appendix in vol. iv., and in order to make it complete the editors will be "thankful for any references across which our colleagues may have come in their reading,—still more for actual observations, in print or manuscript, which we can incorporate with our own store."

MECHANICAL OBSTACLES TO CURE.†

THIS suggestive pamphlet originally appeared as a paper read by the author before the West of England Therapeutical Society, and an abstract of it was published in our own pages. We think Dr. Wilde has done well to reproduce it in this separate form.

ANTIFEBRIN NOT A SAFE REMEDY.—Dr. Lionel Beale writes to the editors of *The Lancet*: "I am very glad Dr. Wilks supports me in condemning some of the new and dangerous remedies sometimes given in various febrile diseases, and hope you will allow it to be as widely known as possible that antifebrin and, I venture to think, more than one allied substance are not safe, and ought not to be prescribed. A high temperature, as far as I am able to judge, does less harm to the patient than some of the substances given to reduce it. The class of remedies in question occasions physiological changes which are indeed the very last to be desired in cases in which the tendency to death, particularly in certain forms of acute disease, is due to defective action of heart or lungs or both, and is, in fact, contraindicated."—*Lancet*, February 15th.

* *A Cyclopædia of Drug Pathogenesis*. Edited by Drs. Hughes and Dake. Part XII., Phosphorus—Sabadilla. London: E. Gould and Son. New York: Boericke and Tafel.

† *Mechanical Obstacles to Cure*. By Percy Wilde, M.D. London: E. Gould and Son, 59, Moorgate Street, E.C. 1890.

EXTRACTS.

ARGENTUM NITRICUM *vs.* DREAMS OF SNAKES!

By H. R. STILES, A.M., M.D., Hill View, Lake George, New York.

I was lately consulted by a young lady concerning "horrid dreams," or, rather, the repetition for several successive nights of the same dream—viz., that of a large snake, which seemed to attach itself to the victim, and which she could not avoid or tear away from its hold—and from which dream she always awoke in a tremor, etc. Her physical health and mental condition were perfectly normal; nor was there any irritation of the anus or genitalia, nor any suggestive associations (such as reading or hearing of snakes) which should have caused such dreams. Being thus obliged to prescribe for the symptom alone, and bethinking myself of a case of mania, of some weeks' standing, which had been superinduced by excessive drinking, and the principal hallucinations of which were connected with snakes, which we once had at the Middletown Asylum, I prescribed for this young lady *Argentum Nitricum*, 3d trituration—two or three doses for a single day—and that was the last of the snakes! This is the third or fourth case in my experience where this drug has promptly met this symptom.—*New York Medical Times*, April.

IODINE AS A REMEDY FOR VOMITING.

To the Editors of THE LANCET.

SIRS,—I can confirm the evidence of M. Dartnier, recorded in the annotation on page 144 of your issue of Jan. 18th, as to the value of iodine in vomiting. The use of this drug as a general gastric sedative is not entirely new, though its decided efficacy is perhaps not widely known. In the *American Journal of Medical Sciences* for April, 1883, page 413, is an article by Dr. Gaunt of New York on "The Use of Iodine as a Stomachic Sedative." He alludes to its employment of old in the vomiting of pregnancy, but shows that it is equally valuable in vomiting from a variety of causes. He instances acute indigestion, phthisis, hysteria, septicæmia, nephritis, acute catarrhal gastritis, drunkards' gastritis, and numerous cases of gastro-intestinal disturbance in children. The dose he employed was three to five minims of compound tincture of iodine, given at intervals of fifteen or thirty minutes, or sometimes less frequently. To infants he gave one minim or half a minim. Shortly after reading this article, and in the same year (1883), I tried it in several cases, and it has been a good deal used at Guy's Hospital

since then. I have generally given it in doses of three to five minims in two or four drachms of water every half-hour or every hour for six or eight hours, and then if it is necessary to continue it I have given it at longer intervals. But the result is often attained after the second or third dose. I have used it and known it used with success in the vomiting of Bright's disease, in cerebral vomiting, in vomiting after chloroform, in the vomiting of migraine, in vomiting from gastric disease, and in other instances. Needless to say, it does not always succeed; but it seems to me to have done good much more often than other drugs commonly used for this purpose, and to be a really valuable addition to our means of treating cases of the kind.

I am, Sirs, yours faithfully,

FREDERICK TAYLOR.

St. Thomas's Street, Jan. 22, 1890.

STRANGE EFFECT OF ATROPINE.

THE following may interest some of your readers. On Dec. 12th a patient aged twenty-one years, suffering from recurrent iritis of a rheumatic character, consulted me. I handed him a small bottle containing liquor atropiæ sulph. (B.P.), with the object of allowing him in my presence to put two drops into the affected eye. Directly he had done so a curious train of symptoms manifested themselves. He at once jumped from the chair on which he was sitting, grasped me tightly, and exclaimed "I am dying." He was unable to stand without support and was very giddy. On removing him outside he was seized with violent twitchings, more particularly in the right arm and leg and in the ligaments around the ankle-joint. The pulse was greatly accelerated. The pupil was slow in dilatation. The twitchings became less severe, and finally disappeared at the end of ten minutes. I may mention that the patient had occasionally used the drug during the past three years without experiencing any ill effects. Since then he has been using a weaker solution, which causes nausea and dryness of the mouth and fauces, but the twitchings have not reappeared.

EDWARD FRAZER, L.R.C.S.I. and L.K.Q.C.P.I.

Riverstown, Ballymote, co. Sligo, Dec. 20, 1889.—*Lancet*, Dec. 28.

"STRANGE EFFECT OF ATROPINE."

THE case recorded by Mr. Frazer in your last issue is of considerable interest. It recalls to my mind a somewhat similar case, which came under my notice some years ago. An emotional girl, about eighteen years of age, had a drop of

solution of atropine (four grains to an ounce) put into each eye. A few moments after the application had been made she fell to the floor. Her legs commenced to twitch violently. The clonic spasm extended itself to her arms, and in a short space of time her entire body was convulsed. She did not lose consciousness. Within half an hour she had recovered sufficiently to walk home. Although atropia of identical strength was used on subsequent occasions, no recurrence of the attack took place. At the time I attributed these symptoms to hysteria—an explanation to which even now I must give my adhesion,—and Mr. Frazer's case might very well be explained on a similar assumption. The dryness of the mouth and fauces, which Mr. Frazer mentions as following in his case the use of a weaker solution of atropine, is often present in people who have had atropine put into their eyes, though inquiry is often necessary to elicit the fact.

SYDNEY STEPHENSON, M.B., F.R.C.S.Ed. (exam.).
National Liberal Club, S.W., Dec. 30, 1889.—*Lancet*, Jan. 4.

“ CAUSALGIA.”

(A case in the Torbay Hospital and Provident Dispensary, under the care of Mr. ARTHUR E. WATSON, Assistant House Surgeon.)

By the term “causalgia” is meant an acute burning or neuralgic pain often associated with a glossy state of the skin. This word was introduced by Dr. Weir Mitchell to describe a condition of neuralgia of the extremities, frequent and characteristic, met with in patients who had suffered gunshot injuries during the Civil War in America. It has been also described in this country and elsewhere. It consists, according to Dr. Mitchell, of a violent burning pain occurring in the peripheric region of distribution of the nerve affected, and especially in the hand and foot, and which can only be assuaged by the constant application of cold water to the skin. With regard to treatment, he says that a vast number of means were tried to ease or cure “causalgia,” but the one essential for comfort was the use of water dressings, which were unceasingly renewed, the sufferers carrying a bottle of water and a sponge, and keeping the part covered. Erb says: “Similar pains may be experienced in central neuralgiæ; peculiar lancinating pains are, however, more frequent in these affections.” The severity of the affection, as met with in some of the cases described by Dr. Weir Mitchell, has not been recognized in patients under the care of others. In his cases much benefit was also obtained by subcutaneous injections of morphia into the part affected, and by the repeated application of blisters.

M. L.—, aged forty-three, married; has had twelve children.

No history of previous illness or of gout, syphilis, or rheumatism. On Feb. 5th, directly after the patient had washed her hands, she was suddenly attacked with acute stabbing pain in the palms, but more marked in the right. The pain extended to the tips of the fingers, and she noticed soon after its commencement that they were of a white colour and shiny looking, and that they were "drawn"—*i.e.*, flexed. There was also shooting pain down the forearms from the elbows, but this was not acute, like the palmar pain. The later pain was so severe that the patient cried out, and could not bear the slightest pressure on the hands or fingers. Mr. Watson was called to see her at 8 p.m., and found her crying out with the pain. She described it as a cutting, burning pain, and most intense in the palms of the hands. The fingers were flexed on the palms, and the skin was white and shiny or glossy. The hands and fingers were distinctly warmer to the touch than other parts of the body. Temperature 98.6°. Heart normal. Bowels somewhat irregular. Tongue slightly furred and dry. A saline mixture was ordered, and the hands and wrists were wrapped up in a thick layer of cotton-wool.

Feb. 6th.—The acute pain subsided suddenly at 2 a.m. On visiting her at 10 a.m. there was still some pain and tenderness. The fingers were flexed and of white and shiny appearance; she could not move them without pain. She remained two days without any further pain, but on the afternoon of Feb. 8th she was seized with the same sudden pain in the palm of the left hand. The fingers were flexed, and she noticed that while the pain lasted they were white and shiny. During the intervals of the acute pain she felt a pricking sensation in the hands like "stinging nettles." The pain had disappeared in the right hand; there was no tenderness, and the fingers were of normal colour and appearance.

She was seen again on the 14th, and stated that since the last visit the "stinging nettle" sensation had continued. On the previous night the right hand was affected with the acute pain resembling that of the first and second attacks. She tried to relieve this by putting the hand in cold water, as she had been advised; but this did not diminish, and even seemed to aggravate, the pain. A few hours were allowed to intervene, and then the hand was put into very hot water, and this relieved the pain at once. (The water was so hot that she could not bear the left hand in it.) Although the acute pain disappeared on using hot water, a feeling of numbness remained in the hand during its immersion and for some time afterwards.

Two days after she had another attack in the right hand, which was relieved in the same manner. The patient was last seen on Feb. 25th, and had then no pain. The fingers were of

normal colour and appearance. She would not use cold water for the hands, fearing she would bring on another attack.

Remarks by Mr. WATSON.—The cases described by Weir Mitchell were relieved by moistening the hands or parts affected, and cold did more good than warmth. In this case drugs were useless, and of the several local remedies used none gave the patient any relief except immersing the hand in very hot water. Cold certainly did more harm than good, and so convinced was the patient of this that she was afraid to use cold water. The pathology of the complaint is obscure, but I should be inclined to think it due to vaso-motor changes after the type of Raynaud's disease. The important points in the case are the following:—

1. Acute, stabbing, burning pain in the palm of both hands, then left and right hands separately affected.
2. White and shiny appearance of fingers during attacks. Normal in intervals.
3. Cold increased the pain, very hot water diminished or arrested it.
4. The usefulness of drugs, liniments, &c.—*Lancet*, March 22.

[We invite our readers to suggest remedies.—ED. H. W.]

POISONINGS.

A CASE OF POISONING BY PHOSPHORUS, PRESUMABLY CAUSED BY THE INUNCTION OF RAT PASTE.

By LEONARD HILL, M.R.C.S., L.R.C.P.

WHILE taking the Cardiff Infirmary out-patient department for Mr. Rhys Griffiths on September 14, 1889, H. D—, a servant maid, aged fifteen, came as a patient. She complained of pains all over her, great headache, vomiting of blood twice, faintness and great languor, unquenchable thirst, and inability to take any food. A week previously she had been in perfect health. The illness began on September 7th with headache and faintness. Pains in the back had next become the most intense symptom. On the 13th she had vomited a pint of blood, "dark, thick stuff." The next day she had again vomited one or two ounces of blood. On the 13th she noticed she had become yellow. Her bowels throughout had been very costive. On examination I found that the patient showed extreme prostration; her cheeks were brightly flushed, the tongue dry and black, and the breath extremely offensive. The pulse was 120, weak, thready, quick, and very compressible. Thinking the case was one of some acute specific fever probably, I took the temperature, and was surprised to find it 98·5°. The girl was

plump and well nourished ; there was well-marked jaundice of face and body. The heart and lungs were normal. The whole of the abdomen was very tender to palpation. The liver dulness was diminished, and the liver area very tender. From the above symptoms, and from especially the history of sudden onset, and the normal temperature, I came to the conclusion that the case was one of acute yellow atrophy, or phosphorus poisoning. On cross-examination, she could recall having taken nothing injurious or poisonous of any kind ; and after beating about with non-leading questions in vain, I asked her whether she had had any rat poison in her presence before her illness. She at once answered, as if it were quite a new idea to her as connected with her illness, that she had had some, which her mistress had given her to spread for rats. She stated most positively she had taken none, and had not touched it except with a knife with which she spread it on bread. However, the admission of possession seemed sufficient, and I admitted her on the phosphorus-poisoning diagnosis. She passed into a condition of coma the same evening, and after renewed hematemesis died at 7 a.m. next morning. Her urine was secured previously, and found to be very highly coloured, with a deposit of epithelial cells like bladder cells ; free from albumen ; it gave most brilliantly the crimson reaction with mercurious nitrate typical of tyrosin, and on evaporation showed numberless sheaths of fine tyrosin needles and transparent glassy plates of leucin. Besides these, there were numerous hedgehog balls of coloured acicular crystals looking like uric acid.

The necropsy was made by Mr. Thomas, house-surgeon, thirty hours after death. The weather was warm. The rigidity was marked. The body was plump and well formed, but generally jaundiced. There was no petechiæ. A liquid like coffee-grounds stuff streamed from the nose. On opening the abdomen, the liver was found to be shrunk out of sight beneath the ribs. The bowels were distended and darkly stained. The pericardium contained two ounces of straw-coloured fluid. The left side of the heart was contracted, and the right flaccid ; there were no clots. The tissue was friable and stained yellow. The lungs were slightly congested. The stomach contained about two ounces of "coffee-ground stuff." The mucous membrane was stained black on the top of the rugæ, and was very thick, soft, and friable all over. The intestines were full of "coffee-ground stuff" in the ileum and jejunum. The mucous membrane was in the same condition as that of the stomach. The large intestine was full of black-stained soft feces. The liver was small in size and solid in consistence ; it weighed forty-five ounces and a half. The capsule was adherent and thickened. The gall-bladder was empty. In the middle of the under surface

of the right lobe was a natural fissure half dividing it into two lobes. The surface was of a uniform, bright chrome-yellow colour. On section it was found to be soft, intensely yellow, friable, greasy to the touch, and showing lobules clearly marked out with fatty and congested areas. The liver resembled when broken yellow feces more nearly than anything else. The cortex of the kidneys was very pale, soft, and friable; pyramids congested; capsule normal. The spleen was of normal size, pale, and diffuent. On opening the skull Mr. Thomas detected a distinct smell of phosphorus, and on making sections into the brain this was apparent to all in the room. The brain was otherwise normal. No luminosity could be obtained from the organs. In the inquest held on the case the most interesting fact was obtained that the girl had been giving a "dark *séance*" to other girls, and had rubbed the paste into her hands and face to produce blue flame, just before the onset of illness. She denied to me most positively having taken any by the mouth; and though she told me nothing of the *séance*, she had said that she felt bad first after spreading the paste for rats. Probably she was ashamed of the *séance*, and had really felt bad after anointing herself for this. The question therefore arises whether death could occur from inunction of rat paste, which seems probable here. There is no case on record, I believe, of such a death. Could she have rubbed the paste on her teeth and tongue, to emit blue flame possibly? From the severity of symptoms, it looks as if much poison had been absorbed. There was no cause for suspecting suicide; the hymen was intact, and the uterus appeared to be just menstruating, a Graafian follicle having just ruptured in the left ovary, and her whole bearing was utterly unlike a suicide. Another point of interest in the case is the fact that the poison could be diagnosed from the symptoms alone. Had I been a believer in acute yellow atrophy as a disease apart from phosphorus poisoning, I should probably have put down the case to that, but believing the two to be one and the same thing, I was sufficiently pertinacious in my cross-examination to hit on the right track and to prove the necessary possession of phosphorus. The patient died in the usual time, on the eighth day after initial symptoms.

University College Hospital, W.C. — *Lancet*, Feb. 22nd.

POISONOUS EFFECTS OF EXALGINE.

THE following case of idiosyncrasy to exalgine may serve a useful purpose to some:—

On April 5th, a medical man, aged between 40 and 50, experiencing severe pain in the lumbar and ilio-sacral regions,

from which he has been suffering occasionally for some years, quite unrelieved by the ordinary medicines, took by my advice one grain of exalgine at 9.30 p.m., and, not feeling relief therefrom, at 10.15 he took two grains more in a little whisky. Shortly afterwards he complained of a feeling of giddiness, and several times said that his head felt so large that it seemed to occupy the whole room. He continued, however, playing cards till 11 p.m., when, without further warning, he collapsed in his armchair, prostrate, quite unable to speak or to move, but gasping for breath. He continued in that state for over half an hour, when he got slightly better, and said a few words between the gasps; he said he was not strong enough to move, and he felt that he must go on breathing, though each breath was a fearful effort. In that state he was carried up to his bedroom and placed at the foot of the bed; he said that he was unable to breathe lying down, and was then placed in an armchair well covered up before the fire. Here he again got much worse; his efforts at respiration became painful to witness; he seized and clenched the hands of those around him, and was in many respects just like a man suffering from a bad attack of asthma. His respirations were thirty-eight to the minute, gasping and shallow; pulse quiet and rather weak; surface very cold and face pale, though not cyanosed. He continued in this distressing state till 1 a.m., when he vomited a little whisky (containing some exalgine?), and was almost immediately relieved, though it left him rather sick, and very giddy and weak, and he suffered for about an hour from constant dysuria (both frequent and painful). After that he got to bed and to sleep shortly after 2 a.m., had a good night's sleep, and was able next morning to set off for Scarborough, where he had previously intended going.

He tells me that next morning he was slightly jaundiced, and that during the respiratory paroxysm he felt no pain (in the back or elsewhere), but a feeling of numbness all over, and felt as if his diaphragm had stopped working, and he must go on breathing at any cost. I may mention that he is not at all subject to asthma, but has a weak and very sensitive stomach.

The case appears to me interesting from the severe effects caused by a not very large dose (three grains), some of which was probably vomited unabsorbed; also from there being two paroxysmal attacks, separated by an interval nearly corresponding to the interval between the doses, the second attack being longer and more severe from the two-grain dose, which was probably absorbed quicker from being dissolved in whisky. As there was no evidence of cyanosis, I adopted an expectant treatment.

G. AINSLIE JOHNSTON.

Penistone.—*British Medical Journal*, May 3rd.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

“OBJECTS REMAINING LONG ON THE RETINA.—REPLY.”

“FERRUM” asks for the remedy for “objects remaining long on the retina.” If he will refer to my *Repertory of the Symptoms of the Eye*, p. 8, he will find this symptom recorded as belonging to *Lac.-can.* and *Tabacum*, to which I have added, from clinical sources, *Natr.-mur.* and *Tuberculinum*. The *Tabacum* symptom is from cases of excessive smoking; the *Lac.-caninum* symptom is given in Dr. S. Swan’s pathogenesis thereof, and has been clinically verified by myself (see Symptoms 203, 204).

E. W. BERRIDGE.

MATTEI’S REMEDY FOR CANCER.

SIR,—Lady Paget’s article in *The National Review* for May brings once more Count Mattei’s treatment into prominence. Could you say what is the general Homeopathic opinion upon this treatment; especially in reference to cancer? In fact, are there any well authenticated cases of cure of cancer by Mattei’s or the Homeopathic system? I know of a lady now suffering from cancer, and a homeopathic physician says that her only chance is to have it removed.

Yours respectfully,

H. E. SMITH.

18, West Shrubbery, Redland, April 22, 1890.

REPLY.

We cannot answer for the “general homeopathic opinion” on Mattei’s remedies, but we can give our own. We have good reason to believe that they are powerful medicines, but as no one except Mattei himself knows exactly what they are and how prepared, there is no means of knowing how to use them intelligently. We know of cases of cancer that have been arrested if not cured by the use of Mattei’s remedies. We also know of cases of cancer that have been cured by homeopathy. With regard to the knife, the one thing that is certain about that is that it has never cured cancer, and always makes the treatment by other means more difficult than it would have been if left untouched.

WHAT WAS THE WOOD?

“F. H. B.” asks:

Once on a time when I was suffering from a decayed tooth, a lady gave me a small chip of white wood, and told me to insert the point of

it into the hollow tooth. I did so, and the aching soon ceased. The wood, she informed me, was given her by a gentleman from India, but she could not inform me from what tree it was obtained; but if you will kindly insert this among your queries, possibly some of our readers in India may be able to give the desired information. It is a remedy worth knowing. [We invite replies. Ed. H. W.]

HIGH ATTENUATION.

On page 249 of your June number a dilution is indicated by the symbol 1m, does this signify the one thousandth dilution? If so, what imaginable limit is there to the divisibility of matter?

REPLY.

The symbol "1m" does signify the one-thousandth attenuation. Hahnemann carried the attenuation of some of his drugs up to the 30th or decillionth potency. Of the efficacy of this attenuation there is no doubt whatever. Boenninghausen went further, and carried attenuation to the 200th, and attested the power of this potency. In later times much higher attenuations have been reached, and the evidence of those who have used them goes to show they retain all the power of the drug, and answer to the indications more promptly than the lower attenuations. To us the 30th is quite unthinkable as a mathematical quantity, but we know it as something very definite as a power. If the 30th, acts as powerful as we know it to do we see no reason why the 31st should not, or the 200th or higher. We know no limit to the divisibility of medicinal power, whether there is a limit to the divisibility of matter or not.

MOUTH WASHES, ETC.

"SEXAGENARIAN" asks us respecting his own case. In reply we beg to remind him of what we have stated before, that we cannot undertake to answer questions which should more properly be put to the ordinary medical attendant. We may, however, say this: All medicinal mouth washes, whether for hardening gums or other purposes, are rapidly absorbed by the mucous membrane and taken up into the blood. We have known severe poisoning take place from the long use of borax in this way. The medicine best corresponding to the whole state, taken internally, is the best means of hardening gums. Excess of sugar or salt should be avoided. The teeth should be carefully cleansed with some unmedicated powder like Coffin's American dentifrice. *Mercurius* is the medicine which best corresponds to spongy, bleeding gums and loose teeth. *Carbo-veg.*, *nitric acid*, and *Staphisagria* also compete in similarity. For flatulence the totality of the symptoms must be taken. *Argent. nit.*, *China*, *Raphanus*, and *Chamomilla* are among the less commonly used remedies in this affection. *Magnes. Phos.* has produced flatulence and cured it as well. [Ed. H. W.]

ILLEGALLY PRACTISING AS AN APOTHECARY.

SIR,—Herewith I enclose report of case of illegal practice, perusal of which (in part) might interest many of your numerous readers.

Yours respectfully,

LOOKER ON.

Our correspondent sends us an account from the *Nottingham Daily Guardian*, of Thursday, June 12th, of the successful prosecution, by the "Master, Wardens, and Society of the Art and Mystery of the Apothecaries of the City of London," to recover £20 from Edward Merrick Greenhill, of South Normanton. The defendant was L. M., of Coombe House, Dublin, and had been unqualified assistant to a medical man. He afterwards set up as a chemist, and became medical man to a number of clubs, signing certificates of all kinds, and acted in every way as if fully qualified. In the course of the case prosecuting counsel quoted judgment of Mr. Justice Crosswill's, to this effect:—"Now, I apprehend that an apothecary is a person who professes to judge of internal disease by its symptoms, and applies himself to cure that disease by medicines. If, for instance, in the case of a broken leg it becomes necessary to administer medicine, no doubt the surgeon may lawfully do so; but, on the other hand, if a surgeon takes upon himself to cure a fever he steps out of his lawful province, and is not authorised to administer medicine in such a case." This will possibly be news to a number of worthy M.R.C.S.'s, but we do not suppose that there is any danger of the "Society of the Art and Mystery of the Apothecaries," or even the College of Physicians, instituting proceedings against them if they administer medicines in a case of fever. Recent rumours of extinction seem to have aroused the "University of Blackfriars" to unwonted activity.

MESSRS. GILBERT & HALL, *Bournemouth*.—A notice of your book will appear next month.

SPECIFICS AND GOVERNMENT STAMPS.

QUERY.—Can any of your readers kindly favour me with information as to whether the Patent Medicines Act can be put in force against any person who, finding a specific for a disease, sells the same himself to the public openly without using a Government stamp? and if so, why the Act is not put into force against the numerous quacks who stand in every market in England and sell their nostrums without using the stamps?

NORFOLKIAN.

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

VACANCIES.

HOMEOPATHIC HOSPITAL, *Birmingham*.—Wanted House Surgeon, qualified. Salary £80, with board, &c. Applications, with copies of testimonials, to be sent to Mr. P. N. Walker, 24, Waterloo Street, Birmingham.

Obituary.

MEYHOFFER.

It is with deep personal regret that we learn and record the death of Dr. John Meyhoffer, of Nice, which took place late in the month of May. Dr. Meyhoffer was one of the most distinguished of continental homeopaths. He was by birth a Swiss, but for many years was domiciled in France. An accomplished linguist, he was brought into personal contact with many physicians of different nationalities, and was thus widely known and esteemed. At the International Homeopathic Congress in 1881 he was one of the vice-presidents, and at the Basle Congress in 1886 he filled the president's chair to the admiration of all its members. He was an authority on diseases of the chest. His death—though at a ripe age—leaves a vacancy which it will be impossible to fill.

J. E. LYNN.

WE regret to announce the death of Mr. J. E. Lynn, homeopathic chemist, of Wellington Street, Woolwich. Mr. Lynn died on the 5th of June.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bateman (F.). On Aphasia, or Loss of Speech, and the Localisation of the Faculty of Articulate Language. 2nd ed., greatly enlarged. 8vo, pp. 420. (Churchill. 16s.)
- Bristowe (J. S.). A Treatise on the Theory and Practice of Medicine. 7th ed. 8vo, pp. 1,320. (Smith, Elder and Co. 21s.)
- Brunton (T. L.). Tables of Materia Medica. New ed. 8vo, pp. 244. (Macmillan. 5s.)
- Clarke (Percy) and Tidy (C. M.). Medical Law for Medical Men, their Legal Relations shortly and popularly explained, with Chapters concerning Dentists, Chemists, and Midwives. 12mo, pp. 168. (Baillière. 4s.)
- Cragin (E. B.). Essentials of Gynecology, arranged in the form of Questions and Answers, prepared especially for Students Essentials. With 58 Illusts. Cr. 8vo, pp. 192. (Renshaw. 5s.)
- Cullimore (D. H.). The Book of Climates. Acclimatization, Climatic Diseases, Health Resorts and Numerous Springs, Sea Sickness, Sea Voyages, and Sea Bathing. Cr. 8vo, pp. 260. (Baillière. 4s. 6d.)
- Elborne (W.). A Laboratory Course of Pharmacy and Materia Medica, including the Principles and Practice of Dispensing. Adapted to the Study of the British Pharmacopœia and the Requirements of all Private Students. Cr. 8vo, pp. 276. (Griffin. 8s. 6d.)
- Guernsey (H. N.). Plain Talks on Avoided Subjects. New ed. 16mo, pp. 128. (F. A. Davis. 4s. 6d.)
- Jones (H. Maconnaughton). Practical Manual of Diseases of Women and Uterine Therapeutics. 4th ed. Post 8vo, pp. 706. (Baillière. 10s. 6d.)
- Liebig and Rote. Practical Electricity in Medicine and Surgery. Royal 8vo, pp. 383. (F. A. Davis. 8s. 6d.)
- Lillenthal (S., M.D.). Homeopathic Therapeutics. Third re-written and enlarged edition. Imp. 8vo, pp. 1,154. (Homeopathic Publishing Company. 35s.)
- Massey (G. B.). Electricity in the Diseases of Women. 2nd ed. 12mo, pp. 240. (F. A. Davis. 6s. 6d.)
- Moore (Sir W.). The Constitutional Requirements for Tropical Climates, and Observations on the Sequel of Disease Contracted in India. Cr. 8vo, pp. 126. (Churchill. 4s.)
- Nevins (W. Probyn.). Oxford Natural Science, and the Faculty of Medicine, being a review of Sir H. Acland's Oxford and Modern Medicine, with a letter from Mr. Gladstone upon the same and also additional notes. 8vo, pp. 82. (Slatter and Rose, Oxford. Simpkin. 1s.)

Purdon (H. S.). *A Handy Book for Invalids: The Dietary in the Treatment of Diseases.* Cr. 8vo, pp. 128. (E. W. Allen. 1s. 6d.)

Sajons (C. E.). *Annual of the Universal Medical Sciences, 1890.* 5 vols. Royal 8vo. (F. A. Davis. 65s.)

Stanton (M. O.). *A System of Practical and Scientific Physiognomy.* Illust. 2 vols. Royal 8vo, pp. 1,222. (F. A. Davis. 42s.)

Witherstine (C. S.). *International, Pocket Medical Formulary, 1890.* 16mo, leather, pp. 269. (F. A. Davis. 8s. 6d.)

Wolf (L.). *The Examination of Urine, Chemical and Microscopical, for Clinical Purposes.* Arranged in the form of Questions and Answers. Numerous illustrations. Cr. 8vo, pp. 66. (Renshaw. 4s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 34, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, *Warwick Lane, Paternoster Row, London, E.C.*

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from the Rev. F. H. Brett, *Carsington, Derby*; the Secretary of the *Primrose Club*; Mrs. Hall, *Boston*; Dr. H. E. Smith, *Bristol*; Dr. Murray Moore, *Liverpool*; Dr. Ockenden, *Brighton*; Dr. Nicholson, *Clifton*; Dr. E. M. Hall, *Chicago*; Dr. Berridge, *London*; Editor of *The Chemist and Druggist*, *London*; Dr. E. Abbott, *Exeter*; Dr. Oscar Hansen, *Copenhagen*; Dr. H. C. Allen, *Chicago*; Mr. James Ellis, *Reigate*; Dr. Gilbert, *Reigate*; Dr. Simpson, *Waterloo*; Dr. H. P. Holmes, *Sycamore, Ill., U.S.A.*; Mr. James Thurlow, *High Wycombe*; Mr. G. A. Cross, *London*; Mr. W. F. Bice, *Messingham*.

Amounts received for the *London Homeopathic Hospital*, E. W. Garland, £5.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—*Chemist and Druggist*.—*Monthly Homeopathic Review*.—*Allg. Hom. Zeit.*—*Maanedskrift f. Homoeopathi*.—*Medical Advance*.—*Homoeopatisch Maanblad*.—*Bibliothèque Homeopatheque*.—*Monatsblätter*.—*Homeopathic Recorder*.—*Daily Inter-Ocean (Chicago)*.—*Journal of the British Association of Electricians*.—*Homeopathic Journal of Obstetrics*.—*California Homeopath*.—*North American Journal of Homeopathy*.—*Southern Journal of Homeopathy (April and May)*.—*Medical Era*.—*Chironian*.—*Nursery Companion*.—*Medical Visitor*.—*Clinique*.—*Dietetic Gazette*.—*New England Medical Gazette*.—*New York Medical Times*.—*Hahnemannian Monthly*.—*Homeopathic Envoy*.—*Journal of Homeopathics*.—*Mechanical Obstetrics to Cure*, by Percy Wilde, M.D.—*Professor E. M. Crookshank on the History and Pathology of Vaccination*; a Review.—*The Jamaica Post*.—*Annual Report of the Devon and Cornwall Homeopathic Dispensary*.—*A Manual of Pharmaceutical Testing*, by Bernard S. Proctor, F.I.C.—*Rationalism and Free-thought in Medicine*, by W. J. Collins.—*Hale's Invalid's Handbook*.

THE HOMEOPATHIC WORLD.

AUGUST 1, 1890.

PROGRESS OF THE BUILDING FUND.

OUR readers will be pleased to learn that the response to the appeal for funds has been highly encouraging. The total amount promised and subscribed now reaches close upon £20,000. A further sum of £6,000 is required before the Committee can take active steps, either in securing a site or commencing the building. When once the figure of £26,000 is reached the Hospital Board will contribute £4,000 from the Reserve Fund to complete the £30,000. It is to be hoped and expected that the homeopathic public will not allow the remaining £6,000 to be long unsubscribed.

The question of the site of the hospital has been raised in some quarters, but the Committee wisely refrain from saying anything on that question until the whole sum is announced and they are prepared to act. And for a very sufficient reason. Holders of property do not put the lowest figure on their possession when they know some one else is anxious to obtain it; and if that "some one else" happens to be a public body their demands are unusually exorbitant. For this reason we are unable to tell our readers anything about the site at present.

We are not under the same restriction as to mentioning plans, and we believe the Honorary Architect of the Hospital, Mr. PITE, is preparing a provisional sketch. The pavilion plan seems to be most in favour, but nothing definite is settled at present until it is known what space there will be to build on.

We allude to these particulars, as it has been said by some that they would have more pleasure in subscribing if they could know just where the New Hospital was going to be, and what it was going to be like. The plea is quite natural and reasonable, but as we have shown, there are stronger reasons on the other side. We therefore urge our readers, and all who come within their influence, not to wait for details before subscribing. The sooner they send their subscription, the sooner they will know all about it. Two-thirds of the amount is already subscribed; less than a third more will be sufficient to empower the Committee to act.

NEWS AND NOTES.

A REPENTANT SINNER.

THE *Lancet*, which in times past was conspicuous for its persecutions, ostracisms, and censures of all who professed homeopathic opinions or beliefs, has seen the error of its ways, and now does penance before the world, recanting its former wickedness in the following terms:—

“The day is probably not very remote when persecution, ostracism, or censure for differences of opinion or belief will be regarded as not only immoral but absurd.”

Shade of Wakley! could you ever have dreamed of such a change of front in the tactics of your own organ?

THE CHEMICAL *versus* THE PHYSIOLOGICAL TEST.

A VALUED correspondent sends us the following:—

“The leading physician in one of the Midland Counties, who is a member of the Town Council, remarked the other day at one of the meetings in relation to the danger of pollution of the water supply, ‘that although analysis might not detect the badness of the water, disease in the towns would probably reveal it.’ I know the physician well. He is a capital fellow—meets me so far as he can; discusses points of diagnosis and treatment. I therefore wrote to him, pointing out the fact that this had been urged scores of times by the heretics when their medicines had been analyzed and nothing found, the fault being that the scales, the reagents, and microscope of the analyst were

coarser than the human body with its susceptibilities, &c., &c. ; and for the future I hoped he would be less incredulous of infinitesimals."

PROPAGANDA IN AUSTRALIA.

DR. W. G. WATSON, of Sydney, N.S.W., has kindly sent us a copy of *The Australasian Medical Gazette*, containing a letter of his own replying to an article on homeopathy which had appeared in that journal. Dr. Watson refers to the *League Tracts*—copies of which he offers to send to inquirers—to *The Times* Correspondence, and to the statistics of homeopathy in the United States published in our own pages. We are glad to see our *confrère* well to the front. If the editor of the *A.M.G.* does not extinguish him too soon, the Australasian faculty will learn something about our system.

LEPROSY.

WE have received a copy of *The Jamaica Post* of May 2nd, containing an article on Leprosy, from which we take the following paragraphs :—

"One of the serious causes of its increase is chargeable to vaccination in country districts, and even towns where little thought is exercised or discrimination practised by some of those entrusted to perform this duty. For the object of the remuneration recklessness is pursued. Subjects are taken for lymph who often possess histories unfitting them for such a service. Leprous blood is infused into hundreds in the island. I have a case on record where a vaccinator, ignorant of the history of a child he selected for lymph, exposed a whole school in this town to contagious matter. The subject used inherited, on the paternal side, the disease of leprosy for at least two generations."

"Leprosy in its first stage is curable, and I can give satisfactory proof thereof ; but I hold that it is not the lepers that require so much concern—it is their offspring ; these are the individuals to get hold of. Every leper family should be put under treatment, and I am persuaded that by educating them into the remedies best calculated to cure the taint, the coming generation may be preserved from its ravages. I am in possession of some startling facts relative to its contagiousness, and the apathy of the medical profession is chargeable for its spread. The following should be ascertained :—

"How many lepers are in the island ?

"How many families in which more than one are afflicted ?

"How many have been vaccinated before disease appeared ?

"How many have been the subject of yaws ? "

EXERCISE.

WE have received two copies of *The Hastings and St. Leonards Observer*, containing excellent articles on The Value of Athletic Sports, by Mr. R. Metcalfe, of the Paddington Green Baths and the Wellington Square Hydropathic Establishment, St. Leonards. We have only space for the following extracts:—

“TIMES FOR EXERCISE.

“The times for exercise ought also to be judiciously selected. One grand rule is that it should never be engaged in after a full meal. For the healthy, early morning is the best time, when the stomach is empty of undigested food, and the body refreshed by sleep. Invalids, however—unless their appetite for breakfast is defective, in which case they may take a short stroll in the open air—should defer their walking exercise until after breakfast, and always leave off before exhaustion from want of food sets in. The necessity of this precaution also militates against the expediency of much walking or other active exercise immediately before a meal. In both cases the blood is diverted from the digestive organs, where it is urgently needed, and digestion is interfered with in consequence. An interval of rest should always precede and follow a meal.”

“RIDING.

“Riding is, especially for those of weak lungs, a most healthful exercise, having the advantage of not hurrying the breathing. ‘It calls into more equal play,’ says Dr. Coombe, ‘all the muscles of the body, and at the same time engages the mind in the management of the animal, and exhilarates by the free contact of the air and a more rapid change of scene. Even at a walking pace a gentle but general action of the muscles is required to preserve the seat, and adapt the rider’s position to the movements of the horse; and this kind of muscular action is extremely favourable to the proper and equable circulation of the blood through the extreme vessels, and to the prevention of its undue accumulation in the central organs. The gentleness of the action admits of its being kept up without accelerating respiration, and enables a delicate person to reap the combined advantages of the open air and proper exercise for a much longer period than would otherwise be possible. From the tendency of riding to equalise the circulation, stimulate the skin, and promote the action of the bowels, it is also excellently adapted as an exercise for dyspeptic and nervous invalids.’”

MUSSEL POISONING.

WE have received from Mr. Ivatts, of Dublin, a full account of the inquest on the unfortunate victims of the poisoning from eating mussels which recently occurred in

that city. The following is from the evidence of Sir Charles Cameron :—

“ In 1885 a large number of persons were poisoned by eating mussels collected at Wilhelmshaven. This case was thoroughly investigated by K. Mobius, Max Wolff, Briger, Salkowski, and Virchow. It was found that the mussels which were collected from stagnant water were rendered in three or four weeks non-poisonous by transferring them to pure sea water. Conversely innocuous mussels placed in the stagnant water became poisonous after a time. Briger collected a very large number of the poisonous mussels and extracted from them a poisonous alkaloid which he named mytilotoxine. This alkaloid belongs to the group of bodies termed leucomaines, which are generated in the living bodies of animals under conditions which are at present very obscure. They resemble quinine, strychnine, morphia, etc. The symptoms in the case of Mrs. O'Connor and her children resemble those recorded in many of the cases of mussel poisoning. The pricking feeling in the hands and other parts is very characteristic of mussel poisoning. The difficulty of breathing is also noticed in many cases. It strikes me that the symptoms of Mrs. O'Connor and her children were very like the recorded cases of poisoning by mussels, and in all these cases the mussels were taken from stagnant water. It is stated, however, by a writer, an abstract of whose paper appeared in the *British Medical Journal*, and which was copied into the *Freeman's Journal*, that mussels develop poison in their liver, which poison is developed even when the mussels are not placed in foul water. The shells of these mussels were remarkably brittle, which showed, in my opinion, a diseased condition, and showed that they were able to secrete lime and other matters. I compared them with mussels taken from the open sea, and I found that the sea mussels were very different. I noticed that the liver was very much enlarged, and there was a large quantity of dark stuff contained in the mussels taken out of this stagnant pool of water as compared with the livers and the contents of the livers and the digestive organs, in what were evidently perfectly healthy mussels. I have come to the conclusion that these mussels were diseased more or less. Mussel poisoning is one of the best ascertained facts that we have. It is recorded in one case that a single mussel has killed a person. The water sent to me did not contain an excessive quantity of organic matter. It did not smell badly, and there did not appear to be any large amount of sewage in it.”

We think the symptoms were too much like the usual symptoms of poisoning by shell-fish to favour the sewage hypothesis. Could not our chemists obtain a tincture of the poisonous mussels and let us have the poison proved.

In an editorial on the subject in *The Freeman's Journal*, from which the above extract is taken, the following test is given :—

“ They are so used mostly with comparative safety, for *whenever a*

doubt is felt as to their wholesomeness a peeled onion is placed in the water in which they are being boiled. If when they are cooked the onion remains white they may safely be eaten ; but if it be darkened, and it will darken in proportion to the amount of ptomaine present, they are unfit for food."

And by way of cure—this :—

" If poisoning occur—and it frequently occurs—the sufferer is given large quantities of tepid milk the very moment the symptoms appear. Violent vomiting immediately ensues, but, notwithstanding, the copious draughts of tepid milk are continued."

The vomiting continues some hours, and then the patient generally recovers, although in a very weak and prostrate condition.

DR. DUDGEON.

THE Committee of the International Homeopathic Congress of 1891 have conferred on DR. DUDGEON the great honour of unanimously electing him President of the Congress. We understand that Dr. Dudgeon, whilst fully sensible of the honour, feels himself obliged to decline it, as he has no expectation of being able to visit the United States.

BRITISH HOMEOPATHIC SOCIETY.

At the concluding meeting of this Society the following officers were elected:—President, Dr. Dudgeon; Vice-Presidents, Dr. Cooper and Mr. Knox Shaw. Drs. Dudgeon and Galley Blackley were re-elected, respectively, Treasurer and Hon. Secretary.

TEMPORARY STAMMERING COMING ON WITH TONSILLITIS.—M. O., a domestic servant, consulted me on March 28th. At that time she was suffering from subacute tonsillitis with slight febrile symptoms; she could not then speak a word without stuttering badly. I treated her throat with perchloric acid; and, when she was convalescent, she asked me if I thought the stammering would cease when her throat was well. I was surprised at this, as I had thought her defect was of old standing. However, she said that she could speak as well as anyone before the quinsy came on. I gave a favourable prognosis, and after a week on bromide she could speak almost as well as ever. It seems to me that this is rather an unusual case. Was the stammering due to loss of power of co-ordination of laryngeal muscles, due to reflex causes? There was no alteration in the sound of the voice, indicating that the larynx was free from inflammation.—H. RAINSFORD, Kilburn Lane.—*British Medical Journal*, May 8rd.

ORIGINAL COMMUNICATIONS.

HOW HAHNEMANN CURED.

By DR. DUDGEON.

At the present time, when we have a rather noisy, if not very numerous, section of our school arrogating to themselves the title of Hahnemannians, and publishing their cases as examples of "Hahnemannian Homeopathy" and "Hahnemannian Cures," it might be as well to set forth Hahnemann's mode of practice as far as that can be learned from his teaching in the *Organon* and *Chronic Diseases*, and from the instances of it scattered throughout our literature, in order that the reader may have an opportunity of comparing it with that of the self-styled Hahnemannians. If the instances I adduce belong to ancient history and are familiar to many of my readers, they are apparently unknown to or forgotten by some of those who would fain have us believe that they alone rightly understand and faithfully practise what Hahnemann taught.

In the second volume of the first edition of the *Materia Medica Pura*, published in 1816, Hahnemann gives, at "the request of some friends halting half-way on the road" to homeopathy, two cases illustrating the way in which he practised, and desired others to practise, his system. As these cases are retained in the latest edition of his *Materia Medica*, published in 1833, only ten years before his death, we must believe that to the last he considered them as good examples of his treatment which he could not improve upon after all these years.

I. "Sch——, a washerwoman, somewhere about forty years old, had been more than three weeks unable to earn her bread, when she consulted me on the 1st Sept., 1815.

"1. On any movement, especially at every step, and worst on making a false step, she has a shock in the pit of the stomach, that comes, as she avers, every time from the left side.

"2. When she lies she feels quite well; then she has no pain anywhere, neither in the side nor in the pit of the stomach.

"3. She cannot sleep after 3 a.m.

"4. She relishes her food, but when she has eaten a little she feels sick.

"5. Then water collects in her mouth and runs out of it, like water-brash.

"6. She has frequent empty eructations after every meal.

"7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration. The catamenia were quite regular a fortnight since.

"In other respects her health is good.

"Now, as regards symptom 1, *Belladonna*, *China* and *Rhus Toxicodendron* cause shootings in the pit of the stomach on making a false step, but none of them *only on movement*, as is the case here. *Pulsatilla* (see symptom 386)* certainly causes shootings in the pit of the stomach on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

"*Bryonia* alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement*, and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm (448),† and on making a false step it causes shooting in other parts (520, 600).‡

"The negative symptom 2 met with here answers especially to *Bryonia* (638)§; few medicines (with the exception, perhaps, of *Nux Vomica* and *Rhus Toxicodendron* in their alternating action—neither of which, however, is suitable for the other symptoms) show a complete relief to pains during rest and when lying; *Bryonia* does, however, in an especial manner (638 and many other *bryonia* symptoms).

"Symptom 3 is met with in several medicines, and also in *Bryonia* (694).||

"Symptom 4 is certainly, as far as regards sickness after eating, met with in several other medicines (*Ignatia*,

* Symptom 386: "Stitches in the pit of the stomach on making a false step on an uneven pavement."

† Symptom 448: "On the slightest breath a stitch as if in an ulcer, which lasts as long as the respiration, in a small spot beneath the sternum, which smarts like an ulcer even when touched, but still more on raising the right arm, in the morning." (*Bryonia, Materia Medica Pura.*)

‡ Symptom 520: "Pain in the trochanter, starting shooting on making a false step; when at rest throbbing therein; the part hurts very much when touched." Symptom 600: "Stitches in the joints when moving and touching them." (*Ibid.*)

§ Symptom 638: "He thinks he is better when he is lying." (*Ibid.*)

|| Symptom 694: "Waking up early at night." (*Ibid.*)

Nux Vomica, *Mercurius*, *Ferrum*, *Belladonna*, *Pulsatilla*, *Cantharis*), but neither so constantly and commonly, nor with relish for food, as in *Bryonia* (279).*

"As regards symptom 5, several medicines certainly cause a flow of water like water-brash, just as well as *Bryonia* (282); † the others, however, do not produce symptoms similar to the remaining ones. Hence *bryonia* is to be preferred to them in this particular.

"Empty eructation (of wind only) after eating (symptom 6) is found in few medicines, and in none so constantly, so commonly, and to such a degree, as in *Bryonia* (253, 259). ‡

"To 7. One of the chief symptoms in diseases (see *Organon*, sec. 213) is the 'state of the disposition,' and as *Bryonia* (772)§ causes this symptom also in an exactly similar manner, *Bryonia* is for all these reasons to be preferred in this case to all other medicines as the homeopathic remedy.

"Now, as this woman was very robust, and the force of the disease must consequently have been very considerable to prevent her, on account of pain, doing any work; and as her vital powers, as stated, were not impaired, I gave her one of the strongest homeopathic doses, a full drop of the undiluted juice of *Bryonia* root, to be taken immediately, and bade her come to me again in forty-eight hours. I told my friend E., who was present, that within that time the woman would assuredly be quite cured; but he, being but half-converted to homeopathy, expressed his doubts about it. Five days afterwards he came again to learn the result, but the woman did not return then, and, in fact, never came back again. I could only allay the impatience of my friend by telling him her name and that of the village where she lived, about a mile and a half off, and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was: 'What was the use of my going back? The very next day I was quite well, and could again go to my washing, and the day following was quite well, as I am still. I am extremely

* Symptom 279: "After eating food that he relished, sickness and loathing." (*Bryonia, Materia Medica Pura.*)

† Symptom 282: "In the evening nausea, and then flow of a quantity of water from the mouth (water-brash)." (*Ibid.*)

‡ Symptom 253: "Frequent eructations of nothing but air." Symptom 259: "Drinks do not cause eructation, but the smallest quantity of food does, but only of air, without bad taste." (*Ibid.*)

§ Symptom 772: "Very cross and inclined to anger." (*Ibid.*)

obliged to the doctor, but the like of us have no time to leave off our work ; and for three weeks previously my illness prevented me earning anything.'

II. "W—, a weakly, pale man of 42 years, who was kept constantly at his desk by business, consulted me on Dec. 27, 1815 ; he had been already five days ill.

"1. The first evening, without manifest cause, he became sick and giddy, with much eructation.

"2. The following night (about 2 a.m.) sour vomiting.

"3. The subsequent nights violent eructation.

"4. To-day also severe eructation of fetid odour and sourish taste.

"He felt as if the food lay crude and undigested in his stomach.

"6. His head felt wide, hollow and dark, and as if sensitive internally.

"7. Sensitive to the smallest noise.

"8. His disposition is mild, soft, and patient.

"Here I may observe:—

"To 1. That several medicines cause vertigo with nausea, as does also *Pulsatilla* (3),* which produces its vertigo in the evening also (7),† a circumstance that has been observed of very few other medicines.

"To 2. *Stramonium* and *Nux Vomica* cause vomiting of sour and sour-smelling mucus, but as far as is known, not at night. *Valerian* and *Cocculus* cause vomiting at night, but not of sour stuff. *Iron* alone causes vomiting at night (61, 62),‡ and can also cause sour vomiting (66),§ but not the other symptoms that should be attended to here. *Pulsatilla*, however, causes not only sour vomiting in the evening (349, 354),|| and nocturnal vomiting in general

* Symptom 3: "Vertigo, like that which occurs on turning round for a long time in a circle, combined with nausea." (*Pulsatilla*, *Materia Medica Pura*).

† Symptom 7: "Giddy staggering, as from intoxication, with internal heat of head, and paleness of the normally warm face, especially in the evening." (*Ibid.*)

‡ Symptom 61: "The vomiting is before midnight, worst when she is lying, and especially when she lies on the side." Symptom 62: "Vomiting of food, immediately after midnight, whereupon there follow dislike to food and repugnance to the open air." (*Ferrum*, *Ibid.*)

§ Symptom 66: "Everything she vomits is sour and acrid." (*Ibid.*)

|| Symptom 349: "After exercise in the open air, towards evening, nausea and vomiting of something salt or sour." Symptom 354: "Nocturnal vomiting with shooting drawing pain in the back towards the scapula." (*Pulsatilla*, *Ibid.*)

(355),* but also the other symptoms of this case not found among those of *Iron*.

"To 3. Nocturnal eructation is peculiar to *Pulsatilla* (297, 298).†

"To 4. Fetid, putrid (260),‡ and sour eructation (302, 303).§

"To 5. The sensation of indigestibility of the food in the stomach is produced by few medicines, and by none in such a perfect and striking manner as by *Pulsatilla* (321, 322, 327).||

"To 6. Besides *Ignatia* (2),¶ which, however, cannot produce our other symptoms, the same state is caused by *Pulsatilla* (39 compared with 42, 94, 98),**

"To 7. *Pulsatilla* produces the same state (997),†† and it also causes over-sensitiveness of other organs of the senses, for example, of the sight (107).‡‡ And although intolerance of noise is also met with in *Nux Vomica*, *Ignatia* and *Aconite*, yet these medicines are not homeopathic to the other symptoms, and still less do they possess symptom 8, the mild character of the disposition, which, as stated in the preface to *Pulsatilla*, is particularly indicative of this plant.

"The patient, therefore, could not be cured by anything more easily, certainly, and permanently than by *Pulsatilla*,

* Symptom 355: "In the evening, after a meal and on lying down in bed, violent, straining vomiting of a green, slimy, watery matter, which smells sour, and burns like fire in the œsophagus; this vomiting occurred on three successive evenings." (*Pulsatilla*, *Materia Medica Pura*.)

† Symptom 297: "Bitter eructation at night." Symptom 298: "Bilious eructation in the evening." (*Ibid.*)

‡ Symptom 260: "After dinner eructation with the taste of putrid flesh, and this same taste remains afterwards in the mouth, with inclination to vomit." (*Ibid.*)

§ Symptom 302: "After drinking coffee, a sour fluid is eructated (belched) up into the mouth." Symptom 303: "In the morning sour eructation." (*Ibid.*)

|| Symptom 321: "Sensations as if the stomach were deranged." Symptom 322: "Symptoms of very much deranged stomach." Symptom 327: "Sensation in the stomach as from eating too much; the food comes up again into the mouth, as if it would be vomited." (*Ibid.*)

¶ Symptom 2: "Feeling of hollowness and emptiness in the head." (*Ignatia*, *Ibid.*)

** Symptom 39: Emptiness and hollowness in the head; his head felt like a lantern." (*Pulsatilla*, *Ibid.*) Symptom 42. "Dulness in the head; his thoughts leave him." Symptom 94: "Dimness of vision, like a mist before the eyes, on rising from a seat and walking." Symptom 98: "In the morning on rising from bed, it is very dark before his eyes." (*Ibid.*)

†† Symptom 997: "When he wakes up from sleep the sound of words seems to him to be too loud, and vibrates shrilly in his ears." (*Ibid.*)

‡‡ Symptom 107: "One eye or the other suffers shooting pains, almost without inflammation of the white, and he cannot look into the flame of a candle; he can only open the eyelids a little way." (*Ibid.*)

which was homeopathic to the case. It was accordingly given to him immediately ; but, on account of his weakly and exhausted state, only in a very minute dose, *i.e.*, half a drop of the quadrillionth [12th dil.] of a strong drop of *Pulsatilla*. This was done in the evening.

“The next day he was free from all ailments, his digestion was restored ; and a week thereafter, as he informed me, he remained free from complaint and well.”

In the latest edition of the *Materia Medica Pura*, Hahnemann states that both these cases might have been equally well cured by one globule of the 30th dilution of the respective medicines, either taken by the mouth or smelt ; but as they were actually cured in the most satisfactory and rapid manner by the pure juice of *Bryonia* and the 12th dilution of *Pulsatilla*, we may be quite content to imitate the practice here adopted, for the object of treatment is the cure of the disease, and the cases could certainly not have been better cured by any other preparation of the medicines. As Hahnemann still offers them as illustrations or models of homeopathic cures in 1833, we are justified in supposing that he could not give us anything better. We see from these specimens of his practice how carefully and thoroughly he went to work (in accordance with the directions given in pars. 65-78 of the 1st edition of the *Organon* = pars. 84-99 of the last), not resting satisfied until he had found a medicine in whose pathogenesis there was the closest possible symptomatic correspondence with the case before him (*Organon*, 1st edition, pars. 126-130 ; 6th edition, pars. 146-154). We find here no search for “guiding symptoms” or “key notes,” which are so much insisted upon by many of those who plume themselves on being his only faithful disciples. On the contrary, it is the collective symptoms, the totality of the characteristic symptoms of the disease, that Hahnemann endeavours to find a medicinal parallel for, as he directs in the *Organon* (1st edition, par. 129 ; 5th edition, 153).

We cannot help being struck by the care with which he searches for a reflection in the medicinal symptoms of all the characteristic symptoms of his cases, and this he did though at that time he had no repertory to guide him. To be sure, his choice was limited to the comparatively small number of medicines in the *Fragmenta*, and the first and second vols. of his *Materia Medica*, in all twenty-eight,

whose pathogeneses would not be such a tax on the memory as those of the vastly increased number we now have at our command.

Two other cases from Hahnemann's note-book are given in the *Lesser Writings*, but these were not published by Hahnemann, and are given without those minute details which make the ones quoted above so interesting and instructive.

Hahnemann held it to be absolutely necessary for the successful practice of his system that the practitioner should select a medicine whose ascertained effects on the healthy body should correspond to the totality of the symptoms of the disease. This he does in every edition of the *Organon* (par. 153, 5th edit.), and still more impressively in the last edition of *Chronic Diseases* (1835). He there says (Part I. p. 150) that after having ascertained with the greatest diligence all the ascertainable symptoms of the disease, he must select the remedy whose symptoms correspond in similarity with those of the disease, at least, with the most striking and peculiar symptoms, and he must not rest content with what he can learn from repertories, as these books only give slight hints as to the medicines to be consulted, but cannot enable us to dispense with a study of the original sources. He who is satisfied with the vague indications afforded by the repertories, does not deserve the honourable name of a true homeopath, but rather that of a muddler who will bring disgrace upon the art he professes to practise. "The miserable desire to save themselves trouble," he continues, "often leads these pseudo-homeopaths to be guided by the accounts of their successful employment (*ab usu in morbis*), such as are given in the prefaces to the medicines [in the *Chronic Diseases*], in their selection and employment of medicines, an utterly false method smacking of allopathy, incapable of leading to the selection of a medicine, which cannot be curative unless it be strictly homeopathic in similarity of symptoms." And yet we see self-styled Hahnemannians mainly guided in the selection of a remedy by some symptom got out of a repertory, presumably derived from clinical experience only, as it is not to be found in any pathogenesis of the drug.

Hahnemann was very emphatic as to the necessity of all homeopathic practitioners employing medicines prepared in the same way, and he describes in great detail his peculiar mode of preparing his medicines not only in the *Organon*,

but again with equal or even greater minuteness in the *Chronic Diseases* (2nd edit., Part I., pp. 184-187). The attenuation of some medicines by dilution with spirits of wine through thirty different phials up to the 30th potency, with a certain number of strong shakes, and of others by trituration with milk-sugar for certain definite periods and a certain number of times, and their further attenuation with spirits of wine through twenty-seven phials, is insisted upon as the only proper method for enabling us to treat our cases with uniformity. How widely the self-styled Hahnemannists have departed from Hahnemann's instructions! As a rule they use only one bottle for the whole series of their attenuations; they employ spring or service water with all its impurities, and they practise no succussion according to Hahnemann's plan. Moreover they do not all make their preparations in the same way, nor apparently do the numbers they attach to their preparations express the same degrees of attenuation. The consequence is that their Hahnemannian friends who make use of these preparations, have to say whose they are. Thus, after the number of the supposed dilution we see the names Jenichen, Lehrmann, Swann, Fincke, Boericke, Skinner, to show who is responsible for the preparation. And there seems to be no certainty about the genuineness of these dilutions in the minds of their prescribers, for we find Dr. Skinner, in the second edition of his little work on *Gynecology*, attaching quite different numbers to the preparations of Swan and Fincke to those he allotted to them in his first edition. All this is completely at variance with Hahnemann's frequently expressed wish for uniformity in the preparation of the homeopathic medicines.

Hahnemann insisted most urgently on the necessity of giving each dilution an adequate amount of shaking or succussion. At one time he limited the number of the succussion-strokes to two for each dilution; but in the last edition of the *Chronic Diseases* he advises that ten, twenty, or fifty succussion-strokes against a hard elastic body should be given to each dilution. The extreme importance Hahnemann attached to succussion as a means of increasing the potency of a medicinal substance is shown by a note par. 270 of the *Organon*, where he says: "I dissolved one grain of soda in half an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this continuously for half an hour, and the solution

was in dynamization and energy equal to the 30th potency." If that be so, then there seems no reason why we should take the trouble to dilute the medicines at all in successive phials, or in one phial like the high-potency manufacturers. Shaking the solution of the crude substance in a bottle would answer the purpose. And this is actually the way in which Jenichen is said to have prepared his so-called high potencies. I remember seeing in Stapf's house at Naumburg an oil painting of Jenichen, stripped to the skin, with his succussion-bottle in his hand. This bottle seemed to be a two-ounce phial, half filled with the medicine he was succussing. It was probably the above passage in Hahnemann's *Organon* that gave Jenichen the idea of making what he gave out to be very high potencies, by succussion only. Although the passage I have quoted, and several others I might quote, seem to indicate that Hahnemann believed the power of the medicine to be increased by dilution, a few paragraphs farther on in the *Organon* he distinctly states that dilution diminishes the power of the drug, and he gives a sort of mathematical formula for expressing this diminution of power, and he says: "I have *very often* seen a drop of the 30th potency of *Nux Vomica* produce pretty nearly just *half as much* effect as a drop of the 15th potency, under the same circumstances and in the same person."

Hahnemann's main reason for selecting the 30th potency as the standard dose for general use, as he repeatedly tells us, is to secure uniformity of treatment among homeopaths. "I do not approve," he writes, "of your dynamizing the medicines higher—as, for instance, up to 36 and 60. There must be some end to the thing; it cannot go on to infinity. By laying it down as a rule that all homeopathic medicines be diluted and dynamized up to 30, we have a uniform mode of procedure in the treatment of all homeopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we would do well to go forward uninterruptedly in the beaten path. Then our enemies will not be able to reproach us with having nothing fixed—no normal standard." Thus he wrote in 1829. In 1831 he rather snubs his amateur admirer, Graf Korsakoff, who wrote in an ecstatic manner about his fancied discovery of the power of much more highly attenuated medicines than Hahnemann recommends. Hahnemann says he does not doubt that these higher

attenuations act, but he advises his followers to stick to the 30th dilution, at least for the present. In the last edition of the *Organon* (par. 287 note), he alludes to, but does not recommend, dilutions as high as 60, 150, and 300. He says these are only slightly inferior in power to the 30th, but their "action always appears to last a shorter time." In his last work, the 2nd edition of the *Chronic Diseases*, he recommends the 30th dilution as the highest it is advisable to give, but he does not confine himself to that dilution, but says that when it is advisable to repeat the dose, that should always be done in a lower dilution. Thus, if we have commenced with the 30th, we should next give the 24th, then the 18th, next the 12th, and lastly the 6th dilution (I. p. 106). In the same work he recommends as the dose for *Petroselinum* a drop of the fresh juice, and as that for *Nitric Acid* the 6th dilution.

Hahnemann's instructions, relative to the repetition of the medicine, were at one time to wait till one dose had exhausted its action, which might be days or weeks, before giving another dose, or rather another medicine, for he taught that the disease would have been so much altered in its character that the same medicine would no longer be homeopathic, and another would be indicated. Next, in 1835, as we have seen, he said the medicine might often be repeated with advantage, but the succeeding doses should be in a lower dilution. In 1837 (see preface to third part of *Chronic Diseases*, 2nd edition) he altered his mode of procedure, and gave the medicine in solution in divided doses—in chronic diseases one dose every two days, or more generally every day; in acute diseases every six, four, two hours, or every hour or half-hour. But as he had previously taught that the vital force could not bear the repetition of the medicine in the same potency, the successive doses must have their potency altered by shaking the phial containing the solution with five or six smart jerks of the arm before each time of taking it. In this way, he says, "the same medicine may be administered with the best results an incredible number of times." After the solution has been exhausted and the same medicine is still indicated, it should be given in the same way, but in a lower potency. In cholera the suitable remedy should be given at much shorter intervals than the above, even as often as every five minutes.* He also recommends the medicine to

* Hahnemann's recommendation of camphor in cholera can hardly be

be rubbed in externally on a sound portion of the skin once a day, preferably in the evening before going to bed.

That Hahnemann in the latest period of his practice occasionally employed the lower triturations is evident from one of the cases from his note-book which I have given in the *Lesser Writings*, where he prescribed the 3rd trit. of *Merc. Sol.*, and also from the facsimile letter I published in the same volume, in which he requests Dr. Lehmann, of Coethen—who, as Lehmann himself informed me, prepared all his medicines for him—to send him the 3rd trituration of sundry medicines, of which he encloses a list.

The self-styled Hahnemannians may, for ought I know, occasionally give their medicines in potencies as low as, or even lower than, Hahnemann prescribed them, but they seldom publish cases where they give lower attenuations than the 200th, more frequently the 1,000th, 10,000th, 100,000th, or even millionth; or, to speak more correctly, preparations which they designate by these numbers, on the authority of Jenichen, Swan, Fincke, and other manufacturers of these so-called "high potencies," each of whom has his own method of preparing them which differs from that of his rivals, but which is most certainly not Hahnemann's method.

The "high-potency" craze only broke out among homeopaths after the death of Hahnemann. Had it appeared during his lifetime I am sure it would have met with his disapproval, as it is diametrically opposed to all his teaching; and it is evident from a comparison of the last edition of the *Chronic Diseases*—his latest work—with the first, that he inclined in his later years to give his medicines less, rather than more, highly diluted, and to recommend much more frequent repetition of the dose than he had previously thought advisable.

I have thus, I think, shown conclusively that the practice of the self-styled Hahnemannians differs in every essential particular from that taught by Hahnemann.

called homeopathic. He directs that the medicine shall be given internally in two-drop doses of the strong tincture (1 in 12) at short intervals, that the patient's body should be rubbed over with the same tincture, and that the room should be filled with the vapour of camphor. He believed that the cholera miasm consisted of a cloud of invisible living organisms, and that the camphor acted remedially by killing these minute organisms. Hence his camphor treatment of cholera was what we would now term "microbicide."

1. Hahnemann distinctly says that the homeopathist must not be guided in his selection of the remedy by what are termed "clinical symptoms." The Hahnemannians do not object to take their "keynotes" from this source.

2. Hahnemann, in his desire for uniformity of practice among homeopathists, insists on the attenuations being prepared in a uniform manner, in separate phials, with spirits of wine as the diluting medium, one drop of the stronger dilution to 99 drops of the spirit, and a certain number of succussions given to each dilution. The high-dilutions of the Hahnemannians are now prepared in this way: they, as a rule, use but one phial for the whole series of dilutions, employ ordinary spring or service water as the diluting medium, and give (with the exception of Jenichen) no real succussion to their successive dilutions.

3. Hahnemann adopted as his standard highest potency the 30th dilution, and disapproved of pushing the dilution further. The Hahnemannians use much higher attenuations—all degrees, indeed, from the 200th to the millionth—or at least they assert and believe that their preparations are correctly designated by these figures. But they carry their disregard for Hahnemann's wishes for uniformity still further by using dilutions prepared in different ways by different manufacturers; and so, in a matter in which Hahnemann desired that all practitioners should act alike, so that the experience of one might be available to all, there reigns inextricable confusion; for the experience of a practitioner who uses, say, Jenichen's preparation, is useless to one who uses Fincke's, which are made quite differently, and do not represent the same thing; and as Swan's, Lehmann's, Boericke's, and Skinner's differ from the others and from one another, the experience of the practitioner with any one of these preparations must be useless to him who uses any other. Thus the simplicity and uniformity which Hahnemann so emphatically enjoined is sacrificed, and those who use the preparations of these high-potency manufacturers may be Jenichenians, Finckean, Lehmannians, and so on, but they have no right to call themselves Hahnemannians, for they act exactly contrary to what Hahnemann taught. It is quite possible that the practice with these so-called high-potencies may be infinitely more successful than that with medicines prepared according to Hahnemann's method; and if so, why not give their inventors the full

credit of it, and depose old Hahnemann from his hitherto acknowledged headship? But to contravene Hahnemann's directions and teachings in every essential point, and to call themselves Hahnemannians *par excellence*, is quite unjustifiable, and is indeed absurd; for the high-potency practice is not a further development of Hahnemann's method, but is a new departure altogether at direct variance with Hahnemann's teaching.

Those of us who practise Hahnemann's system with modifications suggested by experience and reflection, which we imagine, perhaps mistakenly, to be improvements, do not announce ourselves as Hahnemannians or bestow on those who differ from us uncomplimentary epithets. The liberty we claim to ourselves in judging of Hahnemann's teachings we freely accord to others, but at the same time we decidedly object to those who have departed further than ourselves from Hahnemann's rules putting themselves forward as the faithful interpreters of Hahnemann's views. If we prefer the decimal scale of dilutions to the centesimal, we do not pretend we are carrying out Hahnemann's directions. If we give lower dilutions than the 30th, we do not say we are thereby showing our adhesion to the *verba magistri*—though on the subject of doses the *magister* had many different *verba*, and we could cite his very last instructions as his authority for giving medicines not only in lower dilutions than the 30th, but also for repeating the medicinal dose “an incredible number of times.” If we occasionally prescribe medicines from clinical symptoms* only—*ab usu in morbis*—we acknowledge that Hahnemann was dead against that method; and if we sometimes even give medicines from pathological indications only, we do not parade such cases as “Hahnemannian Homeopathy,” nor boast that we are treating our case on “Hahnemannic principles.”

Hahnemann has laid down distinct rules for the preparation of his medicinal dilutions. Who are Jenichen, Boericke, Lehmann and the rest, and what have they done for homeopathy that we should, at their bidding, reject all that Hahnemann taught on the subject, and adopt their impure, novel pharmaceutical methods in place of Hahnemann's pure, simple, and well-tried plan? Probably these high-potency manufacturers know that they would get no custom for their wares if they advertised them in their own names as something quite different from

Hahnemann's preparations, so they announced them as a development of Hahnemann's method, and assured their customers that by employing them they would show themselves Hahnemannians *par excellence*, and the result shows that they knew their men, and that these did not know their Hahnemann.

The practice of these self-styled Hahnemannians may be a great improvement on Hahnemann's practice, it may be everything its professors claim for it, but it is certainly not according to Hahnemann's teachings, and its practitioners have no right to call themselves Hahnemannians, except on the *lucus a non lucendo* principle, which has never yet received a scientific sanction. That those whose practice is so widely different from, so directly opposed to, Hahnemann's teachings should call themselves Hahnemannians, and really believe that they are his only true followers, shows that Hahnemann has already become a myth or legend, and that practices and doctrines he never taught, and which indeed he more or less explicitly denounced, are attributed to him by those who profess to hold him in extreme veneration. I would recommend to these inconsistent disciples, who honour the name but despise the teachings of the master, a course of reading of his works, chiefly the *Organon*, the *Materia Medica Pura*, and the *Chronic Diseases*, in their latest editions, feeling assured that if they give these works serious study they will see how opposed their practice is to Hahnemann's teachings, and will cease to call themselves Hahnemannians; and possibly they may then leave off calling unpleasant names those whose practice has not gone quite so far astray as their own from Hahnemann's.

HAHNEMANNIAN CURES.—No. 4.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE IV.—*Allium Cepa*. Dec. 19, 1877. The Rev. A. J., aged between 50 and 60, caught cold during the first week in December, resulting in frontal pain, lachrymation, pain in left eye, weakness, and loss of appetite; for these symptoms he took *Sepia*. On 14th he went out of doors, there being a cold wind. His cold improved, but the eye

became worse. On 15th had pain and lachrymation of left eye, with running from left nostril; he took *Euphrasia* with relief. On 16th, at noon, the pain returned, with water from left eye and left nostril; this lasted till 7 p.m., then went off. On 17th the symptoms returned, at 12 or 12.30 p.m.; again he took *Euphrasia*, and in the evening they went off suddenly. Yesterday the attack came on at 1 p.m., lasting till 5 p.m., then decreasing. To-day, eye felt nearly well in morning, except photophobia; there had been a little lachrymation during night. At 1 p.m. aching pain came on in left eye and left brow; after 30 minutes, bland lachrymation, heat, and redness, of left eye, with running from left nostril; this lasted till 5 p.m., then decreased.

Diagnosis of remedy.—In this case, the periodicity of the symptoms, and the time of their inception, were of great importance, but no *simillimum* thereto had hitherto been recorded in our *Materia Medica*. Another aspect of the case had therefore to be taken as the keynote, or starting point in the selection of the remedy. There was little that was characteristic in the symptoms themselves, but in their combination was found the solution of the homeopathic equation; the symptoms of the eye were conjoined with those of the nose. At p. 214 of my *Eye Repertory*, under the rubric "With Symptoms of the Nose," the following are registered (some, however, being subsequent additions in MS.):—

Left Eye, Lachrymation—*Allium-cepa*, *Arsen.*, *Aur.-mur.*
(spiriting out), *Calc.-sulph.*, *Carbo.-veg.*, *Car-*
bolic-acid, *Zinc.*
,, ,, Redness—*Allium-cepa*, *Arsen.*, *Aur.-mur.*, *Zinc.*
,, ,, Photophobia—*Allium-cepa*, *Zinc.*

This analysis of the symptoms clearly indicates *Allium-cepa* and *Zincum* as the most similar remedies. In the *Encyclopedia* we find, under *Allium-cepa*:—79. "The lachrymation of left eye, with coryza, was much greater, the eye was much redder, and more sensitive to the light than the right." 80. "Excessive lachrymation of left eye, with redness of eyeball, after frequent sneezing." 403. "Violent catarrh, after north-east wind and rainy weather, eyes suffused, lids very red, as from crying and rubbing them; nose dropping, throat sore, and some cough." As catarrhal

symptoms from exposure to a cold wind have not been recorded under *Zinc*, this latter remedy was thereby eliminated.

I prescribed one dose of *Allium-cepa* 200 (Leipzig) at 6.30 p.m.

Dec. 20th. No redness, or return of paroxysm; not the slightest pain to-day till 2.30 p.m., and then it was very slight; a little lachrymation at times.

Dec. 21st. No paroxysm, but only a little pain in eye about 1 p.m., and this was less than yesterday; a feeling of lachrymation, and still a little photophobia.

Dec. 24th. Much better; the eye remained a little sensitive to cold air for a few weeks, but subsequently recovered.

Comments.—(1) This case shows the value of concomitant symptoms in the selection of the *simillimum*. Too much importance, however, must not be attached to them. "Care should be taken," says the late Constantine Hering, "not to adopt the notion that a remedy can cure groups of symptoms in a patient only if they occur in the order in which it produces them; it is capable of curing groups which it does not produce in the same combination at all, whose component parts were observed in a number of different provers, and frequently in quite a different order" (*Wirkungen des Schlangengiftes*, 1837). The comparative value of the concomitants may be determined thus: if they are essentially concomitant, one concomitant being really the cause of the other (*e.g.*, lachrymation being caused by a general catarrhal condition), then this feature of the case must be considered; but if no such relation of cause and effect is apparent, the concomitance of the symptoms may be disregarded, excepting as it may serve to decide the choice between two or more medicines which produce in an equal degree the symptoms of the patient.

(2) The remedy was given when the severity of the paroxysm had passed off. HAHNEMANN has given us no such rule with regard to periodical neuralgia; but in the case of ague he strongly warns us to give only one dose, and to give that immediately after, or towards the close of the paroxysm (*Organon* 236-7). Analogy,* therefore,

* In diseases of women, unless there are acute symptoms demanding immediate relief, I have always found it advisable to commence the treatment, or to prescribe a new medicine, *just after the menses*. I have seen severe medicinal perturbation arise when this rule was neglected.

teaches us to observe the same rule with regard to all periodical diseases; and this is an instance of *progressive Hahnemannian homeopathy*, not building on another foundation to that laid by HAHNEMANN, but adding another stone to the temple, fully in harmony with its original design.

(3) After the single dose of *Allium-cepa*, the pain returned *later*, and very much *less severe*. In the treatment of all periodical diseases, if, after the administration of the remedy, the next paroxysm is *later* and *less severe*, it shows that convalescence has commenced; also if it comes on *earlier* and *more severe*, it is merely a temporary medicinal aggravation, and the remedy must be allowed to act undisturbed without either repetition or change. This rule I have frequently verified in various forms of disease.

(4) When in India, this patient had ague, suppressed with large doses of Quinine. I have observed that such an occurrence will sometimes impress a periodical diathesis (so to speak) upon the system, so that his various ailments will from time to time manifest this type. Frequently when an accident occurs to a person who has suffered from ague, especially in tropical climates, and not been radically and homeopathically cured, a fresh attack of ague comes on; in these cases, therefore, a rigor is not necessarily a sign of approaching pyemia.

(5) The patient had previously taken *Sepia* and *Euphrasia*, guided by some of the works on "Domestic Homeopathy;" the relief therefrom was merely temporary.

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CASES FROM MY PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

6. SPASMODIC COUGH—*Viscum Album*. CRUSTA LACTEA—*Calc. Phos*.

SHOEMAKER N.'s daughter, Ingeborg, 4 months, Store Magleby, Amager. The child has been ill for three weeks. The malady began with cough and redness of conjunctiva of the eyes, together with a little snuffing. The cough has increased, and comes in regular attacks, particularly frequent during the night. The child becomes blue-red in the face during the attacks. The inspiration is marked by

heaving at the beginning of the attacks. Vomiting of cheesy milk and mucus, when coughing. Takes the breast well. At the back are heard coarse, dry rattling sounds. Here I wished to try *Viscum Album* (which at that time was epidemic-medicine in Switzerland), and gave of 2nd dilution, three drops three times daily.

The treatment began on the 8th of July, 1887. The cough diminished gradually, the attacks became milder, the vomiting more rare, and by the middle of September the child was well. By the middle of August appeared, spread over the skin of the head, running, crust-covered eruptions; the colour of the crusts honey-yellow. This passed away under *Calcar. Phosph.* 6 C. dil., three drops twice daily, and cleanliness.

7. COUGH AND DYSPNEA—*Arsen.*

Yard-servant I. S., 40 years old, Copenhagen, came under treatment on the 12th of July, 1887. He had been ill for four weeks, and was treated allopathically, but without improvement. Cough, particularly in the evening and during night, choking, and he has most rest by sitting up in the bed. Expectoration trifling, white and tough. Piping in the chest. Short breath. Pressure across the chest. Urine brown-red and turbid. Bowels normal. Feels chilly. Appetite bad. The chest walls on the right side in front slightly distended. On the back is heard piping and purring in the chest. The heart normal. Has formerly had nose-bleeding from time to time. *Arsen. Alum.* 3 C. dil., five drops four times daily.

July 20th. The cough considerably better. Less of shortness of breath. Same ordination.

August 1st. Chest pressure diminished. Good appetite. Cough and short breathing almost ceased. Same ordination three times daily.

August 25th. Discharged cured.

8. CONGESTION OF BRAIN FROM EXPOSURE TO SUN—*Apis.*

Chr. R., 6 years, son of R., grocer, Copenhagen, was quite well until yesterday. It was elicited that three days before, on going sea-bathing, he sat dressing himself with bare head under a burning sun. Is scrofulous. Has swollen, hard glands on both sides of the neck, and snorting through the nose.

The treatment began on the 24th of July, 1887, the malady having burst out the previous night. He is lying in bed dull, sends out piercing shrieks, squints, bores with the head in the cushions. The pupils are dilated, and contract only little against the light. The face very hot and red. Pulse slow, seventy-two strokes in the minute. No action of bowels since yesterday. Urine, not passed since this morning. No sleep. No appetite. Although *Apis* here is strongly indicated, I first gave him, for the violent congestion to the head, *Belladonna* 3 C. dil., three drops every two hours.

July 25th. Same condition. Face not quite so red. Same ordination.

July 26th. Complexion now as ordinary, but otherwise the symptoms are as before. *Apis mellifica* 2 C. dil., three drops every two hours. *Belladonna* omitted.

July 27th. The shrieks ceased. The dulness diminished. Squinting less observable. Asks for drink. Bowels moved, and passed water to day. The urine, on examination, proved normal. Same ordination every three hours.

July 28th. All symptoms from the brain now considerably reduced. Has slept the whole night, and several hours in the forenoon. Same ordination three times daily.

Improvement advancing, and on August 1st he was perfectly well.

CHLOROTIC ANEMIA.

By Dr. THOMAS SIMPSON.

THE frequent occurrence of green-sickness in young women who apply for relief to the family physician leads to the adoption of a generic or empirical plan of treatment which is scarcely commendable, when the diversity of the exciting causes is taken into account and the constitutional peculiarities are considered.

The record of our failures is an uncongenial task, but it may nevertheless prove of practical value to us in urging to precise diagnosis, minute differentiation, and so to future triumphs. Among the obscurities of daily practice are the complicated forms of anemia, which have their origin in various sources, and are accompanied by striking phenomena. One such case cannot suffice to serve as a beacon or pattern, but we may often observe how in chlorotic women

any indiscretion as to diet is followed by an aggravation of pain, and, if a gross violation of dietary rules be permitted, dangerous and even fatal issues may follow. Some years ago we visited a daughter of a butcher, who returned from a long walk at 9.30 p.m., partook of a supper of beefsteak and onions at 10 p.m., retired at 11, was aroused from her sleep at 3.30 a.m. by agonizing colic and violent vomiting with retching, and expired at 5 a.m. Post-mortem examination revealed a deeply perforating ulcer in the posterior wall of the stomach at its cardiac end. Still more recently, we were summoned to a distant seaside resort in N. Wales, and found our patient had been seized with copious hematemesis to fainting after walking to a distant church twice the previous day. The history of this case was that of long-standing dyspnea and anemia. On the occasion of our visit her life seemed ebbing away from loss of blood. Pulse rapid and feeble, extremities cold and damp, restlessness, profound prostration, pointed to *Arsenicum Alb.*, which she took every few hours with marked improvement; but on the third night of treatment, sudden, copious, fetid-smelling stools threatened to extinguish life and hope. *Carbo. Veg.* 6 after each loose stool quickly restored her, and by strict adherence to a skim-milk diet and farinaceous foods her health has been restored and maintained until this date.

Case III. indicates the very obscure and insidious character of some forms of gastric ulcer accompanied with, or arising from, anemia.

Ellen Hutchinson, age 22, pale and fair complexion, had for seven years menstruated feebly, the discharge being pale and scanty, with leucorrhœa in the intervals. Some months prior to an attack of peritonitis—which proved fatal—she had experienced discomfort after eating animal food, easy fatigue, and dull pain in the epigastrium. On the 20th day of November, 1889, she hurried to catch a train, reached her home soon afterwards, complained of great distress in the left side, was persuaded to partake of a hearty meal, quickly retired to bed, slept, but was aroused at 2.30 a.m. by agonizing pain under left ribs, with moaning and restlessness. We found on visiting her at 3 a.m. that the symptoms had assumed alarming proportions. Pulse 140; temp. 104; abdomen tense, tympanitic, and tender; vomiting of the supper, eaten five hours before. In three hours she died, though *Arsenicum*

was given every quarter-hour, hot fomentations promptly applied, and enemata of oil and gruel had been given.

Post-mortem inspection revealed a dark, *soft* spot in cardiac orifice of stomach, and a very small opening into the peritoneum, which was the immediate cause of death.

We have seen that Chlorosis has its beginnings in diverse causes. Disappointed affection is a frequent excitant. Whoever has experienced the sensation of constriction and pressure at the stomach's entrance, during a meal, induced by chagrin or anxiety, will easily understand that it depends upon the withdrawal of the nervous influence from the muscles of organic life.

A mental shock oftentimes causes chronic disorders of the digestive apparatus. Wearing distress of mind or gnawing grief still more seriously injure the assimilating powers. The mental depression arrests the metamorphosis of the tissues, as is shown by the absence of demand for constructive materials, and the deficient secretion of the gastric juices, leading inevitably to the defective formation of blood corpuscles.

With the impoverishment of the liquor sanguinis, in hematic principles, diminishes (in proportion) the exchange of gases in the lungs. Every muscular exertion which accelerates the oxidative process and increases the production of carbonic acid, excites also the respiratory muscles to unwonted activity, as the usual rhythm of aeration no longer suffices for the supply of oxygen necessary to the organism. Hence the dyspnea (after slight exertion or ascending an eminence) of anemic persons.

On the other hand, the nervous system (being no longer supplied with well oxidized blood) is, in its turn, easily excited or depressed. Sudden flushes on the slightest provocation, tendency to vascular dilatation of the ventilating apparatus, betray the morbid irritability of the vaso-motor nerves. These local congestions are the source of chronic inflammation, bronchitis, pneumonia, too often ending in tubercular phthisis. In the treatment of these morbid states it is of the first importance to collect all the symptoms, to ascertain their probable origin, and carefully to adapt the remedy to the morbid condition. We shall then be agreeably surprised at the successful results which follow the administration of such drugs as *Natrium Muriaticum*, *Sulphur*, *Calc. Carbonica*, *Arsenicum*, *Pulsatilla*, &c.

Our understanding of the application of the law of similars is, that *the similitum* must first be selected before any other question can be determined.

AGGRAVATION ACCORDING TO TIME.

REPERTORY

Arranged by JOHN H. CLARKE, M.D.

FORENOON.

Complete List.

Arg., Cann., Carbo-veg., Guaj., Hep., Mang., Nat.-carb.,
Natr.-mur., Nux mosch., Phos., Saba., Sep., Sil., Spig., Staph.,
Sulph., Sulph.-ac., Teucr., Valer.

Time Table.

FORENOON (not further defined).

- „ All symptoms—*Cann.-sat.*, *Nat.-c.*, *Sulph.-ac.* (forenoon or evening).
- „ Catarrhal symptoms with burning at root of nose—*Hep.*
- „ Coryza, with stupefying headache, with general heat of the whole body and itching and burning of the scalp—*Saba.*
- „ Debility, sensation of great general, towards noon—*Teucr.*
- „ Head, involuntarily jerks backward and forward, while sitting; worse in the forenoon—*Sep.*
- „ Headache, sensation as if a stone were pressing on vertex—*Cann.-s.*
- „ „ *Nat.-m.*
- „ „ in forenoon, after eating breakfast—*Nux. mosch.*
- „ „ stupefying with coryza, general heat of the whole body and itching and burning of the scalp—*Saba.*
- „ Hunger, great—*Hep.*
- „ „ gnawing, sensation of, and great general weakness every day at 10 or 11. If no food is taken it soon passes away—*Sul.*
- „ „ ravenous, and sensation of emptiness in the stomach worse in forenoon—*Nat.-carb.*
- „ „ ravenous, but cannot swallow her food because of nausea—*Sil.*

- FORENOON. Hunger, ravenous, canine, after breakfast, and a sensation as if the stomach were hanging down relaxed—*Staph.*
 ,, ,, voracious, with nausea, as if a string were hanging down into the stomach, accompanied by pytalism. (Pregnant hysterical women)—*Valer.*
 ,, Mental symptoms worse in forenoon, especially forgetfulness and absentmindedness—*Guaj.*
 ,, Pains and weakness worse towards noon—*Arg.-met.*
 ,, Throat, roughness, constriction, and hoarseness, worse in the forenoon and in the open air—*Mang.*

FORENOON AND EVENING.

- ,, ,, Most complaints worse—*Sul.-ac.*

FORENOON, AFTER BREAKFAST.

- ,, ,, Headache—*Nux. mosch.*
 ,, ,, Constant nausea—*Sep.*
 ,, ,, Canine hunger with nausea—*Staph.*

FORENOON, TOWARDS NOON.

- ,, ,, Pain and weakness worse—*Arg.-met.*
 ,, ,, Great general debility, sensation of—*Teucr.*

FORENOON, HOURS.

- ,, 9 to 10.—Chill—*Nat.-m.*
 ,, 10 to 11.—Gnawing hunger—*Sul.*
 ,, 12, towards.—General debility, sensation of—*Teucr.*
 ,, ,, Pains and weakness worse—*Arg.-met.*

AFTERNOON AND EVENING.

Complete List.

Acon., Agar., Alum., Aloe, Ambr., Amm.-carb., Amm.-mur., Ang., Ant.-crud., Ant.-tart., Apis., Arg., Arn., Ars., Asaf., Asar., Bell., Bism., Bor., Bov., Bry., Calad., Calc., Canth., Caps., Carb.-an., Carb.-veg., Caust., Cham., Chel., Cocc., Colch., Coloc., Croc., Cycl., Dulc., Euphr., Guaj., Hell., Hep., Hyosc., Ignat., Iod., Ipec., Kali, Kali-brom., Kali-hyd., Lach., Laur., Led., Lyc., Magn., Magn.-mur., Mang., Men., Merc., Mezer., Mosch., Mur.-ac., Natr., Nitr., Nitr.-ac., Nux mosch., Nux vom., Petr., Phosph., Phos.-ac., Plat., Plumb., Puls., Ran.-bulb., Ran.-scel., Rhodo., Rhus, Rumex, Sarsap., Selen., Sep., Sil., Stann., Staph., Stront., Sulph., Sulph.-ac., Teucr., Thuju., Valer., Viol.-tr., Zinc.*

* In arranging this part of the Repertory we shall re-arrange the symptoms under three heads:—(1) Those whose aggravation is in the AFTERNOON; (2) those which have it in both AFTERNOON AND EVENING; and (3) those which have it in the EVENING.

AFTERNOON.

Complete List.

Aloe, Ambr., Am.-c., Anac., Angustura, Ars., Canth., Carb.-v., Chel., Coloc., Lach., Mur.-ac., Nat.-c., Nux v., Plat., Stan., Sulph., Thuj.

Time Table.

AFTERNOON.

- „ Arm and shoulder, right, pain in—*Chel.*
- „ Chill, violent, every afternoon 3 p.m.—*Angust.*
- „ „ commencing in afternoon—*Ars.*
- „ „ most from 3 to 4 pm.—*Lach.*
- „ „ with thirst—*Rhus.*
- „ Chilliness worse 3 p.m.—*Staph.*
- „ Chills and headache worse at 3 p.m. and 3 a.m.—
Thuj.
- „ Cough worse in afternoon, with heat and burning in
face and head—*Anac.*
- „ Head, burning heat in, afternoon after dinner—
Canth.
- „ „ heat and perspiration of the head 3 to 5 p.m.—
Silic.
- „ „ drawn down to left shoulder at 4 p.m. every
day without pain, and remains so until
after sleep; in the morning well again—
Sul.
- „ Headache, sick—
- „ „ hemicrania, with nausea and vomiting,
pale face and sunken eyes; worse 5 p.m.
—*Coloc.*
- „ „ commences in morning and gets very much
worse in afternoon—*Nux v.*
- „ „ every afternoon—*Selen.*
- „ „ and chills worse 3 p.m. and 3 a.m.—*Thuj.*
- „ Heat, with shivering in afternoon, without thirst—
Arg.-met.
- „ „ flushes of, and creeping chills in evening, with
dry cough when lying down—*Nit.-ac.*
- „ „ with perspiration, comes every afternoon from
4 to 5 o'clock.
- „ Indigestion, eructations, etc., worse—*Ambr.-g.*
- „ Liver and right lung, sensation of painful heaviness
and fulness in, with constant pain under the
lowermost angle of right scapula, together with
heavy pain in right shoulder and arm, worse in
afternoon; the cough is worse in the morning—
Chel.

AFTERNOON.

- „ Mind, great anguish, weakness, and apprehension
 in the afternoon, as though a great crime
 had been committed, with disposition to
 weep in the evening—*Am.-c.*
 „ „ anguish, indescribable, every afternoon from
 4 to 6 o'clock—*Carb.-v.*
 „ „ memory much better—*Anac.*
 „ Mucous membranes, symptoms worse—*Aloe.*
 „ Nausea and lassitude every afternoon at 4 o'clock—
Anac.
 „ Scapula, shoulder and arm pain worse—*Chel.*
 „ Nose, epistaxis, 3 p.m.—*Sul.*
 „ Skin, humid, fetid, scurfy eruptions, mostly on the
 back of the head; burn and sting, worse at 3 p.m.
 —*Staph.*
 „ Sleep, drowsiness—*Mur.-ac.*
 „ „ drowsiness and deep sleep—*Na.-c.*
 „ Urine, red, coarse-grained, sandy deposit—*Selen.*
 „ Yawning, spasmodic, with chill in evening, accom-
 panied by tremulousness over whole body.—*Plat.*
 „ HOURS.
 „ 3 p.m.—Chill violent.—*Angust.*
 „ „ Chill and headache worse 3 p.m. and 3 a.m.
 —*Thuj.*
 „ „ Eruptions, humid, fetid, generally back of
 head, burn and sting 3 p.m.—*Staph.*
 „ „ Nose-bleed—*Sul.*
 „ 3 to 4.—Chill worse from—*Lach.*
 „ 3 to 5.—Heat, perspiration, itching of scalp return
 every day 3 to 5—*Sil.*
 „ 4.—Nausea and lassitude every afternoon at 4—
Anac.
 „ „ Head drawn down to left shoulder without
 pain, and remains so until after sleep. In
 the morning is well again—*Sul.*
 „ 4 to 5.—Heat with perspiration—*Stan.*
 „ 4 to 6.—Anguish indescribable, with hoarseness—
Carb.-v.
 „ 5.—Hemicrania, with nausea and vomiting, pale
 face and sunken eyes; worse 5 p.m.—*Coloc.*
 „ „ —Pain and pressure in forehead and temples,
 with tension behind the ears; burning of
 the canthi and redness of the conjunctiva,
 with lachrymation; worse at 5 p.m. every
 day—*Asar.*

AFTERNOON AND EVENING.

Complete List.

Aco., Alumina, Ant.-crud., Asaf., Asar., Bel., Calc.-c., Coccul., Guaj., Helleb., Kali-brom., Kali-hyd., Laur., Lyc, Mag.-c., Mag.-m., Na.-c., Nitr., Phos., Ran.-b., Rhus., Sep., Teucr.

AFTERNOON AND EVENING.

- | | | |
|---|---|--|
| | | Chest symptoms; also when lying on the left side, when rising, and in a warm room.— <i>Acon.</i> |
| ” | ” | Chill in afternoon and evening, with full, hard, rapid, quick pulse.— <i>Nitrum.</i> |
| ” | ” | ” 4 to 8.— <i>Mag.-mur.</i> |
| ” | ” | Chills and thirst in afternoon; then fever without thirst; perspiration, sometimes sour-smelling in evening.— <i>Rhus.</i> |
| ” | ” | Chilliness, followed by heat, thirst, red face.— <i>Phos.</i> |
| ” | ” | ” with palpitation.— <i>Calc.-c.</i> |
| ” | ” | ” in legs and back, mostly in afternoon and evening.— <i>Coccul.</i> |
| ” | ” | Chilly and drowsy from 4 to 8 p.m., with thirst.— <i>Kali.-hyd.</i> |
| ” | ” | Colic of infants from 5 to 10 p.m.— <i>Kali-brom.</i> |
| ” | ” | Cough 4 to 8.— <i>Lyc.</i> |
| ” | ” | Ear, stitches in.— <i>Ran.-b.</i> |
| ” | ” | Eyes, burning and redness of conjunctiva with lachrymation.— <i>Asar.</i> |
| ” | ” | Face, dry heat and redness of cheeks, accompanied by cold hands and feet and chilliness.— <i>Ran.-b.</i> |
| ” | ” | ” redness of.— <i>Nat.-carb.</i> |
| ” | ” | Gastric symptoms worse.— <i>Ant.-crud.</i> |
| ” | ” | Head, heat in, with heaviness.— <i>Nat.-carb.</i> |
| ” | ” | ” symptoms, 4 to 8.— <i>Lyc.</i> |
| ” | ” | Headache, stupefying, with pressure from within outward, with fluent coryza; worse from motion, and from 4 to 8 p.m.— <i>Helleb.</i> |

AFTERNOON AND EVENING.

"	"	4 to 8—Chilly and drowsy, with thirst.— <i>Kali-hyd.</i>
"	"	" —Headache, violent, stupefying, with pressure from within outward, with fluent coryza; worse from motion and from 4 to 8 p.m.— <i>Helleb.</i>
"	"	4 p.m. to 3 a.m.—Neuralgia.— <i>Bell.</i>
"	"	5 to 10.—Colic of infants.— <i>Kali-brom.</i>

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

FIRST Meeting of Annual Assembly, Wednesday, June 26th, Dr. Carfrae, President, in the chair.

Dr. BURFORD read his paper entitled "The Functions and Lesions of the Fallopian Tubes in the Light of Modern Gynecology."

The paper was admirably illustrated by engravings, and also by diagrams drawn by Mr. Dudley Wright.

DISCUSSION.

Dr. MOIR thanked Dr. Burford for his paper, and for the clear way in which he put the subject before the Society. It was quite true that within the last ten years all this subject was new. He heard nothing of it in lectures during his studentship.

Mr. CAMERON said it was with the greatest pleasure and satisfaction that he had listened to Dr. Burford. The paper was admirably put together, and the subject well worked out and illustrated.

Dr. WOOD (of Ann Arbor) reiterated the remarks of other speakers as to the value of the paper. He could hardly agree to the opinion that the function of menstruation was more dependent on the tubes than the ovaries. He cited the statistics of ovariectomy as showing that after the ovaries are removed menstruation generally ceased. He quoted a case of his own in which the removal of tubes did not result in cessation of menstruation. He was not able from his own practice to trace the majority of cases of pyosalpinx to gonorrhoeal infection. He did not think dragging pains were pathognomonic of tubal affection. Regarding Tubal Gestation, he was not sure that it was not possible to have tubal pregnancy without tubal disease. In one case

of his own there was an entire absence of any history of tubal disease. Regarding the advisability of operation in tubal pregnancy, he thought that the difficulty of making a sure diagnosis rendered the destruction of the fetus by electrolysis the better plan. If a secondary operation had to be made, it was under much more favourable conditions than a primary one. He related a case of extra-uterine pregnancy. There was no evidence of a cyst when he operated; it was a pure intra-peritoneal pregnancy. The patient made a good recovery. He thought Mr. Lawson Tait deserved great credit for his insisting on opening the abdomen. He had found in a second-hand library a work by Stephen Rogers, of New York, of forty years ago, which insisted on operation as emphatically as Mr. Tait. He had sent the book to Mr. Tait, who had asked to see it.

Dr. DAY expressed his indebtedness to Dr. Burford for his clear way of putting the case. He mentioned one case illustrating the conservative method. There was a pregnancy which suppurated and passed per rectum, the fetus passing in parts. There were no bad symptoms, and the patient made a good recovery.

Dr. DYCE BROWN said it was a pleasure to listen to Dr. Burford's paper. He agreed with Dr. Wood in thinking that when the ovaries are removed menstruation ceased. As to the causes of salpingitis, he thought a number of cases were due to the careless and rough practice of injecting fluids into the uterus, or introducing substances into the cervical canal—quite sufficient to set up inflammation. The less homeopaths did of that kind of thing the better. An interesting point was alluded to by Dr. Burford, in relation to hematosalpinx from atresia vaginæ. It was easy to understand how the blood should pass into the abdominal cavity, but the cause of rupture was difficult to understand, unless the backward pressure gradually thinned the tube. Another interesting point was the fact that cysts always formed on the uterine side of the obstruction. He agreed with Dr. Wood that dragging pains might occur with any uterine condition. In old-standing cases of tubal disease it is perfectly justifiable to operate, and especially if you are sure of pyosalpinx. He thought that wherever there was rupture, operation was essential.

Dr. CLARKE expressed the pleasure it had given him to listen to Dr. Burford's masterly paper.

Dr. DUDGEON said it was a great pleasure to hear two gentlemen of the experience of Drs. Burford and Wood discuss the question brought forward in the paper, and to find that they could not entirely agree. That saved others the necessity of forming an opinion until they did agree. He knew of a case of a lady afflicted with most horrible menorrhagia every month. The two ovaries were removed, and she remained as bad as before. A consultation was held, and they finally proposed to remove the

uterus and appendages. But the husband, himself a medical man, happened to be acquainted with a homeopathic doctor, who gave a few doses of *Apis* and the menorrhagia disappeared. He thought the discussion was one of the most learned and useful which he had heard for a long time.

Dr. DYCE BROWN added that he could not agree with Dr. Wood in his opinion about the absence of previous tube affection in tubal pregnancy. The symptoms might be slight, and be forgotten by the patient.

Dr. CARFRAE said that Dr. Wood had anticipated most of the remarks he intended to make. The extraordinary diversity of symptoms was most puzzling. He did not endorse Lawson Tait's opinion as to the relation of the ovaries to menstruation. He referred to the baneful use of strong injections, whether for medicinal or preventive purposes. He had a case of pelvic abscess from the latter cause. He thought dragging pains were not peculiar to tubal affections. He had thoroughly enjoyed the paper and the evening.

Dr. BURFORD, in reply, expressed his indebtedness to Dr. Blackley for distributing the syllabus, and to Mr. Wright for his assistance in preparing the diagrams. He was obliged to Dr. Wood for the admirable way in which he had criticised his paper, though he could not say that he had changed his opinions. He criticised adversely the opinion that when menstruation did not cease after ovariectomy a small portion of the gland must have been left. He still believed that in tubal lesions dragging pains were in the ascendant. If electrolysis was a permissible means of destroying a tubal pregnancy, he did not see that the hypodermic injection of morphia might not also be permitted. Electrolysis had no effect on the placenta. If the fetus were left, there always remained a possible source of disease and danger, which a section would have cleared away. He thought that the ovaries could no longer be regarded as the essential of menstruation. Dr. Day's case showed the desirability of bold operation at first, as all the pain and danger of a passage in fragments was avoided. He thought it was very necessary and desirable to have complete histories of cases before operation, with the diagnosis definitely recorded beforehand. He urged this on homeopaths especially.

BRITISH HOMEOPATHIC SOCIETY.

SECOND Meeting of Annual Assembly, Thursday, June 26, 1889. Dr. Carfrae, President, in the chair.

The PRESIDENT commenced his valedictory address by referring

to the paper read on the previous evening by Dr. Burford, and said nothing could show better than that paper the advance gynecology had made. He quoted from Churchill, the authority of his student days, to show how little was known of the Fallopian Tubes then. Dr. Neatby's paper on the treatment of nervous diseases was pitched in a minor key, but that was due to our limited knowledge of drug-action. The President thought that the surgery of the brain had been advanced by physiologists. He instanced also Gall and Spurzheim. He next referred to abdominal surgery, and advocated conservative surgery in a general way. At the Gynecological Society only one paper on a purely therapeutic subject had been read during a long period, and that was on *Hydrastis Canadensis*. The reader of the paper, Dr. Rutherford, advocated its use in hemorrhage in fibroid tumours of the uterus. Its most general use was in cases of cancer. Dr. Edis had recommended the use of the single remedy. Dr. Cooper's paper on Ear Affections, illustrating the use of *Calendula*, was mentioned, and its originality commented upon. Dr. Cooper had brought forward the acetic preparation of *Lobelia* and the *Liquor Soda Chlorinata* on former occasions. In Dr. Goldsborough's paper the frequent change of remedies was criticised. Mr. Dudley Wright's paper on Capillary Bronchitis was mentioned. From this he concluded that *Antim. Tart.* was the chief remedy in the disease, and that *Ammon. Carb.* was a better stimulant when stimulants were required than alcohol. The clinical evenings and the special meetings on Influenza were reviewed. Along with this the President referred to Dr. Moir's paper on the subject. He discussed the nature and etiology of the disease and summarized the treatment. Dr. Day's paper on Obstetrical Practice was next dealt with. The President showed from Sir James Simpson that in the births of male children the danger was much greater than in the births of females. He emphasized the contention of Dr. Day that a separate maternity wing should form part of the new hospital. He urged on members the necessity of straining every nerve to raise the requisite funds. He sketched the rise and progress of the hospital from its beginning in Golden Square, and showed the imperative necessity for a new hospital. In conclusion, he referred to the deaths during the past year of Drs. Roche, Metcalf, Dixon, and Meyhoffer, and expressed the feelings of regret experienced by the society in their loss. Before vacating the chair he thanked the society for their hearty sympathy and support during his presidency. At the close of the address he was warmly applauded by the members present.

INSTITUTIONS.

THE HOMEOPATHIC LEAGUE.

Fourth Annual Report, May, 1890.

IN presenting their Fourth Annual Report, the Committee of the Homeopathic League have pleasure in informing subscribers that the League continues to be in a satisfactory position.

During the past year, ending the 30th of April last, the following Tracts have been issued:—

24. The Economy of Homeopathy.
25. The Progress of Homeopathy.
26. Allopathic and Homeopathic Treatment Contrasted.
27. The Common Sense of Homeopathy.
28. What Homeopathy has Saved us from.

In last year's Report instances were quoted to show the necessity for the continued active exertions of the League, and the need for such exertions continues as great as ever. Thus at one of the towns on the South Coast an attempt was lately made by a "regular" practitioner to bring discredit on a homeopathic physician, by the old plan of obtaining a coroner's inquest by means of a false accusation of malpraxis. The attempt, however, recoiled on the head of the persecutor, who was compelled to insert an apology in the local papers and to pay a sum of money to a charity.

Again, for the past twenty-five years the *Monthly Homeopathic Review* has been allowed to lie upon the library table of the London College of Physicians. Recently, however, the publishers of that journal were informed that their publication is no longer to be allowed to lie on the table of the library of the College, the governing body fearing, it is presumed, that the medical faith of their licentiates and members might be shaken by its perusal.

Several cases have occurred lately in which members of specialist Medical Societies have been refused permission to read papers on subjects pertaining to the objects of those societies, and not even connected with homeopathic practice, or to have their papers published in the Transactions of those societies, for no other reason except that their authors were known to be favourable to the system of Hahnemann.

Seeing, therefore, that ignorance and intolerance of homeopathy still exists among the members of the medical profession, as well as among the laity, it behoves all believers in homeopathy, and especially the members of the Homeopathic League, to do what they can to dispel this ignorance and bring the weight of public opinion to bear upon the profession. The Committee, therefore, earnestly ask that subscribers will lend, or pass on, their copies

of the League Tracts to their non-homeopathic friends, and should they not have any tracts at hand when a favourable opportunity for making use of them presents itself, application should be made to the Hon. Secretary for copies.

The Committee would again remind subscribers that the League is prepared to provide a lecturer on homeopathy on arrangements being made locally for defraying the expenses of the lecture and lecturer; such lectures have been delivered by medical members of the League at Grantham and Leicester.

A statement of the League accounts, in the usual form, is attached.

REVIEWS.

HOMEOPATHIC TREATMENT OF ALCOHOLISM.*

As we have already favourably reviewed this work in its original French form, we need not say much beyond announcing the appearance of this translation. Many who are not French readers will be pleased to have it in English.

In his preface Dr. Foulon says :

“ Under the title of the ‘ Homeopathic Treatment of Alcoholism,’ there is here offered to the homeopaths of the United States a translation of the essential portions of Dr. Gallavardin’s work, entitled ‘ *Alcoholisme et Criminalité. Traitement Médical de l’Ivrognerie et de l’Ivresse.*’ The portions of the original work omitted in this translation treat of the evils of intemperance, the work of temperance societies in the United States, and the harmful results of limiting the teaching of medical science to institutions under State control—interesting questions, interestingly discussed by the author, but not at all vitally connected with the practical and therapeutic portions of this work. The latter are given entire.”

From this it will be seen that the translation occupies less bulk than the original. In this exercise of discretion the translator has been well advised. The book will be found a mine of practical information, and ought to lead to great improvements in the treatment of drunkards and drunkenness. The translator has done his part well. One thing, however, we miss—a statement in the preface that the translation is authorized. It is general before translating the work of a living writer, first to obtain his permission for so doing. We suppose Dr. Foulon has followed this custom, but we wish he had mentioned it.

* *The Homeopathic Treatment of Alcoholism.* By Dr. Gallavardin. Translated by Dr. I. D. Foulon. Philadelphia: Hahnemann Publishing House. London: Homeopathic Publishing Co.

HALL'S INVALID'S HANDBOOK.*

THIS little handbook contains a variety of useful information relating to the case of the sick, and includes hints on cookery and diet, poultices, baths, nursing, and homeopathic medicines. It has evidently been compiled with a good deal of discrimination. The publishers will be pleased to forward a copy to readers of THE HOMEOPATHIC WORLD on the receipt of two stamps.

POISONINGS.

POISONING BY FOUSEL OIL.

A REMARKABLE case of poisoning by fousel oil is reported from St. Thomas's Hospital. A coal porter finding a bottle full of some spiritous liquor beneath the seat of a publichouse, forthwith consumed about half a pint of the contents. About five hours later he became unconscious, and was taken to the hospital, where the stomach was washed out. He remained comatose and cyanosed, artificial respiration being at one time necessary. In the evening, some sixteen hours after taking the poison, he seemed to wake up, and recognized his friends, though still dazed and stupid. Both his breath and urine were redolent of some spirit, resembling bad whisky with a dash of nitrite of amyl. He remained dull and heavy for some days, and for forty-eight hours he complained of a burning pain in the throat and stomach, and of frontal headache. The bottle from which he had drunk was subsequently obtained, and was found on examination to contain about half fousel oil and half spirit, the "finings" presumably from some distillery. The remarkable features in this case were the long interval between the time of ingestion and the onset of symptoms, the markedly depressant effect on the respiration, and the curious and unmistakable amylic odour given off by the patient, though not perceptible in the spirit. The fumes exhaled by the patient caused severe headache and giddiness in those attending him, and these symptoms lasted some hours. This is probably the first recorded case of poisoning by fousel oil, and therefore possesses a special interest. It is to be hoped the experience will not be thrown away on this ardent consumer of raw spirits, and if taken in hand at once, he ought to prove amenable to teetotal tactics.—*Medical Press.*

* *Hall's Invalid's Handbook: A Manual for the Sick-room.* Bournemouth: Gilbert and Hall, 15, Commercial Road.

RARE FORM OF IODISM.

AN important contribution to the *Therapeutische Monatsh.*, March, 1890, is made by Dr. A. Groenow, of Breslau, on a rare form of iodism with acute edema of the glottis. In all he refers to nine cases; two are from his own practice, the remainder are reported by Foerster, Fournier, Fenwick, and Malachowski. On reviewing these several cases, the author draws the following conclusions:—1. That the edema, which is sudden in its arising, takes place early in the administration of the drug, generally within twenty-four to forty-eight hours; and that its intensity may be such as to call for tracheotomy. 2. That the quantity requisite to call forth the symptoms varies from the lower limit of three grains upwards; in one case, though there were slight throat symptoms earlier, yet it was not till the sixth day, when about 200 grains had been taken in all, that severe dyspnea set in. 3. That other symptoms of iodism may be quite absent. 4. That the cause of these exceptional effects is not the presence of impurities (iodates), but that the pure drug is alone sufficient. 5. That local laryngeal affections could not be shown to be present and to have predisposed the part to the edematous outbreak. 6. That the phenomena must be explained by the word idiosyncrasy. 7. That in some cases the idiosyncrasy persists, but that in others it rapidly disappears, the patient becoming tolerant of the drug. The author lays stress on the fact that it is during the early part of an iodide course that this trouble is most likely to arise, and that watchfulness during this stage may avert a dangerous complication.—*British Medical Journal*, May 10th.

FREE IODINE IN A MINERAL WATER.—Wanklyn has found in the water of the Woodhall Spa, England, free iodine sufficient in amount to impart to the water a brown colour of considerable depth of tint. This is the first instance in which an appreciable quantity of free iodine has been found in any natural water.—*New York Medical Times*, May, 1890.

INSECTS AS AUTHORS OF EPIDEMICS.—Dr. R. L. Maddox, in a paper read before the Royal Microscopical Society, details the results of further experiments in feeding insects, especially the common blow-fly, on the comma bacillus. His observations include a large number of microscopical determinations. The results of all his investigations lead him to believe that the comma bacillus from cultures can pass in a living state through the digestive tubes of some insects, and, through this fact, that such insects are likely to become an important means of distributing disease, especially to animals that feed upon them. This is in accordance with the views of Dr. Grossi that "insects, especially flies, may be considered as veritable authors of epidemics and agents in infectious maladies."—*New York Medical Times*, July, 1890.

APPOINTMENTS, VACANCIES, AND REMOVALS.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

DR. HARMAR SMITH has retired from practice, and removed to Eastbourne. His practice at GUILDFORD has been taken up by Dr. CAY, late of Leamington.

ANSWERS TO CORRESPONDENTS. NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

CAUSALGIA.

In my interleaved Repertory I find recorded the following symptoms: "Neuralgia of hand relieved by boiling water; *Arsenicum*." This corresponds accurately to Mr. Watson's case. *Ethusa* has "relief by rubbing with hot whisky." "Relief from cold applications" is found under many remedies. "Neuralgia in stump of amputated limb" belongs to *Allium-cepa* (burning-stinging), *Ammon.-mur.*, *Phos.-ac.* (worse by breathing); compare also *Hypericum*.

E. W. BERRIDGE, M.D.

A NOTE ON SPECTACLE FRAMES.—POISONOUS RIMS.

A VALUED correspondent sends us the following letter he has received from a friend:—

"The spectacles (pebbles) which I now wear were, when I bought them, fitted with white metal (not silver) frames. After I had worn them a few days, perhaps a fortnight, my nose and ears where the frame touched began to feel sore, so much so that I went to the optician from whom I purchased them to ask him if the frames were poisonous. He assured me they were not, and said the soreness was most likely caused by the weight of the pebbles. I continued to wear them for about three months, feeling the soreness all the time, when I had the misfortune (or rather fortune) to break the frame; and feeling certain the white metal was poisonous, I had the glasses re-framed with steel, and have never had any return of the soreness. So that my

advice will always be, 'Do not wear *white metal-framed spectacles*, unless the metal is silver.' I wear my glasses continually, and have never found any inconvenience caused by the weight of the pebbles. I may say, in conclusion, I have had the same ones in wear for the last five years."

MATTEI'S REMEDIES.

DR. CLIFTON, of Northampton, writes:—

"*Re Mattei.* I desire ever to maintain an open mind for investigating any methods for the cure of disease; and although very averse to employing secret remedies—*i.e.*, remedies whose names and method of preparation are not made manifest—yet, as Count Mattei's remedies were often forced on my notice, and with a large amount of testimony apparently in their favour, about seven years ago, I put them to the test—fairly, earnestly, and honourably in over forty cases over a period of six months. In some instances it was at the wish of patients (who would manifestly see good results if they could); in other instances patients knew nothing about them. The result of my experience was that while I could not deny there may have been some good effected by them, nevertheless this was so small as not to be worth notice. In the great majority of cases subsequent treatment by medicines seen to be homeopathic to these cases effected far better results. Under these circumstances I discarded Mattei's remedies, and have continued to employ others of which I knew more precisely their nature and adaptability."

BOTANY OF COMFREY.—SYMPHYTUM.

F. H. B. writes:—

"As regards the botanical name and classification of *Comfrey*, 'Chambers's Cyclopædia' speaks of the genus *Comfrey* as 'a common *palæarctic* (!) genus of Boraginaceæ,' and our native variety as 'Symphytum Officinale.' I have been accustomed to its popular name from early years. I remember hearing more than sixty years ago of a wonderful cure effected by its means: a diseased arm that had begun to mortify, the narrator stated, was dressed with a poultice of *Comfrey* root, and this drew off the mortified substance, and the arm became sound again! I cannot, of course, vouch for the truth of the narrative, but it was told as a fact. I find I am wrong in my anatomy in speaking of the secondary disturbance in the spinal column from the blow near its base. Its locus is higher up than the point where the ribs begin; it is rather about half-way between this point and that where the neck begins, and this accords better, I think, with the form the back takes in those who become humped-back cripples from falls in infancy. A late nephew of mine who was thus bent double from a fall out of his nurse's arms lived a crippled life till manhood, but bent down to half his natural height. A lad was buried here lately whose body, from the same cause, had assumed almost the form of a ball."

BALDNESS.

DEAR MR. EDITOR,—Being at sea on a foreign station, and away from any place having a homeopathic practitioner, I venture to

request a reply to the following query in one of your issues at your convenience :—

What is a cure for baldness which can only be traced to one or more of the following circumstances of life ?

East India fever about ten years ago, when the allopathic treatment was *Quinine* and *Arsenic*.

Followed by a period of about four years' great worry.

Profuse perspiration of the scalp in hot weather or after extra exertion.

Present age 31. Baldness not a family complaint. Thin but unhealthy-looking hair still exists on the scalp.

Habits very temperate ; occupation sedentary ; health and vitality excellent ever since becoming a homeopath.

Believe me, yours very truly,

A SUBSCRIBER.

REPLY.

We beg to refer our correspondent to a reply on page 282 of our June number. Internally we should think *Calcarea* 30 taken two or three times a day for a few weeks, followed by *Natrum.-mur.* 30 in the same way, might prove beneficial. We have seen *Arnica Oil* recommended as an external application, but have no experience of its effects. *Arnica Oil* is not *Tincture of Arnica* mixed with oil, but is made by extracting the virtues of the plant in heated oil.

DR. GENTRY.—We are obliged by receipt of your papers, of which we intend to make use. We are endeavouring to procure for you the material you desire for proving.

Obituary.

FRANCIS BENNOCH.

IN the death of this excellent man the Board of the London Homeopathic Hospital suffer a great loss. Mr. Bennoch claimed to be the oldest Governor of St. Bartholomew's, of which he was for some time treasurer. He was on the Board of Management of University College Hospital and the London Homeopathic Hospital. In manner always hearty and genial, he was a man of liberal views and large experience, practical, clear-headed, and suggestive. Mr. Bennoch will be much missed at our hospital, where his cheery presence was always welcome. From *The Pall Mall Gazette* of June 30th we quote the following notice :—

“DEATH OF MR. FRANCIS BENNOCH.

“A very large circle of friends, both in this country and in America, will be deeply grieved to hear of the death of Mr. Francis Bennoch,

which occurred very suddenly yesterday morning. Mr. Bennoch, though an old man—he was of the same age as Mr. Gladstone—was not inferior to Mr. Gladstone in youthfulness of spirit and vigour of body. He had, however, been seriously ill last winter with the gout. But though he had not shaken it off, he pursued his usual avocations, and was on his way to Berlin, on business, when he died suddenly in the train, at Kempen, near Cologne.

“Mr. Bennoch was a fine specimen of a rare class—the City man of literary tastes. It is now more than fifty years ago since he published a small volume of verse which possessed considerable merit, and was his introduction to the friendship of nearly all the leading literary men and women of the time. Wordsworth, Southey, Landor, Kingsley, Dickens, De Quincey, and Allan Cunningham were all his friends, and he was a frequent guest at the breakfast-table of Rogers. Mary Russell Mitford was another warm friend, and she committed to Mr. Bennoch the task of editing some of her works. Writing to a lady friend in 1852, Miss Mitford referred to Francis Bennoch in the following terms, which will be cordially endorsed by those who have had the pleasure of his acquaintance in later years:—‘He is a most brilliant person, and one who illustrates the character of this age. He is the head of a great Manchester house, a man with a very large fortune, with a sweet wife and no children. He is a leading man in the Common Council, intending, I suppose, one day or other, to represent the City, being, I am told, a very fine speaker. But his residence is at Blackheath, where he exercises an almost boundless hospitality, and does more good than anybody I know. His conversation is most brilliant.’

“Mr. Bennoch had travelled a great deal both on the continent and in America, and he enjoyed the friendship of Bryant, Longfellow, Bayard Taylor, and more especially of Nathaniel Hawthorne. ‘During the whole period of Hawthorne’s residence in England we were (Mr. Bennoch said) as brothers. My house was as his own home, and to me more than to any living man was disclosed the inner workings of his marvellous genius. Those who read his English Notes will discover how intimate we were.’ Mr. Bennoch’s connection with American artists and writers was kept up to the end. He was a very dear friend of Miss Mary Anderson, and only the other day he was rejoicing in the acquaintance of the talented authoress of ‘John Ward, Preacher.’

“As a business man, Mr. Bennoch had many ups and downs. Thirty years ago he was a prominent man in the City of London, and there are few social movements and charitable institutions in which he did not take an active part. Of late years he had been connected with several companies, and he played a prominent part on the Council of Foreign Bondholders. But though an acute man of business, his chief pleasure throughout his long and useful life was in deeds of charity, in literary society, and in the exercise of prodigal hospitality. He was ever the kindest of friends, the most sympathetic of critics, and the best of good company. His death will cause a sad void in several jovial gatherings—not least in the society of ‘Noviomagus,’ and in very many private circles. He leaves a wife to deplore his loss. His golden wedding was celebrated two years ago.”

GENERAL CORRESPONDENCE.

A NEW HOMEOPATHIC HOSPITAL FOR LONDON.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Offering you best thanks for inserting my letter in your June issue, I venture to trouble you with what will, in all probability, be my last letter to you on the subject of a New Homeopathic Hospital for London.

I am now able to report that, since the June appeal, through your columns, the sum of £4,729 10s. has been added to the sum £15,389 15s. 6d., which was then reported, making the grand total up to the date of this letter £20,119 5s. 6d.

I also append a list of the medical men who have subscribed to this fund up to date, and who have also interested their patients and friends in our great scheme.

From this list it will appear that up to the present only fifty-two have interested themselves and their friends and patients out of some 300 medical men professing homeopathy in Great Britain and Ireland, not to mention the large number who are practising without professing it, and the still larger number who are taking advantage of the principles and methods of homeopathy to benefit their patients (not forgetting themselves) without making any acknowledgment at all.

You will agree with me that the helpers are practically an infinitesimal part of the large number who ought to take the deepest and most active interest in a scheme which is the largest ever entered upon in the name of homeopathy, which can hardly fail to redound to the credit and advantage of the members of the profession themselves, and which must tend certainly to largely increase the activity of the London Homeopathic Hospital in spreading the benefits of homeopathy among the poor, and making its advantages a fact patent to the higher classes.

I am sorry to add that among those who have refrained up to the present from active help are to be found some who were not only personal friends of the late Dr. Quin—who practically founded the Hospital—but have been more or less closely connected with it for the past forty years. On the other hand, we have had some very encouraging support from other members of the profession, including some colleagues of the late Dr. Quin.

At a meeting at my house, Dr. R. T. Cooper promised to raise the sum of £100 among his friends and patients—an example which has been followed by others. Dr. Edward Blake printed a special circular which has not only been productive, but has been adopted by several of his *confrères* in sending to their

friends. This circular has been reprinted, and may be had at the Hospital. Dr. Clifton, of Northampton, has also printed two admirable appeals, and has not only personally subscribed, but has expressed his intention to render very substantial aid.

At the same meeting a suggestion was made that a series of Drawing-Room meetings might be found very efficacious in awakening the interest of influential ladies in the proposed Hospital, but although strenuous efforts have been made to carry out the idea, it has met with very little encouragement.

The scheme as a whole is, however, making good progress. Above £20,000 is promised. The Board have decided to authorize the trustees of the Hospital, when the promises shall amount to £26,000, to complete the £30,000 required by withdrawing £4,000 from the Reserve Fund of the Hospital, assuming, of course, the necessary sanction of the Governors, Donors, and Subscribers. Therefore, although it is still hoped that the amount of £10,000 still required will be fully subscribed, the lesser sum of £6,000 will enable us to proceed with the practical realization of our hopes.

I have every reason to believe that the Fund will be soon completed, and a sub-committee has already been appointed to consider the various questions that will arise as to the site, and the new building itself. And on these points I shall now be happy to receive suggestions from any of the subscribers to the fund.—Very truly yours,

WM. VAUGHAN MORGAN.

5, Boltons, South Kensington.

July 24, 1890.

LIST OF MEDICAL MEN WHO HAVE SUBSCRIBED AND INDUCED
THEIR PATIENTS AND FRIENDS TO SUBSCRIBE.

Dr. Galley Blackley	Dr. Roberson Day	Dr. Thomas Neatby
Dr. Bradshaw	H. E. Deane, Esq.	Dr. Pope
Dr. Edward Blake	Dr. John Drummond	Dr. Pullar
Dr. Dyce Brown	Dr. Dudgeon	Dr. Purdom
Dr. Buck	Dr. Epps	Dr. Rean
Dr. Burford	Dr. Suss-Hahnemann	Dr. Roche
Dr. Burwood	Dr. Harper	Dr. Sandberg
Wm. Deane Butcher,	Dr. Hawkes	Dr. W. B. B. Scriven
Esq.	Dr. Herring	C. Knox Shaw, Esq.
Hugh Cameron, Esq.	Dr. Hilbers	Dr. Skinner
Dr. Carfrae	Dr. Richard Hughes	Dr. Walther
Dr. Cay	Dr. Jagielski	Dr. Stanley Wilde
Dr. J. H. Clarke	Dr. Mackechnie	Dr. Eubulus Williams
Dr. J. Say Clarke	Dr. Mackintosh	H. Thorold Wood, Esq.
Dr. A. C. Clifton	Dr. Marsh	Dudley Wright, Esq.
Dr. Collins	Dr. Byres Moir	Dr. George Wyld
Dr. Cutmore	Dr. J. Cavendish Molson	Dr. Yeldham
Dr. Cooper	Dr. Edwin Neatby	

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Acland** (Sir Henry W.). Oxford and Modern Medicine. A letter to Dr. James Andrew. 8vo, pp. 62. (Clarendon Press.)
- Barrett** (A. W.). Dental Surgery for Medical Practitioners and Students of Medicine. 2nd ed., with illustrs. Cr. 8vo, pp. 148. (Lewis. 8s. 6d.)
- Braithwaite** (J.). Retrospect of Medicine: A Half-Yearly Journal. Vol. 101. 12mo, pp. 420. (Simpkin. 6s. 6d.)
- Brunton** (T. Landor). Tables of Materia Medica. New ed. 8vo, pp. 244. (Macmillan. 5s.)
- Felkin** (B. W.). Hypnotism, or Psychotherapeutics. 8vo, pp. 84. (Pentland. 8s. 6d.)
- Fitzgerald** (C. E.). Lectures on Physiology, Hygiene, &c., for Hospital and Home Nursing. 12mo, pp. 154. (Bell and Sons. 2s. 6d.)
- Garrod** (A. E.). A Treatise on Rheumatism and Rheumatoid Arthritis. With Charts and Illustrs. 8vo, pp. 340. (Griffin. 21s.)
- Jennings** (O.). On the Cure of the Morphia Habit. Cr. 8vo, pp. 112. (Baillière. 2s. 6d.)
- Mercier** (C.). Sanity and Insanity. With Illustrs. Cr. 8vo, pp. xix—396. (Scott. 3s. 6d.)
- Moll** (A.). Hypnotism. Cr. 8vo, pp. xii—410. (Scott. 3s. 6d.)
- Murrell** (W.). Masso-therapeutics as a mode of Treatment. 5th ed. Cr. 8vo, pp. 260. (Lewis. 4s. 6d.)
- Ransome** (Arthur). The Causes and Prevention of Phthisis. (Melroy Lectures for 1890.) Cr. 8vo, pp. 133. (Smith, Elder and Co. 5s.)
- Sewill** (H.). Dental Surgery, including Special Anatomy and Pathology: a Manual for Students and Practitioners. 3rd Edit. Cr. 8vo, pp. 418. (Baillière. 10s. 6d.)
- Sturges** (O.) and **Coupland** (S.). The Natural History and Relations of Pneumonia; its Causes, Forms, and Treatment. A clinical study. 2nd ed. Cr. 8vo, pp. 450. (Smith, Elder and Co. 12s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Dr. Berridge, London; Dr. E. Herring, London; Dr. Gentry, Rogers Park, Ill.; Dr. Dudgeon, London; Dr. Clifton, Northampton; Dr. Harmar Smith, Eastbourne;

Mr. E. B. Ivatts, Dublin; Mr. Metcalfe, London; Dr. Roberts, Keighley; Dr. Wildes, Jamaica.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Monthly Homeopathic Review.—Allg. Hom. Zeit.—Monatsblätter.—Homoeopatisch Maan-sblad.—Medical Advance.—Australasian Medical Gazette.—California Homeopath.—Revue Homeopathique Belge.—Albany Medical Annals.—Medical Visitor. Medical Era.—Hastings and St. Leonards Observer—Medical Current.—Bibliothèque Homeopathique.—Dietetic Gazette.—The Clinique.—ReformeMedica—California Homeopath.—Modern Society (July 12).—Homeopathic Envoy.—Hahnemannian Monthly—Gallavardin's Homeopathic Treatment of Alcoholism, translated by Dr. I. D. Foulon.—Fever and their Treatment on Homeopathic Principles, by Dr. R. K. Ghosh.

THE HOMEOPATHIC WORLD.

SEPTEMBER 1, 1890.

THE POTENCY QUESTION.

IN our present number we publish an interesting article by Dr. VAN DEN HEUVEL on the vexed question of potency and attenuations, and another by Dr. GENTRY bearing on the same. From time to time in our correspondence pages we have published shorter communications from Dr. VAN DEN HEUVEL himself, from his correspondent "FERRUM" (to whom we are indebted for going through the MS. of Dr. VAN DEN HEUVEL'S paper and correcting the proofs), from Dr. PULLAR and others. In our previous issue we published a vigorous protest by Dr. DUDGEON against the "high potency craze," as a departure from HAHNEMANN'S directions.

We cannot say that we feel that either one of our contributors, or all combined have said the last word on the subject. Dr. VAN DEN HEUVEL has brought together a great deal of valuable experience in support of his ingenious contention, which is in brief this: the greater the irritability of the patient, the higher the attenuation of the drug should be. Dr. VAN DEN HEUVEL reasons from a somewhat materialistic basis of cellular pathology. Dr. GENTRY, who uses all attenuations, adopts a "spiritual" pathology for the cases in which he uses high attenuations, but he comes down to a material pathology when he comes to use the low.

We think Dr. DUDGEON is hardly justified in condemning extreme infinitesimals on the ground of unfaithfulness to HAHNEMANN. From HAHNEMANN'S preface to *Thuja* in

his *Materia Medica Pura* (Dr. DUDGEON's translation, vol. ii. p. 648), we extract the following :

"Thus I found that even the higher dilutions, *e.g.*, the decillion-fold, *or even the vigesillion-fold* dilution ($\frac{1}{xx}$ made with sixty diluting phials, each of one hundred drops) if each diluting phial were successed ten times and oftener (that is, with ten or more shakes of a powerful arm), was not weaker in power than the less diluted preparations, nor, on account of the enormously diminished arithmetical fraction, has it sunk to complete powerlessness, to nothing, but, on the contrary, it has rather become *even more intensely charged* with the medicinal virtue of *Thuja*." (Italics ours.)

And HAHNEMANN appends this foot-note to the passage :

"The *discovery*" (italics HAHNEMANN's) "that crude medicinal substances (dry and fluid) unfold their medicinal power even more and more by trituration or succussion with non-medicinal things, and in greater extent the *further, the longer, and the stronger this trituration or succussion is carried on*" (italics ours), "so that all their material substance seems gradually to be dissolved and resolved into pure medicinal spirit;—this discovery unheard of till made by me, is of unspeakable value, and so undeniable, that the sceptics, who from ignorance of the inexhaustible resources of nature in the homeopathic dilutions see nothing but mechanical division or diminution until nothing remains (therefore annihilation of their medicinal power) must see their error as soon as they appeal to experiment."

In these passages, and especially in the parts we have italicized, we think the favourers of high dilutions have the plain sanction of HAHNEMANN, however high they like to carry them. Whether or not they are justified in disregarding his directions as to the method of attenuating is another question. It seems to us that the "appeal to experiment" is the only practical appeal here. If the medicines attenuated by the modes of SKINNER, FINCKE, JENICHEN, LEHRMANN, BOERICKE and TAFEL, as also by Dr. GENTRY's method of perpetually re-filling his bottles without fresh addition of the original substance—if medicines so attenuated answer their indications promptly and satisfactorily, we have no objection to raise against them, and we question if HAHNEMANN himself would have found any.

HAHNEMANN regarded the human organism as a material machine animated by a spiritual *dynamis* (vital force), and disease he regarded as a derangement of this invisible force. Hence he maintained that it was amenable to dynamic and, in a sense, spiritual agencies. By the method of preparing drugs discovered by himself he considered that he had isolated from the material part of drugs their "dynamis" or invisible power, and his own experience of their effects together with that of his disciples amply bore out his view.

In regard to the "irritability" theory insisted upon by Dr. VAN DEN HEUVEL, we question if that will be entirely supported by facts. We have known cases which can hardly be classed as specially "irritable" influenced by high attenuations, so that we can scarcely look upon this as affording ground for a "law" of attenuations at present. Our own belief is that every case is "irritable" to the drug which most closely corresponds in its symptoms, and we question if any other law will be discovered. It is sometimes extremely difficult to find the corresponding drug, and we fear that for the overcoming of this difficulty no royal road is likely to be discovered.

"R. B. C." ON THE WAR-PATH AGAIN.

MR. R. BRUDENELL CARTER is an oculist about as good as they make them, and he is also credited with being the medical critic and referee of *The Times* newspaper. In which capacity his anti-homeopathic zeal is engendered, we are unable to say. His first onslaught was made anonymously in *The Times* at the time of Lord BEACONSFIELD'S illness. It was not successful, and the ignorance of the writer was duly exposed at the time by partisans of homeopathy in the columns of the same newspaper. His next appearance as an anti-homeopathic champion was during the *Odium Medicum* discussion in *The Times* in 1887-8. His letters were chiefly distinguished for their bitterness and misstatements, which had constantly to be corrected by the defenders of homeopathy. Mr. CARTER'S next appearance as an anti-homeopathic controversialist was in *The National*

Review, where he repeated his old misstatements and added some new ones, which were categorically refuted in the next number of that periodical. But like a staunch and stalwart Briton, Mr. CARTER does not know when he is beaten, as he comes on again with undaunted spirit, but not a whit better equipped for the combat than before. This last attack is in *The Lancet* of the 26th of July last, and he appears in his character of oculist rather than journalist, and signs the letter with his full name, not with his initials only, as in his previous attacks. What concern an oculist, whose chief business is to perform surgical operations on the eye and its appendages, has with therapeutic theories or systems and their advocates we cannot imagine. We can understand Dr. BUCKNILL's interest in homeopaths, as he is a "mad doctor," and he told us in the *Odium Medicum* controversy that he believes homeopaths to be mad; but surely an oculist has nothing to do with therapeutic heretics, unless perhaps he thinks he can detect something green in their eyes. The cause of his grief on the present occasion is twofold: 1st. That "an eminent ophthalmic surgeon, a distinguished member of the Ophthalmological Society, and a member of the staff of a great London hospital and school of medicine, submitted to consult with a homeopath" upon a case of eye disease which he more than insinuates was wrongly treated by the homeopath. 2nd. "Being earnestly desirous to wipe away the stain of association with homeopathy from the department of practice in which I am engaged," he says, he wished to persuade the Ophthalmological Society to pass the following resolution: "In the opinion of this Society it is inexpedient and improper for its members to engage in professional consultations with avowed homeopaths, or with persons holding office in homeopathic institutions." But the Ophthalmological Society gave the most chilling reception to his resolution, and on its being put to the vote Mr. CARTER was disgusted to find that his only supporter was his friend and literary associate Mr. FROST! *Hinc ille lacrymæ!*

"The fact that a gentleman of the eminence of the consultant in this case," writes the wrathful and disappointed resolutionist, "submitted to meet a homeopath would be tantamount, in the estimation of many people, to a declaration that the consultant in question looks upon what is called homeopathy as a legitimate or defensible course of professional proceeding." "Submitted" is good,

at least Mr. CARTER thinks it good, as he twice uses the expression in his letter; it implies that the consultant degraded himself by confabulating on a case of eye disease with a colleague, who might possess the same qualifications as himself, who was probably educated at the same medical school, and held the same views as to surgical treatment, but who possibly differed from the consultant in that in suitable cases he was guided by a therapeutic rule in the selection of medicinal remedies. Of course Mr. CARTER knows that homeopathy is as "legitimate" a course of professional proceeding as allopathy. As the rain falls equally on the just and the unjust, so the law looks with equal benevolence on the homeopath and the allopath, and if the latter, availing himself of his position in our colleges try to ride rough-shod over the former, the law steps in and punishes him (see *Medical Act*, section xxiii.). As for homeopathy being "defensible," Mr. Carter should have no doubt on that score, as he found it quite able to hold its own against his repeated attacks, from which he always had to retire with what the Scotch call "a flea in his lug."

The homeopath whose consultations with the "eminent ophthalmic surgeon" so disturbed Mr. CARTER's serenity was our friend Mr. KNOX SHAW, who in the following number of *The Lancet* shows in a calm, temperate manner what an incorrect version of the facts of this case Mr. Carter's is. Of course it is sheer impudence and a proceeding directly contrary to all acknowledged rules of professional courtesy for one surgeon to comment unfavourably in a public print on the medical or surgical treatment by a colleague without first hearing from the inculpatcd colleague his account of the case, and the offence is aggravated by the unauthorized censor giving a garbled and incorrect account of the case. It is highly improbable that Mr. CARTER would have taken upon himself to comment in the way he has done, had the case been treated by one of his own school. He would have felt that to do so was to commit a breach of medical etiquette. But a colleague, however excellent his qualifications may be and however blameless his life, is, in Mr. CARTER's opinion unworthy to be treated with any courtesy at all if he treats his patients according to the therapeutic rule *similia similibus*, which some of the most eminent of orthodox authorities, including Hippocrates himself, have acknowledged to be a rule of partial application. To

hold any professional converse with him is "injurious to the honour of the profession." The honour of the profession indeed! How is that promoted by Mr. CARTER's false accusations of bad practice against a colleague who is quite as instructed and honourable as himself—if not more so?

Homeopathy seems to have the same effect on Mr. BRUDENELL CARTER that a red rag has on a bubbly jock. It puts him in such a furious passion that he "spairges about the brunstane croutie" impartially on allopaths and homeopaths. Like the hero of the young lady's tragedy, he seems to say:

"I fight, I conquer, murder friends and foes,
Nor dare the immortal gods my rage oppose."

He pours out the vials of his wrath on the council of the Ophthalmological Society, whom he falsely accuses of having "communicated" the report of the proceedings where his resolution was rejected. He says their action was an example of "cowardice masquerading as discretion," and "an advertisement intended to make it known in 'homeopathic circles' that some ophthalmic surgeons are ready to sell themselves to homeopaths for a sufficient consideration." After attributing the meanest of motives to his fellow-members of the Ophthalmological Society, he loftily announces that he resigns his membership. High time, we think; for gentlemen who respect themselves would not be anxious to retain in their society a member who so far forgets what is due to his fellow-members as to assert that their conduct is actuated by base and sordid motives.

Mr. BRUDENELL CARTER has yet to learn that medical controversy may be conducted without neglecting the obligations of gentlemanly behaviour, that it does not add to the force of an argument to insinuate that your opponent is a fool or a knave, and that it is generally regarded that your cause is a bad one if you show your loss of temper by ascribing mean and unworthy conduct or motives to those who conscientiously differ from you.

Mr. CARTER has now had considerable experience of homeopathic controversy. On every occasion he has exposed his unacquaintance with the system he attacked, and he has thought to bolster up a bad cause by expressing contempt for the intelligence and morality of

his opponents. He may now, we think, give up his attacks on homeopathy and its practitioners, as he has shown himself utterly unfit to conduct a scientific discussion, which requires more judicial calmness, repose, and respect for your adversary than he is able to display. In controversy, as in warfare, it does not do to despise your enemy. It is hardly consistent with the exigencies of serious debate to allege that your opponent "fraudulently pretends to hold the doctrines" he professes, or that he is guilty of an immorality in practising on a certain therapeutic principle which Mr. CARTER dislikes, but with which he is very imperfectly acquainted theoretically and not at all practically.

Even *The Lancet*, which at one time was as unreasonably hostile to homeopathy as Mr. CARTER, has arrived at a better frame of mind, as shown in the quotation given by Dr. DUDGEON in his comments on Mr. CARTER'S action in that periodical of the following week.

"The day is probably not very remote," says Wakley's successor in the editorial chair, "when persecution, ostracism, or censure for difference of opinion or belief, will be regarded as not only immoral, but absurd."

Since the above was written, Mr. Carter, as we learn from *The Daily News* of the 18th of August, has delivered himself of the following opinion:—

"If I were asked to perform an operation, I should have no objection to the presence of a homeopath in the room; but I should stipulate for complete and undivided control of the treatment. The point at which, I think, we ought to draw the line is, at any such consultation, upon the question of what should be done for the relief of a patient, as may imply a willingness to share with a homeopath responsibility for the future management of the case. Just as a Catholic priest would not consult with a Jewish Rabbi concerning the advice to be given to a penitent in a case of conscience, and just as Mr. Balfour would not consult with Mr. Parnell concerning the means to be employed for the pacification of Ireland, so a medical practitioner has no moral right to engage in a consultation which can be no better than a mockery, and which is calculated to deceive the patient and the public. I have nothing to say against homeopaths as possible or actual gentlemen; but the absurdities of the creed which they profess are, in my judgment, such as to deprive them of any right to the professional status which legally belongs to them."

How very obliging of Mr. Carter to "submit" to operate on a patient in the presence of a homeopath! But we doubt if many homeopaths will afford him this oppor-

tunity, since he has explicitly told us that those of us who are not fools are arrant knaves, fraudulently professing to practise a system they don't believe in. His present acknowledgment that homeopaths may possibly or actually be gentlemen comes rather late after his insinuation that we are a pack of swindlers. As for his opinion that "the absurdities of the creed which they profess are, in my judgment, such as to deprive them of any right to the professional status which legally belongs to them," no one who knows anything about homeopathy, or who has read attentively the controversial articles and letters on homeopathy by Mr. Carter, will care much for his opinion or judgment on that or any other subject.

NEWS AND NOTES.

CHOLERA.

IN view of the possible—but not very probable—visitation of cholera, homeopaths will hardly require to be reminded that they have nothing to fear. Copper, either worn in a belt, or taken internally (drop doses of *Cupr. Acet.* 3x once or twice a day), is an almost infallible protection. In cases of diarrhoea with chills when cholera is about Camphor Pilules, one or two every half hour until better, will generally suffice to cure.

DR. HERMANN WELSCH, OF KISSINGEN.

WE have much pleasure in announcing to our readers, to many of whom Dr. Welsch is well known either personally or by reputation, that he has recently had the dignity of Hofrath (*Angl.* Court Counsellor) conferred on him by the Regent of Bavaria. We congratulate our colleague on the honour thereby conferred on him and homeopathy.

"THE REIGN OF LAW IN MEDICINE."

THE Homeopathic League has adopted and adapted for its twenty-ninth Tract the Hahnemannian Oration of 1885, which bears the above title. The position of Hahnemann as

the first to discover that there is a law underlying the varied and often contradictory phenomena of drug action, and the first to demonstrate what that law is and how it may be utilized, is well brought out in the Oration and in the Tract. It is one of the most useful of the series.

ONIONS FOR SLEEPLESSNESS.

A FACETIOUS writer in *The Medical Press* (May 28) remarks on the remedy as follows :—

“An eminently practical person has just recommended eating raw onions before bedtime as a remedy for insomnia. We cannot personally testify to the efficacy of this suggestion, because so far the occasion has not presented itself for us to put it in practice. However, we are persuaded that it would have to be a fairly severe form of insomnia to require raw onions to cure it, and probably one of the necessary conditions of the prescription would be to provide the patient with a room for himself, having an improved system of ventilation to ensure that he would not be asphyxiated by his own somewhat pronounced exhalations. Onions have an extensive reputation, and, on account of their characteristic feature, cannot be relied on to add to the general attractiveness of the people who consume them—even for insomnia—until, therefore, some ingenious investigator has discovered a ‘cure’ for onions. Upon the grounds of humanity it is right that persons who are not forgetful of their fellow mortals should leave raw onions severely alone when suffering from sleeplessness.”

This is very smart, but the writer does not know everything. Onions will cure sleeplessness. We know a man who occasionally suffers from it, and half a raw onion at bedtimes invariably induces sleep. If he eats a whole one the effect is too powerful, as it prevents him rising early, which his occupation requires him to do. *Cepa* has many symptoms of sopor in its pathogenesis, so the action must be physiological and not homeopathic.

DEATH FROM TIGHT-LACING.

THE following from *The Lancet* (June 14) may serve to illustrate a theme on which we have often dwelt in these pages :—

“Happily the practice of tight-lacing, though still a fruitful source of illness, does not now occupy a foremost place among the recognized causes of death. The fact that it does occasionally stand in this position, however, should be noted by those foolish persons whose

false taste and vanity have made them the suffering devotees of a custom so injurious. It should be remembered also that, whatever may be said of the more evident effects, the indirect consequences of thus tightly girding the body cannot be exactly estimated. They cannot but be hurtful. The veriest novice in anatomy understands how by this process almost every important organ is subjected to cramping pressure, its functions interfered with, and its relations to other structures so altered as to render it, even if it were itself competent, a positive source of danger to them. Chief among the disorders thus induced are those which concern the circulation, and it is to the labouring incapacity of a heart thus imprisoned and impeded both as regards the outflow and return of blood that we must attribute such disastrous consequences as occurred a few days ago in a Berlin theatre. One of the actresses, who had taken part in an evening performance, and then seemed to be perfectly well, was found next morning dead in bed. Subsequent examination of the body showed that death was due to syncope, and this was attributed to tight-lacing, which the deceased had practised in an extreme degree. As regards the persons immediately affected, the warning conveyed by this incident is obvious."

WHO GOES FIRST?

"*The British Medical Journal* says that, in consultations, the ordinary medical attendant should invariably lead the way, and should first enter the sick chamber. On leaving the room, after the interview is over, this order should be reversed."—*New York Medical Times*, July 20.

Of course! We once heard the reason of this little bit of etiquette explained. The ordinary medical attendant enters the sick chamber first in order to assure himself that the consultant says or does nothing contrary to his interest, which the latter might do if he saw the patient in the absence of the ordinary attendant. For the same reason the consultant leaves first, that nothing may be done or said by him behind the ordinary attendant's back. This is the "ethics" of the "etiquette."

CLINICAL NOTES.

THE following "Hints from my Note-Book" are by H. D. Champlin, A.B., M.D., of Cleveland, Ohio. They are taken from *The Medical Era* of May, 1890.

"In Bright's disease *never* allow a patient to come in contact with cold in any avoidable way; such patients are excessively sensitive to cold.

The majority of patients with Bright's disease suffer no pain from the kidneys.

Rectal injections of hot water in cases of cystitis are often of great value.

Injections can be applied directly to the base of the bladder by using a large double-eyed catheter passed per anum.

The four remedies which have served me best in chorea are *Mygale*, *Cimicifuga*, *Agaricus*, and *Causticum*, together with rest, good nourishment, and removal from school and study of all kinds.

For dysmenorrhœa, when connected with or dating from puberty, give *Calcarea phos.* (I use the 30x.)

Dysmenorrhœa is rarely acquired in single women; is almost invariably primary; appears with the menstrual function.

Headaches: *Cactus grand*:—Headache in vertex as a result of menorrhagia, or the menopause.

Iodide of Ammonia, 1x:—Headaches of young people growing rapidly.

Santonine:—Headaches dependent upon eye troubles.

Kalmia:—Headache coming on in the morning and going away at night. (Compare with *Sanguinaria*.)

Muscular tremor of drunkards, from sclerosis, typhoid fever; give *Veratrine*, 1-128 grain pills, four pills a day; use for about twenty days.

During the dentition of infants do not forget that *Phytolacca symptoms* are: crying, restless, and feverish, especially at night; the teeth are a long time coming; wants to bite something hard and feels relieved by it."

PRACTICAL JOTTINGS BY DR. CLIFTON.

In the same number of the *Era* is an article contributed by Dr. Clifton, of Northampton, containing practical hints from his ripe experience. In chorea he uses *Macrotys* 1x, next to this *Agaricus* 2x or 3x. Sponging the spine with hot vinegar and water does good. In erratic rheumatism he uses *Puls.*, and *Kali Bich.* in both simple and gonorrhœal cases. In non-gonorrhœal, *Kalmia* and *Arnica*. *Arnica* is indicated in thin wiry men when the rheumatism is caused by over-exertion. *Camphor* he thinks is used in too large doses generally. He finds a $\frac{1}{4}$ drop of the tincture do better than a full drop. He has seen a large number of patients suffer from mercurial poisoning from amalgam stoppings in teeth. *Bovista* he finds a useful application to relieve the pain of cancer. A case of epithelioma (so diagnosed by two of the most eminent surgeons of this country) he has cured with *Bovista* and *Phytolacca*; but as a rule he finds *Cundurango* relieve the pain of cancer better than any other drug.

A NEW USE FOR THE HYPODERMIC SYRINGE.

A certain Dr. Roussel, it appears, has discovered a new method of using scent. Instead of putting it on the pocket-handkerchief he uses a hypodermic syringe and injects it under the skin. An anonymous correspondent has sent us a copy of *Modern Society* of July 12th, containing a letter from Dr. Roussel explaining his process. Not only does he claim to improve the bodily exhalations of his subjects, but he offers his injections as a substitute for the subcutaneous injection of *Morphia*, and he says they are found to be quite as efficacious. We hope he will meet with success in this latter department.

MR. CRAMPERN.

WE regret to learn that the Board of Management of the London Homeopathic Hospital has lost another of its members by death. The death of Mr. Francis Bennock was noticed in our last number. We have now to record that of Mr. J. B. Crampern. Mr. Crampern was for many years a member of the Board—one of the oldest and earliest. For many years he filled the post of sub-treasurer.

ANNUAL MEETING.

THE Annual Meeting of British Homeopaths will be held this year at Bournemouth on Thursday, September 18th. Dr. Blackley, sen., of Manchester, is the President. We hope there will be a goodly gathering. Bournemouth is one of the principal strongholds of Homeopathy.

CURIOUS EFFECTS OF IODOFORM.—Dr. Poncet, whose attention was directed to this subject by a patient, found upon investigation that silver, which has been in contact with iodoform, acquires a nauseous odour, resembling that of garlic. The odour becomes more perceptible upon rubbing the silver. A drop of saliva from a patient full under the influence of iodoform is said to be sufficient to impart the odour, or the mere placing of the drug and silver near together. The odour is not that of iodoform, and is thought to be due to a decomposition product. A spoon after contact imparts an unpleasant taste to food eaten with it.—*New York Medical Times*, July.

ORIGINAL. COMMUNICATIONS.

ON POSOLOGY:—THE LAW OF ATTENUATIONS.

By TH. VAN DEN HEUVEL, M.D.

BEFORE giving a Law on Attenuations it will be necessary to try to delimit approximately the low from the high attenuations. No characteristic line can be traced between the two, and this impossibility compels us to come to an understanding. I should propose to range amongst the low ones such attenuations as retain some material evidence of the original substance: *e.g.*, the microscope can trace particles of *Lycopodium* in No. 6; the spectroscope reveals rays of Sodium in 9, and in *Natrum* 12; Mercury has been found, by chemical reaction, in 6. Such reports at least are quoted in homeopathic literature, and it is not very likely that all traces of a primordial substance have disappeared from a 6th decimal. Thus, speaking of a low attenuation, one will meet with general approval in admitting the subdivisions from 1 up to 6, and even 12.

From Hahnemann's time 18, 20, 30 have been looked upon as high attenuations; but this limit has been very much transgressed by the audacious though effective dynamisations which have extended the scale up to 200, 1,000, or 10,000.

As I have no special reason for fixing this delimitation as a standard division, I am willing to accept any other suggestion, should a better occur. The above is given in order to avoid repetition.

The Law of Attenuations has been sought for on two special grounds: (a) *in the Patient*, or in the morbid symptoms; (b) *in the Materia Medica*, or pathogenetic symptoms. Both have shown some texts for arguments in favour of their soundness; but neither of them has been turned into a Law, as seems proved by the fact that the question has been brought twice before a Medical Congress without finding a solution.

On what ground, then, must a Law be constructed? I say, on the Patient, or morbid symptoms.—Why not on the *Materia Medica*? For the simple reason that in disease, as in mechanics, a force is required to move an object or an obstacle. In mechanics it will be an agent like steam or electricity, the quantity of which, known as horse-power,

or ampères, is proportionate to the object to be moved, or the obstacle to be overpowered. In disease a drug is required, the quantity of which is to be determined by the degree of resistance of the morbid symptoms. The latter, being in the patient, will specify the attenuation.

In the patient two faculties have been examined : on the one side the receptivity or insensibility ; on the other side the condition of the nervous system, and principally the richness of an organ, or any part of the human frame, in *nerves*. Both of them seem to be deficient for the purpose, as no law has been formulated yet. We must thus look out for some other condition, and, after due consideration, we style the law as follows :

As formerly I put down the Law in French, I will repeat it here, in order to avoid any error in translating :—Plus l'irritabilité du patient ou de sa partie malade est *grande*, plus il faut s'élever dans l'échelle des atténuations.—Which means : The *greater* the irritability of the patient or of his local disease, the *higher* must be the attenuation.

Here I invoke a special physiological fact—the irritability—which means the faculty bestowed upon each tissue of the human body to receive an impression from without, and to react. This faculty is the *sine quâ non* of our conservation. I do not invent ; for in the history of medical literature two prominent systems have been based upon the “ excitability,” as it was called then ; which systems have had their advocates and their opponents. On the one side, Brown and his school looked upon all diseases as a condition of “ asthenia,” or depression of the physiological attribute, irritability of a tissue ; and in consequence they selected stimulants like quinine and its congeners. On the other hand, bitterly opposed to the first, came Rasori and his adherents, taking every disease as a “ hypersthenic state ” of an organ or tissue, a condition characterized by an excess of irritability, and leading to the mighty reign of the lancet and emetics. Both systems collapsed, and were bound to collapse because they took *exclusively* as a guide to therapeutics one phase of an organic faculty, whilst the organism is endowed with one faculty showing two contrasting phases, an asthenic and a hypersthenic, which may both exist in the same disease, and require a Brunonian or Rasorian treatment.

These is no fear that a Homeopathist will go astray in admitting the irritability and its degree as a basis for a law

of attenuations; for he has the law of similia for the selection of a drug, which is the most important condition; and he looks upon the irritability, whether asthenic or hypersthenic, as a guide to the potency. Thus, this irritability becomes his *manomètre*, giving the evaluation of the steam, and preventing a practitioner from being a blind Brunonian or Rasorian. On the contrary, it will guide him to the *third* condition of a cure—the *jucunde*—in which the latter has to be effected. Perfection is thus the consequence of the Law on Attenuations.

Is this irritability “an unknown and utterly incalculable quality,” as Dr. T. W. Gairdner calls it in his address on Medicine in 1887?—I should say, Yes! for an allopathist or any other Æsculape who treats an inflammation of the brain as a *meningitis*, a trouble of the stomach as a *gastritis*, an irritation of the bladder as a *cystitis*, and so on, without further specification; ruling his therapeutics according to the idea involved in a generic name; but, for a homeopathist the matter changes necessarily: a name is nothing, a symptom is everything; or rather, a synthesis of all the symptoms is required.

Hahnemann knew quite well that any attempt on his part to interpret the nature of a symptom would have provoked a disastrous war from the allopathic school. He knew also that he would have exposed himself to gross errors, chiefly because physiology was not yet sufficiently developed to explain the nature of a symptom. In his wisdom he limited his task to putting down any symptom observed, even the most ridiculous; and perfectly right he was. He wanted a symptom or a series of symptoms to establish his Law; leaving to posterity the care of interpretation, if circumstances should demand it. Hence the reproach brought against the master of his ignorance in physiology, anatomy, and other correlated branches of the medical art. But the reproach is unfounded, as may be proved by the great accuracy with which the numberless symptoms are taken, and by their perfect correspondence with any physiological interpretation.

To-day Physiology has brightened up from its hazy atmosphere, and the time has come when one may ask: What is a convulsion? Why is a convulsion clonic or tonic? Why in an organ, for instance an eye, does one find either dimness, confusion of sight, partial or total blindness? Why shooting pain, or pressure, or heaviness?

Why congestion, redness, secretion of pus, or ulceration of an eyelid? In the stomach why vomiting? why nausea? why pressure, cramps, gastralgia, &c., &c.? A Law of Attenuation requires such analysis, as far as possible. To an investigating mind it soon becomes clear that the *modus* of evolution of symptoms depends on different degrees of the irritability of a tissue; and the whole question is thus reduced to the necessity of mentally taking the human body to pieces, and setting aside an *organ*, such as heart, liver, kidneys, lungs, bladder, bones, &c., which are all "irritable," not because they are a functional entity, but because they are of a compound structure containing irritable elements.

Am I here professing a heresy? Probably not, as I am following the same course as any physiologist who, in order to study the properties of any organ in a *healthy* body, proceeds with the analysis of the primordial elements called "*cardinal tissues*," characterized by a special shape; they being tubes, cylindroids, or cells, containing a special substance possessing the physiological properties, and ranging, according to their importance, as follows:—(1) The nervous cells, which are connected with (2) the muscular cells, and, subsequently, with all the movements or mechanical phenomena; (3) the blood cells, including the circulation; (4) and last, the protecting cells, inside as well as outside, forming the epidermis and epithelium; to which may be added a special structure for the generative organs. These four elements are living an independent life; and it is their harmonious congregation, or the co-operation of all those individuals, which originates the life in an organ or in the whole organism.

So far for the physiologist! For the practitioner it is without controversy that the disturbance of the same elements will create pathology or symptomatology, and designate the selection of drugs. It is also evident that the degree of the "irritability" of one of those four fundamental tissues will direct to the law of attenuation. We may conclude that, referred to each tissue in particular, the "irritability" is not such an "unknown and incalculable quantity" as Dr. Gairdner supposes.

This proposal to contemplate a tissue, and a tissue alone, in studying the question of doses, has already been uttered in the Congress of Paris, 1889, by Dr. Batault, of Geneva, when, answering Dr. Gailliard, of Brussels, on his "*Methods of Studying the Pure Materia Medica*," he expressed his opinion that we should ultimately know the composition and physiology of a cell (*vide* HOMEOPATHIC WORLD, September, 1889); to which Dr. L. Simon answered—very probably without deep

consideration upon the question—"As for the knowledge of cell physiology, that might come one day, but in the meantime the patient must be treated." Quite so! One can treat a patient *tuto et cito* by knowing the *Materia Medica*; but there is another adjuvant, the *juvunde*, which seems to be very much neglected, and which involves the attenuation, and enforces the necessity of estimating the irritability, according to the degree of which a low or high potency will be indicated. I further object to Dr. L. Simon that physiology has advanced far enough to allow a view into the nature of a cell, and that it is in no way too early to study its physiology, and to substitute a more correct and sounder process of studying our *Materia Medica* on the actual cipher or mnemotechnic process.

In what way can a practitioner estimate the irritability? It is difficult to form a rule on general lines, as one has to consider not only each case under treatment, but also every phase the disease may offer. The wisest advice would be: Be a good diagnostician. Notice a symptom or symptoms, and see to which of the cardinal tissues it can be traced; afterwards study the condition of hypersthenia or asthenia of the symptom.

But the degree of irritability will be rendered more comprehensible by facts; and here a contrast is remarkable. When Hahnemann elaborated the law of similia, he had at his disposal only one fact, the similarity of the pathogenetic effects of quinine to intermittent fever, upon which he could base his medical reform. He needed an accumulation of facts in order to convince the medical profession of the applicability of his law to any disease; and the past has shown that Hahnemann's conception was not an error.

The law of attenuations has been elaborated in an "unconscious way," together with the law of similia, and in consequence Hahnemann himself fluctuated from the mother tincture up to 30 or 60, and other practitioners from ϕ to an indefinite "x," with the result that to-day innumerable facts, all in favour of the law, are scattered over the homeopathic literature. It will thus suffice to quote only a few facts, so that every one interested in the law may pursue his own researches, and understand why such an author gives a low and another a high potency. Whenever the doses are quoted, one will find the "irritability" in play.

The most striking instances will be found, I believe, in children. Every practitioner who has to do with children knows how highly "irritable" they are, especially during teething. Any complaint, from an excess of food to an inflammation, provokes the most alarming symptoms. Which is their best medicine? Doubtless *Chamomilla*! It surpasses Bell., Acon., Sulph., Ipec., Ars., &c.

What does experience say about *Cham.*? Dr. Chargé, in his "Maladies des Voies Respiratoires," p. 17, states: "In acute diseases I prefer the medium attenuations; but for *Cham.* I must make an exception. Generally I give the 200th, and in every case—in very young children chiefly—I find the effects of *Cham.* prompter and safer."

Dr. Holcombe, quoted in Dr. Hughes's "Pharmacodynamics," gives his opinion as follows:—"In its native state *Cham.* is without pathogenetic effects, and in low attenuations it shows no more power than a decoction of *Mentha* or *Anis.*;" to which Dr. Hughes appends his own experience, saying: "*Cham.* begins to show its characteristic power in about the 6th, and is given with better result in the 18th. My favourite is the 12th." Such facts have been confirmed by all homeopaths, and their significance is no more doubtful to-day.

Espanet, in his *Materia Medica*, says: "Oftener one will congratulate himself on having used small doses, even above the 30th, principally when it is required to abate an extreme 'irritability' in children."

As I have myself a large experience in children's diseases, I venture to state that 30 and 200 of *Cham.* are useful, and that 1000 is still better. I attribute my preference for the 1000 to the fact that the semi-tropical climate of South Africa influences the irritability of all ages, but chiefly of children; and as my attention has been drawn to "irritability," so I have ascended in the scale of potencies, and have given *Cham.* 1000 with the most remarkable results where mothers or relatives had been giving to the infants the mother tincture, or Steadman's Powders, or Ashton's *Matricaria*.

Why this uniformity about the attenuation of *Chamomilla*? Is it not evidently because, the degree of irritability being greater, the attenuation must be higher?

The same reason may necessitate a high attenuation for *Ipec.*, *Bell.*, *Acon.*, *Sulph.*, *Lycop.*, *Kreas.*, *Spong.*, &c.; and my daily practice gives me the most accelerated cures a physician could wish to obtain, because, in taking notice of the irritability, I give *Bell.* 1000 in incipient meningitis, *Ipec.* 1000 in gastro-enteritis, *China* or *Ars.* 1000 in intermittent fever, *Acon.* or *Sulph.* 1000 in bronchitis and pneumonia, and *Lycop.* 1000 in the most obstinate cases of constipation, when in all such cases the irritability is great. I come down in the scale of attenuations as soon as I see that the irritability is not in play; and by this process I reduce the mortality in my children practice to a mere nothing.

In regard to my *confrères*, I would say: Let them try, and they will, by the *fiat* of the law of attenuations, get a magic power where an indifferent dilutionist is in despair.

Is such merely my private and individual opinion, tainted by a stiff dose of enthusiasm? No! For Dr. Hughes (article "Kreasotum") says: "I give the second dilution for vomiting and fetid discharges, the 12th for odontalgia, and the 24th for the morbid symptoms of teething." This instance shows an ascending degree in the scale, according to the irritability; and had Dr. Hughes transgressed the favourite 30th of Hahnemann, to which in all his writings he seems to be faithful, he would very probably have found the 200th or 1000th of *Kreasotum* still more suitable.

For other proofs, besides Cham., let us quote at random. Dr. Hale, in his "New Remedies," gives instances which cannot revoke the irritability in question. He says (article "Coca"): "In partial paralysis of the nerves of respiration, *Coca* may be very useful in removing or palliating the distressing symptoms of dyspnea; and it may be useful in the dyspnea of weak persons who get easily out of breath during the slightest physical exertion." Proceeding to the doses, on the next page he says: "For dyspnea the matrix tincture must be used." In contrast to this, Dr. Hale shows another pathological condition: "*Coca* is indicated in that condition which we often find in women and children—what is best described by the word 'fidgetiness,' or nervous erethism: the patient can find no rest anywhere, wants to sleep, but cannot; finally becomes hysterical, feels like fainting, wants to be alone in the dark." As to the attenuation, he says: "In cases just mentioned, the 6th or 30th appears to be the best indicated."

According to this instance is it not evident that the irritability rules the law of attenuation? and is it not more convenient to evoke a "quality" of the patient than to consider an elaborated process of the primary and secondary symptoms of a drug?

Another instance of Dr. Hale's is *Phosphate of Lime*. On p. 388 he says: "My experience with *Calc. hyp.* enables me to speak with considerable certainty; for I have found it useful in incipient phthisis, hawking cough, hectic fever, night sweats, scanty and delaying menses, great nervous prostration, &c. Given in grain doses of the 1st, 2nd, or 3rd trit., it often acts beautifully in restoring the patient in a short time." On the contrary: "It is excellent in a morbid physical development and mental precocity of young persons about the age of puberty; but in such cases it should be used in a high attenuation, in the 30th." And further: "For too late appearance of puberty, with lax fibre, and in fat, lymphatic persons with languid circulation, torpid intellect, and stupid mental condition, this medicine in grain doses of 1, and even the crude drug, given with the meals, often acts very favourably."

In reading carefully the three indications for *Phosphate of*

Lime and its doses, one cannot refuse to acknowledge that the irritability is at stake. In the incipient phthisis Dr. Hale acknowledges a "great nervous prostration," which is in perfect accordance with the latest scientific investigations attributing phthisis to "a want of irritability first, and afterwards to a paralysis of the nerves of the lungs, with molecular gangrene." A medicine is required to prevent the total "asthenia," or to pick up the irritability to the normal state; and experience shows the 1st, 2nd, or 3rd attenuations to be the most suitable! In the two other instances, Dr. Hale gives two opposite conditions of one stage of life—puberty. In the first condition there is an excess of irritability in excitable persons, and the 80th is advised. In the second condition there is a lax fibre and a stupid mental condition, and the 1x, or even the crude drug, is preferable!

It is clear enough for any persons devoid of fanatical opposition, that the law given above is applicable here: "The greater the irritability, the higher the attenuation;" and I draw another conclusion from these instances, viz., that there is no salient rule to *define* the irritability in general. One must study his patient as Dr. Hale does; and so I advised that one must take into consideration the state of a cardinal tissue. For proof let us analyze Dr. Hale's third instance, a late appearance of puberty. He is guided to a deficiency of irritability by a generic expression, "a lax fibre, a fat, lymphatic person," which he soon makes clearer by remarking the symptoms of a "languid circulation, torpid intellect, and a stupid mental condition"—symptoms referable to two of the cardinal tissues spoken of.

In other *Materia Medica*s we also find instances of the importance of the irritability; and one author is worth quoting next to Dr. Hale. Dr. Espanet concludes every description of a drug with his opinion about the doses. Those few lines all fairly confirm the law of attenuation. Of *Silica* Dr. Espanet says: "The first (low) attenuations are rarely so useful as the higher. . . . Given in mixture, the healing effects are often obtained with a few doses of drops or globules of the 6th or 30th attenuation. The efficiency of such doses is often superior to others when there is 'erethism' or 'irritability.'" Of *Stannum* Espanet remarks: "All doses" (he means attenuations) "from a few centigrammes of 1 up to some drops of the 18th attenuation are useful. One must use by preference a dose of one or two grains of trituration in cases of cachexia, or in morbid states characterized by a small degree of irritability; also in some diseases of the mucous membranes and helminthiasis; but in nearly all other cases the *high* attenuations are required."

Lycopodium shows another instance of the difference between the low and high attenuations. Espanet and others insist upon

giving the highest ; and Dr. Teste, in his *Materia Medica*, goes so far as to advise the Jenichen potencies, *i.e.*, the 1000-2000, or 6000. *The American Homeopathist* of 1888 contains an article with the title, "Some Medicines which Don't Act," in which the author shows that *Lycop.* given in a low potency is nearly worthless, as also *Chamomilla*, and must be given in 30 or 200. I myself have always used *Lycop.* in 1000 (the only potency I possessed) with the greatest benefit. Why this almost exclusively high attenuation ? Is the cause to be found in *Lycop.* itself, or in the patient ? I should say rather in the latter ; for it suffices to study the pathogenesis of *Lycop.* to find that all the symptoms are dependent on a nervous irritability of a hypersthenic nature, and that the patients in whom *Lycop.* is useful are all of an "irritable" nature depending on an hypersthenic condition of the gastro-hepatic region.

Before concluding, I may take another instance from Dr. Hale. On *Cimicifuga* (p. 189) he says : "Three different conditions of the cerebro-spinal axis demand three different potencies. *Cimic.* must be given : in cerebro-spinal meningitis, in the 6x ; in cerebro-spinal congestion, in the 2x ; in cerebro-spinal irritation, in the 1x." Here the rule based upon the dual action of medicines is not alluded to ; it looks rather more comprehensive to take the irritability as a guide ; the meningitis being more irritable than a "congestive" patient, and the latter more irritable than an "irritated" patient.

It would be superfluous to transfer further quotations from books to this paper, as all tend to confirm the law affirmed.

One final remark may be required, *viz.*, that my opinion, given in *THE HOMEOPATHIC WORLD*, January, 1890, about all homeopaths being omni-dilutionists is a natural deduction from the law on attenuation ; and that in consequence it is to be hoped that the war between the two camps may come to an end, leaving only a sound debate on the question, Which is the attenuation, a low or high, the most used in practice ? I believe both parties will have the satisfaction of caressing their pet attenuations, as the "irritability" is a factor common to every disease.

Kimberley, South Africa.

SOME VERIFICATIONS OF LACHESIS AND CANTHARIS, AND OBSERVATIONS REGARDING THE POWER AND MANNER OF ACTION OF POTENTIZED DRUGS.

By WILLIAM D. GENTRY, M.D., of Roger's Park, Ill.

Read before the American Institute of Homeopathy, 1890.

THERE is in my medicine-case a one-ounce bottle which

I purchased in 1873, filled with what was claimed to be at the time the sixth centesimal dilution of Lachesis. I have been using the same constantly ever since in my practice. Many times by use and evaporation through and around the cork, the remedy has been reduced to one-third of what was in the bottle at first. And whenever it has become so reduced I have filled it up with alcohol, shaken it up, and prescribed it. I will give two verifications of the provings of Lachesis resulting from the use of this oft-replenished bottle.

In 1880 I was called to see Mr. G. C., a well-known architect living in Kansas City, Kan. The patient was suffering from the most terrible, painful, and distressing case of carbuncle I ever saw; it was located upon and covered the entire nape of the neck. He had been suffering greatly for weeks without treatment, except ordinary domestic treatment with poultices. His suffering had become so acute, and the tenderness and pain so great, that he could not bear the part to be touched in making an examination. He said his purpose in calling me was not to have me examine the carbuncle, but to prescribe morphine so he could obtain some rest and sleep. I told him that I never prescribed morphine, but that I thought what I would give him would do just as well and better. Lachesis was plainly indicated by the extreme tenderness and leaden hue. I medicated a half-dram vial of number twenty-five pellets, and directed him to take five of the little pellets, and repeat in an hour if not better. Remember now that the Lachesis which I gave the patient was out of the bottle which I had so often renewed by the addition of alcohol, and which was seven years old—or rather seven years out of the pharmacy. The proprietor of the pharmacy afterwards told me that he had had it in stock before sending it to me two or three years; that he had procured it from Dr. Hering, who had procured it in South America some thirteen years previously.

The next morning I visited the patient, and when I went in he said, "I thought you said you never gave morphine."

"Neither do I," said I.

"Well, if that wasn't morphine you gave me I never took any morphine; it is true it did not taste bitter, but it acted just like morphine, for it quieted me right away; and I only had to take the one dose. I'm all right now; I rested well all night, and the place does not hurt me a bit. You

can examine it now if you wish; I'm not afraid you'll hurt me as I was yesterday."

To say that I was astonished would be putting it mildly. I could hardly believe my senses of sight and hearing. The report was so much more favourable than I had any right to expect so soon, I was elated. I gave him some blank pellets so that his mind would be satisfied that he was taking medicine. The wound soon changed colour and appearance, and rapidly healed with non-medical dressing. He was well in two weeks. It was a great victory for homeopathy in that community. So much for case number one cured by Lachesis.

I will now refer to another case cured ten years afterwards by the same remedy out of the same bottle in my possession seventeen years, having been used until the dilution was exhausted and replenished sixteen times. I was called last February to prescribe for a lady who had not been able to sleep for months without an opiate of some kind. She wanted me to prescribe for her, but was unwilling to say she would abandon her opiate unless I would give her something to take its place that was just as powerful, for she knew that she could not rest unless she had something more than little sugar pills to put her to sleep. She finally agreed, however, she would give my medicine a chance, and promised to omit taking any of her quieting medicine for three nights. Her symptoms plainly indicated Lachesis. My old bottle treasure was about one-third full, and I thought it best to "freshen it up a little." So I filled it up again with alcohol, as I had just procured some fresh, medicated a few pellets, and told her to take a dose every evening on retiring in place of her old remedy. The second night after commencing the remedy she slept well without waking. On reporting the fact to me next day I gave her some blank pellets to take every night instead of the Lachesis, as I feared an aggravation. It has now been four months, and she has slept well every night since, and her health is better in every way than it has been for years. She and her family now have great faith in little sugar pills.

Again I have proven the remedy, and shall treasure it in the future as one of the most valuable of all articles that I possess.

I have many other remedies in my case which I have used in the same manner for the past eleven years. Indeed,

for ten years I have never purchased a remedy in dilution but once. Whenever a remedy gets low by use or evaporation through or around the cork, it is refilled with alcohol. And on this account I do not know the exact potency of any of my drugs.

I will now give the history of an interesting case cured by Cantharis. In June, 1857, I was called in an emergency to see a patient of a prominent allopathic physician in Kansas City, Mo.; Ed. H., a man aged twenty-seven years, who had been for five years subject to attacks of strangury, and sometimes complete retention of the urine. A number of allopathic physicians had attended him in consultation with his regular physician since the commencement of his trouble, which resulted from or followed the suppression of gonorrhœa. And in spite of their efforts to relieve him, he grew worse and worse, and the attacks became more severe and more frequent. The physician had told him that nothing would save him except the operation known as urethrotomy. The patient, on the advice of his friends, would not agree to have the operation performed until compelled to do so by unbearable suffering. When I was called in to see him, he had been suffering for thirty-six hours; and during the last twenty-four hours had passed but a few drops of urine at a time, and that burning as if there had been drops of molten or hot lead passing slowly through the urethra. This was constant, and the straining and labour of the patient to pass urine was frightful. His father at last sent a messenger for the allopathic physician who had been attending him, with word to bring his surgical instruments and another physician to assist in performing the proposed operation. The messenger could not find the physician he was sent after, and knowing the urgency of the case, called for me, insisting that I should go prepared for performing the operation for the removal of the stricture of the urethra. I told him I would determine as to that matter after seeing the patient; and if the operation was found to be necessary, send him back for instruments and assistance. For the distance of one square before reaching the house where the patient was, I heard his distressing cries. He had aroused the neighbourhood, and more than a score of people were in the house. On entering the room I found three men holding him, and trying to assist him in forcing his urine. He was simply in the greatest agony possible for a man to

endure. He cursed and swore, and called upon me "for God's sake to hurry with my knife." He declared he could not wait a minute longer. I saw at once as soon as I noticed the agony depicted on his face and his wickedness, and learned of the symptom of a feeling as if molten or hot lead was dribbling through the urethra, that Cantharis was the remedy; and calling for a glass of pure water, I quickly dropped three or four drops of the thirtieth potency of that remedy into it, mixed it thoroughly, and gave him one teaspoonful. There was great excitement when the patient and his friends saw that I was only going to give him one little spoonful out of that big glass of water. The patient did not believe that a spoonful of water would do him any good. It was difficult to quiet him and his two brothers, who insisted upon an immediate operation. But at last I commanded them in such harsh tones to be quiet, proclaiming that I knew my business, and if they would be quiet and give me twenty minutes, the medicine would commence to act in that time. I requested all but one to leave the room, and directed the patient to be quiet himself, and succeeded by earnest words in convincing him that he could not by straining succeed in passing his urine. That he had been trying hard for the past thirty-six hours to do so, but had completely failed. That he was only injuring himself by straining, and that I had given him medicine to act directly upon the stricture, and that if he would help it by quietly waiting only a few minutes, he could within the half-hour pass his water. I finally succeeded in quieting him for a few minutes. Then he had quite a severe paroxysm of pain. But in ten minutes from the time he took the medicine he was comparatively quiet; and in fourteen minutes after taking it, he said that he felt different and as if he could pass his water. He was then greatly frightened for fear the pain and straining would return. But it did not. His brother held the vessel for him, and to his great surprise and gratification he passed a half-pint or more of thick dark red urine, and with but little pain. I gave him but the one dose of Cantharis, but sent him some blank pellets which he frequently took for a month, when I gave him another dose. He has not had an attack since, except about a year ago when he got cold, and fearing from the symptoms that he was going to have an attack, I gave him another dose of the remedy. It is needless to say that he did not have the operation performed, but

willingly paid me the fifty dollars for the one dose of medicine, which he would have had to pay for the operation.

In the subsequent part of his paper Dr. Gentry discusses the *modus operandi* of the high attenuations. What was there, he asks, in the *Lachesis* or in the *Cantharis* which he gave his patients? And he replies, "A genius or a spirit." The snake poison, to look at, is only a pellucid fluid of the consistence of water; but it is capable of producing effects which distinguish it from every other substance known, just as surely as the outward form of the snake distinguishes it from every other animal and every other kind of snake.

All persons are not equally susceptible to the same poison. In many instances, those who are susceptible to certain drugs are easily recognizable at sight. The tall slim figure of the *Phosphorus* patients and the stoop of the *Sulphur* patient are well known. It is the same with diseases; some patients are highly susceptible to certain diseases which others cannot be made to take. Dr. Gentry's theory is that these two susceptibilities go together, and that "the patient is only susceptible to that disease which produces similar symptoms to the drug or poison which he has an idiosyncrasy for." In progressive fevers Dr. Gentry gives low attenuations, and in intermittents he endeavours to "antidote" the poison with massive doses.

HAHNEMANNIAN CURES.—No. 5.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association).

CASE V.—*Natr.-mur.* February, 1884. A boy about 11 years old consulted me for warts. For three or four years he had had a smooth hard wart on ball of left thumb near first joint. For about six months he had also had one on the palmar surface of base of metacarpal bone of left little finger; one on the palmar surface of first phalanx of left thumb; and one or two on base of right palm. He was not a strong boy, but had enjoyed fairly good health, except that his chest was weak, easily catching cold which usually resulted in bronchitis or pneumonia. He had previously been under homeopathic treatment (never under allopathic), and about the end of 1881 had received a

single dose of *Thuja* Cm. (F.C.), which only temporarily reduced the size of the large wart, the only one he then had. In March, 1882, he was given a single dose of *Verrucinum* 10m. (F.C.); and nearly five weeks later, the same nosode in the same potency was repeated twice daily for ten days, but it was "like so much water on a duck's back." Lastly, in October, 1883, he took a daily dose of *Thuja* Cm. (F.C.) for some days, but equally without result. Subsequently he took no more medicine till the present time.

Diagnosis of the remedy.—"Warts on palm" is found under *Anac.*, *Natr.-mur.*, and *Ruta*.

Anacardium has 593, "The hands, even the palms of the hands, are covered with warts."

Natr.-mur. has 2490, "Warts on the palms, with pain on pressure."

Ruta. This symptom is clinical, with no further differentiation.

Anac. was rejected, as its warts are all over the hands, and not only on the palm; and *Natr.-mur.* was selected in preference to *Ruta*, on account of its antipsoric property, the patient's tendency to catarrh and bronchitis showing a psoric diathesis.

I prescribed a daily dose of *Natr.-mur.* Cm. (F.C.) till better. In five days he showed me that the warts had all gone. I stopped all medicine, and the warts have not returned to this day (July, 1890). He had never been a salt-eater.

Comments.—(1) The first point to be noticed is that it is impossible to treat patients scientifically if the remedy is selected according to pathological theories, that is according to the name of the disease. The routine pathological prescriber would argue that warts were simply warts, and must be all treated in a similar way. But in this case even *Thuja*, our great antisycotic remedy, which Bœnninghausen places in the first rank for warts, *Natr.-mur.* being only in the third, proved inefficacious. The classification of remedies according to their relative value with regard to any symptom, which was so ably performed by Bœnninghausen, and which he says Hahnemann repeatedly declared to be requisite, is invaluable; but it must not be relied on to the neglect of the totality of the symptoms, or of the characteristics. The remedy which corresponds best to patient's symptoms

must always be selected, even though it be placed in the lowest rank with regard to any of those symptoms separately; and this is especially evident when we consider that Bönninghausen himself, in his interleaved copy of his pocket-book,* raised many medicines to higher grades. But when two or more medicines seem equally indicated, which sometimes occurs through the paucity of the symptoms, then this grading of the symptoms by means of different types becomes of great value in deciding the choice.

(2) The failure of *Verrucinum* to relieve in the slightest degree shows the fallacy of Lux's system of isopathy. Lux endeavoured to introduce a new system, a parody on homeopathy, by giving in any disease the *materies morbi* itself, dynamized to the 30th potency, thus generalizing instead of individualizing. No nosode will cure every case of the disease from which it is taken; to prescribe it thus is to commit a "fatal error." It will only cure when homeopathic, not merely to the chief objective symptom (sometimes called by pathological prescribers the "disease"), but also to the totality of the symptoms of the individual patient, whether we can trace any connection between all these symptoms and the "disease" or not. And in order to do this, the nosode, like all other remedies to be used homeopathically, must be proved.

(3) In this case, the location of the warts was the keynote in the selection of the remedy, the other symptoms being vague: in another case, to be described later, the locality being less defined, and the subjective symptoms more marked, the latter proved the keynote. This shows how in different cases different elements may have priority in value; in one case the locality may be the keynote, in another the character of the pain, in another the conditions, and in another the concomitants. But keynotes should never be relied on exclusively, but only used as guides leading to the remedy which corresponds to the totality of the symptoms.

(4) The order in which the warts disappeared was

* All these alterations, with numerous additions and a few corrections, were copied from the original by the late Carroll Dunham, and by him given to the late H. N. Guernsey. From the latter's copy I transcribed the whole, and have sent the same to E. J. Lee for his *Repertory of Characteristics* now in course of publication.

unfortunately not observed; but Hahnemann's rule is that in a truly homeopathic cure the symptoms disappear in the inverse order of their appearance. This is the great criterion of a permanent cure; if they disappear in any other order, look out for a relapse.

(5) The direction in which symptoms travel should always be noticed, both in provings and in clinical cases. It may be here noticed, for future verification, that the warts cured by *Natr.-mur.* went from left to right.

48, Sussex Gardens, Hyde Park, London, W.

CASES FROM MY PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

9. ABSCESS IN GROIN—*Kali-hydro-iodica*.

S. G., 42 years, wine merchant, Omaha, North America, on a visit here in Copenhagen, has been for three weeks at the Borough Hospital, and although several incisions have been made, and some glands extracted, there has been no improvement.

The treatment under me began on October 13, 1887, and the condition was then as follows:—In the left groin, the glands are hard, so that there is a swelling in the shape of a pearlstring, a little red, the skin not movable. Several incisions have been made, and a white-yellow thick secretion flows out. The lips of the wound gape much, and there is soreness on deep pressure. He thinks that while young he must have had a hard chancre, but he has not further noticed it, whereas, some months after, he felt difficulty in swallowing, and sores in the throat, for which he was treated in America with quicksilver, partly as ointment and partly in pills, in a rather large quantity. General condition tolerably well. He is strongly built. For external use they employed at the hospital dressing with *Iodinoform* every three days, wadings and bandage. *Kali hydro-iodica* (Kafka's formula) three drops, three times daily. Same external treatment.

October 15th. More glands are swelled and hard, so that the swelling in general is now more oval, and of the size of the palm of the hand. Pains only by moving. Same ordination, five drops at a time. Poultices of linseed-meal.

October 17th. There comes a great deal of secretion from the opening of the incision, which is commencing to heal. The swelling somewhat less. Otherwise well. Same ordination, increasing with one drop for every dose.

October 19th. The swelling diminishes. No soreness. Secretion much less. Same ordination, now remaining with eight drops at a time.

October 23rd. Swelling considerably diminished, some of the incisions totally cured. Continued with same ordination, and in beginning of November he was completely well. On examination of the groin, there was nothing more to observe.

10. PSORIASIS—*Arsen.* 2x.

Miss O., 24 years old, daughter of O., grocer, Copenhagen. Existing malady has lasted for ten years. Has otherwise been well previously. The mother suffers from the same skin disease. The eruptions are in the face, but particularly on the arms and legs. It is here only on the extensor aspects, and mostly so at the elbows and the knees. They are extensive, and consist of small red protuberances (papules), which partly are gathered together in larger groups, and also exist separately, or a few together. The protuberances are covered with white scales, very much like stearine drops, and the eruptions are not accompanied by any exudation or itching. General condition good. The menstruation comes sometimes at regular intervals, and sometimes after six or eight weeks.

She came under treatment on the 6th of December, 1888, and got, without result, *Sepia* 6, 3, 2, 1 C. dil.; *Sulphur*, 6 and 2 C. triturations, and *Calcareo Sulphurica* 6 C. trituration; also *Arsen. Album.* 3 C., 2 C., and 3 Dec. dil. Only during the use of *Arsen. Album.* 3 Dec. dil. did the formation of scales diminish, and the colour become paler, but for a short time only; the condition was then again as in the beginning.

I ordered then, on the 31st of August, *Arsen. Album.* 2 Dec. dil., five drops three times daily, and already on the 12th of September there was distinct bleaching of the colour, and diminishing of the scales.

October 12th. The patches of eruption were much less, and in several places altogether gone. *Arsen. Album.* continued, and by the end of January, 1889, all eruptions had disappeared, and the patient was cured.

Externally there was only used washing with strong green soap-water and a warm bath once a week, such as she has previously been accustomed to. Later, on a few occasions, there have appeared trifling eruptions, which, however, have again disappeared by a few days use of *Arsen. Album.* 2 Dec. dil.

11. ANGINA PECTORIS—*Spigelia.*

F. C., 72, designer, Copenhagen. Has been ill for a year and a half, and been treated allopathically with *Digitalis*, *Morphin*, and several other medicines. He came under my treatment on the 3rd of September, 1888, and the condition was then as follows: Pressure in the region of the heart, with fears. Dull pains in the back of the neck, out through the entire left arm, also some pain in the right arm. Palpitation of the heart, which comes in attacks at longer intervals. The attacks last a few minutes. Eructations relieve. He feels always very weak, and faint. Rushing of blood to the head. Appetite and sleep good. Functions in order. The sounds from the heart are dull, no by-sounds are heard. The percussion dulness of the heart reaches to the left nipple. The pulse is irregular, somewhat jumping. Formerly perfectly well. *Amyl. Nitrit.* 3 Dec. dil., five drops three times daily in a small spoonful of water. During attacks: *Amyl. Nitrit.* three drops on cotton, held to the nose.

September 15th. Much better. The pains in the arms still the same. The attacks ceased. Same ordination.

September 29th. Same. The strong attacks of pressure in the heart, with fears, gone. The pains in the arms are worst during exercise, and the palpitation of the heart strong. *Spigelia Anthelm.* 3 Dec. dil., five drops three times daily. Discontinue *Amyl. Nitrit.* During the constant use of *Spigelia* the pains in the neck and in the right arm left off altogether, and became much less in the left arm.

January 18th, 1889. Still some pains about the left elbow, as if it were hurt. Otherwise altogether well. *Spigelia* omitted. *Cimicifuga Racemosa* 1 C., five drops three times daily.

February 14th. Complete restoration. Discharged.

ANNUAL HOMEOPATHIC CONGRESS.

THE following circular has been issued :

“ 29, SEYMOUR STREET, PORTMAN SQUARE,
“ July, 1890.

“DEAR SIR,—The Annual Congress of Homeopathic Practitioners will be held this year at Bournemouth, at the Hahnemann Convalescent Home, on Thursday, September 18th, at 10 a.m. punctually. The business of the Congress will be opened by an address from the President, Dr. Charles H. Blackley, of Manchester, entitled : ‘ Observations on the Progress and Tendency of some of the Modern Methods of Scientific Research.’ Any strangers, ladies and gentlemen, who may desire to hear the president’s address will be welcome. After this a short interval will allow the Treasurer to receive subscriptions. A paper will then be read by Dr. Richard Hughes, of Brighton, on ‘ The Index to the Cyclopædia of Drug Pathogenesis.’ Discussion is invited at the end of each paper. Should there be time before luncheon, Dr. Drysdale, of Liverpool, will read a paper on ‘ Case of Obstruction with Comments on the Sydenham-Thomas Treatment.’

“ The Congress will adjourn for luncheon at 1 o’clock. Dr. Herbert Nankivell requests the pleasure of the company of members of Congress at his house, Penmellyn, for luncheon.

“ At 2 o’clock, the Congress will receive the Report of the Hahnemann Publishing Society, proceed to select the place of meeting for the next year, elect officers, and transact any other business which may be necessary. Should Dr. Drysdale’s paper not have been read before luncheon, it will come next in order. Dr. Edward Madden will then read a paper on ‘ The Necessity of Recording our Failures as well as our Successes ; as Illustrated by the Treatment of Enlarged Tonsils with *Baryta Carbonica*.’

“ The members and their friends will dine together at the Royal Bath Hotel, at 7 p.m.

“ A meeting of the Hahnemann Publishing Society will be held at the Hahnemann Convalescent Home, at 9.15 a.m., September 18th.

“ The subscription for this year is ten shillings.

“ Dr. George Frost, Clovelly, Bournemouth, who is kindly acting as local secretary, will be happy to secure beds at the hotels or in lodgings for any members who may communicate with him. An excursion to places of interest near Bournemouth will be arranged for Friday the 19th, partly by steamer and partly by other conveyances.—I am, dear Sir, yours faithfully,

“ D. DYCE BROWN, *Hon. Sec.*”

Dr. Nankivell has sent us the following train directions which will doubtless be found useful by members :

“ The most convenient trains by which to reach Bournemouth from London are those leaving Waterloo at 4.55 p.m., 5.50 p.m., and 5.50 a.m. They reach Bournemouth West, at 7.51 p.m., 10.5 p.m., and 9.8 a.m. respectively. The last night train leaves the same station at 10.5 p.m., but it is hoped that most of the members will remain over the next day and make expeditions in the neighbourhood.

“ Members from the North, Midlands, and West, will find the following train a very convenient one :

Newcastle, 9.30 a.m.	Sheffield, 12.59 p.m.
Darlington, 10.22 „	Derby, 2.5 „
Scarboro, 10.15 „	Birmingham, 3.5 „
York, 10.45 „	Gloucester, 4.39 „
Hull, 10.25 „	Bath, 5.45 „
Bradford, 11.15 „	Templecombe, 6.55 „
Leeds, 11.45 „	Bournemouth, 8.12 „

“ This train is a Midland one, and can be joined at Birmingham by members from Liverpool and Manchester; at Bath by those from Bristol and Clifton; and at Templecombe by those from the West of England.”

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 42.

[To DR. STAFF.]

DEAR FRIEND AND COLLEAGUE,—I send herewith for your dear Eliza, *Carb. Anim.* $\frac{1}{x}$, and hope it may do her good, and that she will live according to the advice given in my letter. I am glad to hear of the improvement in my favourite, your Herrmann. Next to *Caps.* the best remedy in this fever-epidemic is *Arn.*

I have had a visit of several hours' duration from Mr. Straube, a good man and a clever and modest artist, and have a great esteem for him also, on account of his belief in the excellence of our art.

Preu, of Nürnberg, pleases me much. I thank you for sending me his essay.* As long as the allopaths represented to us (without giving any trustworthy picture of the disease) that cholera is a compound of vomiting and purging, so long we

* [What have we to fear from Cholera Morbus? An attempt to allay the alarm of the people. By Dr. C. PREU, Royal Bavarian Civil Law Physician in Nürnberg. In this pamphlet the author recommends *Arsenic* as the chief specific in cholera.]

poor homeopaths at a distance had to regard *Veratrum* and *Arsenic* as the specific remedies for it. But the faithful description by a homeopath has taught us that its character is quite different. It is a tonic, spasmodic diathesis of all the systems, spheres, and tissues of the organism, which only towards the end of life passes into convulsions and paralysis, and then there follows watery vomiting and diarrhea, and that only in some cases; nothing of the sort is to be seen in most cases, but only rapid death. Such being the case, neither *Veratrum* nor *Arsenic* can be of much use. Schreter, writes me from Lemberg, where he arrived on the 15th of July, that he was able to do some, but not much, good with *Veratrum*, and when it did no good, then *Camphor* was successful (when he wrote he had just received my essay on *Camphor*).

Two days ago I was told by an eye-witness from Prague that when the cholera raged in Odessa some months since, and the doctors were unable to do anything serviceable, they only rubbed the patients with *Camphor*, which restored them to health; he himself had assisted to rub nine of the cases, and all the nine recovered. Do we need any further testimony?

My pamphlet * which you are familiar with has been refused insertion in the public papers by the medical authorities of Vienna and Berlin. In Berlin a bookseller is about to print it with Stüber's preface. I have sent to Stüber (as he has written a good deal about the malicious comments upon the large doses of *Camphor*) the enclosed explanation, † to be added to his preface, which I beg you to read aloud at the meeting on the 10th of August, in place of my usual communication.

I have been asked by a Leipzig publisher for an enlargement of this essay. It will appear in a few days, published by Glück. ‡ I did it not long ago. The price he will sell it at will be a groschen. I have put in it everything useful for the public to know, but have left out the scientific matter.

The steel engraving of my portrait is not yet ready, else I would send it to you with pleasure. I am much pleased with your copper-plate.

Our Rummel has safely conveyed to me the leaflet. I hope

* [Cure and Prevention of the Asiatic Cholera. It was originally published in the *Archiv*, vol. xi. 1831, translated in Hahnemann's *Lesser Writings*, p. 845.]

† [In this communication, which will be found in the *Archiv*, vol. xi. part i. p. 100, Hahnemann says that the reason why he prescribed *Camphor* in such large doses in cholera is that the effect desired to be produced is an allopathic and not a homeopathic one. Homeopathic medicines require some time to produce their effect, but here there is no time to be lost, we must produce an immediate palliative action, or the patient dies.]

‡ [Appeal to thinking Philanthropists respecting the Mode of Propagation of the Asiatic Cholera. Leipzig, 1831. A translation will be found in Hahnemann's *Lesser Writings*, p. 849.]

that some friends will pay me a visit on their return home from the meeting of the 10th of August. Perhaps I may *somewhat later* have the pleasure of seeing you and our Rummel here for some days, so that we can be together in peace and quiet and have a good talk.

I thank you for the written programme of the festivities you are going to have. I shall be with you in spirit.

With many kind wishes from my family, and with a true heart I remain,

Yours,

SAM. HAHNEMANN.

Coethen, Aug. 5, 1831.

I beg you will convey to the whole Society my best compliments.

No. 43.

[To DR. STAFF.]

DEAR FRIEND AND COLLEAGUE,—To-day I have not much to say, but what I have is of importance. I am delighted with your idea to persuade brave Atomyr in my name, and with my best wishes, to go to England. The post is such a good one that he will be able to lay by 1,000 thalers every year, and not only enjoy honour and consideration, but be able to win over all England to our side by his fiery zeal. I would rather he got the appointment than any one else. He would then enjoy the best and most select society in the world, and could live in the country. I entreat him to accept the engagement. He, energetic man, can soon acquire a sufficient amount of French if he chooses, he has plenty of talent.

I have already sent Schweickert two different articles on the treatment of cholera; he has not answered me, and I don't know if they have been printed. I have also offered him the situation, and he has not yet given me any answer on that subject. Has the man whom I have considered my friend anything against me?

Many thanks to your Provincial Counsellor for having inserted my paper in the local newspaper, and still more thanks to you for having got him to print and distribute separate impressions of it. Schmit has had some thousand copies of it made in writing (it is not allowed to be printed in Austria because I am the author), and widely circulated. The indefatigable man! If Atomyr should refuse the appointment, I will offer it to Schmit.

I am afraid lest our letters containing medicine should be cut through and fumigated, and thereby spoilt. We might employ thin glass tubes, such as you once sent me with *Iodine*, filled with the larger sort of globule, so that they lie one above the other, and not side by side. The glass tubes might be inserted into a quill corked up and placed at the side of the letter, with

directions to take the topmost globule first, and so on. By this plan the globules would escape the fumigation. Will you also adopt this plan?

I am very pleased that your wife is going to be so friendly and patriotic as to make my essay intelligible to France.

I will give my best advice for your dear daughter Eliza when I am told what ails her.

Our Rummel has also issued a paper of directions for the treatment of cholera, in which he recommends *Cuprum* and *Camphor*. It is only homeopaths that can act thus! The remedies recommended by the blind allopaths, every one advising a different medicine, are almost uncountable. One of the last is a stomach-plaster, which is much bepudded and distributed by the Duke of Bernburg. A just Providence has sent cholera to serve as a sort of pillory for the allopaths, in which the uncertain and pitiful character of their treatment is exposed; then all the world can see their nakedness.

I have not mentioned by name that sulky fellow Rust in the *Allgem. Anz. d. Deutschen*.

It is extraordinary that Aegidi never writes me. When I had written so far I received your dear little letter with the enclosure from Attomyr, which has given me a shock and makes me anxious about this excellent man. As I had to write to Schmit in Prague, I enclosed a note for Attomyr to be forwarded to him, in which I made a circumstantial offer of the post to him, and said I would be very pleased if he would accept it. If I once knew he was out of Austria I would be glad. As soon as he is able to escape thence, and writes to us that he will accept it, I will take care that travelling money shall be sent to him. I thank you for having also asked him to accept the post.

What do you say to this, that Schmit assures me of, namely, that Metternich has taken globules of *Cuprum* as a prophylactic, and that his wife is very partial to homeopathy? And here is another piece of important intelligence communicated to me by another friend from Prague. Father Veith, of Vienna (a practical friend of homeopathy), when the cholera broke out in Vienna, cured several persons who were suffering from cholera with *Camphor*, according to my directions (he was previously doctor of medicine and director of the Veterinary College in Vienna). He is preaching in the Cathedral of St. Stephen, and he preached a sermon before the Imperial Court in this church *On the Cholera in the Light of Providence*, in which he says (the sermon is now printed): "It is a remarkable provision of Providence that in the same part of the earth which was the birthplace of cholera, its most powerful remedy (*Camphor*) is also to be found." Every one, says my correspondent, was delighted and in ecstasies at this.

Dr. Schmidt, of Königsberg, writes that though he had had no opportunities of seeing and treating cases of cholera, he had to treat a boy who had been suffering for twenty-four hours from cholera, and was extremely ill with vomiting and purging, and yet he cured him with *Camphor*, given according to my method (Spirits of *Camphor* diluted with hot water). First the diarrhoea and finally the vomiting yielded. The people there, he says, firmly believe (and rightly too, alas!) that the doctors administer poisons. Do you think the anecdote about Father Veith suitable for the *Allg. Anz. d. Deutschen*? I enclose a cutting from the *Journal des Debats* which will do for the *Archiv* or Schweickert's periodical, or the *Allg. Anz. d. Deutschen*. When you are done with it, please return it to me. What about *The Edinburgh Review*? *

Yours truly,

SAM. HAHNEMANN.

INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL.

SINCE the publication of Major Morgan's letter in our August issue, the following members of the medical profession have sent assistance to the New Hospital Fund, by donations from themselves and patients:—

Dr. John Blyth.
Dr. A. M. Cash.
Dr. Eugene Cronin.
Dr. A. H. Croucher.

Dr. Henry Harris.
Dr. Morrison.
Mr. Frank Shaw.

DRAWING-ROOM MEETING.

A drawing-room meeting was held at Dr. Walther's residence in Chiswick Place, Eastbourne, on Tuesday, the 5th of August, to arouse local interest in the scheme for rebuilding the London Homeopathic Hospital. There were present: Dr. and Mrs. Walther, Major Vaughan Morgan, the Rev. Dr. and Mrs. Brewster, Miss Lewis, Miss Sutton, Mr. and Mrs. de Courcy Atkins, Miss Blackden, Mrs. Theodore Moillet, the Misses Walther, Mr. and Mrs. Nicholls, Mr. G. A. Cross, and Miss Merrylees. Dr. Walther, Major Morgan, and Mr. Cross spoke, and advocated the claims of the London Homeopathic Hospital on all the adherents of Homeopathy throughout the kingdom. As a result the following donations in aid of the fund for rebuilding the Institution were promised or paid:—Mrs. King Sampson, 5s.; Mr. and Mrs. Mould, £1 1s.; the Misses Deacon,

* [Evidently Hahnemann had just heard of the article on his system that was published in *The Edinburgh Review* of January, 1830, alluded to in my note to Letter 32.]

10s.; Mr. Hudden, 5s.; Captain Maycock, £1 1s.; Mrs. Knight, £10 10s.; C. A. and M. M., £2; Dr. Walther's children, £5 5s.; Miss Walther, £3 3s.; Mrs. Driver, 10s.; Mrs. Dalton, £2 2s.; Miss Blackden, £1; Mrs. Theodore Moillet, £5; Mr. Duff Bruce, £5 5s.; the Rev. Dr. Brewster, £5; Mr. J. Nicholls, £4 4s.; Mr. Merrylees, £5 5s.; Mr. de Courcy Atkins, £5 5s.; Dr. Walther, £5 5s.; Mrs. Walther, £5 5s.; Mr. A. P. Welch, J.P., £3 3s.; Mrs. Welch, £2 2s. Total £73 4s. Further promises are anticipated.

MAJOR MORGAN, in the course of his able speech, referred to the position and prospects of the London Hospital. In the returns made in 1889 of sixty general and special Metropolitan hospitals this hospital was eighteenth on the list in regard to the number of in-patients received. The present hospital contained eighty beds. During the past year 830 patients were treated, the death rate among whom was only 3·61 per cent., as against 8·52 per cent. of the average of other London hospitals. Last year 10,363 patients received treatment. Nursing accommodation was provided for the regular nursing staff of the hospital, and also for over thirty trained nurses for engagements by private patients, and the receipts of the hospital from this source last year was over £1,600. Practical instruction in homeopathy was given daily in the wards and in the out-patients' departments, to medical men who desire a knowledge of homeopathy. To meet the increased demand for more accommodation, it had been decided to build a new hospital in place of the present inadequate building. Special facilities would be given in the new building for all branches of surgical work, and the number of beds would be increased to at least 120, so as to entitle the institution to recognition as a medical school. It should be remembered that the hospital must naturally be the headquarters of English homeopathy; and in connection with the new building every effort would be made to make the hospital attractive to the rising generation of medical men, and in all respects worthy of its objects. The rapid development of the hospital—far beyond the precedents or even the possibilities of former years—justified the belief that the hospital had before it a future of greatly increased importance and value from a medical as well as a charitable point of view. Further progress was not possible, however, within the present antiquated building. Considerable sums had from time to time been spent in repairs and improvements to the building, and the augmented work and satisfactory returns might be looked upon as resulting from the sanitary and structural improvements of recent years. But, in the wards, in the domestic departments, in the arrangements for trained nurses, in the out-patient department, the want of accommodation was sorely felt. There was not room

enough for the increasing number of patients, the domestic arrangements were inadequate, the accommodation for nurses was restricted, and more consulting rooms were desirable for the medical staff. The provision for surgical cases—without which no hospital could hold its ground as against the scientific arrangements of other hospitals—was hardly such as to allow of the fair treatment of cases requiring the more serious operations and the more special surgical and sanitary nursing. The Board had long known that the hospital building was not adapted to the exigencies of modern medical and surgical requirements, and they had decided to appeal to all the friends of the hospital for sufficient funds to build a new, enlarged, and complete hospital. The amount required would be about £80,000, and an earnest appeal was now made to all the friends of the hospital, and of homeopathy, to provide the further amount of £8,000 still requisite.

The total of Building Fund to Aug. 23rd is £21,086 18s. 6d.

HOMEOPATHIC CONVALESCENT HOME.

HALF-YEARLY MEETING.

A HALF-YEARLY meeting of the subscribers and friends of the Homeopathic Convalescent Home, 66, Enys Road, was held at the Home on Thursday afternoon, August 7th. Major W. Vaughan Morgan presided, and there were also present Mr. and Mrs. Edmonds, Miss Blackden, Mr. and Mrs. Steinle, Mrs. Williams, Miss F. Lewis (matron), Miss M. Sutton (honorary secretary), Dr. Croucher, and Mr. G. A. Cross (secretary-superintendent of the London Homeopathic Hospital). The following wrote expressing their regret at their unavoidable absence:—The Mayor, Rev. R. S. Woodward, Alderman and Mrs. Boulton, Colonel and Mrs. Clifton Brown, Dr. and Mrs. Walther, Mr. and Mrs. Nicholls, Mrs. Starnes, Mrs. Cuthell, and the Hon. Charlotte Ellis.

The CHAIRMAN called upon Mr. Cross to read the financial statement of the Home.

Mr. G. A. Cross then read the following balance sheet for the six months ending June 30, 1890:—

Receipts.—Cash at bankers January 1, 1890, £251 18s. 8d.; subscriptions, £134 9s.; donations, £61 11s.; interest and dividends, £27 3s. 3d.; patients' fees, £90 16s. 6d.; total, £565 18s. 5d.

Expenditure.—Provisions, £114 10s. 8d.; house expenses (rates, taxes, insurance, and repairs), £37 19s. 11d.; washing and cleaning, £14 10s. 9d.; fuel and lighting, £20 17s. 8d.; medical necessaries, £2 8s. 8d.; salaries and wages, £27 15s.; furniture, £3 8s. 10d.; travelling expenses (patients, nurses, &c.), £11 3s. 2d.; miscellaneous

expenses (printing, stationery, advertising, postage, and petty expenses), £11 17s. 9d.; total, £244 7s. 5d. Cash at bankers—Messrs. Stilwell and Sons, London, £267 11s. 3d.; Messrs. Molineux and Co., Eastbourne, £50; petty cash in hand, £3 19s. 9d.; total balance in hand, June 30, 1890, £321 11s.: grand total, £565 18s. 5d.

The CHAIRMAN, in moving the adoption of the report, said he was sorry there was not a larger attendance. He thought the report that Mr. Cross had read was very satisfactory. It was certainly gratifying to find that the expenses per patient were going down. They found at the beginning that they were rather more than contemplated, but they were quite satisfied, on looking into the matter, that everything which could be done had been done, consistent with giving the patients good plain food and plenty of it. He found that in some other homes this expenditure was rather less than theirs, but the reason of this was that they were apt to give the patients worse food and less of it. They might have noticed a little item that Mr. Cross had read, called the dividends. Perhaps some were not aware that they had in view the future enlargement of this Home, and for that they had this fund in hand. This little Home was started as an experiment, and they always intended to have male patients as well as female, but they found this could not be done. He thought they should have done it if it had not been for a movement springing up in London which rather interfered with the Home down here. With regard to the dividends, Mr. Sturge, a Quaker, formerly left them £400 or £500, and General Alexander left them £500, so that they had about £1,500 in reserve. That £1,500 was either applicable for keeping this Home going, or legitimately applicable for increasing the Home, to which probably the amount would be turned to when they enlarged this Home, as they hoped to do. It was very gratifying to find that since they had purchased this house the value of property in the neighbourhood had gone up, and he thought perhaps it was because they had established a Homeopathic Convalescent Home there (laughter). It was said that it would depreciate everything, but instead it had made everything better. The surrounding property had let, and they were building right and left, so that it was quite clear it was either because they established a Home there, or some other reason, that things were looking up, and when they got another Home he did not see as there would be any difficulty in selling this building at perhaps an advance on what they gave for it.

Mr. EDMONDS seconded, and the report was adopted.

In reply to several questions put by Mr. Edmonds, the CHAIRMAN said he should like to mention that ladies and gentlemen were wrong in supposing that if they subscribed a guinea and sent a patient to the Home for three weeks, as they were entitled to do, they were per-

forming a great act of beneficence. Each subscriber of a guinea could recommend a patient for three weeks, and the cost of the patient was 18s. 9d. per week. The subscription of £1 1s. was divided into 7s. a week, and every patient was obliged to find another 7s. a week, and this made the 14s. He thought they heard Mr. Cross say that the real cost was 18s. 9d., therefore they lost 4s. 9d. on every patient they had. They paid this deficiency by the donations.

Mr. EDMONDS remarked that they certainly ought to be obliged to Miss Lewis for her management, so that the Home expenses this time were a trifle less than last year.

The CHAIRMAN was of the same opinion, and explained that in the London Hospital they were in the habit of making contracts for everything they had. They paid a great deal of attention to that, and the consequence was that they kept the expenditure very low. They brought that knowledge to bear down here, by which they saved twenty-five per cent. In their London Hospital of course it was much more. The Chairman then addressed the gathering at length, showing that the rebuilding of the London Homeopathic Hospital (which would cost £30,000, of which £20,500 had been received) delayed the enlargement of the Eastbourne Home. He further explained that at a meeting just held at Dr. Walther's upwards of £60 had been subscribed towards the new Hospital.

On the motion of Mr. STEINLE, seconded by Mr. EDMONDS, a vote of thanks was accorded to Major Vaughan Morgan for presiding, who having replied, the proceedings terminated.

REVIEWS.

FEVERS.*

Dr. GHOSH tell us that this monograph is "based mainly on the result of seventeen years' practice as a homeopath"; and as fevers constitute a very large proportion of the diseases a practitioner in India is called upon to treat, it will readily be understood that the book is full of practical information. The work is divided into three chapters headed as follows:—Chapter I., Continued Fevers (forty-six pages); Chapter II., Malarious Fevers (eighty pages); and Chapter III., Eruptive Fevers (sixty pages);—the Malarious group occupying the most space. In each chapter a number of different fevers are dealt with, each fever being systematically described in its symptoms, etiology, and treatment, the latter comprising a full materia medica. The plan of giving a separate materia medica for each variety involves a certain amount of repetition, but we think the author is fully justified in so doing, as it largely increases the practical utility of the book. Dr. Ghosh adopts a wide range in the matter of attenu-

* *Fevers and their Treatment on Homeopathic Principles.* By Radha Kanta Ghosh. Calcutta: B. B. Mukhurji and Co., 25, Cornwallis Street. London: Homeopathic Publishing Co.

ations as the following quotations from the materia medica of intermittent fevers will show :—

“*Sulphur 30* : Fever coming on generally in the evening or at night, and preceded by thirst and lassitude; chill beginning in the toes and the sacrum ; icy coldness of the genitals ; neck, chest, and arms feeling cold, with coldness of the hands, feet, and nose ; during the first sleep, the skin very dry, much thirst and burning of the palms, and of the soles of the feet, and a feeling of weariness in the limbs ; *sensation of burning heat at the top of the head* ; diarrhea very early in the morning ; during night profuse sweat with much restlessness ; a slight exertion bringing on perspiration—are symptoms which indicate this drug. *Profuse morning sweat* is said to be a *special characteristic symptom* of this medicine. In chronic cases and malarial cachexia where each paroxysm is followed by much sweat and prostration, more especially early in the morning, this medicine is said to be invaluable. I generally use the 30th, and sometimes the 200th, and occasionally the 12th potency. Where I use the 200th I prescribe only one dose daily, or a dose every other day ; and in very chronic cases only one dose a week, and with success.”

“*Cedron 2x or 3x*.—Chill very severe and regular, with cramps and teasing pains in upper and lower extremities ; dry heat followed by profuse perspiration ; the whole body feeling as if dead and numb, more especially the leg ; chill preceded by headache with much mental depression ; icy coldness of the hands and tip of the nose ; chill in some cases at 3 a. m., and in others at 3 p. m. ; during heat, thirst ; the patient craving for warm drinks ; sweat with thirst ; general malaria and debility during intermissions ; the paroxysms occurring every day, and every time at the same hour of the day—are symptoms which indicate this medicine. It is said to be very useful in cases of quotidian and tertian intermittents, both acute and chronic, of persons living in low, *swampy* and *marshy places*. The truth of this statement has been verified by the success with which I treated some eight cases of chronic quotidian and two cases of tertian intermittents, the patients having come from the Rangpur and Jadpaiguri districts in July and August, 1886. ‘*The chief characteristic of this remedy is a periodicity which is often clock-like in its regularity.*’ This characteristic symptom mentioned by Dr. Hale was my chief guide, of course with other symptoms also, in the selection of this remedy. Dr. R. Hughes is of opinion that it acts often like Quinine and Arsenic. I would go a step further, and say that it often acts better than even these two drugs in cases of marshy intermittents. All the cases in which I tried this medicine with success were treated with the 2x and 3x potencies only, more especially the former, only three doses being given daily. I had no occasion to use more than six doses in any case. In three or four cases I tried the 6x potency, but it made no impression upon the fever, even after the administration of six doses, when I resorted to the 2x and 3x potencies. I am inclined to believe that the medicine works better at the low potencies. The first symptoms of improvement that I noticed in the cases which I successfully treated with this agent were : *Much craving for cold and acid water, which was taken with relish until the stomach became full, and then profuse perspiration breaking out, the patients looking as if bathed in perspiration, after which they fell asleep for two or three hours, and awoke quite refreshed and the fever left them entirely.*”

We consider Dr. Ghosh's work a valuable contribution to the literature of Homeopathic Therapeutics.

CONCORDANCE REPERTORY.* VOL. II.

WE are pleased to announce the appearance of the Second Volume of Dr. Gentry's great work, containing the symptoms of Mind, Throat, Stomach and Hypochondria.

The second volume maintains the character of the first, and follows the same plan. Dr. Gentry has saved some space without sacrificing utility by omitting the cross-headings which appear in the first volume. We wish in the larger sections there had been some attempt at a sub-alphabetical arrangement. There is a minor matter which the publishers ought to have guarded against in the lettering of the binding. This is not uniform in the two volumes; the consequence is that as they stand side by side on the bookshelf they look like different works.

GENERAL CORRESPONDENCE.

"HOW HAHNEMANN CURED."

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The author of the above paper in the August issue of your periodical appears to wish to convey to your readers the impression that Hahnemann disapproved of the use of "clinical symptoms" in treating patients, and also of the use of high and the highest potencies in the preparation of medicines. On *this part* of his paper I should be glad of the opportunity of a few quotations and a few remarks, and both shall be brief.

1. As to clinical symptoms. In the *Organon*, 4th American edition, p. 164, we may read, "The investigation of the pure effects of medicines by their administration in disease is difficult;" and then § 142, "But how the symptoms produced by a simple (single?) medicine can be distinguished among the symptoms of the original disease, even in those which mostly retain their identity, more especially chronic diseases, is an object for superior discernment, and to be left to masters in observation." Then in the *Materia Medica Pura*, vol. i., preface, pp. vi., vii., "Among the symptoms which have been furnished by other physicians, and which will be mentioned together with my

* *The Concordance Repertory of the more Characteristic Symptoms of the Materia Medica.* Vol. II. By William D. Gentry. New York: A. C. Chatterton and Co., 78, Maiden Lane. 1890.

own, there are some which have been observed upon sick persons. However, inasmuch as these persons were chronic patients, and their morbid symptoms had been well ascertained, care has been taken, at any rate by Grening, to distinguish these standing symptoms from the symptoms produced by the medicine. Symptoms discovered upon such patients are, therefore, not without some value, and may, at any rate, serve to confirm analogous or the same symptoms when found upon healthy persons.

2. The use of high and the highest potencies in the preparation of medicines. In the same edition of the *Organon*, pp. 216, 217, *note*, "Homeopathic *dynamizations* are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in almost a spiritual manner upon our life, that is to say, on our percipient (sensible) and excitable (irritable) fibres. . . . These preparations, therefore, cannot have the term 'dilutions' applied to them, although every preparation of the sort, in order to potentize it higher—that is to say, in order to awaken and develop still farther the medicinal properties that still lie latent in it—must first be again yet more attenuated, to allow the trituration or succussion to penetrate more deeply into the essential nature of the medicinal substance, and thus to liberate and bring to light the more subtle part of the medicinal power that lies still deeper, which were impossible to be effected by the greatest amount of trituration and succussion of substances in a concentrated state."

The date of these remarks is December 19, 1838.

Again, p. 221, *note*, "Mathematicians will inform them (*i.e.*, ordinary physicians) that, in whatever number of parts they may divide a substance, each portion still retains a *small share* of the material; that, consequently, the most diminutive part that can be conceived never ceases to be *something*, and can in no instance be reduced to nothing."

Then in the *Materia Medica Pura*, vol. iv., preface, p. v., "If a drop of such a highly attenuated drug were capable of producing any effect upon the system," they object, "in that case every drop of the water of the Lake of Geneva, into which a drop of medicine has fallen, ought to be more highly medicinal than homeopathic preparations, inasmuch as these contain proportionately much less medicine than the aforesaid drop would." I reply: In preparing homeopathic medicines we do not simply add a small portion of medicine to an excessive quantity of an unmedicinal substance, mixing it but slightly, as must be the case in the simile above mentioned, which has been excogitated merely for the sake of derision; on the contrary, we add but a small portion of unmedicinal substance to a

drop or a grain of medicine, and by means of the processes of shaking and trituration, we not only succeed in impregnating gradually and most intimately every particle of the unmedicinal substance with the power of the medicine, but also in developing that power to an almost boundless extent. The fact that the inmost power of a medicinal agent can be infinitely developed by trituration and succussion had never been known heretofore."

These few quotations show that, as to clinical symptoms, Hahnemann, far from depreciating them, considered their detection and differentiation from "the pure effects of medicines" required a "master" in observation, and admitted them into the *Materia Medica* with of course a proper distinction.

The "Keynotes," which seem also to disturb the mind and feelings of the author of the paper in question, are but a quintessence of symptoms, always seeking as Hahnemann advised, the "characteristic" symptoms, and these in as condensed a combination as was possible to be useful at the bedside. No one knows better than our author that the principal originators of these, namely, the late Constantine Hering, Adolph Lippe, and Guernsey were rigid students of and insist upon the continuous study of the *Materia Medica*, and masters in its practical application at the bedside.

With respect to the preparation of the medicines nothing can be clearer than that Hahnemann taught. 1. Thorough mixture, whether by trituration or succussion, of the medicine and its vehicle. 2. That the extent to which it could be thus potentized was practically and to human ken unlimited, and that this knowledge we owed to homeopathy, and the practical carrying out of it was an *integral* part of the practice of the same. If therefore it could be shown that these two points, namely, thorough mixture and, by means of this, potentization were ensured, such preparations would have met with Hahnemann's entire approval, and consistently so.

Trusting that any of your readers who may have received a different impression than that sought to be shown above may pause and observe the ancient maxim—*Audi alteram partem*.—I am, Mr. Editor, yours truly,

EDWARD MAHONY, M.R.C.S.

80, Huskisson Street, Liverpool.

August 16, 1890.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical

advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

MUSSEL POISONING.

Our correspondent, Mr. E. B. Ivatts, sends the following additional particulars in regard to the late case of mussel poisoning: "The mussels were eaten at 8.30 p.m., and at 9.30 p.m. the mother and children were all dead, swelling of the submaxillary glands and contraction of the throat being the most noticeable effect. In regard to the sewage theory, the township (Blackrock) engineers deny that any sewage is discharged into the pond, although the old openings exist, but the sewage has been diverted to a main drain—hence the mussels cannot have become diseased from sewage; the water from a *laundry*, however, from one house is still discharged into the pond."

DR. PULLAR.—We shall be pleased to accede to your request.

TIME REPERTORY.

DR. HAYWARD, Liverpool.—If you will kindly peruse the numbers of HOMEOPATHIC WORLD for earlier months of this year you will perceive that our Time Repertory is simply an index to the Time symptoms collected in Dr. Noah Martin's articles. These symptoms we have good reason to believe are sound and reliable, and we consider it very convenient to have an index to them. We intend to bind the whole together when complete and interleave them, so that we can add other marked time symptoms as we come across them. If all repertories are useless unless complete and perfect, we fear there is not much chance of there ever being a useful repertory.

LEE'S REPERTORY.

DR. ROBERTS.—Only one part (Mind and Disposition) of this repertory is yet published. It is being issued by the publishers of the *Homeopathic Physician*, 1123, Spruce Street, Philadelphia.

APPOINTMENTS, VACANCIES, AND REMOVALS.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

VACANCIES.

JAMAICA.—Dr. T. Wildes (M.D. New York) writes to us apropos of remarks of ours:—

"I note that G. and Son announce in your columns that homeopaths with a British register are needed here. They are needed badly! There is room in this island for ten skilful and specially

educated homeopathic physicians. American registers are not recognized here, and yet I do easily \$10 per day, cash, though I came here a sick man, and do not go out of the house to practise."

Dr. Wildes is desirous of leaving the island if he can find a successor to purchase his practice. A competent man with a British degree would find himself established in good practice at once.

VARIETIES.

TUBERCULOUS INFECTION THROUGH EAR-RINGS.—A case is related in the *Wiener Med. Presse* of a young girl fourteen years of age, of a perfectly healthy family, who wore ear-rings left to her by a friend who had died of pulmonary tuberculosis. Soon ulcers appeared on the lobes of both ears, the cervical lymph-nodules became swollen, and percussion revealed dullness at the apex of the left lung. Tubercle bacilli were found in the ulcers and in the sputa. It was presumed that the ear-rings were the agents of infection.—*New York Medical Times*, July.

VARYING SIZE OF THE HAND.—Starting with the idea that the hand varies sensibly in size with the amount of blood present in it at any moment, Prof. Mosso, the Italian physiologist, has made some most interesting investigations. In his first experiments the hand was placed in a closed vessel of water, when the change in the circulation produced by the slightest action of the body or brain, the smallest thought or movement, was shown by a rise or fall in the liquid in the narrow neck of the vessel. With a large balance, on which the horizontal human body may be poised, he found that one's thoughts may be literally weighed, that even dreams, or the effect of a slight sound during slumber, turn the blood to the brain sufficiently to sink the balance at the head. The changing pulse even told him when a professional friend was reading Italian and when Greek, the greater effort for the latter duly affecting the blood-flow.—*New York Medical Times*, July.

DR. RUDDOCK'S POPULAR WORK.

"**THE HOMŒOPATHIC VADE MECUM**" has again been reprinted, and can be obtained through any Homœopathic Chemist or Bookseller. The price of the Smaller Edition is 5/., and the Larger Edition, which includes a Clinical Directory, 10/6.—HOMŒOPATHIC PUBLISHING COMPANY, 12, Warwick Lane, London.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Descriptive Catalogue of the Pathological
Museum of the London Hospital. Roy.
8vo, pp. 669. (T. F. Taylor. 7s. 6d.)

Fowler (J. K.). A Dictionary of Practical
Medicine, by various writers. 8vo, pp.
968. (Churchill. 21s.)

- Fitzgerald (C. E.).** Lectures on Physiology, Hygiene, &c., for Hospital and Home Nursing. 12mo, pp. 154. (Bell and Sons. 2s. 6d.)
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TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 34, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Mr. E. B. Ivatts, Dublin; Dr. Gentry, Rogers Park, Ill.; Dr. Pullar, London; Dr. Dudgeon, London; Mr. G. A. Cross, London; Mr. Jas. Bell, Liverpool; Dr. Watson, Sydney, N.S.W.; Dr. Roberts, Keighley; Dr. Mahony, Liverpool; Dr. Hayward, Liverpool; Dr. Berridge, London; J. A. V. Bangalore; Dr. J. Styant

Browne, Launceston, Tasmania; Dr. Cavenagh, Hull; Dr. Clifton, Northampton.

BOOKS AND JOURNALS RECEIVED.

El Criterio Medico.—Zoophilist.—Allg. Hom. Zeit.—New York Medical Times.—Homeopathic Review.—Chemist and Druggist.—Homeopathic Recorder.—California Homeopath.—Medical Advance.—Homeopathic Physician.—Hahnemannian Monthly.—Albany Medical Annals.—L'Art Médical.—Revue Homeopathique Belge.—American Homeopathist.—New York Journal of Homeopathy.—Medical Era.—Southern Journal of Homeopathy.—Clinique.—Medical Visitor.—Australasian Medical Gazette.—L'Union Homeopathique.—Phrenological Aspect of Modern Physiological Research, by James Webb.—Tenth Annual Report of the Society for Prevention of Blindness.—Forty-third Annual Announcement of the Hahnemann Medical College and Hospital of Philadelphia.—Report of Hull Homeopathic Dispensary.

THE
HOMEOPATHIC WORLD.

OCTOBER 1, 1890.

BOURNEMOUTH.

THE Bournemouth Meeting of British Homeopaths, held on September the 18th, if not one of the most largely attended, was certainly one of the most pleasant that have ever been held. The position of the town on the west southern coast, which gives it its well-known advantages as a winter sanatorium for invalids, and especially for those who suffer from delicate chests, precluded the likelihood of members attending from the more distant parts, and Scotland and Ireland were unrepresented. Manchester sent us the President, Dr. C. H. BLACKLEY, whose learned address was the most striking feature of the gathering; Birmingham failed to contribute; whilst Liverpool—always enthusiastic in things homeopathic—sent a strong contingent, Dr. DRYSDALE reading one of the Papers.

In spite of its uncentral position, Bournemouth fully justified its selection as the meeting-place of the Congress. The position of homeopathy in the town is one of which the local representatives of our art have every right to be proud; and we think the good burgesses (as they are soon to be) will be ready to confess that their new-born borough owes no small share of its prosperity to homeopathy and its practitioners. Certainly the Hahnemann Convalescent Home and Dispensary forms one of its architectural ornaments. There is no need for us to dwell on the natural beauties and advantages of Bournemouth. It is not much more than twenty years since Bournemouth was "discovered," but all the world knows of it now. On the

day of the Congress the weather was as genial and hospitable as our hosts, Drs. NANKIVELL, HARDY, and FROST, and the reception they gave to the visitors is one which is not likely soon to be forgotten.

There was a breezy, genial, confident tone about the gathering which augurs well for the future of homeopathy.

CLIMBING DOWN.

In 1865 Dr. Déclat published his essay on the antiseptic treatment of wounds by carbolic acid. In 1867 Mr. (now Sir Joseph) Lister borrowed the idea of antiseptic surgery by means of carbolic acid from Dr. Déclat, and developed it into his famous spray method in which the operating surgeon enveloped himself, his patient, and his assistants in a cloud of minutely divided or pulverized carbolic acid by means of an ingenious and imposing apparatus. At the International Medical Congress of 1881 Mr. Lister was still a zealous advocate for the use of the spray with a view of exterminating the septic germs and microbes with which the atmosphere is laden, and so preventing the fearful consequences that he believed would result from the admission of those micro-organisms into the patient's body. But at the International Medical Congress of 1890 Sir Joseph Lister sings a very different song. "As regards the spray," he says, "I feel ashamed that I should have ever recommended it for the purpose of destroying the microbes of the air." But not only does he give up the spray, he is now convinced that carbolic acid as an antiseptic agent does more harm than good. "Bitter was my disappointment," he exclaims, "at finding that the carbolic acid used as an antiseptic agent induced by its irritation such a copious effusion of bloody serum as to necessitate an opening for its exit." Although the experience of many surgeons of eminence has shown that antiseptics, *i.e.*, supposed poisons for microbes, are not necessary to obtain the very best results after surgical operations, it could not be expected that the man who has risen to fame and fortune by their advocacy would drop them altogether, so having given up carbolic acid, he now recommends a 1 to 10,000 solution of corrosive sublimate, and even this he seems

to be inclined to abandon for a combination of the cyanides of zinc and mercury.

Medicine "hath bubbles as the water has, and these are of them." The carbolic-acid bubble having been pricked, the *amende honorable* is due to those who early perceived what a hollow sham it was. We do not suppose that Sir Joseph will resign the home and foreign honours which carbolic acid obtained for him now that he has finally discarded that malodorous poison. But several eminent men suffered not only pecuniary loss, but indignity, because they conscientiously opposed the flood-tide of enthusiasm in favour of Listerism. We know of one eminent man who was twice black-balled by a medical society solely for this cause. Perhaps it will be sufficient revenge for them to see the great Panjandrum of Listerism doing penance in a white sheet before the assembled medical wisdom at Berlin, and confessing that he feels ashamed that he ever recommended the treatment which raised him to such a pinnacle of glory.

Sir Joseph lets himself gently down by throwing the blame of the deposition of his antiseptics on the discovery of an eminent naturalist named Metchnikoff, who has devoted much time to certain investigations which convinced him that the white corpuscles of the blood, or leucocytes as they are called, are really omnivorous creatures with "a special fondness for bacteria," which they devour in any quantity and assimilate into their own protoplasmic substance—hence he proposes to call them "phagocytes." The inference is that where leucocytes are there is no danger to be apprehended from microbes of any description, and as these omnivorous leucocytes abound in the serum exuding from wounds, they keep these wounds free from any danger that might accrue to them from the invasion of microbes from the atmosphere or elsewhere. So Sir J. Lister can now join with Professor Bruns in shouting, "Fort mit dem Spray!" and since Metchnikoff has shown that the leucocytes gobble up the intrusive microbes, he may holla, "Hurrah for the leucocytes!"

On the whole, it is a melancholy episode in the history of medicine, this almost universal enthusiasm for the new method and its final abandonment by its own author, but it can be paralleled by many another similar episode. In fact, medicine mostly consists of a succession of bubbles which have glittered in the sunshine of applause and

dazzled the eyes of the profession, but which have been all in turn pricked by the Ithuriel spear of experience, and have subsided into their proper insignificance.

NEWS AND NOTES.

THE BUILDING FUND.

WE would remind our readers, medical and lay, that the money is not yet raised to start the work of the new building. £21,500 is the amount promised and subscribed up to the present, and now a final effort is needed to bring it up to £30,000. This should surely be accomplished before the end of the present year. We understand that a large number of our medical men have as yet done nothing to help forward this really great event in homeopathy. We are sure all are desirous of seeing the work accomplished, and we trust that those who have not yet assisted will at once put forth their best energies and raise the remainder of the required sum.

HOMEOPATHY IN AUSTRALIA.

OUR readers will be glad to see Dr. Ray's letter from Melbourne, published in another part of our issue, with the homeopathic news of that go-ahead city. We have received from our correspondent, Dr. W. G. Watson, of Sydney, a copy of *The Australasian Medical Gazette* (June, 1890), containing a letter of his addressed to the editor in reply to criticisms by the latter on a former letter of Dr. Watson's. In this letter Dr. Watson deals in an effective way with the confessions of Brunton, Ringer, and Phillips as to the homeopathic actions of drugs. He refers his readers to League Tracts Nos. 14 and 15, from which he freely quotes.

HOMEOPATHY IN TASMANIA.

WE are pleased to learn from our correspondent, Dr. Styant Browne, that the public interest of Tasmania has been drawn to homeopathy by a newspaper correspondence. As in every former case, this has served to raise our system

in the estimation and respect of the public. Here, again, the League Tracts have done good service by furnishing our champions with weapons to fight the foe.

“HOW THE POWERS OF DRUGS WERE DETERMINED.”

SUCH is the title of League Tract No. 30. It passes in review all the methods that have been resorted to for ascertaining the mode of action of drugs, and shows that the only scientific and satisfactory way was that carried out by Hahnemann. The tract is a sixteen-page one, and is eminently interesting and readable, and full of valuable information. Here is a quotation :—

“The favourite method of ascertaining the positive action of drugs at the present time is by testing them on inferior animals, such as dogs, cats, rabbits, and frogs. This is dignified by the name of ‘pharmacology.’ But as the structure and physiology of these animals, and their susceptibility to the action of medicines differ immensely from those of man, and as they differ equally in these respects among one another, it is absurd to expect that any true inference can be drawn from such experiments as to the action of medicines on the human body. Accordingly, in one of the largest and latest works on this new pharmacology, that of Dr. Lauder Brunton, we do not find in its hundreds of pages of records of experiments with drugs on animals a single observation of the slightest use to the practitioner in the treatment of disease.”

BRITISH HOMEOPATHIC SOCIETY.

THE first meeting of this society for season 1890–91 will be held on Thursday, October 2nd, when Dr. Clarke will read a paper entitled “The Two Paths in Homeopathy.”

* * * OWING to unusual pressure on our space we are compelled to hold over a number of valuable articles. Our November issue will contain an article by Dr. Burnett on “A Case of Lichen Ruber Cured by Thuja,” and “A Proving of Primula Obconca,” by F. H. B.

DANDRUFF.—Chloral hydrate, five grains to the ounce of water, will clear the hair of dandruff, and prevent its falling out from that cause. In many instances, where the patient is nearly bald, it will restore the hair. Arnica oil, well rubbed into the scalp three or four times a week, promotes the growth of hair.—*Albany Medical Annual*, July, 1890.

ORIGINAL COMMUNICATIONS.

SARCOMATOUS TUMOUR, ETC.—THE RESULT OF
VACCINATION—CURED.

BY THOMAS SKINNER, M.D.

In these days, when inoculation and vaccination are on their trial as never before, it is well to furnish the public, the profession, and the members of the Royal Commission, with facts or cases, so that "he who runs may read" the folly and cruelty of vaccination, to say nothing of the professional ignorance and tyranny of *compulsory* vaccination. The following case is so thoroughly to the point, that I give the facts without the slightest colouring or exaggeration:—

On November 6, 1889, I was consulted by the parents of a male child six months of age, suffering from the bad effects of vaccination; at least, so said the parents, and they informed me that it was the opinion of the vaccinator and his consultant that the child's suffering was the outcome of the vaccination, although they had never before seen such serious consequences.

On stripping the child and examining its back, there is a tumour which a leading surgeon in London denominated *Sarcoma*; and, I believe, rightly so, as the tumour to the feeling was of the consistence of flesh. This tumour was no doubt of constitutional origin, as it was congenital; but when observed at birth it was about the size of a shilling, slightly livid, and a little to the left of the spine in the lumbar region. Soon after vaccination it took on rapid development, and in less than four months it attained the dimensions of a *Sarcoma*, four inches by six in diameter, and about two or two and a half inches deep. The skin over the entire tumour is of a deep livid hue, closely resembling aneurism by anastomosis. I was told that at one time the entire back was ecchymosed as far round as the left groin; and when this was the case the growth became painful to touch, but it is much less so now.

The vaccinator, or family doctor and the physicians and surgeons consulted were unanimous that nothing could be done beyond attending to the general health of the patient, so far as the sarcomatous tumour of four months' growth was concerned; and, as old-school practitioners, it was the best that they could do, because any kind of operation by the knife, seton, or cautery would have been fatal to the

child, or the result might have been worse than the disease. Electrolysis was not attempted or suggested; but I question if it could be of any use where a growth is the result of septic poisoning of the system. Besides, the tumour was not the only form of constitutional or septic disturbance—the child suffered a perfect martyrdom from what the mother termed “a succession of fiery eruptions,” worse at night, preventing sleep, but bad all day; sometimes in the form of *Eczema aurium*, but more generally all over the body, and very much resembling the small-pox vesicle without the depression in the centre. Add to the picture, loose stools—green, watery, and foul—extreme weakness and irritability, demanding brandy and at times small doses of morphia by the old-school attendants, and we have an amount of social and individual misery which well might be spared, to say nothing of *the expense* to the parents, clearly attributable to vaccination, and especially to the tyranny of compulsory vaccination. If the profession bore the expense, they would be less to blame; but catch them going that length!

As my object in publishing this case is not to boast of having effected a cure of this case of sarcoma and eczema, which forced the cry of “*Non possumus*” from our old friends the allopaths—as that is never difficult at any time—there seems little need of my entering fully into the treatment which proved successful in removing this formidable-looking tumour of rapid growth, as well as the eczema and septic poisoning, in the short space of time of ten months (November 6, 1889, to August 11, 1890). I will, therefore, summarise the

Treatment.—The medicines have been *Lycopodium* CM (F.C.), *Graphites* 30m (F.C.), *Mercurius vivus* 50m. (F.C.). The *Merc. v.* was given because of threatened inflammation of the left parotid, and because the mother had lost three children before, and soon after birth. An abscess formed in the left parotid, and opened on December 11, 1889, with great general relief. At the same time, as the child's urine was highly ammoniacal, he got *Nitric acid* 1m. (F.C.) night and morning.

December 20th.—Copious sweat of head when asleep; and, as the abscess was not yet closed, he got *Silicea* 50m. (F.C.) one dose.

On April 30, 1890, I for the first time suspected that vaccination might be at the bottom of the septic poisoning.

I knew all along that "the fiery eruptions" dated from the time of vaccination; but if I was informed it escaped me that the increased rapid growth of the tumour dated from the time of vaccination. I wrote to make inquiry, and I was informed for the first time that it was so. Therefore, on April 30, 1890, I gave the child one dose of *Thuja* 20m. (F.C.), and one dose of *Melitagrinum* CM (F.C.), to be given on the advent of one of "the fiery eruptions," because it cuts them short, eases the child's sufferings, and delays their reappearance. On July 14th he got one dose of *Thuja* CM (F.C.), and the last on August 11, 1890.

The *Thuja* caused a rapid subsidence of the tumour and the accompanying discolouration, so the nurse told me; and when I last saw the little patient—about the middle of July of this year—beyond a slight puckering of the skin over a small portion of the site of the sarcoma, there was no other trace of the tumour or of the discolouration, and I was informed that "the fiery eruptions" were now like angels' visits, few and far between.

Nota bene.—Let it be observed that this case was conducted to a successful termination by internal constitutional treatment alone; that there was no alternation of medicines, and no local treatment of any kind, or special dieting.

Lastly, let me refer to an interesting case of "Multiple Sarcoma," brought before the British Homeopathic Society on March 4, 1886, and published in *The Monthly Homeopathic Review* (vol. xxx. p. 193). The case occurred in the practice of Dr. Henry Shackleton, of Sydenham, S.E. In this case, although it might be difficult to prove it to some people, I have no doubt that the *fons et origo mali* was vaccination in a psoric constitution; and I quite agree with Dr. Cooper that *Hydrastis* had nothing to do in effecting the cure, which was due solely to the *Sulphur* administered.

Dr. Conrad Wesselhoeft had a case of a similar kind cured with *Sulphur*. It was of several months' standing in a child a year old. The tumours were about eighty in number, and they varied in size from that of a large bean to a filbert, and they were found in all stages of development at the same time. After the *Sulphur*, no new tumours formed, and the old shrivelled up without discharging.—*Vide Hoyne's Clinical Therapeutics* (vol. i. p. 169).

It is not said that septic poisoning from vaccination was the cause in this case; but it is not at all unlikely, considering the age of the patient.

CASES FROM MY PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

12. URETHRITIS—*Hydrastis*.

S. I., merchant's clerk, 25 years, Copenhagen. Has had, for seven weeks, gonorrhœa, and has been treated at the Polyclinic. No particular improvement. Yellow-white thick discharge from urethra. Slight burning during micturition. Otherwise well. *Merc. Sublimat.* 3 Dec. dil., five drops three times daily. Injection of a weak solution of *Sublimat.* three times daily. The discharge decreased a little, but on the 5th of January it had increased again, and was thick and yellow. Pains on micturating were now over. *Hydrastis Canad.* 1 C. dil., five drops three times daily. Injection of a solution of *Hydrastis* tincture, three times daily.

Hereafter altogether well on the 31st of January, 1889.

13. ERUPTION—*Arsen. Alb.*

C. H., confectioner, 31 years, Soro, has been ill for one year, and commenced treatment by me on the 29th of January, 1889. Spread over the arms and legs is to be seen an eruption of larger and smaller papules, which itch and scale off. The eruption is partly in larger patches, and partly in oval figures; also a little on the back of the feet. The skin, all over where the eruption is, is somewhat red and raised. The itching is worst at nights, and he observes that it burns like fire in the attacked parts. Scratching of the eruption makes the itching much worse. *Arsenicum Album.* 3 Dec. dilution, five drops, three times daily. External: Washing with Lanolin soap, morning and evening, and thereafter rubbing with *Merc. Precipit. Ruber.*, gr. 1, Vaseline gr. 30.

February 28th. Eruptions much better. Itching and scaling decreased. The skin less thick, softer. Same ordination.

April 16th. Cured and well.

14. CARBUNCLE—*Arsen.*

Z., widow, 51 years, Copenhagen. Has been always well until ten days ago, when the illness set in. To-day, the 21st of February, 1889, she complains of cold shiverings, disgust for food, weakness, and burning pains in the back of the neck, in the back part of the head when straightening. Functions are in order. Sleep bad on account of the pains, and she cannot in any way bear to lie on her back. The pulse is somewhat quick. Tongue not coated. In the back part of the neck there is a hard blue-red swelling of the size of an egg, a little movable on the underlying parts, many small white spots on the same, but no secretion. The pains, she says, are particularly violent in the middle of the night, and it feels as if there were burning coals in the swelling. *Arsen. Album.* 3 Cent. dilution, five drops every three hours in a tablespoonful of water. Poultice of linseed-meal.

February 25th. Yellow thick matter oozes from two small openings. Many small white spots on the swelling. The pains in the back of the neck are considerably decreased, and the sleep is better. Same ordination.

March 1st. The swelling is now soft all over, and thick yellow matter oozes from a number of openings. Same ordination three times daily.

March 3rd. The swelling decreases much in size. The discharge is less. No further pains. General condition good. Same ordination in 6 Cent. dilution, five drops three times daily.

Perfectly recovered on March 27th.

15. HEMATURIA—*Tereb.*

N. N., working man, 44 years, Copenhagen. Had a chancre twenty-four years ago, which was allopathically treated with sublimate pills. After that he was well, and never since has any eruption or affection of the throat shown itself. His actual illness, for which he began treatment on the 15th of June, 1889, has lasted for a year and a half, and he has been under the treatment of a homeopathic doctor, without improvement. After micturating, there comes blood from the urethra, sometimes a few drops, and sometimes as much as a teaspoonful. The blood is of a light colour, and limpid. The urine comes in jets, frequently in the daytime, once or twice in the night. No

swelling of prostate. Never blood with stools, which are normal, and the general condition is without fault. *Nitric Acidum* 1 Cent. dilution, three drops, three times daily.

June 29th. No change. Now comes with the urine dark coagulated blood. Blood coming when not making water, is light and limpid. *Terebinthina* 3 Cent. dil., same manner.

July 13th. The bleeding about all over; same ordination. By the beginning of August he was perfectly well.

HAHNEMANNIAN CURES.—No. 6.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association).

CASE VI.—*Lycopodium*. January 22, 1874. Miss S. H. yesterday heard her brother sing a comic song; the chorus ran in her head continually afterwards, keeping her awake all last night; even the pendulum of the clock seemed to be ticking the words as it swung from side to side. To-day she has been involuntarily repeating the chorus every few minutes.

Diagnosis of the remedy.—Only two remedies are at present known to produce similar symptoms, *Crocus* and *Lycopodium*. The *Encyclopedia* gives the following:

Crocus 2. "Suddenly there arises before her fancy a concert, which she attended a long time since, as vividly as if she were listening to it; she even imagines she can hear the different instruments: after a time this vivid recollection of the past disappears, and she is no more able to recall the music."

5. "If any one happens to sing a single musical note, she begins involuntarily to sing, and then is obliged to laugh at herself; she, however, soon sings again in spite of her determination to stop."

6. "Even when out of humour, quiet repetition of a lively melody."

Lycopod. 132. "A piece of music I once heard came so vividly before the mind that I could almost hear it."

598. "In the evening she continues to hear the music she has heard played during the day."

Both these remedies seemed nearly equally homeopathic. Symptom 2 of *Crocus* and 132 of *Lycop.* are practically

almost identical, both describing the vivid recollection of music heard in the distant past. Symptom 598 of *Lycop.* better describes the patient's state, as the chorus which troubled her so persistently had only been heard by her the previous day. Symptom 5 of *Crocus* was sufficiently similar to be studied, but it was not exactly of the same order: in the prover it was the single musical note which excited her musical faculty, compelling her to sing; whereas in the patient it was the monotonous repetition of the chorus which was so impressed upon her mind that she was compelled to repeatedly utter the same words. Also symptom 6 did not correspond fully, as the repetition was not "quiet," but, on the contrary, a source of great annoyance. *Lycop.* seemed, therefore, the *simillimum*, and this selection was confirmed by the following rubric in my own MS. Repertory of the Mental and Head Symptoms. "Talking on the same subject, *Cann-ind.*, *Lycop.*, *Petrol.*, *Stramon.*" (Lee's Repertory gives this rubric under "Speech": "Cannot free herself from the one subject.")

I gave her one dose of *Lycopod.* mm. (Bœricke) at 3 p.m. She became better in a few minutes; had a slight relapse after hearing the song again, but it soon ceased, and did not return under similar circumstances.

Comments.—(1) This case is interesting as verifying the power of high potencies to produce pathogenetic symptoms in the healthy, and too long duration of the action of *Lycopodium*. Symptom 132 of this remedy was one I experienced myself many years ago from a proving with Jenichen's 5m. potency, and it occurred forty-three days after the last dose. The duration of action of high potencies would be almost incredible were it not fully verified by repeated experiments; and these later symptoms should always be observed with especial care, as they are of extreme value, being often highly characteristic, as Bœnnighausen pointed out.

(2) The need of a perfect Repertory, like that of Dr. Lee,* is again illustrated by this case. In Allen's *Symptom Register*, p. 296, under "Delusions—Music," we find *Cann-ind.*, *Ether*, *Lycop.* (symptom 598 only, 132 being not registered), *Plumbum*; and again p. 334, "Ears—Music," *Sal-ac.*, *Puls.*, and *Sarr.* *Crocus* is unaccountably omitted under both those rubrics, though it is given (p. 796) under

* The section on the Head symptoms has now appeared, and is most excellent.

“Music.” Of course all these symptoms should be grouped together to facilitate reference. None of these medicines, except *Crocus* and *Lycop.*, have the peculiarity of reproducing a mental image of music actually heard on a prior occasion. *Sarracenia* has an analogous symptom, 408: “In his sleep he dreams that he hears music, and there-upon awakens, and still thinks that he hears it.”

48, Sussex Gardens, Hyde Park, London, W.

PRACTICAL NOTES.

By AGRICOLA.

Chelidonium tinc. 2x, curative of many years' loss of power in retracting anus after stool; without the aid of the finger prolapsus would continue. It is now several months since this curative condition happened. I therefore regard the cure as a radical one.

Metasulphite of Potassium, K_2SO_3 , Boake's *Anhydrous Potassic Sulphide*, a patent. Schussler's twelve Tissue Remedies having excited my attention in consequence of the marvellous power I have experienced vested in the chemical product of the blast-iron furnaces, *Slag*, I noted the peculiar action of the Potassium Sulphate in the above work. The above beautiful SO_2 Salt having attracted my notice (procurable from Mawson and Swan, Soho Square, London), I put its action as 6x trituration in operation on myself—1 grain doses, six times daily. To my joyful astonishment, it excited a vast change in the character of my stools, which, for at least thirty years, had been *very* large in calibre, hard, and causing labour-like pains in, or rather before, evacuation. In the place of this, they changed to small detached lumps or spheres, *à la marbles*, during commencement of stool, then the remainder was of ordinary healthy calibre.

I think, though, that considerable uneasiness in Right Hypochondrium (pyloric or hepatic) was brought on by the drug. This I must decide on some future experiment. I had the necessity to place my housekeeper (the uterine tumour case already reported in the *WORLD*) during her almost fatal attack of influenza in January last, under a young allopath, as I myself was from same cause *hors de combat*; almost entirely-suppressed kidney action and intense bladder agony being *her* great trouble (caused

either or both by the irritating urine or by the muscular pains which involved spinal column from occiput to sacrum). The young F.R.C.S. from Guy's gave her Potassic Citrate in stiff, even for allopathy, doses. On the third day the kidneys acted freely enough, but the Potash had brought on tympanitis, constant mucus-flow from anus, awful abdominal and gastric pains, which she described "as if a machine was at work inside, skinning the inside of the stomach and the whole length of the intestinal tube"; while the amount of and the pain produced by the constant flatus was a prominent feature. To this day she shudders with horror at her three-day experience of the Potash, more of which she stoutly declared to the young Dioscorides would kill her, and that she would prefer to be killed by the influenza itself to "that Potash."

Now, it so happens that for many years—twenty-five at least—I have been subject to a distressing pain in the right side of the bladder, together with profuse (almost diabetic) secretion of pale (neutral as regards acid or alkali chemical tests) urine. A well-known urine specialist, on being consulted *in re* probable calculus, advised change of air only. At that time medicine had not much engaged my thoughts; still it occurred to me that gastric acidity and flatus might be the cause of my distress, so I tried *Potassium bicarbonate* dry, 1 grain doses, and which to my surprise relieved both conditions. Years passed, and the same symptoms reappeared; but I feared to use the former remedy, seeing that Ringer's Handbook was so dead on the poisonous properties of *Potassium* in all and every form. Homeopathy having now received my attention, various remedies were used with varying success: *perchloride of iron*, plus acid in excess, equal to 2x, having acted favourably for a time, *Lycopodium* 3x ditto, &c. *Potassium*, or to use the obsolete name *Kali*, having, according to Hempel and to most homeopathic authors, received very scant notice and anything but eulogy, this valuable—beyond all description—drug had been rather despised by me until Schussler's items were read; and now I really hope and believe that in so attenuated a dose as 1 grain (6x) of K_2SO_4 , *Potassium* is yet to prove my cure, so far as cure is possible to any individual of the genus *homo*.

Boake's patent is desirable, as during the first and second decimal trituration of all salts having the water-of-combi-

nation present, deliquescence more or less always takes place. His anhydrous salts avoid this contingency; but I am not aware of any other advantage being attributable to them.

BELLIS PERENNIS—AN ACCIDENTAL PROVING.

A LADY, aged forty-five, of nervous temperament and subject to severe attacks of neuralgia accompanied by swellings, took by mistake a dose of *Bellis Perennis* ϕ (the common Daisy, or "Bruise-wort" as it is termed in herbals). As she has kindly permitted us to make use of her experiences, we give them in her own words:—

"It produced marked swelling of the eyelids, and large patches of scarlet flushing over the forehead and cheeks—very conspicuous indeed, but at the same time without the least feeling of heat or burning, so that I was amazed when I caught sight of my face in the glass. The appearance was like violent erythema, but there was no rash. As the day went on it grew paler, and the next morning there was a sort of peeling of the skin—a dust brushed off it, as it were, when rubbed. The swelling of the eyelids, chiefly the left, lasted longer than the patchy redness.

"Then there had been a sudden peculiar wide-awakeness—more than a common waking—very early, before 3 a.m., and do what I would I could not get to sleep again. And yet it was comically pleasant—my head felt so clear and my wits so lively.

"I had no thought, remember, of 'proving' anything till these curious things set me thinking, and then at once I remembered the draught of *Bellis* the evening before, about 7 o'clock.

"As an external remedy I had often used it before, and always with very great comfort and success. Mixed with hot water it removes neuralgic and muscular pain, and softens the stiff, bough-like feeling and 'bruised spots' in and under the arms, so well known to proficient in neuralgia. I always keep it in the house instead of *Arnica*. If I were now troubled with wakefulness after sleep (I don't know whether it would induce sleep on first going to bed) I would take *Bellis* with a good deal of confidence, so vivid is my impression of what it did undesired."

Writing subsequently, the prover added, "I do not

know whether I made it clear that the wakefulness was unlike ordinary early morning wakefulness in that there was no subsequent dozing—I seemed to awake suddenly and once for all, as it were, with great clarity and alertness of every faculty.”

ANNUAL HOMEOPATHIC CONGRESS.

THE Annual Homeopathic Congress was held at Bournemouth on Thursday, September 18th. The place of meeting was the Board Room of the Homeopathic Convalescent Home. There were present—Dr. C. H. BLACKLEY, Manchester, President; Drs. Nankivell, Hardy, and Frost, Bournemouth; Drs. Dudgeon, Dyce Brown, Galley Blackley, Pullar, Buck, Jagielski, and Clarke, Mr. Knox Shaw and Mr. Harris, London; Dr. Hughes, Brighton; Dr. Madden, Bromley; Drs. Drysdale, Hayward, and Hawkes, and Mr. Hayward, Liverpool; Dr. Spiers Alexander and Dr. S. P. Alexander, Plymouth; Dr. Nicholson, Clifton; Dr. Nield, Tunbridge Wells; Dr. Pope, Grantham; Dr. F. Nankivell, Sydenham; Dr. Gilbert, Reigate; Dr. Stancombe, Southampton; Dr. Clifton, Northampton; Dr. George Clifton, Leicester; and Dr. Mackechnie, Bath. As visitors, there were present—Professor Aldridge, Minnesota, and Mr. Gray, London.

At 10 o'clock, Dr. C. H. BLACKLEY read his address entitled, "Observations on the Progress and Tendency of some of the Modern Methods of Scientific Research." Dr. Blackley first referred to the marvels of the spectroscope, and illustrated by these the absolutely infinitesimal quantities of substances that can be identified by this means. He next referred to photography, the microphone, sphygmophone, and phonograph, and by means of these he illustrated the same thing. In all these departments, he said, we are dealing with infinitesimal quantities, which are constantly doing their work in the world. Microbiology was next dealt with in a very interesting manner, reference being made, among other things, to Darwin's experiments with *Drosera*, and Dr. Blackley's own experiments with Pollen in his investigation of Hay Fever.

The address was listened to with marked attention throughout, and was heartily applauded at the close.

Dr. DRYSDALE proposed, and Dr. POPE seconded, a vote of thanks to Dr. Blackley. Both maintained that it would be an admirable work of reference for the future.

Dr. DUDGEON proposed that it should be made a "League Tract."

Dr. BLACKLEY feelingly acknowledged the thanks.

The Hon. Sec. (Dr. DYCE BROWN) read letters from Dr. Drury, Dr. Gibbs Blake, Dr. Yeldham, Dr. Guinness, Dr. Hugh Cameron, and Dr. Douglas Moir, regretting their inability to attend.

The Hon. Sec. then read the minutes of the' previous meeting at Birmingham in 1888.

Dr. HUGHES then read his paper on "The Index to the Cyclopedia of Drug Pathogenesy." Dr. Hughes referred to the progress and near completion of the work and the form which the Index should take. Dr. Hughes proposed that in compiling this the editors should go through the Cyclopedia, and underline those passages which were worthy of indexing. He also thought the symptoms might be condensed. He said that no plan would be acceptable to the majority of the profession which is not based on a revision of the text of the *Materia Medica*. On the order of the Index, he said the choice lay between the alphabetical and the schematic. He decided for the latter. He thought we might add one or two new classes, as "nervous system," and make small re-arrangements, e.g., putting "sweat" under "skin," instead of "fever," whenever it was unconnected with the latter. He came now to the *crux* of the matter—the presentation of the symptoms. He did not think it possible to repeat the symptoms in detail under every heading, as was aimed at in the Cypher Repertory. He thought the same end might be effected by cross references, as is done by Hering. He thought locality should underlie the order. Pain should come first—with concomitants and conditions in relation to each symptom, progress and direction, and finally peculiar symptoms should follow. He proposed to follow the example of the Cypher Repertory in giving collectives and selects.

In regard to Hahnemann's Chronic Diseases, Dr. Hughes proposed that symptoms produced by 30th should be omitted, and also the symptoms observed on patients; in fact, to ignore the Chronic Diseases altogether except so far as regards the symptoms transferred from other sources.

Dr. J. W. HAYWARD hoped that the volume would be made so as to be easily handled—for use in the consulting room—to be used in the patient's presence. He objected to merely clinical symptoms and merely fanciful symptoms. Great care must be taken in weeding. It must only be done by a large majority of the consultative committee. Peculiar and contingent symptoms must be retained. Dr. Hayward thought the compiling of this Index formed an epoch in Homeopathy; if it was successful it would be the greatest means of forwarding Homeopathy.

Dr. DRYSDALE said one point was whether the Index was to be

criticised or not. The criticism ought to be done before the indexing is commenced. The second question was whether the Repertory should contain the whole of the symptoms or only those in the Cyclopaedia. He objected to more indexes than was necessary.

Dr. HAYWARD supported Dr. Drysdale.

Dr. DUDGEON said thousands of symptoms had been eliminated already, and the Cyclopaedia stood already criticised to a great extent. He did not think we need wait till the end of the world till the symptoms were properly criticised as Dr. Drysdale seemed to suggest. With regard to the plan, Dr. Dudgeon thought Dr. Hughes's plan of a strict anatomical arrangement was the best that could be devised. Dr. Dudgeon did not think we could have too many repertories. Dr. Dudgeon concluded by proposing as an amendment that the *Materia Medica* is already criticised enough.

Dr. DYCE BROWN supported Dr. Dudgeon's idea.

At this point the Congress was adjourned for luncheon, which was handsomely provided by Dr. and Mrs. Nankivell in a marquee on the lawn of their house.

At the resumption of business Dr. HAYWARD made a statement as to the Hahnemann Publishing Society.

It was decided to hold the meeting next year in London, the time of meeting being left open. Mr. Harris was elected President, Dr. Galley Blackley, of London, being chosen Vice-President, Dr. Dyce Brown and Dr. Madden being re-elected Hon. Sec. and Treasurer respectively.

On the motion of the TREASURER it was resolved to hand over £5 from the surplus fund to the Building Fund of the London Homeopathic Hospital.

Dr. DYCE BROWN urged on the members the request of Major Vaughan Morgan, that all should do their best to help forward the building fund.

Dr. HARRIS read remarks by Dr. Goldsbrough who endorsed Dr. Hughes's plan as unfolded in *The Homeopathic Review*. He thought the Hahnemannian scheme should be developed according to the generalizations of modern physiology.

Mr. HARRIS added on his own part that life was not long enough for us to wait until the *Materia Medica* is perfect before we have an Index.

Dr. MADDEN was about to speak to Dr. Drysdale's motion when Dr. Drysdale was asked to put his motion in writing. A vote was then taken, and it was decided that the text of the Cyclopaedia should be further criticised, and further that the *Materia Medica Pura* should be included in the Index.

Dr. DRYSDALE advised that a specimen chapter should be published.

Dr. HAYWARD seconded.

Dr. NANKIVELL proposed an amendment, that Dr. Hughes should be entrusted to prepare a specimen, and submit it to the committee, and that the part should be taken from generalities.

Dr. HUGHES remarked that the work could not be begun for twelve months, and it would then take three months to get out a specimen.

Mr. KNOX SHAW asked what right the Congress had to dictate to Dr. Hughes what he should or should not do. Dr. Hughes asked for counsel only.

Dr. DUDGEON supported Mr. Knox Shaw, remarking that it was to the British Homeopathic Society, not the Congress, that Dr. Hughes was responsible.

Dr. PULLAR objected to the proposed physiological subdivision mentioned by Dr. Hughes.

Dr. DYCE BROWN proposed that Dr. Hughes be left to carry out the Index.

Dr. HUGHES said he was anxious to have the opinions and suggestions of the members, but he must ask them not to give him instructions.

Dr. DRYSDALE then read a paper on "A Case of Obstruction, with Comments on the Sydenham-Thomas Treatment." Dr. Thomas enforces the principles of Sydenham in the treatment of Ileus, which are these: (1) Avoidance of all purgatives; (2) A fluid diet; and (3) The use of sedative doses of *Opium*. Dr. Thomas was most emphatic in condemning all active direct treatment of the condition of obstruction. He even prohibits the use of enemata, as they do harm by exciting peristaltic contraction of the intestines. He condemns also nutrient enemata and rectal examinations. From five to fifty days is the duration of constipation. Under a fluid diet without milk most cases yield in a few weeks. All solids and milk should be prohibited. The horizontal position should be observed, the patient being made to turn from side to side. The foot of the bed should be elevated; the limbs should be wrapped warmly and the abdomen left exposed. *Opium* should never be given if solid food is being taken. *Opium* is the only drug Dr. Thomas confides in. Dr. Drysdale remarked on the comparative homeopathic treatment. Homeopaths avoid purgatives as Sydenham and Thomas advise. Homeopathy may fully endorse the dietetic recommendations. In regard to medicines, Sydenham and Thomas avoid all direct treatment of the bowels. But homeopathy is in a much better position, as our remedies give us better opportunity of meeting the conditions. *Opium* is itself homeopathic to it. *Plumbum*, *Alum*, *Opium*, and *Nux* have proved effectual in Ileus, but we should not confine ourselves to these. In cases where *Opium* has been given, the homeopathic reme-

dies, even though given at the same time, have proved effectual.

DISCUSSION.

Dr. HUGHES asked Dr. Drysdale whether he endorsed Dr. Thomas's view that we should treat ordinary cases of constipation dietetically, in the same way as cases of obstruction. He considered the cases were diametrically opposite. The cases of ordinary constipation required solid food of certain kinds.

Mr. KNOX SHAW said it was satisfactory to find Dr. Drysdale so well up in the modern views of the disease. He thought Dr. Drysdale's remarks alluded to chronic cases of obstruction. If acute cases were left thirty-six days they would be dead and buried long before that. He did not endorse the condemnation of enemata. There were two kinds of treatment: the delay of operation, as recommended by Mr. Jonathan Hutchinson; Mr. Treves, on the other hand, advised early operation. If an operation is to be performed the sooner it is done the better. It cannot be delayed until the patient is in collapse. Laparotomy is not such a difficult or serious thing as it was once supposed. With regard to the *Opium* treatment, he allowed that it did relieve the patient, but it so masks the symptoms that it lets the patient drift into a dangerous condition. He objected to it most strongly.

Dr. DYCE BROWN agreed with Mr. Knox Shaw. He differed from Dr. Drysdale and Mr. Thomas in thinking that it is a very important matter to determine the cause of obstruction. He had frequently seen severe cases relieved by large hot-water enemata.

Dr. HAYWARD thought Dr. Dyce Brown must be unacquainted with Dr. Thomas's book. Dr. Thomas has gone thoroughly into the questions he referred to, and considered all the bearings of the subject.

Dr. MADDEN thought the advances in abdominal surgery had altered the aspect of operation in the last four years since Dr. Thomas's book was published. He felt that Dr. Drysdale had done good service by bringing forward the special diet.

Dr. NEILD thought it possible to convert an acute case into a chronic one by treatment. Belladonna did most in a case of his. In this case, one of malignant disease, there was an actual *secretion* (not excretion) of feces below the obstruction, which was so small that nothing solid could pass. Some cases may go for two months without an action. One man he knew only went four times in the year. He had no symptoms, and required no treatment for that.

Dr. POPE drew attention to *Belladonna*, which is so well indicated at the beginning of these attacks. This will save many

cases from going on to actual obstruction. With regard to Mr. Shaw's saying that an exploratory incision was devoid of danger, that depended on the time at which it was done.

Dr. HAWKES (Liverpool) said he thought the harmlessness of exploratory incisions in Lawson Tact's dictum referred principally to ovarian cases. A case had occurred in the Hahnemann Hospital recently, where operation was thought of, but under remedies it gave way.

Dr. DRYSDALE said with regard to constipation and obstruction, that must be decided before you begin. It was a suggestion of his own to recommend the diet for ordinary constipation. He thought Dr. Thomas was well up to the times. Surgeons were rather inclined to be too eager to operate as a rule.

Dr. MADDEN then read his paper on "The Necessity of Recording our Failures as well as our Successes; as Illustrated by the Treatment of Enlarged Tonsils with *Baryta Carbonica*." He thought the provings point to acute tonsillitis rather than chronic enlargement. His experience coincided with this. He had good results with acute cases, but none in chronic. He thought if this agreed with the opinion of others, *Baryta Carb.* should be discarded for chronic cases. He alluded to the value of recorded failures in the case of Dr. Goldsbrough's experience with *Cyanide of Mercury*, which failed when given in low dilutions. He was advised to go higher, and then he succeeded.

Dr. CLARKE said that failures to be useful should be well-recorded cases—notes being taken and all the symptoms being given. He had used *Baryta* in both acute and chronic cases with success. It was a mistake to speak of giving *Baryta Carb.*, or anything else, for enlarged tonsils. The totality of the patient's symptoms should be considered, and then, if the drug corresponded, it would cure. If it did not, it would fail.

Dr. NANKIVELL had found *Baryta Carb.* useful in preventing recurring quinsy, usually given during the convalescence.

Dr. HAYWARD's experience coincided with Dr. Madden's.

Dr. PULLAR had used *Baryta Carb.* with success in both acute and chronic cases. He found *Calc. Phos.* more useful in chronic cases.

Dr. POPE referred to a remark of Dr. Carrol Dunham's, "don't look at the tonsils, look at the patient." Referring to the action of *Cyanide of Mercury*, he mentioned the efficacy of the drug in doses corresponding to the 2nd or 3rd decimal.

Dr. HAWKES could bring the same charge against all medicines in enlarged tonsils. He thought they might be removed.

Dr. DYCE BROWN supported Dr. Madden.

The PRESIDENT'S experience coincided with that of Dr. Madden. We want drugs that will be more successful than those we have in cases of enlarged tonsils.

Dr. MADDEN briefly replied.

The proceedings terminated with a hearty vote of thanks to the President.

In the course of the afternoon there was a brief adjournment, during which members partook of tea and coffee, and inspected the beautifully appointed Convalescent Home.

At seven in the evening the members dined with their friends at the Bath Hotel, and a very pleasant evening was spent.

On Friday 19th an excursion was organized by Dr. Nankivell to Corfe and other places of interest, a number of the members availing themselves of the opportunity.

SPECIAL CORRESPONDENCE.

MELBOURNE.

LETTER FROM DR. RAY.

Influenza at the Antipodes.—The New Wing of the Hospital.

MY DEAR DOCTOR,—Some few months ago I sent you a few lines informing you how we were doing at the Antipodes, and as you were good enough to express your pleasure at receiving them, I again send you a few items. The fashionable epidemic "*la grippe*" found its way here in March, after apparently working its passage from America to New Zealand, and then on to New South Wales and the rest of the Australian colonies. It was marked by very similar symptoms to those you experienced, save that the season being summer rendered the pulmonary complications less severe. There was but little nasal catarrh, severe aching of back and extremities, frontal and occipital headache, the temperature averaging about 101°, but in nearly all the cases pulmonary complications were present in the form of congestion of the lungs and pneumonia. The only exceptional case I had was a temperature of 104·8 which refused to abate for about three days, but eventually succumbed to *Aconitine* 2x. I also had two cases of severe otalgia which finally presented themselves as abscesses of the ear.

From inquiries from my colleagues I find that none of them had a fatal case—medicines given at end of letter.

The wing of the hospital, presented to us by an anonymous donor at a cost of £10,000, is now completed, and we hope to be in possession in a few weeks. Material alterations have also been made in the central portion costing £3,000, which will enhance the comfort of the nurses.

Our annual typhoid epidemic visited us as usual, and I am glad to report that our success has again been marked, having treated 417 cases with a death-rate of only 6·71 per cent., as compared with 405 cases treated last year, when the mortality was 10·29 per cent.

Another noticeable feature is the duration of disease, the average time taken in dealing with each case being twenty-two days. So you will see by this we have cause to be satisfied with the medical aspect of things, while the finances of the hospital are in a very satisfactory condition, the subscription list being £500 in excess of last year.

Dr. Wheeler has joined our staff and will strengthen our hands materially.

We also note with great pleasure the effort being made to build a new hospital in London, which from all accounts will be successful. Kindly convey to our English *confrères* our kindly wishes and assure them we are "fighting the good fight" out here. With kind regards, believe me,

Yours very sincerely,

W. R. RAY, M.D.

Melbourne.

August 2, 1890.

P.S.—The medicines used in the epidemic were—*Bapt.*, *Ferr.*, *Phos.*, and *Eupat.*, for the aching in the limbs and back and high temperature, while *Bell.* dealt with the head symptoms, and *Arsen.* and *Arsen.-Iod.* for pulmonary complications.

TASMANIA.

LETTER FROM DR. STYANT BROWNE.

SIR,—I think it may be interesting to you to know that we have had a great discussion upon "Allopathy versus Homeopathy" in our local paper, *The Launceston Examiner*. Through a misunderstanding with Dr. Gutteridge, the correspondence was, unfortunately, not transmitted to you; I thinking that the Dr. would forward the newspapers, and he leaving it to me. I am sorry to find now that the copies of the paper cannot be obtained complete.

The correspondence ran through the greater part of March and part of April, and I think Homeopathy has received a *great* impetus in Northern Tasmania through this public discussion. It was opened through a telegram from Hobart being inserted in the columns of the paper to the effect that a Homeopathic Hospital was projected for Hobart, and that it would be an accomplished fact at no distant date (a similar cutting from a Hobart paper appeared in the May number of *The Homeopathic Review*). This stirred up the animosity of some of the allopaths, and they at once rushed into print with the usual storm of abuse against the "Quacks" and "pretences" of Homeopathy. However, we were ably defended, and to show how the cause is striven for here, the contest was conducted for the greater part of the time by laymen. Only one letter on our side appearing from a doctor, and that from Hobart. On the other hand, it was plain to see that, though most of the allopaths wrote under a *nom de plume*, the defence of their tenets was conducted by professional men. One lady appeared in print for Homeopathy with a pithy, sensible letter, which helped our cause greatly, and the discussion terminated with a lengthy article from a talented layman, which the Editor of *The Examiner* (a homeopath) reprinted and issued in pamphlet form, a copy of which I enclose.

The Chemist and Druggist, of Australasia, published in Melbourne, commented upon the correspondence, and said—"Whether from indifference or not we cannot say, but the former (homeopaths) had about ten correspondents in its favour against one for the other, and certainly had the best of the argument on paper. It is surprising the number of adherents Homeopathy is getting here."

Quite true! We were so busy last summer in Launceston that one doctor knocked up, and was unfortunately laid by for a fortnight in the very busiest time. There is plenty of room for a second thoroughly qualified homeopathic practitioner here now, and Dr. Gutteridge is taking steps to induce some one of his English *confrères* to come out and reap the harvest which is awaiting them. Hoping that the grand truths of Homeopathy are still shedding their light around more than ever in the Old Country.—I am, Sir, yours faithfully,

E. STYANT BROWNE.

The Homeopathic Pharmacy, Brisbane St., Launceston,
Tasmania, June 30, 1890.

INSTITUTIONS.

THE MELBOURNE HOMEOPATHIC HOSPITAL.

ANNUAL MEETING.

THE Annual Meeting of contributors to the Homeopathic Hospital was held on Tuesday afternoon, July 29th. The Rev. J. Turner (vice-president) occupied the chair, and there was a fair attendance of contributors.

ANNUAL REPORT.

The Twenty-second Annual Report, which was presented, stated that the number of supporters of the hospital was greater than at any former period. The income for the year was £4,150 5s. 6d., and the expenditure £3,890 16s. 4d., so that the debit balance of the institution had been reduced to £143 1s. The subscriptions had increased from £1,045 15s. 1d. to £1,533 16s., and the sums received in the way of in and out patients' fees also showed a satisfactory increase. The building fund showed an income of £2,128 10s., and an expenditure of £1,623 9s. 3d., so that the previous debit had been extinguished, and there was a small credit balance. The new wing of the institution, which had been erected through the munificence of an unknown donor, was nearly finished, and would be ready for occupation at an early date. In this wing there were six rooms provided for paying patients, a children's ward, and at the furthest end there were the casualty room, honorary medical staff's consulting-room, and lavatories. The whole of the remainder of the accommodation was available for non-paying patients. With the £3,000 allocated to the hospital from the special fund raised for increased hospital accommodation, the central block of the buildings had been added to. This work had just been finished, and the appointments throughout the institution were now in a complete state of efficiency. The school for pupil nurses was firmly established, and a winter session of lectures had been commenced. The annual ball had been the means of supplementing the funds of the institution to the extent of £226 18s. 6d.

The CHAIRMAN moved the adoption of the Report. He referred to the growth of the belief in the homeopathic mode of treatment, and the highly satisfactory position of the hospital. The new wing, which had been built with the money given by a generous friend of the institution, would considerably increase the accommodation, and the new year's operations would be entered upon under most favourable circumstances.

Mr. J. W. HUNT seconded the motion. The Report was without exception the most gratifying one which had been presented. The sum of £487 had been received from in-patients;

nurses' fees for work done outside of the hospital had brought in £210. The small sum of £54 16s. appeared in the balance-sheet for medical comforts. The donor of the new wing had generously provided bedding for it.

The motion was agreed to.

VOTES OF THANKS.

Mr. HUNT proposed: "That the thanks of this meeting be very earnestly and sincerely tendered to the donor of the new wing for his munificent gift."

Mr. J. TURNER, jun., seconded the motion, which was carried by acclamation.

Mr. G. G. CRESPIN acknowledged the vote of thanks on behalf of the donor, who, he said, had other ideas in connection with the hospital, which at some future time might receive further development.

On the motion of Mr. E. WATERS, seconded by Mr. T. H. LESTER, a vote of thanks was tendered to the board of management for their services during the past twelve months.

Mr. C. HUDSON moved a vote of thanks to the medical staff. He mentioned that 417 cases of typhoid fever had been treated at the hospital, and there had only been 6 per cent. of deaths as against 8 per cent., which was the general proportion at other hospitals.

Mr. J. BELLIN seconded the motion, which was agreed to.

Dr. W. R. RAY, in acknowledging the vote, stated that the average time typhoid fever patients occupied the hospital was only three weeks, while at the other hospitals it took them double that period to recover.

Several other votes of thanks were recorded.

ELECTION OF OFFICERS.

The following gentlemen were appointed officers for the ensuing year:—President, Sir W. J. Clarke, Bart., M.L.C.; vice-presidents, the Rev. John Turner and Mr. C. Smith, M.L.A.; honorary treasurer, Mr. J. W. Hunt; honorary auditors, Messrs. William Siddeley and C. W. Ellis; members of the board of management, Messrs. G. G. Crespin, J.P.; I. R. Fawcett, G. Brown, and E. Waters.—*Argus*, July 31.

NORWICH HOMEOPATHIC DISPENSARY.

Committee—Rev. G. S. Barrett; John Copeman, Esq.; H. J. Copeman, Esq.; F. Dix, Esq.; Rev. R. Govett; Rev. T. Harrison; R. Haselwood, Esq.

Treasurer—B. E. Fletcher, Esq.

Secretary—Mr. W. T. Livock.

Honorary Medical Officers—Dr. E. B. Roche; Dr. Wm. Rees.

Auditor—H. J. Copeman, Esq.
Dispensing Chemists—Fuller and Co.

ANNUAL REPORT, 1889-90.

In presenting to the subscribers of the Norwich Homeopathic Dispensary their Annual Report, the Committee are glad to say that the work of the year, in spite of considerable changes and difficulties, has been most satisfactory. It is with deep regret that the Committee have to record the sudden death, on November 5th, of Dr. Roche, the senior medical officer of the dispensary, who for many years most faithfully and successfully carried on the work. With a view to the continued efficiency and development of the dispensary, Dr. William Ross was appointed from the beginning of the year as medical officer, in conjunction with Dr. E. B. Roche. Already the result of this appointment is seen in the number of visits paid to patients at their own homes, which is the largest ever recorded. An effort made by Dr. E. B. Roche to obtain an increased number of subscribers has met with considerable success, and as this is what is so much needed, it is hoped that many more will assist in making the dispensary an increasing success.

Many poor persons have had very great difficulty in obtaining Subscribers' Tickets, and there has been a steady increase in the number of Provident Tickets, which is a very desirable feature of the work. Spare tickets are very much appreciated by the medical officers and chemists, as supplying a means of meeting the frequent applications made by the sick. Dr. Ross came from Brighton, where he had charge for some time of the large Sussex Homeopathic Dispensary, and in conjunction with Dr. Roche is now engaged in carrying on work in the dispensary, and in private practice. The pressure of the early months of the year served to increase the work of this, as of all the medical charities in the city. A large number of cases of influenza came under treatment, and though some were very serious, no death occurred. In several directions the dispensary will be developed during the coming year, so as to increase its usefulness.

The receipt of a share in the Hospital Sunday Fund is again most thankfully acknowledged.

Thanks are due, and are hereby heartily given, to all the honorary officers of the dispensary, and specially to the medical officers, upon whom the burden of the work falls.

The Committee would draw the attention of subscribers to the fact that the financial year commences on July 1st, and inconvenience naturally arises if payment of subscriptions is deferred to the latter part of the year. They desire to point out that an early payment will greatly facilitate the working of the dispensary.

The number of consultations at the dispensary have been 1,941; and the number of visits at patients' homes, 1,606, which is 300 more than the highest previous record, which was 1,290 in 1889.

DEVON AND CORNWALL HOMEOPATHIC DISPENSARY AND COTTAGE HOSPITAL, PLYMOUTH.

REPORT OF THE COMMITTEES.

In presenting their Annual Report to the friends and supporters of the Homeopathic Cottage Hospital and Dispensary, your Committee cannot but refer with thankfulness to the steady growth, for the past ten years, of the important work which it is their privilege to have striven to promote. The past year has been one of considerable exertion, both in meeting the requirements of a large number of the sick poor, and in providing the necessary income for an ever-extending sphere of usefulness; and they desire most earnestly to acknowledge the generous help of their constituents.

Of course, it is understood that the hospital work, in comparison with the population around, is of modest proportions, and may most fitly be described as that of a "Cottage Hospital." But its real importance lies in the character of the treatment given to the patients and the happy issue, in the main, to those brought within its walls. The report of the medical officers will show that the number of cases treated in the regular hospital work is rather less than in the previous year, though some of them were of a most serious character. The tax on surgical skill in a few instances was very great, but the issue has been most satisfactory. Still greater results could be obtained were larger funds at the disposal of your Committee. The utmost care and economy have been exercised in management, consistently with regard to the welfare of the sick, and hearty thanks are due to the medical officers for the amount of time and thought they so freely and unremittingly bestow on the poor, and to the Ladies' Committee for the regular and detailed attention they have paid to the domestic affairs of the hospital, and especially to Mrs. Fisher for her kind and judicious supervision of the weekly expenditure. It is pleasant, also, to report that the nurse has proved diligent and painstaking in her duties, and that the building is in excellent repair.

The present position of the hospital has proved very central for securing early attention to casualties of which there has been an unusual number, 104; at the same time, the Committee venture to cherish the hope that, some day, they may, through the generous help of friends, be enabled to find a situation still

more eligible for the ordinary hospital work, while the present building may still be devoted to the ever-increasing dispensary department, and to early and immediate attention to casualties and sudden emergencies of the vicinity.

With respect to the dispensary department for the past year, your Committee have much pleasure in calling special attention to the Report of the Medical Officers, which shows what great strides are being made in this direction. It is sufficient here to say that there were during the year 3,644 patients, 9,154 attendances at the dispensary, and 4,070 visits at their houses; besides 104 cases of accident or sudden emergency.

As compared with those of former years these figures surpass all earlier record. This result is, no doubt, partly to be ascribed to the general prevalence of sickness in the three towns; but your Committee have reason to believe that it is mostly due to the growing appreciation, on the part of the poor, of the system adopted, which is found to be simpler in its application to the ordinary ailments of dispensary practice, and moreover, the working men discover that under it they are less interfered with in the pursuit of their daily avocations. The increased visitations of patients at their homes has pressed heavily on Mr. Vaudrey, whose assiduous care of the poor has had something to do with the increase in this department of work.

MEDICAL REPORT, 1889.

There has been a marked increase in the amount of work done at the dispensary during the past year. A large share of this increase must be attributed to the recent severe epidemic of scarlet fever. The number of applications for home attendance when the epidemic was at its height reached a higher figure than ever previously recorded in the Annual Reports of the dispensary.

The operation of ovariectomy was successfully performed on one case: the patient made a rapid and uninterrupted recovery. Several other operations were also conducted in the hospital during the year, all except one with satisfactory results.

This Report would be incomplete without some reference to the various special departments included under the dispensary. On Tuesday evenings at 6.30, Dr. Cash Reed attends for the treatment of diseases peculiar to women. On Tuesday mornings at nine, Dr. Alexander has made special arrangements for treating diseases of the ear, throat, and nose. On Monday mornings at 9.30, Mr. Hambly attends for the extraction and filling of teeth. Connected with the dispensary, but financially independent, there is a Maternity Charity for the assistance of women in childbirth. Vaccination is performed at the dispensary on Tuesdays at 3 p.m. by the medical officer.

The record of work done during the past year is sufficient evidence of the popularity and usefulness of the dispensary and Cottage Hospital; while the continued increase in the number of patients attended indicates a growing appreciation of the special mode of treatment with which the institution is identified.

EXTRACTS.

THE ADMINISTRATION OF NITROUS OXIDE GAS.

At a recent meeting of the Odontological Society some notes were read by Dr. Silk on a series of one thousand cases in which nitrous oxide was administered, and which had been systematically recorded by the author. The object of the paper was, he said, twofold: to insist, first, upon the value of records in all cases of anesthesia; and, secondly, in especial cases, inasmuch as one example was better than a host of theory. The best way of keeping such notes was probably by a tabular arrangement, yet bearing in mind the peculiarity of cases and not making the table too elaborate. He grouped the facts collected from the analysis under three heads: "Antecedent conditions," "phenomena," and "after-effects." He did not include mere nervousness in antecedent conditions, but neurotic tendencies in a patient were often productive of hysteria after the administration of gas. There were but three cases of those who were subject to epileptic fits; one a healthy girl eighteen years of age who had gas twice. The first time there was nothing noteworthy; the second, after the removal of the face-piece, she struggled to get her hands up, and afterwards described her feelings as pain in the forehead where the epileptic aura commenced. In four cases of phthisis there was nothing out of the ordinary. In one case of valvular disease of the heart the patient had gas four times, the lividity following being more lasting than normal, and on one occasion a tendency to syncope ensued. Diabetes one case; the urine being examined, no change was found. In nine cases of pregnant women nothing had gone wrong, and he remarked that he would have been sure to hear of it if there had; but in most there was a tendency to vomit. In the only case during lactation the patient had a bilious attack next day, and the infant seemed upset, and this point Dr. Silk thought worthy of more attention than was usually given to it. Of consecutive administrations of gas—*i.e.*, where the patient was allowed to regain consciousness and then after a few minutes again submitted to the anesthetic—he had sixty-five records. In 12 per cent. there was more or less retching; in 2 per cent. asphyxial symptoms necessitating pulling forward of the tongue; a good many became hysterical and several suffered after-effects; but

70 per cent., as far as was known, had no trouble. The average quantity of gas used was between four and five gallons, and the average time during which the face-piece was in position was 67.5 seconds. The duration of the anesthesia was very variable, as it was exceedingly difficult to know when sensibility was recovered; the absence of the conjunctival reflex or the presence of jactitations was no guide. In 467 cases pure gas was employed either from the bottle of compressed gas or through a gasometer, and in 502 a supplemental bag, where the same gas was inhaled over and over again. The record showed that unpleasant effects had immediately followed more often with pure gas than with the use of the supplemental bag, whereas the remoter symptoms occurred in greater number after the use of the supplemental bag; but this was more apparent than real, owing to the lesser number of cases where pure gas was used and the great difficulty of getting an authentic account of the after-history of the patient.

Pulse-tracings, with, however, some variations, kept very generally to the type of the plates published by Dr. Dudley Buxton, showing acceleration, loss of the tidal wave, and accentuation of the dicrotic wave. Rhythmic movements of arms or legs were frequent, and Dr. Silk was at a loss to explain them. Opisthotonos was most common in females, and was invariably accompanied with profound anesthesia. Wide dilatation of the pupils was observed in 797 cases. In twenty cases there was primary dilatation followed by contraction, and he did not think that dilatation was a true test of narcosis. Micturition occurred in ten cases, or 1 per cent.; all were females. In three of these there was opisthotonos, and in one much struggling. Erotic movements and sexual illusions were present in six cases—all females, five of whom were unmarried, and one married and in an early stage of pregnancy. There was great difficulty in getting records as to the after-effects of nitrous oxide, but probably more or less headache was the rule rather than the exception.

In the discussion, Mr. Braine remarked that it was safe to give gas to an epileptic; he had known a fit produced in such a patient by the extraction of a tooth, but upon another occasion where gas was administered there was no such untoward result. He considered the apparent deepening of anesthesia sometimes observed occurred mostly where lower teeth were extracted, and was due to the operator pressing the tongue back with his fingers, and thus causing a certain amount of asphyxia. Rhythmic movements were generally started voluntarily by the patient with the idea of informing the anesthetist that he was "not off."—Mr. Bailey thought that it was impracticable to tabulate private cases. There was no danger in giving gas to epileptics,

as it rarely induced a fit ; in the large majority of cases the pupil was dilated ; anesthesia was most profound a few seconds after removing the face-piece.—Dr. Dudley Buxton, owing to his association with Mr. Victor Horsley, had given gas to a large number of epileptics, and in only one was there an attack, in which case he continued the administration and the convulsions ceased, and no untoward event occurred. In persons predisposed to insanity, or in whom attacks had occurred, the administration of gas, chloroform, or ether might occasionally light up the disease or lead to an exacerbation.—*Lancet*, June 14.

“ THE ADMINISTRATION OF NITROUS OXIDE GAS.”

To the Editors of THE LANCET.

SIRS,—In the summary of my paper on this subject, which appears in your issue of June 14th, are sundry errors, which seem to me to be of sufficient importance to warrant me asking you to allow of their correction. The object of my paper was twofold : “ First, to insist upon the value of records in *all* cases ; and, secondly, inasmuch as example was better than precept, to give an analysis of cases actually recorded.” Of the sixty-five consecutive administrations, in *two instances* it was necessary to draw forward the tongue—*i.e.*, not 2 per cent., but rather more than 8 per cent. With regard to methods of administration (whether “ pure ” or “ supplemental ”), your summary has exactly reversed the meaning I intended to convey, which was that unpleasant after-effects were more likely to occur immediately after the inhalation of gas from the supplemental bag ; but it would almost appear, judging from the particular series of cases under consideration, that the remote after-effects were more troublesome when pure gas was used. The condition of the pupil was noted in 797 cases altogether, but wide dilatation only in 366 ; in 194 there was little or no dilatation, and in the remainder varying degrees. I am particularly anxious, however, that it should not go forth that I ever suggested that “ more or less headache was the rule rather than the exception ” as an after-effect of the inhalation. So far from this being my experience, I took considerable pains to make it quite clear, as I thought, that in the majority of instances absolutely *no* after-effects were experienced, and that even when such effects *did* develop they were limited in most cases to slight headache. I trust that you will consider with me that the alterations made are of sufficient importance to justify my asking you for an early insertion of this letter.

I am, Sirs, yours faithfully,

J. FREDK. W. SILK.

Chandos Street, Cavendish Square, June, 1890.—*Lancet*,
June 21.

EXALGINE—FOR AND AGAINST.

POISONOUS EFFECTS OF EXALGINE.

A. B., aged about 40, a lady of hysterical temperament, has suffered from nervous headache monthly for the last ten or more years, and has been treated with all kinds of drugs, but without avail. Latterly I have been administering exalgine, commencing with two grains twice a day, which gave great relief. The attack, however, recurred the next month, and two grains every four hours had very little effect, so I increased the dose to five grains twice a day. The first dose was taken at 10 p.m. after supper with great relief to the pain, and the patient slept till 6 a.m., when she awoke and felt headache coming on again, so took another dose and lay down. In about a quarter of an hour she jumped up with a sudden start and scream, and thought she was dying; she had such curious sensations, felt numb all over, fingers and toes tingled and felt dead; eyelids twitched continuously; the whole head felt as if it was swelled, and kept expanding and contracting alternately. There was great oppression in the region of the diaphragm. In a few minutes the patient vomited and ejected the remains of the medicine. She then felt much relieved and lay down and slept, after taking a little tea. Two hours after the patient got up, but felt ill; the headache was slighter, but not gone; the numbness of the fingers and toes remained nearly all day, but beyond this the patient was little the worse for her experience. She went out next day, but says she will be afraid to try the medicine again. I think that this so-called poisoning with exalgine is due to its being taken on an empty stomach, as the former dose was well borne when food was present, so I always order it to be taken after a meal. I give the drug dissolved in tinctura aurantii and diluted. I have found it useful in toothache, facial neuralgia, and in a case of long standing lumbago. No beneficial effect of the drug have I found from less than two grains for an adult.

HENRY F. SEMPLE, M.R.C.S., L.R.C.P.Lond.

Budleigh Salterton.—*British Medical Journal*, July 12.

THE THERAPEUTIC VALUE OF EXALGINE.

On reading Dr. Atkinson's article in the *Journal* of June 14th, in which he stated his experience of this drug, and his conviction that it is valueless, one is struck by the fact that two out of the three patients upon whom he tried it habitually took morphine for the relief of their pain, and the third derived most benefit from butyl chloral. Now, it is a well-known fact, that patients of this class will hardly ever admit that

anything does them good but the narcotic to which they are accustomed.

I must say that my own experience of exalgine has been a very different one from that of Dr. Atkinson. I have found that from one to three grains have given great relief in about 70 per cent. of the cases where I have tried it. In some cases the relief was permanent after a very few doses.

The following brief notes selected from a few of my successful cases will sufficiently indicate the conditions under which it may be expected to do good. The numbers appended to the cases do not denote the order in which they occurred, but are put simply for convenience and to avoid giving initials.

Locomotor Ataxy.—CASE I.—Male, aged 50. Married. No history of syphilis. Disease of five years' duration. Moderate ataxia. Symmetrical myosis. Absence of knee-jerk. Lightning pains very severe, commenced four months ago. Exalgine three grains every four hours. Second dose relieved, fourth completely removed pains. Medicine continued for four days and the pains have not yet returned.

CASE II.—Female, aged 39. Disease of two years' duration. No inco-ordination. No myosis. Right pupil dilated. Girde pain, numbness of feet, and lightning pains. Absence of knee-jerk. Exalgine in two-grain doses three times a day. After three days' treatment lightning pains have disappeared, but girde pain remains. Medicine continued for week. Pains have not returned.

CASE III.—Man aged 44. Duration of disease thirteen years. For the last five years has had a gastric crisis regularly every month. Considerable ataxia and myosis. Partial loss of control over bladder. Gastric crisis accompanied with vomiting and very acute pains resembling the passage of a gall stone. Exalgine in one-grain doses every half-hour directly the crisis commenced relieved after the second dose. After the fifth dose the attack ceased. The patient escaped the next two attacks by taking three grains three times a day, commencing two or three days before the attack was expected. Unfortunately he then went abroad and was lost sight of.

Trifacial Neuralgia.—Man aged 32. Suffered from tic douloureux on the left side for seven years. Attacks occurred in series of paroxysms every few minutes and lasted the best part of a day. He was then free for two or three months. During his last attack he took three grains of exalgine every two hours, with the result of arresting the paroxysm after the second dose.

Sciatica.—Lady aged 40. Has had sciatica on right side for six weeks, the result of exposure to cold. Exalgine three grains three times a day removed the pain in two days.

Herpes Zoster.—My friend, Mr. T. Wingrave, has recently given exalgine with complete success in a case of herpes zoster with intense pain lasting for a month after the eruption had ceased. He gave three grains every four hours. After the third dose the pain was greatly relieved. The patient completely recovered after taking the drug for a week. I may mention that in this case both morphine and antipyrin had been tried without success.

GEORGE HERSCHELL, M.D.Lond.

Finsbury Circus, E.C.

The interesting note on this subject in the *Journal* of June 14th, p. 1866, by Dr. Atkinson, tempts me to make a memorandum of my experience with the drug, even though this is limited to one case only. It is one of cancer of the liver, complicated with the most excruciating attacks of neuralgia of the face and head that I ever remember to have met with, and for which I tried everything that could reasonably be expected to give relief, without influencing in the least degree those really terrible attacks. If the sufferer fell asleep from sheer narcotism, the pains were still with him in his dreams, and life was simply intolerable. I then thought of exalgine, and gave it him in two-grain doses, with the magical result that the first dose eased him, and the second, given two hours thereafter, completely cured him, for from that day to this, more than three months ago, he has never again suffered the slightest twinge of pain, either in face or head.

This is the only occasion on which I have administered the drug, and though I may, and probably shall, meet with a rebuff on some future occasion, I shall always hold my first trial with it in very grateful remembrance.

J. FARRAR, M.D.

Gainsborough.—*British Medical Journal*, July 19.

VIBURNUM PRUNIFOLIUM.

THE following two cases will be of rather more than ordinary interest from the very severe nature of the cases. One lady threatened abortion at about the three-month period of gestation; there was prolonged and stubborn hemorrhage—which, though conquered in a measure by ordinary means, was followed by urgent and distinct abortive symptoms, which, however, persisted in spite of ordinary methods of rest and treatment—quickly yielded to the use of liquid extract of viburnum prunifolium, one-drachm doses frequently administered. She is now nearly in her normal carrying state of

health. The other threatened miscarriage, the symptoms, which were very urgent and rapidly progressive, entirely yielded to the same dose of *viburnum prunifolium*. These are only two of many which, however, I scarcely anticipated would be followed by such immediate and satisfactory results.

RICHARD F. OWEN.

St. John's Park, Upper Holloway, N.—*British Medical Journal*, July 12.

POISONINGS.

POISONING BY CHLOROFORM TAKEN BY THE MOUTH.

FATAL cases of poisoning by chloroform taken by the mouth are so rare that toxicologists are still comparatively in the dark as to the symptoms and anatomical changes induced thereby, as was shown in a *cause célèbre* not many years ago. The following report of a case observed by Dr. Brasch * may therefore be useful, though unfortunately it is incomplete. A man, aged 53, of robust constitution, but given to drink, swallowed about seventy grammes of chloroform on March 4th, with suicidal intent. Six hours later he was found in an unconscious condition. When seen by Dr. Brasch his face was flushed, the mucous membranes slightly cyanotic, the eyes closed, the breathing quiet, twenty per minute, but occasionally embarrassed, owing to falling back of the tongue. From time to time he vomited and passed feces involuntarily. The pulse was small, eighty per minute, the cornea insensitive, the pupils not contracted, and not reacting to light or other stimuli. The patient was absolutely insensible, and could not be roused. Five, and a quarter of an hour later two, milligrammes of strychnine were injected subcutaneously. The pulse became stronger, the patient began to move his hands and arms and to open his eyes for a moment or two; he spoke, though unintelligibly, and vomited mucous mixed with food. The vomited matter did not smell of chloroform. Ten hours after swallowing the poison the man recovered consciousness, and complained of thirst, a feeling of internal heat, and nausea. The vomiting continued, and next day there was great pain in the region of the liver, which was enlarged and tender. The skin and conjunctiva were jaundiced, the feces slightly blood-stained. Towards the end there was great difficulty in passing water, and even with the catheter only a few drops of turbid yellowish urine could be drawn off. The patient became gradually weaker, and died, sixty-seven hours after swallowing the

* *Deutsche med. Zeitung*, April 7th.

poison, of paralysis of the heart and pulmonary edema. The temperature was normal throughout, the intelligence clear to the last. No *post-mortem* examination seems to have been made. Dr. Brasch calls attention to the powerful immediate effect of the strychnine injections, though it was impossible to counteract the rapid decomposition of the blood caused by the chloroform. He thinks it not improbable that, after prolonged inhalation of the anesthetic, death may occur some days subsequently, owing to a secondary effect of the drug on the blood.—*British Medical Journal*, May 10th.

SALICYLATE OF SODA.

UNUSUAL TOXIC ACTION OF SALICYLATE OF SODA.

By G. B. BARRON, M.D.

ANY unusual action of remedies is worthy of record, especially of those frequently prescribed and relied on in acute disease. Salicylate of soda is one of those remedies so constantly used with success that any departure from its ordinary action on the animal economy is noteworthy. The following case is on that account interesting and, I believe, unique in character.

Miss B——, aged twenty-six years, had been for some time suffering from an intractable form of eczema, localized chiefly on the vulva and pubes. She went out on a cold day, and in the evening complained of muscular rheumatism in the arms and legs. The following day salicylate of soda in fifteen-grain doses was prescribed with bicarbonate of potash and hyoscyamus. She took the remedies for three days, and obtained much relief, when they were discontinued. A week afterwards she had a return of the rheumatism, and again the salicylate was advised. The same chemist dispensed the medicine, and on inquiring I found from the same stock of the drug. I was sent for in the evening, after two or three doses had been taken, and found her in a state of great distress. She was covered with an intense erythematous rash, with tingling sensation over the whole body; the eyelids, hands, face, and legs were swollen, a sense of weariness and depression, and a highly nervous dread; the breathing was shallow and hurried, and severe headache, as though the head would "burst." Pulse 120, fluttering and feeble; temperature 107°, and urgent thirst. At first I considered this alarming condition was due to some improper or poisonous food; but on inquiring as to the diet, this opinion proved erroneous. The salicylate was discontinued, to be replaced by other remedies to relieve the urgent symptoms. In forty-eight hours the rash disappeared, the pulse and

temperature resumed their normal condition, and all seemed well. A few days after the rheumatic pains again developed themselves, and again the salicylate was prescribed. After two doses a similar train of symptoms set in, and the evidence pointing so forcibly—indeed, unmistakably—to that drug being the cause of the peculiar symptoms, it was not again administered, and from that time the patient was free. The high temperature was a singular feature of the case. I have not read of any such poisonous action of the salicylates; and up to this case I have relied without any fear of ill effects upon their efficiency and remedial power in cases of acute rheumatism. It is curious that the drug from the same stock, from the same prescription, and dispensed by the same chemist, should have shown its toxic influence on the two last occasions, and not on the first. Certainly I could not discover any altered constitutional conditions to account for the peculiar manifestation. Had there been any heart affection the deleterious action of the drug, I am convinced, would have produced heart failure, and death.

Southport.—*Lancet*, May 21st.

COLLAPSE FOLLOWING THE INTERNAL ADMINISTRATION OF SALICYLATE OF SODIUM.

By A. G. AULD, M.A.

But few drugs, old or new, have escaped trial in the special treatment of chronic and subacute articular rheumatism. The effect of the salicylate of sodium (as sometimes prepared) in the following two cases is interesting in view of certain recent experiments.

J. M.— had been under treatment for subacute rheumatism for six months in another part of the country without deriving any benefit. On May 1, 1889, I prescribed for her 100 grains daily of salicylate of sodium. On the 4th she complained of giddiness, confusion of ideas, and weakness. On the 5th the giddiness was excessive, and the patient was unable to get out of bed. The next day, having now taken 600 grains, there were delirium and prostration. The drug was now stopped, and when the patient regained her faculties the joint symptoms had disappeared, and did not return.

H. C.— had for years suffered from articular rheumatism, chiefly in the lower extremities. On May 24, 1889, I prescribed 100 grains daily of the salicylate of sodium, which was supplied by the same chemists as in the previous case. On May 30th I was summoned at midnight to the patient, who was said to be

dying. Briefly stated, his symptoms were—great and stridulous dyspnea, extreme slowness of the pulse, and general paralysis, the patient being unable to speak. Delirium was not so marked, however, as in the other case. After appropriate treatment he recovered, and his malady was considerably relieved for a time.

I think it worth while notifying these cases, as the symptoms present such a striking similarity to those experimentally induced in the rabbit by Professor Charteris, recently described in *The Lancet* and elsewhere. It was shown in these experiments that an element of high toxicity could be isolated from the artificial compounds commonly in use. Professor Charteris has kindly given me further information on the matter, and has shown me various specimens of the purified drug. Since then I have had opportunities of witnessing the exhibition of much larger doses of the drug so purified, without any untoward results.

Glasgow.—*Lancet*, June 14th.

POISONING BY ILLUMINATING GAS.

By W. R. COOPER, L.K.Q.C.P, L.R.C.S.I.

H. P., aged twenty years, retired to rest at midnight on June 21st, feeling perfectly well. The following morning, at 8.45 a.m., his uncle, when about to call him, perceived a strong smell of gas, and, on entering the room, was almost overcome by the vapour. He found his nephew lying on the bed apparently dead. He carried him outside. I saw him at once. He was in a deep state of coma; the heart sounds almost inaudible, surface of body and feet cold, pupils contracted almost to a pin's head, jaw clenched, froth issuing from mouth, and the breath smelt very strongly of gas. I immediately drew out the tongue by forceps, commenced artificial respiration, and had mustard applied over heart, and hot jar to feet. After two hours' hard work, the heart sounds became more distinct; an enema of brandy and egg was given, and I commenced galvanism—one pole of battery to nape of neck, and the other over epigastrium. Respiration improved. The moment I stopped galvanism the breathing almost ceased again, but quickly improved on its application. At 2 p.m. the eyes, which had been fixed up to this hour, began to oscillate laterally, and the pupils were less contracted. The whole body became bathed in profuse perspiration, and the cardiac impulse was strong and regular. The jaw remained clenched and respiration irregular. Froth still issued from mouth, smelling strongly of gas. I remained with him all day, applying electricity the moment the

breathing became shallow, with very marked effect. More enemas were given of egg, brandy, and milk. Bladder relieved at 2 p.m. by catheter. At 6 p.m. convulsive movements began in both arms, to which they were limited; the legs perfectly motionless. Had inserted cork between teeth in the morning, where it remained all day, enabling me to draw out tongue the moment respiration ceased. Ceased applying galvanism at 7 p.m. Patient swallowed a little milk poured down throat. Temperature at 11 a.m., normal; at 7 p.m., 102°. Profuse perspiration. Applied cold cloths to head. At 10 p.m. breathing regular, heart stronger; gave another enema, and left him, giving directions to call me at once should any change occur. At 1.45 a.m., June 23rd, he became partly conscious, and swallowed nourishment well. Answered "Yes" when asked if he would like a drink. At 10 a.m. he appeared quite sensible, but persisted in saying the day (Monday) was Sunday, the latter having been quite a blank. He stated, in answer to my question about the cause of all the trouble, "that he blew the gas out." At 10 p.m. his temperature was normal, and he took nourishment well.

Norbiton.—*British Medical Journal*, July 12th.

PREPARATIONS.

BOVININE.

THE value of raw meat in conditions of great exhaustion, wasting, and inanition, and in the cases of those suffering from exhausting diseases, has long been established. It is generally given in the form of expressed juice or in the scraped pulp of meat prepared as a sandwich. Both these forms have done excellent service, but they are not prepared without a good deal of trouble, and cannot be on hand at a moment's notice. Besides it is not always easy to disguise from the eyes or palate of the patient the nature of the preparations. In "Bovinine" the Bush Manufacturing Company have solved the great problem as to how a preparation of raw meat juice can be made that will keep indefinitely and be always on hand and ready for use. Bovinine must always be given diluted with one or more times its quantity of water or milk. It may be given to infants in their milk. Salt may be added to taste. The following are the points claimed by the manufacturers:—

"1. It is the *first* Raw Food extract introduced to the medical profession, and it has rapidly grown in favour for the past *twelve years* and more in the United States and Canada. *Bovinine* is largely prescribed

by the homeopathic school. Though but recently introduced to the medical profession here, yet already a large number are prescribing it daily.

"2. Our laboratory is located in Chicago (the largest stock market in the world), which enables us to produce at a *minimum* cost, and therefore offer at prices within the reach of all, both rich and poor.

"3. *Bovinine* is highly concentrated and the most *nutritious* preparation yet presented, containing as it does 20 per cent. of coagulable albumen.

"4. *Bovinine* is strictly a *food*, and *not* to be classed with the numberless meat preparations prepared with heat, and therefore simply stimulating.

"5. The case of General U. S. Grant was an important and very remarkable one as an endorsement of *Bovinine*."

We are pleased to add our testimony to the value and excellence of *Bovinine*.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

COUNT MATTEI'S SPECIFICS.

SIR,—I have only recently commenced to practice on homeopathic principles, and the other day picked up Count Mattei's book. Can you tell me if his medicines do positively *cure* cancer? Has any practitioner in homeopathy tried them? If so, I should be glad if we could have the benefit of his experience. The difficulty with me is the dose. The ordinary dose is stated to be "one globule dissolved in a tumbler of water, and taken a teaspoonful at a time during the day, that is, a teaspoonful about every ten or fifteen minutes." But nothing is said as to *how long* this mode of dosage is to be carried on—for one day or more. I should be glad if any who have treated cases in this way would tell us something more about the dose, its repetition and the length of treatment, &c.—Yours faithfully,

M.D.

[We must refer our correspondent to our August and previous numbers. They contain all the information we possess on this topic. If any of our readers can enlighten him further we shall be pleased if they will do so. At the same time we must add that we cannot regard Matteism as "practice on homeopathic principles."—Ed. H. W.]

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

DR. GILES, CANNES.—Dr. F. W. Giles having passed the necessary French examinations intends to practice at Cannes. His address will be Poste Restante, Cannes.

Dr. Murray, who has succeeded him at 15, Trinity Gardens, Folkestone, wishes to meet with a resident patient.

CHATHAM.—An experienced homeopathic chemist would be glad to hear of a good opening for an homeopathic pharmacy.—Address. T. H., 126, Luton Road, Chatham.

APPOINTMENTS.

LIVERPOOL HAHNEMANN HOSPITAL.—Dr. J. Mitchell (lately house surgeon at the Leeds Infirmary) has been appointed resident house surgeon.

GENERAL CORRESPONDENCE.

THE BUILDING FUND.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In your issue for September appears a report of the Drawing-room Meeting, on behalf of our new Building Fund, convened by Dr. Walther, at Eastbourne, at which the donations and promises, ranging in amounts from 5s. to £10 10s., reached a total of about £70.

The success of that meeting, which evidently gave great pleasure to all who attended, is an encouragement to the organization of others in various fashionable centres, and it is now in prospect to hold a similar meeting in Brighton during the season.

These meetings must necessarily be under the auspices of the local Homeopathic Physicians, and must either be held at their residences or those of ladies of rank or well-known position in the neighbourhood.

My object in this communication is to invite any of your readers, whether lay or medical, who will be willing to co-operate in this movement to communicate with me. Not only are these meetings likely to result in substantial additions to our new Building Fund, but they are calculated to arouse a fresh and more lively interest in Homeopathy and Local Homeo-

pathic Institutions. A deputation from the Board of Management of the Hospital will be commissioned to attend each meeting, headed by the Chairman of the Hospital, Major Vaughan Morgan.

Our Building Fund has reached a total of £21,502 2s. 6d. to this date, leaving £8,497 17s. 6d. requisite to make up the £30,000 required. As a clear way is seen to some £4,000, further promises of about £4,500 will practically make the Building Fund *un fait accompli*. But meanwhile the promises are, at the present moment, coming in very slowly, probably because of the holiday season, and it is quite clear that some energetic means must be resorted to in order to complete the fund by a reasonable time.

It is with this view that the Drawing-room Meetings are suggested, and I hope that at least some of your medical readers will acquaint me with their readiness to co-operate.—I am, Sir, very faithfully yours,

G. A. CROSS,
Secretary-Superintendent.

London Homeopathic Hospital,
September 23, 1890.

“HOW HAHNEMANN CURED.”

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I thought I had expressed myself with sufficient precision and plainness to make my object in writing the paper in your August number sufficiently clear. But it seems that I have been misunderstood by both yourself and your correspondent, Mr. E. Mahony. So perhaps you will allow me to say a few words by way of explanation. I did not say a word in condemnation of extreme infinitesimals; I was particularly careful to avoid doing so. I even admitted that, for aught I knew, “the practice of the self-styled Hahnemannians may be a great improvement on Hahnemann’s practice.” I only pointed out that it was not like Hahnemann’s practice; that it was, in fact, directly opposed to his teaching and practice. I said that Hahnemann admitted that dilutions up—or rather down—to the 300th still acted, though their “action always appears to last a shorter time,” and that they are only slightly inferior in power to the 80th, which dilution he consequently preferred to what we called “the higher potencies.” But the very passage from the introduction to *Thuja* you quote against me shows that the 60th dilution was made in sixty phials, each of which was subjected to ten or more succussions with a powerful arm. You admit that the extreme attenuations of the self-styled Hahnemannians are prepared in

disregard of his directions as to the method of attenuating, which you say "is another question." But that is precisely the question with which my article was concerned.

Mr. Mahony could surely not have read attentively my quotation from Hahnemann at p. 349 in which he protests against being guided in the selection of remedies by the *usus in morbis*, alias clinical experience. That is quite a different thing from what Hahnemann alludes to in § 142, quoted by Mr. Mahony, which refers to the proving of medicines on sick persons. Why Mr. Mahony should call symptoms so obtained "clinical symptoms," I am at a loss to understand. Symptoms obtained in this way are merely symptoms got from an impure source, previously denounced by Hahnemann himself in § 107, and many of those recorded by Grening, which Hahnemann has admitted into his *Materia Medica Pura*, have been shown to be quite untrustworthy.

As to the so-called "Key-notes" being "a quintessence of symptoms," and always "characteristic symptoms," that is too flattering a description of many of them, as I could easily show if it were worth while, which it is not. The idea of a key-note, which is a single symptom or condition of occurrence of a symptom which, if present, shall infallibly guide us to a certain remedy, is antagonistic to Hahnemann's insistence on the necessity of the correspondence of "the totality of the symptoms" (§ 27) or of "the more striking, singular, uncommon, and peculiar (characteristic) signs and symptoms" (§ 153). And when such a key-note is found not among the pathogenetic effects of the medicine, but is got from clinical experience or some other source, like the late Dr. Wilson's celebrated key-note for *Lycopodium*, "fan-like movement of the nostrils"—or the symptom attributed to *Phosphorus*, "diarrhea when lying on left side"—which you found so useful as a key-note, neither of which symptoms is to be found in the pathogeneses of the respective medicines, the divergence from Hahnemann's teaching is still more obvious. I do not for a moment question the utility of such guides to the selection of the remedy, but they have no claim to be considered Hahnemannian, as they are directly opposed to the teachings of Hahnemann, who insisted on correspondence of totality of symptoms of disease and drug; and by drug symptoms he understood the pathogenetic effects of the drug on the healthy body, and not clinical symptoms or those derived *ab usu in morbis*.

Before concluding, I may point out that Mr. Mahony's quotations, nominally from pp. 216, 217, *note*, of the *Organon*, are not from the *Organon* at all, but are from the Preface to the fifth part of the *Chronic Diseases* (2nd edit.), and that the translation: "These preparations, therefore, cannot have the term 'dilu-

tions' applied to them," is incorrect. The original is: "Diese Bereitungen können daher nicht mit dem Namen Dilutionen abgefertigt werden," which means that the term "dilutions" does not completely express what the preparations are; and he proceeds to state that the trituration or succussion which each dilution receives develops and liberates its more profoundly seated and finer medicinal power, which no trituration and succussion could effect in the substance in its concentrated state. This, of course, is quite contrary to the statement I quoted from the note to § 270 of the *Organon*. But I am not called on to defend Hahnemann's character for consistency; what I undertook to prove was that the teachings and practice of the self-styled Hahnemannians was utterly different, and in fact antagonistic, to those of Hahnemann, and that therefore they had no right to assume a name implying that they are the only true disciples and followers of Hahnemann, and that we who do not adopt their anti-Hahnemannian innovations are—well, I need not repeat the names they call us.—Your obedient servant,

R. E. DUDGEON.

September 10th.

[We do not hold a brief for the defence of a name. It seems to us that the essence of Hahnemann's practice consisted in an accurate comparison, symptom by symptom, of the cases he was treating with the drug-effects. What are now conveniently called "Key-note" symptoms are nothing more than what he termed "most striking, singular, uncommon, and peculiar (characteristic) signs and symptoms" of drugs and of patients. The ability to recognize and match these is of great importance; but in every case the totality of the symptoms must be considered. "Key-notes" are valuable indications, but they are never to be considered apart from the rest of the symptoms.—Ed. H. W.]

POSOLOGY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In connection with Dr. Van den Heuvel's Law of Attenuations, the following extracts from your own *Prescriber* may be interesting. They are comparisons of symptoms where the same medicine is prescribed both in No. 1 or lower, and in No. 12 or higher:—

"*Ac. mur.*: Diphtheria: After-effects: Deafness, 1. Scarlatina: Sequelæ: Deafness and discharge from the ear, 1. Tongue: Thick, covered with greyish-white coat; bluish; blistered and burning, 1. Do.: Recurring ulcers; fungous

swelling; induration; "psoriasis of the tongue," 1x or 30. *Ac. nitr.*: Axilla: Perspiration offensive, 1. Chancre: Soft, 1. Constipation: Hard, scanty stool, painful in passing, burning in rectum, passage of blood, 1. Corns: Inflamed or ulcerated, 1. Cough: Chronic dry laryngeal, with stinging and smarting as from a small ulcer in the larynx, generally on one side, 1. Do.: Chronic asthmatic, whether dry or moist; worse night and morning; with constipation, 1. Dysentery: Burning and tickling in the rectum, tenesmus, 1. Feet: Profuse perspiration of the soles, causing soreness of the toes and balls of the feet; with sticking pain as if walking on pins, 1. Freckles: Dark, 1. Glandular swellings: Suppuration in inguinal glands, 1. Irritation: Itching of the urethra after gonorrhœa, itching of the vulva, 1. Menstruation: Menorrhagia after abortion or dysmenorrhœa; at the climacteric; great downward pressure in the pelvis; pain in the back and thighs; offensive urine, of odour like horses'; restlessness after midnight, 1. Condylomata, 1 or 30. Gleet, 12. Perspiration: Urinous odour, 12. Warts: In crops, 12. *Arum tri.*: Glandular swellings: Acute: Submaxillary, 1. Do.: Chronic: Submaxillary, 1. Jaw: Pain in joint on swallowing, as if sprained, 12. Mouth: Very sore feeling, redness of tongue, elevated papillæ, lips and corners of mouth cracked, nose sore, 12. Scarlatina anginosa: Ulceration of the throat, with acrid discharge from the nose, and soreness of the nostrils, 12. Tongue: Cracked, painful, bleeding, 12. Do.: Root of tongue and palate feel raw, 12. *Brom.*: Vagina, air in, 1. Cough: Dry, laryngo-tracheal, with hoarseness, induced by attempting to draw a long breath; accompanied by difficult inspiration, stitches in the lungs, and pain and burning behind the sternum, 12. *Cina*: Colic: Flatulent in older children, with or without worms, 1. Worms: Fever, canine hunger, pale urine, picking of nose, tendency to convulsions, 30. *Prun. s.*: Eyes: Choroiditis: Recent cases, with crushing or pressing asunder pain in eyeballs, 1. Herpes Zoster: If the pain is intractable, 30. *Sulph.*: Constipation: Persons who have been in the habit of taking purgatives, ϕ . Neuralgia: Periodic, coming on about midday or midnight, ϕ . Cold: With loss of smell, 1. Pelvic hæmatocele: For absorption, 1. Perspiration: Disorders of perspiration in persons subject to skin diseases, and in scrofulous subjects, and from repercussion of eruptions, 3-30. Hydrocephalus: Acute: After suppressed eruptions, child lies in stupor, cold sweat on forehead, jerking of limbs, 30. Do.: Chronic: After suppressed eruptions, child objects to be washed, and washing aggravates, stupor, jerking of limbs, hot head, cold feet, 30. Self-abuse: Sinking at the epigastrium, flushing, pain in occiput, 30. Worms: In scrofulous eruptive subjects, sinking in epigastrium in forenoon, hot head, cold feet, 30. *Thuja*:

Epulis, 1. Eyes: Tarsal wart-like Tumours, 1. Do.: Gonorrhæal Iritis, 1. Gonorrhœa: Thick yellow discharge, profuse, scalding erections; when the prostate gland is affected, 1. Nævus, 1-3. Condylomata, 1 or 30. Eyes: Granular Inflammation, 12, Gleet, 12. Vaccination: "Vaccinosis," 12. Cancer: Fungus Hæmatodes, 30. Polypus, 30. Polypus of nose, 30. Rheumatism: Gonorrhæal, 30."—Yours very respectfully,

FERRUM.

[The doses recommended in the *Prescriber* were those which had been chiefly used in the author's practice, or in cases reported by others. As such, the comparison of our correspondent is interesting; but the recommendations are not to be regarded as final.—ED. H. W.]

VARIETIES.

ARISTOL IN PSORIASIS.—Dr. C. Scherrin, of Berlin, has successfully treated ten cases of psoriasis with aristol, employing it in a 10 per cent. ointment with lanoline or vaseline, or in a paste with zinc oxide and starch. Under these applications the patches rapidly disappeared, without the irritant effects frequently observed from the use of chrysophanic and porogallic acids.—*Berlin. Klin. Wochenschr.*—*Albany Medical Annals*, July, 1890.

POISONING IN BOMBAY.—The report of the Government analyst of Bombay for the year shows that his department was concerned in the investigation of 170 cases of suspected human poisoning last year, in 66 of which the poison was actually discovered. In 33 of these the poison used was arsenic, in 20 opium, in 5 pounded glass, in 3 dhatura, in 3 mercury, and in 2 nux vomica. In one instance sweetmeat balls containing arsenic were found in the possession of a woman, who had given directions that they were to be sent to certain persons with whom she was at enmity; and in another, nine persons ate bread containing a large quantity of arsenious oxide. In one case a man mixed poison with his food and accused another of trying to poison him. A woman confessed to having pounded her glass bangles and mixed the powder with her husband's bread. Glass seems to be used for this purpose only when poisons are not within reach, and the attempts usually fail on account of the grittiness of the glass exciting suspicion. Arsenic, being easily obtainable, is the chief resource of the Indian poisoner, and is usually administered in sweetmeats. Opium comes next.—*British Medical Journal*, July 19th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Ball (J. B.). A Handbook of Diseases of the Nose and Naso-Pharynx. Cr. 8vo, pp. 250. (Lewis. 6s.)

Buxton (A. St. Clair). Ophthalmic Hints. Diagnosis and Treatment of Affections

of the Eye, commonly met with in general practice. 18mo, pp. 60. (Whiting. 3s. 6d.)
Cox (F. A.). The Care of the Skin in Health and Disease. 12mo, pp. 56. (Alexander and Shephard. 1s.)

Dolan (T. M.). Pasteur and Rabies. 12mo, pp. x—84. (Bell and Sons.)

Edinger (Dr. Ludwig). Twelve Lectures on the Structure of the Central Nervous System. 2nd revised ed., translated by W. H. Vittum. Roy. 8vo. (F. A. Davis. 10s.)

Farrar (J.). Baths and Bathing: A Book for Everybody. How to Bathe, When to Bathe, When Not to Bathe, &c. 4th ed. Cr. 8vo, pp. 118. (Wright, Bristol; Simpkin. 1s.)

Fowler (J. K.). A Dictionary of Practical Medicine. By various Writers. 8vo, pp. 968. (Churchill. 21s.)

Gallavardin (Doctor). The Homeopathic Treatment of Alcoholism. Post 8vo, pp. 188. (Homeopathic Publishing Company. 6s.)

Gentry (Dr. W. D.). Concordance Repertory of the more Characteristic Symptoms of the Materia Medica. Vol. 1, pp. 16—885; Vol. 2, pp. 18—860. Roy. 8vo. (Homeopathic Publishing Company. Vol., by sub., ea. 30s.)

Gowers (W. B.). A Manual and Atlas of

Medical Ophthalmoscopy. 3rd. ed., revised throughout. With numerous additions and additional illustrs. Edit. with the assistance of Marcus Gunn. 8vo, pp. 530. (Churchill. 16s.)

Hare (Hobart A.). Epilepsy; its Pathology and Treatment. 12mo, pp. 228. (F. A. Davis. 7s. 6d.)

Partridge (S.). Practical Ambulance Tablets. 32mo, pp. 48. (Churchill. 1s.)

Shoemaker (J. V.). Ointments and Oleates in Diseases of the Skin. 2nd ed., enlarged. 12mo, pp. 206. (F. A. Davis. 8s. 6d.)

Thompson (E. Symes). Influenza; or, Epidemic Catarrhal Fever: An Historical Survey of Past Epidemics in Great Britain, from 1510 to 1890. Being a New Revised ed. of "Annals of Influenza," by Theophilus Thompson. 8vo, pp. 490. (Percival. 21s.)

Walters (F. R.). A Household Dictionary of Medicine, Preventive and Curative. Illust. Demy 8vo, pp. 879. (Swan Sonnenschein. 7s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 84, Harrington Road, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Dr. Ray, Melbourne; Dr. Dudgeon, London; Mr. Meredith, Lydney; Dr. Roche, Norwich; John Dickenson and Co., London; Mr. J. M. Rendall, Torquay; Dr. Burnett, London; Dr. Kenny, Sunderland; Dr. R. K. Ghosh, Calcutta; Mr. Nicholas, Bundanoon.

BOOKS AND JOURNALS RECEIVED.

Chemist and Druggist. — Homeopathic Physician (double number). — Zoophilist. — Homeopathic Review. — Allg. Hom. Zeit. — Monatsblätter. — Meandreskript f. Hom. — L'Art Médical. — Calcutta Journal of Medicine. — Bibliothèque Homeopathique. — Clinique. — North American Journal of Homeopathy. — American Homeopathist. — Journal of Homeopathics. — Albany Medical Annals. — Revue Homeopathique Belge. — Medical Visitor. — Southern Journal of Homeopathy. — Medical Era. — Hahnemannian Monthly. — New England Medical Gazette. — New York Medical Times. — Medical Advance. — Norwich Homeopathic Dispensary Report. — Tachycardia Vasomotorica, by Dr. E. M. Hale. — Progress of Homeopathy, by Dr. Buck. — Cyclopedia of Drug Pathogenesy. Part xiii., Sabine-Sulphur.

THE HOMEOPATHIC WORLD.

NOVEMBER 1, 1890.

TUMBLING DOWN.

IN our last number we mentioned that SIR JOSEPH LISTER derived some comfort from the downfall of carbolic acid as a microbe killer, from the interesting discovery of the " eminent naturalist," METCHNIKOFF, that the leucocytes or white corpuscles of the blood were the enemies of all microbes, which they devoured in any desired quantity. Now that we know this, SIR JOSEPH seemed to say, we need not be solicitous about finding any other microbe slayer. All we had to do was to encourage the growth of leucocytes, now called " phagocytes " or eating cavities—a better name surely would be " microbophagi." Or perhaps they might even be introduced from without into an organism where they were deficient, and as they can be had to any amount in the pus of suppurating surfaces or the serum of blisters we might have our wholesale druggists advertising them as " microbocide leucocytes in capsules each containing one drachm " at so much per gross. But alas! as will be seen from the subjoined extract from a letter in *The Lancet* of Sept. 27th, any hopes we may have entertained of the microbocide powers of the leucocyte are dashed to the ground, and, if we are to believe the renowned microbiologist, Professor KOCH, and some of his fellow-observers, the leucocyte in place of devouring the microbes is on the contrary devoured by them, and the most it can do is to gobble the dead microbes, but is powerless to kill them. This must be a sad blow to SIR JOSEPH LISTER who, at the International Medical Congress at Berlin, espoused

the theory of the "eminent naturalist" METCHNIKOFF so enthusiastically. He cannot now hark back upon carbolic acid in spray or otherwise, as he has publicly expressed himself ashamed of having ever advocated it, and he seemed to be only lukewarm in his advocacy of any other antiseptics, relying chiefly on the microbophagic powers of METCHNIKOFF's "phagocytes" for the preservation of the organism from bacteria, bacilli, micrococci, and other microzoa.

This is what Dr. KANTHAK says :

"The leucocyte is at present in a sad plight. Its proud position of an organizer and regenerator of new tissue which it had arrogantly occupied for many years has been rudely shaken by the *savants* of the Tenth International Congress. It now holds, as far as inflammation is concerned, the modest position which VIRCHOW years ago assigned to it. Messrs. BALLANCE and SHERRINGTON removed all the charm which hovered around the leucocyte, and Professor ZIEGLER, who once raised it to the greatest power and dignity, and was its truest friend, gave it the *coup de grâce*. The leucocyte now clings to the title of "phagocyte," which METCHNIKOFF conferred on it, and which others since have always been ready to defend. In this capacity "it should be welcomed as the surgeon's friend," so Dr. COLLINS pleads; however, he wisely adds, "if METCHNIKOFF's researches are unambiguous." Therein the difficulty lies. *A priori*, especially after a careful study of VIRCHOW's cellular pathology and the recent researches of Messrs. BALANCE and SHERRINGTON, we should be inclined to deny this phagocytic action. Again, good authorities believe that in claiming the above title the "lowly leucocyte" is demanding more than is due to it. This is not the place to discuss all the points for and against this matter, but a few suggestions will show that it is by no means unambiguous. Professor ROBERT KOCH, versed in all matters appertaining to bacillary life, is a strong opponent to METCHNIKOFF's theory, and maintains that the living bacillus attacks the leucocyte, and then destroys it. Again, FLÜGGE and BAUMGARTEN showed that the "phagocytes" can only devour degenerated or dead anthrax bacilli, so that they cannot be considered in the light of destroying agents, but only as the burial ground of the deceased organisms, METCHNIKOFF's strongest argument, based on anthrax inoculations of frogs, has been completely refuted by PETRUSCHKY. He showed firstly that, on injecting anthrax bacilli into the dorsal lymph sac of a "cold" frog, changes of degeneration and dissolution are chiefly observed in the *extra-cellular* bacilli. His researches, therefore, have removed the chief support from the phagocytic theory. PETRUSCHKY further

demonstrated that a frog kept at the ordinary temperature of a room remains immune against anthrax, and that the bacilli and their spores injected into the cutis or lymph-sac are killed through the action of the lymphatic fluid, and then taken up by the leucocytes. On the other hand, if after the inoculation the frog be kept at a temperature of from 80° to 85° C., it has no longer immunity. NISSEM, who worked under FLÜGGE'S direction, has proved that the plasma constituents of the blood are the chief agents concerned in the destruction of bacteria, and that plasma free from corpuscles possesses as great a destructive power as blood. NUTTALL, again, has shown that in blood, lymph, or aqueous humour, anthrax bacilli completely degenerate, without the cellular elements playing any part in the process. Lastly, an allusion should be made to WYSSOKOWITSCH'S well-known investigations. It is thus seen that we have no right to accept METCHNIKOFF'S theory as yet. In fact, the scientific experience seems to be rather opposed to it. It has yet to be proved that—(1) phagocytes in RUFFER'S and METCHNIKOFF'S sense really exist; and (2) if so, that they are really leucocytes."

In a subsequent number of *The Lancet*, Dr. A. RUFFER makes a gallant fight for the microbophagous propensities of the leucocytes, but the weight of opinion among the experts is against him; and METCHNIKOFF'S theory, after enjoying a short-lived popularity, seems, like so many other pathological theories, to be hurrying on to the limbo of ingenious but untenable fancies.

A STRANGE ACCIDENT.—Death sometimes seizes his victims in most queer and unexpected ways, but a stranger accident than one that happened not long ago in New York has seldom been recorded. A lady who had been suffering for several years from pulmonary trouble had been advised to try inhalations of hot air, and had purchased an apparatus for that purpose. In this apparatus is a thermometer, by means of which the patient is enabled to tell when the temperature is at the required height for the inhalations. One day the lady noticed a peculiar dryness of the throat coming on during the inhalation, but did not think much about it until it began to grow very uncomfortable. Then she inspected the apparatus, and found that there was a white powder in the inhaling tube. Removing this, she resumed the inhalations, but was soon obliged to desist on account of a sudden illness. This increased, and in spite of treatment the lady died the following day. Examination of the apparatus showed that the thermometer had broken, and the mercury falling out had been volatilized by the great heat and had caused fatal mercurial poisoning.—*Medical Reprints*, July, 15.

NEWS AND NOTES.

“CONSULTATIONS WITH HOMEOPATHS.”

THE last word in the *Lancet* discussion on the above topic rests with the homeopaths. In the issue of September 27, a letter from Dr. Dudgeon appeared replying to Mr. Brudenell Carter's letter of some weeks previous: Dr. Dudgeon had no difficulty in disposing of the personal charges brought against him by Mr. Carter, and as on former occasions, the allopathic champion did not have the best of the fight. We make two quotations. It will be remembered that Mr. Carter neither admitted nor denied his identity with “R. B. C.” Dr. Dudgeon writes:

“If there ever was any doubt that ‘R. B. C.’ and Mr. R. Brudenell Carter are identical, Mr. Carter has betrayed his identity with ‘R. B. C.’ in the same way that the Marquis of Argyle revealed himself to Dugald Dalgetty, for none but Mr. Carter—not even the medical periodicals of his own persuasion—could speak well of ‘R. B. C.’s’ contributions to the discussions in *The Times* and *National Review*. If ‘R. B. C.’ is not Mr. R. B. Carter, no doubt he would have denounced my supposition that they are one in his vigorous and genial style as an ‘impudent falsehood.’”

And further on:

“It is curious now to observe that though Mr. Carter, in his resolution at the Ophthalmological Society, wished the Society to say that ‘it is inexpedient and improper for its members to engage in professional consultations with avowed homeopaths or with persons holding office in homeopathic institutions,’ he now declares himself ready to consult with those homeopathic practitioners whom he considers respectable and ‘upright men.’ He does not say how he is to be assured of the respectability of the homeopaths with whom he will condescend to consult; but perhaps a certificate from two magistrates or three or four clergymen would satisfy him. Well, if certificates of character are to be required before medical men will meet one another, let us have them all round; and before we seek the assistance of an oculist for our patients let us demand certificates of his professional courtesy. But that is a quality in which Mr. Carter does not particularly shine towards either his opponents or his friends of the Ophthalmological Society, whose action in rejecting his anti-homeopathic resolution he says is an instance of ‘cowardice masquerading as discretion,’ and ‘an advertisement intended to make it known in homeopathic circles that some ophthalmic surgeons are ready to sell themselves to homeopaths for a sufficient consideration.’”

HOMEOPATHS IN PENNSYLVANIA.

THE State of Pennsylvania with its capital, Philadelphia,

maintains an enviable position among the States of the American Union as a foster-ground of homeopathy. *The Philadelphia Inquirer* of September 18 reports the 26th Annual Meeting of the State Homeopathic Medical Society at the Hahnemann College, Dr. Korndorfer occupying the president's chair. A number of excellent papers were presented. We are pleased to note that a proposition was made for the building of an asylum for the insane similar to those at Middletown and New York. We have received the 43rd annual announcement of the *Hahnemann Medical College and Hospital of Philadelphia* for the session 1890-1891, which shows a high degree of activity and efficiency in these institutions.

TOMATOES.

THERE are fashions in food as well as fashions in physic or in dress, and latterly the pleasant tomato has met with a good deal of disfavour. A short time ago tomatoes were supposed to be "good for" almost every disease, and every one was eating them, whether there was a taste for them or not. Now there are mysterious whispers abroad that tomatoes are the cause of much disease and even of cancer itself. Here are two extracts in reference to them, the first from *The Lancet*, the second from *The New York Medical Times* for September :

"TOMATOES AS FOOD.

"A somewhat enthusiastic discussion is going on as to the alleged great value of the tomato as food, and its alleged influence on dyspepsia and liver complaints. All this is in a measure apocryphal, but that tomatoes, whether cooked or uncooked, but especially uncooked, form a very wholesome element in diet is unquestionable. No doubt where it is possible to follow the advice of growing your own tomatoes as well as eating them, the necessary outdoor exercise in gardening involved is excellent, and we endorse the advice: Grow your own tomatoes and eat them, if you have a garden. Foreign tomatoes, of which masses are brought to market in an unripe or over-ripe state, are by no means so wholesome as food as some people are disposed to think."

"TOMATO POISONING.

"Under this title Dr. Mills (*International Dental Journal*) describes a form of recession of the gums of the superior molars, which he believes to be due to the use of tomatoes as food. The affection is most marked on the palatine surfaces. Great sensitiveness is manifested along the line of recession, similar to that of an exposed nerve.

The only remedy was found to be abstinence from tomatoes. If the disease continues the teeth fall out; not usually more than one being lost in a season."

The tomato is the *Lycopersicum* of the homeopathic *Materia Medica* and is undoubtedly medicinal, containing among other things much oxalic acid. We have known them of great use to some dyspeptics, but of course they don't agree with every sick person or every healthy one. We have seen no evidence to support the rumour that they are to be credited with the causation of cancer.

SOCIETY FOR THE PREVENTION OF BLINDNESS.

We are glad to see by the Tenth Annual Report of this Society (whose full title is—Society for the Prevention of Blindness and the Improvement of the Physique of the Blind) still continues to enjoy the support of its founder, Dr. Roth, from the place of his retirement at Divonne. This excellent society is well known to our readers. Messrs. Bailliere and Co., 20, King William Street, W.C., publish the works of the society. The assistant secretary is Miss Mary E. H. Colson.

CASE OF POISONING BY NUTMEG.—On the morning of December 1st I received an urgent message to attend a farmer in the country, who had been taken very ill during the night. On my arrival I found him lying on a sofa, with his knees drawn up, in a half-dazed condition, crying out, "Oh, my head!" His wife informed me that he had gone to bed the night before at the usual hour quite well, and slept well until about 6 a.m. When he attempted to get out of bed he found he was giddy, and could not stand, had great pain in the head, and could not distinguish objects around him. *Examination*: Could be roused to answer questions when spoken sharply to, and told me he had great pain in the head, great thirst, and his mouth and tongue were "parched," and he had a numbness of the limbs. He was quite unable to stand. Pulse 70, regular; temperature normal; pupils somewhat contracted, acting to light and accommodation; tongue clean, dry; heart sounds normal. His wife now, after some hesitation, told me that the evening before she had grated up a whole nutmeg and given him in milk, as she had been told by a neighbour that it was a certain cure for boils, and her husband had some on his neck. I gave him calomel, gr. x, at once, and one ounce of castor oil two hours afterwards. The next morning, December 2nd, I visited him, and found him quite well, with the exception of a little headache. Not having read or heard of a case of poisoning by nutmeg, the above notes may be somewhat of interest.—P. B. BENTLEY, M.R.C.S., Hon. Medical Officer, Jersey Dispensary, Bath Street, Jersey.—*British Medical Journal*, December 21st.

ORIGINAL COMMUNICATIONS.

CASE OF LICHEN URTICARIUS CURED BY THUJA OCCIDENTALIS.

By J. COMPTON BURNETT, M.D.

A GENTLEMAN brought his fourteen-year old son to me this summer for treatment for a skin affection, that had defied two able specialists for the least special of all organs, *the skin*. Dr. X. was very particular about diet, giving most elaborate reasons against about half the things people eat. Fruit was specially forbidden as exceedingly bad. That sort of stuff finds favour with the world. The grate and chimney are out of repair: change the *fuel*! In combined consultative wisdom sick mankind finds salvation, and hence a consultation was held between like-thinking and equally ignorant brethren, and the marvellously clever prescription they agreed upon was literally staggering in its originality. It runs thus:—

Liq. Fowleri.
Sod. bicarb.
Quiniae.
Sp. chl. Aeth.

All these things were put *inside*. They did no good. But the wonderful lotion. Ah! the construction of the prescription for this strained their brains very considerably. In full-blown grandeur it runs thus:—

Liquor Plumbi.
Liq. Carb. det.
Acid. boracic.

and also *borax*.

All these things were applied *outside*. They did no good.

And then? The lad must be very carefully dieted and he would probably grow out of it.

Surely either the borax, or the boracic acid, or the detergent carbon, or the liquor of lead, or the spirit of chloric ether, or the quinine, or the bicarbonate of soda, or Fowler's solution of Arsenic, *ought* to have cured the lichen, else what was the use of giving so many wonderful drugs to one patient all at once with strict diet into the bargain?

Is not arsenic *the* skin medicine above all others? Does not the bicarbonate of soda neutralize the gouty acid?

Does not quinine strengthen because it is a tonic, in fact *the* tonic? Is not the spirit of chloric ether a capital diffusible stimulant? Does not the carbon cleanse and heal? Is not boracic acid a recognized skin medicine? And the borax! Does any one deny its dermatophilia?

And *yet* that lichen would not go. It was wont to come periodically in the warm weather; the patient literally tears himself because of the irritation. I noticed one feature about the rash: it was much worse on the left side of the body, that being the side on which he was vaccinated. I ordered *Thuja* 30 in very infrequent dose, with the result thus chronicled by the boy's father:—

September 8, 1890.

"DEAR SIR.—Agreeably with your wish I now write to tell you about my son.

"The spots he was suffering from continued to appear for about a week after he took the powders you prescribed, and since their disappearance he has been quite free, although he has been eating freely of all kinds of meat, fish, and fruit; his skin is now perfectly clear, and has been for between two and three weeks. I hope the cure will be permanent, and that he may not have a return of the complaint again next spring or autumn, or ever."

I may remark that the cure took effect during the *warm* weather, and that the urticarious lumps were described as *worse* in the warmth.

London.

September 17, 1890.

KREASOTE AND DIABETES MELLITUS.

By DR. R. K. GHOSH.

A EURASIAN gentleman, now aged about 40, employed as an assistant on the G. I. P. Railways, Central Provinces, and formerly an engineer in a coasting steamer plying between Calcutta and Bombay, when going to the sea-voyage for the first time, in June, 1876, was very much troubled with sea-sickness, so much so that the doctor in charge of the ship declared him as quite unfit for sea-service. He returned to Calcutta in November following, losing, as he said, "almost one-third of his flesh" by the sea-sickness, partly from anxiety for livelihood and partly from ill-nourishment. Owing to inability of his stomach to retain

any food, the young man, when I saw him first, was reduced almost to a skeleton. In December, 1877, he consulted me and gave me a history of his case. About a year and a half previous to his going to the sea-voyage in this steamer, the patient had diarrhea and edema of the eyelids and the ankle-joints. He went to the out-door dispensary of the Medical College here for treatment. Probably on account of the edema, the attending physicians of the dispensary suspected the presence of albumen in the urine. On an examination *sugar* was detected in the urine instead of albumen, the presence of which was suspected. He also passed urine ten or twelve times in twenty-four hours, each time passing about eight or ten ounces. The specific gravity of the urine was 1035. Opium treatment was prescribed by the hospital authorities, which stopped the diarrhea and edema as well. When he consulted me he passed urine in the same way as before, even after opium treatment under the hospital authorities. In January, 1878, the patient came to me for a medicine for sea-sickness, as he was going for another sea-trip. I prescribed *Kreasote* 3x in water, three doses daily, to commence taking three or four days before going to sea. By taking this medicine the sea-sickness was not cured, but it took a modified form and was partially relieved. In the former trip the vomiting commenced or increased as soon as some food was taken, in this trip the case was quite the reverse, the vomiting commencing or increasing in empty stomach and ceasing as soon as some food was taken. Either in the course of nature, or by *Kreasote*, the patient did not pass urine more than five or six times in twenty-four hours, and at each time he did not void more than three or four ounces of urine. Before *Kreasote* was taken, the patient's sleep was disturbed twice or thrice during night on account of urging to urinate; but after taking *Kreasote* he had very sound sleep and the sleep was not even once disturbed during night. He complained to me of a kind of burning sensation all over his body, which he described as that felt in irritation produced by mustard plasters. This was not relieved by air, or by external cold application, or fanning. He had no perspiration even in the hottest days of the year, but the felt as if hot water was running through his veins and arteries in those days. In cold weather he was not able to use blankets, even a linen sheet being sometimes intolerable to him. He also felt dryness in the mouth and

throat, on account of which he drank water almost every half-hour; his bowels remained constipated, and he had no appetite. Milk and water were his only articles of food. I prescribed *Arsenicum Alb.* 30, three doses daily. This was on the 19th January, 1878. A week after *Arsenic* 30 was given, the patient saw me, when he said that the burning of his body had almost gone; he felt some appetite, but he was averse to taking milk; he had little or no thirst; he had one "free stool" every morning; he had perspiration, which gave him much relief of his sufferings; but the quantity of urine had considerably increased. He passed twelve or thirteen times very large quantities of urine in twenty-four hours, and each time he voided about ten or twelve ounces of urine, and he felt giddy after every urination. He felt great weakness, so much so that he felt disinclined to stir even a single step out of his seat or bed. On the 26th January I prescribed *Arsenic* 12. A week after taking *Arsenic* 12 he saw me again, when he said he was "positively worse." I stopped medicine and advised him to take bran-bread, goat's meat, with some fried vegetables, in the morning, and bread, fried vegetables and milk in the evening. A week after he saw me again, when he said he was feeling better in every other way, but the quantity of urine had considerably increased. I prescribed *Arsenic* 6, three doses daily. A week after *Arsenic* 6 was prescribed, the patient wrote to me to say that he felt "positively worse" again, so that he was not in a position to see me at my dispensary, on account of which he asked me to see him at his residence. I saw him on the morning of the 15th February, 1878, when I found him almost prostrated in his bed. He said violent vomiting almost every half-hour, since he saw me last at my dispensary, was the cause of such prostration. I asked him if he was in the habit of drinking alcoholic liquors and he said he was a teetotaler. Just as I was sitting by him he vomited up a stuff which looked like curdled milk, some undigested particles of bread and vegetables, which the patient said he had taken last night. I prescribed *Ipecacuanha* 6, a dose every hour, and came away, asking the patient to let me know as to how he remained after taking three doses of the medicine. This was at 10 a.m. At 12 noon I was informed that the vomiting had not the least abated. I was in difficulty to find out a suitable remedy for this distressing symptom. I told the patient's servant, who came with the message, to let his

master have three doses of the medicine more every half-hour, at the same time told him that I would see his master at 4 p.m. Three doses of *Ipecacuanha* 6 were given as directed, but with no benefit. I saw the patient at 4.30 p.m., and found him quite prostrated in bed, and so much out of sorts that he was not able to give rational answers to the questions which I put to him regarding his ailments. With great difficulty, however, he said he was feeling the same kind of uneasiness as when he was on board the steamer in the sea for the first time. The quantity of urine had considerable increased. He passed urine eighteen or twenty times in twenty-four hours, and each time he voided twelve or thirteen ounces of urine. He had violent thirst, drinking often sometimes a small quantity and sometimes very large quantities of water. Burning in the whole body had again commenced as before. I prescribed 3x trit. of *Arsenius Acid*, in half-a-grain doses, a dose every two hours, not more than three doses to be taken. About an hour after the administration of the first dose, vomiting stopped, the urine remained the same in quantity, as also the frequency at which he would pass it. All the three doses were given; vomiting did not recur nor the burning of the body, but the patient felt quite prostrated. I saw him again that day at 8 p.m., when I found him easy and comfortable, but so prostrated that he was quite disinclined to speak. I prescribed no medicine, but advised him to take chicken broth, six ounces; three ounces at a time every three hours, and came away, leaving instructions to keep the next morning's urine in a well-corked bottle for a chemical examination. Next morning I saw the patient again, and found him more easy and comfortable than when I had seen him last night. I prescribed no medicine, but advised him to take chicken soup plainly cooked, and well-boiled rice. I sent the urine for chemical examination. The result of the chemical examination read thus:—“(1) Specific gravity—1045; (2) Albumen—none; (3) Sugar—an appreciable quantity.” I prescribed *Acid Phosphoric* 30, three doses daily. This was taken for a week with no benefit. I then prescribed *Acid Phosphoric* 12 for a week. No improvement still. I then prescribed *Acid Phosphoric* 1x, in one-drop doses, three such doses daily for a week, and yet no improvement was noticeable. Now the patient became quite impatient to change the treatment, but his cousin, who was a great admirer of homeopathy, would

not allow him to do so. For a week I gave him no medicine. This rest for a week without medicine was followed by a recurrence of the vomiting. I was again in great difficulty for my inability to hit at a right remedy for the sufferer, and I almost made up my mind to give the case up as hopeless. But remembering what *Kreasote* had done when prescribed for sea-sickness in reducing the quantity, as also the frequency, at which the urine was passed during the sea-voyage, I prescribed it at the third potency as on the first occasion, three doses daily, this was on the 23rd March, 1878. The next morning (24th March); the patient wrote to me to say, "Your medicine was a magic in my case you should have given it to me long before this, then I would not have been reduced to a skeleton. Kindly see me once this morning before nine o'clock. I say nine o'clock, because I feel hungry and cannot take anything before you have seen me. You must get the medicine which you gave me yesterday, and I believe that will cure me." I saw the patient, when he told me that he had passed urine only once last night, about four or five ounces, and that morning at six o'clock, about eight ounces. He felt hungry, and he had nothing to complain of. He had no nausea or vomiting, but he felt a little thirsty, which he believed was owing to his being hungry and weak. I prescribed chicken soup and bread for food. I also prescribed *Kreasote* 3, three doses daily for a week again, and came away. The next week he sent me word to see him again. I saw him, as requested, on the 16th April, 1878, when he said he had nothing to complain of. The quantity of urine had become normal; I should say rather sub-normal, being twenty or twenty-five ounces, which he had passed four or five times in twenty-four hours. His appetite had returned; his bowels had become regular; his thirst normal, and he felt hungry. I advised him to walk in the morning and evening and take bran-bread, chicken-soup, some fried vegetables (chiefly potatoes), and *patal* in the morning; and bread, some fried vegetables and milk, in the evening or night, and gave him no medicine. In this way he remained for two months. At this time I got his urine again examined. On examination, no sugar, nor any other abnormal matter, was found in it. I now advised him to take a change. Fortunately enough for him, the patient got an employment in the G. I. P. Railway Company's service in the Central Provinces, and he joined

his appointment as an assistant there. In October, 1879, I accidentally met the patient on my way to Bombay in the Buswal railway station. He told me that he was "all right," and he looked like altogether a different person from what I saw him while under my treatment. I did not see him again until January, 1884, when he came to Calcutta on the occasion of the International Exhibition. He told me he had no urinary or any other complaints. He asked me to let him have some medicines, so that his ailments may not recur. I did not see him nor hear anything from him since then. In October last he wrote to me from Nagpore, in the Central Provinces, saying, "I went on Company's business to Calcutta in April last, and tried to see you, but I was told you had left Calcutta for a change. None could tell me your whereabouts. I learn from a friend of mine here that you have come back to Calcutta and commenced business again. Hence this letter to trouble you a little. I felt some weakness about eight or nine days last month, so I sent my urine to a doctor here for examination. The doctor said there was nothing wrong in the urine. I am again now as strong as anybody. Do you think I should take *Kreasote* 3x again to be sure of a radical cure of my diabetes, as you call the decease."

I prescribed no medicine, but advised the patient *to live a regular life*, that is, to observe regularity in diet and exercise, which I believe to be the *main secret* of maintenance of health in this disease.

I must own I have no faith in the so-called cure of diabetes, as I do not believe that diabetes, like some other particular diseases, is curable by any existing *Pathies* or systems of medicine, a conclusion which I have arrived at from the results of my treatment of a very large number of cases of diabetes which I have been called upon to treat from time to time in the course of my last few years' practice as a medical practitioner, though I cannot persuade myself to think that the benefit which the patient derived from the above treatment was not from the use of *Kreasote*. From what I observed in the above case, I am inclined to the belief that *Kreasote* may prove beneficial in cases of diabetes mellitus where the gastric-irritation predominates, and I should recommend that *Kreasote* might be given a fair trial by the profession in the treatment of diabetes mellitus when occasion offered.

70, 71, Mániktalá Street, Calcutta, Sept. 2, 1890.

"NOTES BY THE WAY."

BY DR. ARTHUR DALZELL.

ACUTE TONSILITIS.

Tuesday, 9 a.m. Off the Cape.—Dr. W—— caught a severe chill immediately after leaving the tropics, and complained of severe headache, sore throat, and pain in back and limbs. Tongue thickly coated with yellowish-white fur, and breath foul. Tonsils much enlarged, and their crypts full of mucus. Bowels confined. Pulse 90. Temperature 104. Breathing harsh. Skin dry. Water high coloured.

Treatment.

Iodine spray at the patient's request. *Aconite* 2x every hour.

9 p.m.—Temperature 101. Throat to all appearance the same.

Wednesday.—Temperature 99. Patient persisted in getting up, although throat still sore.

4 p.m.—Temperature 105. All symptoms returned with increased violence.

Phytolacca 1x., two drops every hour. Swabbed throat with *Phytolacca*—20 drops to a tumbler of water.

9 p.m.—Temperature 101. Throat feels much better.

Thursday, 8.20.—Temperature 98.6. Throat feels quite comfortable. Mucus patches disappearing.

Milk diet was given during fever. In three days patient was well.

Note.—Condensed milk only was procurable; and as it was blowing hard at the time, the patient was much knocked about.

TOOTHACHE (*Periostitis*).

Three cases of toothache, with abscess formation and agonizing symptoms as of the tooth being pushed up, with throbbing, were cured of all pain in an hour's time by *Mercurius Virus* 2x.

Dose.—1 grain every fifteen minutes.

INSOMNIA IN EPIDEMIC CATARRH.

Miss J——. For three nights previous to my seeing her had not slept at all.

Symptoms.—She tosses about night and day, and cannot remain in one position. Constantly complaining.

Treatment.—*Rhus.* 2x., 1 drop every hour, procured her two hours sleep after the second dose. Slept well at night, and recovered completely. A similiar case was cured by the same medicine, in which Bronchitis had also supervened.

TWO CASES.

By MR. W. A. NICHOLAS.

CASE 1.—Mrs. T— was confined of a fine boy, with double hare lip, the cause of which I traced to the following:—The husband's brother was born so, and the parents neglected to have anything done to it. When the boy grew up, hearing that something could be done to it, he put himself under the doctors in one of the Sydney hospitals, with the result that they turned him out presentable. The young fellow, having been invited to dinner at the sister-in-law's, told her the course of treatment he underwent, and showed her his mouth, with the result the child was born as stated. I was called in the day following the birth to attend the mother for some feverish symptoms. About a fortnight after I was called in as the mother showed signs of insanity—her desire was to throw the child on the fire and burn it. Gave *Hyos.* 1x. The following day I had to go to the township to attend a Masonic Lodge. There I met the resident doctor, and told him the case. While the sun was yet in the meridian a telegram came for the doctor to come up to attend the case, as the friends got frightened at my long absence. The doctor remarked to me, "What can I do in this case?" He prescribed *Bromide of Potass* in heavy doses. Two days afterwards: No improvement in patient. I was asked to give something for piles. Gave *Mer. V.* 1x, and told the husband I would be down in the evening with another remedy to take at night. As soon as I went in they said, "She is showing signs of improvement." I asked when she took the turn, and they replied, "After she took the first dose of medicine you sent for the piles." I ordered the medicine to be continued, with the result she came back to her right mind, and has remained so ever since. I hear she was in the asylum before she married, and has a brother there now.

CASE 2.—Mr. T. B—, aged 51, came to me, having been four months under two doctors in Sydney. From

what I could glean, through the rather sudden death of his wife he had congestion of the brain followed by bronchitis. I found he had been heavily drugged, in fact he was a perfect wreck. He told me he had come to me to get away from the doctors, and had made up his mind to die without taking any more medicine. The following morning he took a rather long walk, with the result that it brought on a very bad attack of Angina pectoris. I gave *Ver. V.* 1x. He said, "It's no use your giving me homeopathic medicine, for I do not believe in it," and it was only with difficulty I could get him to take a dose, he had such an objection to it. I changed his medicine to *Bell.* 1x, with the result that he said, "I think your medicine is doing me good." Seeing that *Bell.* had done its work, I noticed at times his hand go to the back of his neck at the base of the skull, I changed to *Phos.* 1. After taking the second dose he said, "You have changed my medicine." I told him I had, when he replied, "I thought so, for I am feeling a new man." The reason why he was such an unbeliever in homeopathy was, that he once lived near a gentleman who used to treat his friends homeopathically with, as he thought, very little success. Before leaving he told me he believed if he had been under my care from the first he would not have suffered a fortnight. I hear he is now on his road to England.

Bundanoon, N.S.W.

PRIMULA OBCONICA—A PROVING.

MUCH has been written in horticultural journals on the effects of *Primula Obconica* on those who are engaged in cultivating the plant and have to handle it much. This year I raised a lot from seed and had to handle them, in potting out about a score of the plants, but no marked effects arose from doing this, in my case. I then, about ten weeks ago, proceeded to make a tincture, cutting up some young plants and some vigorous fresh leaves of an old one, filling a bottle loosely with the cuttings and pouring in spirit of wine. When this had stood about a week I set about making a proving of the tincture upon myself, for from what I had heard and read of the effects of this remarkable plant I concluded that we have in it a remedy of wide range for skin affections. I accordingly took of this mother tincture three or four drops three times a day for three or four days, and then stopped and watched

for the result. Two or three days later a rough, elevated mass of points arose on the outer side of the first joint of the right-hand little finger, with increased heat and itching. A day or two later there appeared on the outer surface of the right thumb a number of elevations of about an eighth of an inch in diameter, of a bright red colour, looking tense and shining. I thought from their tense appearance they must have been filled with fluid, but on piercing one of them with the point of a penknife no fluid came out, not even blood. They were evidently as solid as they felt. These gradually coalesced, forming a solid mass over the whole of the back of the thumb, giving it the appearance of corrugated leather. Then at intervals, going on for several weeks, there appeared one after another bright red patches on the backs, inner sides of, or on the spaces between, the fingers, itching intensely at first, and, when the redness subsided, leaving a number of *low* elevations, not like those on the thumb but flat and smooth, giving to the backs of the fingers the appearance and the feeling of polished leather. When these appeared there was a stiffness in bending the fingers, as if the skin had become somewhat rigid. These eruptions gradually made their way down the thumb to the wrist, the inner side of which became covered with red patches and feeling as if there were grains of sand beneath the skin. There occurred also on the outer edge of the hand a row of hard lumps under the skin, but not appearing outwardly. At times the whole of the back of the hand would assume a dark red colour, at other times, when excited from any cause, a bright red, with increased heat and itching, but if rubbed or scratched the itching during the operation would increase tenfold. Reflecting on the cause of the repeated and long-continued outbreaks I was led to suspect that the presence of several of the plants in my sitting-room might have had somewhat to do with it. To put this to the test I went to the window in which they were placed—the surface of the hand being quiet and easy at the time—and standing there and bending over them I breathed for some seconds the superincumbent air and then went to my seat on the opposite side of the room. Very soon after seating myself the whole of the affected parts became heated, bright red, and itching. It is remarkable, indeed, how sensitive the hand had become to the influence of the plant's virus—the act of plucking a flower, the least contact with a leaf, sufficed to bring on an

almost immediate aggravation. Another curious fact I observed, namely, that in the evening when it was growing dark, an aggravation of the symptoms always came on. Was this the nature of the induced disease, or did it arise from any other cause? Now we know that there are some plants that give out their scent or other subtle effluvia chiefly at night, to attract and guide those night-flying insects, whose visits are necessary for their fructification, when sight is useless to guide them. Is this *Primula* one of these? To put this to the test I had all the plants removed from my room, and since then the night aggravation has not occurred. The scent of this plant is not powerful at any time, but it is very different from that of any other *primula* I am acquainted with; but if the effluvia given off from it is sufficient to affect one powerfully at some yards distant, it is doubtless sufficiently powerful to guide, by some sense adapted thereto, those night-flyers that are needed by it.

But to return to my experiment. Besides the solid elevations there arose a blister on the middle of the back of the thumb, about the third of an inch long, and two or three smaller ones on the space between the thumb and the forefinger. On puncturing the former a clear fluid came out and continued to flow for some time. At length, about the seventh or eighth week from the beginning of the experiment, the skin of the thumb, of the little finger, and of the outer edge of the hand began to get rough and to peel off, and now it is beginning to assume its natural appearance and condition. It is remarkable that the effects of the virus of this plant should have been confined mainly to the right hand and wrist: the thumb and fingers of the left hand were indeed affected, but only to a much less degree—not enough to cause any peeling of the skin.

The allopaths, whose aim it is to classify every affection under cut-and-dried heads, have been greatly puzzled by the affections arising from this plant. A gardener I am acquainted with tells me that a year or two ago, having a troublesome eruption on his hands, he consulted a doctor about it, who, after careful examination and finding it agree with none of his tabulated simple skin affections, at last in despair concluded that it must be the *itch*, and gave his patient some compound to apply that gave him more suffering than the affection itself. Now, since the *primula* has fallen into its ill repute, he remembers that at that

time he had been cultivating and handling it much, and feels assured that his trouble arose from so doing.

I sent you some time ago a cutting from *The Journal of Horticulture*, describing the experience of one who had suffered from handling this Primula; I now send you a cutting from *The Garden* of August 16th, describing a more remarkable and very serious case. They may serve as aids towards forming a pathogenesis of the plant's properties. Is the fact that many who are engaged in extensively handling it, yet escape being troubled with any unpleasant effects from it, a confirmation of Dr. Burnett's organismic theory of skin diseases? Does it serve merely to bring to the surface a mischief lurking in some internal organ? My own experience may serve in some measure to support this view. While sitting engaged in potting plants I have to stoop my body to right or left to reach my materials; doing so heretofore generally brought on a pain in the right side in the region of the liver, and often a less severe pain in the region of the spleen, but since the effects brought out by the tincture on my hands, I have not felt those pains when so employed. Now is there any special physiological connection between the right hand and the liver, and between the left and the spleen? This Primula should have an extensive proving by many persons of different temperaments, and it would perhaps be well to include some of an unhealthy condition, with a view to testing the organismic theory. I have made four or five ounces of the tincture from leaves in full vigour of growth, and should be pleased to send it to you to distribute among those who may desire to have some, and I hope that many provers may come forward.

F. H. B.

Carsington, September 12th.

[We append the cutting.—Ed. H. W.]

“PRIMULA OBCONICA POISONOUS.

“It is surprising that the peculiarly poisonous nature of Primula Obconica is so little known. It should be marked as a dangerous plant, and carefully kept out of conservatories which adjoin sitting-rooms of dwelling houses. It must, however, in fairness be said that its poison affects only certain constitutions, and works in a mysterious and subtle way which it is difficult to trace. I have known several instances of most serious trouble induced by Primula Obconica. Let me give one. The wife of an intimate friend and neighbour had been for nearly two years a great sufferer from a strange form of eczema which was

seriously weakening her health and making life miserable. It affected hands, face, neck, and greater part of body, but especially eyeballs, eyelids, nostrils, and mouth, with burning irritation and discolouration of skin. This continued for months, and in its worst stages sleep was quite destroyed, and an alarming state of ill-health set in which baffled the efforts not only of the family doctor, but of the highest specialists consulted. All conceivable remedies were tried in vain—arsenic in large doses had no effect, and the sufferer's health was seriously undermined. At length the fact was repeatedly noted that when this lady left her own home and went anywhere else she immediately recovered, and as soon as she returned to her own house the eczema also returned. It was therefore concluded that the house was at fault (although the sufferer had lived in it the greater part of her life in perfect health). Drains were lifted and relaid, smoke tests applied, and much expense undergone to remedy any faults. But the trouble remained as bad as ever, disappearing only when a change of air was occasionally made. And now for the explanation which was reached after closest watching and repeated experiments. The lady was fond of tending her flowers, and had a conservatory opening out of her parlour. It was suspected that the moist air from the conservatory might be the cause of the trouble, so the conservatory door was built up and communication stopped. At once the trouble disappeared, and it was supposed that it had all arisen from the damp greenhouse air. But after a few days the lady began to handle some flowers in her conservatory again, gaining access to it from the outside door, and immediately the trouble appeared again as bad as ever. To shorten the story, it may be said that suspicion was aroused after weeks of watching that this lady's favourite flower (*Primula Obconica*) was the cause of the trouble. When she handled it she at once became ill. It was therefore completely banished from the conservatory, and although the door communicating with the parlour was again opened, there was no more eczema, until some weeks later the lady visited the greenhouse at the end of the garden where the poisonous plants had been banished. She began handling them, and soon after, her illness returned as before. All these flowers have now been destroyed, not one being allowed near the place, and since then the lady's health is perfect, and for months no trace of eczema. Doubtless she could bring it back at any time by petting *Primula Obconica*. Medical men are mostly unaware of such facts. Doubtless many people suffer from this insidious poison since this Primrose became such a favourite, and it is time that attention should be called to it as a dangerous poison for some constitutions.

“GEORGE REID.

“St. Andrew's, N.B.”

SALICYLATE OF SODA.

By AGRICOLA.

A REFERENCE to the advertisement pages in any one of the weekly journals devoted to the brewing interests will show the enormous extent to which this chemical (synthetic) is

used in (the better class of) ales—its object being, I believe, chiefly to prevent, or at least, to retard, acetic fermentation or chemical change. A case came under my notice of a man, forty-five, who removing, in 1875, to London, made rather free use, say one pint in middle of day, one and a half to two pints at night, of a well-known brewer's best draught ale, known as A1, retailed in the London restaurants at five-pence or sixpence per pint. At first the ale seemed to benefit him immensely, digestion improved, vigour of mind and of body increased, flesh was acquired, spirits rose, etc. But in a few months heat and tenderness in the soles of the feet appeared, the feet became swollen, and the veins of the upper part of feet showed *much* congestion. During a month's sojourn at the seaside these symptoms disappeared, but returned in April with renewed force, together with certain mouth-troubles amounting to actual scurvy. The feet became so painful as to compel a residence in the country, where in the course of many months' most abstemious hygienic habits and life, the pains, &c., in the feet gradually disappeared. Some years of this life having elapsed, in the spring of 1887 the subject had occasion to visit a friend every morning, some two miles distant, when a full large glass of the same ale proved very enjoyable. This extended over six weeks with, during the last week, a marked return of the foot troubles, continuing some two months.

That Salicylate was the cause is rendered still more probable owing to the subject having before and since the above occurrence drank his usual morning and evening pint (or two) of ale, but which the brewers—the Alton Court Brewery Company, Ross—have long ago guaranteed to me does not contain Salicine in any shape or form whatever.

Salicine is probably a useful drug *in the hands of homeopathy*; but those hands are already more than full, seeing that "Art is long" and that "Life is short." If a millenium of longevity ever recurs then possibly Hahne-mann's schema may get fully worked up.

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 44.

[To DR. TRINKS.]

DEAR COLLEAGUE,—I have read a second time your preface to Krüger-Hansen * and cannot refrain from forming a still higher appreciation of it and declaring to you that I consider it a masterpiece. Continue to set forth the truth in such choice language, such apt phrases, and with such glowing zeal, and you cannot fail to live in the history of our art as one of the foremost and most distinguished apostles of our beneficent doctrine. I am happy to have lived to see your talent so happily won for our cause. I hope, nay I am sure, that your honest efforts will prove a great support for our benign art to the weal of suffering mankind.

I hope Mr. Arnold will get you the greatest possible circulation for your excellent work, and send copies of it by post to Krüger-Hansen himself, also to Hufeland, and to any other persons you may suggest. I have just heard from a distinguished resident in Berlin: "After reading the missive of Hofrath Hahnemann, the king inquired about the practice of the homeopathic doctors in Berlin. He was told (as might have been foreseen) that in the cholera they had not been more successful than the other doctors." An all-good and all-wise Providence will know how to employ other means than the power of weak kings in order to cause the truth to be honoured. But let us console ourselves, we shall win the victory with more efficacious weapons.

Yours very truly,

SAMUEL HAHNEMANN.

Coethen, Dec. 25, 1831.

I am obliged to Mr. Arnold for sending me the completion of Berzelius; I will do what I can.

No. 45.

[To DR. STAFF.]

DEAR FRIEND AND COLLEAGUE,—An excessive amount of professional occupation has prevented me replying to your dear letter without a date.

* [The title of this pamphlet by Dr. Trinks is, *Allopathy, Displayed in the practice of Krüger-Hansen*, with a Preface by Dr. C. F. TRINKS, Dresden, 1832. Evidently the work was published in 1831—though dated 1832 (such antedating is not unknown among ourselves)—for it is reviewed in the *Archiv* for 1831, and also read by Hahnemann in that year. Dr. Trinks's preface is a masterly summary of the history of medical theories, of which he says there were many, but no true healing art till Hahnemann appeared.]

Bönninghausen writes me that no prohibition against the dispensing of their medicines by homeopathsists has yet been published in Münster. Nor do I know of any Prussian homeopath who has been officially prohibited to do the like. It seems to me that they only want to frighten you. And why have you not procured a copy of the ordinance issued against you, so that you might lay it before the public for their judgment? Do so now; the fellows are evidently afraid. In a letter I lately wrote to Hufeland (having occasion to do so), I brushed up his conscience pretty sharply—but the obtuse old sinner persists in his ignorance. When you can come and pay me a visit (which is apparently a disagreeable thing for you to do, as you come so seldom and then only for a couple of hours at a time) you shall read all about it.

I have commissioned those two pure and zealous homeopaths, Griesselich,* of Baden, and Samm, of Carlsruhe, to tell Attomyr the reason why I neither could nor dared propose him for the post with Kurakin. If he will take the intimation in the right spirit, then it is well; if not, then I cannot help it.

Nowhere are homeopaths better off than in North America. There only is freedom! The day before yesterday a merchant called on me, who was very well informed about, and a proficient in the practice of, homeopathy. He told me of the great progress of our art in that country, principally through the labours of Dr. Ihm there, and two others in Bethlehem and Nazareth (two Moravian colonies) of whom I only remember the name of one, Dr. Freitag.

Progress is made in France also. The first number of the *Bibliothèque Homeopathique* for April and May, published in Geneva and Paris by Baillièrè, has my full approval. There is a great deal in it that you might find of use for the *Archiv*.

If the rescript with which you are threatened should be issued, I beg you to send me an authentic copy. I will get it inserted, with notes, in the *Homöopathische Zeitung* † and in the *Allg. Anz. d. Deutschen*.

I should like to know more about the dissensions and other

* [Dr. Griesselich, who is here mentioned in laudatory terms, afterwards removed to Carlsruhe, where he edited the *Hygea* from 1834 to 1848. He opposed much of Hahnemann's teaching in this periodical, and in consequence incurred the bitter enmity of the founder of Homeopathy, which finds expression in some of the later letters. Griesselich was a regimental surgeon, and in 1848, when riding with his battalion from Altona to Hamburg, he was thrown from his horse, his skull was extensively fractured, and he died on the 31st of August of that year, never having recovered consciousness. He may be said to have been the head of what may be termed the *rational* homeopathsists in contradistinction to the *transcendental* homeopathsists, represented in the present day by the self-styled *Hahnemannists*. I am unable to get any information respecting Samm of Carlsruhe.]

† [The periodical of which Schweickert was editor.]

egotistical outbreaks of passion among homeopaths which you hint at.

What you tell me about the *Allgemeine Homöopathische Zeitung* surprises me, as no one has written to me one word upon the subject. So Hartmann is to be one of the editors! * Is Saul also among the prophets? How can we trust such a weak-kneed fellow, who would like to allopathize us, and would teach the laity to treat mere names of diseases. Our art requires much too minute accuracy in its practice for such as him; he would greatly prefer to cure (or rather kill) all his patients with mercury; he behaves like a sham homeopathic quack, and engrafts on our art the infamy of popularization—this fellow, who is more hurtful to us than all our enemies, is to be one of the editors—the mouthing braggart! What do I live to see? Let every honourable man withdraw from association with this presumptuous babler. †

If you continue to be a *strict* editor of the *Archiv*, and from this time forth print nothing wrong in it, you will maintain your periodical in honour; *videatur* my *Hints and Warnings*, ‡ which I beg you to print exactly as written. You will never want for good material.

If Reclam had granted as large or a larger honorarium, Baumgärtner would have been obliged to retire. §

The patients in this town and neighbourhood are too numerous and give me much trouble. I could hand them over to a homeopathic practitioner, if there was one near.

* [The *Allgemeine Homöopathische Zeitung*, a weekly organ of homeopathy, began to be published on the 1st of July, 1832, under the editorship of Drs. G. W. Gross, of Jüterbogk, F. Hartmann, of Leipzig, and F. Rummel, of Madgeburg; and it has continued to be regularly published without interruption until the present day. After the death of Gross, in 1847, Hartmann and Rummel conducted the periodical till Hartmann's death in 1853. Dr. V. Meyer, of Leipzig, stepped into Hartmann's place, and Rummel dying the following year, Meyer conducted it alone till his death in 1872, when Dr. Kafka, of Prague, became sole editor. He resigned the editorship in 1877 to Dr. A. Lorbacher, who conducted this remarkable periodical until 1890, when he resigned it to Dr. Villers of Dresden, who now conducts it as a fortnightly periodical. Poor Hartmann did not deserve the harsh things Hahnemann here says of him. He was an industrious, conscientious, and zealous homeopathist, and author of several practical manuals, which were, and still are, much esteemed by homeopathic practitioners.]

† [Apparently boycotting is not altogether such a modern invention as we are accustomed to think it. Hahnemann's remonstrance was ineffectual, however, and Hartmann did better than was expected, and lived and died highly respected by all his homeopathic colleagues.]

‡ [I can find no trace of these *Hints and Warnings* in the *Archiv*, they were probably too strong even for the faithful Stapf.]

§ [I imagine this refers to the publication of the *Allg. Hom. Zeitung*. It was probably offered first to Reclam, the publisher of the *Archiv*, but was eventually given to Baumgärtner, who continued to publish it until a few years ago. It is now published by Engel of Leipzig.]

Wishing all good things for you and your dear ones, I remain,
Yours truly,
SAM. HAHNEMANN.

Coethen, May 19, 1832.

No. 46.

[To DR. HERING, President of the Hahnemann Society of Philadelphia.]

DEAR, GOOD HERING,—Good luck to you, in the land of liberty where you can do all that is good without let or hindrance! There you are in your element! I have no design to stimulate you on behalf of our beneficent art; that would be pouring oil on the fire. You should rather be restrained, so that you may not injure yourself, and you should take great care of your health, which is precious to all true friends of homeopathy. When you see Kopp's book * and the *Allgemeine Homöopathische Zeitung*, it will pain you to read with what insolent dogmatism they have begun to vaunt a mixture of allopathic bad practice with a superficial sort of homeopathy as something vastly superior to pure homeopathy, and to denounce this as imperfect and insufficient for curing disease. In Leipzig Moriz Müller was the head of this sect and almost all the members of the Homeopathic Society there (which strove to constitute itself the central society over all German societies) took part in this deviation. On two successive years I warned them privately in a fatherly but energetic manner, but they still carry on their disorderly practices; and they would have conducted their proposed homeopathic hospital in this abominable manner had I not denounced them in the *Leipziger Tageblatt* of the 3rd of November. Then they cried out that I wished to interfere with their honest work, and that I was wrong to fear that they would practise otherwise than purely homeopathically in the hospital, that it was self-evident that they would only act quite faithfully there. But you need only read M. Müller's declaration in *Archiv* xiii. part i. p. 104 (which Staff ought not to have allowed to appear without a note refuting his statements), and also what appeared in the *Jahrbücher der Homöopathischen Heil und Lehr Anstalt*, 1833, pp. 19 and 25, in order to perceive distinctly that it was confessedly M. Müller's plan to practise allopathically there, which would certainly have been a public scandal and would have thrown suspicion and been

* [*Experiences Gained, and Observations Made during a Trial of Homeopathy at the Sick-bed*, by Dr. J. H. Kopp, &c., &c., 1832. The author goes very far towards the complete acceptance of the homeopathic treatment, but as he argues against many of Hahnemann's dogmata, which hardly any one now accepts, Hahnemann evidently dislikes him more for what he does not believe, than he likes him for what he does. And yet Kopp's partial adhesion to homeopathy was a great triumph, as Kopp was one of the most distinguished physicians of that day.]

an outrage on our art, had I not launched my thunderbolt at them on the 3rd of November. Then came forward in their defence a certain Dr. Kretschmar,* whom I soon settled. He was followed by M. Müller and Rummel, who impudently and publicly contended that, according to their experience, venesection, leeches, &c., were absolutely necessary in order to effect cures. I might have answered (but I did not) that their want of homeopathic knowledge could not be the measure whereby the power of real homeopathy could be judged; seeing that they left uncured, or sent to their graves, many whom true homeopathy could have cured. The whole of the Leipzig Society sided with Müller and threatened me with open enmity. But I suffered them to parade their false doctrines, which they call eclecticism, in the *Allg. Hom. Zeitung*, whereby they create a public scandal and incur the contempt of my true disciples. That was enough for me. However, in the fifth edition of the *Organon* I have characterized their conduct as it deserved. But this scandal has caused me a great deal of vexation. On the 10th of August I had with me here upwards of twenty of my best disciples from all parts (our Bönninghausen was among the number) and all agreed anew that the true homeopathist, besides administering a single homeopathic medicine carefully selected for the accurately ascertained morbid state, should eschew all palliatives, and all that might weaken the patient, all stimulation by so-called tonics, and all external painful applications. May God strengthen them in their beneficent labours.

I beg for your continued friendship and love.

Yours truly,

SAM. HAHNEMANN.

Coethen, Sept. 13, 1833.

* [Kretschmar, of Belzig, a small Prussian town, wrote an article in the first vol. of the *Allg. Hom. Zeitung*, probably in reply to Hahnemann's "thunderbolt"—*What is the Meaning of Allopathizing in Homeopathy, and can it exist?* This excited a controversy in which Rummel, Müller, and Trinks took Kretschmar's side; and Hahnemann himself joined in the controversy and sent another pastoral letter, this time publicly, he insisting that it should be published, without the alteration of a word, in the *Allg. Hom. Zeitung*. It was accordingly published in the first number of vol. ii. It abounds in invectives against those he calls "bastard homeopaths," "the mongrel sect," and other choice epithets. Many articles were published *pro* and *con*, until at last the controversy ceased, because, probably, everything that could be said on the subject had been said and replied to.]

SOCIETIES' MEETINGS:

BRITISH HOMEOPATHIC SOCIETY.

THE First Meeting of the Session, 1890-91, was held on Thursday, October 2nd.

Dr. CLARKE read his paper entitled "The Two Paths in Homeopathy."

Dr. CLARKE said he thought there was not so much uniformity in prescribing among modern as among the earlier homeopaths. This he ascribed to the neglect of individualizing cases which was common at the present day. The essence of the homeopathic art consisted in matching corresponding things; and the difference between one homeopath and another was in the mode in which they attempted this matching. There were two paths in homeopathy. Those who regarded the symptoms of the individual patient they were treating, and gave them the first place as guides in selecting the remedy, travelled in one direction. Those who sought for the morbid anatomy of disease and theories of modern pathology as the chief things on which to base their prescriptions travelled in another direction, and eventually landed outside homeopathy altogether. Dr. Clarke pointed out that Hahnemann regarded symptoms—objective and subjective—as the proper expression of the state of the life-force. "Beneath the material particles of our body," he said, "there is an immaterial something, the loss of which leaves the material body dead. In disease this life-force is the seat of injury; the visible, sensible alterations in the patient being the expression of the nature and extent of the injury. And as the life-force pervades every part of the organism, it follows that whenever any part is affected all the rest is likely to sympathise. Hence it follows that for homeopathic prescribing it is necessary in every case to take into consideration the whole patient, and not to rest content when we have located his malady in the leg, the liver, the lungs, or any other part, and given it a soul-satisfying name." He thought there was a good deal of "drug favouritism" at the present time. "Tonics" were prescribed liberally, and also the ingenious preparations of enterprising allopathic chemists. In face of the difficulties of pure homeopathy, he was not surprised at men going aside to "Matteism," "Schüsslerism," and "Burroughs and Wellcomeism." Neither did he condemn those who did go aside. Every man was at liberty to use those means which he found most adapted to his powers. Still he deplored it. Dr. Clarke quoted an example from Hahnemann's practice illustrating the former method, and maintained that the distinctive features and virtues of homeopathy lay in strictly following this model. It was the

more difficult road, no doubt, but the more honourable for that reason; it was also the more scientific, and richer in results than the road which took the downward direction.

At the conclusion of Dr. Clarke's paper Dr. MADDEN read notes of a case, post-mortem specimens of which were shown. A report of the case, with the discussion upon it, will be found at the end of the report of the discussion on Dr. Clarke's paper.

At the invitation of the President, Dr. BURFORD explained the facilities which have been provided at the hospital for abdominal operations. All necessary arrangements have been made, and cases for an opinion or operation are now received into the hospital. Already three abdominal sections had been made, and all were successful.

DISCUSSION ON DR. CLARKE'S PAPER.

Dr. HUGHES said he had listened to Dr. Clarke's paper with very mingled feelings. He heartily sympathized with any attempt to draw men from going after crude practice to pure homeopathy; but he ventured to think that Dr. Clarke had gone away from the true path, and had strayed into a byway. The practice he seemed to advocate was almost extinct in Germany and this country, and had only a small minority in America. He differed from Dr. Clarke in ranking the symptoms. The only rational basis for that which he recommended is the exploded notion of a vital force. He did not believe in any such thing. He knew nothing in physiology to give support to this. Any unity of the body other than that of the nerves and blood-vessels modern physiology did not acknowledge. He thought in a case of pneumonia it was of far greater importance for us to prescribe on the symptoms of the chest and the inflamed lung than any peculiar symptoms or any mind symptoms. Hahnemann's cases reported are simple derangements of health, of no great importance, and these may be taken symptom by symptom. If he had given us a case of peritonitis, it would have been different. Hahnemann was not nearly such a symptom-follower as are some of his disciples. Dr. Hughes was sure Hahnemann would have approved our modern practice of limiting our treatment of pneumonia to a narrow circle of drugs. He did not acknowledge that Dr. Clarke's description of those who would only prescribe drugs that had produced actual disease was correct. He said in the repertories recommended by the minority symptoms were to be found which had never been produced in healthy people. He placed first in importance symptoms really pathognomonic of the disease, and not the peculiar and mental symptoms.

Dr. PULLAR said the society was much indebted to Dr. Clarke

for opening a discussion on a question so vital to the interests of homeopathy. The different aspects of the subject had been so clearly set forth in his paper that we could not logically evade the issues. The two paths appeared to him essentially divergent, and he agreed with Dr. Clarke in failing to see any meeting-point. On the one hand there is the broad and well-trodden road of empirical practice, on the other the narrow and difficult path of homeopathy. It is always necessary to bear in mind that results may be obtained by widely different methods, as the curative art fulfils itself by many ways, for instance, by surgical or mechanical measures, or by dietetic treatment, or even by heroic doses of medicine. *C'est magnifique mais ce n'est pas la guerre*—it is grand, but it is not homeopathy. Every man must work out his own method of practice, and be free to adopt whatever he honestly believes to be the "more excellent way." But the real question raised by Dr. Clarke is on what ground the homeopathic school is to build its stronghold, from which it may securely regard the enemy at the gate. Is it the prescribing of medicines according to physiological conceptions of disease and of drug-action? or is it the selection of a remedy most nearly the analogue of a given aggregate of symptoms, irrespective of any physio-pathological theory? The distinction is at once evident, the former being simply the method of the old school, improved, doubtless, by our more definite knowledge of the sphere of action of drugs. To this extent Ringer and the others are quite ready to utilize homeopathic work; but they entirely reject and ridicule the principle involved in the latter method. For, according to them, "pathology alone dictates the maxims of rational practice." Here, therefore, is the crux of the whole position; and he believes that the two methods are in reality wide asunder. The homeopathy of Hahnemann throws aside mere nosological terms and the theories of physiology as so much dust obscuring the eyes of the physician, looking upon disease as deranged vital force which is to be restored to its normal equilibrium, not by the so-called *physiological* action of drugs, but by the impact of medicinal force in quantity far too minute to act otherwise than *dynamically*. Hahnemann taught that this medicinal force, latent in inert matter, is developed by the simple process of dynamization, and so rendered available. Moreover, the aim of this method was entirely different from that of the physiological school. It was not to palliate or to suppress, but to eradicate by meeting the deep-seated constitutional indications of disease with the appropriate medicinal *similia*. This was the ideal of Hahnemann, and the guiding-star of his practice. There was no intermediary course, and we ought to recognize the need of some general agreement as to which of these methods is

distinctively claimed by the homeopathic school. Medicinal treatment might, he thought, be fairly conducted on the one line or on the other, but never between ungrasped principle and unfronted difficulty.

Mr. HARRIS suggested a reversion to an old practice—the sending round a synopsis of the paper, to be read along with the circular. Members would then know the points they would be expected to discuss. He proposed to give his own experience. When you come face to face with a patient, you don't take either of Dr. Clarke's paths, but you mentally follow both. You translate the symptoms into their pathological meaning, and are all the time mentally seeking a drug which corresponds; you then investigate further to find if your ideas are correct. If the patient and the drug correspond as to the pathological conditions, you will cure the case. If you find a drug that will cover every symptom of a patient, you will cure your patient whether it has produced the same condition or not. It is at any rate capable of doing so. He thought Dr. Clarke's remarks regarding "Burrroughs and Wellcomism" a little too smart. A drug was no less useful and homeopathic because it was in a novel form.

Dr. FERNIE criticized Dr. Clarke's use and derivation of the word "allopathy."

Dr. A. C. CLIFTON thanked Dr. Clarke for the moderate way in which he had introduced his remarks, as he expected much severer strictures on pathological prescribing. Dr. Clifton learned his earlier practice of homeopathy from the late Dr. John Epps, and for fifteen years he did not look upon any physician as a homeopath who made use of pathology in prescribing; during that time, moreover, he used all attenuations from 80th to the 200th. At the end of that time, having good reason to be satisfied with his work, he was not entirely so, and was led to study pathology in connection with homeopathic treatment, and to give larger doses, viz., from the 6th down to the mother tincture. His practice was now a combination of the two paths, sometimes one path predominating, sometimes the other. He believed that both were needful for complete homeopathic practice. He is not less careful in selecting his medicines than he was in the earlier period, and had much more reason to be satisfied with the results on the two paths than from the one.

Mr. GERARD SMITH said Dr. Clarke's paper had done him good in stirring him out of the indolence we are all apt to get into. He would just say a word for "Burrroughs and Wellcomism." He thought their preparations excellent, and more certain in their strength than some mother tinctures. In regard to the "vital force" theory, he certainly believed in the *vis medicatrix*

natura. He deprecated the practice of smothering symptoms with opiates and anodynes so much in vogue at present.

Dr. MOIR thought there was a great want of care in selecting drugs. The difficulty was in getting at the symptoms. The instances in which, thanks to Ringer and others, the treatment of certain diseases is common to the two schools (*e.g.*, *merc. cor.* in dysentery) showed that where the symptoms are right, the pathology also corresponds. He thought incurable cases should be recognized as such, and we should not delude ourselves or others with the idea that we are going to cure them.

Mr. KNOX SHAW said discussions on these points always made him feel sad, for he felt what a shocking homeopath he must be. He troubled less about the theory of homeopathy—he attended to the practice. He followed a pathway of his own, and it was satisfactory to himself. He referred to the dangers of the practice advocated by Dr. Clarke. He wished to draw the attention of young men to the danger of being bitten with the symptom-hunting mania. It is wonderful the number of questions that would be asked. When a man questions a patient, and finds he has vertigo at six o'clock, he is apt to forget to look into his ears, where he might find a plug of wax. He just gave this out as a warning. There was another difficulty in carrying out the practice of symptom hunting; the length of time that must be devoted to each case. He was more inclined to drift into a homeopathy which was more easy, and could be learned from a well-known book written by a former speaker (Dr. Hughes).

Dr. MURRAY's feelings on hearing the paper, like those of Dr. Hughes, were "mingled." He alluded to the fewer difficulties that were in the way of the older homeopaths. It would be better if we thoroughly knew the old standard medicines. When the ordinary medicines fail us, and we cannot find a pathological equivalent, then we can go to the repertory and seek for peculiar symptoms.

Mr. CAMERON said that Dr. Hughes and others had so fully expressed his views regarding Dr. Clarke's interesting paper that he would only refer to two points which it suggested on the exploded theory of a "Vital Force." He was not prepared to find the author founding a serious argument on this as a something separate from and independent of the ordinary phenomena of vital action—some substantial entity that ruled them and was separate from them. In these phenomena there was nothing mysterious and separate from themselves any more than there was in the phenomena of electricity and gravitation which were mere *conditions* of matter, to which we give these names, but for which no one claimed a separate entity—a something besides and independent of the phenomena themselves. Dr. Hughes in his remarks very truly said Hahnemann was not so exclusive a

symptomatologist as some of his extreme followers. Mr. Cameron had the advantage of having been Hahnemann's pupil for two successive winters in Paris, during which time he attended Hahnemann's poor patients and thus had ample opportunity of seeing his practice. Hahnemann often seemed to disregard symptoms altogether as an essential guide in prescribing, and to trust chiefly to the etiology of the case, more especially when *Sulphur* or *Psora* were in question: when they were not, he generally selected the most important symptoms, and treated the secondary ones with but little attention.

Dr. DYCE BROWN thought it was well that the subject should be brought forward. It is a mistake to suppose the paths are different. We all agree that the thing is to get the whole symptoms, but he thought the difference lay in what was regarded as symptoms. Some took the subjective, and others included the pathology. There are several complaints which have no medicines that have produced the disease, *e.g.*, diphtheria. You must then go by the vital symptoms. It is the same with *Belladonna* in uterine congestion. Either extreme of practice is bad: the middle course is the true one.

Dr. BLACKLEY thought the subject was a very important one which Dr. Clarke had brought before the Society. He also had rather gathered from the paper that by "symptoms" was meant "subjective symptoms" merely. He was strongly of opinion that it was impossible to separate symptoms from their pathological basis, and referred to the great strides that had been made of late years in unravelling the pathology of what were considered formerly to be merely psychological or neurological symptoms. He advised his younger colleagues not to follow the ultra Hahnemannian method of prescribing, but to get together a fair number of symptoms; then go to the repertory and find the simile, and finally to the pages of the Cyclopedia, where the natural history of the provings would in all probability yield a *simillimum*.

Dr. DUDGEON (in the chair) just wished to say one word. It was often impossible to find an exact parallel in the *materia medica* to the totality of the morbid symptoms. The Hahnemannians had invented a way out of the difficulty in the "Key-notes." They maintain that when they can find a "Key-note" occur, all the rest of the symptoms will be present. He thought there might be other "Key-notes" of a pathological nature which were equally legitimate. Cases had lately been recorded where *Phosphorus* was selected by the key-note, "diarrhea when lying on left side," which had led to the cure. But this symptom was not to be found in the pathogenesis of *Phosphorus*. He commented on a suggestion of Dr. Clarke's, that when studying a medicine we should prove it at the same

time. He thought we should present a very emaciated appearance at the end of our studies. However, as Dr. Clarke had doubtless practised this method which he recommended to us and did not look much the worse we might venture to try it.

Dr. CLARKE (in reply) said he was afraid he could not well answer all the speakers in detail, so he would follow the example of Hahnemann described by Mr. Cameron, and take the things that struck him as of most importance and leave the rest. He first referred to Dr. Hughes' and Mr. Cameron's objection to the vital force idea. He could not, of course, make Dr. Hughes accept it if he was not willing; but, nevertheless, there was some unseen basis of the phenomena of life, which could not be explained by nerves and blood vessels. He preferred Hahnemann's ideas of pathology and vital phenomena as immensely more philosophical and useful in giving us a practical hold on disease than the theories of modern pathology. He agreed with Mr. Harris and Dr. Clifton so far, that he knew it was possible to walk between the two paths. He had himself been doing that for a long time. Where he had got to now he would leave his hearers to say. Mr. Knox Shaw had said that he followed a pathway of his own, with which he was completely satisfied. He (Dr. Clarke) would be very loth to rob him of his satisfaction. Drs. Dyce Brown and Blackley seem to gather that he sought for subjective symptoms almost exclusively. This he expressly guarded against. He mentioned objective and subjective; the objective including all that the physician can ascertain by his senses, the subjective being the sensations of the patient. It often happened that there were no subjective symptoms, the patient being in a state in which sensation is suspended. Then the objective were all that remained to go upon. Dr. Dudgeon had referred to "Key-notes." In the paper he (Dr. Clarke) stated that Key-notes were not to be used without reference to the totality of the symptoms. In the *Phosphorus* case to which Dr. Dudgeon referred, the drug corresponded well to the patient's state generally, as also did a number of other drugs. The symptom, "diarrhea when lying on the left side," having been observed by some to be characteristic of this drug—whether clinically observed only or not he did not know and did not care,—he chose it in preference to the others, and with the best results. The case was an exceedingly chronic one, and had no disposition whatever to get well of itself. In reference to Dr. Dudgeon's picture of the awful results that would follow if we proved drugs at the same time that we studied them, Dr. Clarke said there was no need to take the heroic doses Dr. Dudgeon took when proving *Kali bichrom.* and *Glonoin.* Much smaller doses would suffice to produce some of the effects of a drug and so fix its action in the memory. Hahnemann had proved more medicines than any

other man ever did or was likely to do, and yet he lived to a great age with unimpaired vigour.

DR. MADDEN'S CASE.

Dr. MADDEN showed the kidney and stomach from a case which had recently been under his care in the Bromley Homeopathic Hospital, and read the following notes of the case:—

Fanny S., age 19, who had for some months been getting slightly anemic, and menses scanty, though regular and painless, was first seen on Sept. 8, 1890, at her home, by Mr. H. Wynne Thomas the House Surgeon, having fainted when out in the garden. For some three or four days had had some pain after food (not severe) and headache; had vomited once yesterday, the vomit being brownish in colour; to-day had loose stools, evidently melenic. Prescribed *Ham.* 1x and *Arsen.* 8x alternately.

Sept. 9th. Was brought into hospital and fed entirely on nutrient enemata and suppositories. Bowels open once, entirely black. T. 100, P. 80.

Sept. 10th. Urine examined, sp. gr. 1020, no albumen, menses due to-day, did not come on either now or subsequently. T. 99.5, P. 78.

Sept. 11th. At 12.30 a.m. vomited blood, of which 25 ounces were measured, besides a good deal spilt over the bed. Was given at once gr. of $\frac{1}{150}$ of *Ergotiniv* subcutaneously, and *Ham.* 1x and *Ipec.* 1x every half hour alternately. Cold compress applied over stomach and ice to suck. T. normal, P. 100.

Sept. 16th. No return of vomit, epigastric tenderness almost gone, and the reflex contraction of the right rectus abdominalis, which had been markedly exaggerated, is normal. T. keeps normal; is beginning to feel hungry. R. *Uran. Nit.* 4x.

Sept. 19th. Up till to-day had seemed to be progressing most favourably, and was beginning to take a little fluid food by the mouth, though the rectal feeding was never quite given up. The bowels had only been open on the 12th and 18th by enemata; still black and solid. At 3 p.m. to-day while turning in bed felt a pain in left side, just in the region of the spleen, to which hot fomentations were applied. At 5 p.m. vomited a pint of bile and mucus, and the same vomit was repeated twice during the night. This evening passed zij of urine apparently normal (not tested). Pulse and temperature normal, and remained so till two days before death.

Sept. 20th. Pain in the left side, and bilious vomiting continued all day. Passed only zij of urine to-day. A roseolous rash came out all over chest, abdomen, and knees in large patches, and continued fully out for about twenty-four hours, and slightly about the knees almost up till her death. R. *Iris.* V. 1x every hour. Was given a hot bath, and then wrapped in blankets and hot bottles applied. She sweated fairly well for an hour or two. Bowels open by enema.

Sept. 21st. Vomiting of pure bile very frequent, and pain in side very severe at times. Again passed only zij urine all day. The same local and external treatment was continued, but *Arsen.* 8x substituted for the *Iris.*

Sept. 22. Continued very much the same, only getting weaker. Passed zij urine which, on boiling, became at least half solid albumen.

To-day on one of kidney compresses there was sprinkled ʒij Spirits of Turpentine and an enema of Oij hot water, given of which only ʒxij returned, slightly stained with feces, not black, but no solid. She was given to-day one dose of *Canth.* ꝑmij followed by mj every hour, but as the vomiting continued constantly, it is doubtful if more than a little was absorbed.

This evening Dr. Dyce Brown very kindly came to see her, and while admitting that the case was somewhat mysterious, believed the hematemesis had been vicarious for the absent menses, and the subsequent condition one of acute congestion of the liver and kidneys of neurotic origin, and in view of this aspect of the case he advised giving *Bell.* ꝑj every hour or two, till the pupils, which were slightly contracted, began to dilate, besides continuing the hot sitz baths and hot compresses to the loins.

Sept. 23rd. As the vomiting continued, the *Bell.* was stopped by the mouth and given by the rectum. No urine passed. Evening T. 99.6.

Sept. 24th. Morning T. normal, P. 92. Not a drop of urine passed, and the skin would hardly act at all in spite of baths given at a temp. 106° gradually raised to 112° and two subcutaneous injections of gr. $\frac{1}{10}$ *Pilocarpin.* The vomiting became more constant, with severe retching and headache, so two doses of *Apomorphine* 3x were given by the rectum, but without any effect.

The girl was now evidently sinking, and as it appeared just possible that her symptoms might be due to some form of abdominal obstruction (beginning on the 19th, when she first had pain and vomiting, and since which time there had been no solid stool), we asked Mr. Knox Shaw to come and see her, with a view to a possible operation. Mr. Shaw came the same evening, but before his arrival she had become unconscious, and was having uremic convulsions; so as the symptoms pointing to obstruction were by no means definite and her condition most unfavourable, he advised against it. Temperature this evening 99.5.

Sept. 25th. No return to consciousness. No urine passed. Convulsions continued off and on, and she died at 10.30 a.m.

A *post mortem* was made the same afternoon. Body well nourished. No intestinal obstruction, nor any mechanical obstruction to the flow of urine was found. The liver was congested, and weighed 43 ounces. The kidneys were very large, and weighed 6½ and 6¾ ounces, and were evidently large white. The cardiac end of stomach was firmly adherent to upper part of spleen. The spleen was normal. At the posterior part of the stomach, on its internal surface about over the head of the pancreas, and not where adherent to spleen, there were two linear cicatrices, evidently firmly healed ulcers, and across one could be traced a fair-sized blood-vessel. No perforation could be discovered nor any signs of peritonitis.

The special points of interest were:—

1. The complete healing up of the ulcer so as to form a firm cicatrix in fourteen days after the hematemesis.
2. The cause of the suppression of urine: was it a case of violent acute nephritis of only seven days' duration? and, if so, could the kidneys have developed into the condition found in that time? or was it a case of nephritis of some standing which had been so latent

as to show none of the usual symptoms, and suddenly developing acute suppression? Either supposition involves some difficulty.

3. As to treatment, could anything more have been done to avert a fatal issue?

DISCUSSION.

Dr. DYCE BROWN wished to make a few remarks, as Dr. Madden had been good enough to ask him to see the case, and as the diagnosis of the case depending on a neurosis might seem peculiar. He maintained that the only thing to explain the whole case was the supposition of a reflex neurotic disturbance, the centre point being the left ovary, and the non-appearance of the catamenia. There was no history pointing to gastric ulcer, nor of scarlet fever. The girl was only nineteen, was plump, and only slightly anemic. She had been fairly well till she fainted in the garden. Her catamenia were a week past due. The vomiting of blood and the bowel hemorrhage appeared at once. There was then *no* albumen in the urine, which was of normal sp. gr. The suppression of urine did not appear for three days, and then became *suddenly* almost complete. When he saw her, after two days of suppression; there were no head symptoms, except that the pupils were contracted, and feebly sensible to light; the temperature and pulse were normal. The roseolous rash was over most of the body; there was no tenderness over the epigastrium, but somewhat over the liver, and particularly over left kidney and in a line from left hypochondrium to left ovary, although at the *post mortem* it was the right ovary that was diseased. Over the right ovary there was no tenderness. My opinion was, and is, that the non-appearance of the catamenia and the left ovarian irritation set up a reflex neurosis, causing—1. Engorgement of the liver, which accounted for the blood passing by stomach and bowels, and acting as a vicarious menstruation. 2. Causing great engorgement of the kidneys. 3. Causing the roseolous rash. Although at the *post mortem* the kidney was large and white, there was nothing to account for the absolute suppression of urine, nor for any secondary engorgement of liver. The facts of the case were evident. What was the cause? To my mind the reflex neurotic disturbance will alone explain all these co-existing facts. The perfect normality of the urine on admission is of the highest importance in estimating the essential cause of the malady. The treatment he recommended, *Belladonna*, with hot sitz bath, met the whole features of the case.

Dr. FERNIE asked if there was any history of intemperance.

Dr. MOIR wished to ask Dr. Madden whether any edema was noticed, and also about the attack of faintness, whether it was at the time of the hemorrhage or not. From the pathological specimens, he was strongly of the opinion that it was a case of

Chronic Bright, with large white kidney. He would like to see a section of the kidney under the microscope. With regard to large white kidney occurring in three weeks, he supposed Dr. Saundby meant following in three weeks from an acute attack, but in this case there was no history of recent acute attack. He thought that the faintness was the first symptom of Uremia noticed, and that the hemorrhage might be due to degenerative changes in the vessels of the stomach. Although albumen was not found on her admission into the hospital, that, he thought, did not exclude his view of it. He had lately under his care a case of Bright's Disease, in which, on several occasions, he failed to find albumen—though generally there was a large quantity present. He did not wish to criticize the treatment, but thought that three drop-doses of *Cantharis* would aggravate in a condition of suppression, and would like to know if hot-air baths had been tried.

Mr. KNOX SHAW commented upon the extreme interest of the case, and the difficulty of forming a diagnosis. He had expressed the opinion that the symptoms could not be due to any intestinal obstruction, and that the case was in no way suitable for operative interference. He had inclined to the diagnosis of gastric ulcer, mentioning how frequently the first symptom shown was hemorrhage or perforation. The specimen showed that no perforation had taken place. It had been suggested to him that the renal symptoms might have been due to thrombosis.

Dr. BLACKLEY questioned if it was not a case of pernicious anemia. This would account for many of the symptoms, and especially the hemorrhage. He asked if the blood was examined under the microscope, and elicited that it was not.

Dr. MADDEN said, in reply to Dr. Moir: The fainting attack occurred after the occurrence of black stools and coffee ground vomit. There had been no signs of dropsy at any period of the illness, but the urine was only tested once before the suppression came on, viz., on the Thursday following admission. To Dr. Blackley: That the anemia was never very great, and certainly not of the pernicious form. To Dr. Fernie: That there was not the slightest reason to suspect intemperance.

INSTITUTIONS.

TORQUAY HOMEOPATHIC DISPENSARY.

WE have received the Forty-second Report of the Committee of the above Institution.

The medical officers are :—*Consulting Physician*, C. H. Mackintosh, Esq., M.D.; *Physicians*, A. Midgley Cash, Esq., M.D., W. F. Edgelow, Esq., M.D.; *Surgeon*, A. Midgley Cash, Esq., M.D.; *Secretary and Dispenser*, Mr. J. M. Rendall.

From the Medical Officers' Report it will be seen that a large amount of work is done at the Institution.

MEDICAL REPORT FOR 1889.

Patients remaining from 1888	154
Admitted during 1889... ..	928
	1082
Cured	469
Relieved	301
No Change	24
No Report	125
Deaths	6
On Books	157
	1,082
Number of Attendances during the Year	6,136
Average per Dispensary Day... ..	59

HULL HOMEOPATHIC DISPENSARY.

Medical Officers—Mr. Evan Fraser, L.R.C.S. Edinburgh, Mr. John Paul Cavenagh, L.K.Q.C.P. Irel., L.R.C.S. Irel.

In presenting the Thirty-sixth Annual Report of the Hull Homeopathic Dispensary, the Committee have to express their sorrow at the death of one of their medical officers, Dr. Pyburn, who had been associated with the Institution for so long a period, and who took a lively interest in its welfare.

The total number of patients who have received the attention of the medical officers for the past year is 575. Following the plan hitherto adopted, the result may be gathered from the following abstract :—

Cured.	Relieved.	Result not known.	Withdrawn, no change.	Died.	Treated at Home.	Under treatment.
181	83	141	18	5	7	140

The Committee have appointed Mr. Cavenagh to supply the place of the late Dr. Pyburn, an appointment which they believe will be found beneficial to the Institution.

The Committee desire to acknowledge the efficient services rendered to the Institution by Mr. Fraser throughout the year, and by Mr. Cavenagh since his appointment.

REVIEWS.

COMPANION TO THE BRITISH AND AMERICAN HOMEOPATHIC PHARMACOPEIAS.*

We are pleased to see that this exceedingly useful manual has reached its fourth edition. The author has taken advantage of the new edition of the British Pharmacopeia to bring the *Companion* up to date. The dictionary form of the work makes it exceedingly handy to refer to, and the information is put in such a condensed and at the same time clear style, that there is every facility for finding what is required. Mr. Ashwell calls it a *Companion to the Pharmacopeias*. He might with equal propriety have called it a *Companion to the Materia Medica*s. It contains all the information that need be known about the substances of drugs, leaving *Materia Medica* compilers to deal with drug powers pure and simple. Whenever we come across an out-of-the-way drug mentioned in homeopathic literature, we go at once to the *Companion*, and are sure to find all about its natural history there. The *Companion* has become a necessity.

PHRENOLOGICAL ASPECT OF MODERN PHYSIO- LOGICAL RESEARCH.†

In this interesting pamphlet Mr. Webb makes use of the researches of brain-experimenters to prove the truth of phrenological doctrines. We are bound to say we think he has made a very successful attempt. For our part we cannot conceive that the many parts of so intricate and complicated an organ as the brain should *not* have special functions. We do not think it needed Professor Ferrier's experiments to prove that, and we have the strongest objection to such experiments. At the same time Mr. Webb is perfectly justified in making use of Professor Ferrier's diagrams and explanations to support his contentions. The remarkable case of the man Gage, who had a crow-bar shot through his head and survived, is referred to. He lived twelve and a half years afterwards, dying of epilepsy. The portion of the brain which phrenologists regard as the organ of the moral and intellectual faculties was destroyed, and Mr. Webb adduces

* *Companion to the British and American Homeopathic Pharmacopeias, arranged in the form of a Dictionary.* By Laurence T. Ashwell. Fourth Edition. London: Keene and Ashwell, 74, New Bond Street; Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1890.

† *Phrenological Aspect of Modern Physiological Research.* By James Webb, President of the British Phrenological Association. London: L. N. Fowler, Imperial Buildings, Ludgate Circus, E.C. 1890.

in support of this, the fact that the unfortunate man's character was completely changed after the accident. A sketch is given of the skull with a bar in the track it traversed.

A CYCLOPEDIA OF DRUG PATHOGENESY.*

THIS part makes the first instalment of the last volume. The parts come to hand so rapidly that we have not time to digest all the valuable material contained in one before another appears. A work of the importance of the *Cyclopeda* cannot be appreciated as it deserves all at once; but we are convinced that its intrinsic qualities will be more and more recognized as time goes on, and especially when it is provided with an index.

THE FAMILY HOMEOPATHIST.†

THIS beautifully got up little work well deserves the popularity it has attained. It forms an excellent introduction to the domestic practice of homeopathy. Within a range of twenty-four medicines the author describes the treatment of the commonest complaints most likely to call for domestic prescribing. There is an introductory chapter giving a short account of what homeopathy is, and some excellent advice on health matters generally.

LEE'S REPERTORY.‡

THE appearance of the second chapter of this Repertory will be welcomed by all who already possess the first. The arrangement is the best we have seen of any Repertory; and as this includes clinical symptoms which have been found by good observers to be characteristic, as well as pathogenetic symptoms, it evidently fills a place unoccupied before. Clinical symptoms, when confirmed, are as valuable as any others, and it is necessary that we should have a means of finding them. The "Head" chapter occupies 88 pages.

* *A Cyclopeda of Drug Pathogenesis*. Edited by Drs. Hughes and Dake. Part XIII. *Sabina—Sulphur*. London: E. Gould and Son, 59, Moorgate Street. New York: Boericke and Tafel, 145, Grand Street. 1890.

† *The Family Homeopathist; or, Plain Directions for the Treatment of Disease*. By E. B. Shuldham, M.D. Seventh edition. London: E. Gould and Son, 59, Moorgate Street, E.C.

‡ *Repertory of the Characteristic Symptoms, Clinical and Pathogenetic, of the Homeopathic Materia Medica*. Chap. II. *Head*. Edited by Edmund J. Lee. Philadelphia: Published as a supplement to the *Homeopathic Physician*, 1125, Spruce Street.

GUIDING SYMPTOMS (VOL. VIII).*

THE eighth volume of the partly posthumous work of Dr. Hering—*Guiding Symptoms*—brings it down to *Pulsatilla*. This work cannot take the place of a work like Allen's *Encyclopaedia*, but it supplements the latter from the clinical side. Certain arrangements of modalities in Hering—separate headings being given to Time, Position, Rest, Motion, Temperature—are exceedingly useful as enabling the reader to find at once the condition he seeks without searching through a general list of aggravations and ameliorations. The section of "Sensations" given under each remedy is also very valuable.

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

REMOVALS.

Dr. ROBERT T. COOPER has removed from Henrietta Street to 30A, George Street, Hanover Square.

Dr. B. G. CLARK has removed to 162, West 122nd Street, New York.

Dr. W. COWL has taken up residence at 310, West 45th Street, New York.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

COCA, OR CUCA, AND ITS PREPARATIONS.

SUBSCRIBER writes: "Coca wine is advertised as a good tonic. Is there any danger in commencing, that the person may become addicted to it, as with opium, chloral, alcohol, &c.? Have bad effects been observed from its use?"

* *The Guiding Symptoms of our Materia Medica.* By C. Hering, M.D. Vol. VIII. Philadelphia: Published by the Estate of Constantine Hering 112 and 114, North Twelfth Street.

ANSWER.

Like opium and its deviatives, Coca is a narcotic poison, and those who use it habitually are apt to become enthralled by it. Many cases of "coccaism" have been reported in the papers. We know nothing of the proportion of the drug contained in the various coca wines, and we are not acquainted with instances of ill effects from its use in that form. At the same time we see no reason why coca administered in wine should behave differently from coca administered in other forms. *Avena Sativa* is not such a powerful poison, as coca, and we should not think that there is the same danger attending its use.—[Ed. H. W.]

 Obituary.

WILLIAM EDWARD AYERST, M.R.C.S.

WE regret to announce the death of this well-known practitioner, which occurred at his residence, 51, Linden Gardens, W., on September 24th, in the sixty-eighth year of his age. For a considerable time past Mr. Ayerst has been in poor health, following a severe attack of pneumonia. With the indomitable spirit which characterized the man, Mr. Ayerst refused to retire from the post of duty when really unfit to work, with the sad result that when at last he was compelled to give in, his powers had been too much drawn upon to admit of recovery. As an all-round practitioner Mr. Ayerst had few superiors. He was a very successful surgeon. His qualities of heart made him friends of his large circle of patients by whom his loss will be keenly felt.

 GENERAL CORRESPONDENCE.

THE BUILDING FUND.

[OUR readers will be glad to see by the following communication from Mr. Cross that the Building Fund has now reached a total of nearly £23,000. On application to Mr. Cross, a supply of letters in type-writing will be supplied without addresses or signatures, so that they can be addressed as personal letters by our colleagues and signed by them. We trust they will be very freely used, as the sum yet to be raised is so small that another month should see the whole £30,000 promised.—Ed. H. W.]

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—I enclose a copy of a letter which has been drawn up for the members of the medical profession to use in making

further applications to their patients and friends for promises to complete our Building Fund. I shall be happy to supply any number to any of your colleagues who will use them.

I should like to take this, perhaps final, opportunity of urging upon the homeopathic profession the desirability of taking an active part in this large and nearly successful scheme. It is one in which every person whose sympathies are with homeopathy should wish to be represented by a contribution or by help of some kind. The easiest and best kind your colleagues could render is, of course, the securing of promises from their *clientèle*.

Very faithfully yours,

G. A. CROSS,

Secretary Superintendent.

London Homeopathic Hospital,
Great Ormond Street, W.C., Oct. 18, 1890.

[*Enclosure.*]

The enclosed list shows that the promises towards the New Building Fund now reach about £23,000.

A further contribution of £4,000 is secured so soon as the amount shall reach £26,000. Consequently all that is now required is £3,000.

I hope that you will agree with me that this important matter should not be allowed to drop, after having so nearly reached success, and therefore I venture to ask your kind support in making up the required amount.

Very faithfully yours,

PRIMULA OBCONICA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Another account of the effects of this notorious, yet attractive, plant occurs in *The Garden* of September 27th, and this time by the doctor who treated the cases. Two gardeners seem to have been affected in the same way. I will give you the writer's description: "The appearance of the hands and forearms was that of a *moist* eczema, papulous and excoriated, with, over the joints of the fingers, severe cracking, such as is seen in frosting or hacking of the hands during winter. He complained of great itching of the skin." Speaking of the second patient, he adds: "These plants require some attention during the months of July and August, and as sure as my patient handled them, he told me his hands and arms were worse at night, and the itching intolerable."

You will observe that the symptoms produced in these cases differ in several points from those I experienced in my attempt at a proving of the plant, and go so far to confirm my opinion that we have in it a remedy of wide range in skin affections.—
Yours very truly,

F. H. B.

ON MAKING TINCTURES FROM PLANTS, &c.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Allow me to put before your readers some thoughts on this subject that have occurred to my mind from time to time. In the first place, the plan adopted in the "Pharmacopea" of making a squash of fresh plants, by pounding them up in a mortar or otherwise, has always appeared to me objectionable, because I think some of their finer and more subtle essences may be dissipated in the process. The object aimed at is, I suppose, to break up the plant cells and set free their contents; but there are natural forces that otherwise do this equally well, and perhaps more effectually—the forces that in physics go by the names of endosmose and exosmose—and if a fresh plant, either whole or cut up into small pieces, be put into spirit of wine, these forces at once begin to act upon the cells of the plant, forcing the spirit of wine into them till their walls give way, and their contents are set free, to be taken up by the surrounding fluid, and the bottle containing all being well corked, none of the subtler essences of the plant can escape.

Again, the attempt to attain *uniformity* in the strength of tinctures made from plants of any kind is, I think, a futile attempt, if not an impossibility; for we may take it almost as a certainty, that no two plants of the same kind possess their essential properties in precisely the same degree—soil, temperature, a sunny, or a chill, cloudy season, and various other causes, cause plants to vary considerably in this respect. I would therefore make all mother tinctures from plants, whether fresh or dry, as strong as possible, by filling bottles loosely with cut up pieces of the plants, and then pouring in spirit of wine to completely immerse them, and letting them stand for several days or weeks—perhaps the longer the better.

It may be important in allopathic practice to aim at uniformity of strength in their tinctures, but it seems to me to be by no means essential in homeopathic practice, where dilutions are used. For, to take an extreme case, suppose two mother tinctures of *Belladonna* to differ to such a degree that the one was twice as strong as the other, and let dilutions be made of each *pari passu*. Then at any stage of the process, if double the portion of spirit be used in making the dilution from the stronger tincture, the dilution will evidently be of the same strength as the corresponding one made from the weaker, and all the corresponding dilutions after that will be of the same strength.

Again, to put the matter in another light, suppose the dilutions of each to be carried on throughout with the same proportion of spirit, and that we have arrived at the 12th, or at the 80th

dilution of each, then, if we carry on those of the stronger tincture a step further, the 18th dilution would be in advance of—that is, a somewhat higher dilution than—the 12th of the weaker tincture, and so the 31st of the stronger would be in advance of the 30th of the weaker. Unless, therefore, there be some definite mathematical connection between the number and degree of a dilution and the case to be treated with it, we may, I think, take it for granted that the 12th of either, or the 13th of the stronger, may be used in any suitable case indiscriminately, and in like manner the 30th of either, or the 31st of the stronger, and so on for other dilutions.

It is pretty clear, therefore, that it is of very little importance, as regards dilutions, to endeavour, by weight and measure, to make the mother tinctures of any medicinal kind of plant of uniform strength, even if this were possible. Having selected our plants in their most perfect condition, as far as we can judge, whether leaves, or roots, or flowers be employed, or all of them together, I believe the method described above would give us tinctures in satisfactory strength and in the most reliable quality.—Yours very truly,

F. H. B.

THE SIGNS OF THE TIMES.

To the Editor of the HOMEOPATHIC WORLD.

The *British Medical Journal* of September 27th gives the following among its notes, letters, &c. :—

“CENTENARY OF HOMEOPATHY.

“The present year is the centenary of homeopathy. In 1790 appeared Samuel Hahnemann’s translation of Cullen’s treatise on *Materia Medica*, in which the principle of *similia similibus curantur* found expression for the first time.”

In the same column appears the subjoined letter, headed “Homeopathic Pilules” :—

“Dr. J. M. Rattray (Frome) writes: On July 25th I was called to Mr. S. to see a child, three years of age, who had unwittingly swallowed half a bottleful of homeopathic *Aconitum* pilules. Mr. S., who is, in a measure, familiar with the names and nature of certain drugs, was very much excited, and evinced great anxiety, apprehensive of the possibly fatal result of the accident. The bottle had been carelessly placed near the child’s cot, and on awakening in the morning, and being probably struck with the resemblance to sweets, it took off the cork, tasted the contents, and, finding them palatable like sugar, continued swallowing them wholesale until his sister came into the room

and discovered what he was about. An hour elapsed between the time the child took the supposed poison and the time I arrived at its bedside. Although there did not appear to be any symptoms of *Aconite* poisoning, I nevertheless administered five grains of *Sulphate of Zinc* in hot water, and had the satisfaction of producing copious emesis in about five minutes. I followed this up by giving hot water, keeping the child warm, and I remained with it for upwards of an hour, until I satisfied myself that danger was impossible.

"As I was quite unable to give Mr. S. any information as to the proportion of *Aconite* in the pilules, and, consequently, any idea as to the quantity swallowed, much less as to the result, I obtained the bottle. It is an ordinary half-ounce phial, labelled '*Aconitum N. 3*' The child had swallowed more than half the bottleful. Five were left, and I reckoned that he must have taken over a hundred.

"I write to ask if there is any means of guidance in such a case. Omitting the possibility of a fatal result following such an accident, there has to be considered the terrible anxiety and agitation of mind caused to the parent and the inability of the medical attendant applied to to say whether or not the child had swallowed poison. The only encouraging remark I could give was that the amount of medicine in homeopathic pilules was infinitesimal, and that probably what his child had swallowed was nothing but a sugary element. The result bore this out, and I bring this before the profession in the hope that it may be of use should any one be placed in a similar difficulty."

In reply to the above, a letter appeared from a correspondent in the following week's issue, who explained approximately the amount of *Tincture of Aconite* contained in each pilule, which was calculated to set Dr. Rattray's fears as to their toxic effect at rest.

Anent the recent correspondence in *The Lancet*, "Consultations with Homeopaths," the plucky little contemporary, *The Hospital Gazette*, of October 4th, says:—

"THE 'LANCET' AND HOMEOPATHY.

"The tolerance shown of late by such a conservative professional organ as our venerable contemporary, *The Lancet*, in admitting contributions, in the shape of letters, from avowed homeopaths, is not a little remarkable, and may be taken as a sign of the times. We yield to no one in our dislike of special and necessarily misleading designations, but we nevertheless view with regret and disapprobation the silly etiquette fostered by the College of Physicians and other bodies, which makes outcasts of men who have gone through all the usual curriculum and examinations simply because they are ill-advised enough to adopt such titles or allow it to become known that they prefer this or that particular system. Further, we should despise any one who got it into his head that any particular method of treatment was the best or the safest, if he did not have the courage of his opinions and put his precept into practice. The only objectionable feature is the trading on a name, but even for this there are many illustrious precedents which the medical authorities do not seek to interfere with."

I cannot help thinking that the initiative taken by *The Hospital Gazette* (so well known to the profession for its advanced opinions and for its fairness and unbiassed opinion in things medical) in admitting to its pages some twelve months or so ago a controversy, "Homeopathy versus Medical Science," has been no small factor in bringing about this tolerance.—Yours respectfully,

F. R. M.

Manchester, October 6, 1890.

VARIETIES.

AMBER BEADS FOR THROAT DISEASES.—There is a popular belief that a string of amber beads worn around the neck acts as a prophylactic against certain diseases. This is usually regarded as a superstition, but according to Dr. St. Clair, of Brooklyn, there is something in it. He writes in *The Medical Summary*: That mild currents of electricity are good for the throat and its own peculiar diseases is clearly shown by the string of amber beads. It is a fact, that in a string of beads there is a current of static or frictional electricity constantly passing that will be shown by the milliamperemeter. Amber was the elektron of the Greeks and is truly electric. My daughter, when a child, was constantly troubled with false croup. I tried every known method of relief, and at last placed a string of large amber beads around her neck. From that day she had no trouble for at least three years, till thinking she had outgrown the trouble, they were left off, and inside of two weeks she had the croup as bad as ever. The beads were again worn, and she has never had a return of the distressing disease since. I know of many cases in my own practice, and of others in the hands of brother practitioners, where amber worn around the neck proved of great benefit. Dealers tell me they always make large quantities of amber beads, to suit the pockets of all, knowing the doctors will order them for throat troubles, and that they sell thousands of strings.—*New York Medical Times*, July.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Barton (E. A.). The Colonist's Medical Handbook, with directions for Treatment of Fractures, Dislocations, and the principal Medical and Surgical Diseases. 12mo, pp. 154. (Cassell. 2s. 6d.)</p> <p>Beale (L. S.). On Slight Ailments, and on Treating Disease. 3rd ed. 8vo, pp. 878. (Churchill. 5s.)</p> <p>Blyth (A. W.). A Manual of Public Health. 8vo, pp. 656. (Macmillan. 17s.)</p> <p>Da Costa (J. M.). Medical Diagnosis, with special reference to Practical Medicine. 7th ed., revised. 8vo, pp. 396. (Smith, Elder and Co. 24s.)</p> | <p>Edis (A. W.). Sterility in Women, including its Causation and Treatment, with 88 illustrations. 8vo, pp. 112. (Lewis. 6s.)</p> <p>Ferrier (D.). The Croonian Lectures in Cerebral Localisation, delivered before the Royal College of Physicians, June, 1890. With illustrations. 8vo, pp. 152. (Smith, Elder and Co. 7s. 6d.)</p> <p>Hyde (S.). The Nurse's Guide to Massage; being an introduction to the principles and practice of Modern Massage, designed for the use of Masseurs, Masseuses, Bath Attendants, and Sick Nurses. Cr. 8vo, pp. 42. (Heywood. 1s. 6d.)</p> |
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Public Health: Air and Ventilation (Catechism Series). Cr. 8vo, sd. pp. 60. (E. and S. Livingstone, Edinburgh. 1s.)
 Public Health: Water (Catechism Series). Cr. 8vo, sd. pp. 56. (E. and S. Livingstone, Edinburgh. 1s.)
 Quain's Elements of Anatomy. Edit. by Drs. Schafer and Dancer Thane. 8 vols. Vol. i., part I. Enchryology; illustrated by 200 engravings, many of which are coloured. 10th ed. Roy. 8vo, pp. 170. (Longman. 9s.)
 Roberts (F.). A Handbook of the Theory and Practice of Medicine. 8th ed. 8vo, pp. 1076. (Lewis. 21s.)
 Stirling (W.). Outlines of Practical Physiology. 2nd ed., revised and enlarged,

with 234 illustrations. Cr. 8vo, pp. 342. (Griffin. 9s.)
 Turner (A.). A Manual of Dental Education, with some general notes upon the Modern Curriculum of the Dental Student. Fcap. 8vo, sd. pp. 72. (E. and S. Livingstone, Edinburgh. 1s.)
 Viellgrew (A.). The Technic of Ling's System of Manual Treatment as applicable to Surgery and Medicine, with 79 illustrations. 8vo, pp. 170. (J. F. Pentland. 8s. 6d.)
 Whitaker (J. R.). Notes on Pathology: General Pathology. Cr. 8vo, pp. 256. (Livingstone, Edinburgh; Simpkin. 4s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 34, *Harrington Road, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondences should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Communications received from Dr. Dudgeon, London; Mr. Fryer, Okehampton; Mr. Knox Shaw, London; Dr. Madden, Bromley; Dr. Dyce Brown, London; Dr. Pullar, London; Messrs. Martin and Pleasance, Melbourne; Dr. Arthur Dalzell, Kyneton, Australia; Dr. Bodman, Devizes; F. H. B., Wirksworth; Dr. Moir, London; Mr. J. Meredith, Lydney; Dr. B. Fincke, Bellasylva; Dr.

Blackley, London; Mr. G. A. Cross, London; Dr. Clifton, Northampton.

BOOKS AND JOURNALS RECEIVED.

Monatsblätter f. H. — Allg. Hom. Zeit. — Zoophilist. — Chemist and Druggist. — Homeopathic Review. — Hom. Maandblad. — Homeopathic Recorder. — California Homeopath. — Homeopathic Envoy. — Dietetic Gazette. — American Homeopathist. — North American Journal of Homeopathy. — Medical Visitor. — Revue Homeopathique Belge. — Homeopathic Physician. — New York Medical Times. — Medical Era. — Albany Medical Annals. — New England Medical Gazette. — Medical Advance. — L'Omeopatia in Italia. — Family Homeopathist, by Dr. Shuldham. — Report of the Melbourne Homeopathic Hospital. — "The Great Inoculator," by Dr. Berdoe. — The Decline of Manhood, by Dr. Small. — A Triumph of Vivisection, by Dr. Berdoe.

THE
HOMEOPATHIC WORLD.

DECEMBER 1, 1890.

NOSODES.

It is yet far too early to speak with definiteness of Dr. Кочн's new "cure" for consumption. Up to the time of our writing the composition of his "lymph" has not been declared; and any mode of treating a disease of such a chronic and relapsing kind as tubercular consumption must submit to the test of time before it can be definitely accepted. Assuming, however, that the "brownish fluid" with which Кочн inoculates his patients is of the nature of a ptomaine, and is a product of the cultivation of tubercle bacilli outside the body, we have in his treatment the large and important question of "Nosodes" brought prominently into notice. A nosode is a product of diseased action, containing the infectious principle of the disease, manipulated and altered in such a manner that it is no longer capable of transmitting the disease in question, but retains certain pathogenetic and curative powers; it is a medicine made from diseased products. *Ambra gris.* is a nosode: at least, it is generally supposed to be a product of a disease of the whale. But the medicinal use of *Ambra* is not quite analogous to the use of nosodes in general; it is not used with any reference to the treatment of the disease which produced it. The only nosode used by Hahnemann that we are aware of is *Psorinum*, a product of the disease which he named Psora. This substance was proved in the 30th potency, and found to possess very definite powers. *Psorinum* is not psora, and cannot communicate the disease, but it can cause and cure many of the symp-

toms of psora. It has been objected that the use of nosodes is isopathy. But Hahnemann contended that this was not so, since the mode of preparation of the substance altered it from an *idem*, or "identity," to a *simile*, or "like." Besides, for use in homeopathy the nosode must be proved on the healthy, and its application follow according to the symptoms produced. Very analogous to the nosodes are the serpent and other animal poisons, which homeopaths use daily with such striking effects.

The experience of homeopaths with the nosodes of anthrax and hydrophobia have caused them to look with a lenient eye on the proceedings of M. PASTEUR. We confess that our own objection to M. PASTEUR'S works is based chiefly on his results and methods, and not on his homeopathy. Continued cruelty is the price at which his hydrophobia treatment is maintained; his "vaccins," whatever curative properties they may possess, have often proved most fatal; his statistics are ludicrous; he "cures" disease which no one can prove to have ever existed in the persons treated; he has made no favourable impression on the hydrophobia death-rate of his own immediate district. For these reasons we should not visit M. PASTEUR'S institution were we unlucky enough to be bitten by a real or supposed mad dog. But *Lyssin* or *Hydrophobinum* is a remedy which has been used by Hering and other homeopaths in the treatment of hydrophobia and other diseases; and *Anthracinum* has established its reputation in the treatment of boils and carbuncles.

KOCH differs from PASTEUR in that he undertakes to treat patients actually suffering from a definite malady, and thus lays himself open to have his method fairly put to the test. Also his remedy produces definite pathogenetic effects, which remind us strongly of the action of *sepsin*, a product of putrefaction, though not precisely a nosode, introduced by Dr. DRYSDALE, and tested clinically by himself and Dr. BURNETT.

The symptoms produced by Dr. KOCH'S fluid (which

he calls *Paratuboid*) when injected subcutaneously are these:—

“ Three to four hours after the injection there came on pains in the limbs, fatigue, inclination to cough, difficulty in breathing which speedily increased. In the fifth hour an unusually violent attack of ague followed which lasted almost an hour. At the same time there was sickness, vomiting, and rise of bodily temperature up to 39.6 C. After twelve hours all these symptoms abated. The temperature fell until next day it was normal, and a feeling of fatigue and pain in the limbs continued for a few days, and for exactly the same period of time the site of injection remained slightly painful and red ” (*Times*, November 15).

The first thing that struck us on reading this pathogenesis was,—what a remarkably homeopathic remedy Koch has got hold of with which to treat pulmonary phthisis ! Our second thought was,—how will he avoid fatal aggravation in extensive cases of the disease ? Hitherto its action appears to have been tested chiefly in cases of lupus, which, we may remark, is a very different disease from pulmonary phthisis. It is true there may be tubercle bacilli in parts affected with lupus, but they are only found in the giant cells, and there is only one tubercle bacillus to each cell, where it looks lonely enough. This is very different from the abundance of bacilli found in cases of phthisis. In the cases of lupus treated by Koch’s method there is an area of inflammation set up around the affected part ending in the sloughing of the lupoid tissue. If this condition is to be set up in tubercular lungs very serious consequences may be expected. Indeed, in one case reported in *The Times* of November 18, a girl of 12 died promptly after the injection. It was only administered, we are told, as a “ forlorn hope ” in this case. We are prepared to hear of more of these cases.

Another point of interest to homeopaths brought out by Dr. Koch is the immensely increased sensitiveness of patients suffering from disease to the specifically indicated remedy as compared with that of those who are in health. This fact, of course, homeopaths have always been acquainted with.

As we have said above, we are assuming that Koch is

dealing with a nosode. If this is the case he is not the first in the field. Many others have preceded him; and if nosodes in the future are to be the fashionable remedies and the chief fountain of honour and glory to medical men and others, Dr. SAMUEL SWAN of New York will have to be reckoned with. Dr. SWAN'S enthusiasm in this line is well known. His *Tuberculinum* (a nosode of tubercle) has long been before the profession. Dr. BURNETT has published in his recent work on *Fistula* a case in which he used *Bacillinum* (identical with *Tuberculinum*) with marked effect. We understand Dr. BURNETT is about to publish more of his experience with this nosode.

Before leaving Dr. KOCH, who has thus practically joined the ranks of the homeopaths, but whose success in the new field is still problematical, we may remind our readers that nosodes are not the only weapons with which it is possible to fight successfully pulmonary phthisis. *Phosphorous*, *Arsenic*, *Iodine*, *Hepar Sulphuris*, and a host of other homeopathic medicines have again and again succeeded in effecting what KOCH is now trying to do. Every homeopathic practitioner has cases which he has either cured, or has kept going for years of useful and active life. And homeopathic remedies have this advantage over KOCH'S—they may be given, if rightly selected, in any and every stage of the disease without fear of precipitating a fatal result.

A CRIMINAL USE FOR CAYENNE PEPPER.—An old thief was sent to prison the other day on a charge of dusting cayenne pepper into the eyes of the constable who arrested him, and the evidence showed that he carried about with him a pepper box containing cayenne, which he used to blind the drunken men whom he robbed, so that they might be unable to resist or pursue him.—*Chemist and Druggist*.

COCAINE POISONINGS.—Two recent cases are reported, both occurring with dentists' patients. At Lille, Mlle. Delcambre having died, dentist Bouchard was prosecuted. He was acquitted on the charge of homicide, but fined for illegal practice of medicine. At Paris, last week, Mme. G. was nearly dying in consequence of a cocaine injection administered by a dentist, when Dr. Ad. Olivier was called in, and successfully treated her with repeated doses of cognac and hypodermic injections of ether and caffeine.—Paris Letter of *Chemist and Druggist*.

NEWS AND NOTES.

STANLEY AND HOMEOPATHY.

MR. HENRY M. STANLEY lectured at the Academy of Music, Brooklyn, on November 12th, in aid of the Homeopathic Hospital. There was a large and brilliant audience. Three thousand dollars were netted to the hospital as the result, after paying heavy expenses.

HOMEOPATHY IN RUSSIA.

WE take the following paragraph from *The British Medical Journal* of November 8th :—

“Homeopathy is said to be spreading in Russia, especially in the upper social strata. Societies for the propagation of the Hahnemannian doctrines have recently been established at Tschernigow, Odessa, and Warsaw. As has been noticed in other countries, the clergy are conspicuous among the supporters of the great medical heresy, and in Russia the military mind seems also to have an elective affinity for globules and infinitesimal dilutions. Thus at Tschernigow one of the founders of the new society is the Bishop (Benjamin). At Odessa, among those who have signed the draft statutes of the society, are the Archbishop of Cherson (Nikanor), Generals Count Rostowzew, Roop, Teplow, and Strandmann, and the mayor of the city, M. Marasli, with his deputy, M. Ligin. Ladies are probably not eligible for admission to this sapient society, which would account for the otherwise inexplicable absence of their names.”

We cannot congratulate our contemporary on the gallantry of its concluding sentence. For our part, we do not despise the support of ladies, who are often quick to discern truths which the arguments and prejudices of men blind them to.

HOMEOPATHY IN *THE BRITISH MEDICAL JOURNAL*.

In the weekly epitome of *The British Medical Journal* of November 1st is a paragraph entitled “Drug Eruptions,” mentioning a rare rash produced by *Iodide of Potassium* resembling scaling. A little lower down is another paragraph speaking of the value of *Iodide of Potassium* in cases of acute chronic and subacute urticaria which *Salicylate of Soda*, *Atropine*, *Quinine* and *Strophanthus* had failed to relieve. The following week is a paragraph recommending *Rhus Toxicodendron* in rheumatism, *Clay* in a variety of diseases, and *Arseniate of Copper* in choleraic diseases and typhoid!

AUSTRIAN PHYSICIANS ON KOCH'S "CURE."

THE following is taken from *The Times* of Nov. 19th :—

"Vienna, November 18th.
The leading specialists in tuberculosis of the Vienna medical faculty, while giving their unqualified recognition of the value of Dr. Koch's discoveries, utter a note of warning against over-estimating the efficacy of his remedy. They point out that up to the present not a single case of undoubted cure has been recorded, and declare it to be possible that the strong reaction of the remedy on the diseased tissue might be dangerous for lungs weakened by the complaint, and interfere with respiration. Three deaths from this cause had in fact been already reported.

"Doctors who have returned here from Berlin express doubt, moreover, as to the radical cure of lupus, and state that, in cases which came under their notice as declared cured, suspicious-looking pustules were observed breaking out afresh near the cicatrized wounds."—*Reuter.*

DR. DRZEWIECKI ON PASTEUR.

IN an article entitled "Some Further Reflections on Pasteur's Antirabic Inoculations," published in *The Medical Record* (New York) of November 1st, Dr. Drzewiecki formulates the following conclusions :—

"1. The theory of antirabic inoculations is quite new, and cannot be compared either to gradual accustoming the organism to poison or to vaccination. 2. The antirabic inoculations do not weaken hydrophobia nor prevent it. 3. The problematical effects of them arose on the one side from the experiments on animals whose insusceptibility to the virus was not regarded, and on the other in statistics of inoculations made unscientifically and with bias. 4. From the time of the introduction of Pasteur's method, the mortality of hydrophobia not only not lessened but increased in France. 5. If the antirabic inoculations ever have any influence, it is only a removal of fear from the patients; but as we have no surety of their being not injurious, they should not be applied for this purpose."

POST-GRADUATE LECTURES AT THE LONDON HOMEOPATHIC HOSPITAL.

WE are authorized to state that the necessary arrangements having been completed, the long-talked of course of post-graduate lectures (on the lines of the courses now being given in London and elsewhere) will be commenced as soon as possible after the Christmas holidays. The lecturers chosen for the ensuing course are—Drs. Clarke, Burford, and Galley Blackley, and Mr. Knox Shaw. A detailed announcement giving dates and title of each lecture will be published in our next.

ORIGINAL COMMUNICATIONS.

CALENDULA OFFICINALIS: ITS ACTION, ESPECIALLY IN CASES OF OBSTINATE DEAFNESS.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London Homeopathic Hospital.

MANY objections will doubtless be made to the method about to be pursued in this investigation into the action of our old and well-tried friend *Calendula*; and it might be thought well to enumerate what these will probably be, and what would be suitable replies thereto.

But with all due deference to those disposed to find fault with my methods, I cannot think that preliminary explanations would in any way improve matters. The broad fact stares us in the face that we have been using *Calendula* as a remedy since it was introduced on empirical grounds by Dr. James Dore Blake, the father of a noble phalanx of workers in our common cause, in 1840, to the notice of homeopaths, and that we have since been prescribing it without any definite knowledge of its action, and without even attempting any but a very meagre proving of it.

If, then, objections are made—and I am free to confess many deserved ones can be found—my unanswerable, and yet in another sense easily answered, reply will be, improve upon the methods of research by making trial of this drug after our well-known and scientific procedure, viz., by making extended provings of it on the healthy body. In this way I shall be rewarded for exciting interest in what I know to be a very important medicinal agent, and we shall all be rewarded by the removal of a very notable stigma from the fair escutcheon of homeopathy. For let those cavil who will, it is a blot that for fifty long years we have gone on prescribing an indifferently proved drug. Nor is it any answer that we have prescribed it as an external remedy alone. If our principle of Similars are true, care ought to be taken to apply it to external as well as internal remedies, and it is as wrong to prescribe the one as the other without sufficient preliminary investigation. Since my paper, read before The British Homeopathic Society, appeared (*vide Monthly Homeopathic Review*, on "The Care of the Ears, with special reference to the action of *Calendula Officinalis*," Jan. No., 1890), I have been induced to prescribe *Calendula* much more frequently, and I wish to give,

as simply as is possible, the result of this experience. If I have erred in prescribing it so largely, the consolation is natural of having had the best possible reasons for so transgressing the written laws of Hahnemann in the enormous benefit accruing to the afflicted.

Not having made any special collection of cases except in so far as they appear on my Case-books, I shall content myself with going right through these books and recording the effect of *Calendula* in each instance in which it alone was prescribed, and will give the result whether for good or bad.

I need hardly insist upon it amongst those who have had experience of Aural Diseases, that this is putting very severely to the test the curative properties of *Calendula*. For my cases, consisting almost wholly of the worst types of the affections of the ear, have in nearly every instance been to every imaginable authority before giving my treatment a trial. And it is with the greatest pride, as having drawn attention to the remedy, I can unhesitatingly affirm that there exists no other known agent that could, without causing a feeling of sorrow at the febleness of our remedies, be put to a test so severe as this. At the same time let me not be misunderstood: *Calendula* is not a specific for all ear or any other diseases; it is emphatically a very useful remedy, and responds with great vigour to its indications, and it is these indications we would wish by practical experience in comparison with its provings to elucidate. My cases are not all successful ones, and are not even meant to be in every instance instructive, taken singly; but, taken collectively, all are interesting for practical workers in these diseases, and for them it is almost as necessary to narrate the failures as the successes. For example, an intelligent homeopath ought, and does if he be intelligent, take note quite as much of an aggravation as of a curative effect. Aggravations often afford as distinct indications for the prescription of remedies as do provings on the healthy, and of late years the tendency has been too much, it seems to me, to undervalue these methods of acquiring knowledge of drug power. Let us return to the good old method in vogue in the early days of homeopathy, and report fully the symptoms that ensue upon the administration of a remedy, and I feel sure the suffering portion of humanity will be the gainers.

In my private Case-books I shall begin from July '69, and

make a note of every instance in which *Calendula* was prescribed, and the result up to date of writing.

EXCERPTS FROM CASES.

CASE 1.—Miss S., *æt.* 19. Otorrhea from childhood, with persistent headache tendency. *Calendula off.* 3rd. dec., and afterwards in ϕ . Result: Gradual and steady improvement in all ways.

CASE 2.—W. L. W., *æt.* 45. A solicitor knocked up from over-work. Deafness, right granular middle-ear ulceration from accident; worse from change of weather, with pains across the eyes and bridge of the nose. Prescribed: *Calendula Off.* ϕ gtt. vii.—oz. $\frac{1}{2}$ gtt. v., t. d., and the same in trit. as a snuff. Result: Hearing improved, but had to resort to other medicines for general health.

CASE 3.—Gent., *æt.* 65. Old catarrho-vascular deafness with thickened membranes. *Calendula* 3rd in pilules. No effect.

CASE 4.—Gent., *æt.* 44. Same as last in nature of case and in result.

CASE 5.—Miss W. Old nervo-catarrhal deafness, lifelong, with spinal weakness. *Calendula* 3rd dec. from time to time. Result: Mostly improvement in hearing, but temporary.

CASE 6.—Miss M. J. Otorrhea right side. Result: Unknown.

CASE 7.—Miss S., *æt.* 36. Buzzing in ear; singing voice weak. Catarrhal deafness left side for two years. *Calendula* ϕ gtt. vii.—3ij, 5 drops t. d. Result: Hearing became decidedly clearer without affecting other symptoms.

CASE 8.—Master R., *æt.*, 12. Was improving under *Calcareo Phos.* of otorrhea dating from scarlatina a year and a half ago, when *Calendula* ϕ gtt. vii.—3ij was given, 5 drops t. d. Result: Aggravation; liver got blocked, he became disagreeable and ill-tempered. Afterwards got well under *Kali Hydriodicum* 30.

CASE 9.—Mrs. D. Old nervo-catarrhal deafness. *Calend. Off.* was given without result.

CASE 10.—Made. J., *æt.* 32. Old and very bad case; twelve years standing with almost complete loss of hearing; no watch hearing, and very feeble perosseous. *Calendula* 3rd dec. given at different times has decidedly improved and continues to benefit her hearing. Result: Good. Under treatment.

CASE 11.—Miss C. Unimportant gastric symptoms. *Calendula* ϕ . No result.

CASE 12.—Rev. S. S. Case given at pp. 6 and 7 of my article in *Monthly Homeopathic Review* as cured. Deafness somewhat returned, from out-door bathing, in the left ear; gave *Calend.* ϕ again, as well as 3rd dec. snuff. Result: Got at once well.

CASE 13.—Master M. F., *et.* 13. Inclined to deafness. *Calend. Off.* 2nd dec. Result: Presumably good, but unconfirmed.

CASE 14.—Old vascular deafness in a gent. of 73 years. Result of *Calend.* 3rd. dec. unknown.

CASE 15.—N. G., *et.* 32. Deaf since 15 years old. *Calendula* 3rd. Result: Unknown, probably negative.

CASE 16.—F. G., *et.* 28. Deaf 9 years. *Calendula* 3rd dec. as snuff. Result: Negative.

CASE 17.—Miss H. M., *et.* 22. Deaf two years. *Calendula* ϕ gtt. vii—3ij (*sacchar lact.*) as snuff. Result: Very good. This was gone on with, and got quite well. Has kept so for twelve months.

CASE 18.—Master A., *et.* 6. Enlarged tonsils, snores in his sleep, bulimy, no worms, not deaf. *Calend. Off.* ϕ 15 drops to $\frac{1}{2}$ oz. 5 drops t. d.

CASES FROM MY PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

(Concluded.)

16. DYSPEPSIA—*Nux v.*

H. O., carpenter, 29 years, Soebjerg pr Ruds Vedby. Has been ill for eight years; in the winter he is always better, but in the summer the malady is worst. Allopathic treatment without result. Complains now of faintness and emaciation, pressing pains in the region of the stomach, also up behind the breastbone, with inflation. Eructations of tasteless water. The pains and the eructations are worse one to two hours after the meals, and particularly in the afternoon; they last then for several hours. The stool is hard and slow; there is urging always, either with small quantities of excreta or without effect. Sleep and appetite good. No soreness on pressure against the pit of the stomach. The tongue is yellow, coated on the hindmost

part. When he is lying down he always feels well. The treatment commenced on the 17th of June, 1889. He was ordered *Nux vomica* 2 Cent. dilution, five drops in a tablespoonful of water, three times daily; and on the 23rd of July he was completely cured.

17.

The wife of carpenter, R., 47 years, Copenhagen. Was confined once, twenty-six years ago, otherwise has always been well. The skin disease which is now present has lasted about one year, and it began when the menstruation from having been regular came at intervals of months. Now menstruation is again in order, but the skin disease gets worse and worse. On the forehead, on the nose, and on the parts of the cheeks nearest to the nose, also on the chin, is an eruption, which neither scales off or itches much, and which consists of small papules (protuberances), with surrounding redness of the skin. No pustules, and no indured papules at the base.

Other condition normal. Allopathic treatment without improvement.

Came under treatment on the 20th of June, 1889, and was ordered as follows: *Sulphur* 3 Cent. dilution, three drops in a tablespoonful of water, three times daily. Powdering of the papules with one part *Sulphur sublimate* and three parts rice starch every evening, to be washed off in the morning.

With continued use hereof, there was already by the end of July considerable diminution of the eruption, and by the middle of August only a few papules on the forehead, so that she was discharged perfectly cured on the 6th of September.

18. AMENORRHEA—*Sepia*.

The widow of N. T., bleacher, 35 years, Sorup pr Fredensborg. Has now, at the beginning of the treatment, July 29, 1889, been ill for half a year. A confinement ten years ago. All her pains and troubles are worst before the menstruation. The periods are scanty, and come only every two or three months. Leucorrhœa thick, particularly in the daytime during exercise. Downpressing pains through the vagina. Flying, stinging pains through the right leg. Pressure in the region of the stomach, and out through the spine. Defecation is hard and slow. Faint-

ness and weariness. Appetite and sleep good. Tongue clean. Yellow stains on the forehead. Feels worse in the forenoon. On examination, the cervix uteri is found to be distended and sore on pressure. Otherwise nothing discovered.

Sepia 3 Cent. dilution, five drops three times daily in a spoonful of water.

September 9th. Menstruation has appeared regularly. Leucorrhœa almost ceased. No pains, and otherwise well. Same ordination.

October 7th, she was perfectly well.

19. CATARRH OF STOMACH—*Nux v.*, *Ferr. met.*

Papermaker, S., 38 years, Copenhagen. Began treatment by me on the 17th of October, 1889, and had, one year ago, had stomach catarrh, and afterwards became well. Has now been ill a couple of months. Heavy, pressing, often beating pains in the temple and the forehead, particularly in the mornings. Qualm and eructations, partly of air, partly of bitter water, with pressure in the region of the stomach and both hyperchondria; also loathing of food. The motions are hard and slow, often urgings with small quantities, and a feeling in the rectum as if more were left to come.

Cannot tolerate fat and acids. Tongue clean. The region of the stomach arched forward; sore on pressure; faintness. Yawning and sleepiness after meals. Sleep good. He is best when he lies down, and worst in the morning, by exercise, and shortly after meals.

Nux vomica 3 Cent. dilution, five drops three times daily in a spoonful of water.

November 1st. The qualmishness has ceased. Pressure in the region of the stomach considerably reduced. Appetite good. Same ordination.

November 12th. Bowels are in order. Otherwise as last. The headache is bad, beating and hammering. Rushing of the blood to the head. The eructations of air bad. Considerable faintness and sleepiness all day long, and perspiration by exercise.

Ferrum metallicum 1 Decim. trituration, as a pea in one tablespoonful of water, three times daily.

Hereafter he grew constantly better, and by the end of December, 1889, he was altogether well.

20. GASTRALGIA—*Arsen.*

J. J., manservant, 40 years old, Paastrupgaard pr Slangerup. Came under treatment on the 7th of November, 1889, and had then been ill for three months, and was for the last month treated in the infirmary of Frederikssund, and without improvement. Complains of scorching and burning pains in the region of the stomach, particularly a short time after meals and during the night. Has pains even after small portions of milk. Appetite bad. The motions often thin, and the evacuations small in quantity, offensive and black. The pains are less in the night, when he gets up and moves about. Thirst; drinks little, but frequently. Much faintness and fears. The tongue is clean.

Arsenicum album 3 Cent. dilution, five drops in a table-spoonful of water, three times daily.

November 28th. The pains ceased in the course of about eight days. The evacuations are now normal. Thirst and fears over. Same ordination.

Was quite well by the end of December.

MALARIAL INFLUENZA.

By Dr. MORRISSON.

DURING the past fortnight what is commonly called Russian influenza has again become prevalent, though much milder in character than the epidemic of last winter, and of a different type. The form usually assumed now is that of an acute bronchitis, which may really be termed bronchial influenza, as it does not readily yield to the usual remedies. My first distinct case was that of a lady from York, who had accompanied a daughter to London for a short stay. I saw her on the 29th of October, after she had been ailing three or four days. The symptoms were those of severe nasal catarrh, with commencing bronchial irritation. *Arsen.* 3 was administered, with an occasional dose of *Bryonia*, matrix mixture, for cough. On the 29th of October she was decidedly better, and the *Arsenicum* was repeated. The following day I found her with a temperature two degrees above normal, a pulse of 84, and an incessant hacking cough, with roughened respiration over both lungs. She thought I had changed the medicine, and was surprised to find this was not so.

Gelsem., matrix tincture, was given. By the following morning there was marked improvement, and with its continued use the feverishness, bronchial irritation, and cough, steadily lessened, and she is now convalescent.

I have also in hand a lady subject to malaria who has a recurrence of influenza of the rheumatoid type, with severe hepatic and splenic complications. *Bryonia*, 1x and 3rd cent., arrested the bilious vomiting and relieved the hepatic congestion.

Another case was that of a little boy of six, who had been ailing for nearly a week. Here there was a similar cough, with symptoms of broncho-pneumonia, a pulse of 100, and a temperature of 104° F. (40° C.). The symptoms being grave, and time of consequence, *Aconitine*, 3rd decimal trituration, was given, with *Phos.* 4x in reserve. Within eighteen hours the temperature fell two degrees, and the dryness of skin had been replaced by a profuse perspiration. *Gelsem.*, matrix tincture, was then given. The temperature declined for two days, when it again rose two degrees. *Aconitine*, 3x, was prescribed for twenty-four hours, when *Gelsem.* was repeated. As he recovered whooping cough developed, from which he suffered severely last winter, and for which he is still under treatment.

It is noticeable that neuralgias, and even cases of malaria, have been exceptionally frequent this autumn, showing that the miasmatic influences which caused the late epidemic of influenza have not entirely passed away. Only a few weeks since a doctor died in Brixton, after having suffered for eight months from the effects of the epidemic of last winter. And we may this winter expect that the subtle miasm will influence and aggravate other diseases, and especially those of the respiratory and secretory organs.

26, Harley Street, W., November 15.

HAHNEMANNIAN CURES.—No. 7.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE VII.—*Coccus cacti*. On April 16, 1887, I was consulted by a homeopathic physician about Mr. W., one of his patients, a man about 30 or 35 years of age. The history of the case was as follows:—Twenty-four days ago gonorrhœa appeared, after exposure to contagion five or six

days previously. It was his first attack. His physician treated him with low potencies, which relieved the acute symptoms. On April 8th he got chilled during a walk without an overcoat, the weather being cold for him, as he had recently come over from Australia, where he had lived some years. This suppressed the discharge, causing swelling and pain in left testis. On April 15th, as the bowels had not acted for three days, his physician gave him a dose of *Castor-oil*. This operated several times, but caused him to again catch cold when at the closet. Since 8 a.m. this morning he has been in dreadful pain. His physician gave him a low potency of *Belladonna*, which was "like so much water on a duck's back"; so, in the afternoon, he asked me to visit the patient with him. I saw him between 6 and 7 p.m., and found him lying in bed, in the following condition:—

Since 8 a.m. : Paroxysms of most intense pain, which have increased in severity till the present time. The paroxysms come on about every ten minutes; the pain is most intense, making him writhe, groan, and weep, and grasp the bed-posts tightly. He was a strong man, and knew what severe pain was (once he had broken his leg), and could bear pain well; but he said he never felt anything like this. The pain begins in left iliac region, and extends to left groin, and half-way down front of left thigh. It is *as if a fluid were forcing its way there*—something like an injection—and it ends in a sudden pain in anterior part of middle of left thigh, as from a jagged knife. Between the paroxysms there is throbbing in different parts of left groin and front of left thigh; left inguinal gland enlarged and tender; left testis swollen; scarcely any urethral discharge. Before these paroxysms came on, he had a dull pain extending from left iliac region to left mid-thigh, with frequent digs in various parts thereof. This pain he has still, but it is nothing in comparison with the paroxysms. Tongue white. Pulse quick.

Diagnosis of the remedy.—Taking the most peculiar, and therefore most characteristic pain, as the key-note—"as if fluid were forcing its way"—I found written in my interleaved copy of Lippe's Repertory the following, under "Generalities":—

"Liquid moving in.—*Cocc.-c.* (head, by jerks, very painful); *glon.* (head, painful, gradually increasing in force); *op.* (left thigh, painless); compare *Hell. Salic-ac.* and

Spigel. for feeling of blood forced by pulsations through contracted vessels in head." Also under "Abdomen" I had added, "Burrowing, inguinal region, *Cocc.-c.*"

The Encyclopedia gave the following:—

Opium 1719.—"Sensation as if some liquid were moving up and down in left thigh.

Glonoine 394.—"Gradually increasing pressure from forehead towards vertex, as if a liquid were being pressed upwards from root of nose, and forced at the back through *sinus longitudinalis* with constantly increasing force: this pressure grows so severe that a general perspiration breaks out, with redness of face, and great anxiety."

Coccus-cacti 63.—"Violent raging pain extending from right eye along squamous portion of temporal bone on its inner side to occiput: it seems as though a fluid were injected paroxysmally into a small blood-vessel."

Helleborus 60.—"Very painful heaviness in head, with tension and pressure as from without inwards in temples, but especially in forehead; with every pulse a pressing-drawing, as if the blood forcibly pressed through head (the whole day, especially during the fever); relieved in open air."

Spigelia 104.—"Pain in occiput, as though an artery were beating against an obstacle."

Salicylic acid 37.—"Buzzing sensation in interior of brain, as if blood were forced violently through a contracted vessel."

Of these six remedies, *Op.* was contra-indicated by the painless character of its symptom, though it agreed with the locality affected. The *Glon.* symptom was continuously increasing and not paroxysmal, and its concomitants were absent in the patient. The symptoms of *Hell.*, *Salic.-ac.*, and *Spig.* were all rhythmical with the pulsations of the heart, and in this respect did not correspond with the patient's condition. *Cocc.-c.* had the paroxysmal pain in a marked degree; also it has produced, 408, "burrowing, tensive, dragging and drawing pain in hypochondriac, pubic, and inguinal regions." I therefore selected this last remedy as the *simillimum*, dissolved a few pellets of *Coccus cacti*, Cm. (Finckè) in a glass of water, gave him a spoonful about 7 p.m., and told him to repeat the dose every hour till decidedly better; then every two hours.

April 17th. We saw him at 11 a.m. He said the action of the medicine was wonderful, though when he saw me

dissolve the pellets he felt they could do no good, and that he must have chloroform, allopathic physicians having always told him that in severe pain nothing but *Morphia* or an anesthetic can relieve promptly. He informed us that after the first dose the paroxysms continued to increase in severity and frequency for about an hour; then for an hour after the second dose they recurred at longer intervals of about fifteen minutes. About 9 p.m., after the third dose, the paroxysms ceased, and did not return, except once, about 2.15 a.m. Has only slept from 3 a.m. to 7 a.m. Scarcely any discharge. Has taken the medicine every hour while awake, except that once he waited an hour and a half; but the constant pain (not the paroxysms) began then to increase; and it was also worse after his four hours' sleep, apparently from want of the medicine. He has now occasional acute pain in groin, and dull pain in thigh; inguinal gland less tender; tongue less white; pulse slower. He feels altogether much better, and says he is astonished at the result. So was also my colleague, whose countenance, when I informed him of the potency given, was an interesting study. He paid me the high compliment of asking me to take the case into my own hands. I continued the medicine every three hours.

April 18th, 9 a.m. Says that last night and the night before, as soon as he turned on to his left side, the wind seemed to collect in a ball in left groin, and roll over to right abdomen, and then pass away *per rectum*. Yesterday, after my visit to him, he remained free from severe pain till 6.45 p.m.; he felt generally better in the morning, but had a few twinges of pain in afternoon. Since 6.45 p.m. has had the constant pain, with a varying degree of acuteness; but no paroxysms, except a severe one at 6.45 p.m., and two lesser attacks before 8 p.m. Had had no return of the "fluid" pain, except slightly in the first of these three paroxysms. Has had snatches of sleep during the night. The discharge is returning. The pain is now the same dull pain from left iliac region to mid-thigh, with frequent digs in various spots thereof, just as it was before the paroxysms came on, only less severe; he has suffered thus since 6.45 p.m. He took the medicine every two or three hours till 6.45 p.m., and since then every hour while awake. As an aggravation of the symptoms, from taking the medicine more frequently than ordered, seemed to have commenced, I stopped all medication.

April 19th, 9 a.m. Says the pain remained about the same yesterday morning till about 1 p.m.; then the excitement of some legal business increased it till about 6 p.m., when he again became easier. Had a good night, sleeping about seven hours. To-day he feels wonderfully easier—"happiness itself"; "can hardly believe it!" This morning he can stretch out the left leg, which he could not before. Discharge rather increased. Left testis still swollen.

April 20th, 9 p.m. Yesterday the excitement of legal business again brought on the dull pain from 6 p.m. till 4 a.m.; but to-day it has not troubled him much. Discharge considerably increased. Testis still swollen. Has had no stool for six days, and has a cough, just as he had the last time he was constipated. I gave him an enema of warm water, which acted very profusely in about fifteen minutes.

April 21st, 9 a.m. Has had a fair night, with very little pain. Discharge ceased. Testis smaller, and no longer tender. Still has pain in groin and thigh, but much less than yesterday.

April 23rd. Has slept very well. Only a little pain. For the last two days, at the end of urination, contractive pain all around lower abdomen, groins, and upper thighs, all around in a circle. Scarcely any discharge. Testis smaller, and without tenderness.

April 26th. Says that the pain has not returned since morning of 24th, except a very little while walking. Slight discharge. Scarcely any swelling of testis. Sleeps well.

May 6th. Writes to say he is quite well, and has been at work at his office for the last four days.

Comments.—(1) In this case, I hesitated to prescribe on the indications afforded by the Repertory alone, before I had consulted the *Materia Medica*. One of the errors into which the neophyte is apt to fall, especially when he has to treat an acute case, is that he must "do something at once," whether that "something" is the best that can be done or not. Hence he is tempted to hastily prescribe a remedy, of whose homeopathicity he is not sure, and which may be more or less inappropriate, and then study the case more thoroughly afterwards. Never was there a greater error. Were the action of dynamized remedies absolutely *nil*, except curatively on the symptoms to which they are homeopathic, then the disadvantage of such hurried

prescribing would be of negative value only. But as potencies are capable, not only of aggravating the symptoms of the patient when improperly administered, but also of exciting pathogenetic symptoms both on the diseased and the healthy tissues of the body, and so tending to thwart the curative action of the remedy which may be subsequently selected with greater accuracy, it is necessary to be sure that each prescription is made with that mathematical exactitude that homeopathy postulates. "When you don't know what to play, play trumps," is a rule at whist; so in homeopathy, when you do not know what to do, *do nothing*—wait, and study the case further before prescribing if the remedy is not clear, and give time for the evolution of the symptoms if their character is obscure and indefinite—else harm may be done, and the disease complicated by erroneous medication.

(2) The peculiar "fluid" pain occurred in the patient in the abdominal and femoral regions, but was cured by a remedy producing a similar pain in the head. Benninghausen demonstrated many years ago that when a medicine possesses the power of producing a very peculiar symptom in one part, it will often cure it when occurring in other parts; and this I have frequently* verified. This is one illustration of the practical value of Hering's *Guiding Symptoms*, where a special rubric is devoted to the classification of the symptoms of each remedy, according to "sensations." The same feature is to be found in Benninghausen's *Pocket-book*, now out of print, but which will be incorporated in "Generalities" chapter of Lee's *Repertory of Characteristics*.

(3) This case also demonstrates the fallacy of the doctrine that in very severe pain narcotics and anesthetics must sometimes be administered. *Similia similibus curantur* is not a mere rule of practice, not even only "the method of Hahnemann," but a *law of nature*, and therefore infallible. *Humanum est errare*; we are none of us infallible, and the best of us may sometimes fail to solve the homeo-

* Miss S. complained of pain in right side of loin, like an instrument going straight through to right side of abdomen, on the head of which some one knocks; lasting some hours. Had suffered from these attacks at times for months. A few doses of *Sulphuric acid* Cm. (Fincké) permanently cured her, and she has had no return since, now over fifteen years. The characteristic symptom that led me to this remedy is given in the *Encyclopedia* thus: 80. "Thrust in the right temple, as if a plug were sticking in and constantly pressed deeper."

pathic equation. But should anyone feel it necessary to resort in an extreme case to allopathic palliatives, let him seriously ask himself whether his failure is not due to an inaccurate selection of the remedy rather than to an inherent defect in homeopathy. It is, of course, proverbially easy to be wise after the event; but, nevertheless, I do not shrink from stating that I have carefully analysed the records of some of those cases where allopathy, or Mattheism, or some other equally unscientific treatment is stated to have succeeded after homeopathy had failed; and I have invariably found that either the symptoms had been noted with such carelessness that there was no proof that the supposed homeopathic remedy was the *simillimum* at all, or that they clearly pointed to some remedy which had not been prescribed. I do not think I ever saw a man in greater pain than my patient. If ever there was a case where an anesthetic was a necessity, and where it would have been sheer inhumanity to have withheld it, that case was before me; but I knew that if I did not fail homeopathy, homeopathy would not fail me; the administration of the *simillimum* was all-sufficient.

(4) This case also throws some light on the repetition of the dose. Hahnemann's earliest practice was to give one dose without repetition; his later teaching was that in many cases a repetition of the dose is essential. But when he wrote thus, he was chiefly using the 30th and 60th potencies. It is conceivable that much higher potencies might demand a somewhat different method of administration. Unfortunately, though there is ample historical evidence that Hahnemann used these extremely high potencies, we have not on record a sufficient number of cases from which to deduce his rule as to the repetition or non-repetition of the dose. In section 276 of the *Organon*, there is, however, a statement that an over-dose of the homeopathic remedy will do harm, not only in direct proportion to its homeopathicity, but also to the degree to which the dynamization has been carried. From this we may logically deduce the rule that the higher the dynamization the smaller must be the dose; or, in other words, the repetition must be less frequent. Possibly this arises from the fact that the higher potencies act for a longer time, which has been established as a practical rule by the veteran followers of Hahnemann, who all seem to hold that the higher potencies will neither require nor bear such fre-

quent repetition as the lower. But even with the highest dynamizations a repetition is sometimes essential. In this case improvement did not commence till after the second dose, nor was it marked till after the third. Later, when the patient prolonged the intervals between the doses, the pain began to increase; though, on the other hand, when he repeated the dose more frequently than I had directed, after a marked improvement had set in, it caused an aggravation. Had I given only one dose, and after waiting fifteen minutes concluded that homeopathy had failed, though the *simillimum* had been selected, and resorted to chloroform, I should have committed a fatal error; and the error would have been nearly as great had I concluded that a lower potency was necessary.

(5) The fatal error of the pathological school also receives some illustration from this case. This school maintains that a pathological similarity is the *ne plus ultra* of scientific therapeutics, and that we should only resort to semeiological indications as a *dernier resort* when our pathological knowledge is incomplete. Hence they naturally regard the objective symptoms as always of more importance than the subjective. But their arguments are refuted by this case. *Coccus cocti* has not yet produced the pathological condition called gonorrhœa; and yet it cured, because it corresponded closely to the subjective symptoms. Doubtless, as it first reproduced, and then cured, the suppressed discharge, it has the power of producing it also on a healthy, sensitive prover; but when we find this objective symptom recorded in the provings of this remedy, shall we be able to prescribe it any more efficaciously, or will that alone distinguish it from other remedies producing the discharge?

(6) The great difference between homeopathy and isopathy is that the former individualizes, while the latter generalizes. An isopath would have prescribed the nosode *Medorrhinum*, even though its voluminous provings do not contain the characteristics of the case. *Medorrhinum* has cured gonorrhœa when the subjective symptoms of the patient corresponded with those of the provers; but in other cases it has failed. It has been argued by one of the isopaths that "before anyone could select *Syphilinum* with safety and with certainty, he must be first able to recognize syphilis in all its forms, and be able to differentiate between it and psora." In other words, it is argued that *Syphilinum* will cure all cases of uncomplicated syphilis; but that when complicated,

other (anti-psoric) remedies are needed. But, however plausible this may sound in theory, in practice it is found wanting; for to diagnose between complicated and uncomplicated syphilis is often an impossibility; indeed, I very much doubt whether, in the present diseased condition of the human race, any case be absolutely uncomplicated. Be that as it may, if physicians desire to use nosodes (dynamized products of disease) scientifically, the only way is to prove them on healthy persons, and then to administer them to the sick according to the provings, and not according to the name of the disease. If a nosode is indicated by the similarity of the symptoms, it will cure (or, if a cure be impossible, it will relieve), whether the patient be suffering from the "disease" from which the nosode was derived or not; whether the "disease" be complicated or uncomplicated. Always the LAW, *similia similibus curantur*.

(7) The pain was increased by catching cold at a water-closet. This is a frequent cause of mischief in gonorrhœa, and the patient should avoid this risk by wrapping the organs in a cloth on these occasions. (*Mercurius* has aggravation from taking cold by draughts of air at a water-closet, but it did not correspond to the other symptoms of the patient).

(8) The danger of any suppression of the discharge is shown in this case. Sometimes years of ill-health have resulted from such suppression; and when the homeopathic remedy is given, the discharge is temporarily reproduced, while the symptoms resulting from the suppression disappear.

(9) In cases of constipation, purgatives are never necessary. A simple non-medicinal injection will act mechanically, and so give immediate temporary relief, if needed, until the medicine has time to effect a complete cure. This HAHNEMANN plainly teaches in his *Chronic Diseases*.

48, Sussex Gardens, Hyde Park, London, W.

BELLADONNA—THE ROOT.

By AGRICOLA.

THAT historical Scot who, having accumulated around him in his new home, one of the Antipodes, all he desired,

but was yet unhappy without his thistle, obtained a few seeds from Scotland with the result that the Scotch thistle is now become a national scourge, would find a similar illustration in my own grounds in Belladonna, the seeds of which the birds have distributed all over the place. Having to dig up a number of the plants I was struck with the appearance of the roots, some of which were a yard long, fleshy, and averaging an inch in diameter. As Teste in his *Materia Medica*, p. 564, says, "Almost all authors mention acetic acid or vinegar as an antidote to Belladonna, but only by way of conjecture, and copying one from the other. But this assertion is entirely unfounded. On the contrary, vinegar aggravates the deleterious effects of Belladonna," the present seemed a fitting opportunity for testing Mons. Teste's writings. Therefore I half filled a pickle bottle with the root, adding q.s. of acetic acid forte; after macerating for a time, the resulting medicated acetate was poured off, aqua pura re-filled the bottle, thus producing, say, 1x dilution.

On testing its causative action on myself in one-drop doses 1x every hour, I obtained from a few doses, for the first time in my belladonna-experiences, the belladonna headache; the drug was then discontinued. Upon another occasion the same result happened. Then on the next experiment the drug being persevered with brought on the genuine dry belladonna sore throat, the character of which differed entirely from all my previous numerous sore-throat experiences—and these have been, I expect, far beyond those of most, even the most heroic of drug-provers, three distinct and severe diphtheria episodes standing as mementoes of my sore-throat knowledge *in propria persona*.

As to acetates of drugs in general for homeopathic uses, it occurs to me that acetic chemical change is very apt to occur more or less in all alcoholic tinctures kept amongst the laity, &c., in phials year after year, seeing that at every atmospheric change, both as to temperature and barometric pressure, and also as to humidity, a change in the air of the phial follows, and oxidation more or less of its contents—a powerful argument in favour of triturations generally.

THE RIVAL CURES FOR CONSUMPTION.

THE promise or hope of a cure for consumption has attracted the attention of the whole civilized world to the alleged discovery by Professor Robert Koch, of Berlin, of a miraculous fluid, by the injection of a minute portion of which beneath the patient's skin tuberculosis shall either be cured or arrested. The first accounts represented this new specific as an almost infallible cure for pulmonary phthisis in all its stages, but when the fortunate discoverer came to give an account of it, his claims for its therapeutic virtues were much more modest. But the expectant public, having had its hopes raised so high, would not be persuaded to moderate their expectations. Thousands of patients (to the despair of the doctors and inn-keepers of the erst famous winter health resorts) and hundreds of medical men flocked to Berlin in hopes of getting inoculated with the magical fluid, or of obtaining a bottleful for their own private use. No one but Koch himself and his assistants knew what was the composition of the elixir, but patients and doctors were quite willing to take it on trust, and to subject themselves or their clients to the life-giving injections. Great was their grief, and in some cases their indignation, to find that there was not nearly a sufficient supply to meet their urgent demands. It is said that the guinea-pig is the chief source of the miraculous liquid, and that Koch has already used up all the restless cavies of Germany, and cannot manufacture any more of his elixir till he gets a fresh supply. Whether this be the cause or not, it seems odd that the expectant doctors should lose the chance of making heaps of guineas by practising Koch's injections on their patients, in consequence of a failure in the supply of guinea-pigs. It is gravely stated in the papers, and *The Lancet* solemnly deprecates the proposal, that the German Government is going to take the manufacture and supply of the specific into its own hands, so as to ensure its purity and earn an honest penny for itself. In this case, of course, Koch would keep the preparation of his fluid secret to the end of the chapter, or till it—after the manner of all other infallible specifics—becomes discredited and contemned.

But why should we suppose that this specific should share the fate of others? Has it not the endorsement of most of the eminent specialists in bacteriology and medi-

cine in Germany? And has it not received in this country the approval of Professor Tyndall and Sir Henry Roscoe?—the latter quite recently, the former by anticipation years ago, who, when Koch first announced his discovery of the bacillus of tuberculosis, in prophetic strains expressed his conviction that the discovery of the cure of phthisis was looming in the not far distant future. That eminent surgeon Billroth, of Vienna, who has acquired much fame by his bold operations on almost every organ of the interior of the body, declares that Koch's discovery opens out to the surgeon a grand vista of operations on the lungs which hitherto have not been successful or possible on account of the bleeding they must cause. Has not the German Government decorated Koch with the order of the Red Eagle, and is it not now said to be contemplating giving him a patent of nobility, raising him from simple Dr. Koch to Dr. von Koch, with armorial bearings to correspond? Has not the Berlin municipality given him a hospital with 150 beds to perform his cures on a sufficient number of patients, with an endowment or honorarium variously stated to be 20,000, 200,000 and 2,000,000 marks?

Of course all this enthusiasm and all these honours are bestowed in consequence of the real and undoubted cures that have been wrought by the wonder-working fluid? But when we inquire, we cannot discover that any cures have been made or even announced. True, it has been stated that cases of lupus have been cured by repeated injections. But lupus is not pulmonary phthisis, and that it is a form of tuberculosis is by no means certain. Flugge says its giant cells contain each at most one bacillus, resembling the bacillus which is found in swarms in undoubted tuberculous disease; but Dr. Campbell points out in a letter to *The Times* that lupus, whether of the larynx or skin, is a totally different disease from tuberculosis of those organs, in appearance, course, and termination. And now Oberstabsarzt Köhler says in *The Lancet* of November 22nd that he has already seen a case of recurrence of lupus after apparent cure by the Koch injections. Several deaths of phthisical patients after the injections have already been recorded, and in two of these post-mortem examination showed that the phthisical lungs presented no signs of healing.

It was at first stated that the injections produced no effect on non-tuberculous patients, but Köhler and Westphal

say that they suffer from headache, sleeplessness, and rise of temperature to 101°, accompanied by pains in limbs and loss of appetite. On tuberculous patients, on the other hand, the symptoms produced are very severe, chiefly fever, swelling, and inflammation of the affected parts, nausea and faintness. Levy and v. Bergmann mention cases in which the patients remained unconscious for thirty-six and forty-eight hours, and a case of lupus is recorded where, after injections, the strongest restoratives had to be used to bring the patient round.

Koch says his liquid does not kill the bacilli, but only the tissue which has been essentially modified by the vital action of the bacilli. He is modest about the curative virtues of his inoculations; allows, indeed, that they do no good in advanced stages of phthisis, but is confident of their curative power in lupus, though he admits that one case died shortly after the injections.

Others who were at first hopeful and even enthusiastic are manifestly beginning to climb down, and now admit that several deaths have occurred soon after the injections in advanced cases of phthisis. Many, while allowing that the injections may be powerless in arresting phthisis when cavities exist in the lungs, consider that they may be useful for diagnostic purposes, and one enthusiast proposes that they should be utilized by insurance offices in order to ascertain if would-be insurers are healthy. Koch has declared that he can render guinea-pigs unsusceptible to tuberculous infection by his injections, so that they will probably be recommended as prophylactic against the possible occurrence of tuberculosis, and we may see Koch institutes established everywhere to protect healthy persons from phthisis and lupus.

The rival scheme for the cure of consumption is set forth in full detail in *The Lancet* of the 15th of November. Its author is Dr. J. Roussel, of Paris, whose theory is that all the symptoms of phthisis, suppuration, expectoration, fever, and sweats, are the efforts of nature to throw off the microbes which are destroying the system. Therefore, says he, true science consists in the use of such therapeutics as will attack only the microbes. Remedies swallowed injure the organs of digestion. He injects a 20 per cent. mixture of *Eucalyptol* or *Thymol* in sterilized olive oil. This is conveyed by the blood to the lungs, and soon the breath, sweat, and urine smell of the drug. If *Thymol* is used, it

gives a sweet perfume to the whole body—the odour, not of sanctity, but of sanity, as it were. The injections have to be frequently and regularly repeated for several months. They cause no inflammation at the point of injection, and no symptoms of derangement of the health, like Koch's injections. He submitted to a committee of medical experts eighteen cases of phthisis in various stages of development. One of them, after being apparently cured, died of double pneumonia. At the end of a year of Roussel's treatment, sixteen of his eighteen cases, which had been under treatment during that time, were examined by the committee, and were testified to be to all appearances cured. Dr. B. Bell, of Paris, who made a careful trial of Roussel's injections at the Hospital of Incurables in 1886, was not so successful. Out of twenty-one patients, ten were able to resume their occupations, five were still under treatment, and six died. The observed effects of the injections were cessation of the night sweats, fever, and diarrhea, diminution of the expectoration, and improved appetite. The bacilli disappeared from the sputa.

Dr. Roussel's plan, which has been before the profession for some years, excited nothing like the excitement among the public and the profession that has attended Koch's more sensational, but less successful, plan. In its mode of action it differs from Koch's in this, that it destroys the bacilli, whereas Koch's destroys the tissues morbidly affected by the bacilli.

Whether either of these methods will eventually supersede the established methods, hygienic and therapeutical, which have hitherto not been altogether unsuccessful in curing pulmonary consumption in its early and even in its advanced stages, remains to be seen. In the meantime we may safely say that the extravagant expectations raised by the announcement of the latest novelty in consumption cures are certain to be disappointed, though, perhaps, some small residuum of gain to practical therapeutics may remain after the froth of exaggeration has evaporated.

It is interesting to our school to observe how very minute is the quantity of material required to cause the very violent effects observed from Koch's injections. One to two milligrams constitute the usual dose, and one centigram is about the largest quantity that has been injected. Another curious fact is that the more extensive the tuberculous disease, the smaller is the amount of the remedy required to produce an effect, and *vice versa*. R. E. D.

SOCIETIES' MEETINGS:

BRITISH HOMEOPATHIC SOCIETY.

SECOND Meeting of the Session was held on Thursday, Nov. 6th.

A paper was read by Dr. E. A. Cook, of Richmond, on "Therapeutics as an Applied Science."

The following is a synopsis of the paper:—

Dr. Broadbent's views—

Minute quantities in relation to physical, chemical, or physiological effects.

Increase of chemical and physiological effects with minuteness of division.

In judging of physiological possibilities each cell must be considered as an entity.

Taking as reasonable the idea that the effects of drugs are due to chemical change, it may be shown by analogous chemical effects that physiological results, apparently antagonistic, are very reasonable.

Difficulty of constructing a science when the vital element comes into play.

Dr. Cook showed the marvellously minute quantities that could be discerned by chemical and electrical tests, but he contended that the physiological test was more sensitive than any other. There was no reason at all to suppose that because chemists could not detect the presence of a substance, therefore there could be no power to affect living tissues. He dealt with the question of vital force, and showed how it complicates all physiological and therapeutical questions.

DISCUSSION.

Dr. HUGHES had rarely listened to a paper displaying more acumen, thought, or research than Dr. Cook's maiden effort that night. He commented on the statement of Dr. Cook that the Arsenuretted Hydrogen produced more violent effects than Arsenic itself, by reason of its more minute division, as not quite sufficient, since Arsenuretted Hydrogen produced effects different from those of Arsenic as well as more energetic. He asked Dr. Cook what were the properties of nascent Hydrogen. He inquired if Dr. Cook had any facts as to the homeopathicity of the effects of colours in insanity. The chief thought running through Dr. Cook's paper was the greater activity of substances diluted. The difficulty was that all physiological action diminished with dilution, and finally ceased. Septicemia has been induced by the 10-trillionth of a grain of septic material. The same happened with diluted vaccine, but a point came at which the

effect ceased. Solution and dilution were different. Solution diminished action; dilution in the homeopathic way increased it.

Dr. DYCE BROWN thanked Dr. Cook for his very instructive paper. Dr. Hughes maintained that solution and dilution were not the same thing, as the effect generally ceased. It by no means followed that the attenuated substance would not produce an effect on the diseased body, which could not be produced in the healthy, and it did not follow that there was no action because no action was observed.

Dr. HUGHES explained that he had no idea of suggesting that medical action did not go far beyond observed physical action. He gave 30ths and knew that they acted. He only wished he had some clear physiological basis to found his use of them upon.

Dr. PULLAR thought this one of the most valuable papers he had listened to. It was the treatment of homeopathy in this spirit that would do much to advance our science and position. It brings support from collateral sciences. He strongly agreed with Dr. Cook's deduction that physiological action is one of the most delicate tests with which we have to do. At the last meeting there was mention made of vital force, and Dr. Hughes (whom he held in the greatest admiration), had spoken of it as an exploded doctrine. He had yet to learn that this was so. Certain effects do take place, and we have to find some *locus standi* for them. Superadded to all chemical or physical action—we have to do with vitality, a something which varies with each individual—this subtle unknown something determines the result.

Dr. CLARKE said it was unnecessary for him to repeat the praises that had been bestowed on Dr. Cook's paper. He thoroughly endorsed them all. The *modus operandi* of the higher attenuations was a most fascinating subject, and no one was better qualified to deal with one aspect of it than Dr. Cooke, from his chemical knowledge. In his interesting work on Alcoholism (of which an English translation has recently been published in America), Dr. Gallavardin, who largely used the higher attenuations, had some interesting remarks pertinent to the paper. The author stated that matter can exist in four forms—solid, liquid, gaseous, and radiant. The "radiant" state, said Dr. Gallavardin, corresponds to the "subtile" state of Aristotle and the "infinitesimal" state of Hahnemann. Crooks had described it as the limit where matter and force seem to shade off into each other. Hering had a somewhat different view. He imagined that by the process of trituration, or attenuation, the force which held the material particles together was liberated. But, interesting and important as these questions were, there

was a prior question, and that was, Did these highly attenuated substances act—did they respond to their indications? Dr. Clarke thought that question was already settled abundantly in the affirmative. Dr. Hughes, he believed, had vouched for the 200ths on the strength of Carol Dunham's belief in them. Dr. Dyce Brown had related the case of a patient in whom *Arnica* 200 would produce erysipelas. Dr. Cooper had reported before the Society cases cured with 200ths. If 200ths would act in this way, he could not see why higher attenuations should not act. It was no more difficult for him to conceive the power of the 200-millionth than it was that of the 200th. There was only one way of settling this point, and that was not by argument, but by experiment; and the time had come when the only testimony that could be received on the point was from those who had used the higher attenuations, and were ready to produce their results. In order to do this, he had procured from various sources supplies of the highest attenuations made—from London chemists, from Boericke and Tafel in America, and especially from his friend Dr. Skinner. He had found these all answer to their indications. With the experience of some years to support him, he had no doubt whatever of the power of the higher and highest attenuations. Another question was, Do the higher attenuations act more powerfully than the lower? This was a question he had been investigating practically, and the answer of his experience was, in a large number of cases, Yes. Dr. Hughes had told us that he used 30ths, and found them act. No doubt he used them because he found them in some way more efficacious than the lower. If this is so with the 30th, there is no logical reason why it should not be still more the case with higher attenuations. Whether it was so in all cases he could not from his experience decide; but he did not think it was. Every attenuation represented a different degree of power, and there were cases, he had no doubt, where the lower were more appropriate. He hoped some day a rule for their different use would be discovered. As yet he knew of none.

Dr. MOIR did not think our homeopathic attenuations represented a change of state similar to the change from liquid to gaseous.

Dr. JAGIELSKI applauded the paper. Dr. Hughes had asked what was the difference between the nascent and ordinary hydrogen. He should say that nascent hydrogen was accompanied with ozone.

Dr. BURFORD thought there was a great deal in all this that was very fine but was not homeopathy. But the weakness of homeopathy in the past was its isolated position. A paper like that of Dr. Cook's was calculated to keep us in touch with outside science. We must be swayed more by facts than by atomic and

other theories. It is well known that 200ths have produced effects, even though the atomic theory cannot, according to Dr. Hughes, take us beyond the 15th attenuation. *Ex nihilo nihil fit*, there must be some power in the 200th or the result could not come—the atomic theory notwithstanding. Moreover, there is much in the chemistry in the body that is quite different from chemistry outside. Something has been said to the effect that the physiological effects of a drug are in proportion to the amount used. The very reverse is often the fact. Why should the drugs act differently in health and disease? We have been taught to regard the whole body in disease as in unstable equilibrium, and so much more easily to be influenced. Referring to vital force, Professor Huxley had said recently you could take protoplasm and analyze it, and then take the elements separately and try to combine them, but you cannot get the entity. Out of protoplasm only can protoplasm come. This showed that Huxley was not so very averse to something like the vital force idea. The whole tendency of molecular reaction is in favour of infinitesimals. Now the tyranny of the atomic theory has been overthrown, we are free to accept the testimony of careful reliable observers when they tell us their results from 30th, 200th, 1000th, and even higher potencies.

Mr. GERARD SMITH mentioned osmosis as one of the methods by which higher attenuations get into the blood more quickly than the lower ones. The paper was a new departure and a good one. When asked for scientific theories of our system by our allopathic brothers we have always had an answer ready—Show us the good results of *your* scientific theories—which was sufficient to silence them; but it was well to have the support of collateral sciences as well. He had never heard before of these experiments with coloured lights. The nearest thing he had heard of was “a fit of the blues.”

Dr. MACLACHLAN explained to himself the action of infinitesimals in this way: the dynamic action only began where the physiological ended; and he could understand the action of the highest potencies in that way. Recently he had received from Dr. Skinner a dose of medicine in the thousandth potency for a pain in one of his knees. To his great astonishment the pain disappeared—a result which he did not expect.

Professor ALDRICH said the experiments with the action of light were new to him and he would like to know where he could read about them. There was once a prevalent theory in the United States regarding the value of blue glass, and for a time almost every house had its blue windows. Now they are all gone.

Mr. KNOX SHAW added his high approval of the paper to that expressed by other speakers.

Dr. NEATBY read from *The Homeopathic Review* a record of

experiments with glass of various colours in an asylum in Italy.

Dr. BLACKLEY praised the paper, and hoped that the reader of it (who was only a visitor) would become a member of the Society.

Dr. DUDGEON (in the chair) said the subjects that Dr. Cook had brought forward were more of the nature of analogies than anything else. They were not so much by way of scientific proofs as they were interesting to the general public. Therefore we ought not to attach too much force to their testimony. They give a sort of *side* corroboration to the doctrines of homeopathy, but they cannot be regarded as proofs. Regarding the saying quoted by Dr. Hughes, that substances could not act except when dissolved, there was a long argument in some of the journals between Dr. C. Wesselhoeft and Dr. Buchmann as to the solubility of metals, the former maintaining that they could not be dissolved, the latter that they could. A solution is a mere dissolving; a homeopathic dilution is a diminution. Dr. Clarke alluded to Gallavardin's ideas of matter shading into force. Dr. Dudgeon would like to know what a force separated from a substance was. A force must have a material substance in order to display itself at all. Ivory is elastic, but you cannot have its elasticity without the ivory. About those high dilutions he might just say one word. All the high dilutions, Dr. Clarke said, acted equally well. This seemed to him a *reductio ad absurdum*, since they were all made in different ways and with impure water instead of pure spirit, as enjoined by Hahnemann.

Dr. HUGHES wished to explain, in reference to remarks made about vital force, that he was a strong vitalist; but he regarded vitality not as an entity but as a property of protoplasm.

Dr. COOK (in reply) said he could not expect them to absorb all the results of his thoughts for many months in the short space it took to read his paper. When read quietly afterwards, he thought the paper would be seen to have a thread of unity running through it, though it might seem somewhat disjointed at the first hearing. Referring to the President's remark that the arguments of the paper were mere analogies, he said the science of homeopathy does not stand alone, and he did not bring forward his ideas as direct arguments. Dr. Jagielski's explanation of nascent hydrogen was entirely wrong. There was no ozone in it. There were different ways of evolving hydrogen, and hydrogen acting as it is evolved would reduce salts which ordinary hydrogen would not reduce. He showed how this applied to medicines. He had not mentioned osmosis, but he had not forgotten it. Iodide of Potassium placed on the tongue had been found within a minute in the urine: this rapid transmission had occurred by osmosis. Dr. Cook did not agree with Dr. Hughes that solution.

and dilution were different. We may dilute with various substances. It did not matter whether the dilution was with water or spirit, it was a dilution all the same. In a capillary tube chemical action will not go on between certain things that would act if brought together in bulk. If sufficiently attenuated they might act even in the capillary tube. This might help us to understand the greater efficacy of high potencies in the minute cells of the body. We were far too apt to consider the physiological effect on the body as a whole. It is possible to act on certain cells to the exclusion of all others. Theories are useful, since by acting on them facts have been brought to light.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

∴ In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

NOTATION OF POTENCIES.

DR. BOJANUS, of Moscow, asks us to explain the meaning of the following; "*Lycopodium*, c m (F. C.); *Graphites*, 50m (F. C.); *Nitric Acid*, 1m (F. C.); *Mercur. Viv.* 50m (F. C.).

REPLY.

"C m," "50m," "1m," mean respectively the "hundred-thousandth," "fifty-thousandth," and "one-thousandth" potency, attenuation, or dilution in the centesimal scale. The letters, "F. C.," denote that the attenuation was made in Dr. Skinner's "Fluximer Centesimal Potentizer."

A correspondent has kindly sent us an experience with calcined oyster shell in cancer, which we hope to publish next month.

APPOINTMENTS, VACANCIES, AND REMOVALS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

MESSRS. W. BUTCHER & SON, LONDON.—Mr. Butcher, Homeopathic Chemist, of 815, Regent Street, and Blackheath, having taken into

partnership his son, Mr. William Frederick Butcher, M.P.S., F.C.S., the firm is now styled W. Butcher & Son.

BOERICKE & RUNYON, SAN FRANCISCO.—Mr. E. W. Runyon has purchased a half interest in the firm of Boericke & Schreck, Pioneer Homeopathic Pharmacy, 234 Sutter Street, and has assumed the management of that business. The firm will hereafter be known as Boericke & Runyon.

GENERAL CORRESPONDENCE.

THE NEW LONDON HOMEOPATHIC HOSPITAL.

[The following is a copy of a circular letter, which it is proposed to send this month to those friends of the Hospital who have already subscribed to the Building Fund, has been sent to us for publication.]

DEAR SIR,—As Chairman and Treasurer of the London Homeopathic Hospital I venture to draw your attention to the amount which has now been reached by the fund for building the new hospital.

The sum which we have aimed at, with a special view to provide the number of beds—120—which will entitle to recognition as a school and examining body, is £30,000.

Up to this date the amount paid and promised—much of it on condition that the whole sum required is forthcoming—is £23,150, and the Board have decided to provide a sum not exceeding £4,000, so soon as at least £26,000 is subscribed. You will therefore see that the balance required is £3,000.

Under these circumstances, is it trespassing too much on your liberality if I ask you, in addition to what you have already so generously given, to kindly consider if you can afford us further help?

Yours faithfully,

WM. VAUGHAN MORGAN.

5, Boltons, S.W.

THE ACTION OF AURUM.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Among the remedies suggested for the treatment of phthisis I do not find *Aurum*. Meanwhile looking over the "Cyclo-pædia of Drug Pathogenesis" * we see that the pathogenesis

* Edited by Richard Hughes and T. P. Dake, vol. i. pp. 498 and 510-512.

of *Aurum muriaticum* closely corresponds with phthisis, viz. *A. muriaticum* occasions a specific fever, more or less violent, the temperature is raised, the pulse is more frequent, and then follows profuse and long-lasting perspiration, or a great flow of urine, or diarrhea.

The perspirations have been known to be so severe that the mattress was wet through; they have at times an alkaline odour, at times they are very fetid. According to Gozzi, they are decidedly worse at night. . . . *A. muriaticum* occasions great heat in cheeks, which is felt also externally; the cough is more pronounced, and is accompanied with heat in larynx, and expectoration, white and blood-streaked, or yellow and thick; speech is difficult, and voice hoarse and stridulous. With chest and heart symptoms there is sense of suffocation at night.

Experiments on Animals.—The respiration was difficult and noisy, there was sighing, suffocation, and vomiting of a very small quantity of white matter floating in foam. . . .

Post-mortem examination showed the lungs livid, except in a few small patches, which were rose-coloured; the lung tissue was dense, hepatised, gorged with blood, and non-crepitant. Pieces placed in water sank, and only the rose-coloured patches floated and were slightly crepitant. That is a greatly resembling portrait to phthisis.

In view of the above, I consider that *Aurum mur.* (and perhaps other preparations of gold will be more suitable) is a homeopathic remedy for phthisis.

This drug I commenced to apply not long ago in my private practice, as there is no homeopathic hospital in Warsaw; and it would be too early to communicate the results I received, yet I must add that till now they are promising.

I am, sir, yours faithfully,

JOSEPH DRZEWIECKI, M.D.,

Late Physician in the University clinic of the Holy Ghost Hospital, Warsaw, Poland.

Warsaw, November 7, 1890.

P.S.—I shall be very much obliged to you by informing me where I can get *the statistics* of homeopathic treatment of animals.

[We shall be very happy to publish Dr. Drzewiecki's experience with *Aurum* in phthisis, if he will send it us. We regret that we know of no statistics of the homeopathic treatment of animals. If our readers are aware of any we shall be pleased to publish the reference.—Ed. H. W.]

ON MAKING TINCTURES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The observations on the subject of making tinctures from plants, &c., published in a letter signed “F. H. B.,” in your current number, appear to be made chiefly from the standpoint of those who confine themselves to the use of such attenuations as the 12th and 30th or higher.

We once heard the remark, “Never mind how the mother tinctures are prepared so long as we have our attenuations properly made!” We venture to maintain, however, that even these dilute forms of the medicine should as nearly as possible represent *all* the medicinal virtues of the plant, as evenly balanced as they exist before its preparation, and although this cannot be done with the exactness we should wish, yet some approximation to uniformity is possible, and should be aimed at.

Moreover, although at one stage of its existence we find the plant or drug contains proportions of alkaloid or acid varying in different seasons, and that therefore *Nux vomica*, for example, may sometimes possess a large amount of brucine and an unusually small proportion of other alkaloids, yet it is possible that the interaction of the various chemical substances present may ultimately produce a uniform result, and especially when introduced into that natural chemical laboratory the stomach.

Schützenberger separated nine alkaloids from one of the active portions of *Nux vomica*, and each had a distinct composition, and was probably derived from brucine by oxidation under vital influences. If, then, a common drug like *nux* contains several still imperfectly known acids and bases varying under vital conditions and reacting on each other, we cannot be too careful in securing as nearly as possible a complete exhaustion of all plants, and their faithful representation in our tinctures.

In attaining this object, we may considerably modify and improve the process given in the “Pharmacopœia,” but the experience of chemists is adverse to the “thoughts” of “F. H. B.,” natural and reasonable though they are from the point of view he takes up.

That the forces of endosmose and exosmose are insufficient to secure the exhaustion of plant cells by alcohol is sufficiently proved by the fact that tinctures made from drugs by percolation in the usual way are manifestly superior in strength and colour to those made by maceration as “F. H. B.” suggests, one of the causes being that substances such as mucilage, starch, albumen, &c., obstruct the action of the spirit, and must be displaced to allow of its free operation.

With regard to macerating fresh plants for several weeks, this

is objectionable on the ground that such inert substances as mucilage, &c., are very liable to ferment, and to introduce acids into the tincture, its quality being impaired thereby.

Other considerations occur to us which we will not trespass further on your space to discuss, but to us it appears that the practice of making tinctures, even for homeopathic use, of perfectly indefinite alcoholic, and drug strength is not only uncalled for, but, in some cases, may be most mischievous.—We are, sir, yours faithfully,

E. GOULD AND SON.

59, Moorgate Street, E.C.
Nov. 18, 1890.

A COMPLAINT.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In your number of October 1, 1890, you quote a letter of mine from *The British Medical Journal* in such a manner (without stating the source from which it was derived, although you have done so in the case of the letters of other people there quoted) as to lead people to suppose that I am a contributor to your journal. Several medical men have remarked to me that “they were surprised that I should write for a homeopathic paper.”

I shall feel obliged if you will insert a notice in your next issue in a prominent position apologizing for the omission, and also write a similar statement for insertion in *The British Medical Journal*, or I shall be compelled to take further action in the matter.

Yours faithfully,

GEORGE HERSCHELL.

5, West Street, Finsbury Circus, E.C.,
October 23, 1890.

To this letter the following reply was sent:—

TO DR. GEORGE HERSCHELL.

SIR,—I beg to acknowledge your letter of the 23rd instant.

I am pleased to learn that your friends are readers of THE HOMEOPATHIC WORLD, but I am sorry that they are so lacking in powers of discernment. If you had taken the trouble to look at the copy of the journal yourself you would have observed that your communication was published under the heading “Extracts,” and neither among the “Original Communications” nor among the “General Correspondence,” that your cases formed part of one extract from *The British Medical*

Journal of July 19th, and that at the foot of the complete extract the source is given, each extract being separated from its neighbour by a bar.

I will publish your letter in my next (December) issue.

Yours truly,

JOHN H. CLARKE,

Editor *Homeopathic World*.

84, Harrington Road, S.W., Oct. 26th.

SALICYLATES IN BEER.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—It is well that "Agricola" draws attention to the use of salicylates in beer. The symptoms he notices were observed in my own case—darkness of feet, swelling, tender veins, notably the saphena. After his friendly warning I bade good-bye to the Lager beer. I dare say it can be got pure in London, but *Timeo Danaos et dona ferentes*. Dr. Ringer points out that Perchloride of Iron is a ready test, and gives a purple hue. So when I drink beer it shall be Ind and Coope's.

I am humane enough to advise the cat for food and liquid adulterators. A fine for such rascals is no deterrent, and the poor are too poor to go to Somerset House for analysis, and often have to submit to being robbed and drugged at the same time.

Faithfully yours,

H. USSHER, B.A., M.B.,
Surgeon.

Obituary.

MR. CHARLES CORFIELD.

WE regret to announce the death of Mr. Charles Corfield, of Birmingham, who has long held a prominent position among homeopathic pharmacutists. From an obituary notice in "*Edgbastonia*" we make the following extract:—

"Mr. Corfield, born on the 25th March, 1819, at Penryn, in Cornwall, was the son of the late William Wilmot Corfield, J.P., a descendant of the old Shropshire family of Corfield, of Chatwall and Corfield, in that county. On the completion of an apprenticeship at Luton, he came to Birmingham in or about the year 1840, and, after a few years with Messrs. Southall, entered into business as a chemist in New Street, opposite the Grammar School, where he remained until 1846, in which year he established the business in Bennett's Hill, which, with its branches, has ever since played so prominent a part in the homeo-

pathic world of the Midlands. Soon after his first arrival in the town Mr. Corfield settled in Edgbaston, and resided for the last thirty years in Beaufort Road. His health had failed him for some time, and, shortly after a journey to Plymouth to meet his eldest son on his return from a prolonged sojourn in India, he was attacked by his last illness, to which he succumbed on the 9th September, at Leighurst, Malvern, the residence of his brother-in-law.'

The firm of Corfield and Corfield is now represented by Mr. Edward Corfield, who joined his uncle in business twenty-four years ago.

VARIETIES.

DEAD SHOT FOR TAPE-WORM.—Bernard Persch says that he has found nothing to equal the following treatment, which is as certain as anything in medicine generally gets to be: In the morning early he gives a drop of croton oil dissolved in chloroform, and the solution mixed with an ounce of glycerine. On retiring that same night, the patient is given a mild laxative.—*New York Medical Times*, October.

ACONITE AS A TENICIDE.—Dr. Robertson, of Detroit, has recently made the discovery, by accident, that aconite is a potent tenicide. He very wisely warns us, however, that "great caution will be necessary in the administration of this remedy."—*New York Medical Times*, October.

"THE OTHER SIDE OF COCAINE—THE BAD SIDE," was the subject of a paper recently presented by Dr. A. W. Calhoun, of Atlanta, Ga., to the State Medical Association. The doctor argues strongly against the use of cocaine in cataract operations by extraction. He stated that before he began the use of cocaine from 95 to 97 per cent. of all his cataract operations by extraction proved successful, and that in a large number in which cocaine had been used he had bad results. He has abandoned its use altogether in operations by extraction.—*New York Medical Times*, October.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Allen (C. B.). London Medical Specialists; a classified list of the names, addresses, &c., of all recognized authorities in the branches of Medicine and Surgery. Cr. 8vo. (Ward Lock and Co. 2s. 6d.)</p> <p>Campbell (H.). Flushing and Morbid Blushing; their Pathology and Treatment. 8vo. (H. K. Lewis. 10s. 6d.)</p> <p>Chaffey (W. C.). Lymph-Stasis; or, Retardation of Lymph as an element in the</p> | <p>Causation of Disease, especially in regard to Scrofula and Tuberculosis. 8vo. (H. K. Lewis. 8s.)</p> <p>Davenport (F. H.). Diseases of Women: A Manual of Non-Surgical Gynecology, Illustrated. 12mo. (Philadelphia. 7s. 6d.)</p> <p>Lewis (P. S.). The Theory and Practice of Nursing, a text-book for Nurses. (Hospital Library.) Cr. 8vo, pp. 203. (Hospital Office. 1s.)</p> |
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- Lowe (T.). The Bath: Thermal Waters and Treatment. With Historical Notes by Herbert Bentley Freeman. Illustrated. Cr. 8vo. (Simpkin. 1s.)
- McNally (C. J.). The Elements of Sanitary Science: a Handbook for District, Municipal, Local Medical and Sanitary Officers, &c., &c. 8vo. (H. K. Lewis. 8s.)
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CONTENTS.

	PAGE		PAGE
Nosodes	529	ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES:—	
NEWS AND NOTES:—		Notation of Potencies	561
Stanley and Homeopathy—Homeopathy in Russia—Homeopathy in <i>The British Medical Journal</i> —Austrian Physicians on Koch's "Cure"—Dr. Drzewiecki on Pasteur—Post- Graduate Lectures at the London Homeopathic Hospital.....	533-534	APPOINTMENTS, VACANCIES, AND RE- MOVALS:—	
ORIGINAL COMMUNICATIONS:—		Messrs. W. Butcher & Son, London— Boericke & Runyon, San Francisco	561
<i>Calendula Officinalis</i> : Its Action, es- pecially in Cases of Obstinate Deaf- ness. By ROBERT T. COOPER, M.D.	535	GENERAL CORRESPONDENCE:—	
Cases from My Practice. By OSCAR HANSEN, M.D.	538	The New London Homeopathic Hospital	562
Malarial Influenza. By Dr. MORRISON..	541	The Action of <i>Aurum</i>	562
Hahnemannian Cures. By E. W. BER- RIDGE, M.D.....	542	On Making Tinctures	564
Belladonna—the Root. By AGRICOLA ..	550	A Complaint	565
The Rival Cures for Consumption. By R. E. D.	552	Salicylates in Beer	566
SOCIETIES' MEETINGS:—		OBITUARY:—	
British Homeopathic Society	556	Mr. Charles Corfield	566
		VARIETIES:—	
		A Criminal Use for Cayenne Pepper (p. 532); Cocaine Poisonings (p. 532); Dead Shot for Tape-Worm (p. 567); Aconite as a Tonic (p. 567); "The Other Side of Cocaine—The Bad Side" (p. 567).	
		Medical and Surgical Works Published during the Past Month.....	567
		To Contributors and Correspondents.....	568
		Title-page and Index to Vol. XXV.	

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