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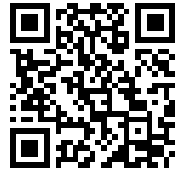
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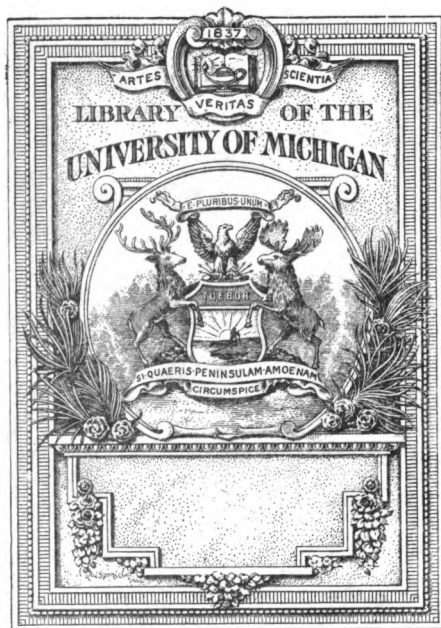
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THE HOMEOPATHIC WORLD.

JANUARY 1, 1891.

PRIOR TO KOCH.

IN our December leading article we stated that the homeopathic forerunners of Dr. KOCH would have to be reckoned with when experiment had decided how far his method was available for the treatment of the sick. We showed that years ago Dr. SWAN, of New York, had prepared a nosode *Tuberculinum*, and we might have referred to the second and third volumes (1879, 1880) of the now extinct journal, *The Organon*, edited by Dr. SKINNER and others, for instances of its use. We also pointed out that Dr. BURNETT had published a case in which the same nosode had proved of signal service, and we announced that he was about to give to the world more of his experience with this remedy. We are happy to say he has now fulfilled this promise,* and the result is, we have no hesitation in saying, that he has laid the profession under an immense obligation. Whilst KOCH has been engaged in experimenting on guinea-pigs with the virus of tuberculosis, Dr. BURNETT has been testing it—in its homeopathic form—on human beings, himself included. He obtained a few but very decided symptoms in the proving made upon himself. In upwards of fifty consumptive cases Dr. BURNETT has applied the remedy, and in by far the greater number with signal success. The length of time Dr.

* *Five Years' Experience in the New Cure of Consumption by its own Virus.* Presumably on a Line with the Method of Koch. Illustrated by Fifty-four Cases. By J. COMPTON BURNETT, M.D. London: Homeopathic Publishing Company.

BURNETT has been using the remedy enables him to speak with some confidence of "cures." Certainly, if KOCH and his disciples could produce anything half as satisfactory as Dr. BURNETT's cases, we should have no hesitation in accepting them as such.

The great value of Dr. BURNETT's work is in the number and variety of cases in which he has tested it. He has not succeeded in all, and his failures are recorded along with his successes. The fact that he has found that the nosode is unavailing in certain cases enables him to define with some degree of accuracy the sphere of its action. This, of course, adds enormously to the value of his clinical observations. A remedy that cures every case of disease without fail is a remedy in which no reliance is to be placed. If it is so miraculously successful in one person's hands, we may be absolutely certain that it will not be so in the hands of any one else. Of every new remedy we have a right to ask its introducers, or those who recommend it, What are the indications for its use? and what are the counter-indications? In what sort of cases is it likely to succeed? and in what cases are we to expect little or no good from it? Dr. BURNETT's fascinating little book affords us a timely and satisfactory answer to all these queries regarding *Tuberculinum* (or *Bacillinum*, as it is also called), and it does more—it proves the vast superiority of the homeopathic methods in dealing with medicaments and disease, and it establishes the prior and the more warrantable claim of homeopathy in the new consumptive cure. This Dr. BURNETT has accomplished by steady, persevering, clinical research, and for this he has our hearty acknowledgments.

THE RISKS OF COCAINE INJECTIONS.—Two warning cases are reported from France. In one of them, which occurred at Lille, the patient died, and the dentist who gave the injection was acquitted of neglect, but condemned for practising medicine without qualification. In the other, which occurred at Paris, the patient was with great difficulty brought round by hypodermic injections of ether. The cocaine injection was also made in this case by a dentist.—*Medical Press*, November 5.

NEWS AND NOTES.

TUBERCULOSIS ITEMS.

Curability of Acute Phthisis.

IN *The British Medical Journal* of November 8th, Prof. McCall Anderson, of Glasgow, maintains that "galloping consumption," whether in the form of acute tuberculosis or acute pneumonic phthisis, is a curable disease. The conditions are that the cases must be "grappled with early and energetically, and with an expectation of success." The principal indications are (1) to keep up the strength; (2) to keep down the fever; and (3) to treat any special symptoms or complication that may arise. Two good nurses are indispensable, and the patient must be fed on fluid food and stimulants night and day. Two striking cases of cure are related.

Recovery from Tubercular Peritonitis when Abdominal Section has been performed.

In the *Lancet* of November 15th, three cases of tubercular peritonitis are recorded from the West London Hospital, under the care of Mr. C. B. Keatley. Abdominal section was performed in two instances for obstruction of the bowels, and in one the incision was exploratory. The first case ended fatally; the other two in recovery. In all the peritoneum was found studded with tubercles. In one of the cases of recovery the mesentery was dusted with *Iodoform*. In the third case the abdomen was opened a second time (two months after the first operation), and the peritoneum was then found entirely free from tubercles.

DRUG ERUPTIONS.

LALLOIS, of Lille (*B. J. of Derm.*, September, *B. M. J. Supp.*, November 1st), mentioned at a discussion three rare forms of drug eruptions:—(1) An eruption like scabies in appearance, and distribution caused by *Iodide of Potassium*; (2) giant urticaria from *Sodium Salicylate*; (3) an extensive erythematous-macular rash, situated chiefly on thorax and back, resembling roseate syphilitis from *Sulphonal*. Prof. Petersen, of St. Petersburg, related a case of extensive erythematous-macular rash following in half-an-hour an

injection of *Calomel* for syphilis. The rash lasted three days. A week later a similar rash, but much less severe, followed a like injection; but a third injection was followed by no eruption. Injection of *Hydrarg. ox. flav.* had the same effect. Dr. Stern (*Munch. Med. Woch.*, October 7th, *B. M. J. Supp.*, November 1st) mentions five cases of urticaria—acute, subacute, and chronic—cured by *Iodide of Potassium*, after failure of other drugs. Dr. V. Senlen (*Monats f. prakt. Derm.*, Vol. xi., No. 7; *B. M. J. Supp.*, November 1st) mentions suppurative dermatitis caused by several drugs—*Merc. Cor.* (in lupus of face), *Tinct. Iod.* (in pruritus hiemalis), *Pyrogallol* (in lepra tuberosa). These cases contained no micro-organisms. *Pyrogallol* (in eczema seborrhoeicum), and *Chrysanilin* (in trichophytia capitis) produced abundance of organisms.

COBALT AND NICKEL AS CAUSES OF CANCER.

In an article on "The Diagnosis of Cancer of the Bronchi and Lungs" (in *The Deut. Med. Woch.*, October 16th; *B. M. J. Supp.*, November 1st), Dr. Ebstein, of Göttingen, mentions that cancer of the lungs and bronchi is frequently met with among workers in *Cobalt* and *Nickel*. He maintains that this proves the disease to be produced by direct irritation. It is a hint which homeopaths ought not to neglect. Mr. Hutchinson has traced cancer to *Arsenic*. *Cobalt* and *Nickel* must take their places among the causes of cancer and its possible cures.

A NEW VACCINE.

THE latest thing in vaccines is an anti-tetanic vaccine, made from *Strychnine*. Dr. Peyraud (*Bull. de l'Acad. de Méd.*, October 7th; *B. M. J. Supp.*, Oct. 25th) has found that injections of *Strychnine* prevent animals inoculated with tetanus bacilli from taking the disease; but other experimenters have not verified his results. However, this suffices to show the direction modern medicine is taking.

"THE POWER OF THE INFINITESIMAL."

LEAGUE TRACT 31 bears the title at the head of this note, and is composed of extracts from the deeply interesting

address delivered by the president of the Homeopathic Congress held at Bournemouth, and mentioned in our October issue. For all those who find a difficulty in believing in the power of exceedingly minute quantities Tract 31 provides powerful arguments for opening their understandings.

SOUTHERN (U.S.) HOMEOPATHIC ASSOCIATION.

OUR United States correspondent (Dr. T. M. Strong, of Macon, Ga.) sends us papers giving an account of the annual meeting of the above association, held at Birmingham, Alabama, at the Caldwell Hall, on Wednesday and Thursday, November 12th and 13th, under the presidency of Dr. E. Lippincott, of Memphis. We are glad to learn that the meeting was a distinct success, well attended, and full of life. Drs. Dake, Fisher, Stout, Fallagant, Bush, Rich, Orme, W. B. Clarke, and others whose names are well known on both sides of the Atlantic, were present. Dr. Stout was elected president for the following year, and the meeting is to take place at Nashville.

MALARIA, QUININE, AND "KREAT."

IN a letter to *The Standard* on recent African disclosures, Mr. G. Yeates Hunter, late Brigade Surgeon, Bombay Army, writes under date, Nov. 15th, as follows. We quote it especially to show that the effects of abuse of quinine are not unknown to allopaths. We should be glad if our Indian readers could supply us with some information about Kreat.

"I entirely agree with Dr. Henry Paulds as to the pernicious action of long-continued malaria upon the nervous system. Years ago I pointed out in 'Health in India' that malaria and heat are remarkable depressants, and set up a 'malaise,' which brings about a pitiable state of nervous debility. Such a condition, in time, produces intense nervous irritability, which must result in more or less deterioration of the *moral*."

"In my opinion quinine, often injudiciously taken for years, as a preventive of malaria fever, intensifies the mischief wrought by climate. So convinced was I of this, that I usually prescribed the native plant Kreat in preference to quinine, now prepared in a far superior form, and by a peculiar process, under the name of 'Halviva,' which I consider to be the finest tonic and restorative we have."

THE REVIEW OF REVIEWS ON MEDICAL BIGOTRY AND BOYCOTTING.

IN an interesting article on Dr. Koch and the *furor* created among medical men by the announcement of his cure for consumption, the *Review of Reviews* compares the laudations given by the faculty to Koch and his secret remedy with their scorn for the no more secret remedies of Count Mattei. The writer mentions a case in which a medical man has been boycotted for curing patients with the latter. We are very glad to have the boycotting bigotry of the profession exposed by so able a writer as the editor of the *Review of Reviews*. Homeopaths are well acquainted with the "ways that are dark" of the orthodox profession, and are well aware that its opposition is not confined to secret remedies. The remedies of homeopathy are all declared and open to the freest scientific investigation. We hope the *Review of Reviews* will enlighten the world further on this subject.

THE LEAGUE TRACTS AT GEELONG.

WE learn from a copy of the *Geelong Advertiser*, kindly sent us by a correspondent, that a second volume of the *Homeopathic League Tracts* has disappeared from the public reading-room. We fear it is more likely Allopathic hatred than thirst for homeopathic knowledge that is responsible for the theft.

MEDICAL BOYCOTTING IN TASMANIA.

THE following is from editorial gossip in the *Launceston Examiner* of Nov. 6. We understand the gentleman referred to is Dr. Wilkins Gutteridge:—

"I thought boycotting was comparatively unknown in Tasmania, and certainly was not prepared to find an illustration amongst the professions. It appears, however, that some of the members of a friendly society desired the addition of a homeopathic doctor to the list of medicos whose services are available to the members, and a resolution giving effect to their wishes was proposed. Upon learning this two of the medicos already on the list threatened to withdraw if their rival or brother medico—I am in doubt whether either term will be acceptable—were elected. The society disregarded the threat, and the homeopath was added to the list. Now the two dissentients are willing to remain if a promise is made that no candidates for medical

examination shall be sent to the new man. The society, however, are not likely to agree to this, and there the matter rests at present, but the affair strongly savours of the principle of boycotting."

THE LIFE OF HAHNEMANN'S SON.

As soon as we have completed the publication of Hahnemann's letters, we shall (through the kindness of Dr. Dudgeon) present our readers with a translation of some letters of his son, Dr. Fr. Hahnemann (who practised for a time in this country), with a short account of his life.

ON JANUARY 16, Dr. Clarke will deliver the Post-Graduate Course, his subject being "The Peculiar Features of the Homeopathic Materia Medica." We give elsewhere the programme for the coming session.

DR. FINICKE has replied to the article in our October number entitled "How Hahnemann Cured," in the November issue of the *Journal of Homeopaths*, edited by Dr. Harlyn Hitchcock, 19, Broadway, New York. We propose to give the points of Dr. Finicke's article in our next issue.

ONE MORE GLORY FOR CHICAGO.—Since the opening of the Pasteur Institute in Chicago the residents of that progressive town are beginning to boast, with some reason perhaps, that the place is becoming a great hydrophobic centre. It remains now for St. Louis and Kansas City to get Pasteur Institutes, and see if they cannot also breed a few cases of lyssophobia.—*The New Remedies*, November 5.

DEATH FROM SALOL.—A case is reported of fatal intoxication following the accidental ingestion of two drachms of salol. The victim was a young man suffering from rheumatism, and the effect was shortly to plunge him into a condition of coma, with dryness of the mouth, and suppression of the urine, followed by death on the second day. *Post-mortem*, the kidneys were found to be soft, anemic, and of a pale yellow colour, and the glomeruli were seen under the microscope to be choked with leucocytes undergoing fatty degeneration. The toxic effects were probably attributable to the carboic acid which is liberated when the salol undergoes decomposition, and it is evident that the drug requires the same caution in its administration as the other remedies belonging to the same class.—*Medical Press*, October 29.

ORIGINAL COMMUNICATIONS.

MEDICAL SCIENCE—*FIN DE SIÈCLE*.

TO-DAY we enter on the last decade of the nineteenth century, and it may be useful to inquire how we stand as to medical, and more particularly as to therapeutic science, for to the great majority of people medical science is only interesting in as far as it advances therapeutics—in other words, the cure of diseases. Thus physiologists, pathologists, and all the votaries of all the sciences included under the denomination “medical,” may boast of their great discoveries in their respective spheres of action without eliciting a spark of interest in the bosom of the great public unless they are able to assert that their discoveries will enable them to cure diseases better than formerly. And it must be confessed that the public are only too willing, in fact eager, to accept the assurance of any scientist, or pretender to science, that his discovery will enable hitherto incurable diseases to be cured, or curable diseases to be cured quickly. But what is the strangest phenomenon of all, is that medical men themselves seem to be smitten with the same childish credulity with regard to newly announced remedies. In this, the end of the present century differs entirely from that of last century. Then the public and the profession were equally slow to accept the discovery of new remedies and new modes of treatment. Compare the obstinate opposition of doctors and public to Jenner’s vaccination and Hahnemann’s homeopathy, with what we witness nowadays, when a new remedy or system of treatment is hardly announced before a crowd of doctors and others hasten to declare that it is the perfection of scientific ratiocination, and claim for it a success far beyond what its original introducer ever thought of attributing to it. Thus only three years after Pasteur had been practising his so-called anti-rabic inoculations, Sir James Paget publicly declared, amidst the applause of a large collection of doctors and scientists, that by their means nine hundred persons had as absolutely been saved from death by hydrophobia “as if they had been snatched from drowning;” and yet there was no evidence to show that a single case had been saved from hydrophobia, but, on the contrary, that upwards of one hundred of the “protected” had died of that terrible disease. Sir James further asserted that “Pasteur’s method

is in complete conformity with the great mass of medical and scientific fact." Of course, as Sir James is himself a great medical authority, he should know how Pasteur's method stands in relation to medical fact, but we should be sorry to think that scientific fact was on such a low level. We have lately beheld with astonishment, not unmixed with shame, the ugly rush of doctors to Berlin to obtain a secret remedy for tuberculosis. But, it may be objected, vaccination and homeopathy were not the discovery of scientists, but of obscure practitioners unknown to fame, or at least undistinguished by any scientific researches in physiology or pathology, whereas the cures promulgated in our day all come from men distinguished for their work in those departments of medical science. This may be the case as far as those discoveries which have been accepted by medical men are concerned; but the public is not so squeamish, it runs after new remedies and systems which have been brought out and practised by men without any claim to scientific reputation or acquirements.

The distinctive peculiarity of the present time is the eager haste with which immature theories, unproven methods of treatment, and fallacious remedies are launched into publicity and obtain ready acceptance, not only by the public, but by medical experts and other scientists. It will astound a future generation to read of the almost universal credence at once given by the most illustrious representatives of medicine and science to the rash assertion of Pasteur that he had discovered a prophylactic for hydrophobia; and though an increased annual mortality from hydrophobia in France during four years in which his prophylactic had been energetically employed, and upwards of two hundred fatal cases among his inoculated subjects had shown the futility of his pretensions, the eminent men who had committed themselves to a prematurely expressed belief in the efficacy of his anti-rabic inoculations still refused to admit that their confidence had been misplaced, and continued to talk of Pasteur's wonderful remedy for hydrophobia long after impartial inquirers had convinced themselves of its futility.

It is not many years since the medical, and especially the surgical, world were moved to enthusiasm by the carbolic spray of Professor Lister, by means of which all noxious microbes were asserted to be destroyed in the atmosphere, and kept from entering and infecting the bodies of patients undergoing surgical operations, thereby rendering the most serious operations per-

fectly safe. Lister's spray was almost universally adopted by operating surgeons all over the continents of Europe and America, and the protests and warnings of a few sensible surgeons who refused to join in the pæans of admiration that were bestowed on the inventor were ascribed by the organs of medical opinion to prejudice and ignorance, and to a want of proper zeal for the progress of science. Honours, rewards, and a baronetcy were bestowed on the fortunate surgeon who had rendered such an inestimable service to suffering humanity. But further experience convinced many of those who had at first hailed the invention with their acclamations, that the use of the spray was attended with injurious and often fatal consequences to the operated; and last year at the International Medical Congress at Berlin, Sir Joseph Lister acknowledged that he was ashamed that he had ever recommended the carbolic spray, as not only did it not destroy the microbes in the air, but it often caused serious toxic effects on the patients on whom it was employed. Having abdicated his claim to the title of inventor of an improvement in surgical science, Sir Joseph, feeling uneasy probably that he had scarcely done enough for the honours with which he had been loaded, has assumed the humbler rôle of trumpeter of the latest inventions of others. He warmly eulogized and endorsed the famous but short-lived phagocyte theory of Metschnikoff, and as soon as Koch announced his discovery of a cure for consumption, he hurried off to Berlin to make himself practically acquainted with it, and last month delivered a lecture in London on it, in which he expressed his sanguine belief that by the injection of this mysterious fluid, the composition of which was unknown to him, marvellous cures of all tuberculous diseases would be effected; and he announced that Koch had further discovered that, by the injection of some unrevealed but simple chemical substance, human beings could be protected from two of the most terrible infectious diseases.

The craze for health-giving injections seemed to have reached its climax when the great French medical scientist, Dr. Brown-Séquard, gravely announced that the injection of a disgusting preparation restored their youthful powers to old men. Needless to say this last pretended discovery of the elixir vitæ is as illusory as all previous ones. But Brown-Séquard is a scientific man, and so are they all, all scientific men.

The effect on the medical profession of Koch's announcement of his discovery of a fluid whose composition he kept secret, which, when injected in minute quantities under the skin, should have the power to stay the progress of and cure consumption and other tuberculous diseases, was enough to make self-respecting medical men ashamed of their profession. Berlin was suddenly occupied by an army of doctors from all parts of the world,

jostling one another in their eager haste to obtain some of the precious fluid, the nature and properties of which they were quite ignorant of. Reports were spread abroad of the wonderful cures effected by Koch's magic fluid, and poor patients in every stage of phthisis flocked to Berlin in the hope of obtaining relief from their fell disease. Every newspaper devoted a large space in its columns to more or less fabulous accounts of the marvellous effects of the injections, but up to the present moment not one authentic case of cure has been published, but many cases of death speedily following the injections have been recorded. Amid all the gush and *réclame* that have been bestowed on this novelty we can only learn that the effect of the injections is to cause violent fever, intense pain, and irritation of the affected parts in tuberculous subjects; while in healthy or non-tuberculous persons no effect, or a minor degree of febrile reaction, follows the injections. And yet many of the most illustrious physicians and surgeons have not disdained to use this secret remedy on scores of patients, and to join in the fulsome laudations that have been poured out on the illustrious *savant* who has introduced his remedy in this very unorthodox and unprofessional manner. The glamour of the exaggerated celebrity accorded to Koch's injections has blinded their employers to the fact that they contravene the plain rule of every code of medical ethics, which prohibits the use by medical men of remedies whose nature and composition are unknown. With what consistency can those who disregard this rule in their own practice find fault with those members of the profession who adopt the secret remedies of the notorious Mattei? That Koch is a scientist of world-wide reputation and Mattei is a non-medical layman makes no difference. Self-respecting physicians and surgeons should disdain to touch the unclean thing by whomsoever recommended.

The injections of Dr. Koch probably recommend themselves to the favour of our allopathic colleagues on account of the violent effects they develop in their victims, so like the action of many of their own remedies. These effects have frequently proved fatal to the patients, and we read in the papers that Koch himself was much affected by the rapid death of a patient whom he had himself injected, and whose death he confessed was due to the injections. As we write, the newspapers inform us that the attempt to manufacture the marvellous lymph on a large scale was a complete failure, and that the supply has now come abruptly to an end. This is probably the best thing that could have happened, and we shall doubtless be informed presently that no more can be made, and the secret of its composition and manufacture will of course be withheld by Koch, for if he cannot succeed in making a fresh supply it is hardly likely that he will

be able to tell others how to make it. As deaths have been numerous and cures have been awaiting with the original fluid, it will possibly be announced that the secret of its preparation has been lost, and after the short gush of wild enthusiasm over it, it will soon be forgotten, or remembered only as a delusive dream. The latest news does not countenance this prognostication, for we are told that Koch has agreed with his Government, for the handsome sum of one million marks, to superintend the manufacture of his magic fluid on a large scale, whereby the Government hopes to make a clear annual profit of four millions of marks. If this is true, alas for poor medical science!

The mania for curing diseases by hypodermic injections of strange substances is the distinguishing feature of the therapeutics of the present day. Besides Pasteur's, Koch's, and Brown-Séguard's injections, we have Roussel's eucalyptol and thymol subcutaneous injections for the cure of consumption by their supposed power to kill the bacillus of tuberculosis, and several other injections have been proposed by aspirants for microbicidal fame in Europe and America. Then, according to Sir J. Lister, Koch has discovered that some simple chemical substances when hypodermically injected have the property of protecting the body from two of the most terrible infectious diseases. The illustrious baronet does not tell us what those two terrible diseases are, so we are at liberty to guess what they are, but it would be indiscreet to name them.

The ready credence which the most extravagant proposals receive from scientists of all classes nowadays contrasts most astonishingly with the caution and dislike encountered by scientific novelties half a century ago. Mesmerism fifty years ago, though recommended by the writings and experiments of great men like Dr. Elliotson and others, was ridiculed and denounced by all the organs of medical opinion. Nowadays, under the name of hypnotism, it is not only treated respectfully by the journals and adopted largely by medical men, but is even admitted in courts of justice as evidence for the defence in criminal cases.

The latest novelty in hypodermic therapeutics is the discovery by those eminent bacteriologists, Behring and Katasato (all bacteriologists are eminent and illustrious), that the blood serum of certain animals which have a natural or artificial immunity for diphtheria and tetanus will preserve others from these diseases to which they are otherwise liable. Thus they have found that the blood serum of rats, which possess immunity against diphtheria—which we can well believe, otherwise they could not live in sewers—when injected into guinea-pigs which are eminently susceptible of diphtheria, gives these latter animals perfect immunity against that very fatal disease; and that the serum of

rabbits artificially rendered immune against tetanus, when injected into other animals susceptible of tetanus protects them from that malady. This principle opens out a vast vista of protective inoculations. Thus we know that many persons are apt to catch a cold if they get their feet wet. Now a heron may be considered immune against that malady from this cause, as we know that it will stand for hours with its feet immersed in cold water without ever catching cold in its head, so its blood serum, if injected into human beings, ought to enable them to resist the catarrhal influence of wet feet. The frog, though constantly exposed to cold and damp, defies rheumatism, therefore its blood must prove prophylactic of this disease to persons liable to rheumatism. Moles have never been known to contract measles, nor badgers whooping cough, so their blood will furnish us with prophylactics for these diseases, and so on. There seems to be no reason why we may not discover in the blood of our humble fellow-creatures protective remedies for all the thousand ills that flesh is heir to. May we not hopefully look forward to the day when every new-born child shall be rendered impervious to the attacks of all diseases by the injection of a sufficient number of these prophylactic fluids? We shall then see all mankind endowed from their infancy with complete immunity against all diseases, and those at present necessary but expensive evils, doctors, finding their occupation gone, shall cease from off the face of the earth.

When we consider the large number of wonderful remedial novelties that have been introduced by more or less eminent doctors and others in these latter days, we might almost imagine that they have supposed that the end of the world, or at least, to speak theologially, of the present dispensation, was to come with the termination of this century, and that no time was to be lost in bringing their views before the public, though it is evident that sufficient time and labour had not been employed in ascertaining the correctness of their views. The consequence is that we are overwhelmed and astounded by the multitude of crude and imperfectly matured schemes and methods for eradicating the evils that afflict humanity. This is not observed in medicine only, but in almost all the other departments of human activity. It is to be hoped that with the dawn of another century a more calm and critical spirit will prevail, and that real progress will take the place of the illusory extravagances that distract and delude the *fin de siècle*.

R. E. D.

AURUM MUR. IN PHTHISIS.

By Dr. JOSEPH DRZEWIECKI, late Ordinary Physician in the University
Clinic of the Holy Ghost Hospital, Warsaw, Poland.

ON perusing the "Cyclopedia of Drug Pathogenesis," edited by Drs. Richard Hughes and J. P. Duke, my attention was drawn to the similitude of the symptoms which *aurum muriaticum* produces on the healthy organism with those of phthisis. The symptoms are the following:—

"It occasions a specific fever, more or less violent (p. 510); 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 so severe that the mattress was wet through; they have at times an alkaline odour, at times they are very fetid. According to Gozzi, the perspirations are decidedly worse at night (p. 511).

"It occasions great heat in cheeks and ears (p. 502), and produces a cough which 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 (p. 498).

"*Experiments on animals.*—After injection of 4 centigrammes of the chloride of gold to strong dog, the respiration was difficult and noisy, there was sighing, suffocation, and vomiting of a very small quantity of white matter floating in foam. At each expiration it made a very loud noise. Postmortem examination showed the lungs livid, except in a few small patches which were rose-coloured; the lungs tissue was dense, hepatized, gorged with blood, and non-crepitant. Placed in water they sank, and only the rose-coloured patches floated and were slightly crepitant" (p. 511). Here is a more or less similar portrait of phthisis! As far as I know *Aurum muriaticum* was not applied in phthisis till now. I used it in my private practice, and the following are the results:—

Aurum muriaticum given to the patients every three hours in dose of $\frac{1}{100}$ of grain, within five days produce a very visible effect—the temperature fell, transpiration and cough diminished, and after two weeks some undoubted amelioration could be detected by physical examination.

Out of eleven patients treated with *Aur. mur.* five

recovered after five weeks' treatment without interrupting their daily occupations; these patients were in the first stage of phthisis. Two with a very advanced tubercular process in the lungs, who remained in bed the greater part of the day, after two months' treatment improved considerably and are till now under my care: the daily temperature now is normal, only the evening temperature is sometimes slightly raised, perspirations ceased, appetite increased, and general aspect improved; cough, although slight, remained. Four patients died, but they were *in extremis*, and were given up by the allopaths.

After the above observations I venture to say that phthisis in the beginning state can undoubtedly be cured with *Aurum muraticum*; where, however, the tubercular process has already produced great devastation, although it arrests the process, yet the effects of it remain.

Returning to *Aur. mur.* once more I must add that this remedy should be applied with certain precaution, and not longer than five days, and afterwards a pause of two or three days must be made. In one case which I observed a few days ago, after three days' application of the chloride of gold, the patient showed shortness of breath (dyspnea) and sleeplessness, but the temperature was greatly diminished, which makes me suppose that the patient was intoxicated by gold. I interrupted its further application, and next day dyspnea and sleeplessness disappeared, and the temperature did not rise. Seeing such beneficial effect of *Aur. mur.* on the patient, I prescribed it in 3x dilution five drops every three hours, and the patient could not sleep during the night, had shortness of breath, and fear of death. In this manner I was obliged to stop the further application of *Aur. mur.*, and only 6x dilution was well supported by the patient.

This fact I state in order to show how cautious we must be with the application of this drug; in one case 2x dilution produces good effect, in the other 3x dilution occasions symptoms of intoxication.

As mercury in syphilis arrests the further growth of *gummata* and effects their absorption, so gold acts in the same way on the *tubercles*. Perhaps *platina* or *palladium*, which belong to the same group as gold, prove still more efficacious in phthisis.

It is a pity that the pathogenesis of these drugs has not yet been fully explored. That *platina* may be useful in

phthisis, I base upon the publication of a manufacturer of plate-works in Vienna, who states that the health of his workmen affected with phthisis was ameliorated in spite of non-hygienic conditions, if they were a longer time employed in the galvanoplastic section. He ascribes the beneficial effect to the vapour of prussic acid; I suppose that the improvement of the health of the patients must be ascribed to the action of gold, or platina, and probably there is in Koch's remedy, which many suppose to be lymph, prepares of gold or platina.*

Warsaw, November 24, 1890,
87, Krakowskie Przedmiescie.

HAHNEMANNIAN CURES.—No. 8.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE VIII.—*Kali-carb.* January 24, 1876. Miss B. complained that for thirteen days she has had an enlarged gland in right axilla, with aching, burning pain in it, and also shooting from it to ends of right fingers, to left hypochondrium, to inner edge of left scapula, and to left breast. The enlarged gland itches.

Diagnosis of remedy.—Swelling of axillary glands. *Acon.-lyc.*, *Amm.-c.*, *Amm.-mur.*, *Arsen.* (left), *Bell.* (left), *Brom.*, *Bry.* (right), *Calc.*, *Carb.-an.*, *Clem.*, *Coloc.*, *Crotal.* (left), *Hall.* (right), *Iod.*, *Kali.-c.*, *Lyc.*, *Merc.*, *Natr.-c.*, *Natr.-m.* (right), *Nit.-ac.*, *Petr.*, *Phos.* (right and left), *Phos.-ac.*, *Prun.*, *Puls.*, *Raph.* (right), *Rhus.* (right), *Sep.* (right), *Silic.*, *Solan.-arr.*, *Staph.*, *Sulph.* (right), *Sulph.-ac.*, *Tarent.* (right), *Vesp.*, *Viper.*

Aching in axilla (aching in the axillary glands not recorded). *Asaf.*, *Asar.*, *Bry.*, *Cann.-ind.* (right), *Chelid.*, *Comocl.* (right), *Diosc.* (left), *Fagop.* (left), *Jugl.-cin.* (also left), *Led.*, *Physo.*, *Staph.*, (right), *Teucr.*, *Thuy.*

Burning in axillary glands. *Raph.* (right).

Burning in axilla. *Aur.*, *Berb.*, *Calc.*, *Calc.-ph.*, *Carb.-veg.* (right), *Caust.*, *Cham.*, *Coloc.* (right), *Grat.*, *Jugl.-r.*

* *The Albany Medical Annals* for November has the following item which so far bears out Dr. Drzewiecki's surmise: "Cyanide of gold is said to be the substance used by Koch in his experiments to prevent the development of the tubercle bacillus in guinea-pigs."

(right, then left), *Kali.-c.*, *Laur.*, *Natr.-m.*, *Sep.* (right), *Spig.* (left), *Tepl.*, *Thuy.* (right), *Urt.-g.*, *Zinc.* (left).

Itching of axillary gland. *Cocc.*

Itching of axilla. *Agn.*, *Anac.*, *Arg.-n.*, *Asar.*, *Berb.*, *Calc.-ph.*, *Carb.-an.*, *Carb.-veg.*, *Chrom.-ac.*, *Cop.* (right), *Cycl.*, *Dig.*, *Elaps.*, *Fagop.*, *Form.* (right and left), *Grat.* (right), *Ham.*, *Hura.*, *Jugl.-r.* (right, then left), *Kali.-c.*, *Kali.-nit.* (right), *Magn.-c.* (left), *Merc.-i.-fl.* (right), *Natr.-m.*, *Nit.-ac.*, *Paull.-p.* (left), *Phosp.* (right), *Sep.*, *Spig.*, *Spira.*, *Spong.* (left), *Sulph.*, *Valer.*, *Viol.-tr.*

Shooting from axilla towards breasts. *Caust.*

Shooting from axilla to chest. *Canth.* (right), *Cop.* (left), *Meny.* (right), *Magn.-s.* (left).

Shooting from axilla to elbow. *Ammoniacum*, *Colocn.* (left), *Verat.* (right).

Shooting from axilla along inner side of upper arm. *Con.* (left).

Shooting from axilla to fingers, hypochondrium, and scapula have not been recorded.

The shooting pain extending from axilla to various other parts was the most characteristic symptom, but was not to be found in its integrity in the *Materia Medica*, while the medicines which most approximated to it did not correspond to the remaining symptoms. Taking the above symptoms, and one by one eliminating the medicines which do not belong to the greatest number, the list is finally reduced to *Jugl.-r.*, *Kali.-c.*, *Natr.-mur.*, and *Sep.*; and of these only *Kali.-c.* and *Natr.-m.* have shooting in axilla. The exact symptoms of the patient were insufficient to differentiate further, so a more extended study of these two medicines was requisite. In Bœnninghausen's *Pocket-book*, under "Glands, itching," *Kali.-c.* is recorded, but not *Natr.-mur.* This decided the choice, and I prescribed a dose of 4m. (Jenichen) three times daily.

January 26.—Better since yesterday; itching continues; the pain lessened on evening of 24th, and is nearly gone to-day; the swelling is gone. She took the remaining five or six globules, a dose morning and evening, and in two or three days was quite well and remained so.

Comments.—(1) This case shows that key-notes or characteristics must not be relied on to the exclusion of the totality of the symptoms, but rather utilized as guides to the remedy corresponding best to the totality. Had the peculiar shooting pain been recorded under *Kali.-c.*, it

would at once have led me to study that remedy, under which I should have found the majority of the symptoms without further trouble. As it was, it was necessary to resort to another method, which is of great use when the most characteristic symptoms cannot be found in the *Materia Medica*, or when they seem to be all of nearly equal value. This method is to write down the medicines corresponding to any two of the symptoms; then take a third symptom, and eliminate all in the former list which are not found under this symptom also; repeating the process till only one remedy is left. But where there is a markedly characteristic symptom in the case, and a medicine is known to possess it, this medicine should be studied at once, as frequently the whole case will prove to be covered by it. If the characteristic symptom of the patient belongs to more than one remedy, or there is more than one characteristic, each belonging to a different remedy, the totality of the symptoms must decide.

(2) This case again adds provisionally to our *Materia Medica* a new clinical symptom, to be fully accepted as a reliable indication if confirmed by other cases. Had we absolutely complete provings of every medicinal substance, we should have no need for clinical additions; but as it is at present, and possibly will always be, they are needed to fill up the gaps in the provings. To reject their use, endorsed as they are by Hahnemann himself, is a fatal error.

(3) This case also shows the utter failure of all attempts to base a system of therapeutics upon pathology. Can any adherent of the pathological school explain the pathology of these symptoms, and point out on pathological grounds why *Kali.-c.* cured? And if he can do this, will he then show how I could have made a better cure by forsaking the rules of Hahnemann and prescribing according to the rules of this science "falsely so-called"?

(4) The decision between two closely-allied remedies, based upon the general symptom of "itching of glands," though the axillary glands are not stated to be so affected, is another proof of the necessity of collective rubrics in our *Materia Medica* and *Repertories*, such as are given in *Hering's Guiding Symptoms*, and in *Lee's Repertory of Characteristics*.

(5) From the immediate improvement I conclude that one dose would have been sufficient in this, as in many other cases that I have cured, though the repetition did no

harm. But it is not every case that will bear such repetition; neither, on the other hand, can every case be cured with one dose. Like the remedy itself, so must the potency and the dose be individualized.

48, Sussex Gardens, Hyde Park, London, W.

CALCINED OYSTER-SHELL IN CANCER.

[We are indebted to a correspondent for the following interesting cases. We briefly alluded to this communication in our last issue.—Ed. H. W.]

THE HOMEOPATHIC WORLD of January 2, 1888, contains an interesting account of a remedy for cancer, in calcined oyster-shells. I am sure you will pardon the liberty taken in lengthening my letter by referring to the value the above prescription has been, and is, to two of my poor patients.

The remedy was commenced in the first case in December of that year, and has been continued ever since, with interruptions when symptoms have become worse with great increase of pains. At the commencement of taking it, after a few weeks, all symptoms—swelling, &c., abated, and still the growth is in abeyance at this present time, so marked that her friends have expressed astonishment, knowing the state of increasing suffering up to the above date.

The second patient is a similar case, and another, a friend of hers, has just commenced the treatment, seeing the alleviation of suffering it has given.

Other valuable hints have been drawn from THE HOMEOPATHIC WORLD for the benefit of my (lay) practice. Accept my thanks for so kindly introducing the journal to my notice.

The last report on the former case is: "The tumour gets no larger, pains her only now and then when a little extra anxiety comes."
H. C.

[The note our correspondent refers to is a communication by Dr. Peter Hood to *The Lancet*. He reported the case of a lady nearly eighty years old, to whom he had given the remedy, as much as would lie upon a shilling being taken twice a day in a little warm water or tea. The growth sloughed away and left a healthy surface. In another case, one of scirrhus of the breast, the growth was arrested

and pain ceased, the improvement having lasted for years, there having been no recrudescence. He would restrict the use of the remedy to cases of well-marked scirrhus, and insisted that no benefit should be looked for in less than three months.

We may remind our readers that the ordinary homeopathic drug *Calcaria Carbonica* is made from the inner layer of oyster-shells, by trituration in the first instance. It is more correctly called *Calcareo Ostrearium*. It is not, of course, calcined.—ED. H. W.]

RHUS RADICANS—EACH SUBSEQUENT CONTAGION INCREASES THE SUSCEPTIBILITY.

By AGRICOLA.

In February, 1888, in an evil hour, I obtained from the famous St. John's Nurseries, Worcester, a score of these beautiful shrubs, planted them with my own hands, and in June I gathered a few of the leaves, dried, pulverized and made them into triturations up to 3x.

On September 27th I repeated the above on a larger scale, gathered a handful of twigs and planted them for growth.

Towards middle of October intense itchings and a rash, red in appearance *à la the itch*, appeared at the outer commissures of the fingers of the *left* hand, and in which I had held the twigs for an hour. These conditions were soon followed by millet-like elevations, hard and white. Upon their disappearance—after a month's duration—the irritations, &c., became localized on the genitals and thighs, the condition of scrotum, &c., being *à la* erysipelas and the sexual excitement actually *maddening*; a sharp diarrhoea ended this trouble, which had continued some ten days.

During the intervening two years numerous contacts with the growing shrubs, both by accident and by design, have afforded me a most extended experience and many instances of acute agony on and in the hand, wrist, arm, &c.; while recently the simple contact of the thumb's outer surface with the growing woody stem produced in an hour the circumscribed local consequences peculiar to the *Rhus* poison. Each contagion is more rapid in its appearance and more energetic in its form *topically*. Some of the other members of my household can handle *Rhus* in

all forms and seasons with impunity, but a boy of fourteen suffered, first à la ringworm on his fingers on the knuckles and hands, then open ulcers and great agony during at least six weeks; he having last February assisted me in moving some half-dozen of the shrubs.

Further items, causative and curative, shall follow from time to time.

THE KOCH TREATMENT.

THE Koch literature has grown to such portentous proportions, that it is impossible to attempt to overtake a fraction of it. We will, however, give our readers a few extracts from various sources bearing on the question of the day. We first take a paragraph from the *Lancet* (Paris letter), December 13th, giving, as it is said, the composition of the fluid.

“COMPOSITION OF KOCH’S LIQUID.

“*Le Matin* of this morning publishes, on the authority of an anonymous *savant*, a recipe for the preparation of this mysterious liquid. It is as follows:—The liquid is a solution in glycerine of a ptomaine secreted by the bacillus of tuberculosis in bouillon culture. The bouillon is first sterilized, and then precipitated by cyanide of gold, the result being the formation of a double salt of gold and the insoluble alkaloid. This double salt, collected on a filter, is decomposed by baryta or some other alkali. The alkaloid (ptomaine) is then dissolved in glycerine, the resulting solution constituting the famous liquid of Robert Koch.”

The *Times* of December 4th gives an interview with M. Pasteur *apropos* of the Koch Treatment. M. Pasteur objected afterwards that the retranslation of the report into French journals misrepresented what he said, but the *Times* report reads like what M. Pasteur might have here said, and the reporter maintains its accuracy. We quote some remarks that appear to us particularly apposite.

“There is in the present day, in my opinion, too great a tendency towards satisfying the anxiety of the public. The responsibility which rests upon a *savant* who announces a discovery as an accomplished fact is immense. Not to verify by reiterated experiment the reality of a discovery is merely to pave the way to lamentable failure. As regards ourselves, we are seeking and we hope to find, and that is all I can tell you. It may be in a few days or a few months, or it may be years hence, before we are able to tell you anything more; we cannot say when it will be, but we will never consent to pass an unconsidered opinion. Observe the inconvenience of this extreme publicity in the case of my *confrère* Dr. Koch. Before he has even completed his observations his secret is snatched from him in shreds, and the result of it is that the first enthusiasm is already giving place to reaction. . . .

“Up to this moment there has not been a single authenticated cure, not even of lupus. Dr. Bergmann himself has seen a patient suffering from lupus return to his hospital 15 days after having been discharged as cured, a severe relapse having occurred even within that brief interval. Moreover, there is no real certainty as to the consequences of the treatment. The medicament is of unheard of virulence, and the reactions which it brings on are terrible. No venom from a snake, if administered in such small doses (two-tenths of a milligramme), could cause such results. We have therefore a toxic of such indomitable energy that it may introduce into the organism disorders the consequences of which no one can surmise and have yet to be studied. You may have seen a report in the medical papers of yesterday that albumenuria and hematuria have been found in a patient who had been treated for tuberculosis to very small doses of this lymph. In fact it is the kidneys that are particularly affected by it. It would certainly be unjust to hold Dr. Koch accountable for altogether unexpected results like this; but what can be said for the German Government for adopting the methods of quacks, for preserving the secrets of the remedy, and for making a commercial thing out of it under the most miserable pretexts? What could be more anti-scientific than such procedure, or what could be worse for the reputation of those who have recourse to it?”

Unless M. Pasteur has been sadly misrepresented, he himself is not quite innocent of the charges he brings against his *confrère*. We certainly once heard of the secret of the Anthrax Vaccin being offered for sale; and he was himself hurried beyond his intention in commencing the rabid inoculation of human beings.

One of the most remarkable incidents connected with the affair was in reference to the case of the Grand Duke of Mecklenburg, who is a sufferer from consumption. The Duke's own physician applied to Koch for a guarantee that it would not kill the Duke if it did not cure him. This Koch declined to do, but he offered to show the Duke's doctor a *post-mortem* examination of a patient who had died under the treatment, and then let him judge for himself! Up to the present we do not hear that the patient has been inoculated, and we should anticipate that he will not be.

AGGRAVATION ACCORDING TO TIME.

REPERTORY

Arranged by JOHN H. CLARKE, M.D.

EVENING AGGRAVATIONS.

Complete List.

Agar., Ambra, Amm.-c., Ammon.-mur., Anac., Angust, Ant.-t., Apis, Arg.-met., Arnic., Ars., Asaf., Bism., Borax, Bov., Bry., Calad., Calc.-c., Canth., Caps., Carb.-an., Carb.-veg.,

Caust., Cham., Coccul, Colch., Crocus, Cycl., Dulc., Euph.,
 Hepar., Hyos., Ign., Iod., Ipec., Kali-c., Led, Mang., Menyant.,
 Merc., Mez., Mosch., Mur.-ac., Nitr.-ac., Nux-mos., Petrol., Phos.,
 Phos.-ac., Plat., Plumb., Puls., Ran.-scel., Rhod., Rhus-t.,
 Rumex, Sarsa., Selen., Sil., Stro., Sul.-ac., Val., Viol.-t., Zinc.

Time Table.

EVENING.

- ANUS, itching and burning in, every evening—*Iod.*
- „ APPETITE, for supper, lost—*Cycl.*
- „ CATALEPSY, the body seems built out and encased in
 brass or iron. The surrounding atmosphere seems
 solid. Worse in evening—*Mosch.*
- „ CHEST, pain in, as if bruised, with depression—*Ran.-s.*
- „ CHILBLAINS worse every night—*Agar.*
- „ CHILL and heat—*Apis.*
- „ „ commences in the back every evening at 7—
Bovista.
- „ „ at 7 followed by perspiration and cold feet—*Petrol.*
- „ „ comes every evening at 8—*Hep.*
- „ „ creeping, with dry cough when lying down—
Nit.-ac.
- „ „ small of back, extending down legs—*Croc.*
- „ „ and heat alternating, with burning in eyebrows
 and canthi, with thirst in evening—*Phos.-ac.*
- „ „ accompanied by tremulousness of the whole
 body—*Plat.*
- „ „ with violent thirst and redness of the face in the
 evening—*Plumb.*
- „ CHILLINESS, in the evening; sensation of chilliness in
 the feet, with bruised feeling in the limbs,
 with great fatigue and soreness—*Amm.-*
carb.
- „ „ with colic—*Led.*
- „ „ with shuddering—*Cycl.*
- „ „ with coldness in the back—*Mur.-ac.*
- „ „ with thirst, better from warmth—*Kali-c.*
- „ COLDNESS of hands and intensely painful coldness of
 the legs—*Ambra.*
- „ COLIC, flatulent, with morose disposition and sen-
 sitiveness of the scalp, especially of vertex in
 the evening—*Zinc.*
- „ „ and cold sweat—*Asaf.*
- „ COUGH, hoarseness, worse in evening—*Apis.*
- „ „ worse in evening—*Arn.*
- „ „ and fever, worse in evening—*Calad.*
- „ „ particularly worse in the evening, accompanied

- by fulness in the head, as if it would burst—
Caps.
- EVENING.**
- „ **COUGH**, worse in evening, with inability to spit what is raised, ameliorated by swallowing cold water—*Caust.*
- „ „ dry, comes on every evening—*Cham.*
- „ „ suffocating, gets worse in the evening—*Ipec.*
- „ „ dry, when lying down—*Nit.-ac.*
- „ „ hoarse barking, comes on every evening at 11—*Rumex.*
- „ „ with dyspnea, evening in bed—*Amm.-carb.*
- „ **EYES**, pain in—*Apis.*
- „ „ loss of sight—*Asaf.*
- „ **FACE**, heat in, after dinner, with qualmishness—*Amm.-carb.*
- „ „ red, with chill and violent thirst—*Plumb.*
- „ „ foolish expression—*Nux-mosch.*
- „ **FEET**, sensation of chilliness—*Amm.-carb.*
- „ „ coldness, with laterating pains in tips of toes and fingers, evening in bed—*Amm.-mur.*
- „ **FINGERS**, tips of, lacerating pains, evening in bed—*Amm.-mur.*
- „ **FOREARM**, violent pain, with sensation as if bones would curve inward, evening in bed—*Amm.-carb.*
- „ **GAIT** staggering—*Nux-mos.*
- „ **HANDS**, desquamation in palms in spots, with violent itching, worse in evening—*Selen.*
- „ **HEAD**, burning itching in occiput, worse in evening when undressing—*Sil.*
- „ „ pains in and hysterical symptoms—*Valer.*
- „ „ symptoms worse 9 p.m.—*Bry.*
- „ **HEADACHE**, frontal, burning, accompanying fever—*Arg.-met.*
- „ „ comes on every evening—*Cham.*
- „ „ stupefying drawing, worse in evening—*Dulc.*
- „ „ from uterine disorder, worse in evening—*Plat.*
- „ „ sensation as if both temples pressed inward, worse evening—*Anac.*
- „ **HEART**, palpitation with accelerated pulse—*Sarsa.*
- „ „ pulse slower in evening than morning—*Ars.*
- „ **HEAT** and chills—*Apis.*
- „ „ fever, with thirst, accompanied by frontal burning headache—*Arg.-met.*
- „ „ fever, chill begins at 7—*Bor., Petrol.*

EVENING.

- ,, HEAT, from 6 to 8, with insupportable restlessness—
Canth.
 ,, ,, fever and cough, towards in evening—*Calad.*
 ,, ,, fever comes on every evening—*Cham.*
 ,, ,, evening fever; chilliness with thirst, better
 from warmth; then heat without thirst, then
 fluent coryza; then slight perspiration with
 sound sleep—*Kali.-carb.*
 ,, ,, hectic fever—*Phos.*
 ,, ,, feverish, with burning in face and icy cold feet—
Rhod.
 ,, ,, with perspiration only on forehead—*Sarsa.*
 ,, ,, flushes of, with epistaxis—*Sul.-ac.*
 ,, ,, in side of face on which he does not lie; worse in
 the evening—*Viol.-t.*
 ,, HOARSENESS worse—*Apis.*
 ,, HUNGER, ravenous towards evening—*Agar.*
 ,, ,, cannot sleep because of hunger in evening—
Ign.
 ,, ,, great hunger, and staggering gait, as if intoxi-
 cated—*Nux-mos.*
 ,, HYSTERICAL symptoms worse—*Valer.*
 ,, INDIGESTION—*Bism.*
 ,, ITCHING and burning of the legs, with desquamation—
Agar.
 ,, ,, burning, in occiput, worse in evening when
 undressing—*Sil.*
 ,, ,, excessive, over whole body, with sleeplessness
 and inability to sleep early in evening—
Amm.-mur.
 ,, ,, and burning of vulva unbearable, worse in
 evening—*Calad.*
 ,, LEGS, itching and burning, with desquamation—*Agar.*
 ,, ,, intensely painful coldness of—*Ambra.*
 ,, LIMBS, bruised feeling and great fatigue and weakness
 —*Amm.-carb.*
 ,, MALAR BONE, dull cramp pain and laceration in right—
Mexer.
 ,, MIND, moral and nervous symptoms are worse in the
 evening—*Ambra.*
 ,, ,, disposition to weep—*Amm.-carb.*
 ,, ,, anxiety and timidity, with burning of the eyes
 in the evening—*Ant.-tart.*
 ,, ,, frightened condition of mind, with anxiety and
 sleeplessness towards evening—*Borax.*
 ,, ,, uneasy sleep, with sudden waking with a start

- and illusions of fancy in the evening; the child suddenly wakens with eyes staring at some imaginary object on the wall, with pointing of the fingers as if frightened and retreating backward from the object—*Calc.-c.*
- EVENING.
- „ MIND, 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 were alive in the abdomen; worse in the evening and at menstrual period—*Croc.*
- „ „ all mental and other symptoms worse as twilight as shades of evening approach—*Puls.*
- „ „ low-spirited and depressed, with pain in the chest, as if bruised, and weakness in the evening—*Ran.-s.*
- „ MOUTH, dry without thirst, worse in evening—*Nux-mos.*
- „ MUCOUS MEMBRANES, symptoms of, are made worse by cool evening air—*Merc.*
- „ NAUSEA AND VOMITING worse evening, also from motion and cold—*Caps.*
- „ „ qualmishness and aversion to all kinds of food in evening—*Canth.*
- „ NOSE, bleeding worse—*Colch.*
- „ „ bleeding, with flushes of heat; blood bright, red, and frothy—*Sul.-ac.*
- „ PECULIAR SENSATION, as if scalp were drawn tightly 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 the same time—*Stront.-carb.*
- „ RESTLESSNESS, uncomfortable, throughout the whole body, especially the legs, accompanied with heat from 6 to 8—*Caut.*
- „ 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—*Angust.*
- „ SLEEP, great sleepiness till 9 p.m., then wide awake till midnight—*Angust.*
- „ „ sleepiness, but inability to sleep—*Amm.-mur.*
- „ „ starting from in fright, with illusions on sudden waking—*Calc.-c.*
- „ „ irresistible desire to, with weariness—*Cycl.*
- „ „ cannot because of hunger—*Ign.*

EVENING.

- „ SLEEP, very sleepy early in evening—*Mang.*
 „ STOMACH, oppression after dinner and supper—*Amm.-carb.*
 „ SWEAT, cold, and colic, with loss of sight in evening—*Asaf.*
 „ „ in evening, immediately on lying down—*Meny.*
 „ „ only on forehead, with heat—*Sars.*
 „ „ mostly on head, with violent heat and thirst—*Sil.*
 „ „ sour-smelling—*Rhus t.*
 „ SYMPTOMS generally aggravated—*Coccul., Colch., Puls.*
 (about twilight, shades of evening), *Euphras.*
 „ TASTE putrid in evening—*Hyo.* (*Puls.* in morning).
 „ TEETH, toothache, violent, as soon as retiring to bed
 in evening—*Amm.-carb.*
 „ „ tearing toothache—*Amm.-mur.*
 „ „ toothache comes on every evening—*Cham.*
 „ „ toothache worse evening—*Sul.-ac.*
 „ TESTICLES spasmodically drawn up—*Euphras.*
 „ THROAT SORE, right side—*Amm.-carb.*
 „ VERTIGO, with accelerated pulse—*Carb.-an.*
 „ VULVA, intolerable itching and burning, worse evening
 —*Calad.*
 „ WEARINESS and irresistible desire to sleep—*Cycl.*

MORE DEFINED TIMES.

TOWARDS EVENING.

- Frightened condition of mind, with anxiety
 and sleepiness—*Borax.*
 „ Ravenous hunger—*Agar.*
 „ 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—*Angust.*
 „ Sensation as if both temples were pressed
 inward—*Anac.*

EARLY IN THE EVENING.

- Excessive itching over the whole body,
 with sleepiness, but inability to sleep
 —*Am.-mur.*
 „ „ Very sleepy—*Mang.*

TWILIGHT.

All mental and most other symptoms are worse about

twilight. As the shades of evening approach, the mind becomes shadowed with gloomy forebodings—
Puls.

EVERY EVENING.

- Chilliness every evening at 8—*Hep.*
- „ Chill commences in the back every evening at 8—*Bovista.*
- „ Cough at 11—*Rumex.*
- „ Pain and pressure in forehead and temples, with tension behind ears; burning of canthi and redness of conjunctiva, with lachrymation; worse at 5 o'clock every evening—*Asar.*
- „ The fever, dry cough, headache, and toothache come on every evening—*Cham.*

EVENING AIR.

All symptoms of the mucous membrane are made worse by the cold evening air—*Merç.*

EVENING, AFTER DINNER.

- Heat in face—*Amm.-carb.*
- „ „ and supper. Oppression of stomach—*Amm.-carb.*

EVENING, UNDRESSING.

Burning itching in occiput worse—*Sil.*

EVENING, LYING DOWN.

- Dry cough—*Nit.-ac.*
- „ „ Sweat, immediately on—*Meny.*

EVENING. BED, RETIRING TO.

Violent toothache—*Amm.-carb.*

EVENING, IN BED.

- Cough, with dyspnea—*Amm.-carb.*
- „ „ Forearm, left, violent pain in, with sensation as if the bones would curve inward—*Ammon.-carb.*
- „ „ Tearing toothache, shooting and lacerating pains in the tips of the toes and fingers, with coldness of the feet—*Amm.-mur.*

EVENING AND NIGHT.

Chilblains worse—*Agar.*

EVENING HOURS.

6 to 8.—Insupportable restlessness throughout the whole body, especially the legs, accompanied by heat from 6 to 8 p.m.—*Caust.*

EVENING HOURS.

- 7.—Fever; chill commences in the back every evening at 7—*Bovista*.
,, ,, Fever; chill comes at 7, followed by perspiration and cold feet—*Petrol*.
,, 8.—Chill comes every evening at 8—*Hep*.
,, 9.—Head symptoms worse—*Bry*.
,, 9 to 12.—Great sleepiness until 9, afterwards wide awake till midnight—*Angust*.
,, 11.—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—*Rumex*.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

THE Third Meeting of the Session was held on Thursday, December 4th, Dr. DUDGEON, President, in the chair.

CLINICAL EVENING.

Dr. CARFRAE showed a case of "Inversion of the Uterus treated by Elastic Pressure." Dr. Carfrae gave a brief history of the case.

Mr. KNOX SHAW showed a boy, 4½, who had had a soft tumour in the left axilla. After other measures had been tried, electrolysis was resorted to. At first there was little alteration; then there was increase in size and hardness, with fever; which was followed by subsequent great diminution. There was never any pulsation, but it became large and distended when the boy cried. He considered it nevoid in nature.

Dr. MORR showed a boy who had a disorder of breathing. He might be called a "roarer." The condition had lasted four years, with short intervals in summer. There was a strong syphilitic history, and evidence of increase of size in the thymus gland exciting pressure on the trachea. The child was much emaciated, and had a deep hollow in the epigastrium.

Mr. KNOX SHAW showed a girl from whom he had excised the head of the right femur. She is now perfectly strong, though she was exceedingly emaciated when she came into the hospital a year ago.

Dr. NEATBY showed a case of "Insular Sclerosis without Tremors."

Dr. Cox showed a case of Dr. Day's, in which there was increase in size of one calf, with loss of power. Dr. Day wished for opinions on the case.

Dr. MOIR mentioned two cases of Dr. Molson's, one a case of primary chancre of lip, caught from a secondary condition of throat.

Dr. MOIR showed another case of Dr. Molson's, that of a Dutch woman, 49, mother of seven children, who had been confined to bed for years, was unable to speak, was brought in a cab to see Dr. Molson, received *Cicuta* 1x, and in a fortnight came again, *walking*. The patient looked like a case of bulbar paralysis when first seen, but Dr. Moir thought it was more probably hysterical. When she was ill she could swallow, but fluids ran out of the mouth corners. Now she swallowed perfectly. The speech came back very slowly.

Dr. BLACKLEY showed a man, 56, gunsmith, suffering from sudden attack of suffocation, followed by permanent defect of breathing. When he first came under treatment he had a severe cough and expectoration. He went to a convalescent home, was there three months, at the end of which time he was much better, and had been at work for five years. He again consulted Dr. Blackley a fortnight ago.

Dr. Cox showed a specimen and photograph of a case of epithelioma of larynx.

Mr. KNOX SHAW showed a married woman from whom he had removed a fungating sarcoma of the breast.

Mr. KNOX SHAW showed a woman who had suffered from irreducible hernia, on whom he performed a radical cure.

Dr. BURFORD showed an ovarian tumour which he had removed that morning from a patient in the hospital. The tumour had latterly grown very rapidly. There were some gallons of muco-adenoid fluid removed from the cyst.

Dr. CLARKE read a communication from Dr. Joseph Drzewiecki, of Warsaw, on the action of *Aurum* in phthisis.

Dr. BURFORD showed a woman who entered the hospital with an abdominal tumour, about the size of a fetal head, in the left flank and cystic. The tumour was probably parovarian. Under *Hepar* the whole thing disappeared in a fortnight.

DISCUSSION.

DR. MOIR'S CASE OF OBSTRUCTED BREATHING.

Dr. CLARKE agreed with Dr. Moir in supposing that the peculiar breathing was caused by pressure of enlarged glands, and he thought probably the thymus was chiefly at fault.

Mr. WRIGHT mentioned another case which had occurred in the hospital about a year ago. That case recovered under *Merc.*

biniod. There was a strong syphilitic history. In Dr. Moir's case the enlargement of the thymus was not so clear. The bronchial glands were often affected in these cases. There was some enlargement of the thymus, which passed round the trachea.

Mr. SHAW asked Dr. Talbot to show a *Packard's Inhaler*.

Dr. TALBOT, of Boston, showed the working of the apparatus, a specimen of which he presented to the hospital.

MR. SHAW'S CASE OF TUMOUR IN THE BOY.

Mr. SHAW said, in answer to Dr. Moir, he thought it a case of sero-sanguineous nevoid cyst, the distention when crying being due to its venous character.

Mr. WRIGHT said Mr. Owen had described cases of cystic hygroma of the neck which were similar to this case. Only these were lymphatic. They were better left alone, as they disappeared in time, and if meddled with the cases were apt to get erysipelas.

DR. MOLSON'S CASE OF PARALYSIS.

Dr. NEATBY said it was probably hysterical, but there was quite a possibility that some organic disease would yet declare itself—as sclerosis.

Dr. MOIR thought it might be an instance of cure by suggestion.

DR. NEATBY'S CASE.

Dr. NEATBY said, in reply to Mr. Wright and Dr. MOIR, the disease had been coming on three years—much more rapidly last three months. The patient had never had syphilis. Dr. Neatby had never seen similar eye-symptoms in this disease before.

DR. BLACKLEY'S CASE.

Dr. MOIR thought there was no doubt about there being a tumour present, either a gamma or malignant. He advised large doses of *Iodide of Potassium*.

Dr. BLACKLEY said it was too slow for a malignant growth. He thought it was possible there was affection of bronchial glands. He had been apparently well and at work for five years, and had only returned to Dr. Blackley a fortnight ago, so there had been little time to observe treatment. The man was now on *Plumbum*; he had not had *Iodide of Potassium*.

Mr. WRIGHT thought there was probably disease of bronchial glands.

Mr. SHAW suggested aneurism.

Dr. BLACKLEY said that had been diagnosed by one of the medical men who saw him years ago.

Dr. MOIR said he had seen a case of aneurism in which rupture took place, no symptom of dyspnea having been present.

DR. BURFORD'S CASE OF CURE OF TUMOUR.

Mr. SHAW thought the case showed the possibility of fallacy. If *Apis* had been given, all would have said *Apis* had cured the tumour.

Dr. CLARKE suggested that *Hepar* was the indicated remedy, and had cured.

Dr. BURFORD said the *Hepar* was indicated by the tendency to suppuration, fever, and hectic. Also *Hepar* had done so splendidly in another case he had had at Surbiton.

WESTERN COUNTIES THERAPEUTICAL SOCIETY.

A MEETING of the Western Counties Therapeutical Society was held at Dr. Mackechnie's, 15, Catherine Place, Bath, on November 12, 1890. There were present: Drs. Mackechnie and Norman of Bath, Drs. Hardy and Frost of Bournemouth, Dr. Alexander of Plymouth, Drs. Eubulus Williams, Bodman, Morgan and Nicholson of Clifton. A paper was read by Dr. Mackechnie on "The Medical Treatment of Piles."

DISCUSSION.

Dr. NICHOLSON thought the paper a most suitable and useful one for the Society. His experience differed in some respects from the writer's. Among the remedies mentioned, he had found *Aloes* in low potencies fail several times in well-indicated cases. *Æsculus*, though helpful sometimes, he had never seen cure a case; whereas *Nitric Acid*, which had not been mentioned, he thought the most important drug of all in this disease. He gave some experience of the local application of ice and cocaine, the latter being very uncertain, and praised the alkaline waters as necessary to cure many chronic cases.

Dr. BODMAN had seen good results from *Æsculus*. He found in very chronic cases with growth of adventitious tissue, operation was necessary, and he used the wire cantery, preceded by free distension of the sphincter, and had very good results.

Dr. ALEXANDER praised also the galvanic snare as much superior to any other surgical treatment, especially for neoplasms. Among drugs he found *Nux* and *Sulphur 12x* satisfactory, and *Collinsonia* ϕ in pelvic congestion, but he considered *Æsculus* of little use. In fissure he recommended *Nitric Acid* internally, and *Ung. boracic.* locally with dilatation. In fistula he gave *Silicea* internally, and he considered the local spray very important,

using water at 90° cooling down to 60° night and morning for ten minutes.

Dr. WILLIAMS thought the recumbent position should have the merit of curing many cases. He had found Sulphur water—say half a pint every morning—an excellent remedy. In fissure he used a pencil of nitrate of silver, and generally found it heal in three days. He recommended *Carbo Animalis* 6 in tenesmus.

Dr. HARDY had seen great relief follow from parvules of *Aloin* in half-grain doses. *Nux* and *Sulphur* gave great comfort in his experience, but did not effect any diminution in size. He said *Hydrastis* was good for fissure, but especially in alternation with *Nitric Acid*. As a topical application he recommended the injection of ʒi. *Hazeline* after stool in severe bleeding, and cold water as very useful in most cases. He thought the knee shoulder position useful to empty the veins after stool, and urged the necessity to examine for carcinoma in many cases.

Dr. NORMAN advised using the same drug for local and internal treatment. At the mineral water baths at Bath, a rose *douche* was regularly used. He mentioned a case of ischio-rectal abscess cured by *Silicea* without suppuration.

Dr. FROST had used the local injection of Carbolic Acid with great benefit. There was no pain in the operation and no distress afterwards. He used three minims of a solution of equal parts of Carbolic Acid, water, and Glycerine, and repeated it every three or four days. He had had four cases, and all with good results.

Dr. MORGAN advocated the old remedies, *Nux* and *Sulphur*, for chronic cases—*Sulph.* ʒ trit. at night, and *Nux* 6 in the morning. He gave *Æsculus* when the pile was inflamed and tender, *Pulsatilla* for the female sex in fluent piles, and *Silicea* for blind fistula.

INSTITUTIONS.

THE NEW LONDON HOMEOPATHIC HOSPITAL.

MAJOR VAUGHAN has sent us the following copy of a letter which he has addressed to each homeopathic medical practitioner in India and the colonies, with a view to induce an imperial support of the scheme for rebuilding the London Homeopathic Hospital on an enlarged and complete scale. We quite coincide with Major Morgan's view of the importance of the hospital in Great Ormond Street as the central homeopathic hospital in the empire, a view which has hitherto been too much lost sight of; and we sincerely hope that our colleagues in India and the colonies will, for the credit of homeopathy in their distant pro-

vinces and presidencies, induce their patients and friends to send substantial donations to this large and rapidly-developing scheme. Nothing would tend more to the unification of homeopathy throughout the British Empire than the representation of far-distant supporters in a large and active hospital at the centre of the metropolis.

"5, Boltons, S.W.

"December 1, 1890.

"DEAR SIR,—The London Homeopathic Hospital may fairly claim to be an imperial institution; its doors are open to all the subjects of the Queen, and all its advantages are at the service of our Indian and colonial brethren.

"Under these circumstances, I venture, as its chairman and treasurer, to invite you to support the effort now being made to enlarge its sphere of usefulness.

"By book-post I send you the last annual report of the hospital and of our convalescent home at Eastbourne, together with the appeal to, and the response from, the residents in the United Kingdom on behalf of our new building fund.

"Our present scheme contemplates an expenditure of £30,000, of which £24,000 is promised; but if £50,000 could be raised, we should be in a position to secure the whole block of buildings—half of which we now occupy—and be thus enabled to give the hospital the great advantage of a site with *three frontages*, besides providing for future developments, and giving this, the central homeopathic hospital, a structure worthy of homeopathy. Hoping to hear from you that you will induce your friends and patients to help us with donations for this great scheme, as the medical men in England have done,—Very truly yours,

"WILLIAM VAUGHAN MORGAN (*Major*)."

POST-GRADUATE LECTURES AT THE LONDON HOMEOPATHIC HOSPITAL.

The following are the prospectus arrangements for the course of lectures during the Lent term. The lectures will be delivered on Fridays, at 5 p.m., in the board room of the hospital, commencing on Friday, January 16th, 1891:—

- Jan. 16th.—Introductory. "On the Peculiar Features of the Homeopathic *Materia Medica*," by Dr. J. H. Clarke, Physician to the L. H. H.
 „ 23rd.—"The Organon," by Dr. J. H. Clarke, Physician to the L. H. H.
 Feb. 6th.—"Modern Methods of Precision in Pelvic Diagnosis, with Clinical Cases," by Dr. G. H. Burford, Assistant-Physician for Diseases of Women, L. H. H.
 „ 13th.—"Differential Diagnosis, Prognosis and Treatment of Abdominal Tumours, with Clinical Cases," by Dr. G. H. Burford, Assistant-Physician for Diseases of Women, L. H. H.

- Feb. 20th.—“On the Treatment of some of the Commoner Diseases of the Lungs, with Clinical Cases,” by Dr. J. Galley Blackley, Physician to the L. H. H.
- „ 27th.—To be continued.
- Mar. 6th.—“The Diagnosis of Errors of Refractions and Anomalous Action of the Ocular Muscles,” by Mr. Knox-Shaw, Surgeon to the L. H. H.
- „ 13th.—“Adenoid Vegetations of the Naso-Pharynx,” by Mr. Knox-Shaw, Surgeon to the L. H. H.

The lectures are open to all duly qualified practitioners on presentation of their card.

EXTRACTS.

ACQUIRED SYPHILITIC NERVE DEAFNESS CURED WITH PILOCARPINE.

J. R. was admitted to hospital on December 26, 1889, with syphilitic ulceration of the pharyngeal arch, of late secondary type—throbbing in ear and deafness. He could just hear a watch pressed to his right ear, but the sound was not conducted through the cranial bones when the watch was placed over them. He had been deaf for three weeks, but never before. I commenced with one-eighth of a grain of pilocarpine, injected into the arms, alternately.

On December 31st note says: “He hears watch at four inches from ear; conduction improved through cranial bones; throbbing less; bowels loose; sweats well; is still taking hydr., which he commenced on admission.”

On January 6th he could hear the watch at six inches from the ear; bone conduction good, except in parietal region over ear, where watch is not heard.

On January 16th he heard watch at eight inches; watch sounds conducted all over head, and he heard general conversation well.

E. J. ERSKINE RISK, L.R.C.P., M.R.C.S., Surgeon A.M. Staff.

Milton Barracks, Gravesend.—*British Medical Journal*, July 12.

PILOCARPINE IN DEAFNESS.

THE value of pilocarpine in suitable cases of deafness is clearly proven, says Dr. George P. Field, in *The British Medical Journal*. Many of the unsuccessful results arise from the haphazard selection of cases. It should be understood that proper

subjects are afflicted with disease of the labyrinth or with catarrh of the middle ear without eustachian obstruction, and are under sixty years of age. The drug must be given every night by subcutaneous injection and the treatment continued for at least six weeks. We append an interesting history.

A lady who had been deaf for seventeen years, unable to hear without a trumpet, writes: "On the first day I was injected I was unable to hear a watch or clock tick. On the ninth day, noticed sound in my own voice; on fifteenth day, could hear my own watch tick for the first time for eight years; twenty-second day, noticed immense improvement, heard bells, knocks, watch two inches distant from right ear, and faintly at left; fiftieth day, continued improvement; fifty-seventh day, heard sermon with trumpet; sixty-fourth day, heard sermon without trumpet." She remarks on the general result: "Immense improvement in hearing; can now hear all the clocks in the house tick. Much easier to maintain conversation with one person. Much more conscious of sounds in the house."

Dr. Laurence Turnbull says: "In our experience with pilocarpine, we have found it a most valuable agent in all acute affections of the ear, but especially in those of the labyrinth, no matter what the cause; but it has little or no influence if the case be of long duration, although in a few instances benefit has resulted from its prolonged use, say for six weeks or two months." He also fully agrees with Professor Politzer ("Zur Therapie der Labyrinth-affectionen," Separat-Abdruck aus No. 4, 5, 6, 1885, der *Wien. Med. Blätter*), that the remedy exerts but little influence in disease of the labyrinth in hereditary syphilis, except it is of recent origin. He finds that mercury and the iodide of potassium yield the best results. Nor is the pilocarpine of any value in panotitis following sudden and profound deafness generally after scarlet fever and cerebro-spinal meningitis, nor in any case where connective tissue or pus has resulted. If the deposit consists of blood, serum, or even recently-organized lymph, it is wonderful how the pilocarpine will remove it. The dose of the salt he employs, to begin with, should not be more than from one-twentieth to one-twelfth of a grain of hydrochlorate of pilocarpine, gradually increasing to one-eighth. In dangerous symptoms employ atropine as antagonistic, one hypodermic injection of pilocarpine given, the patient being in bed, kept warm, every night from fourteen days to six weeks, and carefully watched for any alarming symptoms, as excessive weakness, palpitation, giddiness, or impaired vision; then either lessen the dose or suspend treatment.—*New York Medical Times*, Jan., 1890.

REVIEWS.

THE CURE OF CONSUMPTION BY ITS OWN VIRUS.*

WHATEVER the ultimate decision as to his "remedy" may be, Koch has done at least one good thing—he has impelled Dr. Burnett to publish the book before us. Dr. Burnett might have preferred to wait a little longer before making public his experiences; but with the commotion consequent on Koch's experiments raging on all sides, it would not have been right of him to keep silence. And he has spoken to very good purpose. Dr. Burnett's writings are always eminently readable and instructive; but this little volume is of surpassing interest and importance, and demands the thoughtful attention of every homeopathist. We now quote from Dr. Burnett's Preface:—

"For a number of years, notably during the last decade, the medical branch of the scientific world have been intently occupied and hard at work with the minute living causes of infectious and other diseases, and secondarily with the poisons or viruses of the disease processes as a cure or prophylactic of the self-same diseases; more particularly is M. Pasteur best known to the world at large in this connexion.

"But wherever the cure of disease is concerned, the practitioners of scientific homeopathy have ever been in the van, and it is therefore not surprising that they should have been before all others in using the virus of consumption wherewith to cure consumption itself. But a number of years ago, the leaders of the dominant sect of the medical profession raised a hue and cry against those of the homeopaths who were so unspeakable as to use the virus of consumption against the disease itself; and for fear of an unbearable amount of opposition and ignorant prejudice, the practice was discountenanced and almost discontinued,—a few only publishing here and there a striking case of the cure of consumption by the virus of the process itself.

"I am one of those on whom the opposition and ridicule have acted as an incentive to further observations and research, and for the past five years I have regularly used the bacillic virus as a part of my daily practice, and that in the aggregate with great satisfaction. Thus it is that the material that makes up this small treatise has been slowly accumulating, and was intended to form part of a greater work on the general subject of the cure of grave forms of disease by the viruses of the disease processes themselves; but here Dr. Koch breaks in with his great epoch-making discovery of a new cure for consumption, and which turns out to be none other than our old homeopathically administered virus, against which the hue and cry was long ago raised by the very men who now lie prone at Dr. Koch's feet in abject adoration. The differences between our old friend *Tuberculinum* (which I have ventured to call *Bacillinum*, as the bacilli were proved

* *Five Years' Experience in the New Cure of Consumption by its own Virus, presumably on a Line with the Method of Koch. Illustrated by Fifty-four Cases.* By J. Compton Burnett, M.D. London: Homeopathic Publishing Co., 12, Warwick Lane, Paternoster Row, E.C.

to be in my preparation * by an expert in practical bacteriology). I say the difference between our old friend Tuberculinum or Bacillinum and that of Koch lies in the way it is obtained ; ours is the virus of the natural disease itself, while Koch's is the same virus artificially obtained in an incubator from colonies of bacilli thriving in beef jelly ; ours is the chick hatched under the hen, Koch's is the chick hatched in an incubator. The artificial hatching is Koch's discovery, not the remedy itself or its use as a cure for consumption.

"I think very highly of Koch's remedy, as the world will no doubt call it, and I know that he is on the right track. I am more sure than Koch can be himself, because I used it five years before he knew it, and he has yet to prove that his results are satisfactory. There is one other difference, *i.e.*, the mode of administering it to the patient ; I use the remedy in high potency, which is not fraught with the palpable dangers of Koch's method of injecting material quantities under the skin, or, in other words, straight into the blood."

It is difficult to make a selection from Dr. Burnett's cases. They are all interesting. We will first give one which occurred nearly six years ago. It is Dr. Burnett's first case, and the review to which he refers appeared in these pages.

"In my small essay, entitled 'Diseases of the Skin from the Organismic Standpoint,' p. 7, begins the following case :—

"HYDROCEPHALUS, ECZEMA, LATENT VACCINOSIS.

"In the early part of the year 1885, I was requested to see the only surviving child of a country clergyman, who had been given up by three medical men, as it had water on the brain. The child's head was of the usual hydrocephalic type ; he was alternately wakeful and delirious at night, and he talked nonsense by day at intervals. Their local doctors had taken a consultant's opinion, and they agreed that the boy was suffering from tuberculosis of the meninges with effusion, of which a little brother had previously died. The child's life-history was told to me, and I underlined the facts that he had had eczema, and had been twice *unsuccessfully* vaccinated. After the *unsuccessful* vaccinations (want of organismic reactionary power) the eczema almost disappeared, and very soon the present disease began. I treated the case thus causally *ex-hypothesi* ; a severe pustular eruption, and then patches of lepra and eczema appeared, and at the end of about six months' treatment I was able to discharge the little patient, cured of his water on the brain and of his skin diseases. I saw him the other day, and learned that he continues well and has grown a good deal.

"When said essay was sent to the proper quarters for the opinions of medical experts, one of the reviewers called attention to the fact that I had not named the remedies which cured the boy, and called upon me to make them known. Well, *the* remedy of the case was the poison of consumption ; after taking this in a high potency and infrequently, the head went smaller ; the delirium ceased, as did also the nocturnal hallucinations and fright, and the pyrexia entirely disappeared. I happen to know that the cure holds good to date, now nearly six years, though a certain amount of irritability of temper remains.

* Very kindly made for me by Dr. Heath.

"I did not mention the remedy then, thinking the world not ripe for it; but now that Professor Koch's large dose injections of the same substance are the order of the day, my harmless infinitesimals will hardly meet with any objectors, rather shall I expect to incur ridicule. Anyway, it was the virus of consumption that cured the case, and nearly six years testify to its genuineness and lastingness."

We will also quote his second case.

"About two years ago I was called to a boy of three years of age in the night, with diarrhea, furious fever, burning hot skin, great heat in the head, red flushed face, the eyes turned upwards, quivering and rolling. Patient had been ailing a little, and ordinary homeopathic remedies had been given in vain. Considering the case to be one of incipient tuberculosis, I gave one dose of a high potency of its virus: within an hour patient quieted down, went to sleep, burst into a free perspiration, and awoke in the morning greatly improved, and very soon completely recovered, and is now a very fine boy.

We will now give a pair of cases, one unsuccessful and the other successful.

CASE VII.

"At the beginning of July, 1887, a young woman of about 30 was brought to me, far gone in consumption. She was very, very emaciated, the menses had ceased. Her two sisters had died in the same way, and all hope for her recovery had long since been abandoned; but hearing, or rather having observed, a young lady in the same neighbourhood get well of consumption under my care, her mother accompanied her to me. Having used *Thuja* (the poor thing had been vaccinated four times, the last three unsuccessfully), *Calc. Hypophos.*, and *Carduus Mariæ*, with decidedly good results, I felt encouraged, and thought it almost possible yet to save her if we could only get rid of the fever. With the virus I succeeded in doing this after a few months; patient lost her cough to a very large extent, the expectoration came down to a mere nothing, and she put on a few pounds in flesh, and lived for nearly two years free from consumption, or rather, free from the ordinary symptoms of that disease, such as fever and cough. Her mother said to me one day, "You seem to have cured the consumption, and yet my daughter gets weaker and weaker every day, and the dropsy goes on getting worse and worse." And so it was; and of the dropsy she died, nearly two years after the consumptive process seemed cured. This case is unique in my experience. The phthisic virus cured the phthisis so far as I could tell. I used a good many remedies then to meet the varying symptoms with, at times, very good effects, but the effects did not last. To give some idea how persistently I treated her, I will name the remedies she had from me, *Fragaria vesca* θ , *Chelidonium majus* θ , *Ceanothus Americanus* 1, *Scilla maritima* θ , *Iodium* 3 \times , *Aconite*, *Sanguisuga off.*, *Baptisia* 3 \times , *Pyrogenium* 5, *Calc. Phos.*, *Rubia tinctoria Fer. acet.* *Cholestearin*, *Arsenicum*, *Phos.*, *Iodoform* 3 \times , *Pancreatin*, and *Spirit. glandium quercus*. Still in the end I failed, and she died of hepatic dropsy, due to hopelessly far advanced granular atrophy. When I say the phthisis was cured, I, of course, do not mean that to be taken literally; on the contrary, I mean that though the fever, etc., were

quite extinguished, and patient's condition was for some months relatively comfortable, still, the frequently recurring hemorrhages showed that occult processes were still going on within the closed circle of the economy."

CASE VIII.

"I will now briefly narrate the successful case through which Case VII. came under my observation :—

"The patient was 17 years of age, and her sister had just died of consumption of the lungs.

"Patient was very anemic, sickish, pale almost to whiteness, profound debility, dyspnea, cannot mount or hurry, menses very irregular.

"She is going just like her poor dear sister, she has the same fever every evening."

"Of the diagnosis there could be no doubt, and the sister's fate determined me to use the virus 80. This was on the 4th of October; on the 1st of November then next following, I find in the case a record : "Certainly better : the evening feverishness has gone."

"I then used the virus in higher potency (and at all times and in all cases at certain intervals). She got quite well of all the consumptive symptoms, but remained neuralgic and anemic; but these ailments having been righted by *Mangan. acet. 1, Zincum acet. 1, Fer. acet. 1*, I discharged her cured. She is a fine, bonnie woman now, and anything but consumptive looking.

"Here I conclude that the phthisic virus acted, and acted adequately, curatively—its stop-spot being on the offside of the disease as expressed in this damsel.

"As to the use of the other remedies, I would specially insist upon the fact that the phthisic virus only acts *within its own sphere*, and that this sphere is very *sharply defined* as to time, and what it does not do soon and promptly it does not do at all. Its action is, if I may so express myself, *acute* : its chronic equivalent is *Psoricum*."

We have not space for more of the cases, but we hope what we have given will suffice to send our readers to the book itself. It may be said with regard to some of the cases, that they are too recent to be called cures, but the degree of improvement is such as to warrant them being classed as cures, and Dr. Burnett was quite right to give us the whole of his experiences up to date. Perhaps some sticklers for scientific accuracy may wish that he had counted the bacilli in the sputa before and after the administration of the remedy; but we question if that even would have added greatly to the practical value of his book. We close this review by giving Dr. Burnett's "Concluding Remarks."

"1. The virus of the consumptive process itself—here termed variously *the virus*, the *bacillic virus*, etc.—cures promptly the incipient stages of tubercular consumption in all parts—brain, lungs, skin, joints, etc.

"2. The virus is to be administered by the mouth in what the homeopaths call high potencies.

"3. The doses must *not* be too frequently administered; one dose every sixth to tenth day is my own practical rule.

"4. Low dilutions are inadmissible; myself I have never gone below the thirtieth centesimal potency, and as I have known even this give rise to grave constitutional disturbances, I now very rarely go below the one-hundredth centesimal potency.

"5. At a given stage of the consumptive process the virus is no longer a cure, but I have not been able to determine the precise stage at which it ceases to act curatively.

"6. Inasmuch as the disease which the virus cures is similar to the one producible by a full dose of the virus itself, it follows that the action is homeopathic, and the remedy the homeopathic pathologic *simillimum* of the to-be-cured disease.

"7. Theoretically the stage at which the virus ceases to be of any use is, I think, where the disease has become aggressively infective in quantity, or bulk, *and where homeopathicity merges into identity*. Assuming that the bacilli at a given stage of the malady become in quantity aggressively infective, we can readily see that a dynamic *simillimum* must get, so to speak, swamped, and therefore become inoperative. Hence if it is to cure it must act before the bacilli are numerous enough to get the mastery. Hence also it is not the chronicity or age of the consumption that determines our point, but *the degree of intensity*; a new case may be incurable by it, while a very old one may be quickly and completely cured by it.

"8. The power of resistance of the organism in consumption is of the highest importance, as may be seen from the very numerous cures of consumption, wrought by very numerous medicines, by able men of all therapeutic views, by climate, by foods such as cod-liver oil, suet and milk, rum and milk, by calcifying remedies such as the salts of lime, by oil, frictions, etc., etc., and therefore the use of the bacillic virus excludes none of these, but, on the contrary, the virus might become the remedy *after* other more or less helpful means, even after it had been administered in vain previously. For if the body can be increased in healthy bulk, and the power of resistance of the organism augmented, the extreme point of the homeopathic action of the virus would be pushed further out.

"It is known that poisons affect the human organism according to its bulk; it takes more virus to kill a pound of bulk than it does to kill an ounce of the same; the like is known to be more or less the case in consumption, and this it is that explains the thousands upon thousands of cures of consumption wrought by feeding alone. Two years ago a lady pretty far gone with her family complaint—consumption—and reduced almost to a shadow, and yet with hardly any fever, said to me . . . 'Doctor, is there *any* chance for me, I want to live for my child?'

"I replied, 'Well, Mrs. —, if I were in your place and condition I should, humanly speaking, get well.'

"'How?'

"'Will you do it?'

"'I will.'

"'Then *EAT* whether you have any appetite or not, feed, stuff yourself if need be, and if *you* will thus add 18 or 20 lbs. to your bulk, I will cure the disease.'

"She kept her word, and I—thanks to stomachics, digestives, and

then to the bacillic virus—kept mine, and she is now a stout woman in very fair health indeed. Let, therefore, the consumptive beware lest they undervalue the great helps of the past in the cure of consumption, which are the common property of all thoughtful medical men of all shades of views therapeutic, and not rush after the mad notion that *any* remedy can neutralize an unhealthy life or foul air, or counteract carping cares, or supply food and drink, or stamp out the footprints of the Nemesis of physical and psychic wrongs.

“To conclude, I beg publicly to thank Dr. Skinner, of London, for inducing me, sixteen years ago, to administer the virus of a disease therapeutically.”

CHEMISTS' AND DRUGGISTS' DIARY, 1891.*

WE have to acknowledge the receipt of this excellent diary for the coming year. Besides being a well-arranged diary, its advertisements form an excellent compendium of the places where every imaginable requisite in the chemists' and druggists' line is to be obtained.

REPERTORY OF CONVULSIONS.†

DR. SANTEE tells us in his preface that this little repertory was originally compiled for his own use. We can only rejoice in the necessity which drove him to compile it, and in the good counsel which led him to publish it first in the *Journal of Homeopathics*, and afterwards in this handy book form. It is printed on one side of the leaf only, leaving a blank page opposite each printed page. This will be very convenient for additions. The work will be welcomed by all who aim at accurate prescribing.

DECLINE OF MANHOOD.‡

IN reviewing former editions of this treatise we have expressed our high opinion on its merits. Dr. Small has dealt with a delicate and difficult subject in a manly, kindly, and eminently practical way. The present edition is stated to be “enlarged and revised.” There is no new preface, and the name of the reviser is not given. This is a pity, for on comparing with Dr. Small's own last edition we find that a change has been made

* *The Chemists' and Druggists' Diary*, 1891. London: 42, Cannon Street, E.C. Melbourne and Sydney, Australia.

† *A Repertory of Convulsions*. By E. M. Santee, M.D. New York: H. Hitchcock, 17, Broadway. London: Homeopathic Publishing Co. 1890.

‡ *The Decline of Manhood: Its Causes and the Best Means of Preventing their Effects and Bringing about a Restoration to Health*. By the Late Alvin E. Small, M.D. Fourth Edition—Revised and Enlarged. Chicago: Gross and Delbridge. London: Homeopathic Publishing Co. 1890.

throughout the work in the attenuations recommended. Wherever Dr. Small put down the number of a potency, his reviser has put an "x" after it. Thus "1st's" become "1x's," "3rd's" become "3x's," "6th's" become "6x's." And this change is made *even in the cases related by Dr. Small*. This is quite unwarrantable. If the editor had changed Dr. Small's directions and had given his reason for so doing, no objection could have been taken; but at any rate he should have let the cases stand as Dr. Small left them. However, the remedy for this fault is simple. Readers have only to eliminate all the "x's" and they will then have something very like Dr. Small's last edition.

KEENE AND ASHWELL'S "PHYSICIAN'S DIARY AND CASE-BOOK, 1891."*

WE are pleasantly reminded of the approaching new year by the appearance of this excellent *Diary and Case-Book*, for which we tender our thanks to the publishers. It is excellently got up, and to many practitioners it has now become an annual necessity.

CONCORDANCE REPERTORY.†

WITH commendable promptness, the publishers of this handiest of all repertories have issued the third volume, and thus completed the first half of the work. The latest volume brings the repertory down to the part "Male Sexual Organs." We are glad to note that a sub-alphabetical arrangement has been adopted in the larger sections, as we suggested in the September number. This repertory is already one of the most indispensable books on our shelves.

TWO ANTI-VIVISECTION PAMPHLETS.‡

THE former of these two pamphlets consists of a criticism of Mr. Horsley's paper in the Transactions of the Royal Medical and Chirurgical Society for 1888, on a case of operation for

* *The Physician's Diary and Case-Book for 1891*. London: Keene and Ashwell, 74, New Bond Street, W.

† *The Concordance Repertory of the More Characteristic Symptoms of the Materia Medica*. Vol. III. By Wm. D. Gentry. New York: A. L. Chat-terton and Co., 78, Maiden Lane. London: Homeopathic Publishing Company.

‡ *A Triumph of Vivisection and The Great Inoculator*. By Dr. Edward Berdoe, London: Victoria Street, and International Society for the Protection of Animals from Vivisection, 20, Victoria Street, S.W. 1890.

trephining the spine. This case has been heralded as a "Triumph of Vivisection," and Dr. Berdoe asks, "How did vivisection help it?" and he succeeds in showing most conclusively that it did not help it in the smallest degree. When men perform vivisections that have any bearing on a surgical operation, and afterwards perform that operation on a human subject, they easily forget how they have learned their surgical knowledge, and imagine that it was all traceable to their vivisections.

In the second pamphlet Dr. Berdoe deals with Pasteur's treatment of hydrophobia, the futility and danger of which he clearly exposes. This pamphlet contains the substance of a lecture delivered by Dr. Berdoe at Leeds during the congress of the British Association in that town, on Thursday, September 4th. Like all Dr. Berdoe's writings, these two pamphlets are eminently readable, interesting, and convincing.

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.

VETERINARY STATISTICS.

FERRUM sends the following reply to Dr. Drzewiecki's query:—"In reference to Dr. Drzewiecki's inquiry (p. 563), I don't know whether you may care to refer him to Mr. W. C. Lord's 'Five Years' Practical Investigation of Homeopathy at the Cavalry Depot,' published by H. Turner & Co.; but believe it is out of print. (It was reprinted in 1869, from the *Monthly Homeopathic Review*, of November 1869.) He there gives the result of his treatment of 78 horses suffering from gastric derangement: In hospital only one day, 29; two days, 25; three days 14; four days, 4; five days, 1; six days, 4; thirteen days, 1. Referring to 64 consecutive cases of Colic, he says the average time taken to cure it was 77 minutes; 'but some cases I have cured in from 10 to 15 minutes with 10 drops of the appropriate remedy. The longest of my cases under treatment was 6½ hours; the shortest, 5 minutes.'"

ACONITE AS A TENICIDE.

FERRUM writes: "In connection with the cutting from *The New York Medical Times* (p. 567)—'Aconite as a Tenicide,' I thought you might be interested in the enclosed from Harvey & Co.'s 'Horse-Owner's Handy Note Book,' 1889 (8th edition); but they seem to

recommend the Aconite Powders principally for ascarides; and they also recommend their Worm Powders—"a vegetable anthelmintic." The following are the extracts:—

"They [Harvey's Aconite Powders] also eradicate worms, and every horse improves in condition and appearance while taking them. Aconite is an infallible cure for worms in the horse. No insect of any kind can exist in an animal that takes it. The use of one packet is abundantly sufficient to destroy them."

TESTIMONIAL.

"You may with pleasure make use of the remarks I made about your Aconite Powders. I am still of the same opinion about them. They improve the condition of a horse, and *get rid of worms*.—ACHESON ST. GEORGE, Wood Park, Tynan, Co. Armagh, 10th July, 1884."

Of course it is more than likely that these powders contain other ingredients besides Aconite.—[ED. H. W.]

HOMEOPATHIC LEAGUE. HOW TO BECOME A MEMBER.

"SANITAS."—Write to the Hon. Sec., E. H. Laurie, Esq., 16, Blandford Square, N.W. The minimum subscription is 2s. 6d. Mr. Laurie will be pleased to give you all information as to the Tracts.

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. REED HILL.—*Colchester*.—We are glad to know that the homeopathic population of Colchester, who have for many years had no local homeopathic practitioner, have induced Dr. Reed Hill, late of Ealing, to settle in their thriving town. His address is—10, CROUCH, COLCHESTER. His at-home hours are before 10 a.m. and at 2 and 7 p.m.

DR. J. CALL WEDDELL.—*Sunderland*.—Dr. Weddell has removed from Gresham House, Old Broad Street, E.C., to 9, PARK TERRACE, SUNDERLAND. We wish him success in his new field.

Obituary.

DAVID McCONNELL REED, M.D.

HOMEOPATHY has lost one of its oldest practitioners in the death of Dr. McConnell Reed, which took place at 4, Belgrave Terrace, Ilfracombe, on December 8th. Dr. McConnell Reed had a long and active career. He took his first medical qualification as long ago as 1831. He was Physician to the Crimean Railway, and served in other military undertakings. He was the author of a number of writings both on general medicine and on Homeopathy. His "Reasons for Embracing Homeopathy" appeared in 1858. Latterly Dr. McConnell Reed had very precarious health, but he continued to work till almost the end. He practised principally in the suburbs of London.

VARIETIES.

FORETELLING STORMS.—A singular apparatus was on August 25th presented to the Academy of Sciences by R. F. Fortin, a parish priest in a village near Orleans. The instrument consists of a glass jar about 7 inches high and $4\frac{1}{4}$ wide, covered with a close-fitting glass plate. Inside, a glass cylinder supported by four glass feet, horizontally rests on the bottom of the jar. Around the cylinder seven or eight pieces of tin-foil are wound up to act as condensers, and over them fifty to a hundred coils of soft iron wire. Finally, a copper wire about three inches long is suspended through its centre from the lid, by means of a single cocoa-nut fibre, so as to move freely close to the top of the coil. The strange instrument, according to its inventor, is extremely sensitive to atmospheric magnetism, and will foretell storms long ahead, the nature, suddenness, and amplitude of the needle's deviations varying with the severity and distance of the coming storm. The reverend gentleman tried to give of his apparatus some sort of a theory which might be acceptable with a steel needle, magnetic or not, but will hardly pass in the case of copper wire. Certain it is, though, that the instrument is not a dull one, as while it was in the ante-room your correspondent having come close to it for a good look, the needle began to cut most extraordinary capers which ceased with the disturbing body's removal. This peculiarity was noticed afterwards by others in the sitting-hall, and alluded to by M. Fortin, who said all observations should be taken from a distance—an easy thing considering the needle's deviations are always very marked. However, it may be, he claimed to have foretold all the recent storms this year. As such appears to have been the fact in several instances from previous communications received by the Academy, the new weather-prophet was invited to keep on sending his forecasts, and a committee, composed of MM. Mascart, Faye, and Fizeau, was appointed to examine the new instrument which—perhaps the strangest of all—has not even a name as yet.—*Chemist and Druggist*, August 30th.

DEATHS FROM CHLOROFORM.—Early this year loud hosannas from medical circles, echoed enthusiastically through the press generally, proclaimed the extraordinary physiological triumph achieved at Hyderabad in reference to the action of chloroform by the vivisection experiments of Dr. Lauder Brunton. Nearly five hundred animals had been sacrificed in the presence of that gentleman, besides an unknown number in earlier stages of the inquiry, with the result that Dr. Lauder Brunton, Surgeon-Major Laurie, and the Nizam of Hyderabad came to the conclusion that the fatal results occasionally following the administration of chloroform were due to stoppage of the power of respiration, and not to arrest of the heart's action. Previous experiments had convinced Dr. Lauder Brunton the other way; he was now converted to what was, in fact, the old faith. But no one could contend that the conversion of a London doctor from or to any doctrine whatever was a moral justification of the torture and sacrifice of five hundred innocent animals. The theory was that this demonstration was to ensure a vast deal more safety in future in dealing with chloroform, because practitioners would now know where to anticipate the danger; and the vivisectionist party discounted the future gains and glorified themselves accordingly. From then till now "deaths from chloroform" have been as regular an item of news as ever they were before, and in reference to these the great discovery has been almost persistently, but prudently, ignored. Last week, however, at an inquest held at the London Hospital respecting a death occurring during an administration of chloroform, the coroner, Mr. Baxter, recalled the costly Hyderabad experiments. The house-surgeon had stated that the post-mortem showed that the heart, although healthy, was poorly nourished, and death had ensued from syncope. The lungs were adherent to the chest-walls. "The coroner inquired whether the latest theory of death under chloroform—i.e., the lungs ceasing to act first—applied to this case. The doctor replied in the negative, the lungs not being in the least affected by the chloroform." This collapse of the latest of the vivisectionists' achievements might inculcate a little modesty among the advocates of the practice. It will not have that effect; but it should and will be noted by all disinterested persons who can influence legislation.—*Chemist and Druggist*, September 13th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Acland (Sir H. W.). Oxford and Modern Medicine. A Letter to Dr. James Andrew. 8vo. (Clarendon Press. 1s. 6d.)</p> <p>Atlas of the Central Nervous System; from the larger work of Hirschfeld and Léveillé. Edited by Howard H. Tooth. 87 Plates, hand-coloured. Imp. 8vo. (Churchill, 40s.)</p> <p>Beaumont (W. M.). The Shadow Test in the Diagnosis and Estimation of Amebitropia. Cr. 8vo. (H. K. Lewis. 2s. 6d.)</p> <p>Burnett (J. C.). Five Years' Experience in the New Cure of Consumption by its own Virus. Fc., 4l. (Homeopathic Publishing Company. 2s. 6d.)</p> <p>Cox's Companion to the Medicine Chest.</p> | <p>With Plain Rules for Taking the Medicines in the Cure of Diseases in a style adapted to every capacity. 53rd ed. 82mo, pp. 88. (Simpkin. 1s.)</p> <p>Eaton (R. C.). A Guide to Health, for the Use of Soldiers. Cr. 8vo, pp. 96. (Cassell. 2s.)</p> <p>Fraser (Alec.). A Guide to Operations on the Brain. 42 life-size Plates and 2 Woodcuts. Fol., pp. 24. (Churchill. 63s.)</p> <p>Gould (G. M.). A New Medical Dictionary, including all the Words and Phrases used in Medicine. 8vo. (H. K. Lewis. 16s.)</p> <p>Hughes (Alfred W.). Manual of Surgical Anatomy. With Coloured Plates. 12mo,</p> |
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- pp. iv—176. (E. and S. Livingstone, Edinburgh.)
- Hutchinson (Jonathan). Archives of Surgery. Vol. 2, No. 6. Coloured Plate. 8vo. sd, pp. 192. (Churchill. 2s. 6d.)
- Koch (Robert). The Cure of Consumption. Further Communications on a Remedy for Tuberculosis. Authorized Translation from the Original Paper published in the *Deutsche Medicinische Wochenschrift*. 8vo, pp. 32. (Heinemann. sd. 1s., 1s. 6d.)
- Lane (Hugh). Differentiation in Rheumatic Diseases. 5 Plates. Cr. 8vo, pp. 27. (Churchill. 1s. 6d.)
- Mitchell (C. P.). The Philosophy of Tumour Disease: A Research for Principles of its Treatment. 8vo. (Williams and Norgate. 16s.)
- Physician's Call-Book and Visiting List. (F. A. Davis. 4s. 6d.)
- Physician's All-requisite Account Book. (F. A. Davis. 28s.)
- Purdy (Chas. W.). Diabetes: Its Cause, Symptoms and Treatment. (F. A. Davis. 6s. 6d.)
- Robinson (Tom). Baldness and Greyness: Their Etrology, Pathology and Treatment. 3rd ed. Enlarged and Re-written. Cr. 8vo, pp. 146. (Hirschfeld. 2s. 6d.)
- Senn (N.). Principles of Surgery. (F. A. Davis. 24s. 6d.)
- Shoemaker (John V.). Hereditary Health and Personal Beauty. (F. A. Davis. 14s.)
- Sutton (Francis). A Systematic Handbook of Volumetric Analysis. 6th edit., enlarged and improved. 8vo. pp. 550. (Churchill. 17s. 6d.)
- Thomas (T. G.). Abortion and its Treatment from the Standpoint of Practical Experience. From Notes by P. B. Porter. Cr. 8vo. (Hirschfeld. 5s.)
- West (Samuel). How to Examine the Chest; a Practical Guide for the use of Students. 2nd ed. 12mo. (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, 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. T. M. Strong, Macon, Ga., U.S.A.; Dr. B. Fincke, New York; Dr. Dalzell, Wimbledon; Dr. Reed-Hill, Colchester; Dr. Nicholson, Clifton; Mr. J. Meredith, Lydney; Mr. James Epps, London; Ferrum; Dr. Burnett, London; Dr. Bojanous, Moscow; Dr. Berridge, London; Dr. Hitchcock, New York; Metcalfe's Hydro-pathic Establishment, Hastings.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Monthly Homeopathic Review.—Allg. Hom. Zeit.—Monatsblatter.—Chemist and Druggist.—New England Medical Gazette.—American Homeopathist.—Homeopatisch Maandblad.—The New Remedies (Oct.)—California Homeopath.—Revue Homeopathique Belge.—Homeopathic Belge.—Homeopathic Recorder.—Dutche Gazette.—Albany Medical Annals.—Geelong Advertiser (Sept. 29).—Hahne-mannian Monthly.—North American Journal of Homeopathy.—Medical Era.—Southern Journal of Homeopathy (two copies).—Medical Advance.—Medical Visitor.—Chironian.—New York Medical Times.—Launceston Examiner.—Dietetic Gazette.—Homeopathic Envoy.—Journal of Homeopathics.—L'Homeopathie Populaire.—Transactions of the California State Homeopathic Medical Society, 1890.—Farrington's Clinical Materia Medica, second edition.—Chemist and Druggist's Diary.—Metcalf's Hydro-pathic Establishment, Hastings.

THE HOMEOPATHIC WORLD.

FEBRUARY 2, 1891.

THE SECRET OUT.

DR. KOCH'S remedy is a secret no longer. The world-famed brown fluid consists of a "glycerine extract of a pure cultivation of tubercle bacilli." That is to say—Bacilli taken from a tuberculous patient are placed in some kind of meat jelly, under conditions of temperature and surroundings which favour their growth and multiplication; during this process they excrete substances (or produce them by bringing about changes in the jelly in which they grow and develop) which are of a highly poisonous nature, and which can be taken up by, and suspended in, a solution of glycerine, the bacilli themselves being left behind. This, then, is the famous liquid of KOCH.

In the course of his experiments KOCH found that the bacilli of a cultivation acted differently when injected into healthy guinea-pigs from what they did when injected into guinea-pigs already tuberculous. He also observed that the same difference of action occurred whether the bacilli used for injection were living or dead: "Pure cultivations of tubercle bacilli, after they have been ground down and suspended in water, can be injected under the skin of healthy guinea-pigs without producing anything but local suppuration." The same fluid injected into tubercular guinea-pigs had a powerful and rapidly fatal effect. When, however, the fluid was further and further diluted (till it represented about the homeopathic 3x), it could be injected repeatedly with nothing but beneficial results. The tubercle

bacilli were found to possess a powerful suppurative action. This Koch eliminated by excluding them altogether, and making an extract of the "soluble substance diffused into the fluids that surround the tubercle bacilli."

Tuberculinum, as used by Dr. BURNETT and others, compares closely with the intermediate injecting fluid of KOCH, that, namely, containing the dead bacilli. The homeopathic preparation is made from tubercular matter, containing bacilli and their environment, triturated (we presume) with sugar of milk in the first attenuations, and afterwards carried up in the usual way by successive dilutions with water and alcohol. It thus contains the essential properties of all KOCH'S preparations, and his hint as to the pus-forming powers of the bacilli should not be neglected by those who are using *Tuberculinum*.

The more that is known about KOCH'S remedy, the more evident does it become that its curative action is on identical lines with that of the homeopathic nosodes. His fluid is *like*, but not *identical* with, the poison of consumption. As with the *Pyrogen* of DRYSDALE, it contains the poisonous product of the bacilli, but not the living bacilli themselves. It will not give consumption to the healthy, and only exceptionally does it produce in them any symptoms at all. On those of the healthy who are exceptionally sensitive, and on all those who are tuberculous, the remedy has a specific action of such a violent nature that it produces alarming aggravation and, in some cases, rapid death.

The British Medical Journal of January 17th, which contains KOCH'S "further communication" detailing the nature of his fluid, contains also a report of a speech by Professor VIRCHOW giving his observations of patients who have died under treatment. Among the results observed by him may be enumerated the following: Intense congestion ("colossal hyperemia") of the brain and its membranes. The patient, a boy of 2½, suffered from "tubercular arachnitis"—tuberculosis of the membranes of the brain. Similar acute congestions and swellings of

other internal parts, as old ulcers in lungs and bowels. Enlargement of lymphatic glands, especially bronchial and mesenteric. Increase of the white elements of the blood—leucocytosis. Inflammations and edemas of erysipelatous kind. Critical swellings, such as edema glottidis erysipelatodes. Recent pleurisy, very severe, simple and tuberculous, frequently hemorrhagic, and not unfrequently bilateral. Caseous hepatization of the lungs. Caseous and catarrhal hepatization. The development of fresh tubercles. Perforating ulcers of the intestines and bronchial tubes.

These are some of the effects of the fluid as observed on patients, and, placed with the subjective and objective symptoms observed before death, and in those who do not succumb, give a graphic picture of the powers of the fluid. These are none the less “positive effects” of the fluid that they are observed on sensitive patients, and they are quite available for the use of homeopaths in an opposite way. Comparing the curative effects of *Tuberculinum* in Dr. BURNETT’S cases with the results and effects of KOCH’S fluid it is obvious that the two are working with the same poison—Dr. BURNETT’S in the homeopathic attenuations, robbed of their deadly powers, but all the more potent to heal. It might be worth while to attenuate KOCH’S fluid in the homeopathic way, and prove it in the high potencies. We suspect, however, that the symptoms will not differ greatly from those of *Tuberculinum*.

One word more as to the use of nosodes. It is objected by some that they are essentially filthy, and ought not to be used, whatever good they may contain; to acknowledge them is to discard all the principles of cleanliness which hygienists are continually preaching. There is certainly great force in the arguments. Healthy sentiment does recoil against them. There is, however, this much to be said for the homeopathic nosodes—they are never used lower than the 30th potency, which contains but the dicillionth part of the original material—ininitely less material than any one who enters a consumptive

hospital is bound to inhale. There is absolutely no material filth. There is nothing that the sharpest chemical or physical test can detect. There is nothing but a "dynamis," or "spirit-like force," as HAHNEMANN calls it. If this force can be extracted by innocent means and utilized for the good of those who are already infected, we see no solid reason why this should not be done.

NEWS AND NOTES.

IMPUDENCE.

THE following paragraph has been the round of the newspapers:—

"CURE FOR DIPHTHERIA.

"Graf von der Recke-Volmerstein, who is well known as having made for many years a special study of the treatment of diphtheria, declares, in an article in the *Kreuz Zeitung*, that, during the last five years he has been engaged in recommending *Mercurius cyanatus* as a remedy for that disease in all parts of Germany suffering from the epidemic, and he has never known of a single case proving fatal where the patient was treated according to his directions. If his prescription is taken at an early stage, he says, the disease is cured in two or three days, with ease; and even if the illness has reached an acute stage *Mercurius cyanatus* is almost invariably effectual. The remedy is really a homeopathic one, and is—*Hydraygr. cyanat.* 0·1, and spirit dilut. 150·0. A teaspoonful of this preparation should, he says, be mixed with a tumbler of water, and a teaspoonful of the mixture given to the patient every half-hour till improvement is shown, when the doses must be gradually reduced. The glass should be kept covered and should stand in a vessel of warm water to keep it tepid. Between the doses give a teaspoonful of tepid milk. Count Recke-Volmerstein declares that he can offer absolute proof of all his assertions. And, indeed, his name and that of the newspaper in which he writes are a guarantee that the remedy of which he writes is at least worthy of consideration."

As the curative power of *Merc. cyan.* in diphtheria was discovered by a worthy disciple of Hahnemann's, Dr. A Beck, in 1864, and since that date has been extensively tested and corroborated by practitioners of both schools all over the world, it seems rather late for the Graf, with the long but hitherto undistinguished name to claim the discovery as his. It would appear from the paragraph that the name of this Graf and of the newspaper he condescends to

write in were required to make the remedy worthy of consideration, and that all that has been written about it in the medical journals were inadequate to do that. In future we would advise those who have a new remedy to offer for any disease to first catch their Graf and launch it into public notice on his shoulders, then success is assured.

CHRYSANTHEMUMS.

THE following signed "J. B., Bristol," is from *Gardening Illustrated*, Oct. 25, 1890, p. 482. Perhaps some of our readers may know something about this:—

"Is the chrysanthemum injurious to health? I should be glad to know if any one else has felt any inconvenience from the culture of these plants, which I have always till now thought perfectly harmless, or whether what I am going to state is only peculiar to myself? Six years ago I commenced growing the chrysanthemum with seven plants, from these my collection has now grown to upwards of 250 varieties. All went well until July, 1889, when I happened to have a small wound in the face, being at the time busily employed tying the plants. The wound feeling irritable at times, I used to rub it with my hand, which soon brought on a great irritation and inflammation of the face and neck so that I have been kept to the house as long as a week at a time, and often three or four days, with swollen face and eyes. This year it has gone to the arms as well. I did not at all suspect the chrysanthemum until November, when I found whenever I was at work with or among them that the irritation increased; but in June of the present year, the first time that I had very much to do with them, it returned with greater force than ever, and has continued its attacks whenever I have had anything to do with them, and I am still under medical care from the effects. I may say that I use no artificial manure. I shall be very sorry if I am compelled to give up growing them, as I think they are very beautiful flowers."

ODIUM MEDICUM ABROAD.

The World of Jan. 21st is responsible for this item of news:—

"Although the matter has been to a great extent kept secret, a battle between homeopathy and allopathy has raged over the sick-bed of Princess Henrietta of Flanders precisely similar to that which occurred at the commencement of Lord Beaconsfield's fatal illness. Her mother, who is an ardent homeopathist, called in Dr. Martiny, the head of that school of medicine, and all the eminent orthodox physicians declined to meet him in consultation. The attitude they

assumed necessitated the summoning of a provincial practitioner by telegraph, and has given a wonderful opportunity to a young and able military doctor, who considers obedience the first duty of his calling."

THE LATE PRINCE BALDWIN.

WE understand that the statement that Prince Baldwin of Flanders was under homeopathist treatment, which occurred in *The Times* and other papers, is a mistake. He was treated by allopathic doctors from the first.

EDISON'S TREATMENT OF GOUT.

So many marvellous inventions have been given to the world by Mr. Edison, that it can astonish no one to learn he has discovered a cure for gout. According to *L'Union Republicaine* (Châlons) of Jan. 7th, Edison read a paper on the subject at the International Medical Congress at Berlin, which deserves more notice than it has received. According to this journal, the method of procedure is as follows :

"Seeing that an electric current, passing through a porous membrane, placed between two saline solutions, sets up the phenomena of endosmosis, that is to say, transfers reciprocally some of the two fluids from one side of the membrane to the other, it occurred to Mr. Eddison that he could make use of the skin of a gouty patient as a porous membrane and pass the current through it.

"One hand or one foot of a patient is plunged into a solution of lithia salt. The other corresponding limb is plunged into a solution of sea-salt. As the current always conveys the substance which is to be diffused to the positive pole, the negative pole corresponds to the sea-salt solution. The current passes and conveys the lithia through the skin, directly to the parts where the concretion has collected. In this way, thanks to electricity, lithia in abundance is directly applied to the deposit of urate of soda.

"Mr. Edison states that he has treated an old man by this method, and within six days his little finger has been freed from 3 grammes [Qy. grains] of chalky matter."

PATENT MEDICINES.

It appears by a paper read by Dr. W. B. Clarke, at the Birmingham meeting of the Southern Homeopathic Association (*Birmingham Age Herald*, Nov. 15th), that the sale of patent medicines in the United States has reached gigantic proportions. The amount manufactured is enor-

mous, and it is only by persistent advertisements that it can be disposed of. We quote a passage from the paper:—

“Every pill you swallow, every elixir you sip, detracts from your constitutional vigour and slyly draws the perfidious wrinkle of old age over your face. Every property which makes any agent a medicine, a killer or exterminator of disease, makes it at the same time and at the same rate a killer and exterminator of the vital powers of the system. In precisely the degree that calomel, jalap, ipecac, etc., make war upon the system itself, if you are possessed of a good natural constitution which is able to hold out under the assault or attack of the drugs, you recover; but even in this event it is always at the expense of your constitution and future health, and always at the price of an early old age, with all its concomitants, ills and infirmities.”

ORIGINAL COMMUNICATIONS.

ON HEMORRHOIDS.*

By DR. MACKECHNIE.

MR. PRESIDENT AND GENTLEMEN,—When asked by our indefatigable Secretary to read a paper, and what its subject would be, I chose that of Hemorrhoids, not that I expected to bring any special acumen to the subject, or that I could expect to teach you anything new in the pathology or therapeutics of piles, but that it is a convenient peg on which to hang a discussion; that so little seems to be said about it in modern days by physicians, who seem inclined to leave the matter wholly to one remedy, *Ferrum*, whether *frigidum* or *calidum*, or both, and that I am desirous to enter my feeble protest against this indiscriminate use of the knife in such cases, especially as I am afraid that amongst our own colleagues there is too great a tendency to relegate the treatment of piles to the surgeon. Of course, in this, as in many other matters, we are not masters of the field, and are subject to many influences, direct and indirect, but particularly to that of our colleagues of the old school, who, in their agnosticism as to the value of drugs, have nothing to fall back upon in the treatment of piles but the relief to be obtained in the removal of the damaged part.

We too, on our part, are many of us wanting in that

* A paper read at Bath before the Western Therapeutic Society.

faith in drug influence, which should enable us firmly to withstand the entreaties of patient and friend, by promising that time and perseverance will do what is wanted without mutilation. We are also influenced by the influx into our number of many new and younger practitioners, and glad we are to welcome them; but they are new from the schools, necessarily more or less under school influence, with some tincture of the aforesaid agnosticism, and knowing the value of similars but imperfectly, while they are able in the use of the knife, and in the ardour of youth lean strongly to the faith in things seen and tangible.

Hence, patients coming to us under the influence of this distressing malady of piles, requiring, as it sometimes does, prolonged and patient treatment of various kinds, are often unable, or unwilling, to give the time, trouble, and patience needful to work out a real cure, and desire, especially now that anesthetics and antiseptics are to the fore, the speedy riddance of their painful and disgusting encumbrances.

Now I am desirous of saying a few words in the hope of staying the tide which is carrying us towards surgery rather than homeopathy in this connection, and I think we should keep constantly before us the fact that we are advocates of the principle of similars; that every case which is operated on under our care is more or less a slur on that principle, which, notwithstanding, *is* capable in almost every case of effecting a cure. Of course, a great difficulty in bad cases is the need for time and careful nursing. Every case must, of course, be decided on its own merits; one cannot make any absolute rule, but it is for us to keep before the patient and his friends the fact that drug influence, with time and perseverance, *can* cure.

Our method of treating a case of piles must be largely modified by the conditions which brought about the attack, and the extent of the mischief done. It is scarcely needful for me to say anything here about the influence of occupation in the matter.

Whenever a case of piles comes under our care, we may be pretty sure that stasis and distension have been going on for long before we were applied to, and indeed for long before the patient became conscious of any embarrassment, so that even now when seeking our aid he has been first trying some treatment of his own, or of his neighbours, and putting off the application to his doctor as long as might be, but that now, some error of diet or drink, some chill adding

to the embarrassment of the circulation, or a purge which, while softening the stool and stirring up the muscular coat to action, has brought about additional congestion of the hemorrhoidal plexuses; and while swelling yet further the superior plexus, has irritated the sphincter and hindered the lower plexus from returning its contents to the superior; has rendered the mucous membrane irritable and congested, the arteries dilated and congested—so that, taking the whole local pathological condition in view, one need scarcely wonder at the distress and suffering witnessed in a case of inflamed piles, and one's first thought should be how to give relief, to free the occluded veins. Though it may seem most scientific to try and relieve at the hither end, yet so much is to be done at the *locus in quo* by heat and moisture combined, that I think it well to begin with these agents, either by hot hip-bath, or by steaming, or by fomentation; any of them well applied. I am myself very fond of steaming, but either will help very much to give relief and enable the patient generally to return the obtruded swelling through the sphincter. There are two points in this connection I am surprised constantly to find medical men so negligent in instructing their patients about. First, as to the method of getting the hemorrhoidal tumour returned within the sphincter, by bearing down as if in defecation at the same time that pressure is made gently and equally on the mass to get it into the rectum; at the same time some grease should be applied to lubricate it. Once get the tumours within the sphincter, the strangulation is over for the time, there is a certain sense of relief afforded, and the patient begins to feel that something is being done.

In cases of fluent piles, pressure may better be made with a warm moist sponge.

It may then be well to consider the need or advisability of relieving the bowels, and to find out if the rectum is loaded with hardened feces or not. In many cases it is worth while, and when needful I have a great liking for the Pulv. Glycirrhizæ Co. (Prussian preparation), which I consider better than enemata, although it takes twelve hours before it acts; but the means employed should depend rather on the habits of the patient, on his fears, his prejudices—before all, on the state of the fecal masses themselves, so far as that can be made out. If an enema is used, I prefer thin warm gruel, with a plentiful admixture of olive oil.

Having emptied the rectum, comes the consideration of the real drug treatment of the case, and I think one should at once administer *Aconite* or *Belladonna*, or perhaps give them alternately, being guided very much in this matter by the indications given by the thermometer, general febrile condition being the predominant indication for *Aconite*, and local active congestion, or inflammation, for *Belladonna*. In children with inflamed piles I always take *Chamomilla* well into consideration.

The dietary, of course, should be very carefully managed, generally should be but slightly azotised, not fatty nor alcoholised, leaving the patient but little else than farinaceous, vegetable, and fruity foods—all spices should be avoided, as they undoubtedly tend to irritate the part affected. This leads one to the consideration of one medicine, viz., *Capsicum*, which I have sometimes used with good effect in inflammatory piles. The special indications are, frequent small mucous stool with intense tenesmus after it.

Capsicum seems to be of use in fluent as well as blind piles, but the bleeding, when it occurs, is rather a general oozing than a hemorrhage from the varices themselves.

With these means we shall not long have to treat a case of inflamed piles before the great pain and inflammatory state will have so far subsided that the patient can be moving about, and able to perform his duties more or less freely; and then comes the question of further treatment, so that a really curative method may be put into operation.

Perhaps the most important considerations now are, the sex of the patient, and the habit of the bowels. If constipation be habitual; if there be a feeling of obstruction or of dryness; if the stools are dry, and hard, and in largish masses, either smooth or of agglutinated masses of scybala, one must think of *Æsculus*, especially if there be a dull aching pain over the lumbo-sacral region. Before *Æsculus* was brought well before the profession as a remedy in hemorrhoids with constipation, one was in the habit of looking principally to *Nux Vomica* and *Sulphur*, one or both, in such cases, but every one seems to think that *Æsculus* has almost superseded them.

It may be as appropriate a place as any to say here, that for many years I have made it a great point in cases of chronic or habitual piles to insist on my patients adopting the practice of emptying the rectum at night before going

to bed rather than at the usual one of doing so in the morning. The disturbed congested part has the time of the night's rest to recover itself, and the patient is much more likely to be able to go about his duties next day. It is often difficult to establish the habit, for the bowels are apt to relapse into their old established method, will not go at night, and will go in the morning; but the gain is so great that the patient should be strongly urged to persevere.

After *Æsculus* I think there is scarcely a better remedy than *Pulsatilla*, whether for acute or chronic, whether fluent or dry, whether in male or female. Its marked influence on the venous system, its still more marked influence on the digestive functions and on the mucous membranes wherever they may be, should point to *Pulsatilla* as a medicine bringing about a group of symptoms very closely similar to that we find in piles. Of course, where the special temperament or constitution is strongly marked, we may look for the more striking effects, but there can be no doubt that *Pulsatilla* suits very many cases of piles even amongst men. It is by no means only the female sex that is to be influenced by this potent drug. Wherever passive congestions occur, and especially where there is tendency to chronic catarrhal conditions, *Pulsatilla* should be taken into consideration; even constipation is not absolutely a contra-indication, but when one has hemorrhoids, dyspepsia, catarrhal tendency, varicosis elsewhere than in the rectum, dysmenorrhea or spasmenorrhea, it ought to suggest itself to one before almost any other drug in our *Materia Medica*.

Sulphur covers so much the same lines as *Pulsatilla* as to call for consideration in such cases; but the points in which it is chiefly distinguished are the presence of constipation, and the severe itching about the anus in sulphur symptoms.

Sulphur comes in alternately with *Æsculus* or with *Nux Vomica* in a large number of cases where there is constipation. Two or three days of the one and two or three days of the other is a convenient arrangement.

Nux is called for mostly among men, especially those who are given to the use of alcohol or of spices, or old dyspeptics, &c. (People who are subject to piles should, as a general rule, become abstainers.)

The constipation of *Nux* is one where there is want of expulsive desire, but where there is great relief after evacuation; there is frequent and ineffectual call neverthe-

less. The stool is hard or dry, there is pressure on the sacrum, but not so constant nor so marked as that from *Æsculus*. The piles are generally large and blind.

Collinsonia is a medicine of great value in piles, especially in those females who have inertia of the rectum, and general congestive tendency to the pelvis. It is especially valuable to pregnant women suffering from piles, and in the piles so often to be found in parturient women. Pruritus is here also a very marked symptom, while flatulence, colic, and tenesmus are additional indications for it.

While talking of pelvic congestion as a cause of piles, one must hardly pass by a classical remedy for such a state, though at the same time I will say that of late I have not used it, *Collinsonia* having taken its place—I mean *Aloes*, which produces a general abdominal, and specially a pelvic, congestion. There is very marked burning in the anus and tenesmus, often with faintness, and the bladder is often irritated.

I have already spoken of such cases of fluent hemorrhoids as are largely benefited by *Pulsatilla*—but though this last remedy is probably that of the largest range in piles in general, yet there are many cases in which one would much prefer employing *Hamamelis*, viz., such as present the fluent character in the most marked degree. Its wonderful influence on the venous system suggests it as a most valuable remedy, and experience carries out our expectation. It is especially in fluent piles with copious bleeding that it will speedily modify and arrest, and that without the fear one has been accustomed to hold of “the arrest of the hemorrhoidal flux.”

The less fluent forms, if associated with varicosities or any indications of venous troubles, may make *Hamamelis* worthy of precedence before *Pulsatilla*, while the catarrhal state of the mucous membrane may give *Pulsatilla* the precedence.

My time is running short, but there is one medicine, viz., *Muriatic Acid*, I must mention, which I have found of very great value, especially among people advanced in years whose piles continue to trouble them. The piles are large and painful, very tender, and suggest that ulceration has taken or is likely to take place. In such cases there is a general adynamia, and an offensive odour of the breath and of other secretions is often present.

When hemorrhoids have gone on so far, or have been so

frequently renewed, that the various layers of the rectum and anus become thickened, while the tumours themselves, the varices, create irregularities where ulcers are very likely to develop, and which from their position take peculiar forms as in so-called anal fissure, if any conditions consequent on piles can justify the use of the knife it will be these ; but I am sure that in these cases, if the patient can and will give the time, the attention, and the nursing that such a case requires, we may do perfectly well without the metal.

The great requirement is the careful and continual cleansing of the rectum, which must be effected with as little disturbance to the part as possible, almost absolute rest being needed by the patient. *Calendula* as a local application is most useful, and I have heard *Hydrastis* equally vaunted. The stools must be kept in a soluble condition, if possible, by means of suitable diet, *e.g.*, fruit, tamarinds, &c., &c. I am quite inclined to think that *Cocaine* in weak solution is not only justifiable, but of real utility in such cases.

I have used *Ignatia*, *Æsculus*, *Graphites*, and many other medicines in such cases with more or less advantage, but I think I have derived most benefit from the two latter.

I can say that I have cured a good many cases of fistula in ano without the knife, in fact I consider this affection much more tractable than the affection I have just been talking of, but it requires equally rest for its treatment, and careful nursing and syringing.

The remedies I have used have been *Silicea* almost exclusively, *Calcarea* a little as internal remedies, and *Calendula* and *Hydrastis* and water-glass as local remedies.

I have at present here in Bath under my temporary care a patient who was cured by our friend A. C. Clifton many years ago (about fifty) of fistula in ano, and who remains cured now. He had been condemned for operation by one of the chief London surgeons of the day, went home to Northampton, submitted himself to Clifton's care, got cured, and went back to the surgeon thinking he would be delighted to hear of a remedy for a disorder which he could only himself cure with the knife, and was quite astonished at the indignation that gentleman showed on hearing the said report !

It is scarcely needful for me to say that I have only attempted to give a glance at the medicines I have found.

of the principal use in these affections, that I will not longer keep you.

CASES TREATED AT THE LONDON HOMEOPATHIC HOSPITAL.

BY THOS. SKINNER, M.D.

CASE 1.—*Ozena*.—Miss —— came to the hospital on July 5, 1890. She complained of a discharge from the nose and throat. Very offensive odour from nostrils, and putrid taste in mouth, throat, and posterior nares. Liable to catch colds.

Consulted allopaths, who called it post-nasal catarrh, and she got strengthening medicine, but the smell, &c. got worse, also obstruction of r. nostril, which was very troublesome—with great difficulty in dislodging the green clinkers.

July 19th.—*Puls.* 30 n & m did some good, but she caught a cold. *Puls.* 200 n & m.

Sept. 13th.—*Lues.* cm. one dose, with *S.L.* to follow.

Sept. 20th.—Much better, but return of the *Ozena*, which was treated with *S.L.* until Sept. 27th, when she received *Lues.* cm one dose statim and one h.s.s.; *S.L.* for fourteen days at bedtime. *S.L.* was continued till Nov. 22nd, there was then aggravation to vision by candlelight. *Sepia* 30 every night.

Dec. 13th.—Vision better. Epistaxis on blowing nose. Sneezing at all times. *Sulph.* 30 n & m.

Jan. 3, 1891.—Better in most respects. No more epistaxis, no bad odour. But there is much green discharge from r. nostril on blowing it.

Irritable bladder. Sneezing less frequent. *Sulph.* cm one dose h.s.s., *S.L.* n & m.

N.B.—I expect that *Sepia*, *Puls.*, or *Kali-bi.* will finish the case with or without an occasional dose of *Lues.* higher.

CASE 2.—*Neuralgia*.—Ellen H., 25, bookfolder, came to the hospital Nov. 25th, complaining of pain in r. eye and temple, which she has had for several years.

The pain was aggravated by cold.

The bowels were confined.

She received *Bellad.* 200.

On December 20th she reported herself very much better. The pain was not nearly so frequent, and the constipation was better.

She received one dose of the *Bellad.* cm.

CALENDULA OFFICINALIS: ITS ACTION, ESPECIALLY IN CASES OF OBSTINATE DEAFNESS.

BY ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London Homeopathic Hospital.

(Continued from page 538, vol. xxv.)

CASE 18.—Master A., *æt.* 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. For the first two weeks this caused general improvement; after this the appetite fell off and the submaxillary glands became swollen. Then pilules of the 3rd dec. were given, with the result that he improved very rapidly and is now quite well.

This case, taken along with Case 8, teaches the lesson that *Calendula* offers no exception to the rule that the best selected remedies are the ones most likely to aggravate. *The drift of its effects being upon the submaxillary glands is very instructive, always supposing that the aggravation was a genuine effect of Calendula, as there is every reason to believe.*

CASE 19.—Deafness in both ears in a girl of 26, with headaches which last several hours, and dizziness. R. old catarrhal deafness. L. was injured in an operation for polypus by a former adviser. Prescribed: *Calend. Off.* gtt. vii.—3ii, 5 drops n. & m. and *Calendula* 3rd as snuff. Result: Decided relief to headaches, otherwise no change.

CASE 20.—Miss —, *æt.* 17. Case is given in the paper referred to at page 7 of January number of *Monthly Homeopathic Review*. The patient discontinued attending last June, with her hearing as nearly as possible perfect, and has kept, I am told, quite well since.

CASE 21.—Severe sneezing in a man, *æt.* 42, somewhat like hay-fever; great relief from *Calend. Off.* 3rd dec. snuff. Result: Doubtful, as other measures were employed.

CASE 22.—A. K., a boy of 12. Deaf to voice. W. Hearing good. Great improvement for some months, from *Calend.* 3rd dec. snuff, and then he fell back, but is still under treatment in the holidays.

CASE 23.—Miss M. S., *æt.* 30. Old standing (12 or 14 years) and very obstinate vascular deafness with nervo-catarrhal symptoms. *Calend. Off.* ϕ , 7 drops to go over a fortnight, with 3rd dec. snuff, was followed by improvement in hearing and in general health, and the ears from feeling

cold had resumed their natural warmth. Result: Immediate—improvement; final—unknown.

CASE 24.—J. C., *æt.* 25. Singing and deafness, worse from fatigue and damp; thickened membranes. *Calendula* 3rd and ϕ were given. Result: Uncertain.

CASE 25.—Miss M. Ulcerative catarrh of both ears with much deafness. Hearing has returned perfectly under treatment. Result, in a great measure due to *Calendula*.

CASE 26.—Vascular deafness in a man of 44, of 30 years' standing. *Calend.* 3rd dec. snuff caused much draining from the nostrils, but no improvement in hearing in the short time he was under observation.

CASE 27.—Mr. C., *æt.* 40. Vascular deafness. Duration 15 years, with blocked feeling in the right, worse in damp. *Calend. Off.* 3rd dec., one fortnight of; ears seemed clearer and to act in sympathy, which they had not done previously.

CASE 28.—Aged about 54. Vascular deafness for some 15 years. No effect from *Calendula* ϕ , 15 drops in the fortnight.

CASE 29.—Miss R., *æt.* 24. Deafness since measles since 7 years old. *Calendula Off.* was given without apparent benefit for two weeks, then again given with improvement; other selections were then given, and after some six weeks *Calend. Off.* was again given in ϕ ; without any immediate effect, but have since heard she had much improved. Result doubtful.

CASE 30.—Mrs. H., *æt.* 58. Continually taking cold, and voice and hearing get affected; continual sneezing. Vascular deafness, double, gradually advancing three years. Result: Voice improved under *Calend. Off.* ϕ and 3rd dec. internally. Deafness afterwards improved, but with other selections.

CASE 31.—Henry S. First seen at hospital. Aged 28. Deaf both 14 years. Date 12th Oct., 1889. Hearing dist. (W.) Off contact only, both. Constantly taking cold with tinnitus and vertigo. General health good. Went on with *Calendula* ϕ , 3rd of a drop t.d. till 7th Dec., 1889, when he left quite well. Hearing R. 40 in., L. 30 in. This I consider a very striking result of *Calendula*, for to no other cause can we ascribe this very brilliant cure.

CASE 32.—Miss S., *æt.* 24. Vascular deafness, 12 years, after scarlatina; very deaf to voice in left ear, watch heard at 15 in., no otorrhea, no variation in amount, but varying with colds, decidedly worse in damp weather. Hears watch.

barely off contact, has to be shouted at. *Calend. φ*, a drop daily, improved the hearing, but is still under treatment. Result: Slight improvement.

CASE 35.—S. A., Esq., *æt.* 27. Singing and deafness in both for some months. Five drops of *Calend.* were given in *φ* night and morning, and with decided improvement in the tinnitus and deafness. (After this he went abroad.)

CASE 36.—Henry S. G., *æt.* 47. Old vascular deafness, very obstinate with singing. Both ears affected, right worst. *Calendula Off. φ*, one drop a day for a month, improved singing and deafness and tendency to take cold.

CASE 37.—Miss M. H., *æt.* 14. Deaf three years. *Calendula Off.* completely failed in this case, the only one of the kind in which *Calend.* has not brought about improvement. And the reason seems simple enough. It was not indicated. The symptom, hearing best for distant sounds, was present. This symptom, if particularly well marked, is a key-note to Acid Tannic, which was given in the 30th, and, so far, with benefit; but the case is still under treatment.

CASE 38.—Earl ——. Old standing and very obstinate deafness. *Calend. Off. φ* cleared the hearing and lessened the accompanying singing, after failure with very many other remedies. Result: Improvement, still under treatment.

CASE 39.—Rev. J. B. S. Deafness some ten or twelve years. *Calend. φ*, and as a snuff, certainly cleared the hearing. Result: Improvement of voice-hearing only.

CASE 40.—Henry E., *æt.* 45. Sea-faring occupation. Full habit. Vascular deafness of some years' duration. Membranes dull purplish thickened. Hearing distance, R. 5 in., L. 4 in. On the 19th March, 1889, prescribed *Calend. Off. φ*, 20 drops to $\frac{1}{2}$ oz. of water, 5 drops every third hour. 22nd March, returned complaining of having had a shivering attack followed by diarrhœa, which began at 2 or 3 o'clock in afternoon, and lasted till 2 or 3 the next morning with chilly feeling, no perspiration, loss of appetite or thirst; the next day had diarrhœa at 8 o'clock, and again at midnight. The medicine seemed to affect all the veins and nerves of the body. This attack came the day following his beginning with it, and since has felt better and clearer, and hearing is better. It is impossible to say if this seizure was due to the *Calendula*; it would seem to have been determined by it, and if so, it is interesting to know that the whole of the veins and nerves of the body seemed to be affected.

Now the short proving we possess of *Calendula* brings out prominently a disposition to aguish attacks. The patient, I may say, was not aguish, but was very sensitive to medicines. Result: Hearing cleared under *Calendula*. Patient now abroad.

CASE 41.—Mrs. G. *æt.* 47. Right ear deaf till last few (10) days. Left deaf since 8 or 9 years old. General health fairly good. Left membrane cicatricial spot, probably the seat of old perforation. The right ear soon got well under *Kali Hydriod.*, followed by *Mangan. Acet.* 3rd dec. On the 1st March (after taking *Kal. Hyd.* 30) the report was: Hears much better, but if there are many sounds together hears only the loudest. Singing gone from the right, less in the left. Left feels cotton-woolly. Prescribed *Mangan. Acet.* 3rd dec., 7 drops to go over the week.

March 8th. Feeling very well in herself, but both ears feel closed, especially the left, and moisture comes from the ears in the morning. Hearing dist. R. 50, L. 5 in. Same prescription and *Calendula Off.* 3rd dec. trit. thrice daily as snuff.

March 15th. Very much better, but throat husky, tendency to sneeze, less singing in left; hearing more natural, muffled feeling gone from right, still in left. R. normal, L. 3 in. To have *Calend. Off.* ϕ , 7 drops for a week as well as snuff.

March 22nd. Certainly very much better. This prescription was gone on with, with trivial variation, and by the 15th of May the hearing had gone up to 20 in. in the left ear, and she was using it for hearing purposes for the first time for many years. Remarkable establishment of hearing in an ear supposed quite useless and condemned by all advisers.

CASE 42.—Kate —, *æt.* (about) 23. Never remembers hearing properly; hears sounds of speaking but cannot catch the words; when chilly is worst, but cannot say that damp specially affects her. Has never cared for drinking any kind of fluid; deafness worse before the M. P., and when tired M. P. regular, some dysmenorrhea. *Calendula* ϕ , 15 drops to go over the fortnight. After three weeks reported improvement, but watch hearing remained the same. After this *Calcar. Carb.* 200 was given with apparent benefit, and this was followed up by *Acid Picric.* 3rd dec., which I considered indicated, and the watch hearing went up from R. 23 in., L. 20 in., to R. 50 in., L. 35 in., while conversation-hearing became quite good. Result of *Calendula*: Improvement

certainly in voice-hearing, none in watch-hearing and probable breaking down in the real obstinacy of the deafness.

CASE 43.—Rev. A. G., *et.* 37, 15th April, 1890. Voice has been weakened and throat and ears feel stuffy, which he attributes to recurring attacks of influenza in the spring. Not actually deaf. Left tonsil large, general health fair. *Calend. Off.* ϕ , 15 drops for a fortnight.

September 19th, 1890. Reported considerable improvement; voice has been stronger, but within the last few days has had a cold which has brought on the stuffy feelings, and head feels tired; no other report. Results as above.

CASE 44.—Miss R., *et.* 20. Every spring for the last four or five years gets a sore throat which lasts till August, and is often accompanied by a gathering in the back of the nose. Comes from a phthisical stock. Now, throat bad four or five days, worse in the evening, aching very much but not smarting and no soreness; feels swollen and aches very much in damp weather. A good deal of otalgia in the right ear. Had influenza for three or four weeks with much pain in the left side and phlegmy cough, but well of this two weeks. Bowels confined (1 in 2), M. P. regular. Dysmenorrhœa the first day, pain in front of abdomen chiefly, no sickness or headache. Appetite fair, but throat makes her feel sick. *Calend. Off.* ϕ , 7 drops to go over the week.

March 29th (one week after coming). Medicine seemed to clear the throat very quickly, and after taking it a day place broke on right side, but not with bleeding as usual. Ear and throat pained a good deal before it broke. To continue another week. Has kept well (November 20th. The date up to which these cases are collected).

HAHNEMANNIAN CURES.—No. 9.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE IX.—*Sulphur*. August 24, 1878. Mrs. — was delivered of a child nine months ago; ever since, at times, has suffered from piles, with soreness there like a blister, and sometimes burning, relieved by the application of lard. For fourteen days prolapsus of rectum for about an inch, first noticed while walking, with great soreness and throbbing. For five months, at times, pain in coccyx like

drawing a tooth, felt on rising from sitting, and to a slight degree if she sits long; but not when standing or lying.

Diagnosis of remedy.—The most peculiar and characteristic symptom was the pain in coccyx “like drawing a tooth.” The most similar symptom is given in Bœnninghausen’s German Repertory: “Dislocated pain (*Verrenkschmerz*) in coccyx, *Sulphur* ;” also in an extract on Coccydynia from C. Hering’s *Analytical Therapeutics*, published in *Hahnemannian Monthly*, 1871, vol. vii. p. 110: “Sore feeling as if sprained, *Lach.*, *Sulph.*” Both remedies have the burning in piles, but only *Sulph.* has the soreness; the peculiar symptom “like a blister,” and the relief from lard, have not yet been recorded under any remedy. Both have prolapsus of rectum; the aggravation from walking, and the concomitant throbbing, have not been recorded under any remedy; though both have throbbing in anus, and *Sulphur* has the analogous symptom of aggravation of piles by walking. Neither remedy has the conditions of the coccygeal pain. *Belladonna* has aggravation of coccygeal pain from sitting long, and relief by standing; but it does not correspond so well to the remainder of the symptoms. Aggravation of coccygeal symptoms by sitting belongs to *Am.-mur.*, *Carb.-an.*, *Dros.*, *Kali-bich.*, *Ledum.*, *Paris.*, *Petr.*, *Plat.*, *Rhus*, *Tetrad.*, *Thuji.*, *Zinc*. These, however, were contra-indicated by the pain not being aggravated merely from sitting, but only from sitting long, and even then it was slight; also *Carb.-an.* has aggravation, and not amelioration, from lying.

Sulphur was clearly the *simillimum*, and I gave one dose of *Sulphur Dm.* (F.C.)

Sept. 2nd.—The prolapsus ceased gradually, and after August 28th was gone; the soreness and throbbing were better on 25th, and gone on 26th; the coccygeal pain unchanged.

Sept. 10th.—No return of prolapsus, piles, or rectal pains; coccygeal pain better for a week.

Sept. 28th.—Coccygeal pain has ceased for nine or ten days; no return of the other symptoms.

Feb. 19, 1879.—Has remained perfectly well.

Comments.—(1) In this case the pain attending the prolapsus was relieved before the prolapsus itself; just as when the homeopathic remedy is given in a case of abscess or calculus, the pain is first relieved, and afterwards the objective symptoms disappear. This is the great distinc-

tion between a homeopathic cure and a natural recovery. The coccygeal pain, having been of longer duration than the prolapsus, required a longer time to be cured. This is another test of a truly homeopathic and permanent cure, that the symptoms disappear in the inverse order of their appearance; if they disappear in any other order, the cure is not permanent, and the symptoms will return, though perhaps in a modified form. That the oldest symptom, the piles, disappeared before the coccygeal pain, does not really contradict Hahnemann's teaching on this point, being only an apparent exception to the rule; because, when the prolapsus was cured, they would necessarily improve at once, owing to their interdependence.

(2) This case adds some new clinical symptoms, to be added to the *Materia Medica* when verified. Objections have not unfrequently been taken to the practice of those physicians who make use of clinical (*i.e.*, cured but not pathogenetic) symptoms as indications for the selection of the remedy, on the ground that Hahnemann was opposed to their use. But as it has also been asserted that some of the symptoms of Hahnemann's *Chronic Diseases* were merely clinical, the former objection falls to the ground; and the assertion if true, (and there are some grounds for it in one instance), demonstrates that their practice in this respect has the practical endorsement of the Master himself.

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TWO LITTLE-KNOWN REMEDIES.

Onosmodium Virginianum.

In *The Hahnemannian Monthly* for November, 1890, Dr. H. F. Ivins publishes an excellent case illustrating the power of *Onosmodium* in certain headaches. The remedy is not mentioned in *Allen's Encyclopedia* nor in *Hering's Guiding Symptoms*; but *Allen's Handbook* gives an account of it. The following symptoms are found under "Head":—

"Frontal pain over eyes, worse over left eye, over bridge of nose, in l. eminence; in r. eminence changing to l., where it remained; running back into neck; heavy, and the same pain

in temples and mastoid region. Pain in l. temple. . . . Dull heavy pains in l. side and over l. eye, extending around to back of head and neck, worse from movement and jar, forcing her to go to bed, when they were better after sleep, but returned soon after waking. Occipito-frontal pain in morning on waking."

Under "Clinical" :—

"Dull headache, worse in occipital region, usually extending down nape or over one side of head, generally l.; with the headache usually dizziness and sometimes nausea, and either preceding or following the headache pain in or over the corresponding eye, with stiff strained sensation in the eye, worse reading or near vision."

Dr. Ivins' case was characterized as follows :—

Constant dull headache for 10 years in a gentleman, 46, chiefly centred over the left eye and in left temple; at times so sharp as to be almost unendurable; pain not aggravated by light, noises, or use of the eyes, but always worse in the dark or lying down. There were severe hypermetropia and astigmatism in the case, and glasses gave some slight relief to the headache. There was also long-standing naso-pharyngeal catarrh. Many medicines were given without avail till *Onosmodium* was thought of as likely to assist the glasses. Three doses in pellets of No. 35 cured.

Alstonia Constricta.

Dr. Dietz relates six cases in which *Alstonia Constricta* had proved of great service. He gives the following as its characteristic symptoms :—

1. Great debility, with loss of appetite and weak digestion. Tongue generally coated a dirty white, especially towards the base, though it may be clean.

Debility appears to be the key-note, if dependent on a lack of digestive power in the stomach or lack of general assimilative power.

(It is not indicated in debility of a purely nervous type—here it has failed entirely. It has had no marked benefit on the depression following *la grippe*.)

2. Nausea < mornings, before breakfast, or at irregular times, especially when depending on reflex irritation due to disturbances of the pelvic organs.

3. An empty, gone feeling in the stomach or else in the whole abdomen, coming at irregular times and generally associated with bearing and dragging-down sensation in the hypogastrium.

The first case was that of Miss M., 23, delicate, pale, subject to fainting spells and attacks of loss of voice. Her symptoms when coming under treatment were: Pale; emaciated; great debility. Weak feeling in whole abdomen, accompanied with dragging sensation, as if everything would escape through the vulva. Nausea in mornings on getting up; has to lie down again to prevent vomiting; frequent fainting spells, especially after her menses. Very despondent; thinks she will die. Her pale face flushes on least excitement (she has taken much iron). Appetite always poor; food seemed to remain in stomach undigested for a long time. Tongue coated white, but very red edges. Frequent attacks of cramp in stomach after midnight. Diarrhea, with stool of undigested food, immediately after eating; has to leave the table before finishing her meal (*Ferr.*). Frequent attacks of palpitation. *Puls.*, *Sep.*, *Lilium tig.*, *Aletris*, *Sulph.*, *Aloe*, and *Nat. mur.* made no marked impression on the case, when *Alstonia Cons.* 1x was given, and completely cured the patient.

The next case was that of Miss S., 22, who was broken down by a heavy nursing case, and had leucorrhea and bearing down < by walking, much lumbar backache, shooting and throbbing pains, at other times aching, in right ovarian region; menses dirty brown, accompanied by cramps, and always preceded by diarrhea; great debility; nausea in morning on awaking. She was florid, fairly nourished; always had good appetite. *Alst. Con.* removed all the symptoms, except the ovarian pains, after partial benefit had been given by *Alet.*, *Calc. ph.*, *Bell.*, *Kreas.*, and *Nit. ac.*

In another case, that of a married woman, 28, suffering from over-lactation and over-work, there were these symptoms, in addition to the usual ones: Sharp, shooting pains extending from left side of stomach through to back. At the moment she falls asleep wakes up suddenly, becoming wide awake, with violent palpitation of the heart and throbbing in blood-vessels, accompanied by a numb sensation of the tongue.

All symptoms were entirely removed by *Alst. Con.*

In another case relieved by this remedy there was a sore, swollen feeling in right ovarian region; and in another intercostal neuralgia.

The symptoms appear to have been < by exertion, and by motion, and > by lying down.

According to the *Companion to the B. H. P.*, *Alstonia Constricta* belongs to the N. O. Apocynaceae, and is called "Bitter Bark," and native Quinine Bark. It is indigenous to New South Wales and Queensland.

NOTES ON DRUGS.

BY AGRICOLA.

CALCIUM (WITH ITS VARIOUS SALTS) AS A DRUG.

Who is there amongst us, laity or professional, that ever considers the countless metamorphoses which the bit of snail-shell, shell of mussel, oyster, crab, sturgeon, etc., has undergone, during the millions of years of calcium's existence in this our earth? Yet each and every atom of *Calcium* is a powerful dynamic: specially so under Hahnemann's immortal *schema*.

Desiring to put to a crucial test whether the elaborate chemical processes prescribed in the *materia medica* manipulations for the crude drug *Calcarea carbonica* was a *sine qua non* for obtaining therapeutic action and results, I took the common whiting of the shops as the ϕ for my triturations. With that in the form of 6x alternated with *Mercuric cyanide* 6x I succeeded in causing complete absorption of an enormous uterine tumour diagnosed in 1879 and again in 1884, by two M.Ds. well known in homeopathic circles, and whose names can be had from the Editor. Also that of the allopath M.D. who has recently declared the said tumour's non-existence.

AURUM, VARIOUS FORMS OF, AS MEDICINE.

Why is it that homeopathy does not profit more from the chemical researches and the practical applications of her sister arts—photography, metallurgy and electro-chemical metallic deposition? On account of, amongst other features, their far greater solubility, *Auric cyanide* and *Auric sulpho-cyanide* are much used therein.

Profiting from the above, I have already made numerous

therapeutic uses of each of these salts in the (chiefly) 6x trituration form, and with very satisfactory results.

Strange to say, the operative chemists to whom I have applied for these salts, have, with two exceptions, said these salts are not obtainable. Well, electro-platers generally find no such difficulty I conclude.

Chemical combinations or metallic salts having in modern times become recognized drugs in the grandest of all arts, homeopathy, it occurs to me that the metallic alloy of *Aurum* and *Hydrargyrum* would prove a valuable drug. Will any one try it? if so, please obtain some, and also my address from our Editor, when I for one would co-operate also.

RHUS RADICANS.

Allopaths will not be taught.

The item as described in the third paragraph, p. 20, induced me to inform a local M.D. (one who was frequently taunted in a good-humoured way by his friends with the success of a homeopathic layman in curing cases he had long ago abandoned as hopeless and past all remedial aid), that in my own person he might witness the *causative* morbid actions of *Rhus*; and that, provided he were really conscientious and desirous of affording relief to physical suffering, he might receive from me particulars of my successful treatment of those numerous cases of cutaneous diseases which he himself had abandoned. While pleading professional engagements as being urgent (although he passed close by every day) he "refused to be fettered in his practice by *any* dogmas, either theoretical or pathological, and especially by one so far-fetched as that of *similia similibus curentur*."

Yet this M.D. did not hesitate to inject as a therapeutic experiment into the cutaneous circulation of a slightly phthisical girl, a dose of something, and forthwith to order her "away for a change." She died on the 14th day after the said injection.

AGARICUS MUSCARIUS AMANITA.

Coryza, cut short by *Aconite* 3x, every twenty minutes, was followed by broncho-rhagia, which with me is generally a serious matter, though yielding more or less to *Bry.* 3x. Expectoration was profuse, easy, slaty, chiefly present on

rising and in evening. Having occasion to experiment (for the first time with this drug) on myself for spinal pains, etc., with *Agaricus Amanita* which grows luxuriantly amongst the Scotch firs in my own grounds during the autumn months, I commenced with a 3x tincture made six years ago from this most beautiful fungus by means of glycerine and spirit, in which solvent the fungus virtually melted. To my astonishment on the second day all signs of expectoration were gone. On consulting the article *Amanita* in "Le dictionnaire universel de matiere medicale," 1829, I find under thirty-drop doses, "*puissant moyen curatif contre les toux opiniâtres avec expectoration muqueuse ou purulente,*" but there are also symptoms *causative* observed by me, of which I hope to make a subject matter for a further communication.

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

No. 47.

[To DR. HERING.]

TRUEST AND MOST ZEALOUS PROPAGATOR OF OUR ART!—An adverse fate has apparently caused to be lost and not allowed to reach you my two letters to you; the first, thanking you for electing me honorary president of the Hahnemann Society of Philadelphia, and for sending me a diploma; the second, giving a detailed account of my disagreeable relations with the German homeopaths. The first was sent by the Prussian Post Office in Hamburg, the second by the homeopath in Bremerlehe. I am now very much nearer to you on account of the sure and regular communication from this place through Havre.

I am in Paris, and I may say settled here. My incomparable second wife, a model of science, art, industry, with the noblest heart and intellect, and filled with unspeakable love for myself, from her youth honoured and valued by the most highly esteemed people here, Marie Melanie d'Hervilly, makes what remains to me of life a heaven upon earth, since the 18th January, 1835, in Köthen, and since the 25th June, 1835, in Paris. She is already so skilful in our divine healing art, and such a zealous student of it, that she has already effected a number of splendid cures of the most difficult chronic diseases among the poor. All this has made me at heart ten years younger, and for forty years I have not enjoyed such unalloyed health as since then. My Melanie

anticipates all my wishes and needs without waiting for a hint from me—she is an angel in human form!

I have met here a number of so-called homeopaths^o; they indeed confidently call themselves so, but are and continue to be mostly charlatans. But among the others in the provinces, of whom there is a considerable number, there are many good ones. The better homeopathic school at Geneva wanted to persuade me to endeavour to convert those here by means of stirring appeals and controversial writings. But I never had any inclination for that sort of thing, and never shall have. I chose to act in another way. I cured, which of course they couldn't do, a number of very highly distinguished persons of the most serious diseases, which not only gained me immense renown (which is very remarkable in so short a time in this immense city), but which also put a stop to the persecution of the influential half-homeopaths here who pursued me with scorn and calumny, and stirred up the honest converts to study our art in a genuine and thorough manner. Every Monday evening I invite the better sort to assemble in my beautiful drawing-room adorned with the finest collection of pictures, and I hold friendly converse with them on the most important points on which they need instruction, for I now speak French pretty fluently—which it was rather difficult for me to learn at my advanced age. All this shocked and silenced the Royal Academy of Medicine, who, before I came here, had pronounced a sentence of excommunication against homeopathy in a decree intended as an answer to a letter addressed to them by M. Guizot,* the Minister of Public Instruction, in which he asks them whether hospitals and schools for homeopathy should not be instituted. This ancient body, composed of so-called committees of allopaths, will eventually cut but a sorry figure in the history of medicine. They are almost without exception the most barbarous bleeders and leech-appliers. They do, teach; and know nothing else. Broussais' false teaching has for the last twenty years turned them into shameless murderers; whilst Broussais himself is now beginning to repudiate his own doctrine and to incline to homeopathy. In establishing his frightful blood-letting method he completely destroyed the whole system of drug-prescribing, so that the apothecaries here have a wretched part to play. The 1,300 French allopaths here give their patients, instead of medicine, nothing but a solution of gum Arabic, called *eau de gomme*, and

* [It was through M. Guizot that Hahnemann was allowed by royal decree, dated Aug. 31, 1835, to practise medicine in Paris. Commenting on this the *Temps* wittily remarked: "We need not be surprised at this, for Hahnemann is as good a *doctrinaire* as Guizot himself. His doctrine consists in prescribing medicines for his patients in as small doses as the *doctrinaire* Minister prescribes liberty for the country."]

subject them to a starvation diet. This will eventually prove very advantageous to homeopathy.

The Griesselich schism, which has already spread extensively in Germany, has taken root here too. Everything that can prostitute the practice of the most difficult of all human arts, encourage caprice, avarice, and laziness, and destroy love for one's fellow-creatures, is attributable to this false doctrine. Such a wicked perversion of our holy doctrine was unavoidable among the baser sort of men; it is full of attractions for them.

But the day will come when a discerning posterity shall regard it with contempt—*parturiunt montes nascetur ridiculus mus*—the boasted effect, the real cure of serious diseases, does not take place. Hence I have never troubled myself about it. Bragging, boasting, promising grand things may for a while excite attention and gain adherents in many of the so-called arts (as formerly in the art of making gold), but in the healing art all this avails nought: here *cures* must be made. The public rightly demands *facta*, and that is just what Griesselichism cannot give.

I have made some improvements in the technicalities of our art, which I will now *first* communicate to you. Before Aegidi's suggestion I was in the habit of giving the globule or globules dissolved in water, so that the patient might take them or it in divided portions. Now, as my medicines are very powerful, I dissolve seldom more than one globule in 7, 15, 20, 30 table-spoonfuls of water, and, because the patient has no distilled water (which, besides, after a few days becomes spoilt and ferments), I employ spring or river water for this purpose, mixed with $\frac{1}{15}$ th or $\frac{1}{20}$ th part of spirits of wine, or I put three or four small pieces of hard wood charcoal into the solution. This mixture, of which the patient affected with a chronic malady takes a table-spoonful every day or every other day, or 1, 2, or 3 teaspoonfuls, is to be shaken in the bottle five or six times every time a dose is taken, in order to change the degree of dynamization each time. The effect of this is that the vital force of the patient assimilates the remedy more kindly. When the patient has taken all the mixture, and the same medicine seems still to be required, I never repeat it in the same potency, but always in another, generally a lower potency.* Thus, for instance, I have often been able to administer *Sulphur* daily for months at a time with the most astonishingly good effects. And so also all other well-indicated medicines, as long as they continued to do good.

* [Hahnemann here means by *lower*, a *less* (not as formerly a *more*) diluted preparation, as we find on reference to his latest directions for repeating the medicine in the third part of the second Edition of his *Chronic Diseases*, published the following year. Indeed the directions given in this letter are a mere abridgment of what he says in that part of the work referred to. A translation of these final technical changes in Hahnemann's practice will be found in my edition of the *Organon*, p. 295, note.]

But as there are some maladies which require more energetic action than can be obtained by internal administration or by olfaction—*e.g.*, remains of apparently cured cutaneous disease, unattended by morbid sensations, or old malignant affections of another kind, either external or internal—I use the same medicinal solution, which was prepared for internal administration and which proved most useful when so given, for external friction on a considerable surface of the skin *where it appears to be most healthy*. A half or a whole tablespoonful at a time is to be rubbed on an apparently healthy arm, leg, or thigh by the patient himself or by a friendly powerful person, until the wetted hand becomes dry. It is inconceivable how much more one can do by this method. But this medicinal fluid must also be succeeded five or six times before each application.

So much for this time. Probably you yourself have already adopted this plan in the case of old, obstinate diseases.

I do not know or learn much in my present circumstances, as I have very little time left for reading.

I am very pleased to hear about your fine institution, your Homeopathic Academy in Allentown. Already you beat everything we can show in Europe in that way. Your *Correspondenz-Blätter*, nine of which you have kindly sent me, are very practical, and written in an excellent spirit. But be very careful that your colleagues write good German. Aphoristic brevity has its limits; it will not do to leave out the necessary articles nor yet the propositions. That the Academy is German in its origin and should so remain is a patriotic arrangement, and is of advantage to the art, for it came from heaven on German soil, and may reckon on getting further additions from thence, when the unseemly follies which at present deform it, and which have their origin in impudence, ignorance, vanity and laziness, shall be exposed in all their nakedness and emptiness.

I thank you for the *Rhus vernix* and *Cistus canadensis* you sent me. I will endeavour to prove them. *But I would more particularly request you to send me the third trituration of Lachesis and Crocotalus*, for the knowledge of which we are indebted to America and to you. How much have we not to thank you for besides!

It is a great grief to me that I cannot get the remaining third and fourth parts of the second edition of my *Chronic Diseases* published. Arnold (probably instigated by Trinks) made me wait two long years for the first two parts; and then he could go no further, being impoverished by his own fault, and so he gave up the further publication. Must I, in the 82nd year of my age, go begging for a publisher? Ludwig Schumann refused it on account of want of means. I doubt if Köhler, in Leipzig, will accept

it.* I have a large amount of valuable emendations and additions in manuscript. I trust you will get a capable man for your hospital, who, when he visits the patients, will collect the students around him, and dictate the examination of the patients to a clerk in their presence, and the changes observed at subsequent visits, and give a lecture of an hour or two upon them. Do not make post-mortem examinations of the bodies of allopathic patients, in order to obtain pathological preparations from them, for they can only furnish the results of medicinal mistreatments. The autopsies of persons who have died of natural diseases with hardly any medical interference can alone be instructive. The time of the students should not be wasted with anatomical subtleties, nor should botany or chemistry be carried too far. *Sit modus in rebus!* Schönlein's views—which, as I gather from your *Blätter*, are excellent—might, as you think so highly of them (I am not acquainted with them), be advantageously taught in your Academy. Do not fear any rival English institute; there are as yet no English translations of the chief works. To what works, then, could they refer their students?

I have, I am sorry to say, received no letter from you except your first one. Our good God will *certainly* bless your great undertaking. *I know Him!*

May you continue to enjoy the best of health, for the advantage of mankind, and may your dear family also prosper! I and my beloved wife send you our kindest regards, and I beg to be remembered to all your fellow-workers.

SAMUEL HAHNEMANN.

Paris, Rue de Milan, Oct. 3rd, 1836.

CURE OF TETANUS BY PILOCARPINE.—The *Gazetta Medica Lombarda* of November 8th announces that in July, August, and September last Dr. Enrico dell'Acqua, of Pavia, effected a complete cure in three consecutive cases of severe traumatic tetanus by means of injections of hydrochlorate of pilocarpine alone.—*British Medical Journal*, Nov. 22nd.

AN AMUSING REMINISCENCE.—Dr. G. Alphandery is responsible for the following anecdote:—At the Geneva Medical Congress in 1882, Pasteur gave a summary description of his process for attenuating viruses. A German physician, also a member of the Congress, took occasion to find fault with the French scientist for not giving a more explicit account of his method, hinting there was some voluntary reticence to keep the process a secret. And now it turns out that the fault-finder on that occasion was no other than Dr. Koch himself, who has not even given a summary description of his process.—*Chemist and Druggist*, Jan. 1st.

* [The three last parts of this edition of the *Chronic Diseases* are published by Schaub, of Düsseldorf.]

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

The fourth meeting of the session was held on Thursday, January 1, 1891. Dr. DUDGEON, President, in the chair.

Mr. DUDLEY WRIGHT, of London, read a paper on "Some of the Commoner Diseases of the Pharynx and Larynx," of which the following is a synopsis:—

- (a) Chronic Pharyngitis and Laryngitis.
- (b) Post-nasal Catarrh and Tornwald's Disease.
- (c) Syphilitic Pharyngitis and Laryngitis.
- (d) Tubercular " " "
- (e) New Growths of the Air-passages.

DISCUSSION.

Dr. BLAKE had pointed out fifteen years ago that follicular pharyngitis was often accompanied by eczema and mitral stenosis. Dissenting ministers were less liable to it than Church clergymen. Mr. Spurgeon said it was because Dissenters did not intone. Dr. Blake did not agree with this. He attributed it to the fact that Anglicans were often athletes, and subject to emphysema. Much more attention is now being given to the subject by Americans than by others. He mentioned the best instruments for removing adenoids. Dr. Blake had adopted the surgical treatment some years ago, and found it much better than medical. He noticed that laryngeal symptoms disappeared when the pharynx was treated. Osteoarthritis patients, especially pallid and anemic, were liable to sore throat. They have pain on swallowing. It is myalgia of pharyngeal muscles, and disappears under *Actea Racemosa*. There is nothing to see on looking at the pharynx. He sterilized the nose before examining, with a spray of Thymol and Cocaine (5 per cent.), in camphor water. Dr. Blake showed and illustrated the use of a new nasal probe he had devised. He gave the 3x trituration of *Merc. Cor.* in secondary syphilis, the first centesimal in primary syphilis. The 30th was excellent in syphilis of the newly born. He mentioned a case of secondary syphilis of a peculiar kind. The wife of an officer suffered from great pain in left arm and attacks of dyspnea. She had been diagnosed to have adhesion of the pericardium to the heart. She was found, post mortem, to have a gummatous tumour pressing on the phrenic nerve. In reference to *Iodide of Potassium*, he mentioned a case in which cerebral syphilis was diagnosed, and massive doses of *Iodide of Potassium* administered. The patient became worse at once, developed dementia and local

dropsies, and was sent to an asylum where he soon died. His brain was found perfectly healthy. There was no syphilis. The patient died of *Iodide of Potassium*.

Dr. HUGHES was glad to see young members taking up specialities; but he hoped Mr. Wright would not, in his zeal for surgical measures, forget the better way. There was a danger lest the enthusiasm for the one should swallow up something better. The two were not incompatible, but the methods were very different. The old school method was analytic. The homeopathic was synthetic. We do hear of morbid growths melting away under drugs. Our first enthusiasm should be reserved for the homeopathic treatment. We must go to our *materia medica*—work that thoroughly before going to the other.

Dr. CLARKE was much interested in Dr. Wright's excellent paper, and he was glad to find he was devoting himself to this special study. In his own experience in the treatment of chronic pharyngitis he had not found local applications necessary. In one case, in which the catarrh had lasted for years, the patient having to clear away a greenish-yellow leathery secretion several times a day, *Sulphur*, *Lycopodium*, *Argentum nitricum*, and *Cistus*, given according to the patient's symptoms, general and local, entirely relieved the condition. *Cistus* was given because the patient complained of a "spongy" feeling in the throat, *Cistus* producing a feeling of softness. The relief was immediate. The patient also suffered from granular inflammation of the eyelids, and every night she used to bathe the eyes with a zinc lotion in order to get relief. This condition was entirely removed at the same time as the throat symptoms. In reference to "antiseptic washes," recommended for the mouth and throat by Mr. Wright, he would remind him that the mouth absorbed very rapidly, and everything applied locally to the mouth was at once absorbed into the system. He had seen a case of severe poisoning by *Borax* used for a long time as a mouth-wash for a child. There was ulceration outside the mouth as well as inside, and the characteristic of *Borax*, "aggravation by downward motion," was most marked. The child screamed whenever the nurse attempted to put it down. He thoroughly endorsed Dr. Hughes' remarks that our *materia medica* should be our first enthusiasm. Homeopaths should be fully abreast of the allopaths in all surgical methods, but they should be homeopaths first and surgeons afterwards.

Mr. KNOX SHAW thought Mr. Wright's paper an excellent combination of modern surgery, with hints for the best medical treatment. There were, however, some remedies he had not mentioned. *Hydrastis* was one. Chronic nasal catarrh he had seen relieved by this, and the local application of *Hydrastis* with *Glycerine* was of great service. He had found in adenoid de-

generation *Calcarea Phos.* very useful. Some patients, on whom it has not been convenient to operate at the time, materially improved by *Calcarea Phos.* But he thought operation should not be delayed too long. A vapour of *Chloride of Ammonia* had been useful to pass over the nose and pharynx. When you have a patient with chronic hoarseness, improvement would not go on till the pharynx was seen to. *Nitric Acid* 1x three drops three times a day was given in syphilitic ulceration, as well as *Mercury*. He had long wondered what was the relation between *Iodide of Potash* and tertiary syphilis. Mr. Wright had asserted, on Mr. Hutchinson's authority, that it was a homeopathic relation, and this cleared away a difficulty. Mr. Hutchinson had given good illustration of homeopathic action in showing the power of *Arsenic* to cause cancer, which, as homeopaths knew, it had also cured.

Dr. MOM said if homeopathy is to make progress homeopaths must be on a level with the men of the old school who are doing good work in special lines, and of this homeopaths ought to avail themselves.

Dr. DUDGEON (in the chair) said his own experience did not give him much information about the surgical diseases of the throat. He had found all those which Mr. Wright mentioned fairly amenable to homeopathic remedies. He had had several cases of the glazed pharynx so far improved that all the discomfort had been taken away by a long course of homeopathic remedies. He considered the use of *Iodide of Potassium* in tertiary syphilis was homeopathic, but it did not do very well in infinitesimal quantities. In one case of rapid ulceration of the pharynx healing took place under five grain doses very rapidly. Another case of chronic affection of tonsils in a lady of 50, *Phytolacca* cured rapidly, though before taking it she never could experience cold or damp weather without the greatest inconvenience. Such cases made him less anxious to resort to surgical measures. Medicines had this advantage, that if successful they remove tendencies which surgical measures do not do.

Mr. KNOX SHAW, said he had omitted to mention one point—the intense difficulty of swallowing in patients suffering from laryngeal phthisis. He referred to a method of feeding these patients which has been of great service to many. They should lie on a sofa the face down with the head hanging over, the food (being liquid) is sucked up and passes along the back of the pharynx and so misses the epiglottis altogether.

Mr. WRIGHT (in reply), thanked the members for the manner in which the paper was received. The glazed pharynx was not amenable to surgical means. It is only by getting drugs strictly homeopathic that any impression can be made on it. He did not think the laryngeal affection was always reflex as Dr. Blake

suggested; it might be by extension of the diseased action, as from the cold air breathed through the mouth, the nose being stopped. *Cocaine* should be avoided if possible; when used it should be applied on cotton-wool.

INTERNATIONAL HOMEOPATHIC CONGRESS.

PRELIMINARY CIRCULAR.

THE organization and executive management of the Fourth Quinquennial International Homeopathic Congress has been placed in charge of a committee, consisting of the executive committee, and eight other members, of the American Institute of Homeopathy.

The time appointed for the Congress to meet is June, 1891; and the place selected is Atlantic City, N. J.

In carrying out the duties placed upon them, the committee desire to make such arrangements as will be most acceptable to those who will participate in this Congress, and will best serve the interests of homeopathy, and contribute to the progress of medical science throughout the world. They hope that every physician will give to it his most active efforts and strongest influence; and that our ablest men will contribute their best thoughts, either in written essays or in personal discussion on the topics selected. The time of this session will be necessarily so limited that many important subjects cannot be properly considered; yet the committee desire to select those which will prove to be of greatest service to the profession, and to have them presented by those most competent to the task; to this end they ask suggestions from those interested.

The usual five days' session of the American Institute of Homeopathy will give place to this Congress. The Institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday, June 16, 1891; the Congress will assemble Wednesday, June 17th, and continue one week, namely, Wednesday, Thursday, Friday, Saturday morning (with rest Saturday afternoon, and Sunday), Monday and Tuesday; closing on Tuesday, June 23rd.

ORGANIZATION.—The Congress will accept as MEMBERS all homeopathic physicians in good standing in recognized Homeopathic Medical Societies; and from places where such societies do not exist, physicians with suitable credentials. DELEGATES will be received from any and all Homeopathic Institutions, and

will be expected to prepare reports of them. VISITORS will be admitted, whether physicians or laymen, who may be interested in the subject of homeopathy.

The OFFICERS of the Congress will include representatives from all the important Homeopathic Medical Societies; and the committee request that the names of the president and recording secretary of such societies be forwarded to them before May 1, 1891.

SUBJECTS FOR CONSIDERATION.—The Congress will secure statistics of the present status of homeopathy and its progress in the last five years, as far as possible from all parts of the world. This will include the number of its practitioners, its institutions, national societies, state societies, local societies and clubs, general hospitals, special hospitals, infirmaries and dispensaries, colleges and medical schools, training schools for nurses, and medical journals. Their scope, organization, government, how to be conducted, methods of support, form of reports, and various methods of importance to each kind of institution, will be carefully considered. Essays and discussions will be prepared on the materia medica, homeopathic therapeutics in surgery, and in special forms of disease, such as insanity, disease of the nervous system, of women, of children, of the chest, throat, eye and ear, alimentary tract, kidneys, &c.

In arranging these many subjects to the best advantage, the committee ask your suggestions and assistance. All communications may be sent to the chairman, T. Y. Kinne, M.D., Paterson, N. J., or to the secretary, Pemberton Dudley, M.D., Cor. Fifteenth and Master Streets, Philadelphia.

By order of the joint committee the chairman and secretary are under instructions to make up and submit to the other members of the committee a list of subjects, and of writers and debaters, to be appointed; at as early a day as possible this duty will be performed, and in due time, thereafter, another circular will be issued, embracing a programme for the Congress.

COMMITTEE.—T. Y. Kinne, M.D., *Chairman*; Pemberton Dudley, M.D., *Secretary*; E. M. Kellogg, M.D., *Treasurer*; R. Ludlum, M.D., J. P. Dake, M.D., J. H. McClelland, M.D., B. W. James, M.D., T. M. Strong, M.D., O. S. Runnels, M.D., I. T. Talbot, M.D., T. G. Comstock, M.D., J. W. Dowling, M.D., F. H. Orme, M.D.

EXTRACTS.

"HOW HAHNEMANN CURED."

In an article appearing in the November number of the *Journal of Homeopaths* (edited by Harlyn Hitchcock, M.D., 19, Broadway, New York), Dr. Fincke replies to an article by Dr. Dudgeon in our issue of August last, entitled "How Hahnemann Cured." As we have repeatedly observed, we hold no brief for the use of the word "Hahnemannian": "Homeopathist" is good enough for us, as it was for Hahnemann himself. There are, however, some points of interest brought forward by Dr. Fincke which we will endeavour to state in brief, adding elucidations of our own in square brackets.

THE DOSAGE IN HAHNEMANN'S CASES.

Dr. Fincke maintains that the dose of *Bryonia* given in the case of the washerwoman (a drop or two of the expressed juice of the root), was in all probability the preparation readiest to hand; that Hahnemann's 30th potency was not then in existence (the date of the case being 1815); and that the republication of the case in 1833 proves nothing as to the doses used by Hahnemann, since he expressly remarks that one globule of the 30th would have done as well. Dr. Fincke applies the same argument in the case where *Pulsatilla* was given in the 12th potency; and further on in his article he says that homeopaths have a right to use all attenuations, low or high.

CLINICAL SYMPTOMS.

Dr. Fincke maintains that the use of "clinical symptoms" in prescribing is not the same thing as what is understood by the general expression, *ab usu in morbis*. A "clinical symptom" [which, as we understand it, is a symptom observed to disappear under the use of a drug before the drug has been known to produce it in provings], when observed by a master, and confirmed afterwards in practice, may be used as a "key-note" if it happens to be "striking, peculiar, or characteristic," which, according to Hahnemann, are those symptoms in the totality which call for the most attention. [*Ab usu in morbis*—"from its application in disease"—is a phrase which may very properly be applied to the discovery and use of "clinical symptoms;"] but it has a much more general meaning sometimes. It includes all observations of the actions of drugs in disease and the deductions therefrom. The prescriber who gives a drug in a case of a certain disease because he or someone else has found the same drug useful in other cases of that disease, is prescribing *ab usu in morbis*. The

prescriber who gives a drug in a case presenting certain peculiar symptoms, because he has seen these symptoms disappear in another patient to whom he was giving the drug, also prescribes *ab usu in morbis*—but with a difference.]

THE UNIFORM PREPARATION OF ATTENUATIONS.

This, Dr. Fincke says, is not essential. Hahnemann's recommendation of the 30th was the last step of a series of progressive experiments to which he had then attained; but that he afterwards went beyond, and approved of those who also did the same. Jenichen (he says) made his potencies by centesimal dilution with water, shaking them violently in accordance with Hahnemann's dictum that violent succussion developed power. That they are efficacious medicines has been proved in the practice of many physicians.

HAHNEMANN AND KORSAKOFF.

Dr. Fincke quotes letters of Hahnemann showing the high opinion he held of Korsakoff and his work. Korsakoff was a collegiate councillor to the Russian Secretary of the Interior. Dr. C. Bojanus says of him, that he did more than any other man to prepare a sure footing for homeopathy in Russia. "He went far beyond the limits of a *dilletante*; he studied, proved, and investigated, and he succeeded in making discoveries which before him no one, not even the old master then still living, had thought of." Writing to Korsakoff, Hahnemann says, "I admire your zeal with which you dedicate yourself to the beneficent homeopathic art, not only for the sake of the possibility of helping your family and neighbours, but also for the purpose of penetrating into the mysteries of Nature, as your valuable works prove. . . . Continue your activity, which satisfies a feeling heart, and do not fail—this is my request—to gladden with your kindness, yours very humbly, S. HAHNEMANN." In reference to Hahnemann's utterance in 1829, "There must be some end to the thing; it cannot go on to infinity," Dr. Fincke remarks that infinity has not been reached yet. And he quotes a further laudatory opinion of Hahnemann's on Korsakoff's work published in Stapf's *Archiv* in 1831. In this Hahnemann says Korsakoff's experiments confirm the truth of the propositions—(1) That the development of drug power by homeopathic methods can be assumed to be almost without limit; (2) that the higher the potency (dematerialization), the more penetrating, rapid, and efficacious the effect; (3) that, however, the effects pass off the more rapidly." In May, 1832, Hahnemann writes: "On the whole, we owe many thanks to this ingenious and indefatigable observer for his present essay."

From this Dr. Fincke argues that Hahnemann approved of

Korsakoff's use of high potencies, and that he would have also approved of those who use them now. Hahnemann's injunction to use the 30th uniformly grew out of a natural desire to make observations uniform; and he is not to be blamed if this did not turn out to be practicable.

POISONINGS.

TWO CASES OF ARSENICAL PERIPHERAL NEURITIS.*

By SAMUEL BARTON, M.D., Hon. Physician to the Norfolk and Norwich Hospital.

CASE 1.—Mrs. A. G.—, aged twenty-three, mother of two children (one alive, the other died three hours after birth), was admitted under my care to the Norfolk and Norwich Hospital on November 23, 1889. She was conveyed on a stretcher to the ward, as she was totally unable to walk or even stand. She had enjoyed good health, with the exception of suppurating tonsillitis, which occurred for the second time three years ago, when an attendant at the county asylum. There was nothing in the family history bearing on her state. The present attack began on September 28th; the only cause that she could suggest was that she had recently been much frightened by a thunder-storm. She was at this time in her seventh month of pregnancy. The attack began with a severe headache referred to the occipital region. This initial symptom lasted forty-eight hours. On the third day on getting out of bed green vomiting set in, followed by copious watery diarrhea. This state continued until the sixth day (October 3rd), when she was prematurely confined, the child only surviving three hours. Within a few days the patient noticed that the forefingers' of both hands were numb; this numbness soon extended to the other fingers, and when she got up on the tenth day after confinement both hands and wrists were numb and tingled. Within the following week the same sensations were felt in both big toes, which gradually extended as far as the knees. She said she distinctly noticed the numbness for some days before the tingling and burning pain began. She soon after began to lose power in the hands and legs, and within three weeks of the beginning of attack could not hold anything in her hands, nor could she stand even with assistance, but could sit erect all day, and had perfect control over sphincters. Briefly her state was as follows on admission: loss of power to extend the hand, great weakness of flexors of the

* From *The Lancet*, July 19, 1890.

wrist. Dynamometer registered, right grasp 5, left grasp 10; loss of power of ankle dorsoflexion, slight power to extend foot at ankle involving much pain in the calf muscles. Very little power of quadriceps to extend the knee; hamstrings were in a state of semi-contraction. No muscles supplied by the cranial nerves affected, nor muscles of trunk; sphincters normal; great hyperesthesia of forearm, thigh, and calf muscles, the slightest pressure in these regions gave intense pain, the forcible extension of the knee-joint caused much pain in hamstring muscles; there was also spontaneous pain in these regions, which kept the patient awake at night. She always lay with thighs and knees semi-flexed. No loss of sensation of the skin to touch or prick of a pin, feet always felt cold but were bathed in perspiration. There was absolute loss of muscle reflex in upper and lower limbs, but plantars were normal.

Six weeks after admission motor symptoms about the same; if anything she had more power in the hands. Muscular hyperesthesia gone, except in the calf muscles: the tingling pains were confined to the feet, but there was marked wasting of forearms and legs, the latter measured two inches less round the calf than on admission. About this time it was noticed that a number of brown maculae like ordinary freckles, but larger, appeared on the patient's face and legs; at first they were reddish, but soon became brown. She said she never had anything of the sort before. The affected muscles did not react to a strong faradaic current, nor could I, strange to say, get any reaction with a fairly strong constant current.—February 20th (three months after admission): For the last fortnight her muscular power has markedly increased. She can knit, but, owing to the numbness in the end of the fingers, she is unable to work with an ordinary sewing needle. She cannot button any part of her dress unless she can see it. She can stand for a few minutes, leaning with both hands on the back of a chair.

Now the diagnosis of peripheral neuritis in this case from the first could admit of no doubt, but I must honestly admit that the cause was a mystery to me until January 25th, when her husband came under my care in the same hospital, suffering exactly as his wife had done on admission. The symptoms were those of alcoholic peripheral neuritis without any history of alcoholism. They were too acute for lead poisoning, and there was no Burton's blue line. The sensory symptoms were more marked than is seen in diphtheritic paralysis. She was in no way connected with indiarubber works, to suggest bisulphide of carbon as a toxic cause. She knew of no exposure to arsenic or copper poisoning. The case was too acute for rheumatic neuritis.

CASE 2.—William G——, aged twenty-three (husband of pre-

vious case), a naturalist's assistant, very healthy until two years ago when he had a bite on the forefinger of the right hand from a viper. The hand was much swollen, but he was able to resume his work in three weeks. His work consists chiefly in rubbing a mixture consisting of four parts powdered arsenic to three parts of plaster of Paris into skins of birds and animals (2 lb. of this mixture would be about sufficient for a bird the size of a goose). He takes some of his work home to a room set apart for that purpose. The room his wife has been in the habit of cleaning out twice a week. He says the powder deposits on his eyebrows, eyelashes, and moustache. He has carried on this work for the last seven years. About one month before admission to the hospital he began to suffer from severe frontal and occipital headache, with vomiting of green fluid, followed by diarrhœa and anorexia. Says his eyes are not sore, but his conjunctivæ are much injected. Five days after these symptoms he noticed tingling in the soles of both feet, and soon after in his hands. He endeavoured to work for three weeks, but then had to give up owing to the weakness of his legs, and the pain in his calves. State on admission (January 25, 1890) : He can flex and extend the wrists feebly. Right grasp 12, left 20. On endeavouring to stand the knees collapse owing to weakness of quadriceps. When seated on a chair, with feet on the ground, he cannot raise his toes off the ground, but lying in bed he can slowly flex the knees and ankles. No weakness of trunk muscles or those supplied by the cranial nerves ; full control over sphincters. Calves and hamstrings painful ; he cannot bear any pressure on them. Lies in bed with knees semi-flexed. Sensation in patches is impaired ; conduction is slow. He cannot distinguish two points applied to the skin of legs four inches apart. His feet are always cold, but moist. Patellar reflex slight in both legs ; plantars normal ; leg muscles flabby, but not markedly wasted. I could not obtain any voltaic irritability of the leg muscles ; the right tibialis anticus responded to a strong faradaic current, which did not affect the left. March 1st : No power of flexion or extension at ankles. No true knee-jerk, but, owing to tenderness of ligamentum patellæ, he flinches voluntarily when you strike. Plantar reflexes absent. Sensation much impaired in both legs ; in several regions he does not feel a pin-point. Yesterday had much pain in right knee ; there is some effusion into the joint. Temperature normal. Muscles still very tender. Patient drew attention to a couple of brown patches on his thigh. As soon as I heard the history I had twenty-four hours urine of this patient saved ; the city analyst evaporated it down to a small quantity, when arsenic could be distinctly detected. On March 1st I put this patient on two grains of oxide of silver three times a day, in the hope of forming the insoluble arseniate of silver. He

rapidly improved from that date, and within three weeks he could walk up and down the ward without assistance. He was discharged on April 5th; the first case on March 22nd. They both walked to the hospital from their home, a distance of one mile, to see me on April 21st. Mrs. A. G.— has slight ataxic symptoms; cannot stand with feet together, and eyes closed; staggers a little when turning round; knee-jerks still absent. All the brown freckles have disappeared. W. G.— feels very tired after the walk; front part of foot comes down with a jerk; knee reflexes normal; sensation in feet to skin stimulation delayed, but present. The close analogy of these cases to alcoholic and other toxic paralysis would leave little doubt that the pathology is the same—namely, an inflammatory state of the sheath, and probably the parenchyma of the peripheral nerves. The moral to be drawn from these cases of peripheral neuritis of doubtful origin is to carefully examine the urine at once for the poisons that are known to produce this state. If I had done this when my first case came under my care, the probability is I should early have arrived at the cause.

REVIEWS.

FARRINGTON.*

It is with very great satisfaction that we receive from the publishers the second edition of this indispensable work. The first edition was compiled after the death of Dr. Farrington, from shorthand notes of his lectures, by his pupil, Dr. Clarence Bartlett, Dr. S. Lilienthal revising the lectures after their completion in MS. With the lectures were incorporated abstracts from studies in the materia medica by Dr. Farrington, published in the journals. A touching biographical sketch of the author by Dr. Korndorfer introduces the volume. The second edition is in form identical with the first. The revision has resulted in the addition of a number of symptomatic indications of drugs, making in all some twenty additional pages of matter. Many valuable items are added in foot-notes. We may call attention to a slip on page 405 of the first edition and page 417 of the second in reference to the cough of *Conium*. The drug is said to be "especially useful for tormenting day cough." *Conium* will produce a cough in the daytime, but the cough for which it is especially useful is one which comes on when lying down at

* *A Clinical Materia Medica*. By the late E. A. Farrington, M.D. Second edition. Philadelphia: Hahnemann Publishing House. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C.

night. But slips are not easy to find in this volume. The thoroughness of the work reflects the highest credit on the author and editors. It is impossible for any one to read it without profit. We know of no series of drug-comparisons to be found anywhere comparable to those in this "Clinical Materia Medica." No student in any homeopathic college, and no candidate for any homeopathic appointment, should be considered eligible unless he could produce a certificate of having passed a satisfactory examination in his "Farrington."

POPULAR GUIDE TO HOMEOPATHY.*

The excuse for popular works on homeopathy lies in the lack of homeopathic medical men. Lay homeopaths who live at a distance from a medical man of their faith must have some guide at hand, and the only possible guide is a book. That Dr. Drummond's book has reached its eighth edition is proof sufficient that it has justified its name. It is essentially an elementary work, and as becomes such, it is clearly and simply written. Dr. Drummond's preference is for the lower attenuations of drugs, but we do not understand why he recommends a higher attenuation in pilules than he does in tinctures. For instance, he advises *Bryonia Alba* 3x pilule and 2x tincture. Generally the advice is the other way on. We would sound a note of warning about mouth-washes. Dr. Drummond recommends *Borax* and *Chlorate of Potash*. These may have their use, no doubt; but it must be remembered that the mouth is a rapid absorber, and that both of these washes are strong drugs. We have seen profound borax-poisoning produced in one infant for whom a borax wash had been used for several weeks. A valuable materia medica, both of well-known and of less commonly used drugs, is appended, and an index of diseases, which greatly facilitate the use of the book. The "Popular Guide" is a handy volume, and the publishers deserve a word of credit for its tasteful get up.

CALIFORNIA HOMEOPATHIC MEDICAL SOCIETY.†

It is a good sign when a society begins to publish its proceedings, for it shows that it considers them worth publishing. The

* *Popular Guide to Homeopathy*. By John Drummond, L.R.C.P.E., M.R.C.S. Eng. Eighth edition. London: Leath and Ross, 9, Vere Street, W., and 5, St. Paul's Churchyard, E.C.

† *Transactions of the Fourteenth Annual Session of the California State Homeopathic Medical Society*, San Francisco, May 14-15, 1890. Vol. i. San Francisco: 1890. London: Homeopathic Publishing Company.

first volume of the California Homeopathic Society's *Transactions* is a good beginning, which will no doubt be followed up. The papers are good, and the discussions interesting and full of life. On page 126 we note a case related by Dr. McNeill. A healthy young woman had had an attack of malarial fever, and had apparently recovered when visited one evening, but the doctor was suddenly sent for early next morning and found her collapsed and pulseless, cold sweat on forehead, blanched. *Veratrum* was given, but did no good. The patient remarking, "Doctor, isn't it strange that if I move off my right side I am sick at my stomach, and have to vomit?" Dr. McNeill at once thought of *Antim. Tart.*, which was given, and a rapid recovery ensued. The Publishing Committee of the Society, to whose editorship we owe the volume, are Drs. C. L. Tisdale, W. A. Dewey, and Geo. H. Martin.

A PAMPHLET FOR WOMEN AND GIRLS.*

Dr. Rentoul, as our readers will not need to be told, has our best wishes for his success in the cause he has taken up. His aim is to get ladies of all ages to prefer the figure of the Venus of Milo to that of the lay figure of a French *modiste*. We have done something ourselves in these pages in the endeavour to correct modern feminine (and masculine—for the men no less than the women prefer the "jimpity waist" notions of beauty). Dr. Bernard Roth has written forcibly on *Dress: Its Sanitary Aspects*, and gives some telling illustrations showing what dress ought to do and what it does. His father before him has laboured, and to some purpose, to inculcate wholesome ideas about dress, male as well as female. And yet there is room for preachers of the new doctrine. Woman has made great strides in recent years. She has been "emancipated" from many things. She is allowed to vote; she may manage her own property; she may take degrees and prescribe medicines; she may compete with senior wranglers and beat them; but, alas! she is in bondage still—the slavery of the corset weighs her down, and proves she is not yet on a level with man. With undeveloped breathing-space, dislocated liver, short breath, and high heels, woman is heavily handicapped in the race of life. It is the rising generation that is more to be thought of, for with them there is most to be done. For this reason we urge on every girl, and every woman who has the charge of girls, whether at home or in school, to read, inwardly digest, and outwardly act upon Dr. Rentoul's interesting and most important pamphlet.

* *The Dignity of Woman's Health and the Nemesis of its Neglect.* By Robert Reid Rentoul, M.D. London: J. & A. Churchill, 11, New Burlington Street. 1890

CONCORDANCE REPERTORY.* VOL. IV.

THE fourth volume of the "Concordance Repertory," comprising close upon one thousand pages, is entirely occupied with the symptoms of the female sexual organs, and constitutes the most complete repertory to that department ever published. The volume is separated into four divisions, the first containing the symptoms of the Uterus and its Appendages; the second Menstruation and Discharges; the third Pregnancy and Parturition; the fourth Lactation and Mammary Glands. The work is now rapidly approaching completion. The latest-issued volume constitutes a complete work in itself, and we hope it will be possible, for those who wish, to obtain it separately. Many who cannot afford to subscribe for the whole work would be glad to possess Vol. IV.

HINTS UPON HEALTH.†

WE understand that this excellent little pamphlet was originally delivered as an address to cottagers' wives, mothers and daughters, and was afterwards printed at the request of the hearers, as each desired to possess a copy.

We have seldom come across anything so sensible and refreshing as Lady Paget's address. It is not by any means altogether orthodox, and Dr. Jaeger might object to the preference maintained for linen clothing; but very good reasons are stated for all the advice given. We are glad to see that Lady Paget is alive to the virtues of *Arnica* and *Calendula*. We trust that the next time our authoress returns to the subject she will give her thoughts a wider sphere of publication.

QUATRE ANS DANS UN DISPENSAIRE D'ENFANTS.‡

THE Alix Love Dispensary, 48, Rue Ordener, Paris, was founded by Dr. James Love in memory of his mother. The present brochure is an account of the four years' work at the dispensary—a work in which the founder has every reason to feel gratified. Dr. Love not only gives an account of the dispensary, but he illustrates it by eight excellent plates illustrating the various departments, baths, douches, &c. The yearly expense amounts to 10,000 francs, and it is maintained by public contributions.

* *The Concordance Repertory of the more Characteristic Symptoms of the Materia Medica.* By W. D. Gentry, M.D. Vol. IV. Female Sexual Organs. New York: A. L. Chatterton and Co., 78, Maiden Lane. London: Homeopathic Publishing Co. 1890.

† *Hints upon Health.* By Lady Paget.

‡ *Quatre ans dans un Dispensaire d'Enfants.* Par le Dr. James Love. Paris: G. Steinheil, 2, Rue Casimir-Delavigne. 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.

DR. BLACKLEY, Manchester. Your request shall be attended to.

The REV. R. SWALLOW, Shanghai. We have been expecting your friend, Dr. B., for many months past, but he has not arrived yet. We hope you and yours are well. We shall be glad to have your cases to publish.

BEST RESULTS IN MOST UNLIKELY CASES.

"A." writes: "Strange to say, those cases, for which I hold out the least hope of benefit, are the very ones in which the greatest curative results have followed. Is this the rule in the Grand Art?"

We await replies.

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.

MR. S. J. LEWIS, Homeopathic Chemist, 122, Newington Causeway, S.E., has opened a Homeopathic Pharmacy at 285, Queen's Road, New Cross Gate, S.E.

DR. WITHINSHAW attends both places for consultations.

Obituary.

JOHN MOORE, M.R.C.S., L.S.A.

Another veteran homeopath has gone to his rest. Dr. John Moore, a well-known physician and citizen of Liverpool, died on Saturday, January 3rd, at West Kirby. The following obituary notice, extracted from the *Liverpool Mercury* of January 5th, will show the esteem in which he was held in the city where he spent the best part of his life:

"Much regret will be felt at the announcement of the death of Dr.

John Moore, which took place on Saturday at his residence, West Kirby, in the 78th year of his age. Deceased was born on June 29th, 1813, in the village of Kilraughts, County Antrim, his forefathers being Scottish settlers, and placed in Ulster by Cromwell. The earliest gravestone of any of the members of the family, which is still legible, bears the date 1698. After a good English and classical education at the Belfast Academy the deceased proceeded in 1827 to London to study at Guy's Hospital, being apprenticed to Mr. Boreland, of Bermondsey, a general practitioner, after the fashion of those times. After taking his L.S.A. and M.R.C.S. diplomas in 1834 and 1835, Dr. Moore settled in practice in Liverpool, with the encouragement of an old family friend, Dr. Hamilton, of Great George-square. He took a house in Park-lane, then a leading residential street, and there married Miss H. Edwards, daughter of the Rev. John Edwards, a Baptist minister in Wavertree. Dr. Moore subsequently removed to Great George-square, where he speedily secured a large practice, and in 1852 finally removed to 51, Canning-street. Equally as physician and surgeon he was very successful in practice, and his patients became attached to him owing to his sympathetic personality. In 1850 he adopted the homeopathic method of treatment, and defended this with much courage and eloquence in the discussions that took place at the Medical Institute, among the founders of which were himself and Dr. Drysdale. He was the author of many clinical essays and reports of cases. In 1883 he was appointed to the presidency of the British Homeopathic Congress. In 1888 Dr. Moore's health began to fail, and he obtained the aid in practice of his son, Dr. J. Murray Moore, who, at his father's instance, had given up an extensive practice in New Zealand. Still, however, his health did not improve, and on Saturday he succumbed to heart disease of a gouty nature. Dr. Moore was a Liberal Unionist in politics, and senior deacon of Great George-street Chapel, of which he had seen three pastorates—those of the Revs. Dr. Raffles, Dr. Mellor, and S. Pearson. He was a generous subscriber to Christian and philanthropic societies, and the sorrow of his family at his decease is shared by a wide circle of friends."

GENERAL CORRESPONDENCE.

THE LONDON HOMEOPATHIC HOSPITAL.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The in-patients of this hospital have increased progressively, within the past five years, from 500 to 850 annually; the out-patients from 8,000 to 10,000 annually.

This constant and serious demand upon our charitable income has resulted, at the present moment, in a debt of £700, temporarily met by a loan. The present winter season is most inopportune for refusing to admit the sick poor, whose applications increase in number daily. Will you, therefore, permit

us to appeal most earnestly for special donations to enable us to maintain an average of seventy patients constantly in the wards.

Donations may be sent to Messrs. Prescott & Co., 62, Thread-needle Street, E.C., or to your obedient servant,

G. A. Cross,
Secretary-Superintendent.

London Homeopathic Hospital,
Great Ormond Street, W.C.

VARIETIES.

MANNA.—The director of the central dispensary at Bagdad has sent to *La Nature* a specimen of an edible substance which fell during an abundant shower in the neighbourhood of Merdin and Diarbékir (Turkey in Asia) in August, 1890. The rain which accompanied the substance fell over a surface of about ten kilometres in circumference. The inhabitants collected the "manna," and made it into bread, which is said to have been very good and to have been easily digested. The specimen sent to *La Nature* is composed of small *sphérules*; yellowish on the outside, it is white within. Botanists who have examined it say that it belongs to the family of lichens known as *Lecanora esculenta*. According to Decaisne, this lichen, which has been found in Algeria, is most frequently met with on the most arid mountains of Tartary, where it lies among pebbles from which it can be distinguished only by experienced observers. It is also found in the desert of the Kirghizes. The traveller Parrot brought to Europe specimens of a quantity which had fallen in several districts of Persia at the beginning of 1828. He was assured that the ground was covered with the substance to the height of two decimetres, that animals ate it eagerly, and that it was collected by the people. In such cases it is supposed to have been caught up by a waterspout, and carried along by the wind.—*Nature*, Jan. 15th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Allan (Francis J.). Aids to Sanitary Science. For the Use of Candidates for Public Health Qualifications. 12mo. pp. 240. (Bailliére. 4s. 6d.)</p> <p>Bernheim (H.). Suggestive Therapeutics: A Treatise on the Nature and Uses of Hypnotism. Translated from the 2nd and revised edition by Christian A. Herter. 2nd ed. Roy. 8vo. pp. 486. (Y. J. Pentland. 14s.)</p> <p>Crookshank (Edgar M.). Manual of Bacteriology. 3rd ed., Revised and considerably Enlarged. 8vo, pp. 478. (Lewis. 21s.)</p> | <p>Feller (H.). Professor Koch's Cure for Consumption (Tuberculosis) Popularly Explained. With a Portrait of Dr. Koch, and a Summary of his Career and Services. 12mo, pp. 66. (Ward and Lock. 1s.)</p> <p>Grimth (A. B.). Researches in Micro-Organism: Including an Account of Recent Experiments on the Destruction of Microbes in Certain Infectious Diseases, Phthisis, &c. Illustrated with 52 Figures. Cr. 8vo pp. 366. (Bailliére. 6s.)</p> <p>Hare (Hobard Amore). A Text-Book of</p> |
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- Practical Therapeutics. With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. 8vo, pp. 626. (Y. J. Pentland. 16s.)
- Harrison (Reginald). Lectures at St. Peter's, in 1890, on Some Urinary Disorders connected with the Bladder, Prostrate, and Urethra. Cr. 8vo, pp. 80. (Baillière. 2s. 6d.)
- Hewitt (Graily). On Severe Vomiting during Pregnancy: A Collection and Analysis of Cases, with Remarks on Treatment. 8vo, pp. 156. (Longmans. 6s.)
- Hughes (Daniel E.). A Compend of the Practice of Medicine. 4th ed., Revised and Enlarged. Cr. 8vo, pp. 214. (Y. J. Pentland. 7s. 6d.)
- Kooh (Dr. R.). On Bacteriology and its Results: A Lecture. Trans. by Thomas W. Hime. 8vo, sd. (Baillière. 1s.)
- Patteson (R., Glasgow). A Synopsis of Diseases of the Skin and Hair. For the Use of Students in Out-Patient Departments. 16mo. (Baillière. 1s.)
- Shaw (John). Antiseptics in Obstetric Nursing: A Text-Book for Nurses on the Application of Antiseptics to Gynecology and Midwifery. Illustr. by a Chromolithograph, 4 Plates, and various Woodcuts. 8vo, pp. 128. (H. K. Lewis. 3s. 6d.)
- Whitelegge (B. Arthur). Hygiene and Public Health. With 23 Illustr. 12mo, pp. 522. (Casell. 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, 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 Messrs. Samuel Lang and Co., London; Dr. Blackley, Manchester; Dr. Cooper, London; Mr. J. Meredith, Lydney; Mr. Cross, London; Dr. Dudgeon, London; Dr. Mackechnie, Bath.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Monthly Homeopathic Review.—Allg. Hom. Zeit.—American Homeopathist.—La Reforma Medica.—Revue Homeopathique Belge.—California Homeopath (Nov. and Dec.).—Homeopatisch Maandblad.—Medical Era.—Bristol Evening News.—Bibliothique Homeopathique.—Hahne-mannian Monthly.—L'Homeopathie Populaire.—L'Art Médical. Journal of Homeopathics.—New York Medical Times.—Popular Guide to Homeopathy, by Dr. John Drummond.—Preliminary Circular for the International Congress, 1891.—Report of Inter-collegiate Committee of the American Institute of Homeopathy.—Kochism Experiment not Discovery, by Benj. Bryan.—Homeopathy and Blood-letting, by Dr. W. D. Clarke.—Birmingham (Ala.) Age Herald.—Rise and Decline of Homeopathy, by Dr. W. W. Parker.—Quatre ans dans un Dispensaire des Enfants, by Dr. James Love.

THE HOMEOPATHIC WORLD.

MARCH 2, 1891.

KELLY'S *MEDICAL DIRECTORY* AND HOMEOPATHY.

OUR readers will not have forgotten the action of the Editor of Kelly's *London Medical Directory*, which first saw the light three years ago. The first issue appeared with every allusion to homeopathy—homeopathic appointments and homeopathic works—carefully excluded, the only exception being in the case of works written *against* homeopathy, which were duly accredited to their authors. In compliance with strong remonstrances this was so far remedied that appointments and publications appeared in the second edition. The third edition has now been issued. Homeopathic appointments and homeopathic works are mentioned under the names of the medical men as they occur in the alphabetical list; but when we come to Hospitals and Dispensaries, we find no mention of the homeopathic hospital and dispensaries in their proper alphabetical place, but they are named at the end of the list, separated by a bar from the sacred orthodox institutions. When, however, we come to the Scientific Societies and Medical Journals no mention at all is found of those which acknowledge homeopathy. As a protest against this petty form of persecution, the following letter was addressed to MESSRS. KELLY and Co. :—

“ 34, HARRINGTON ROAD, S.W., *Feb.* 19, 1891.

“ MESSRS. KELLY & Co.

“ GENTLEMEN,—I beg to acknowledge the receipt of

a copy of your *Medical Directory* for 1891, according to my order.

“As I find you ‘again earnestly invite the favour of a communication from any person who may detect errors or omissions,’ allow me to point out that you have again omitted to mention THE HOMEOPATHIC WORLD among the monthly medical journals, and the British Homeopathic Society among the learned societies. These omissions are all the more inexplicable since I find you mention under my name that I am editor of THE HOMEOPATHIC WORLD and Fellow of the British Homeopathic Society. Will you be good enough to explain how these omissions have come about, and to give me an assurance that they shall not be repeated?—Yours truly,

“JOHN H. CLARKE.”

In a polite reply to this letter, thanking the writer for pointing out the omissions, but making no attempt to explain them, Messrs. KELLY and Co. have enclosed forms to be filled in with the necessary information regarding the Society and the Journal. These forms have been duly returned, and if the allopathic doctor who acts as editor does not again assert himself, we may expect to see the fourth edition of a useful work purged of sectarian bigotry and properly corrected up to date.

AFTER SIX MONTHS.

Now that the acute symptoms of what we may call “Koch fever” have passed away, and the general public have awakened from the delirium into which it threw them, we may profitably glance over the history of the “case.” In August last, at Berlin, the announcement was made that the unimpeachable Dr. Koch had discovered a cure for consumption. Of course the daily papers—always in want of exciting “copy,” especially at a dull time of the year—took it up eagerly, and made the most of it. Hitherto, Koch had only cured guinea-pigs, these guinea-pigs not having become consumptive in a natural way, but having been made so artificially. But so

great a respect have the experimenters for guinea-pigs, that they have no hesitation in inferring that whatever happens to them in laboratories will happen to human beings in hospitals.

There was only one thing to be done—namely, to experiment on patients. Willing patients were not difficult to find, and KOCH and his assistants soon set to work. KOCH somewhat scandalized the world of science and medicine by refusing to declare the nature and composition of his fluid; but everyone allowed that he was eminently respectable, and Berlin was in a very short time flooded with consumptive patients anxious to be treated and doctors anxious to possess themselves of the precious (not to say costly) fluid. The world was inoculated with “KOCH fever.” The medical and lay press vied with each other in securing details of the treatment, and interviews with KOCH, and with everybody who had seen KOCH, or who had tried to see him and failed. This, the eruptive stage, lasted many weeks. It mattered not that no case of consumption was reported as cured; that many died much more rapidly than they ought, and that the amount of improvement in those who did improve was nothing more than has often been brought about by codliver oil: it was suddenly discovered that the thing for which the mysterious fluid was a remedy was lupus and not pulmonary consumption. Possibly also it might cure leprosy. Then came a new set of experiments. Surgeons and skin doctors took up the remedy, and certainly they have had more to show in the way of results than their medical *confrères*.

Then appeared on the scene a candid friend, in the shape of Professor VIRCHOW, who showed that if the fluid could not cure it could at any rate kill in a variety of new, certain and original ways. VIRCHOW is not alone in his opinion. Now we have Mr. JONATHAN HUTCHINSON stating that lupus is only very distantly related to tubercle, if at all; that KOCH's fluid may improve some cases, but it never completely cures any, and that in some cases, so far from doing any good, it does a great deal of harm.

After six months' experiment, what has the promise of an epoch-marking discovery come to?—Koch has gone to Cairo. The daily papers no longer want to interview him. In vain do we search their columns to find anything about the treatment, more than the occasional report of a "cure." These are so extremely rare that the most is made of them when they do apparently occur. The "kills" are so common that nobody thinks of reading them. The medical papers still continue to report cases treated, and criticisms of the treatment; but as for the tubercle bacilli that were to be banished (or else tamed into something innocent) by the new medical St. PATRICK, they are, if anything, more numerous, and certainly more virulent than they were before he appeared on the scene.

Koch has given vogue to a potent agent, which has, up to the present, proved itself much more poisonous than medicinal. The agent, however, proves to be nothing new, being only a slight variation of our old friend *Tuberculinum*—a name which has now been adopted for his fluid by Koch himself. We prefer, however, to keep *Tuberculinum* as the name for our own form of the nosode, and to give Dr. Koch's own name to his own concoction, calling it *Kochinum*. But not even in his own school is Koch's fluid original. Crookshank, Wooldrige, and others have isolated and experimented with extracts of pure cultures of the tubercle bacilli (*Lancet*, Feb. 7).

Now that there has been such an extensive experiment with *Kochinum*, under the observation of skilled observers, it is our intention to construct a pathogenesis of the reported effects. This we hope to do at an early date, for the benefit of homeopathic practitioners, and we have no doubt that homeopathic chemists will have it in all attenuations. It would immensely add to the value of the pathogenesis if regular homeopathic provings were made, beginning, say, with the 30th potency. Will any volunteer?

GELSEMIUM FOR IRRITABLE BLADDER.—Prof. Bartholow states: Gelsemium will often do more good in irritable bladder than any other remedy. It is especially adapted to those women of hysterical type, troubled by irritability at the neck of the bladder, calling for constant urination.—*New York Medical Times*, January, 1891.

NEWS AND NOTES.

THE NEW HOSPITAL BUILDING FUND.

THE amount received or promised for the New London Homeopathic Hospital has now reached the very handsome total of £24,200, and it is expected that the sum will soon be £25,000. Several of our colleagues have, up to the present, given no assistance in this great effort; but we earnestly appeal to them not to let the opportunity of being represented in this, the greatest homeopathic movement that has yet been made in Great Britain, pass away without a strong effort on their part to assist in raising the necessary fund.

OPPOSITE ACTION OF MEDICINES IN HEALTH AND DISEASE.

AMONG the many points in homeopathic practice illustrated by the tuberculosis "boom" is one observed by Prof. Crookshank and Mr. Herroun in a recent communication to the Physiological Society (in *The British Medical Journal*, February 21). Experimenting with various products of tubercle bacilli cultivations, they noticed that in tuberculous guinea-pigs inoculated there was a striking rise of temperature, whilst in healthy animals, when they were inoculated, there was an equally well marked fall of temperature. How people can be so stupid as to expect that drugs will have just the same action when the conditions are those of disease and when they are normal passes the understanding of homeopaths.

A NEW CURE (?) FOR CANCER.

THE latest remedy brought forward for cancer is quite a novelty. Prof. Mosestig, of Moorhof, read a paper recently at the Vienna Medical Society (*Medical Press*, February 18), in which he relates cases of malignant growth treated in the new way. The cases were such as were unsuitable for operation, the first case being that of a man of 50 suffering from cancer of the thigh-bone. The method consisted in injecting into the growth a solution of an aniline dye (*Trichlorate of Aniline*). He first used a 1 per cent.

solution in water, increasing the quantity till four grammes were used for one injection. About an hour after the first injection, the patient became dark blue; the next morning this discolouration was gone. The growth began to slough away. After the 4 gramme dose, the patient showed the poisonous action of the drug, becoming unconscious, the whole body becoming dark blue, breathing stertorous, feeble pulse. Artificial breathing and stimulants were resorted to, and after four hours the patient recovered. Smaller doses were used after this. After eight weeks the patient went home cured, to follow his usual occupation. In other cases *Methyl Violet*, in 1 to 500 and 1 to 1,000 solutions, was injected with equal satisfactory results and with no poisonous symptoms. *Aniline* is a powerful poison, and, among other effects, it has been known to produce albuminuria. It is quite possible that it may have a relation to malignant growths. The rapid colouration of the skin shows that, though the injection is made into the growth, it is not confined to it; and it also shows that the growth is intimately connected with the rest of the body. If *Aniline* is related to the growth itself, it must also be related to its constitutional groundwork.

THE MEDICAL ACT OF NEW SOUTH WALES.

As will be seen from the letter of Dr. Watson in our correspondence pages, the new "Act to regulate the practice of Medicine and Surgery in the Colony of New South Wales" places homeopathy very much under the allopathic thumb. The attempt to include Clause xxiii. of the English Act, which secures to British graduates and students liberty of practice and opinion, did not succeed. On the other hand, a clause was inserted empowering the Council (which is to consist mainly of doctors, who are sure to be allopaths) by a two-thirds majority to remove from the register any practitioner who shall be adjudged "to have been guilty of disgraceful conduct in any professional respect." Our friends will have to watch the working of this Act. Homeopathy is not as strong in New South Wales as it is in Victoria, and there is no telling whether the practice of it may not be considered "disgraceful conduct" by the new Council.

THE MEDICAL CURRICULUM IN THE UNITED STATES.

FOR some years there has been an endeavour on the part of the teaching bodies in the United States to make the course of medical study more satisfactory than it has hitherto been. Foremost in this excellent work has been the American Institute of Homeopathy. A Committee of the Institute, representing thirteen homeopathic medical colleges, have achieved the following excellent points:—

“1st. The requirement of preliminary examination before matriculation; adopted in 1884. 2nd. The extension of the course of study and attendance upon lectures from two years to three years. 3rd. The extension of the lecture term from four or five months to not less than six months, and in some cases extending it to eight or nine months of continuous instruction in each year. 4th. The establishment of a broader and more thorough curriculum of study. 5th. The consideration, and, by some colleges, the adoption of four years of medical study preparatory to graduation.”

The Chairman of the Committee, in issuing his report, is fully justified in his remark that “It is a gratifying fact that the homeopathic colleges, pioneers in so many ways in medicine, should also be the leaders in medical instruction.”

“REVOLUTION IN MEDICINE.”

TRACT No. 32, of the League Series, is condensed from the seventh Hahnemann Oration. It contains a sketch of Hahnemann's career, and the rise of homeopathy.

ALLEN'S “BENNINGHAUSEN.”

WE heartily congratulate the homeopathic body on the appearance of this edition of Benninghausen's “Therapeutic Pocket-book,” just issued by the Hahnemann Publishing House (Boericke and Tafel), Philadelphia, and to be had of the publishers of this journal and other homeopathic booksellers. We have not time this month to give a full review of this necessary work, which has long been out of print and unobtainable. We will merely say at present that Dr. T. F. Allen has distinctly added to his already enormous services to homeopathy by putting within the reach of all this handy, compendious and admirably got-up volume.

ONIONS IN INTERMITTENT FEVER.

Allium Cepa is well known as a remedy for coryza, but it is less well known than it might be for other complaints. An European medical man who had been practicing long in India once told us, when travelling for his health, that before leaving India he was troubled with intermittent fever that nothing would relieve, till at last he was advised to eat raw onions. This he did, and his fever left him for good. We are reminded of this by the following paragraph taken from the *American Homeopathist* :

A drug store clerk said :—"If I should be asked what was the best substitute for quinine, I should say, onions. Time and again the sleep-producing virtue of onions has been sung, but comparatively few know how valuable it is as a cure for chills and ague. Several customers explain their boycott on quinine by saying that onions are cheaper and quite as effective. One man in particular, who was a martyr to malaria for years, has been another being since he acquired the habit of chewing onion-peel. The onion is used frequently to cure rheumatism with varying success, but I never heard of its failing when persisted in as a remedy for malaria or chills."

PERMANGANATE OF POTASH IN THE TREATMENT OF SMALL-POX.—M. Galewouski, of Paris, reports that in the small-pox hospital at Brunn, in Austria, baths coloured red with permanganate of potash are used for the treatment of small-pox. It is stated that after a short stay in the bath the temperature of the patient falls materially, his general health is improved, the pustules are resolved, and recovery sets in.—*New York Medical Times*, January, 1891.

APPLES IN DIPSOMANIA.—Dr. R. B. L. Triplett (*Med. Bulletin*) calls the attention of the profession to a fact that he has been experimenting on for years, as follows : I first noticed (he says) that those who were habitual drinkers of alcoholic liquors very seldom ate apples, and by applying this hint clinically, found that a diet composed largely of good, ripe apples (of the tartish variety, preferably) greatly diminished the desire for the accustomed stimulant. In truth, of late years, I always insist, when treating dipsomaniacs, that apples shall be taken with meals and between the meal hours, and find that where it is kept-up the desire for alcoholic stimulants soon becomes *nil*. I have used strychnine and other vaunted remedies in dipsomania, but have had more satisfaction, and much more brilliant results from the apple diet than from any remedy in the materia medica. Would like other physicians to give it a fair trial and publish their results. Of course other nourishment is given, only I insist that apples be taken as above. Some of my cases are those in good circumstances ; others of those of the poorer class.—*New York Medical Times*, January, 1891.

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.

(Continued from page 67.)

CASE 45.—Catarrhal weakness of the voice in a girl of 21. Much improved by *Calendula* for three weeks, but on supervention of a cold, other remedies were given with complete relief.

CASE 46.—Miss D., *æt.* 52, date 16th June, 1890. Ulceration in both ears, left from childhood, right two and a half years, with irremediable damage to the hearing powers. No hearing on contact of a watch.

Prominent symptom : Headache, which has been very bad at night in the back of the head, but which has lately shifted from the occiput to the parietal regions and vertex, and down the muscles of the neck, which have become stiff ; there is also tinnitus present. These symptoms *Calendula* 3rd. dec. internally, with an occasional sniff of 2 grs. of *Calend.* 2nd. dec. trit., has very markedly relieved ; the headaches permanently, and the tinnitus temporarily.

CASE 47.—Henry J. M., *æt.* 27, date 15th February, 1890. Double ulceration with small polypus in the right. R. contact, L. 15 in. (This case gives us some points of interest which determine me to report it more in detail). Gets periodical attacks of deafness in the left ear—it discharges ; and constant deafness in the right ear for three years since it was operated upon at an ear and throat hospital (for polypus) ; but before this used to be intermittently deaf with it.

At fourteen months old had discharges from ears, but hearing was not affected till between seventeen and twenty, and had not observed any discharge from the right ear till fourteen months after the operation. Wisdom teeth have caused crowding ; had neuralgia of the right side of the head and face eight weeks ago, but removal of a tooth improved it and the deafness. Gets a good deal of tinnitus like a steam-engine. Hears best in a noise and indoors. Bowels regular generally, but just now confined. *Manganum Acet.* 3rd dec. gtt. vii.— $\frac{1}{2}$ oz., gtt. v. t.d., and *Mangan.*

Oxid. 2nd dec. trit. gr. x.—*Ol. Oliv.* $\frac{1}{2}$ oz., m. ft. ol. Use to both ears.

March 1st. Left has been much better till this morning, right the same and noisy, discharging; medicine seemed to act on the bowels. Continue. (Hearing of the left returned on using, locally, oiled cotton-wool.)

March 19th. L. stopped up, R. noisy, general state much improved; has lost pains in the head and back (had a dull heavy pain about the kidneys). Continue the same, gtt. xii.— $\frac{1}{2}$ oz.

May 3rd. Getting on very much better; hearing very good till last week, heard even with the right. Gets indigestion, with pain under the lower ribs, especially after dinner, in evening. Hearing R. not contact, L. 20 in. Prescribed *Calend. Off.* ϕ , gtt. 15— $\frac{1}{2}$ oz., gtt. 5 t.d.

May 17. Right very much better, left not so well. Continue; but to use as well *Carbo. Animalis* 3rd dec., 2 grains occasionally as a snuff.

June 24th. Really very much better in every way; tinnitus in the right has been much better. Continue.

July 22nd. Hearing has kept very uniform in the left till yesterday, when he caught cold. Some slight running from the nose, tinnitus in the right, occasional hearing for half an hour or so in the right. *Calend.* he thought caused a pain in the left side round to the back, with soreness to the touch on a level with the stomach before meals, disappearing after eating. Hearing R. off, L. 15 in. To have *Acid Fluor.* 12. Two pilules twice daily.

September 17th. Has been particularly well till ate some oysters last Saturday, and has since had pain across the chest and hearing is worse. Prescribed *Mangan. Acet.* 3rd dec. gtt. 15— $\frac{1}{2}$ oz., gtt. v. t.d.

October 8th. After the first dose felt unwell. After the second had shivering with turmoil in abdomen—a quivering—and a feeling of stoppage of the heart; had to discontinue it. Medicine made him feel hungry. Hearing much steadier, R. 2 in., L. 15 in. To have one dose a day of the same. Still under treatment.

Result: Much help from *Calendula*. The aggravations under both *Calend.* and *Manganum* are in every way interesting.

Manganum, as I have frequently pointed out, is of great use in restoring hearing where the malleus-handle stands out prominently from the membrane and presents a knobbed

appearance, as from small nodous projections along the handle, the result of former ulceration of the middle ear.

CASE 48.—Recurring otalgia with deafness in a boy of ten years dating from four years old. Result: Improvement under *Calendula Off.* ϕ , gtt. vii.—3ii. gtt. v. t.d.

CASE 49.—C. W., *æt.* 25. At ten or twelve years old had scarlet fever, and has been liable to deafness ever since; is at his best just at present. Has had tonsils removed after the fever, and ears have been syringed from time to time. No palpitation, vertigo, or tinnitus. Gets deaf in cold weather (damp). Gets headache after railway-travel and shooting. Local examination: both membranes "sore looking" and "peeling." Under *Calendula Off.* 3rd dec. the hearing went up from R. 30, L. 40, to normal on both sides, *i.e.*, 60 in. Result: Complete cure by *Calend. Off.*

CASE 50.—E. T., *æt.* 50. An old-standing and very obstinate case of vascular deafness; of no particular interest, except that when taking the *Calend. Off.* ϕ , gtt. vii.— $\frac{1}{2}$ oz., gtt. v. n. & m., the patient declared he suffered from bleeding piles when taking it and only then. Result: No effect upon the deafness.

CASE 51.—Miss C. M., *æt.* 36. Quinsey two years ago; aching about the tonsils when tired, no cough but voice weak, easily tired, sleep irregular, worse in damp, best in a dry cold. No deafness, but often has to have her ears syringed from eczematous meatuses. Prescribed *Calend. Off.* ϕ , gtt. vii. $\frac{1}{2}$ oz., gtt. v. t. After the first fortnight not much relief except that she feels stronger. Then gave 15 drops instead of seven, as above, of *Calendula*, and steady improvement set in in all her symptoms; the voice got stronger and the throat less painful. Great relief to a well marked case of follicular pharyngitis.

CASE 52.—Date June 25th, 1890. Very pronounced vascular deafness, with middle ear catarrhal symptoms, of one and a half years' standing in a gentleman *æt.* 62. R. contact only, L. off.

History of having bathed and dived very much. Not aggravated in damp, nor affected by noisy surroundings; general health good, except for occasional vertigo.

After treatment with *Ferr. Picr.* 12th dec. and 3rd dec. for a fortnight, and with some improvement, I put him upon *Calend. Off.* ϕ . He was then complaining of dizziness and buzzing in the head; when seen three days afterwards he said his head was much lighter and his hearing better.

R. 3 in., L. 1½ in. Unfortunately he was obliged to go abroad. Result: Good relief of prominent symptoms.

CLINICAL NOTES.

By C. W.

CALENDULA.—The other day I was told by a friend that he had, last autumn, chewed a *Calendula* leaf for a few minutes: the effect was most marked, and very striking. It entirely removed for some days the difficulty in making water, with which he had long been troubled, and which is so common in elderly people. I have a suspicion myself that *Calendula* affects the spinal chord, from certain unpleasant feelings which I have when making it from the fresh plant.*

HIPPOZANIN.—This will be a case for Dr. Burnett, in his own line. A near relative subject to gouty bronchitis, had a very severe attack, lasting for six months. The persistent symptom was great irritation at the top of the larynx, from the presence of a little mucus. Although of a very placid temper, this incessant irritation so disturbed her that it seemed likely to bring her into a bad state of health; no medicine seemed to touch it. Just at that time Dr. Garth Wilkinson drew attention to *Hipposanin*, which we tried at the sixth potency, a dose three times a day. Six doses only were given, and the whole complaint disappeared at once, and *never returned*, although she lived several years after, the winters then being very severe. Cataract then developed itself in one eye; then gouty iritis—which was soon cured by the late Mr. Parsons—and finally fatty degeneration of the heart. This case is remarkable in that the gouty manifestation was diverted from the lungs, never reappearing there, but painlessly exhausted itself upon the heart, the weak organ in our family.

CHLORIDE OF CALCIUM.—This and the succeeding case occurred when I was with the late Mr. Wilton, of Brighton. A highly scrofulous and rheumatic patient was attacked

* In response to our request for a fuller description of these feelings, our contributor replies that the symptom was very difficult to describe. "There was such a feeling as if some overwhelming calamity was hovering over me as to be almost unbearable. Three years ago, just after making the tincture, my old enemy, the gout, nipped me in the middle of the spine, and in three days spoiled all my power of walking; and then the dreadful feeling became very much exaggerated."—Ed. H. W.

with abscess of the cornea (onyx), which burst into the anterior chamber; afterwards rheumatic iritis set in, and she was then put under the care of the late Dr. Pickford. For two years he was trying to "touch her mouth," but without success. At last I said to her, "Let me try," to which she assented. A large portion of the cornea was densely opaque, and being then a novice in homeopathy I thought I could do something great, which I certainly did. I gave her an 8oz. bottle containing one grain of the chloride of calcium in solution, a tablespoonful three times a day. This was the result: The medicine had not been taken ten minutes before she said she could feel it at her finger ends. The scrofulous element was overpowered for the time, and the mercury had its full swing. For over a fortnight she was in bed, grievously salivated, but when that declined the eye was in *statu quo*. She only took that one dose, but it taught me one way of dealing with cases in which the apparently appropriate medicine will not act. I told the matter to the late Dr. Madden at the time, but whether the case ever had any influence upon his practice I do not know.

There is one remark I might make upon this case, and that is this, that all these soluble compounds of the metals are much more energetic than those made by trituration, and act more quickly.

MILLEFOLIUM DIARRHEA—ARSEN. IOD. THE ANTIDOTE.—We had a club patient suffering with a peculiar severe diarrhea, dark chocolate brown, profuse, verging towards black, and I believe slightly tinged with blood. I forget as to whether there was any pain. Mr. W. tried his best, but to no purpose; but one day an old woman came in and said, "I can cure that man." "Can you?" was the reply. "Then do so." In two days Mr. W. called again, and found the old woman there with her patient, who was now perfectly recovered. "Well, what did you give him?" "Millefoil tea." When talking the matter over afterwards I said, "Well, doctor, I suppose the next similar case you will give the Millefoil." "No!" he said, "that is outside our *Mat. Medica*."

Now, I have within the last few years had a regular proving of this plant in a very singular way. My late collie dog had a very peculiar propensity when excited of pulling up mouthfuls of grass by the roadside, chewing it, and swallowing it. But whenever there was any of this

plant among the grass (for Millefoil is very plentiful here), this same diarrhea set in; first, rattling of fluid in the bowels, then dark chocolate discharge, changing to very offensive black, and afterwards streaked with blood, and would last for two or three days. We were sadly puzzled how to treat it, till at length *Arsen. Iod.* 3x in solution proved a perfect antidote; it was given every ten minutes, when the rattling came on, and six or eight doses generally effectually stopped it. Now this *Ars. Iod.*, though so effectual for the diarrhea, had no effect upon the pads of his feet, which for some three years were fissured like so many pieces of rotten wood, compelling constant greasing to enable him to walk comfortably. At length we gave him *Arsen.* 30, and he was quite well in a fortnight, and remained so in that way for life.

HAHNEMANNIAN CURES.—No. 10.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE X.—*Alumina.* August 9, 1871. Mrs. E. D. At 2 p.m. a child put its finger into its mother's left eye, scratching the upper part of eyeball. Smarting of the eye followed, with heat, redness, and hot lachrymation. She cannot open the eye from pain. Cold water applications relieve the pains and lachrymation; the light of day increases the lachrymation.

Diagnosis of the remedy, according to my Eye Repertory (some of the following medicines were added in MS. subsequent to publication).

Better from cold; heat, *Acon.*, *Alum.*, *Am.-mur.*, *Morph.*, *Nitr.-ac.* *Op.* (*Puls.*), *Sulph.* (*Thuy.*).

Better from cold; lachrymation, *Alum.*, *Picr.-ac.* (hot).

Better from cold; smarting, *Alum.*, *Oxal.-ac.*, *Picr.-ac.*

Better from washing; heat, *Acon.*, *Alum.*, *Am.-mur.*, *Arsen.*, *Asar.*, *Kali.-nit.*, *Nitr.-ac.*, *Sulph.* (*Thuy.*).

Better from washing; lachrymation, *Alum.*, *Asar.*, *Magn.-c.*, *Picr.-ac.* (hot).

Better from washing; smarting, *Alum.*, *Natr.-ac.*, *Picr.-ac.*

Worse from daylight; lachrymation, *Ailanth.*, *Alum.*, *Amyl.-n.*, *Bry.*, *Chin.-s.*, *Dig.*, *Eugen.* (*Eupion.*), *Graph.*

{*Ign.*}, *Kali.-bi.*, *Kali.-c.*, *Kreos.*, *Lycop.*, *Magn.-mur.*, *Merc.*, *Puls.*, *Rhus*, *Sabad.*, *Staph.*, *Stram.*, *Sulph.-ac.*, *Zinc.*

Alumina corresponded to all these symptoms, except that it had not the relief of hot lachrymation from cold and washing, which belongs to *Picr.-ac.* However, this latter remedy did not correspond to the remaining symptoms. *Alumina* had also redness of eyes, difficult opening of eyes from pain, and hot lachrymation.

The *Materia Medica* gives: 152. "Redness of right eye, with soreness and lachrymation." 161. "Pressure in eyes; is unable to open them." 165. "Biting in left eye, as from soap, in evening." 168. "Sensation of excoriation in interior of the eyes, in evening; after this the eyes were irresistibly closed." 192. "The eyes are agglutinated in morning; dim, with biting; better after washing."* Also other similar symptoms.

At 7 p.m., the symptoms having lasted for five hours, I gave one dose of *Alumina* Cm. (Fincke). In fifteen minutes all the symptoms were gone, except a little feeling of stiffness, and this soon ceased.

Comments.—(1) In this case the left eye alone was affected, and though this arose from a mechanical cause, the left-sided locality was not to be neglected, because different medicines have different degrees of affinity for either side of the body. That this must be so is evident if we consider that the two sides of the body are in opposite polarity, and that medicines have been shown to manifest the same difference. But it frequently happens, partly because our provings are incomplete, and partly because the side affected has not always been stated by the provers, that we cannot always find a perfect similarity in this particular. It does not, however, follow that the remedy is for this reason unhomeopathic, because it may act on both sides of the body, though not always in the same manner, or to the same degree. In the present case, I could not find the *simillimum* under the symptoms of the left eye, and therefore resorted to the symptoms of the eyeball generally.

* This important condition, "relief after washing," is omitted in the *Encyclopedia*, but added by Dr. T. F. Allen in his list of *errata*. But it is unfortunate that the author did not complete his corrections and additions; so many are admitted to exist in the first few medicines that it makes us distrust the remainder. Dr. E. J. Lee informs me that he has referred to the original records in the compilation of his *Repertory*. In the meantime a complete and accurate *Materia Medica* is still a *desideratum*.

(2) This case also adds some valuable* clinical symptoms to the *Materia Medica*, and suggests the possibility of *Alumina* having a special affinity for the left eye. These new symptoms were incorporated in my *Eye Repertory*, which was subsequently published, and they have proved useful guides in the selection of the remedy. Till our *Materia Medica* is absolutely complete (if that ever happen) there will be found gaps which can only be filled by clinical experience.

(3) That the relief after *Alumina* was a *propter hoc*, and not a *post hoc*—in other words, a true homeopathic cure, and not merely a natural recovery—is shown by comparison with a similar case which came under my observation in 1880. A child put its finger into a young lady's eye about 2 p.m. Some supposed homeopathic remedies, selected by her mother from a work on domestic homeopathy, were applied, both internally and externally, yet in twenty-four hours afterward there was still considerable pain. Motherly, not to say grandmotherly, prescribing is sometimes "a mockery, a delusion, and a snare."

48, Sussex Gardens, Hyde Park, W.

NOSODES.

HAHNEMANN ON NOSODES.

IN a foot-note to Aphorism LVI. of the *Organon* (5th Edition) Hahnemann gives his opinion of the use of nosodes in medicine. He had been describing and comparing three different methods of employing medicine in disease—The *Homeopathic*, the *Allopathic* or *Heteropathic*, and the *Antipathic* (*Enantiopathic*) or *Palliative*. In the foot-note he says:—

"A fourth mode of employing medicines in diseases has been attempted to be created by means of *Isopathy*, as it is called—that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done,

* The following clinical ophthalmic symptoms are worth noting. July 15th, 1885, Miss S., aged about 50, complained of an intense dragging, burning pain in back of eyes, with intense photophobia; also a blaze of light before the closed eyes; attacks of pain worse at 3 a.m. *Alumina* Cm. (F. C.) cured, the pain diminishing before the photophobia. The keynote in this case was 209, "On closing his eyes, it was bright before them."

which would certainly be a most valuable discovery, yet, after all, seeing that the miasm is given to the patient highly dynamized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*."

DR. SAMUEL SWAN.

We have received from Dr. Swan, of 18, W. 38th Street, New York, two pamphlets, one entitled "Poisons," and consisting of a paper read by him before the International Hahnemannian Association at the meeting at Long Branch in June 1887, and one dated July, 1890, entitled "Nosodes and Morbific Products," being a second edition.

From the former we quote the following :—

"In nature there are numerous imponderable undetectable poisons, which cause sporadic sickness, or wide-spread epidemics. These are known only by their effects, and thus far have never been captured or analyzed. They show the same unmistakable individuality as do Arsenic, Belladonna, Mercury, Lead, or other organic or inorganic poisons. How they are generated, where they are to be found and how prevented, whether they are infinitesimal microbes evolved from vegetable matter, either as pollen, spores, or germs—if of the nature of odours, as intangible as the fragrance of the rose or the lily, or auras undetectable by the sense of smell—are still matters of conjecture.

"The effect of one of these poisons is a sickness known as *Measles*, another is named *Scarlatina*, a third *Diphtheria*, a fourth *Variola*, a fifth *Cholera*, a sixth *Malaria*—and there are no doubt others. These are unchangeable in their effects, and no matter how much the peculiar idiosyncrasy of the patient may modify or aggravate their intensity, the objective symptoms are always sufficient to indicate the particular disease. These named diseases are considered contagious in a greater or less degree. Beside these poisons found in nature, are others originating in man—they are hereditary, or acquired by contact, and are incommunicable except by contact, and are known as *Psora*, *Syphilis*, and *Sycosis*, the latter including *Gonorrhoea*. The less a person is infected with these, either by inheritance or acquisition, the less liable will he be to the effects of the first mentioned poisons.

"It is well known that the poison which caused a sickness or disease, inheres in the product of such sickness or disease.

"Thus the saliva of rabies, of mercurial salivation, of Measles, Scarlet Fever, Diphtheria, Variola, Cholera, Malaria, contain the poison that produced the disease. Potentise the saliva, and you capture the poison in all cases.

"The Law of Homeopathy is, that a drug or poison which can produce a symptom, or a group of symptoms in a healthy person, will cure the similar symptom, or group of symptoms, when occurring in the sick, and later discoveries can add, no matter how the latter may have been caused.

"Having obtained the poison, you want a proving on a healthy person. Now, Morbillin, Scarlatinin, Diphtherinum, Variolinum, and Pyrogen, with Psorinum, Syphilinum, Sycotinum, Medorrhinum—

the fullest proved poisons in existence; they have been proving for hundreds of years by tens of thousands of persons, old and young, male and female. The records of these provings are found in the literature of all the schools, and if collected would fill many volumes. Here we have the proving ready made by nature for us, on *healthy* persons. Carefully collate all the symptoms produced by the poison of Measles on healthy people, and you have the pathogenetic effect of that poison, and when you have found such in the sick, administer the potentized saliva or poison, which, for want of a better name we shall call Morbillin—and you will cure the effects of that poison.

“I have thus replied to the objections and charges made concerning my ‘Generalisation’—which is now no longer a generalisation, but a specific statement.

“But, says one, ‘I have failed to cure a chancre with Syphilinum, therefore it is not reliable.’ Another says, ‘I never got any good from Diphtherinum, and consequently it is a failure.’ Another, ‘I have never cured Gonorrhœa with Medorrhinum, and for that reason it is not to be depended on.’

“Man is so complex, that it is very seldom a *simple* disease exists in a patient, and therefore other remedies may be required—the younger the patient, the less vitality the infused miasms may have, and the more frequently cures are effected by a single remedy.

“It is not to be supposed that Morbillin, Scarlatinin, &c., will cure any symptoms but those produced by the poison, any more than any other drug, but no one can ever know the *full* power of a drug.

“The poison imbibed may wake up the latent Psora or other miasm, which after the administration of the potentized drug, will disappear, as the disease is relieved, but they had only been lifted from latency, and when the poison that made them objective has been cured, they fall back to their latent condition as before, or, if remaining objective, require another remedy. A case illustrating this occurred in a boy about nine years old, who had Measles—he was relieved of this in two days by Morbillin, when a hard cough set in, commencing about 5 p.m., continuing all night, and ending at daylight; one dose of Syphilinum given, and he was relieved and never coughed after.

“The cures mentioned above have been made by many physicians beside myself, and they are hard facts which illustrate the truth of the statement that a *Morbific Poison will cure the disease which produced it, if given in a high potency.*

“These preparations act as prophylactics, as well as curatives, and many instances can be furnished where Measles, Scarlet Fever, Diphtheria, and Variola, were confined to the individual patient, and this in tenement houses.

“It is of great importance in the preparation of these poisons, that the saliva should be procured of the worst possible cases, and I will pay any physician liberally, who will forward me a small quantity in a vial filled with alcohol.”

THE QUESTION OF ORIGINALITY.

The following letter appeared in the *St. James's Gazette* of January 23:—

“SIR,—Dr. Koch's discovery is *not* original; his formula for pre-

paring it and his mode of using the lymph may be. Preparations made from the products of a diseased state have been used by homeopaths in curing such diseases from the time of Hahnemann, just a hundred years ago. *Psorinum* was, I believe, the first; and it was 'proved' by Hahnemann himself. Since that time his followers have introduced many of these morbid products, which are called *Nosodes*. Dr. Koch's plan appears to be to breed bacilli from tuberculous matter, and the resulting ptomaine is then chemically or otherwise freed from the bacilli and mixed with glycerine. The glycerine is used to preserve the preparation from decomposition. The homeopathic plan is simply to use the product of the disease as prepared by nature in her 'physiological laboratory.' This contains every element of the disease, and is the nearest (homeopathic) preparation for producing or curing the diseased state; this product may be prepared in different ways—either by trituration with 'sugar of milk' or potentizing in very dilute alcohol or even water; and in this way any power needed can be made. Numerous cases are on record of cures by this remedy, both of tubercular phthisis and tubercular meningitis, &c. The latter I have myself cured with its help. A very interesting little book has just been written by Dr. C. Burnett, telling his experience with this remedy for many years past. Seven years ago I made a preparation of *tuberculinum*; this preparation Dr. Burnett uses, and with great success. I believe most homeopathic chemists in London have it.

"Tuberculinum has been used in homeopathic practice for twenty years. Further, fifteen or sixteen years ago one of the English medical journals (allopathic) reviled the homeopaths for using this very preparation. About the time that Dr. Koch says he began his experiments there was published in an Austrian homeopathic medical journal a paper by Dr. Ameke, a homeopathic physician, on the subject of *Nosodes*, which may interest some of your readers. I cannot say if Dr. Koch saw this.

"The other day a paragraph appeared in one of the daily papers saying that Dr. Bernheim declared that Dr. Koch's method was a direct outcome of M. Pasteur's teaching; any way the idea is the same—a product of consumption to cure consumption, a product of rabies to cure hydrophobia. If Dr. Koch got the idea from M. Pasteur, was M. Pasteur's idea original? Again I say it was *not*. In 1833, just fifty-seven years ago, the late Dr. Constantine Hering, called the Father of Homeopathy in America (where there are now about 12,000 homeopathic physicians) first introduced, and used as a remedy for the cure of hydrophobia and other forms of madness, a preparation made from the *saliva* of the mad dog (not an *artificially* prepared substance). See the 'proving' in Dr. Hering's *Materia Medica*, under the name *Lyssin*. For more than twenty years I have had this preparation in my possession, and it has, I believe, been used many times with success. But as in diseases of a given name different conditions arise in different persons on account of constitutional or other disturbances, so they require different treatment for the cure of these conditions by the appropriate remedies; then possibly a *nosode*, or a product of the specific disease, will remove the rest, but I question if it will be quite successful alone. Typhoid conditions, fever, &c., have been cured by morbidly produced *sepsin*, as well as by artificially produced *sepsin*. But the plan of inoculating the human body (healthy or otherwise) with all these various potent poisons must eventually do the very thing we

are trying to prevent—namely, make the human race still more prone to disease.

“Already opinions differ as to the wisdom or even utility of vaccinating against small-pox. Besides a host of other troubles set up by that process, it is gravely stated that since its introduction consumption has largely increased; and it is also stated that since the introduction of vaccination into the South Sea Islands leprosy has greatly increased. This may be either by its being spread by the vaccination, or that vaccination rouses it up in a system that may have inherited it from many generations back, just as we know that eczema and other skin troubles are roused up by vaccination.—I am, Sir, your obedient servant,

“ALFRED HEATH, M.D., F.L.S.

“January 22.”

LETTERS OF HAHNEMANN.

Translated by Dr. Dudgeon.

[Concluded.]

No. 48.

[TO DR. STAFF.]

DEAR FRIEND,—Many thanks for sending me the first volume of your *Contributions to the Pure Materia Medica*—I value them highly; and also for the third part of the fifteenth volume of your *Archiv*, which gives promise of a re-action against the sansculottism of the superlatively clever perverters of our experience-proved homeopathy. I never cared to engage in polemics. If I once broke my resolution (when I attempted in vain to set Dr. Kretschmar right), I am determined never to do so again. My disciples will perform this duty instead of me, if they have any regard for the propagation of our divine art and for their own honour. No defensive article is needed for me. I only beg the shameless, ignorant assailants of the present day to bear in mind the *experimentum corucis*, that they should prove their own qualifications to speak on the subject of homeopathy by their deeds—real, quick, frequent cases of serious diseases. Mere arguing, contemptuous utterances and fault-finding with the better method, and arrogant presumption are no qualifications. I trust that the best of my followers will put them to shame, and by degrees overcome them.

Your additions to *Anacardium*, &c., which you kindly communicated to me, have been utilized by me for, and incorporated into, the second edition of the *Chronic Diseases*, as you no doubt have seen in the second part of that edition.

In respect to that also, the inimical spirit of Trinks has been very evident. It must have been by his devilish interference that Arnold let my manuscript lie so long unprinted. It was

only after an innumerable quantity of worrying letters and threats of legal prosecution that, after two whole years, I got him to go to press; but he only printed the two first parts (altogether thirty-six sheets). Then Arnold became bankrupt; he could not continue the publication, and Trinks's devilish object, to hinder the appearance of the work, was attained. However, it will soon see the light through another publisher. I believe it will be a profitable undertaking.

I live here with my dear wife, healthy, happy, and honoured, and shall be always delighted to hear good news of the well-being of yourself and amiable family.

Your friend,

SAM. HAHNEMANN.

Paris, Nov. 14, 1836.

I return you the Allentown *Correspondenz-Blätter* with thanks. There I have zealous, pure followers. Soon they will surpass Germany.

If our Gross has not put his name along with the rest to the Magdeburg declaration of the 10th of August, then you may remember me kindly to him.

No. 49.

[To DR. STAFF.]

DEAR FRIEND,—Your genial letter, which the Polish doctor brought me, gave me much pleasure, as I received from it a confirmation of my comforting conjecture, that there is still in Germany a small body of true homeopaths (among whom I never forget to reckon you and Gross) who are not led away by that vulgar, bragging joker and impudent sansculotte Grieselich and his crew. But in truth I do not apprehend that these wretches, with all their abusive talk, will make any impression on the rising generation of doctors. They will soon learn from their own experience that no good can come of such distorted travesties of my doctrine, and will remain all the more immovably devoted to the true healing art.

Honest Germany! I had credited it with greater powers of judgment and discrimination. At all events, these heresies have met with no response in France, England, or Italy.

I found that France was, and is still, very weak in our art. But there are more true followers and capable, zealous disciples in the provinces than in the capital. (Be so good as not to make publicly known my sentiments about the homeopaths in the capital). During the last half-year an ardent zeal for homeopathy has been aroused among the young graduates by the observation of the number of cures effected by myself and my dear wife; for she has cured the most serious diseases of a much larger number of the poor than I have of the rich.

From fifteen to twenty daily crowd the anteroom and even the stairs of our little house, which is occupied by us only.

The astonishment caused by these cures excites the interest of the intelligent youths, whose feeling for suffering fellow-creatures has not yet been extinguished by the practice of allopathy. What I found among the older so-called homeopaths here was very much the same as the bastards of this sort in Saxony. What I desire to live to see in Paris is not yet there, but is still in the future; for there are hardly four or five really good ones among the homeopathic practitioners.

But a good homeopath has to fight a hard battle with the many prejudices of the public, who think nothing of any system of medicine or of any doctor who does not bleed, apply leeches, stick on fly-blisters, insert setons, prescribe tisanes, &c.

Of late years great obstacles have been thrown in the way of foreign medical men obtaining leave to practise here, by the Royal Academy of Medicine, probably in order to prevent the introduction of homeopathy. Moreover, everything here is four or five times dearer than elsewhere. The rent of my house is six thousand francs per annum, and my carriage (without which a medical practice cannot be carried on) costs me nine thousand francs.

In England our art makes much greater progress than in Paris*; the cures I have performed on Englishmen who have left their country to be under my treatment may have had something to do with this.

I live here highly respected, partly no doubt because my wife is a Frenchwoman of good family, and has a large circle of distinguished friends; and I enjoy better health and spirits than for the past twenty years. Many Germans who knew me formerly, tell me I look many years younger, for which I have expressly to thank my loving warden, my dear Melanie, who joins me in kind remembrances to you and your amiable family.

Farewell! and be assured of the unalterable friendship of your devoted

SAMUEL HAHNEMANN.

Paris, April 20, 1838, Rue de Milan, No. 1.

You would oblige me if, when opportunity offers, you would send

* [Hahnemann was misinformed here. The number of homeopathic practitioners in England in 1838 might have perhaps equalled the number of fingers on one hand. In 1835, when Mr. Leaf sought for a medical propagandist of homeopathy, he had to go to Paris for one. After Dr. Curie's advent to London, the dispensary established for him in Ely Place by Mr. Leaf attracted several young medical men, but it was some years after 1838 before the number of homeopathic practitioners in this country amounted to a dozen; whereas in France there was a goodly number in Paris, and a fair sprinkling of Hahnemann's disciples in the provinces. Homeopathy spread rapidly in Britain after the establishment of the *British Journal of Homeopathy* in 1843, the year of Hahnemann's death, and at present the proportion of homeopaths to allopaths is about equal in both countries.]

me the first part of the sixteenth volume of your immortal *Archiv*. My copy has got lost. I thank you for the two other parts. I also thank you very much for *Lachesis* and *Crotalus*, though Dr. Andrew has not yet delivered them to me. *You would oblige me very much if you would send me Hering's book on Serpent poison.*

No. 50.*

DEAR FRIEND,—How are you and your two dear boys? I hope I may receive a very good account of you! I would also like to know if you have become more familiar with our difficult, no doubt, but very efficacious homeopathic practice?

I and my dear wife, both together, cure a very great number of patients. She alone, at a later period of the day, cures very many poor patients, often to my astonishment. We receive patients of all ranks—even the highest—in our consulting-room, and I pay visits along with her, in my carriage, only to patients who are obliged to keep their beds, generally in the evening till midnight. I have consultations at my house only from ten in the morning until four in the afternoon. We are regularly besieged by patients, even in summer, when so many families live in the country.

There has been a great accession of nominal homeopaths, since I came here (six years ago), but there are very few good, true, pure ones. There may be some few good ones in the country towns.

If I have been rightly informed, your Academy in Allentown grants diplomas to good homeopaths. If that is so, you would confer a favour on me if you would send one to my dear wife Marie Melanie Hahnemann, *née d'Hervilly*, for she is better acquainted with homeopathy, theoretically and practically, than any of my followers, and lives, I may say, for our art.

The two little cameos which the dear clergyman, Mr. Bayer, is taking to you, will give you a good idea of my head; the copper-plate engraving is, on the whole, also very like, only the artist has taken me in an unfortunate moment, when I was probably vexed by the bad behaviour of the bastard-homeopaths in Germany; there is no trace in it of the kind-heartedness which is usually seen on my countenance.

God keep you in good health and prosperity.—Your quite devoted,

SAMUEL HAHNEMANN.

Paris, March 28, 1841.

* [I thought at first that this letter must be to Hering, as it contains a request for a diploma for Mrs. Hahnemann from the Allentown Academy, which was Hering's creation, but the tenor of the rest of the letter shows that it could not have been to him, as Hahnemann would never have doubted in 1841 Hering's perfect knowledge of homeopathy, in which he credited him with being so proficient so many years previously (*vide* letter 47). Probably the correspondent was one of Hering's German collaborators in the Academy.]

Write me by post (that is the best way) to Paris, Rue de Milan-Clichy, No. 1.

No. 51.*

[To Dr. HERING.]

DEAR FRIEND AND COLLEAGUE,—At the end of October of last year I wrote you a long letter about my beloved wife Melanie, in which I stated to you the reasons that caused me earnestly to wish to obtain for her, by your kindness, as soon as possible a diploma as doctor of homeopathic medicine from the Academy at Allentown. In your answer of the 19th July, 1841, you were so good as to approve of my request, and to promise a speedy compliance with it.†

I now beg you to write me as soon as possible about it, for I cannot imagine to what I am to attribute your silence,

Your most devoted friend,

SAMUEL HAHNEMANN.

P.S. You recommended to me, from philanthropic motives, Dr. Biegler.‡ But he has abused your and my confidence. He told us a falsehood when he said he was unmarried and had neither wife nor child.

GREEN COFFEE IN AFFECTIONS OF THE LIVER.—Dr. Landarabilco, of Barbaste (*Journ. de Méd. de Paris*, May, 1890), has directed his attention to the therapeutic uses of green coffee in gout, gravel, nephritic colic and migraine. The coffee as employed is mixed thus: Martinique, one-half; Mocha and bourbon, of each a fourth. Portions of these mixed coffees, twenty-five grammes (5 vj.—gr. xxv.) each, are put into a glass of water, covered as closely as possible, and macerated from ten to twelve hours, or more. In the morning, stir the contents of the glass, strain it, and let it be drunk on an empty stomach, cold, and without sugar. Food may be taken shortly afterward. The therapeutic results are said to be in the highest degree satisfactory.—*New York Medical Times*, January, 1891.

* [This letter is undated, but the contents show that it must have been written in 1842.]

† [Hahnemann's importunity was crowned with success, for, as we learn from the report of the prosecution of Mrs. Hahnemann, in 1846, for the illegal practice of medicine and pharmacy, of which she was found guilty and condemned to pay a fine of a hundred francs, Mrs. Hahnemann was in possession of the diploma of the Academy, which she says in her evidence "is composed of the greatest homeopaths in the world, after Hahnemann." On the whole it seems that the possession of the Allentown degree was not of any appreciable advantage to the fair graduate.]

‡ [In a note by another hand appended to this letter, I find it stated that this Biegler was convicted of arson and suspected of the murder of his wife.]

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

FIFTH ordinary meeting held Thursday, February 5th. Dr DUDGEON, President, in the chair.

Mr. DEANE BUTCHER read his paper entitled "The Recent Discoveries of Koch and Pasteur as illustrating the Law of Similars." Mr. Butcher commenced by sketching the scientific careers of Pasteur and Koch. Koch was the discoverer of the bacillus of tubercle. Whether the bacillus is the cause of tubercle or tubercle of the bacillus is not yet settled. Koch has found the bacillus in the lungs, glands, skin, sputa, and breath of patients. The experiments of Koch leading up to the discovery of the cure of tuberculosis were described. Dr. Koch's explanation of the action of the remedy was not wholly satisfactory. Mr. Butcher described how all bacilli produce an exudation which, if too strong, destroys the bacilli; but if not very strong merely softens the surrounding tissues and prepares them for the spread of bacilli.

The Koch lymph is the most potent fever producer ever known. Dr. Butcher said it would be interesting to inquire what part this fever took in the curative process. It seemed that fever was Nature's way of attempting to destroy the bacteria.

The dose of Koch's fluid is an infinitesimal one, as its action is homeopathic. The strength of dose to which the organism will react is the 6x, or one millionth.

Koch's remedy is the last of the nosodes. The idea is a very old one. Mr. Butcher had used *Pyrogen*, which he had seen of undoubted efficacy in cases of puerperal fever and the like.

The researches of Pasteur prove that the search for a cure must be of the nature of a similitum.

Koch's researches illustrate even more definitely the homeopathic doctrines.

DISCUSSION.

Dr. HUGHES quite agreed with Mr. Butcher that the action of Koch's fluid was *apparently* homeopathic to phthisis. He was not, however, so sure of this on going beneath the surface. The fluid set up the fever and the symptoms of tubercle. Koch's account of the process was that the bacilli poison the protoplasm on which they feed, making it unfit for their pabulum, and that his fluid does this more rapidly and on a larger scale, so starving them out. Naturally, therefore, the two agents produce similar symptoms—fever, cough, &c.; but since he could not think of drugs as acting in this way, he could not claim its curative effects as homeopathic. Neither did he think the preventive inoculations (of more or less doubtful

efficacy) of Pasteur illustrated homeopathy. The patient protected by them is like one who has already had an attack of the disease to be guarded against, and this he considered was also the possible account to be given of the power of vaccination. On the other hand, in the matter of the minute quantities required, Koch's treatment was a valuable testimony to one feature of homeopathy. Science is fighting our battles in this matter. He asked Mr. Butcher if *omne vivum ex ovo* should not be *omne vivum e vivo*, as eggs were not always required for the process? Is it not the environment and not the bacilli which are destroyed in the Koch treatment? Is the fever not set up only where there is morbid tissue to act on?

Dr. DYCE BROWN said Mr. Butcher's papers were always deeply interesting and instructive. Dr. Dyce Brown elicited from Mr. Butcher that the virus was taken from guinea-pigs, though the original came from the human subject. He thought in this case the treatment was and is homeopathic. If it is direct from the human subject he could not consider it homeopathic; unless the simple attenuation of the virus so altered it as to produce something different from the original. He considered the Koch treatment was similar to the hydrophobia treatment of Pasteur and vaccination. The agent is altered by being passed through different animals. He considered vaccinia and variola two entirely distinct diseases. Cows would not take variola. If infected with the poison, vaccinia results, not variola. Pasteur does not use hydrophobic virus from the dog, but from the rabbit. Rabbit rabies is different from dog rabies. The two are not identical, but like. A *tertium quid* is produced.

Dr. MADDEN said the question of the use of nosodes as homeopathic remedies was always interesting. He had tried *Pyrogen* in one case of typhoid and two of puerperal fever. He found no result. He considered it proved that Koch's remedy did produce effects, and some of them satisfactory. In reference to Dr. Hughes' remarks, he said that the strong fluid did produce effects on the healthy. In one of Koch's cases the guinea-pig was cured by a smaller injection of what had before given it tubercle. He asked if the discussion was not trenching on the explanation of the homeopathic action of remedies as stated by Hahnemann. Were not the symptoms produced the result of the organism reacting against the poison?

Dr. E. B. ROCHE (of Norwich) said he had been struck as Mr. Butcher had with the thought that Pasteur and Koch had hit upon the idea of cure by similars. He agreed with Dr. Dyce Brown that the passage of the poison through other animals did produce a *tertium quid*. He found intelligent men much more open to conviction as to the power of the infinitesimal since

they had become aware of the minute quantities of Koch's fluid which produce such powerful effects.

Dr. CARFRAE wished to intensify Dr. Dyce Brown's criticism of Dr. Hughes' remarks. He thought vaccination was a strong illustration of the law of similars. Dr. Hughes admits the fact that Koch's fluid produced all the symptoms of tuberculosis, but objects to its being homeopathic because of its supposed mode of action. The fact is admitted by Dr. Hughes, the theory may turn out to be wrong. But, right or wrong, the theory must give way to the fact; and if it also cures, no theory of explanation must stand in the way. He would almost stake his adherence to homeopathy on this.

Dr. MORR was deeply interested in Mr. Butcher's paper. He thought Koch's methods were decidedly homeopathic; but the results were nothing to be proud of at present. Neither did he think Pasteur's results were so very certain. He thought much more might be done by prevention.

Dr. BURFORD felt great indebtedness to Mr. Butcher for working out the scientific side of homeopathy. The paper was fertile in ideas. If Dr. Dyce Brown's idea of a *tertium quid* was right, he thought Pasteur and Koch were decidedly homeopathic. Either it was or was not homeopathic. If not, we must be content to be swallowed up by something else. It is not so much the living bodies as the never varying chemical products of the organisms that produce the effects. The pabulum in which they are found is important, and makes all the difference to the properties of the cultures. It is not so much the living organism as its excretion, called ptomaine, that is the efficient agent. It is the careful study of ptomaines that now devolves upon us. In septic peritonitis after operation, the deaths are due to poisoning, and this not so much by the organisms as by their environment. Another point which is of interest is the theory of inheritance. Tendency to tubercle is inherited. It is open to question if the Kochian results of immunity are also heritable. In regard to Mr. Butcher's theory of self-limitation the question is—Is the pabulum present on which the germs can thrive? On Mr. Butcher's theory it would not be right to interfere with abscesses, &c., until they had killed all the germs.

Dr. GALLEY BLACKLEY added his thanks to Mr. Butcher for his paper. He had read various works of Pasteur and others, and the conclusion he had come to was that inoculations with fluid containing bacilli were in no way allied to homeopathy. Successive cultures of a bacillus did not resemble the dilutions of a drug, since the bacilli could multiply in the system. These fluids have not properly so called an elective affinity for organ or tissue unless diseased. The tuberculization of an animal by

Koch was brought about not with his fluid but with the bacilli. Koch's treatment did not fulfil the test laid down by Dr. Drysdale that all its physiological acts should be absorbed into curative action. He could not agree with Dr. Hughes' suggestion that the fever produced by the fluid might be that of destruction; it was undoubtedly primary. He had seen cases of Lupus very greatly benefited by the treatment—more so than by any other treatment he was acquainted with.

Dr. CLARKE said he would not retail to members the three last leading articles of the *Homeopathic World*. They had doubtless been read already. He fully agreed with Mr. Butcher that the treatments of Pasteur and Koch, in so far as they were curative, were homeopathic. In reference to Dr. Hughes' remarks, he would say that drugs had a lofty scorn for explanations. If a substance which had the power of producing certain symptoms could also cure these when otherwise brought about, that substance acted homeopathically, no matter what the explanation. He had used *nosodes*, and he found them very effective agents. He agreed with Hahnemann that the method of preparation did so alter them as to make them not identical but similar. He could not endorse all the methods and doctrines of Pasteur and Koch, nor did he rate them at so high a figure as Mr. Butcher, but they had certainly brought the doctrine of *nosodes* to the front, and it would have to be dealt with by homeopaths. He had used *Tuberculinum*, the *nosode* used by Dr. Burnett, and with very good results. He had also used *Pyrogen* lately, with good effect, in the case of debility after typhoid.

Dr. BURWOOD thought the profession, as well as the public, were losing their heads in connection with this matter. All had heard of the "*grape cure*" and the "*milk cure*" and other "*cures*": the term "*cure*" here really meant "*treatment*," and it ought to be tried in the early months of childhood for the prevention of tubercle as vaccination was employed for the prevention of small-pox. It might interest the society to know that one of the earliest patients (he believed the third) inoculated in London was his patient, a lady who had been under his care for twenty years. During this period, off and on, she had been subject to Lupus in the face. As soon as it began to appear she would have the usual homeopathic remedies, the condition gradually improving, and the face for two or three years remaining tolerably well; then another outburst, and so on. In the last attack or relapse no kind of treatment seemed of any use, so Dr. Burwood suggested consulting an eminent specialist. This gentleman said he would cure it in six months. At the end of three months the Lupus was worse than ever. She then saw Mr. J. H., who confirmed the diagnosis, and advised a line of treatment, wishing to see the patient in six weeks. At the

end of that time the face being no better, he advised that the Koch treatment should be tried at once, and on the next day she had the first inoculation made by Dr. H. She had eight injections, with the usual reactionary fever. Strangely, however, the face trouble was not affected in the slightest degree, but instead, an old slumbering pulmonary trouble, which had been quiet thirty years, was roused into activity with most distressing cough, &c., &c.; and now, after eight weeks' residence in a surgical home, the patient has to return to the country with her face as bad as ever and her lung much worse. So much for the Koch cure in this case of lupus!

Dr. GALLEY BLACKLEY asked leave to add to what he had previously said, that in reference to the fever produced by Koch's liquid it was undoubtedly primary: a dose of half a milligramme given to a child with a very small amount of local mischief, in the shape of stumous dactylitis, within eight hours the temperature went up to 105.5, and yet next morning all the local trouble was only very slight, the finger being swollen to double its size, but in no sense destroyed. The fever is primary, and not that of destruction. In lupus no remedy had ever produced such effects in the same space of time.

Dr. DUDGEON thought before we claim anything as homeopathic we should first ask is it successful? In reference to Pasteur's inoculation for hydrophobia there was a long list of fatalities; the death rate from hydrophobia since he began his inoculations had been raised in France instead of being lowered. Besides, Pasteur did not claim to cure hydrophobia, but only to prevent it. Homeopathy was a method of curing, not *preventing*, disease, hence Pasteur's inoculations had nothing to do with homeopathy. Dr. Carfrae said he would give up homeopathy if he was convinced that vaccination was not truly homeopathic, but as vaccination was the production of a disease in a person in order to prevent another disease attacking him, it was not homeopathy at all, so his friend Dr. Carfrae would have to renounce his allegiance to Hahnemann. Coming to Koch, not a single authentic case of cure had yet been recorded. Virchow had shown that the inoculations, instead of killing the bacilli, multiplied them and set up infection pneumonia. It had also been shown that in patients under the Koch treatment bacilli existed in the blood where they had never been found before. In thirteen cases of death from two and a half to forty-seven years, dying in from eighteen hours up to thirty days, examined by Dr. Hansemann, the diseases after Koch's injections were of very great gravity, mostly disseminated tubercle; and this happened not only in the advanced, but also in the early cases. We should not be in a hurry to claim any treatment as homeopathic until it had first been proved curative.

Homeopathy is a curative system; Koch's has, as yet, only proved a killing system.

Mr. BUTCHER, in reply, said he simply followed Koch up to his laboratory experiments. He expressly guarded himself against saying anything about his "cure" as applied to human beings. He did not endorse fully Koch's experiments on human beings with a destructive poison. He was not speaking in a limited sense of what any one may consider to be homeopathy, but of the law of similars—the interference of vibrations more or less like. Scientifically there can be no other demonstration of the homeopathic law. Take Koch's fluid and call it K. It is formed and fashioned by animal life, just as aconite is formed by vegetable life. He took it there was no difference between re-arrangement of atoms of life by physical, vegetable, or animal forces. If you take the 1x dilution of "K" you have a certain arrangement of atoms, and it makes no difference whether this is brought about chemically or by means of animal or vegetable life. Sugar, which was once thought impossible to make, has been formed in the laboratory only the other day. Mr. Butcher takes the fluid of Koch from Koch's hands as an entity. By similarity Mr. Butcher means equality of vibrations. He had seen improvement in lupus cases, but he referred to discoveries made in the laboratory in his comparisons with homeopathy. He was not referring to cures.

EXTRACTS.

A CASE OF HAY-FEVER.*

By H. C. ALLEN, M.D.

WHEN an apparently healthy adult, in whom it is impossible to trace a psoric history, becomes subject to annual attacks of hay-fever, the catarrhal condition often dates from a low type of fever improperly treated and imperfectly cured; for I claim that a typhoid properly treated with the indicated remedy leaves no life-long troublesome sequelæ as an inheritance for future generations. It is to the suppressive, palliative action of quinine and other not indicated remedies that sequelæ are so often due; and in my experience hay-fever is one of them. The following case, while not belonging to this type, is sufficiently peculiar to be noted. The patient is one of the pioneer

* Read before the American Institute, 1890.

homeopaths of Illinois, aged seventy-six, and has been in active practice fifty-three years. I will give the case in his own language.

CENTRALIA, ILL., October 4, 1889.

DEAR DOCTOR :

I am a great sufferer and, therefore, have taken the liberty of writing you for counsel. I am a psoric subject, but with no syphilitic nor sycotic taint. Appetite good; bowels regular; urine normal, at times a little foamy; am rheumatic and suffer from one to three paroxysms of gastralgia each day. It begins at 10 or 10.30 a.m. and continues till noon, dinner relieves it; at 3.30 p.m. another paroxysm begins, relieved by supper; and at 9 p.m. another that continues till one o'clock. No chill, fever, or thirst. When very severe usually vomit once acrid, bilious matter, which affords relief. Great distension of stomach, almost to bursting; pain in stomach, hypochondriæ, and all through the chest; eructate much tasteless gas, but pass little or no gas from bowels. Have had attacks of gastralgia for more than thirty years, lasting from six weeks to three months, but none so severe as of late. Conditions ameliorated by eating, hot drinks, hot food, warmth, whisky, and hot local applications. At different times have obtained relief from Mag. mur. 3m., Sulph. 200, and Anacardium. Colocynth, neither high nor low, has helped. Have just taken in my desperation over fifty grains of quinine, thinking possibly it was malarial, with almost no effect. I am gaining flesh; bloating of stomach and abdomen all subsides during night, and in morning I pass off gas freely. My son-in-law, Dr. L., has spent much time and thought to help me, but with little good. It certainly is a neurosis, as I never have pain in the abdomen below the lower curvature of the stomach, which is distended like a pad. I have had hay asthma for over thirty winters; comes on in October and lasts till warm weather; of late years have it all the time. When my stomach is better the hay fever is worse and *vice versa*. Acon., Bella., Bry., Calc., Kali carb., Lycop., Iodine, Phos., Phos. acid, and Silicea all have been used as indicated at different times with benefit, but nothing cures. It cannot be cancerous for it is not continuous, and would have killed me long ago had it been. Liver and spleen normal; can lie on one side as well as the other.

October 6 I sent him six powders, each to be taken in a broken dose in six teaspoonfuls of water, and to wait three days before repeating. Medicine to be stopped as soon as improvement began, and not to be repeated as long as improvement continued.

October 15, 1889.

DEAR DOCTOR :

I have taken two of the powders, and feel so much better every way that I have stopped the medicine and am waiting on its action. Have comparatively little pain, and no bloat, nausea, nor vomit. Nose obstructed for years with a polypus; never breath through it and seldom smell anything; in fact, could not live half an hour without an open mouth, but never any trouble after getting warm in bed. The nasal discharge, formerly watery, with constant dripping, is now

thick, yellow-white, at times bloody and copious, and the obstruction now is not very troublesome. For four successive afternoons while taking the medicine had a skunk-cabbage odour in left nostril, and the peculiar headache of that drug which I never had before. I made a graft of one powder and labelled it "Allen," and it has given me such relief that I will "sound its praises" whether it cure me or not.

[*Later.*]

DEAR DOCTOR :

I am now feeling quite well; stomach and bowels orthodox; in short, I feel like a young man; have not taken a dose of medicine since; no occasion for it, dear Doctor.

March 12, 1890.

The medicine relieved my stomach almost immediately and perfectly from October 8 or 10 to December 15, when, for an oozing of moisture from the rectum and soreness between the buttocks, I took a dose of Sepia, and as no relief came I repeated after fifteen days. But in a few days the old stomach trouble returned, when I took several doses of your medicine without effect; becoming worse all the time. After fifteen days I took a dose of sulphur with entire relief in ten minutes; it returned in four hours, when another dose gave permanent relief. The nasal polypus sloughed and came away in November while waiting on the action of the medicine. Hay asthma better than for many years; much of the time can smell the flowers and breathe through the nose. Have almost wholly escaped the epidemic influenza this winter; felt better and worked harder in January and February than for many years.

The remedy was *Psorinum*, to which Sepia is antagonistic, and should never be used either directly before or after. Sulphur always follows well, and often, when given before, prepares the way for its constitutional action.—*American Homeopathist, Jan., 1891.*

POISONINGS.

TOXIC EFFECTS OF CASTOR OIL.

By C. HANDFIELD JONES, M.D. Cantab, F.R.C.P. Lond., F.R.S.

(Consulting Physician to St. Mary's Hospital.)

FEWER drugs, I suppose, have a more established reputation for mild and safe operation than *Ol. Ricini*. Yet it would seem that occasionally it may play tricks, for which it is as well to be prepared. The following are instances in point:—

1. R., æt. 23, a vigorous youth, muscular and active, but with some neurotic tendencies, was seen on October 17th, when he had been ailing three or four days. Early symptoms were pain at left side of chest, indigestion, headache, rather dull than acute, intolerance of light and noise. Temp. 101·8. Pulse 117,

soft. Bowels not open. Spleen a little enlarged, No tenderness in abdomen. No typhoid spots. Temp. rose to 108·8 about 7 p.m. Hydr. creta, gr. 2; extr. rhei, gr. 2, in pill, was given at 1 p.m., but as it did not act $\frac{3}{8}$ ss of ol. ricini was sent on the same errand at 10 or 11 p.m. About midnight oil acted copiously; while at the w.c. he fainted, was pulseless when aid came, but was rallied by whisky, and slept well after.

18th.—This morning: Pulse 88, soft; temp. 99·8. Head cooler, less headache, no diarrhea. Temp. at 11 p.m. 99; pulse 84. Feels much better. Soon got well.

2. A vigorous man, of middle age, a good mountaineer, but with gouty tendencies, was attacked, while out for his holiday at a well-known Swiss climbing centre, with pain in left lower chest, which persisted when I visited him about two days later. He had sent for a local practitioner, who was unable to call on him till the next day. I found his pulse exceedingly irregular, the beats varying much in size and force. His case appeared to me one of gouty pleurodynia, or dry pleurisy, there being no unequivocal physical signs of effusion. The Swiss practitioner dissented *in toto* from my opinion, and regarded the pain as the result of fecal accumulation at the junction of the transverse and descending colon. To clear this away a dose of castor oil was prescribed, a second dose to be taken if the first one did not prove effective. Soon after the second dose he got out of bed for some purpose and fainted away, but was soon rallied by stimulants, and in about a week recovered with the aid of tinct. cinchonæ sufficiently to enable him to prosecute his climbing with much success.

3. A male, æt. 72 nearly, suffering with gouty neuralgia of stomach and bowels, took pil. rhei co., gr. 4, one evening, followed by 3 drachms of ol. ricini the next morning. No result ensued until about 3 p.m., when a brief storm of peristaltic action suddenly arose and expelled a highly bilious, half loose, half solid stool, far more offensive than usual. The storm subsided speedily. A dose of the same bottle given as an enema to a young married lady shortly afterwards had no purgative effect.

4. A lady not unversed in matters medical, of whom I inquired whether she had ever known syncope produced by an ordinary dose of castor oil, replied in the affirmative, she herself having been the sufferer, though possessed of a rather exceptionally valid heart. In this case it is tolerably certain that the dose was an ordinary one.

Per contra, a Swiss guide informed me that to rid himself of a tape-worm he had taken some 12 ounces of the oil without any similar casualty. This indicates that the occurrence of syncope is more a matter of idiosyncrasy than dosage.

Ceteris paribus one would think that valvular or degenerative disease of the heart would render it more liable to failure in its action from a dose of oil than from over-exertion or any other cause. Yet I do not remember having met with such an accident. Dr. Phillips ("Mat. Med.," 211) warns us that occasionally a small quantity of croton oil is added to ol. ricini to increase its activity, but in the cases above recorded syncope was not the result of hypercatharsis. Should any readers of the *Medical Press* have met with similar accidents, perhaps they will kindly record them in the journal.

June 18, 1890.—*Medical Press*, July 9th.

A CASE OF CHOREA TREATED BY ARSENIC FOLLOWED BY PARALYSIS AND PIGMENTATION OF THE SKIN.

(Under the care of Dr. ARMAND SEMPLE, at the North-Eastern Hospital for Children, London.)

THE following is an example of the treatment of a case of chorea by arsenic, a remedy which is so often successfully employed in this disease. It is remarkable for the unusual condition of the skin which developed during the time that the drug was being taken, and for the paralysis of the lower extremities which ensued. With regard to the occurrence of paralysis in chorea, Dr. Bristowe writes: "There is always impairment of the affected muscles, some paresis—a fact especially easy of recognition in cases of unilateral chorea. In some cases, indeed, the convulsive phenomena may be replaced by hemiplegia, or even paraplegia. Sometimes the hemiplegic or paraplegic symptoms precede the onset of the choreic movements. More frequently they come on in the course of the disease and supplant them." For the notes of the case we are indebted to Mr. C. F. Marshall, house surgeon.

Charles J—, aged six, was admitted on January 11, 1890, suffering from chorea. The movements were rather violent, and affected the limbs and face equally on both sides. There were no rheumatic or cardiac complications excepting a slight systolic murmur, which developed after admission. There was a history of rheumatism in the father. The patient was treated with liquor arsenicalis, beginning with three minims, gradually increased to ten minims three times a day. In about two weeks the choreic movements were much diminished.

On February 13th (after taking arsenic for about four weeks) the temperature, which had previously been normal, rose to 101°, and slight malaise and anorexia were complained of. The drug was then stopped, and the symptoms abated. A few days

later there was weakness in the right arm and in both legs. None of the ordinary toxic effects of arsenic were observed. Hence the drug was resumed on the 26th, four minims three times a day. A few days later dark-brown pigmentation of the skin was noticed in the axillæ, back of the neck, and in the popliteal spaces; this rapidly increased till the whole body was pigmented, with the exception of the face, the complexion of the latter becoming at the same time of a pink and white colour. As the pigmentation was presumably due to the arsenic, this was again left off. At this time there was marked paralysis of both legs, chiefly affecting the extensors of the feet and toes; the knee-jerks were absent, and the reaction of degeneration was well marked, the extensor muscles not responding at all to the faradaic current, but responding well to the galvanic. There was also marked wasting of the legs; the upper limbs were scarcely at all affected, slight weakness of the right arm being all that was observed. There was no paralysis of any other part of the body. The patient was treated with small doses of iodide of potassium, and massage was employed.

When examined on April 28th the pigmentation had mostly disappeared, and the paralysis was much diminished. The reaction of degeneration was also less marked, the muscles reacting slightly to the faradaic current. The gait was at this time that of peripheral neuritis, the toes being dropped and catching against the ground, while the heels were abnormally raised; whereas on March 26th the gait was more like that of locomotor ataxy, the legs being raised and thrown out with marked incoördination, and there was much difficulty in turning round.

Remarks by Mr. MARSHALL.—In this case the question arose whether paralysis was that which sometimes follows chorea, or whether it was due to the toxic effect of arsenic. The coincidence of the appearance of paralysis and pigmentation of skin seems to point to the arsenic as being the cause of the paralysis, since this pigmentation is known to occur occasionally in patients taking that drug. It is also remarkable that these two rare symptoms of arsenical poisoning should have been the only ones observed excepting the slight malaise and rise of temperature.—*Lancet*, June 14th.

ARSENIC IN CYSTIC GOITRE.—Dr. Snow (*Brit. Med. Jour.*) speaks highly of arsenic in cystic affections of the thyroid gland. In one case in which he employed the drug the thyroid enlargement entirely disappeared. In two other cases the improvement was very marked in a short time, but the patients ceased attending very soon after the treatment was beginning to show its influence.—*New York Medical Times*, January, 1891.

REVIEWS.

THE BACTERIOLOGICAL WORLD.*

Now that the "infinitely little" is occupying such an infinitely great amount of the world's attention, it was inevitable that a journal should be started entirely devoted to a description of the habits and antics of the irrepressible microbe. America is to the front in this venture. Dr. Paul Paguin, director of the Bacteriological Laboratory, Missouri State University, Columbia, Mo., is the editor, and among his collaborators is Paul Gibier, of the New York Pasteur Institute. For our part, whilst we are by no means inclined to allow that medicine has gone to the microbes entirely, we see no reason why they should not have a journal to themselves, and the number before us gives good promise that it will not be dull.

THE DOG OWNERS' ANNUAL, 1891. †

WE are glad to see that this excellent publication has had the good sense to recognize the value of homeopathy to the canine race. Mr. Thomas Moore, M.R.C.V.S., of Lancaster Gate, has an article on *Distemper and its Homeopathic Treatment*, which is calculated to prove the saving of many a dog's life if dog owners will only follow out its directions.

KOLA. ‡

THIS interesting pamphlet consists of the presidential address read at the Annual Meeting of the Homeopathic Pharmaceutical Association, in November, 1890. No one has done more to introduce Kola into common use in this country than Mr. Pottage, and we are glad to find that his efforts have met such well-deserved success. We cannot do better than present our readers with quotations, and refer them to the pamphlet itself for much additional matter of interest.

"Not the least remarkable fact in connection with the history of

* *The Bacteriological World*. A monthly illustrated magazine for the study of Micro-Organisms and Diseases of Bacterial and Parasitic origin. Edited by Paul Paguin, M.D. Vol. i., No. 1. January, 1891. Published by Dr. J. T. Turner, Mexico Mo., U.S.A.

† *The Dog Owners' Annual*. 1891. London: Dean and Son, 160A, Fleet Street, E.C.

‡ *Kola: Its History and Characteristics*. By J. C. Pottage. Edinburgh: Lorimer and Gillies, 31, St. Andrew Square. 1891.

Kola is that its priceless qualities should so long have been practically unknown to the civilized world. In Central Africa, to the north and south of the Equator, the native tribes have known its unmatched virtues from time immemorial, and have always regarded it not merely as chief among their luxuries, but as the most invaluable of their dietetic resources. The supreme repute of the Kola nut was one of the first discoveries of the early Portuguese adventurers on the west coast of Africa; and collection of Kola, for the purpose of opening trade with the native races, was the earliest of their successful commercial enterprises. They followed it so zealously that in time they came to have the trade in their hands, as a virtual monopoly. Large profits were made by purchasing the nuts wholesale from the gatherers and selling them retail to the consumers. These Portuguese merchants apparently neither knew nor cared to know more about Kola than that it was for them a very profitable article of trade; but they had heard that it was used by wealthy natives as a means of sweetening brackish water, and that natives of all classes would purchase it as long as they had means with which to purchase anything. From the care which must be taken of the nut when carried long distances, to preserve its condition, it becomes in some regions too costly for any but very wealthy purchasers. The farther it has to be carried, the more its value increases, till among tribes far removed from the sea it becomes worth fully its weight in gold.

"The true Kola (*Cola acuminata*) is a tree resembling the chestnut, indigenous to the West Coast of Africa, from Senegambia to the Lower Congo. It is found so far as five or six hundred miles in the interior, but prefers a moist hot climate not much above sea level. It has been successfully introduced in some parts of British India. The attention of the Indian Government is being directed to its wonderful properties, and the authorities at Kew Gardens have supplied information to the Indian Council, with a view to the more extensive cultivation of a hopeful substitute for the poppy. Kola is also grown in Ceylon, Demerara, the Mauritius, Zanzibar, Cochin China, and many other similar climates, where it has been introduced by Europeans. Throughout the Soudan, from Senegambia on the west, to the eastern region, that has of late years come to be more popularly known by that name, the consumption of Kola is limited only by the means of the consumer and the amount of the available supply.

"The African negro, the burden-bearer of the human race, has from time immemorial used it to sustain his strength when called upon to undergo unusual fatigue, and to this day he continues so to use it. Wherever a colony of West African negroes is to be found, there the merchant knows that he will find a sure market for Kola. The African does not forget it, however far he may be from his native country. A letter from the British Consul at Bahia to Lord Salisbury, which appeared in the London morning papers of 15th of November, 1890, tells how the negroes of that port carry Kola about with them, wrapped up in banana. Though they are not physically superior to Brazilian negroes, they can, by continually masticating Kola, endure fatigue that would otherwise crush them. The Consul tells us that a load which eight Brazilian negroes can with difficulty carry, is borne by four African porters, 'cheerfully singing and chanting as they trudge along, each with a piece of Kola in his mouth.' The result is that the African gangs engaged in the unloading of ships, can earn twice as

much as other porters. Kola has no intoxicating or other injurious effects. It acts as a nutritive, and is found to allay thirst. The Kola used at Bahia is imported from the West Coast of Africa.

"The importance placed on this queen of dietetic condiments has forced itself on the attention of all Central African travellers. Dr. Schweinfurth found, when in the neighbourhood of the Nyanzas, that the predominant form of vegetation was a Kola-producing *Sterculia*, known to the natives as Kok-koro-kou. He also met with the Kola nut in the country of the Momboutous, by whom it is called Nangoné. Leo Africanus, the pioneer explorer of the fifteenth century, relates that he found no trees in the territory through which he passed, except some yielding a bitter fruit similar to the chestnut, which the natives called Goro—the same word which, farther westward, where the African organs of speech are incapable of pronouncing the 'r,' becomes Kola.

"One of the first English physicians who called the attention of his countrymen to the dietetic and therapeutic value of Kola, was Dr. Daniels, who related how, when he was in garrison at Fort-Christiansburg on the Gold Coast, he and his European comrades suffered from local relaxation of the mucous membrane and other visceral strictures, and how he and they cured themselves of their ailments by following the example of the natives and using Kola. At a meeting of the Linnean Society, one of the members gave an interesting account of his personal experience in the matter. The foreman of his estate was in the habit of drinking to excess on Saturday afternoons, and his wife was found to be as regularly in the habit of reducing a Kola nut to paste on Monday mornings for her husband's use. Half an hour after taking it, his head was clear, and he was fit for his work, cured, also, for the time from all appetite for intoxicating drinks. Outside the garrison towns, natives sit by the road selling Kola nuts to passing soldiers, who chew them on their way to barracks, where they arrive freed from the effects of their indulgence in drink.

"The Kola tree seldom begins to yield fruit till its fourth or fifth year, and does not come into full bearing till its tenth year, after which it produces an average of 120lbs. of nuts annually. It goes on flowering almost continuously, so that flowers and fruit may be found on the same tree simultaneously. There are two regular gatherings of fruit in the year—in October to November, and in May to June. The fruit takes a brownish yellow colour when ripe, and opens, exposing the seeds, of which red and white may be found in the same pod. A single flower may produce five or six cells, and each cell may contain from five to fifteen nuts, the weight of which varies from five to twenty-eight grains each. The collection of the seeds is entrusted to women, who carefully remove the outer integument, and pick out any nuts that have been injured in plucking or by insects. The negroes are connoisseurs in Kola, and cannot be imposed upon by an inferior article. The sound seeds are placed gently in baskets lined with thick leaves, with which also they are covered. Thus protected from the drying effect of the atmosphere, they can be carried without injury for about a month. If they have to be kept fresh longer, they must be washed in clean water and repacked in new leaves. When they have to be taken very long distances into the interior, merchants are in the habit of drying them in the sun and having them reduced to a fine powder, which the natives relish much when mixed with milk and

honey. It has been noticed that negroes who use Kola regularly, either in the fresh or in the powdered state, have good teeth and sound gums; and Europeans living in unhealthy regions on the Gold Coast find that they can largely protect themselves from liver disease by masticating Kola and swallowing the saliva. The effect is beneficial in most marked degree when the Kola is taken before meals.

"I believe that the demand for Kola, extensive as it has already become, will grow more and more in the future as its valuable properties are better known; for, besides the preparations already before the public, there are others shortly to follow. And I commend to those of our fellow-countrymen in our colonies and dependencies who desire to open up new sources of traffic, the consideration of how they may meet the increased demand for this product of tropical climes. There are places where coffee, sugar, and other products have proved a failure as a profitable industry. The industry and commerce of such places may, in many cases, be recovered by giving attention to this new article of European commerce.

**"COMPARATIVE ANALYSIS OF KOLA AND OTHER
 FOOD BEVERAGES.**

"The following table of the constituent parts of the three chief food beverages will show how great is the advantage in favour of Kola, the new addition to that class of products:—

	Cacao (Mitscherlich).	Coffee (Payen).	Tea Green Black (Peilgot).		Kola (Author's).
Fat	53.00	13.00	0.28	...	0.585
Proteid Matters ...	13.00	13.00	3.00	2.80	6.761
Kaoline	1.50	...	...	...	0.023
Caffeine .....	...	2.25	0.43	0.46	2.348
Essential Oil	0.40	0.003	0.79	0.60	undet.
Resin .....	...	...	2.22	3.64	...
Sugar	0.5	15.50	...	...	2.875
Starch .....	... }		...		33.754
Gum .....	...	...	8.58	7.28	3.040
Cellulose .....	...	34.00	17.08	26.18	29.831
Colouring Matters	...	...	17.24	19.20	2.561
Ditto	5.00	...	2.22	1.84	1.290
Extractive .....	...	...	22.80	19.88	...
Tannin .....	...	...	17.80	12.88	1.618
Ash	3.60	6.697	5.56	5.24	3.395
Water	6.00	12.00	...	...	11.909

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.

THE DIPHTHONG.

DR. HITCHCOCK, New York.—We are much obliged to you for your post-card. As for the diphthong “œ,” our rule is to spell in English all words that have been fairly adopted into the language. “Æ” and “œ” are not English letters. So long as foreign words remain foreign (as in proper names, for instance), we give them the foreign spelling. “Homeopathy” is English, and we spell it accordingly.

A CORRECTION.

MR. NICHOLAS, Bundanoon, writes to correct an error in his paper published in our issue of November last (p. 495). The medicine which cured the case (puerperal mania complicated with piles) was Nux. V. 1x, not Merc. V. 1x as printed. Mr. Nicholas is thanked for his communication, which will appear shortly.

NOSODE.—“*Luesinum*” is another name for “*Syphilinum*.”

MR. J. YOUNG, Brixton. The communication you have kindly favoured us from Mr. Tebb is too late for present issue, and will appear next month.

MOUTH WASHES.

J. T. writes that he is considerably alarmed by our reference to the dangers of mouth washes, and especially to *Borax*, which he has long been in the habit of using by way of preserving his teeth.

We have only to say that all people are not alike susceptible to the action of drugs, and if after so long use of the drug our correspondent has not shown any of its symptoms—ulcerations about the mouth and face, and dread of downward motion (as in the case of the little patient referred to)—or itching, or ulcers at the back of the finger joints, he may conclude he is insusceptible. At the same time he must have a considerable amount of *Borax* in his system. We have known many persons use tincture of *Myrrh* as a mouth wash “for hardening the gums” without any appreciable ill effect. One patient, however, could never use it without its bringing on violent uterine hemorrhage.

HERBAL “CURES” FOR HYDROPHOBIA.—In the Ukraine (South Russia) the following plants enjoy the popular reputation of being good remedies for hydrophobia: *Euphorbia Peplis*, *Genista tinctoria*, *Alisma plantago*, *Origanum vulgare* and *Tanacetum vulgare* (tansy).—*Medical Reprints*, Aug. 15th.

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, &C.

DR. SAMUEL PHILIP ALEXANDER, Tecumseh House, Kent Road, Southsea, has succeeded his late partner, Mr. Lestock Holland Reid, in practice. Mr. Reid has retired from practice and is now settled at Bowmanville, Ontario, Canada.

Obituary.

JAMES LOFTUS MARSDEN, M.D.

At Clive Vale, Hastings, on February 6th, James Loftus Marsden, M.D., M.R.C.S., passed away in his 76th year. He was educated at Edinburgh and Paris, taking his degrees at Edinburgh in 1837. He settled in practice at Exeter, where a friend introduced him to homeopathy by curing him in twenty-four hours of a form of catarrh which usually lasted a fortnight. From Exeter he went to the continent, partly on account of health and partly to study the homeopathic system at the fountain head. He then settled in Malvern, where he remained twenty years, doing a lucrative practice. Then he removed to Grosvenor Street, London, soon acquiring a large practice. The loss of his only son by drowning, followed by the loss of some £30,000 in the disastrous failure of Messrs. Alexander Collie and Co., were followed some time after by an attack of paralysis. This was twice repeated, at long intervals, and, with mitral disease and bronchitis, completely incapacitated him for the last eleven years. Two years since he removed to Hastings, where, with care and treatment, he remained free from bronchitis till the end of January last, and on the 6th of February, from the effects of a slight attack, he sank quietly to rest.

IPECACUANHA IN INSECT BITES.—Dr. Neal recommends the use of ipecacuanha in all cases of insect bites, and states that recently a patient traversed India, bidding defiance to mosquito bites with the following application: R. Pulv. ipecac., ʒss.; spt. vini rect., ether sulph., aa ʒ ss. M. This is well worth knowing outside of India.—*New York Medical Times*, January, 1891.

GENERAL CORRESPONDENCE.

PRIMULA OBCONICA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Some time ago a man came to me suffering from what I thought was erysipelas. He had passed a sleepless night, went to see his club doctor, and, missing him, consulted me. His face and eyes were puffed and swollen, with little inflammation. A few doses of *Apis* removed the trouble. I now find that the man, who is a gardener, always gets the same "erysipelas" whenever he handles plants of *Primula obconica*!

—I am, yours, &c.,

CHEMIST.

February 6, 1891.

MEDICAL LIBERTY (?) IN NEW SOUTH WALES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—As you prophesied, the editor of the *Australasian Medical Gazette* has *extinguished me* by declining to publish a further letter on homeopathy which I offered him.

The August number of *Medical Advance* substantiated the statistics quoted by me from your WORLD, but the editor of *A. M. G.* declines to recognize.

The October *North American Journal of Homeopathy* comments favourably on the liberality shown thus far by the *A. M. G.* (*q.v.*).

Herewith I forward you a copy of the Medical Bill, which has just passed the third reading in our Legislative Council. The Hon. Philip Gidley King endeavoured, without avail, to retain in the Bill the well-known Clause xxiii. of the Imperial Act, but Dr. MacLaurin, M.L.C., stated that this clause was unnecessary **HERE**. Now Dr. MacLaurin was chairman of the Medical Defence Association, whose first by-law was to suppress homeopathy (*see* HOMEOPATHIC WORLD).

I have furnished the Hon. P. G. King with a set of the Homeopathic League Tracts up to No. 11, which is as far as I have them; also with the "Odium Medicum" and certain numbers of the HOMEOPATHIC WORLD.—Yours in truth and justice,

WM. GEO. WATSON.

150, Elizabeth Street, Sydney.

December 17 1890.

THE INCREASE OF LEPROSY : ITS CAUSE AND
PREVENTION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In a speech delivered at Marlborough House, London, July 17th, 1889, the Prince of Wales stated that one of the chief centres of leprosy is India, where there are 250,000 lepers, and that our colonies contain unnumbered victims to this loathsome disease. Whether this is an under or over-estimate I am not prepared to say ; but there is every reason to believe the disease has spread enormously during the past half-century. *The British Medical Journal*, September 13th, 1890, reports that “ a comparison of statistics regarding lepers during the thirty years 1851–81, shows that their number has been increasing in India at the rate of about 80,000 every ten years. During the last ten years the rate of increase is supposed to have been higher.” I have before me communications from staff-surgeons, medical officers of health, and superintendents of leper hospitals in India, showing the spread of leprosy in various provinces. The Rev. G. McCallum Bullock, of the London Mission, Almora, writing 21st August, 1889, says: “ It is the general opinion of residents, both European and native, that leprosy has increased in Kumaon during the past thirty years, and there are upwards of 1,600 lepers in Kumaon alone, out of a population of one and one-eighth millions.” What is true of India is also true of Burmah, the West Indies, British and Dutch Guiana, South America, New Caledonia, Hawaii, Russia, Portugal, and Syria. The only country, so far as my inquiries have extended, where leprosy is diminishing is Norway, where, owing to improved hygiene, personal and municipal sanitation and segregation, the disease has been controlled. Two years ago I found the leper asylums in Barbados, Trinidad, and British Guiana, full to overflowing, and lepers walking about the streets, selling provisions in the markets, begging, &c., and was informed of wealthy lepers who attended the balls and receptions given by the governors and other influential inhabitants. At the General Hospital, Georgetown, Demerara, a member of the medical staff called my attention to several lepers, for whom no room could be found at the Leper Hospitals at Mahaica and Gorchum. As fast as new wards are built they are filled, and more accommodation is called for. One of the highest authorities, Dr. John D. Hillis, F.R.C.S., for ten years medical superintendent of the principal lazaretto in British Guiana, and who has devoted twenty years' inquiry to this important subject, says: “ To the most casual observer (in British Guiana) the increase must be apparent, irrespective of the fact that the asylums cannot be enlarged fast enough to contain the cases that are compelled, by want and the rapid advance of the fell disease, to seek admission and relief within their walls ; whilst hundreds of others, it is well known, do not enter, but remain outside, to mingle with or contaminate their surroundings. . . . Not only is leprosy on the increase in the colony, but that the increase has been greatest in the last decade.” In the Sandwich Islands the increase of leprosy is by far the most urgent and anxious question of the hour, and successive Medical Officers of Health seem powerless to cope with it. Mr. Dayton, the President of the Board of Health, Honolulu, and an old resident in the island, was kind enough to furnish me with the

facts relating to its introduction, establishment, and increase throughout Hawaii, and the steps taken to deal with it by isolation and hygiene, and also with copies of official reports published by the Board of Health. In the appendix to the report presented to the Legislative Assembly of Honolulu, 1886, Dr. R. W. Meyer says he saw the first case of leprosy on the island in 1859 or 1860. According to the latest returns, 1,154 were segregated in Molokai (7th October, 1890), to which must be added thirty sent from the Hospital of Suspects at Kalihi on the 30th of the same month, while there are probably several hundred secreted by relatives in the various islands. A medical practitioner, who has resided several years in Honolulu and Molokai, informed me that he personally knew of a number of well-to-do lepers, some occupying prominent positions, including several Europeans, at large, and it was not intended to disturb them. Nor is it considered possible to amend this partial method of dealing with the difficulty, especially as the natives do not believe in contagion. The reports and other documents before me show that, while extraordinary efforts have been made to promote the cure of these unfortunate victims, who have been unsuccessfully experimented upon with almost every poisonous drug in the pharmacopoea (from thirty to fifty cases being generally under treatment by medical experts from various countries), little or no attention has been devoted to the prevention of the disease, either in Hawaii or in any country where the malady is prevalent. The disease is attributed by various authorities to contagion, insanitary living, the use of a fish diet, heredity, and to inoculation; but it is only upon the last of these that there appears to be any approach to a consensus of opinion. Sir William Moore, K.C.L.E. (late Surgeon-General, Bombay Staff), says: "Professor Damisch and Kobner proved by experiment that leprosy may be communicated to animals by inoculation. There is also the well-authenticated case of a boy, Miller, who pricked himself with a needle used by a leper, from which injury leprosy developed. Then there was a case of a medical student pricking himself when performing a post-mortem examination on a leper. . . . All that is required is the transmission of leprosy discharge which contains the microbe or germ of leprosy to the healthy body. But in order that the poison may act, it is necessary that it should come into contact with an abrasion or sore of a healthy skin! An infinitesimal portion of leprosy discharge is quite sufficient." *The Lancet* of June 28th, 1890, referring to the theory of contagion in connection with the spread of leprosy, says: "But there are conditions and limits to contagion; probably it occurs only through inoculation." This view is supported, according to *The British Medical Journal*, October 11th, 1890, in the despatch from the Government of India relating to the isolation of lepers. It particularly notes that many of the highest medical authorities in India consider that the evidence at present available goes to show that leprosy is only contagious in the sense that it is inoculable. Inoculation can take place in various ways, but in no way so easily or with such certainty as at the point of the lancet by vaccination, and vaccination is believed to have been a prolific cause of the increase of leprosy both in the Sandwich Islands, the Leeward, Windward, and Virgin Islands of the West Indies, and in British Guiana. Dr. R. Hall Bakewell, formerly Vaccinator-General of Trinidad, and Superintendent of the Leper Asylum; Dr. A. S. Black, of Trinidad; Dr. John D. Hillis, of Georgetown, British Guiana;

Prof. Gairdner, M.D., of Glasgow; Dr. Chas. Taylor, of St. Thomas, D. W. I., have furnished particulars of cases of leprosy due to vaccination. No one has spoken more emphatically on this subject than Dr. C. F. Castor, the present Medical Superintendent of the Leper Asylum in British Guiana. In his report to the Surgeon-General for 1887, he affirms as "a palpable fact, which should be made known far and wide in countries where leprosy is endemic and wide spread, as with us, that there is every certainty of inoculation through vaccination." In *The Journal of the Leprosy Fund*, Surgeon-General C. R. Francis, formerly Professor of Medicine, Medical College, Calcutta, declares his belief in the propagation of leprosy by vaccination, and advocates the investigation of this point. Dr. Frances Hoggan, M.B., a scientific authority and bacteriologist, who has devoted much attention to the subject, considers vaccination responsible for much of the recent alarming increase, and regards the vaccine virus as a flux by means of which the lepræ bacilli are easily conveyed to the blood—more easily than any other mode of transmission. Having regard to these facts and opinions, which could be largely multiplied, it is obvious that the law enforcing vaccination in all leprosy countries ought to be abolished, and the right of vaccination (which has been shown by Dr. Charles Creighton; Prof. E. Crookshank; Dr. Alfred Russel Wallace, the eminent scientific observer; Mr. Alex. Wheeler, the statistician; and other able authorities, before the Royal Commission, to have no effect in preventing or mitigating small-pox) should be discouraged by Medical Officers of Health and those who are concerned for the well-being of the community. It may not be known to your readers that a Bill has recently been introduced in the Legislative Assembly of Hawaii to repeal the vaccination law, on the ground that vaccination inoculates and spreads leprosy in these islands. In England there are about sixty towns and poor-law unions where the vaccination law is a dead letter. The vaccination laws have been abolished in most of the Swiss Cantons, and have lately been suspended in the Australasian Colony of Tasmania by reason of its deleterious effects on the health of the people. In the Colonies of New South Wales and Queensland, Australia, and in the Island of Barbados, the people have successfully resisted every attempt to impose the hotly-disputed Jennerian dogma upon them.

In June last I called the attention of the National Leprosy Fund to certain facts and testimonies relating to this momentous subject, and received the following reply from the secretary:—

"2, Henrietta Street, Cavendish Square, W.,

"July 2nd, 1890.

"DEAR SIR,—I must apologize for not answering your letter before this. With regard to the alleged connection of vaccination with leprosy, this question will certainly be one of the points to which special attention will be directed on the part of the committee, and an attempt will be made to sift the evidence in an impartial manner. I am, dear sir, yours faithfully,

"PHIN. S. ABRAHAM, M.D.

"W. Tebb, Esq., Burstow, Surrey."

A Leprosy Commission, appointed individually by the Royal College of Physicians, the Royal College of Surgeons, and the Committee of

the National Leprosy Fund, consisting of Dr. Bevan Rake, Medical Superintendent of the Leper Asylum, Trinidad; Dr. Alfred Antunes Kanthack, F.R.C.S.; and Dr. George A. Buckmaster, who are now passing from place to place in India. The Viceroy has deputed Surg.-Major A. Barclay and Surg.-Major S. J. Thompson as associates to work with the British Commissioners, who propose to pursue their inquiries in India for about a year, and then draw up a detailed report, with their conclusions and recommendations.

Trusting that, in the interest of the public well-being, you will find room for this communication, I am, sir, yours faithfully,

WILLIAM TEBB, F.R.G.S.,

President London Society for the Abolition
of Compulsory Vaccination.

Grand Oriental Hotel,
Colombo, Ceylon, January, 1891.

P.S.—I may mention that every attempt to introduce compulsory vaccination in the populous island of Barbados, British West Indies, has been thwarted, owing to the belief that leprosy and syphilis are inoculated with the vaccine virus. In St. Thomas, Danish West Indies, and in Georgetown, British Guiana, it has been found practically impossible to enforce the vaccination law for similar reasons; while in the Sandwich Islands a bill to repeal the vaccination law was introduced last July by J. Kalua Kahookano, representative from North Kohala, Island of Hawaii, supported by a petition from Mr. Kahookano's constituents, showing how leprosy had been disseminated, and new centres of the disease established by means of the vaccinator's lancet.

VARIETIES.

THE DIETETICS OF PULMONARY PHTHISIS.—Dr. Alfred L. Loomis, in the *Journal of Reconstructives*, formulates some of the most important rules which govern the dietetics of phthisis, as follows: 1. Every phthisical patient should take food not less than six times in twenty-four hours. The three full meals may be at intervals of six hours with light lunches between. 2. No more food should be taken at any one time than can be digested easily and fully in the time allowed. 3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry or nervous excitement. For this reason mid-day naps should be taken before, not after eating. Twenty to thirty minutes rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations. 4. So far as possible each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article. 5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i.e.*, the fats, starches and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect. 6. In the earlier stages the amount of fluid taken with the meals

should be small, and later the use of some solid food is to be continued as long as possible. 7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting and spasmodic cough, excellent results are attained by artificial feeding through the soft rubber stomach tube. 8. So long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercises at regular intervals.—*New York Medical Times*, January, 1891.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Anatomy.** Part 8. Head and Neck. Cullin Series. Cr. 8vo, pp. 64. (Livingstone, Edinburgh; Simpkin. 1s.)
- Althaus (J.).** The Treatment of Syphilis of the Nervous System. Cr. 8vo. (Longmans. 1s. 6d.)
- Berry (G. A.).** The Elements of Ophthalmoscopic Diagnosis, for the Use of Students attending Ophthalmic Practice. Cr. 8vo, pp. 90. (Y. J. Pentland. 8s. 6d.)
- Browne (Lennox).** Koch's Remedy in Relation to Throat Consumption. Illustrated by 81 Cases, and by 50 original Engravings and Diagrams. 8vo, pp. 122. (Baillière. 5s.)
- Cooke (T.).** Aphorisms in Applied Anatomy (or Anatomy for the Final Examinations) and Operative Surgery. Including 100 Typical *Viva Voce* Questions in Surface Marking, &c. Being Notes of Demonstrations to his Surgery Class. Cr. 8vo, pp. 174. (Longmans. 8s. 6d.)
- Garretson (J. E.).** A System of Oral Surgery. 5th edit., Revised with Additions. 8vo. (Lippincott. 22s.)
- Goodhart (J. F.).** The Diseases of Children. 4th edit. 12mo, pp. 738. (Churchill. 10s. 6d.)
- Hatfield (M. P.).** A Compend of Diseases of Children, especially adapted for the use of Medical Students. With a coloured plate. Cr. 8vo, pp. 184. (Y. J. Pentland. 4s. 6d.)
- Husband (H. Ansbey).** The Urine in Health and in Disease. Together with its Chemical Examination. Plates. 2nd edit. 18mo, pp. 72. (E. and S. Livingstone, Edinburgh. 1s.)
- Hutchinson (Jonathan).** Archives of Surgery. Vol. I. Plates. 8vo, pp. xxii-348. (Churchill. 10s. 6d.)
- Koch's (Dr.) Remedy.** The Treatment of Consumption. A Physician's Study of Dr. Koch's System; Observation of Nearly 250 Cases under Treatment at Berlin. With Hints to Patients, &c. By A. E. Bridger. Cr. 8vo, sd., pp. 92. (J. Hogg. 1s.)
- Lowe (J.).** Medical Missions: their Place and Power. With introduction by Sir William Muir. 3rd edit. Cr. 8vo, pp. 298. (Menzies, Edinburgh; Simpkin. 2s. 6d.)
- Materia Medica.** Part i. (Catechian Series.) Cr. 8vo, sd., pp. 56. (E. and S. Livingstone, Edinburgh; Simpkin, Net, 1s.)
- Medical Directory, 1891.** (Churchill. 14s.)
- Mills (W.).** A Text-Book of Comparative Physiology for Students and Practitioners of Comparative Veterinary Medicine. 8vo, pp. 630. (Hirschfeld. 16s.)
- Morris (H.).** A Compend of Gynaecology. With 45 illustrations. Cr. 8vo, pp. 178. (Y. J. Pentland. 4s. 6d.)
- Ophthalmic Society (Transactions of the).** Vol. x. Illustrations and plates. 8vo, pp. iv-268. (Churchill. 12s. 6d.)
- Royal (The) London Ophthalmic Hospital Reports.** Vol. xiii. Part I. Edited by R. Marcus Gunn. Illustrations. Cr. 8vo, sd., pp. 96. (Churchill. 5s.)
- Roth (C.).** The Student's Atlas of Artistic Anatomy. Edited, with an Introduction, by C. E. Fitzgerald. With 24 Plates and 13 Explanatory Figures. Folio. (Grevel. 25s.)
- Squire (P. W. and A. H.).** Supplement to the Compend to the British Pharmacopoeia, including the Additions, 1890. 8vo, pp. 24. (Churchill. 1s.)
- Stockman (R.).** New Official Remedies, containing all the Drugs and Preparations contained in the Addendum (1890) to the British Pharmacopoeia of 1886, with Pharmacological and Therapeutical Notes adapted for the use of Students and Practitioners. Cr. 8vo, pp. 66. Percival and Co. 2s.)
- Turner (Sir Wm.).** The Convulsions of the Brain. An Address to the Tenth Medical Congress at Berlin, 1890. With illustrs. 8vo, sd. (Williams and Norgate. 2s.)
- Westminster (The) Hospital Reports.** Edited by A. C. Sturges and G. Cowell. 8vo, pp. xi-216. (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 Messrs. Corfield and Corfield, Birmingham; Mr. J. Laurence Hamilton, Brighton; Mr. Pottage, Edinburgh; Dr. Samuel Swan, New York; Dr. Watson, Sydney; Mr. Wm. Tebb, Colombo; Dr. Hitchcock, New York; Dr. Arthur Roberts, Keighley; Dr. B. G. Clark, New York; Mr. Glover, Malvern; Dr. Berridge, London; Mr. C. Woolcot, Leamington; Mr. Nicholas Bundanoon, N.S.W.; Messrs. Boericke and Tafel, New York; Mr. J. Young, London; Dr. Morriison, St. Leonards.

BOOKS AND JOURNALS RECEIVED.

Allg. Hom. Zeit.—Zoophilist.—Chemist & Druggist.—Homeopathic Physician.—Homoeopatisch Maandblad.—L'Homeopathie Populaire.—Revue Homeopathique.—New York Medical Times.—Dietetic Gazette.—Clinique.—Chironian.—National Medical News.—The Bacteriological World.—Southern Journal of Homeopathy.—Medical Visitor.—Healthy Life.—New Remedies.—Medical Advance.—Albany Medical Annals.—New England Medical Gazette.—Hom. Monatsblatter.—Medical Era.—Hahnemannian Monthly.—North American Journal of Homeopathy.—Maanedskrift fur Hom.—Homeopathic Journal of Obstetrics.—L'Art Médical.—American Homeopathist.—California Homeopath.—Are Valvular Diseases of the Heart Curable? by Dr. E. M. Hale.—Dog Owner's Annual, 1891.—Medical Act of New South Wales.—Annals of the British Homeopathic Society.—Popular Sociology, by Dr. Fisher.—Practical Gynæology, by Dr. Southwick, second edition.—Forty-first Annual Report of the Exeter Homeopathic Dispensary.—Boenninghausen's Pocket Book, by T. F. Allen.—Cyclopedia of Drug Pathogensy, Part xiv., Sulphur—Valeriana.

THE HOMEOPATHIC WORLD.

APRIL 1, 1891.

A NEW OXFORD MOVEMENT.

THE tenth of March was a red-letter day for Homeopathy in Oxford. Under the presidency of the Mayor of the city, a meeting was held at the Town Hall for the purpose of forming into a society the supporters of homeopathy who abound in the city and county, but who have hitherto not availed themselves of the advantages of combination. The convener of the meeting was the Rector of Upper Heyford, the Rev. C. H. PILKINGTON. Mr. PILKINGTON issued a circular on January last, setting forth his proposal, and he received so many favourable replies that he felt justified in calling together the meeting which was held as above stated on March 10th.

In an interesting speech Mr. PILKINGTON set forth the aim of the association, and concluded by moving the first resolution :

“That an association be formed, to be called the OXFORD HOMEOPATHIC ASSOCIATION, for the purpose of promoting Homeopathy in Oxford, Oxfordshire, and the adjoining counties, at a minimum subscription of one shilling annually.”

The resolution was seconded by the Rev. W. PROBYN-NEVINS, who made excellent use in his speech of the Tracts of the Homeopathic League. The second resolution proposed the appointment of a provisional committee, consisting of the Revs. C. H. PILKINGTON, W. PROBYN-NEVINS, and H. BARTER, Lady MARY DASHWOOD, Messrs. RAILTON, DIXON,

BLACKHALL, and PAYNE. Both resolutions were carried unanimously.

We heartily congratulate our Oxford lay friends on the movement they have made. They are acting on the lines of the Homeopathic League and we doubt not will receive much assistance from its publications. Homeopathy has always depended for its support and propagation largely on lay enthusiasm. In fact, it is only by the encouragement derived from this source that homeopathic medical men are able to hold their own. The cry is always for more homeopathic physicians and surgeons; but it is only when that cry comes collectively from such associations as that just formed at Oxford that it is likely to have much effect. For a young doctor to take up homeopathy means an extra burden of work of no common kind, and as a reward, on one side, professional ostracism. With a strong public at his back he can afford to defy this. This new "Oxford Movement" has our best wishes for its success. Our University towns should lead the way in all good works; and we sincerely hope the promoters of the OXFORD HOMEOPATHIC ASSOCIATION will attain the ends they have set before them.

SALICYLATE OF SODIUM FOR PRURITUS.—The *Medical Record*, July 10, refers to a case, reported by Dr. Wertheimer, of a woman suffering from universal cutaneous pruritus of nervous origin, for the relief of which he tried salicylate of sodium in fifteen-grain doses three times a day. After the third dose she enjoyed the first night's undisturbed sleep she has had for a long time, and by the fourth day all itching had entirely ceased. Smaller doses were given for a few days longer, and she has since remained free from any return of pruritus.—*New York Medical Times*, Jan.

DYSENTERY CAUSED BY CALOMEL INJECTIONS.—The hypodermic or intra-muscular injection of calomel suspended in oil, which is a form of treating syphilis much more practised abroad than in this country, is not without occasional inconveniences; thus Dr. Cramer reported a short time since a case where, after six injections at intervals of a week, a patient became the subject of very severe dysentery. This accident was not due apparently so much to any idiosyncrasy of the patient as to the fact that he had been secretly dosing himself with iodide of potassium, which permitted a large quantity of mercury to collect in his tissues.—*Lancet*, Nov. 29th.

NEWS AND NOTES.

SMALL-POX AND TUBERCULOSIS.

A NEW cure for consumption is suggested by a letter in the *British Medical Journal* for January 24th. The writer is A. G. Lawrence, M.D., of Chepstow, and it is sent to the *Journal* and vouched for by Dr. Broadbent. According to this, small-pox virus appears to be curative even in the last stages of consumption, and so far superior to Dr. Koch's fluid. Here are the cases:

The patients, both young men, were in the last stage of pulmonary consumption, with large vomicae and great emaciation. They were both attacked with small-pox of a virulent type, with very high temperatures. In each case they were well nursed and supported, and fed hourly with liquid nourishment and brandy, and both recovered from the small-pox, and at once the pulmonary symptoms disappeared. The patients laid on flesh, and are now the living images of health.

Here is a new possibility for *Variolinum*. Our anti-vaccinationist friends should make something of this. If we had more small-pox, we might have fewer diseases of a worse kind. We never heard of vaccination curing consumption, so in this respect small-pox is distinctly superior to its reputed antidote.

KOCHISM AND HOMEOPATHY AT TORONTO.

DR. OGDEN JONES, of Toronto (formerly house-surgeon to the London Homeopathic Hospital), in a letter to the *Toronto Mail*, drew attention to the fact that *Tuberculinum* had been used by homeopaths long before Koch thought of it. This drew a delightfully "orthodox" letter from a certain "B. Field," who obligingly informs his readers that he is "neither allopath, homeopath, nor hydropath"—neither fish, flesh, fowl, nor good red herring, in fact—but a "devotee of medical science." The headings of his letter will be sufficient to indicate the style of this "devotee":—

"Koch's Lymph: Was it used by homeopaths years ago?—A cool and clever claim—Lymph and *Tuberculinum*—Action of the infinitesimal in nature—Scientific medicine—Hahnemann, if alive to-day, would be put in an asylum."

Dr. Jones quietly rejoined, stating that *Tuberculinum* of the homeopaths was similar to Dr. Koch's fluid, and giving his authorities for the prior use of homeopathic *Tuberculinum* in tubercular complaints. The references of "B. Field" to Hahnemann Dr. Jones treated with the contempt they deserved,

TUBERCULINUM KOCHII.

ACCORDING to our promise we publish this month a pathogenesis of Koch's fluid. The length of this article must be our excuse to readers and contributors for holding over several communications of value and interest.

LIEBREICH'S "CURE" FOR LARYNGEAL PHTHISIS.

THERE are too many "cures" for consumption just now. It is impossible to get excited about them all; and for this reason Dr. Liebreich's new "cure" has fallen very flat. It consists of a compound of *Cantharidin* and *Potassium*, and is supposed to act by producing a flow of serum at the part affected, washing away the tubercles. A number of "successful cases" are announced, but we prefer to wait for further experience (or experiments) before troubling our readers with an account of it.

THE PHARMACEUTICAL SOCIETY OF TASMANIA.

WE notice with pleasure the formation of a Pharmaceutical Society in Tasmania, with head-quarters at Hobart. As usual, homeopaths take a good place on the council, as they do also in Victoria, where Mr. Pleasance is a member; in New Zealand, where Mr. Pond is one, and in Queensland, where Mr. Field is to the front. In Tasmania, Mr. H. T. Gould, of Hobart, was elected at the head of the poll for the Council, receiving the votes of every member; and Mr. Styant Browne, of Launceston, was returned for his end of the colony. Mr. Gould was also appointed one of the four examiners, and has for some years acted as honorary secretary of the Hobart Chemist's Association. The Tasmanian Pharmaceutical Society is working with the Medical Court, which has had control of the examinations since 1842; in fact, Tasmania in this respect is well in advance of the other colonies or of the mother country itself, as all chemists have had to undergo an examination at the hands of the Medical Court of Examiners since the date mentioned (1842), or nearly half a century ago. If the medical men and chemists everywhere would work together as they do in Tasmania, it would be much more satisfactory both to the profession and the trade.

TUBERCULOSIS AND MILK.

Propos of the paper read at the last meeting of the *British Homeopathic Society* and the discussion thereon, there is a note in the *B. M. J. Sup.*, March 14th, on the *Transmission of*

Tuberculosis by Cow's Milk. A girl of 20 had died of tuberculosis at a convent at Chartres. Several other girls had died, and it transpired that they had drunk milk from a tuberculous cow belonging to the convent. There was no family history of phthisis in any of the cases.

ORIGINAL COMMUNICATIONS.

A CASE OF FISTULA IN ANO.

By A. MIDDLEY CASH, M.D., Torquay.

CHRONIC cases of fistula in ano are apt to be referred to surgery, as the medical treatment is often slow and unsatisfactory, and patient and doctor are not always willing to wait till medicine can so act on the constitution as to heal up the sluggish mucous sinuses by raising the tone of the general health. The following case illustrates how this can be accomplished by patiently persevering even in a severe form of the disease :—

Mr. B., a music-master from North Devon, *æt.* 49, consulted me on January 2, 1888.

Last November he first discovered that he was suffering from fistula in ano. He never had any abscess in this region to his knowledge, but he has had piles, and for these a partial operation was done. A muco-purulent discharge escapes from the fistula, and he suffers from an itching creeping sensation, which causes him great discomfort. His doctor in the country tells him he cannot be cured without an operation, so he desires to try if homeopathy can do anything for him, though he is obviously very sceptical that this can be the case. His general state of health he gives as fairly good, though he suffers from migraine and some dyspeptic symptoms. There is no phthisis in his family, but I find on examination that his chest is not very satisfactory, he has a chronic cough and pharyngeal irritation.

On examination the fistula is found to consist of two sinuses. The probe passes two inches up one of them alongside the bowel, and by the finger in the rectum its point can be felt in close contact, but the passage is not quite complete. The other sinus runs back towards the sacrum. The opening common to both is large and punched out, and concealed by redundant granulations.

I told him that I thought it was worth while first to try what medical means could accomplish, though I did not feel very sanguine of a cure by these alone. I then gave him three drops of *Nitric Acid* 3x and *Hydrast. Can.* 1x, alt. 3h., and a weak injection of *Muriate of Hydrastin* to be thrown up the fistula night and morning.

On the 13th (in eleven days) he came again, when I found the irritation and discharge lessened, but the fistula had not altered. *Sulph.* 6x, *Caustic* 3x, alt. 3h.

February 13th. Reports himself more comfortable and scarcely aware of the fistula by sensation, but the discharge had rather increased. *Silic.* 6x gr. ij t. d. s., cod liver oil and maltine.

March 15th. Reported a good deal better. Discharge much less and irritation almost gone. I gave him *Sulph.* 6x, *Caustic* 6x, and *Silic* 6x, each to be taken for a week alone, in this order, three times a day. No more injections.

April 12th. All sensations in fistula gone. Discharge very slight, and is not increased by a ten-mile walk—a proof that the mucous tracts were much diminished.

I continued the above three remedies through the year, and by December 20th the probe could only be passed half an inch. His general condition, too, was improved, and the headaches were much better.

In June, 1889, I gave him a two-months' course of *Calcarea Phosph.* 3, and then returned to the *Sulph.*, *Silic.*, and *Caustic* in October, which he continued for ten months more. In August, 1890, he came again, when I found the fistula entirely healed, a slight red induration only marking the site of the former large punched-out hole.

Thus in two and a half years homeopathy had cured his rebellious malady, and his general health had received commensurate benefit.

NOTES ON *CALENDULA* AND *CARDUUS MAR.*

By DR. EDMUND ALLEYNE COOK.

Calendula.—Chronically swollen tonsils always worse if menses were delayed. On the slightest chill, if menses were two or three days behind, the tonsils would become inflamed, and in each enlarged follicle a white exudation would appear. Great pain. Indicated remedies have failed

to give much relief; and taking advantage of Dr. Cooper's note on *Calendula*, although there was no deafness, it was given in the way he seems to prefer, viz., 7 or 8 gtt. in *ziii. spt.*, five drops three or four times daily. After first day there was marked improvement—the menses have been free and exact to time (an unusual thing); the improvement has been steady, and patient has since passed through a time of unusual cold weather without the usual attack.

Carduus Mar.—This remedy, given in 1 dilution 5 gtt. ter die, for liver congestion, with swollen veins of legs, piles, and headache, after two days greatly improved all symptoms; but patient complained that she had suffered with great giddiness on the second day, with inclination to fall forward, and a sudden and profuse epistaxis, followed by great relief. She appeared unduly alarmed at these symptoms, as she stated she had never to her recollection had nose-bleeding before or any tendency thereto.

Richmond, Surrey.

LETTER FROM HAHNEMANN TO HIS NEPHEW TRINIUS.*

Translated by DR. DUDGEON.

MY DEAR NEPHEW,—Your commission shows your confidence in me, and that is what I wished to deserve. Still, as you cannot be aware how inevitable and intolerable are the hindrances, calumnies and persecutions which a true homeopathic physician in Germany has to encounter in every place where he settles as an unprotected stranger, so to advise any homeopathist to take such a step *unsupported* were to induce him to court misfortune. Under such circumstances allopathic intriguers have perfectly free scope, under the pretence of ancient legal right, to display their well-known malice against the medical innovator who gives his medicines to his patients; and they are supported by the judges whose medical attendants

* From *Allg. Hom. Ztg.*, November 13, 1890. Trinius was the son of Hahnemann's sister. He practised in St. Petersburg, and was physician to the Czar. The Princess Mary of Wirtemberg had been successfully treated by him homeopathically, and when she married the reigning Duke of Saxe Coburg-Gotha, and removed to Coburg, Trinius accompanied her thither, and was requested to get a homeopathic physician to attend her, as he had to return to his duties in St. Petersburg. Trinius applied to his uncle Hahnemann to help him in the matter.

they are. "What," they say, "does the horrid fellow want here? He is not authorized either by the State or by the municipal medical authorities, nor can he be, as he is an accursed homeopath. We have the power to pervert and twist the old laws regulating medical practice (though they only have to do with the compounding of allopathic mixtures by the apothecaries) so that they shall compel the homeopath to get all his simple medicines prepared and dispensed to patients by the apothecaries, though they do not understand how to prepare them. In order to crush the hateful homeopathy, which would interfere with their usurious profits, the apothecaries would be only too willing to put no or a wrong medicine in the powders, and as the dose is so minute, the deception would never be discovered. But a homeopath, left to the mercy of the apothecaries, and not allowed to give his own remedies to his patients, is reduced to impotence, just like a painter deprived of permission to prepare his colours, and even worse. And if he succeeded in surmounting this difficulty, we could always get up a criminal process against him in the event of the death of one of his patients, because he had not adopted the treatment of our old school. By our artful persecution of his patients, and by the dissemination of calumnies against his art, he would be so pestered and disheartened that, with the loss of his money and health, he would take himself off and relieve us of his odious presence, which is exactly what we, the dominant medical guild, desire with all our hearts."

Many such sad experiences have been undergone, so that no true homeopath who can make a moderate income in his own locality would be so foolish as to subject himself to such a palpable disadvantage.

Without a special licence from a reigning sovereign, authorizing him to exercise his beneficent art, and to prepare and dispense his own medicines unhindered by the medical authorities, no worthy homeopath chosen by me will or can consent to set up in Coburg, and even then not before his subsistence is assured by an annual allowance subscribed for by a sufficient number of families; for the allopaths, without exception, will seek to keep the public away from him by the most dreadful calumnies, so that even the very poorest will hardly dare to cross his threshold, as I know by experience.

But if the ruler of the country appoints him physician in

ordinary, and gives him the licence above alluded to, he will still have to undergo the serious attacks of allopathic intrigue; but he has assured means of existence, which every true physician should possess.

I can only recommend and persuade a good homeopath to accept this post provided he is appointed physician to the Duke with a salary for life, and is granted a licence authorizing him to practise freely—unhindered by the medical authorities—in the capital and surrounding country, with medicines prepared by himself.

If you feel disposed to see once more your loving uncle before his exit from this earthly stage, then do not hesitate to come a little out of your way for his sake. Trusting that you will do this, I am your affectionate uncle,

SAMUEL HAHNEMANN.

Coethen, September, 17, 1892.

RHUS TOX—A CASE.

By E. V. Ross, M.D.

I REPORT the following case for two reasons—(1) the pronounced character; (2) the rapidity of its cure by the indicated remedy after having been thoroughly drugged by the self-styled “Scientific” school:—

William M., *æt.* 45. By occupation a policeman. Consulted me in October last for the relief of severe pains in the left upper extremity, which followed an attack of the “grippe” last March (1890). He was one of those cases that had been the “rounds”: had taken large doses of iodide of potassium; the coal-tar “fads” were, of course, in order; electricity had been tried; blisters, liniments, and massage were not overlooked; but to no avail—he could not sleep without his morphine, and as a *dernier ressort* concluded to try homeopathy, and would state that he did not bring with him a very abundant supply of faith.

The symptoms complained of were as follows:—Shooting tearing pains, extending from the shoulder to finger tips, with stiff lame feeling in arm and fore-arm. The fore-arm felt as if it had been beaten. He could not maintain the arm in one position for any length of time; he would carry the arm across the chest, giving it support with his right hand. After holding it in this position for a short time, he would allow it to drop to his side, then carry it behind

his back. This change of position would afford temporary relief (by rest). Another link in the chain was the aggravation of the symptoms before a storm, the patient stating that he had become quite a reliable barometer.

After advising my patient to withhold the morphine and abandon all local applications, I made the following prescription :—

℞ *Rhus-tox.* 30th trit. Six powders.

Sig. One powder every night, and to report in one week.

He returned in four days, reporting that he was much better, and greatly encouraged thus far over the result. Four days later I saw him again, and he stated that the pains had entirely left him and that he “felt like a new man.”

Four months have elapsed, but no return of the old trouble. Not only did the pains subside, but he improved in his general condition.

“Another case practically left to nature !”

342, Monroe Ave, Rochester, N.Y.

ACONITUM NAPELLUS.

By ALFRED HEATH, M.D., F.L.S.

I should like to draw the attention of your readers to some extracts respecting the value of imported Aconite root, as compared with what is grown here. I have many times written about the necessity that exists for every homeopathic chemist to verify what he uses. *Aconitum Napellus* was the plant “proved,” and I have pointed out that the only way to insure its genuineness is to grow it oneself. The necessity of this will be apparent to all when I say that the *dried* imported roots are what are generally used for tincture making, that these *roots* are collected by ignorant peasants who cannot (if they would) distinguish one Aconite from another ; in most of the various kinds the *roots* are alike in shape and size, that there are a hundred or more species or varieties growing wild in Europe, that some have yellow flowers, others various shades of blue (the roots are collected after flowering), some are bitter to taste, do not produce tingling because they contain no Aconitine, other plants (flowers and foliage) are almost exactly the same as the *Aconitum Napellus* in botanical characters, but

also contain no Aconitine. Therefore the experiments recently made by Messrs. Edwin Richards, F.I.C., and F. Ashley Rogers, F.I.C., will be noted with interest. I give the following short extracts from their paper.

“ . . . Estimation of the yield from Aconites:—We have estimated the yield of Aconites used by us as under, these yields representing in all cases alpha-aconitine. We have not yet estimated the yield of beta-aconitine from the alpha-alkaloid.

“ Aconitum Napellus imported (dry) 0·14 per cent.

“ Aconitum Napellus fresh root, given us by Dr. Heath, and grown by him, 0·71 per cent. . . .”

It will be seen by the above extract that fresh Aconite roots (which were collected in the *early* spring) yield the largest proportion of alkaloid, whilst the imported German roots contain the least; and the reason of part, at any rate, of this discrepancy is to be accounted for by their mixed character. The proper time for collecting the roots is in the early spring before they begin to throw up leaves.

TUBERCULINUM KOCHII—A PATHOGENESIS.*

Arranged by JOHN H. CLARKE, M.D.

Tuberculinum Kochii is “a glycerine extract of a pure cultivation of tubercle bacilli.”

(1) Dr. Koch.

(First account *B. M. J.*, Nov. 15, 1890.)

Three to four hours after injection there come on:—

Pains in the limbs, fatigue.

Inclination to cough.

Difficulty in breathing speedily increasing.

Fifth hour:—

Violent attack of ague, lasting almost an hour.

Nausea, vomiting.

High temperature, abating in twelve hours.

Next day, and several days following:—

Feeling of fatigue.

Pains in limbs.

Site of injection slightly painful and red.

* In this record of the “positive effects” of Koch’s Fluid, the authority for each statement is given, with the reference. Where it appears necessary a few particulars are given of the patients on whom the observations were made, and where essential the number of injections is stated. The following abbreviations are made use of: Mg. = Millegramme; r. = right, and l. = left.

(2) PROF. BERGMANN'S CASE.

(Mr. Malcolm Morris and Dr. Pringle (*B. M. J.*, Jan. 10) relate in detail a case of lupus in a mechanical engineer, 22 (an English patient who was taken to Berlin by the narrators for the treatment), treated at Berlin by Prof. von Bergmann. The patient was deaf one side since scarlatina at 5 years old. From 6 to 13 had suppurative disease of ankle bones. At 12 had suppurating glands on right side of neck. At 18 lupus appeared r. side of nose, was cauterized, and spread to left side, gradually affecting palate and gums. Has comedones on nose. Caseous glands have several times been removed from the neck. Nails and teeth good. Three enlarged glands, size of a pigeon's egg, in anterior triangle of neck beneath l. ramus of jaw. Several smaller glands r. side of neck. Digestion normal. Chest healthy. Nov. 16, 8.45 a.m., injected first time with 1 mg. of Koch's Fluid.)

3 p.m. Severe rigor ; temperature began to rise.

5 p.m. Malaise, depression, headache, somnolence, oppression of breathing, tightness of chest, nausea.

Tongue dry.

Breath very offensive.

Pulse 126, respirations 28.

Nose swollen, tense erysipelatous-looking, epidermis in lupus patch raised by yellow fluid.

Glands in neck and scars swollen and very tender, various lupus points about them showing yellow fluid under epidermis.

Gums turgescent, felt swollen.

Teeth felt loose.

Palate : granulations enormously swollen and vascular.

Erythematous blush confined to lupus parts which were the seat of throbbing pain.

Nov. 17. Fever gone, respiration tranquil.

Slight headache, and some general aching pains.

Breath still peculiarly offensive.

Tongue dry, furred in centre, red at tip and edges.

Lupus looks blistered, gums less swollen.

Palate swelling subsided, whole surface glazed.

Nov. 18. Gums show superficial ulceration with cicatricial tissue now visible for first time. At one or two points, bleeding.

Much pain in mouth from its scabbed condition.

Comedones on nose surrounded with minute pustules.

4.30 p.m. Again injected.

Felt considerably out of sorts.

Severe headache.

Temp. 100.

Nov. 19. Feels less well to-day—feels "groggy."

Looks dull.

Tinnitus.

Tongue much coated.

Fetor of breath completely gone.

8 p.m. Third injection.

8.45 p.m. Rigor lasting 45 m. ; worse than first.

10.45 p.m. Marked febrile appearance, with suffused eyes and apathetic dull look.

Severe frontal headache.

Nausea.

Cough and oppression of chest without expectoration.

In parts affected, throbbing pain.

Teeth—" feeling as if the teeth were all jammed together and too many for his head."

Tongue dry, brown.

10.30. Vomited severely with > to headache.

Less local reaction than at first.

Gums much swollen and tender, bleeding at a few points.

Breath extremely fetid.

Glands both sides of neck considerably swollen and tender.

Nov. 20. Fever gone, feeling of good health returned.

Sordes on teeth.

Palate more scabbed than ever over anterior half ; posterior half covered with pultaceous, yellow, sloughy-looking matter which is firmly adhered to deeper parts.

Glands on neck still enlarged, but not tender.

Nov. 21. Feeling well, but decidedly losing flesh.

Subsequent injections were followed by very slight reaction, and no further symptoms are noted. The results are given as follows on his return to London, Dec. 6 :—

Neck :—

Scars softer and flatter ; no lupus nodules now perceptible.

Glands cannot now be felt, except the largest, which is reduced to size of a pea.

Nose :—

Contraction of scar bounding r. nostril has almost obliterated the latter.

Comedones removed, leaving patulous sebaceous ducts.

Lupus gone.

Ulcer on left cheek healed, with slightly raised but firm scar free from lupus.

Gum : Still some lupus appears, but spongy tissue gone, leaving smooth, healthy-looking gum. Palate : Healed. Only a little lupus left at back of incisors.

Later, Jan. 3. Granulations on palate and face more raw and active looking. No return of lupus on nose.

(8) PROF. VIRCHOW.

(Effects observed post mortem.—*B. M. J.*, Jan. 17.)

Acts principally by very acute irritation of internal organs affected (in the same way as in the external organs)—causing intense redness and great swelling.

(i) In a case of tubercular arachnitis (with some old-standing patches of caseous pneumonia) in a boy 2½ years, after four injections, in all amounting to 2 millegrammes, the last injection being given 16 hours before death, there was found :—

Colossal hyperemia of pia mater and brain substance; extreme engorgement of vessels on the surface, internally dusky red.

Tubercles presented no retrogressive changes.

(ii) Surface of old pulmonary cavities showed unusually intense redness of granulation layers.

Hemorrhagic infiltrations of the walls were not seldom present.

Recent hemorrhage observed in the cavities.

Man, 30, with old rectal fistula and numerous tuberculous ulcers of colon. Death resulted from hemoptysis from an old ulcerated cavity. Seven injections, the last (on which occasion the first bleeding occurred) thirteen days before death.

(iii) Actual inflammatory processes (not mere hyperemias), and especially active proliferations, occur to an intense degree, *e.g.* :—

(a) In edges of existing ulcers.

(b) Neighbouring lymphatic glands, especially bronchial and mesenteric.

Lymphatic glands present a quite unusual degree of enlargement, and notably that form of medullary swelling, characteristic of acute irritations, which is caused by rapid proliferation of the cells in the interior of the glands.

(c) Leucocytosis.

Various infiltrations of white blood corpuscles over affected parts, especially round the tubercles themselves.

(d) Enormous dangerous swellings in parts near ulcers (even where the surface of the ulcer becomes clean), causing dangerous constriction.

(e) Phlegmous swelling resembling erysipelatous edema of glottis and retropharyngeal abscess.

(iv) In the lungs. In fatal cases of ulcerative phthisis the lungs especially and also the pleurae showed extensive and

severe recent changes—pleurisy, for the most part very severe—simple and tuberculous, frequently hemorrhagic, and not unfrequently bilateral.

The changes in the lungs :

(a) Caseous pneumonia or caseous hepatization—the lung appearing like blood-pudding studded with pieces of lard. (The patient, an architect, 33, had six injections, the last four weeks before death. At the beginning he had induration of one apex only. The treatment was suspended because of persistent fever and infiltration of lower lobe.

(b) In none of the injected cases was pure fibrinous pneumonia found.

(c) Catarrhal pneumonia was found, but it differed from ordinary catarrhal pneumonia (in which the contents of the alveoli when squeezed out have a gelatinous appearance), in that the contents of the alveoli were very watery and turbid—a turbid infiltration. It resembles a phlegmonous condition.

(d) Soft hepatization, which differs from ordinary catarrhal hepatization in that in the midst of the patches foci of softening become developed, leading to rapid breaking down and excavation.

Summary.—Inflammatory processes analogous to those seen externally after injection, presenting a higher or lower degree of intensity, according to the nature of the individual and the special features of the case.

(v) Development of fresh tubercles. Small tubercles giving rise to new ulcers have suddenly appeared—especially in pleura, pericardium, and peritoneum.

(vi) Metastasis—bacilli mobilized.

(vii) Group of “solitary”—*i.e.*, large walnut-sized tubercles which are generally only found singly—tubercles on the brain, in the case of a boy of three with caries of spine.

(viii) Perforating ulcers of intestines and respiratory organs.

(ix) Abscesses in the lungs.

(4) MR. JONATHAN HUTCHINSON.

(Lecture “*On the nature of Lupus, with especial reference to its relation to Tubercle.*”—*Lancet*, Jan. 31.)

It has repeatedly caused general erythematous eruptions on the skin, and in some, nodular effusions into the cellular tissue.

In one case the inflammation of the lupus (on the face) presented unquestionable erysipelas of a rather severe type, and the patient was for some time in danger.

In two cases, at least, during the febrile reaction, old chilblains became again inflamed.

“The cases which appear to derive the greatest benefit are those in which there is most of inflammatory swelling, and in which the more specialized elements of the lupus process are least abundant. . . . Should this be supported by future facts we shall be obliged to suspect that the remedy is, after all, one for certain conditions of the inflammatory process and not for tuberculosis.”

“I may confess that nothing which I have seen leads me to be hopeful that any prolonged periods of treatment will avail more than short ones.”

(5) DR. HERON'S CASES.

(Victoria Park Chest Hospital.—*B. M. J.*, Dec. 20.)

Lowering of temperature after each injection.

Lowering of temperature before a rise. Expectoration diminished.

Slight headache.

Altered relation between pulse and respiration—Resp. 90, pulse 98, during height of reaction.

During reaction headache, slight shivering, much thirst.

Slight reaction (girl, 14, phthisis), after 7 mgs.

Hot, weak, restless, nausea and headache.

After 13th injection of 8 mgs.,

Temperature first fell slightly, then rose to 100° F. in twenty-four hours.

Feverish, nausea, thirsty, with headache, no vomiting.

Breathing quite quiet though rapid—60. Pulse 100.

(*B. M. J.*, Jan. 17.)

Man, 40, 36 injections, last 12 a decigramme each.

Dec. 27. Severe reaction.

Temperature seven hours after injection, 103.8, accompanied by thirst, rigor, increased cough, headache, and *pains in the joints* (no disease of joints mentioned).

Syphilitic cases are refractory to reaction.

A girl, A. B., 18 perfectly cured of anemia. (There was no sign of tubercle in this case. There had been decided febrile reaction after the injections, and she had “Pain, but no swelling

of her right knee." This must therefore be put down as a pathogenetic effect of the drug.)

Pain in right knee without swelling.

(Account of same case in *Lancet*, Dec. 27.)

No sign of tubercle yet reacted.

Swelling and tenderness of both knee-joints.

Tenderness in right ankle-joint.

(*Lancet*, Dec. 27.)

Slight giddiness in morning.

Troublesome cough now almost ceased.

Night sweats stopped.

(*Lancet*, Jan. 10.)

Where tubercle is associated with any other specific disease reaction is so slight as to be hardly discernible.

(6) LEPROSY CASE.

(King's College Hospital.—*Lancet*, Dec. 27.)

(Case of anesthetic leprosy—woman, 45).

Pains in ulnar nerve and calves of legs and knees, left great toe much affected, and became very red and turgid.

Three red patches on left side of back became much deeper. Much troubled with cough, sickness, pains in limbs, with excessive thirst.

Day after reaction :

Right hand became extremely painful.

After another full injection on December 17 :

Great dyspnea.

Marked feeling of suffocation.

High fever for eighteen hours.

Prostration, collapse, no pains in joints.

Rash more distinct.

Middle finger of left hand considerably swollen.

Nausea.

Headache.

Pain in chest.

Large blister on right heel and left ankle.

December 18. Cough again troublesome.

Large blister on left leg.

January 10. Continues to have suffocative feeling after injection.

Has lost melancholy expression she formerly had.

(*B. M. J.*, Dec. 20, referring to same case says:—"Rash on chest and abdomen similar, patient says, to what came out when disease first appeared.")

(7) Mr. WATSON CHEYNE'S CASES.

(Paddington Green Children's Hospital.—*B. M. J.*, Dec. 10).

Albuminuria—One-tenth albumen in height of reaction—disappeared afterwards.

Diminution of inflammation above elbow joint. Disappearance of abscess over olecranon.

Opens right eye (which has been closed).

Bronchitic sounds in both lungs.

Cervical glands much smaller.

Forearm less swollen; less pus running from sinus connected with radius,

Mass of enlarged glands, r. iliac fossa much smaller.

Sinuses discharge freely thick yellow pus.

Six pustules at different parts of skin of back and abdomen, and after discharging have healed.

Discrete papular rash over chest and abdomen.

Glands have become much smaller.

Upper lip and nose become swollen during the first two or three reactions, the lip becoming cracked on inner surface.

Slightly jaundiced.

Slight attack of jaundice (several cases).

Finger much smaller; redness diminished; skin wrinkled, no pain or tenderness.

After each operation the skin around the point of puncture became red, painful and swollen, but the inflammation subsided without any appearance of suppuration.

(Case of lupus of face at King's College Hospital.—*B. M. J.*,
Jan. 3).

Diseased area became hot, painful, with deep redness and swelling.

A yellow serum exuded in numerous places, either free or in vesicles, forming yellow crusts as it dried.

Throat, palate, and nose became sore, eyelids swollen, eyes suffused.

Submaxillary lymphatic glands became tender and enlarged, streaks of redness radiating to them from the lupus.

Frontal headache.

Slight cough.

(8) DR. LENNOX BROWN.

(Observations at Berlin.—*B. M. J.*, Dec. 27.)

Decided effect in laryngeal cases, mostly beneficial.

Patient admitted for pneumonia and hoarseness. Bacilli being found in sputum, he was injected.

Dulness appeared r. apex.

After ten injections—

Larynx markedly affected, inflammatory swelling and ulceration.

Rash on abdomen and back, commencing very red; speedily became brownish resembling ordinary skin eruption of secondary syphilis.

Scarlatinal eruption followed by desquamation.

Hemoptysis.

General infiltration of mucous membrane of larynx, high red colour, brighter than normal.

Dysphagia increased.

Enormous swelling of arytenoids appeared.

Tuberculous outgrowth.

Swallowing improved.

Exfoliation at r. vocal cord, appearance extravasated below at its posterior part.

Hyperemia of cords intensified, and covered with minute ulcerating points.

(9) BIRMINGHAM.

(Queen's Hospital.—*B. M. J.*, Dec. 27.)

(Lupus neck and face. Consumption on father's side, in a boy, 17, Dec. 10.)

Intense local reaction with great pain at seat of eruption.

General reaction, of moderate severity with vomiting.

Became very hoarse during height of reaction with troublesome cough.

Next day :—

Very drowsy.

Still hoarse.

Severe pain in back.

After following injection :—

Considerable catarrh of larynx and larger bronchii.

Sputa slightly tinged with blood.

(Girl 13).

Fugitive erythematous rash during reaction.

Some chilliness and pain in back, afterwards feeling of heat.

Slight papular rash over back (after subsequent injections).

(Hip disease. Girl 5, left leg adducted, rotated in and slightly flexed. No actual shortening; joint fixed; thigh much wasted; night, starting pains; no swelling. Temperature normal.)

Dec. 6. Afternoon, injection.

Dec. 7. During night pain referred to *right* knee; *right* leg rotated in and flexed slightly at hip and knee; movement of right hip-joint free.

1 p.m. *Left* hip much more painful and tender, more flexed, abducted and rotated out.

Pain still in right knee.

Dec. 8. Improvement.

Dec. 9. Left leg much flexed, abducted.

Hip-joint acutely tender.

(Another injection produced fever and restless night).

Dec. 12. Left hip less tender, can be moved.

During reaction from later injections—

Great prostration.

Pulse 170.

Feet and hands cold.

Thick purple eruption over whole trunk.

Legs acutely flexed.

Could not bear least touch.

Pain in sole of foot over anterior end of os calcis, with small patch of redness and tenderness.

(10) DR. THEODORE WILLIAMS.

(Observations in Berlin.—*B. M. J.*, Dec. 29.)

Children that had been crippled with joint disease for months were using hip and knee-joints freely.

In laryngeal phthisis: reaction is marked, sloughing and resorption apparent, improvement common, complete cure rare.

In consumptive cases the chief effects are—

Reaction in from 4 to 12 hours—may be 24 hours.

Rapid rise of temperature (to 102°—104°—105° and even to 106° Fahr.)

Quickening of pulse and especially of respiration.

Occasionally vomiting.

Increased cough and expectoration.
Aphonia from temporary laryngeal catarrh.
Scarlatinal rash.
Papular rash (generally lupus cases).
Nervous system much affected in some patients.
Almost melancholic (one patient).
Perfectly unconscious (another patient).

CASE . A young man with hacking cough, expectoration—no physical signs—no bacilli in sputa. Two moderate injections produced no reaction. A third stronger produced decided reaction (temp. 102.2° F.)

Crepitation sounds at one apex.
Tubercle bacilli in sputum.
Loss of flesh.
Lessening of cough and expectoration.
Gain of weight.
Lessening of bacilli in sputum.

(11) GLASGOW.

(Royal Infirmary.—*B. M. J.*, Jan. 3.)

(A miner, 27, who had cough and expectoration for four months, was cured of both, though no bacilli were ever found and no other signs of tubercle presented. He showed no reaction except slight headache, and after one centigram the temperature rose to 100° F., pulse 98, respiration 35.)

Cough and expectoration of four months, from wetting, removed.
Slight headache.

(In another case of actual phthisis)

Severe headache.
Tendency to fainting.
Pains throughout body.
Drowsiness.

(Another case, man 34, cough and expectoration eight months, symptoms of phthisis, but no bacilli in sputa.)

Chilliness and pain throughout body.
Malaise for twenty-four hours.
During evening complained loudly of sinking sensation at epigastrium;
General uneasiness
Severe frontal headache.

(Case of lupus of nose and mouth, 3½ years, in man, 22.)

Prickly feeling in skin of back.

Headache very severe.
 Supper vomited.
 Erythematous rash over whole body.
 Right eye much swollen, conjunctiva inflamed.
 Crackling rales at right shoulder behind.

12. IRELAND.

(Royal Academy of Medicine in Ireland, *B. M. J.*, Feb. 14.)

Mr. F. A. Nixon :—

Temperature : Falls before reaction, and having become normal again falls before reaction commences.

Urine : Specific gravity increases from 1016 to 1023 with an excess of urates and ropy mucus.

Mr. Myles :—

(Case of knee-joint excision ; injected before operation.)

Vascularity of the parts greatly increased ;
 Amount of necrotic tissue much greater than usual ;
 Fresh activity in tuberculous processes.

Sir W. Stokes observed :—

Complete cessation of night-sweats.

Expectoration ceased to be nummular and became watery and frothy.

Great increase of tubercle bacilli during and immediately subsequent to the period of reaction.

Increase in weight.

Mr. Thornley Stoker :—

(Case of facial lupus.)

Two remarkable eye reactions.

(1) Breaking down of cicatrices of old corneal ulcers.

(2) Clearing of corneal opacity the result of old tuberculous corneitis.

Mr. Myles :—

Great general debility and anemia following operation.

Mr. Franks :—

Cured a cough by injection. He could not say what was the cause of the cough.

13. LISBON.

(Society of Medical Science, *B. M. J. Sup.*, Feb. 14.)

Man of alcoholic antecedents, spat blood from 1862-69; before injection spat blood without bacilli. After five injections some improvement in pulmonary symptoms.

He looked better.

He lost three pounds in weight.

In a drinker with not very extensive tuberculosis of one lung and hemoptysis, the second injection was followed by:—

Intense headache.

Trembling of the limbs.

Amblyopia with irregularity and complete paralysis of the pupils.

Some inflammation of the affected lung.

14. BERLIN CLINICS.

(Observations by Dr. Stacey Wilson, *B. M. J.*, Jan. 10.)

Extreme internal reaction may occur with very little variation in temperature. Leyden showed in a case *post mortem* extraordinarily severe changes when the fever had not risen to 101° F.

Fever may be intermittent in type.

At times it is hectic.

The fluid has some special action in the stomach, causing abdominal pain when no tuberculosis is present.

Copious watery expectoration usually seen during reaction.

15. MANCHESTER CLINICAL SOCIETY.

(*B. M. J.*, Jan. 10.)

(Dr. Gumpert related a case of a lad 16, thirty patches of lupus on face, neck, back and legs. Tuberculous affection of left knee since early childhood, which had produced total stiffness of the joint 18 years before.

Reaction severe.

Headache.

Pain in chest.

Severe pain in strumous knee.

Rigor nine hours after first injection. Temperature 104.6.

Repeated vomiting 14, 15, 16, and 17 hours after first injection; none after subsequent ones.

The knee became easily movable and could be bent to a right angle. The lupus patches all eventually improved.

16. ARNING.

Deutsche Med. Woch. No. 50, 1890—*B. M. J. Sup.*, Jan. 31.)

(Two women suffering from lupus erythematoses were injected, one with 2 mgs. once, the other three times with 2, 4 and 6 mgs. respectively, in order to test the tuberculous nature of the disease. There was no fever in one case, and no local reaction in either.)

(a) The patient who received only one injection had :—

Rigors.

High fever lasting two days.

Albuminuria.

(b) The other after the first injection :—

Headache.

Laryngeal irritation.

Extraordinarily vivid erythematous blush (which came out after each injection), but without rise of temperature.

17. MAREGLIANO of Genoa (*Riforma Medica*, Jan. 2—*B. M. J. Sup.*, Jan. 31) reports the occurrence during reaction of—
Peptonuria in a man 33.

18. EWALD.

(*Berlin Klin. Woch.*, Jan. 26—*B. M. J. Sup.*, Feb. 7.)

(In a case in which there was amyloid nephritis).

Fatal hemoptysis with high fever.

(In another case).

Sudden profuse hemoptysis ending fatally.

Developed a cavity on side opposite to that first affected.

New deposit of tubercles in pleura.

19. A BORGHERINI of Padua.

(*Lo Sperimentali*, Jan. 15—*B. M. J. Sup.*, Feb. 7.)

In some cases local reaction in the lung was accompanied by flushing of cheek of same side.

20. KURZ of Florence.

Gaz. Degli Ospitali, Jan. 14—*B. M. J. Sup.*, Feb. 7.)

Cured :—

Tuberculous sinus in axilla with hard tuberculous gland.

Tuberculosis of sacrum greatly improved.

(21) WENDT.

(*Philadelphia Medical News*, Jan. 17; *B. M. J. Sup.*, Feb. 7.)

Children bear the treatment well.

(22) ALBRAND.

(*Bul. lehr. Woch.*, Jan. 26 ; *B. M. J. Sup.*, Feb. 7.)

Case of tuberculosis of eye-lids, small grey and yellow nodules existing in conjunctiva of outer sections of lids.

General and local reaction.

Severe cough and dyspnea (which he mentions also occur in healthy people).

Swelling, puffiness of conjunctiva. The grey and yellow spots increased in size and number, ran together and then suddenly disappeared.

Glands increased proportionately to strength of dose and after extreme dose diminished.

(23) KÖNIGSHEFFER and MASCHKE.

(*Deutsch. med. Woch.*, Jan. 8 ; *B. M. J. Sup.*, Feb. 7, report several eye cases.)

Purulent secretions. Hyperemia notably increased.

Phlyctenulæ appeared where none existed before.

Scrofulous ulcers healed.

(Syphilitic affections unaltered.)

(24) GRASSET.

(*Semaine Médical*, Jan. 21 ; *B. M. J. Sup.*, Jan. 31.)

(A fatal case of injection in a robust-looking man of 21, with good personal and family history. Six months before he had had bronchitis, and cough with expectoration had persisted. There were bacilli in the sputum, and a small cavity in r. lung was diagnosed.)

Dec. 19. Injected with 1 mg. Marked reaction.

Dec. 22. Hemoptysis occurred for the first time, with high fever.

Dec. 25. Two fresh attacks of hemoptysis—one 5 a.m., one 9 am.

Fever persistent without remission.

Very weak and fatigued.

Dec. 27. Hemoptysis again twice, the bleeding commencing with high thermometer readings.

Dec. 28. More bleeding.

Dec. 29. One attack in the night—2 p.m.

6 p.m. a sudden rush of blood, which ended the patient's life.

The illness had been converted from an ordinary case to one of "galloping consumption."

Post-mortem the "injection pneumonia" of Virchow was found, patches of red hepatization of large size, containing a central cavity enclosing a reddish-brown serous liquor, due to rapid breaking down of the lung structures. Submiliary tubercles in both bases.

(25) PROF. CANTINI, of Naples.

*(B. M. J. Sup., Feb. 14.)**(In 20 cases observed.)*

Diminution of night-sweats in all, cessation in some.

Temperature became normal when there had been constant fever or evening rise.

Hemoptysis occurred in one case, the patient having spat blood for some years.

Albuminuria (slight) in one case.

Reaction more marked when injection made near the part affected than when made at a distance.

(26) DR. SUNDERLAND.

(Waterloo Bridge Road Hospital.—Lancet, Jan. 10.)

Granulations develop on palate and fauces.

Adenoids unaffected. Slight halo of hyperemia round them, and marked swelling of fauces and palate.

Case of tubercular peritonitis—increased swelling of abdomen: marked peristalsis and distention of intestines.

(27)

(King's College Hospital.—Lancet, Dec. 27.)

Lupus case had pains in eyes and legs.

(28) DR. LIBHERTZ, Innsbrück.

(Girl 17. 2 millegrammes.—B. M. J., Dec. 27.)

Death from paralysis of heart.

(29)

(Switzerland.—B. M. J., Dec. 27.)

Incipient hip-disease cured.

(80) UCKERMANN.

(B. M. J. Sup., Dec. 27.)

Unfavourable and fatal effects in meningitis.

(81) HENOQUE.

(Observations on the blood.—B. M. J. Sup., Dec. 27.)

Oxyhemoglobin diminished.

Oxyhemoglobin first diminished, then increased.

(82) DR. RUTHERFORD, Newcastle.

(B. M. J., Dec. 20.)

Tubercular disease of elbow joint. Temperature rose to 108°.

the surface temperature of the diseased joint being between 3° and 4° higher than that of the opposite elbow.

Skin over diseased neck glands swollen and tender.

(33) GLASGOW.

(*B. M. J.*, Dec. 20.)

Rash like scarlatina.

(34) PICK.

(*Prager. Med. Woch.*, Nos. 51, 52, 1891.—*B. M. J. Sup.*, Feb. 14.)

(Case of Addison's disease. Applied two injections.)

Violent reaction, during which

Severe pains in loins, increased by pressure.

(35) HELFERICH.

(*B. M. J. Sup.*, Jan. 3.)

Herpes on lips and eyelids.

(36) DEBATE AT BERLIN MEDICAL SOCIETY.

(*Lancet*, Feb. 28.)

Dr. GRABOWER :

Fresh miliary nodules deposited in larynx. Under further treatment these disappeared without leaving a scar.

Dr. FRAENKEL :

It acts like a powerful caustic on *parts* where tubercle bacilli flourish, and excites therein an inflammatory change leading to necrosis. (By no means *all* the tubercle is acted on.)

It is probable that in apparently healed lupus cases tubercle nodules and bacilli may be found beneath an apparently healed skin.

Continued fever, owing to continued absorption of breaking down tissues from dead cavities, or from peribronchitis undergoing change.

Local extensions of tubercle.

Tuberculosis of the tongue.

General acute tuberculosis.

Care in dosage does not suffice to avert dangerous symptoms which have been set up by only a few mgrs.

(36) ST. LOUIS HOSPITAL COMMITTEE.

(*Lancet*, Feb. 28, Paris Letter.)

Local reaction progressively diminishes in spite of increased dosage, and ultimately ceases.

Risk of fatal result even after a feeble dose or a single injection.

Before, coincidentally with, or independently of, irritation of the lupus patch, there occur:—

Hyperpyrexia.

Leucocytosis.

Diminution of red blood corpuscles.

Cutaneous eruptions.

Endocarditis.

Pulmonary congestion.

Splenic congestion.

Renal congestion.

Hematuria.

Albuminuria.

Arthropathies.

Neurodynia of organs free from tubercle.

Neurodynia of ovaries of menstruating women.

Inflammation of erythematous, erythematous-squamous, or erysipelatosus type resembling recurrent attacks of lymphodermatitis, common in cutaneous tuberculosis.

Curative effect sometimes very remarkable, but the tubercle is never destroyed.

The partial and general reduction in volume is not always proportionate to the intensity of the local recation. It is more particularly observed in the upper lip, or other parts where the lesion is complicated by the chronic lymph edema which often accompanies lupus.

OXYURIS VERMICULARIS.—The oxyuris vermicularis is said to promptly disappear with injections *per rectum* of cod-liver oil, pure or made into an emulsion with the yolk of an egg. It is non-irritating, and is said never to have failed to effect a cure.—*New York Medical Times*.

CHRYSOPHANIC ACID IN DISEASE OF THE EYE AND EAR.—In a talk before the Medical Society of the State of Ohio recently, Dr. G. C. McDermott observed that chrysophanic acid is not appreciated to the extent it deserves in diseases of the eye and ear. Used either locally or internally, or both, it is a magnificent remedy for the large majority of cases where a filthy, scabby condition exists with a tendency to the formation of thick crusts. He had had cases in which the whole ear and the surrounding tissue appeared to be one great scab, from the centre of which oozed the pus which came from a suppurative otitis media, and on using the remedy both locally and internally he had seen the whole condition melt away in two or three weeks. Recently a like condition of the skin of the eyelids and part of the face disappeared in less than one week under this treatment. For external application he uses a salve made of vaseline in the proportion of from four to eight grains of the drug to the ounce, carefully rubbed up in a mortar.—*New York Medical Times*, January, 1891.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

THE sixth meeting of the session was held on Thursday, March 5th, Dr. DUDGEON, President, in the chair.

Mr. J. SUTOLIFFE HURNDALL, M.R.C.V.S., then read his paper on "Our Public Flesh and Milk Supply in Relation to Hygiene." Mr. Hurndall said the authority relied on by the public for deciding whether meat is wholesome or not, is the butcher. But all butchers are not able to recognize unhealthy flesh, and some are not honest. The Medical Officers of Health have no special knowledge of the subject. A veterinary surgeon ought to be appointed to inspect every carcass. Private abattoirs should be done away with. Mr. Hurndall entirely disagreed with Dr. Klein in the opinion that scarlatina could be communicated by the cow from a disease in the cow itself, and maintained that the promulgation of this opinion had retarded necessary legislation on this point. Mr. Hurndall next described the points to be observed in judging of flesh, and mentioned the diseases which render carcasses unmarketable. He quoted extensively from Professor Whalley's book on the subject of *Meat Inspection*.

Referring to the subject of tuberculous meat, he said there was little doubt that tons and tons of tuberculous flesh was consumed, and apparently with impunity. But the risk is too great to be allowed, and all tuberculous flesh should be condemned. A case was cited of a young girl who took rapid phthisis from eating the improperly cooked flesh of a tuberculous fowl. The gastric juice cannot destroy all bacilli. Cooking cannot be relied on, though it does diminish risk. Mr. Hurndall believes that a great deal of the phthisis in human beings is due to consuming tuberculous flesh and milk.

Mr. Hurndall next spoke of the milk supply. He urged the necessity of efficient inspection of cow-sheds, the order at present issued being a dead letter. He said the bovine race was terribly responsible for human diseases, but he defended the cow against the attacks of Mr. Power and Dr. Klein, who would attribute scarlatina to a disease of the cow. Milk is a potent factor in the *distribution* of disease, but the cow does not originate any except aphthous fever, anthrax, and pyæmia, and probably tuberculosis. Bovines are the most susceptible to tuberculosis. Cases were referred to in which mesenteric tuberculosis was conveyed by milk.

DISCUSSION.

Dr. MOIR thanked Mr. Hurndall for the satisfaction the paper had given him. He had often talked over the matter with Mr.

Hurdall, and thoroughly agreed with him as to the necessity of careful inspection. He often recommended his patients to take the Jewish meat, as he believed it was thoroughly well inspected. Meat refused by Jewish butchers was sold to and bought by Gentiles. He wished to ask Mr. Hurdall about Jewish customs, and also as to their method of slaughtering. He was convinced that tubercle was spread by milk. The feeding of cows had much to do with generating disease. Many cows were brought up from the country and kept in sheds without fresh air or exercise for months, and their milk must be unwholesome. He asked what form the disease took in the men infected by the Hendon cows.

Mr. WRIGHT agreed with Dr. Moir as to the influence of milk on children. He had seen diarrhea occur in children when the food of cows was changed.

Dr. TALBOT (of Boston) was greatly interested in the paper. He said Americans were much struck by the open and alluring way in which meat was exposed for sale in the open streets in this country. It might pick up germs in that way. In America meat was not exposed. Some danger would perhaps be averted by the adoption of the new laws of "protection" in the States. All meat exported had to be inspected.

Dr. WHITE (of Boston) had only been in the country twenty-four hours, and he had observed the great amount of meat exposed for sale. In America most of it is kept in ice chests, and only a little exposed. He explained the meat inspection in New York.

Dr. NEATBY asked if bacilli had been shown to be present in the milk of tuberculous cows?

Dr. COOPER was exceedingly well pleased to have the subject brought before the Society. Disease in cattle is due in a measure to the neglect of vegetation which has its effect on animal life. Referring to the Hendon epidemic, he had heard that one of the cows had been taken to Wimbledon, and the houses which were more largely rented and where most milk was consumed were those where most disease occurred. The disease was probably due to the milk. It was traced to one dairy. He could not speak for the pathology of the question. He would have liked a little more description of tubercle in animals. He understood that the diagnosis was not always quite clear.

Dr. BURFORD expressed his thanks to Mr. Hurdall for his paper. Many lines of thought were opened. He was glad he had entered into the imperial aspect of the question. Gradually everything was coming under Government inspection, and meat and milk should be inspected as well as other things. Doubtfully diseased animals should be excluded for the sake of the poor, as they would eat anything that was called meat—the

cheapest they could buy. In some diseases it was easier to diagnose the disease from symptoms than post mortem. He was not sure that Government inspection was always likely to be efficient. Individual effort must not be neglected. Milk could be sterilized by boiling and meat by proper cooking. He alluded to the statement that there is a connection between cancer and pork-eating. He thought it would be safest to be vegetarians for the present.

DR. CLARKE mentioned an incident which might explain how disease germs get into milk. He had seen, outside a dairy shop, empty milk-tins standing, and small street boys climbing up them, their dirty hands on the rims and their dirty heads inside. If they had any infectious disease about them the next delivery of milk would spread it all round the neighbourhood. Some incident of this kind might be the unexplained cause of the epidemic which Dr. Klein thought was traceable to the cows.

DR. GALLEY BLACKLEY asked why the veal in Germany was dark instead of light, and whether the dark veal was more digestible than light. He thought the giving of raw flesh to animals by way of experiment was not very satisfactory. In the cooking a chop or steak it was never much above 70° C. He quite agreed with Mr. Hurndall as to the insufficiency of present inspection. As regards milk, a safe and reliable disinfectant for milk was a desideratum. He had tried several things, and among others *Sulpho-Silicate of Sodium* proved effective; *Boroglyceride* and *Glaciallime* are also used. He agreed with Dr. Burford that the hearty co-operation of scientific men all round might do much. We medical men stand in need of more pathological and sanitary training. He mentioned a case in which a gentleman who drank waters at a foreign medicinal spring in a field where cattle grazed caught tape-worm.

DR. DUDGEON (in the chair) thought Mr. Hurndall had made out a good case for veterinary inspection. Doctors (he spoke for himself) know nothing about animal diseases, and were quite unequal to the post. The terrific picture of diseases that may be caught from animals almost made him incline to vegetarianism. He was consoling himself with the statement of foreign doctors that goats were immune from phthisis, but he was sorry to hear from Mr. Hurndall that even goats might take the disease. However, those who have tasted goat's flesh would pronounce it a poor substitute for beef or mutton. Other diseases may be taken from other animals. Trichiniasis is taken from pigs in Germany, where (*pace* Dr. Galley Blackley) raw food is eaten. Jews in Germany are very subject to a tape-worm, which is said to be taken from fish. Jews in travelling, when they cannot get meat from their own butchers, eat fish. It

is especially from pike and carp that it is caught. We may take advantage of Koch's discovery in one way. As he has found by inoculating guinea-pigs he makes them immune from tuberculosis, so if we inoculate our children with his fluid, when they grow up to years of discretion (or indiscretion) they will be able to eat tuberculous meat without fear! There is another disease that may be taken from animals. A lady whom he attended had serpiginous ulcers in her mouth at a time when the foot-and-mouth disease was rife. She had nothing wrong with her feet. When she boiled all the milk she took (and she drank a good deal) she soon got well of the ulcers.

Mr. HURN DALL (in reply) said, in reference to Jews' slaughtering, that bleeding does not get rid of pathological diseases. Jews are very particular. They refuse the carcass of any animal which shows any sign of disease. The feeding of animals does make much difference in the milk. He had no doubt Dr. Moir was correct in attributing the diarrhea in his case to the feeding of the cows.

The men inoculated from the Hendon cows showed elongated ulcers, exactly like those on the cows' teats. Referring to the use of ice chests, he said housewives did not like meat that had been in ice, as it made it uncertain in the cooking. Tubercle bacilli are found in the milk of tuberculous cows in large numbers. Dr. Cooper was right in his statements about vegetation. He blamed landlords for not seeing to this. He was glad Dr. Cooper had spoken strongly on the Hendon investigation. All the milk infected did come from one dairy; but the point was that no scarlatina occurred from the forty other cows sent to other dairies. Dr. Cooper asked about the detection of tubercle. There are many cows found tuberculous post mortem, when there is nothing to show it during life. Tuberculous cows could be fattened. Bacilli are found more in the organs than in the flesh. It is only when far gone that the flesh is affected. Dr. Burford had said that milk might be boiled, but he did not think boiled milk was very palatable. He thought rich people required protecting as much as the poor.

Regarding veal, he thought on the Continent calves were not slaughtered at so early an age as with us.

The tape-worm in Dr. Blackley's case probably came from the excreta of a dog. Tuberculosis is almost confined to short-horn and Ayrshire cows which have been finely bred for many generations.

INSTITUTIONS.

THE PHILLIPS MEMORIAL HOMEOPATHIC HOSPITAL.

THE Second Annual Meeting of the above Hospital and Dispensary was held at the Hospital, Widmore Road, Bromley, Thursday evening, February 26th. Mr. A. Stoneham occupied the chair.

Mr. J. M. Wyborn (hon. secretary) read the Second Annual Report, from which we extract as follows:—

“ In the year ended December 31, 1890, there have been 50 patients treated in the Hospital, among whom one fatal case only occurred, while 33 were dismissed practically cured, and most of the remainder were considerably benefited. During 1889 there were 209 visits paid to patients at their own homes, while in the past year the number reached 1,006, and on many occasions several members of the same family were attended without an extra fee being asked for, and the number of attendances at the Dispensary was 1,496. This makes a total of over 2,500 out-patient attendances. Nineteen operations have been performed on in-patients.

“ During the year under review the Committee have held monthly meetings, and a large share of their attention has been devoted to the consideration of the possibility of increasing the resources of the Hospital by either taking the adjoining house, or securing more commodious premises elsewhere. With this object an appeal has been recently made for increased subscriptions, the response to which has been so encouraging that the Committee have decided to take the next house at a rental of £75 per annum for the two houses, a step which they hope will meet with the approval of the governors, donors, and subscribers.”

The Chairman, in moving the adoption of the Report, said the amount expended during the past year had been £400, which they would agree was a very small sum for such gratifying results. They were pleased to learn that the Committee had seen their way to increase the usefulness of the Institution by taking the adjoining house.

The Committee and the Medical Officers—Dr. E. M. Madden (honorary medical officer) and Mr. H. Wynne Thomas (house surgeon)—were re-elected.

CROYDON HOMEOPATHIC DISPENSARY REPORT FOR 1890.

THE number of patients has more than doubled during the last few years.

Number of patients entered during 1890	...	1,098
Number of attendances	... ..	3,718

(Signed) T. E. PURDOM, M.D., C.M.
J. DELEPINE, M.B., C.M.

EXETER HOMEOPATHIC DISPENSARY.

In issuing the Forty-first Annual Report, the Medical Officers give the following account of the work of the year:—

During the past year the total number of cases treated has been 557, an increase of 54 on the year 1889.

The number of consultations held amounted to 4,549, and 412 visits were made to patients at their own homes. Eleven surgical operations were performed by the medical officer.

The following are the details:—

Remaining on the books	72
Cured	351
Much improved	58
Not improved	13
No report	60
Sent to Homeopathic Hospital, Bath	1
Discharged	6
Died	1
	557

The only death was due to advanced heart disease.

HENRY WOODGATES, M.D., M.R.C.S., Consulting Physician.

GEORGE ABBOTT, M.D., L.R.C.P., L.R.C.S., L.A.H.D., &c.,
Medical Officer.

DEVON AND CORNWALL HOMEOPATHIC DISPENSARY
AND COTTAGE HOSPITAL MEDICAL REPORT, 1890.

OUT-PATIENT DEPARTMENT.

Under this division are included patients seen at the Dispensary, and those who, being too ill to attend at the Dispensary, have been visited at their own homes by the medical officer. Combining these two classes, the number of patients attending during the year was as follows:—

Remaining under treatment December 31, 1889	129
Admitted and re-admitted during 1890	3,405
	Total 3,534

Of this number there were:—

Cured or relieved	2,725
No report	496
Not relieved	192
Died	87
Under treatment December 31, 1890	84
	8,584

Within the same department, but in addition to the above, the medical officer has to report the following:—

Accidents and sudden emergencies	... ..	... ..	... ..	170
" " "	(1889)	... ..	... ..	104
Increase				66

The complete figures in the out-patient department are therefore as follows:—

Patients attended at Dispensary or their own homes	... ..	... ..	... ..	3,534
Accidents and sudden emergencies	... ..	... ..	... ..	170
				3,704

The out-patient department (not including accidents and sudden emergencies) is made up of two classes—those receiving advice and medicine at the Dispensary, and those visited at their own homes by the medical officer. The relative proportions of these two classes is indicated by the following figures:—

Attendances on patients at Dispensary	... ..	... ..	... ..	8,479
Visits to patients at their homes	... ..	... ..	... ..	3,939

HOSPITAL.

This constitutes the in-patient department of the combined Dispensary and Cottage Hospital.

Under treatment December 31, 1889	... ..	... ..	... ..	2
Admitted during 1890	... ..	... ..	... ..	35
				37
Admitted in preceding year	... ..	... ..	... ..	29
Increase				8

Of these 37 patients there were:—

Cured or relieved	... ..	... ..	... ..	33
Remaining under treatment	... ..	... ..	... ..	3
Died	... ..	... ..	... ..	1
				37

The operation of Ovariectomy was twice performed with perfect success. Eight other operations necessitating anaesthetics were conducted in the Hospital by the medical staff.

The medical officers are:—Dr. Midgley Cash, hon. consulting physician; Drs. Cash Reed and Spein Alexander, hon. physicians; Dr. Vaudrey, medical officer and hon. surgeon at the hospital; Mr. Alfred G. Hambly, hon. dentist.

REVIEWS.

BÖENNINGHAUSEN'S THERAPEUTIC POCKET-BOOK.*

Among the followers of Hahnemann there have been few such accurate and successful prescribers and few such intelligent and profound students of the materia medica as Bönninghausen. But Bönninghausen possessed another gift in addition to those of the prescriber and the student; he had the faculty of putting his experience in such a form as to make it available for all other labourers in the same field. No one has done more than he to make the homeopathic materia medica workable and intelligible. Doubtless provings in the healthy form the foundation of the materia medica; but the test of clinical experience must be applied in order to provide a critical commentary upon and amplification of the provings. This is the work which Bönninghausen has accomplished, and its embodiment is to be found in the volume before us.

One of the greatest difficulties in finding in the materia medica the corresponding symptom to that met with in the patient lies in the form in which the prover and the patient respectively express their sensations. One may have a "burning pain," and the other may say he feels as if he were "being branded with a hot iron." Unless the prescriber can mentally reduce the one and the other to what may be called "the lowest common denominator," he is very likely to miss the correspondence. In the *Pocket-Book* Bönninghausen has reduced the materia medica to its "lowest denominator." He has grouped under the same headings all the medicines that have any particular symptom in common, however variously expressed by provers. But he has done more than this. All the symptoms of a medicine have not the same value. Two medicines may affect the same part in the same way, but one in a much lower degree of intensity than the other. The degree of affinity is discovered in two ways—either by the frequency and intensity of the effect on the prover, or on the certainty with which the same affection is removed in the sick. Bönninghausen has marked the value of each symptom as produced by the different medicines by differences of type. Under each heading he gives a list of the remedies which relate to it, and by printing the names of the medicines in five different forms of type he distinguishes the emphasis to be attached to each. It is this element in the work which renders it especially useful in the study of the materia.

* *Bönninghausen's Therapeutic Pocket-book, for Homeopathic Physicians to use at the Bedside and in the Study of the Materia Medica.* A New American Edition. By Dr. Timothy Field Allen. Philadelphia: Hahnemann Publishing House. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1891.

medica. The seventh part of the work, which deals with the "Relationships" of remedies one to another, is also of great service in this study.

The work is divided into seven parts. Part I. gives the symptoms of the Moral and Intellectual Faculties; Part II. deals with the Seat of the Symptoms, Organs and their Functions (following the Hahnemannian schema); Part III., Sensations and Morbid States—(a) general, (b) in glands, (c) in bones, (d) in skin; Part IV., Sleep and Dreams; Part V., Circulation and Fevers; Part VI., Conditions of Aggravation and Amelioration; and, lastly, Part VII., Drug Affinities or Relationships.

From this it will appear that the *Pocket-Book* is in its way a very complete repertory of the materia medica. It cannot take the place of repertories of special parts, but it has a place of its own which no other work can fill. Of course it requires care and judgment in the using, but those who are best acquainted with it find it indispensable. The author's preface should be studied most attentively. The case he gives by way of example, in which *Valerian* was the remedy, though at first sight *Pulsatilla* or *China* seemed strongly indicated, is eminently instructive as well as illustrative of the method of using the work.

For many years the *Pocket-Book* has been out of print, and only with the greatest difficulty obtainable at all. Hence a generation of homeopaths have arisen who know not Bönninghausen. Dr. T. F. Allen has now provided the remedy for this unfortunate state of things. In the dainty little volume before us—a veritable pocket-book—clearly printed on rolled paper, strongly bound in limp Russia, every homeopathic practitioner may now possess the classic work of Bönninghausen. Dr. Allen has done his editing most judiciously. The temptation must have been strong to overload the work with new matter, but Dr. Allen has kept it very much to its old limits; he has only added such matter as has stood the test of experience.

We fully share Dr. Allen's confident expectation, "that this little book will serve to give an impetus to a due study of symptomatology, from which alone the most successful results at the bedside are to be obtained."

In conclusion, we congratulate alike the editor, the publishers, the homeopathic profession, and, we may add, the *manes* of the author, on the appearance of this much-needed volume.

HOMEOPATHY AND BLOOD-LETTING.*

In this bright and interesting pamphlet Dr. Clarke sets forth

* *Homeopathy and Blood-letting*. By W. B. Clarke, M.D., Indianapolis. Reprinted from the *Medical Current*, Nov., 1890.

the enormous negative benefit conferred by homeopathy on mankind in giving the death-blow to blood-letting, which was formerly the universal remedy. Among the famous victims of blood letting, Dr. Clarke mentions Goethe, Raphael, Mirabeau, Byron (against his earnest protestations), Cavour, and Washington. "No wonder," exclaims Dr. Clarke, "Byron's last words were, 'I must sleep now,' and Goethe's 'More light.'"

CYCLOPEDIA OF DRUG PATHOGENESY.*

The first half of the last volume of this work is now complete, and the remaining part we have every reason to expect will be completed by the appointed time—namely, the assembly of the coming International Homeopathic Congress in June next. We have no doubt that the presentation of this work, and the discussion thereon will form one of the leading features of the meeting. We believe the editors are now hard at work on the Appendix which will occupy much of the remaining two parts.

ARE VALVULAR DISEASES OF THE HEART CURABLE? †

In this pamphlet Dr. Hale raises the question, but does not altogether answer it. His view is that by treatment it is possible to favour *compensation*, that is to say, compensatory hypertrophy which enables the heart to overcome the obstruction. Dr. Hale goes to some experiments on animals by Richardson as his chief source of information. We think he could have found something much more to the point if he had confined himself to clinical experience. We will make him a present of the following: On several occasions during the course of an acute rheumatism we have noticed the appearance, persistence, and subsequent disappearance of endocardial murmurs. In one case the patient was a man very much addicted to alcohol. During his illness the bruit came and after a time disappeared, and he left the hospital with a cured valvular lesion. We say "cured," because there was no obstruction left and no need for compensatory hypertrophy. And we have a stronger reason than this. Some years subsequently this same patient, after a chill and a drinking bout, again came into hospital under our care. This time he developed ulcerative endocarditis and died. At the autopsy there were, in addition

* *A Cyclopædia of Drug Pathogenesis*. Edited by Drs. Hughes and Dake. Part XIV. *Sulphur—Valeriana*. London: E. Gould and Son, 59, Moorgate Street, E.C. New York: Boericke and Tafel, 145, Grand Street.

† *Are Valvular Diseases of the Heart Curable?* By E. M. Hale, M.D., Chicago. Reprinted from the *Hahnemannian Monthly*, Dec., 1890.

to the recent ulcerative disease, opaque patches, showing where the inflammatory action had existed during his first attack. This inflammation had healed leaving the valve unaffected as to its efficiency. Therefore, we say, some valvular diseases are curable. Of course when there has been actual loss of tissue, or an amount of deposit which renders a flap of a valve rigid and immovable, compensation is the only thing to be looked for.

SOUTHWICK'S PRACTICAL GYNECOLOGY.*

WE are not surprised that Professor Southwick's eminently practical work has already reached a second edition. Originally intended for the use of the practitioner and the student, the second edition keeps strictly to the lines of the first, and we have no doubt will meet with the same flattering reception. Like most second editions, the work is larger now than when it first appeared, containing some 130 additional pages. But the additional matter is not of the nature of an excrescence, but of genuine growth. The work has been thoroughly revised, and we notice on almost every page the marks of the reviser's hand. Two new chapters on "Electricity in Gynecology" and "Massage in Gynecology" have been added, the latter being illustrated. Some of the methods of pelvic massage are of a very questionable nature, and we think one of the illustrations might well have been spared. Others are as useful as they are unimpeachable. The medical part of the work will be found especially valuable. The new edition contains many improvements in this department. Cases illustrating the action of different medicines are given in foot-notes, and greatly add to the practical value of the manual.

HYPER-ALIMENTATION AND WATER-DRINKING AS A CURE FOR CONSUMPTION.—Dr. W. H. Burt, of Chicago, has recently stated his belief that excessive eating and the excessive use of water will cure 50 per cent. of all consumptive cases in their first and second stages. He explained at length the tonic influence and power in building up tissue possessed by water, which forms three-fourths of the human body, and said that even in health six pints a day were necessary to meet the water waste, and in disease twelve pints. The treatment he proposed consisted in the free use of water every hour of the day, nine hours sleep regularly, and, if possible, the sea or mountain air. Above all, the patient must look upon the drinking of water as his life.—*New York Medical Times*, January, 1891.

* *A Practical Manual of Gynecology*. By G. R. Southwick, M.D. Second Edition. Boston: Otis Clapp and Son. London: Homeopathic Publishing Company. 1891.

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.

KOLA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Referring to your review of Pottage's pamphlet on this subject, and to an advertisement of "Kolatina" as a substitute for tea, coffee, &c., I should very be glad to know if there are any objectionable features connected with its use. Is it a drug at all like Coca, or has it any after effects such as are left by opium, alcohol, &c.? Yours truly, SUBSCRIBER, 12th March, 1891.

[We should say Kola stands in this respect on a level with tea and coffee, but we leave those who know more about it to reply. ED. H. W.]

REPERTORY AND MATERIA MEDICA.

SIR,—What Repertory and Materia Medica will you recommend for a lay homeopathic practitioner of slender means, and where are they obtainable? I am, Yours faithfully, A LAY PRACTITIONER.

[The best complete Repertory we know is Lippe's. Copies may be obtained from Mrs. G. A. Lippe, 301 Dist. N.W. Washington, D.C., U.S.A., by writing, enclosing 10s. 6d. The best small Materia Medica is that bound up with Johnson's Therapeutic Key—obtainable from publishers of HOMEOPATHIC WORLD. Larger and fuller than this is Cowperthwaite's *Comparative Mat. Med.*, also obtainable from our publishers. If you can get a second-hand Jahr, that is better still. ED. H. W.]

CALCIC NITRATE.

"M." asks if there is any recorded experience either pathogenetic or curative with CALCIC NITRATE. Calcic and Potassic nitrates, he informs us, are constituents of Chelidonium.

PER mille, NOT PER centum.

DR. OSCAR HANSEN, Copenhagen, writes to point out that in the report of his cases in our 1890 volume, pp. 296, 297, the amount of albumen in the nephritis cases is wrongly rendered; the amounts given as "per cent." should read "per mille."

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.

Mr. KNOX SHAW has removed to 10, Upper Wimpole Street, W. His hours of consultation are 11 to 1 except Wednesday and Saturday.

Mr. W. H. AUKLAND, 46, Camden Road, N.W., (late with Messrs. Gould and Son), has purchased the Homeopathic Pharmacy formerly owned by Mr. T. Casely and succeeded to the business.

Obituary.

AUGUSTUS CRONIN, L.D.S.

WE regret to have to announce the death of Mr. A. Cronin, which occurred at 26, Harley Street, on the 7th inst., after a long and painful illness. He was for sixteen years Dental Surgeon to the London Homeopathic Hospital. He commenced his professional career serving apprenticeship to Mr. Owen, a dentist well known in the North of London, and was afterwards for some years assistant to Messrs. Woodhouse, of Hanover Square. After taking his dental diploma of the Dublin College of Surgeons, he practised at Holles and Harley Street. He was a member of the Odontological Society and the British Dental Association. In his private practice no less than in the hospital Mr. Cronin's skill and kindness were highly valued, and it was with great regret that the authorities of the hospital accepted his resignation when failing health compelled him to resign.

PALATABLE MEAT FOOD.—As long ago as 1874, Yvon suggested the following method of preparing a palatable meat food: Take of raw meat (filet of beef), 250 parts; of charred sweet almonds, 75 parts; of bitter almonds, 50 parts; of white sugar, 80 parts. Rub slowly in a mortar until a homogeneous paste is obtained, adding from time to time a sufficient quantity of water to give a proper consistency for a semi-solid or a liquid mixture. In the liquid preparation the meat will settle after awhile, but may be dispersed through it by shaking. The preparation may be preserved for a long time if bottled and kept in a cool place, and its nutritious character may be enhanced by adding to it the yolks of one or more eggs.—*New York Medical Times*, January, 1891.

GENERAL CORRESPONDENCE.

COMPULSORY VACCINATION IN CEYLON.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Vaccination in India is attended with peculiar difficulties. There are difficulties connected with the collection and preservation of the vaccine virus, which in the tropics is liable to become putrid; difficulties owing to the children in malarious districts being often very weakly, and liable to develop ulcers and abscesses after vaccination; difficulties due to widespread destitution and inability of the patient to withstand the effects of the vaccine fever. According to Mr. A. M. Ferguson, a high statistical authority, the death-rate in certain districts of Ceylon is from 40 to 75 per thousand, and in one district 85 per thousand. During the past three years the average annual death-rate by starvation has been 1,428 out of a population of 2½ millions, and the deaths indirectly due to starvation are moderately estimated at 5,000 per annum. Amongst this population a compulsory vaccination law was imposed in 1886 of a most stringent character, with a crushing penalty of 50 rupees upon recusants, or four times as high as the maximum penalty in England. All adults who fail to show satisfactory vaccination marks, or have entered a house where small-pox prevails, are obliged to be vaccinated or revaccinated, and are liable to a penalty of 102 rupees for washing out the vaccine lymph. This law is rigorously carried out, amongst a most reluctant native population. The Chief Inspector of Police informed me that there had been hundreds of prosecutions, but in reply to my inquiries admitted that in his long experience he had only known of a single prosecution of a European (a resident of Kandy) for non-vaccination. Calling at the magistrate's office at Kandy I was informed by two officials that they had no record of the case referred to by the inspector, the law so far as Europeans are concerned being a dead letter. This favoured class vaccinate or do not vaccinate as they think best, but neither Burghers (the descendants of the Dutch Portuguese) nor Europeans are ever prosecuted. One of my informants spoke bitterly of the unequal administration of the law, gave me his name and address, and requested me to make known their grievances to the English people. In order to carry out the vaccination law the homes of the natives are systematically invaded by spies and informers to ferret out unvaccinated persons, who are taken to the police stations and vaccinated *vi et armis*, or are mulcted in repeated penalties (which, however, to the credit of human nature, are generally mitigated to suit the circumstances of the recalcitrant)

until they surrender themselves or children to the vaccinator's lancet, or are driven (to protect their children) into the jungle. Both in Kandy and Colombo I met with anti-vaccinators as inflexible as the patriotic men and women who have brought the Vaccination Acts to a deadlock in so many towns in England. The head master of one of the largest schools in the island stated that Buddhists, who form the bulk of the nation, had no faith in the alleged benefits of vaccination, while compelled to acknowledge its potency for evil. His co-religionists complained of the injustice of refusing admission of unvaccinated children to the public schools. From conversation with all classes of this mixed population I am persuaded that the enforcement of the vaccination law, which has been passed against the wishes of the most enlightened portion of the community, and its unequal administration is producing a growing feeling of discontent, and may lead to a dangerous resistance. Some of my informants expressed their sense of the injustice in no measured language.

A Medical Officer of Health connected with the Surgeon-General's Department, who supervises the vaccinations, said that he had seen children brought back to the Dispensary suffering from boils, erysipelas, abscesses, syphilis, skin disease, and other injurious results of vaccination, and the natives, he said, generally objected to vaccination. A practising European physician informed me that he had met with cases of syphilitic ulceration, eczema, and other skin eruptions, and was strongly opposed to the enforcement of such a hazardous process in tropical countries like India. It will be taken for granted by the ardent Jennerian that small-pox amongst this universally vaccinated native population has been extinguished. On the contrary, a serious epidemic now prevails in Colombo, and visitors are officially cautioned not to go near the native bazaars.

According to official returns, 180 cases of small-pox have been registered between December 1st and January 15th, or about 80 per week in a population of 125,000, and it is admitted that many cases are concealed.

In a previous communication to the Press I have alluded to the terrible increase of leprosy in various countries, and its dissemination by vaccination. At Hendala, about five miles from Colombo, is one of the oldest leper asylums in India, having been founded over two centuries ago by the daughter of one of the Dutch governors. When Dr. Meier, the Medical Superintendent, took charge of it, eleven years ago, the lepers numbered only 100, and the establishment now contains 208 of these unfortunate inmates. Dr. Meier believes that the disease is steadily increasing, but is reticent regarding his own view as to the cause or causes of the increase. Most of the

patients come from insanitary districts, and their health has been much improved by the excellent hygienic arrangements of this admirably conducted establishment. One or two patients have been sent home apparently cured.

From other sources I learned that there are about 200 lepers at large at Colombo, which implies a constant procession of victims in the incubating stage, without external indications of the malady, who serve as vaccinifers as occasion requires, arm to arm vaccination being all but universally practised; in many districts no other virus is obtainable. A few months ago an effort was made by Surgeon-Major O'Hara, Sanitary Officer, Bellary, to meet the difficulty by the introduction of *donkey lymph*, which was advertised by the Government in Southern India to the District Boards and Municipalities, and although this new cultus was strongly recommended and pronounced A1, the natives have flatly rejected it. Their hope of deliverance from a futile and impolitic imposition rests with the Royal Vaccination Commission now sitting in London.

WILLIAM TEBB.

Grand Oriental Hotel,
Colombo, Ceylon.
January 16, 1891.

A NEW AND EASY METHOD OF PREPARING HOMEOPATHIC POTENCIES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—If any one considers the question “What is the difference between a relatively low potency of a homeopathic remedy as the 6th or 10th and a higher one as the 200th or 500th?” he must with reason acknowledge that it is not one of quantity of medicine present but of quality of medicinal action; and if he goes deeper and inquires on what does the difference in medicinal action depend, the answer must be, on the greater number of shakes given to the higher preparations.

For the past several months I have adopted the following plan in the preparation of my potencies: to each potency from the 1st upward I give ten times the usual number of shakes, *i.e.*, one hundred and twenty shakes to each. By this, it will be seen, that my 10th has received as many succussions as the 100th prefaced in the old way, and if my view be correct, that any difference in medicinal action is due simply to the number of succussions, the inference is, that the 10th of my preparation is equal to the 100th of the usual one, and so on in the scale.

I venture to say that the new method of preparing potencies,

as soon as its advantages are seen, will become the favourite one with all classes of homeopathic prescribers. The user of low potencies will see the advantage of using a preparation in which the efficacy of the higher preparation is combined with a demonstrable quantity of medicinal substance, and the user of the higher ones will see in it a ready and easy method of preparing potencies which by the old method must be most laborious. Preparations made by the new method may be distinguished by being markd x^2 and c^2 . At first I marked them xx . and $cc.$, but I think the former one the better. I should be pleased to learn the opinions of any of your readers.—I am, Sir, yours obediently,

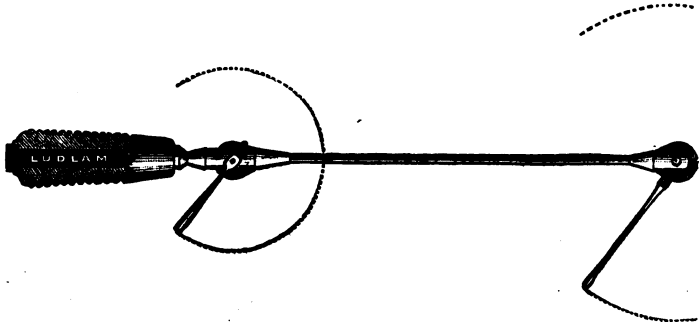
R. F. LICORISH, M.D.

Barbadoes, West Indies,
February 16, 1891.

LUDLAM'S UTERINE REPOSITOR.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I send you an electro, so that you may publish a figure of this very elegant little "sound" invented by Professor Ludlam, M.D., Dean of the Hahnemann Medical College of Chicago (this college is one of the largest, if not the largest, homeopathic college in the United States; last year it had nearly three hundred students and a splendid staff of Professors). As an invention of so famed a man as Dr. Ludlam, whose reputation as a gynecologist extends to both sides of the Atlantic, I



feel sure that medical men here will be interested, as well as delighted, with the instrument. Its advantages over the old "sound" are many. It shows you by the angle of the lower handle the *exact* position of the uterus, both normal and

abnormal, and in the same way it shows you the various positions the uterus takes during replacement. I shall be pleased to show any medical man the instrument I have.—I am, dear sir, yours truly,

ALFRED HEATH, M.D.

114, Ebury Street, S.W.
March 14, 1891.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

VARIETIES.

NEW ZEALAND FLAX AS A HEALING APPLICATION.—The *Therapeutic Gazette* says: Somewhere about the year 1869 or 1870, a letter appeared in the *Melbourne Argus*, signed by Mr. Francis A. Monckton, bearing witness to the extraordinary healing properties of the *phormium tenax*, commonly known as New Zealand flax. From that time until the present he has used it in hundreds of cases, including lacerations and amputations of every description, and he has no hesitation in saying that there is nothing known in the old world that can equal it in producing healthy granulations (*Australasian Medical Gazette*, January, 1885). Mr. Monckton uses a strong decoction—the stronger the better—made from the roots and butts of the leaves, boiled for twelve hours. At one time he had to make it fresh every second day, as it readily ferments and deteriorates; but since carbolic acid came into vogue, he keeps it for any length of time by adding about an ounce of equal parts of carbolic acid and glycerine to every quart. Mr. Monckton says he requires no other antiseptic precautions, but simply syringes the lesions occasionally with it, and maintains cotton-wool or lint soaked in it constantly to the parts affected. If there are no foreign matters to be discharged there will be no discharge, in support of which he instances the case of a man whose forearm he lately amputated after it had been shattered through dynamite. The ligatures were thirty-two days in coming away, and the amount of pus from the operation up to that time would not amount altogether to a tablespoonful. The same patient had the soft parts of the other forearm torn and blown into such a mass of shreds that the members of the staff thought it was hopelessly lost beyond repair. Mr. Monckton asserts that with the same treatment it became as sound and useful as before, and exhibits only scars, showing where new skin had been formed.—*New York Medical Times*, January, 1891.

DANGERS OF GEYSER BATHS.—Mr. Arthur F. Chapple, in a paper on this subject at a recent meeting of the Balloon Society of Great Britain, cited various fatal cases which pointed to the dangerous character of gas and geyser baths as frequently used, and without due regard to ventilation. He laid special stress on the urgent need for legislation that should compel the makers of these machines to stamp upon the metal work full directions for their use, namely, that the bath must be filled while the room is being ventilated, and the gas and water turned off before entering the bath. This was the great *sine quâ non*. A resolution in accordance with the above recommendation was carried. Geysers or other gas-heating arrangements for bath purposes can only be looked upon as a necessary evil. Whenever practicable, the hot water for bath purposes should be heated through a circulation system from the kitchen or some other suitable fire; but should it be necessary to use a geyser for these purposes, the flue pipe from the geyser should be taken direct into the chimney breast of the fireplace, as high up as possible, if there is one. Should there not be a fireplace, then the adoption of a hopper shape ventilator fixed in the ceiling, say about nine or ten inches square or diameter, tapering off, say, to five or six inches, according to the size of the room, is to be recommended; there should then be a pipe of this diameter carried up through the roof, for about four feet, remote from any wall, and an extracting cowl fixed thereon. The reason for having this cowl fixed clear of any wall is to prevent any likelihood of a down draught, which might otherwise happen, supposing the wind to be in a certain direction, blowing against the wall alluded to. The flue pipe of the geyser should be carried up, and allowed to enter the above-mentioned hopper, leaving a space of one inch to one and a half inch all round. The advantages of this are twofold. In the first place, the hopper would ventilate the room; and, secondly, should there be by the greatest chance a down draught from the outside, it would be far more likely to disperse itself into the room than to blow down the geyser tube, which would possibly put the gas out. Elbows should not be used if they can be avoided, but easy bends instead, if it is necessary to use either; and another thing which is essentially necessary is that where there is an outlet there should be an inlet for fresh air, in some practical form, of which, as a rule, there are many; "Tobin's," for instance, is a very good system, or some such one.—*British Medical Journal*, May 17th.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Capple (J.). The Intra-Cranial Circulation; and its Relation to the Physiology of the Brain. 8vo, pp. 182. (Simpkin. 7s. 6d.)
Cullimore (D. H.). The Book of Climates. 2nd ed. With a Chapter on the Climate of Africa as it Affects Europeans. By Surgeon Parke. Cr. 8vo, pp. 288. (Baillière. 4s. 6d.)

Mack (Dr. C. S.). Philosophy of Homeopathy. Cr. 8vo, pp. 174. (Homeopathic Pub. Co. 6s.)

Medical Annual (The) and Practitioners' Index. Edited by Percy Wilde. 1891. (J. Wright and Co., Bristol; Simpkin. 6d.)

Medico-Chirurgical Transactions. Vol. 78. 8vo. (Longmans. 14s.)
 Moullin (C. W. M.). Surgery. Roy. 8vo, pp. 1,406. (Churchill. 84s.)
 Overend (W.). The Elements of Human Physiology, for Science Students and Medical Students of the First Year. Profusely illustrated by diagrams drawn and engraved from original sketches by the author. Cr. 8vo. (Hughes. 2s. 6d.)
 Owen (D. C. Lloyd). The Elements of Ophthalmic Therapeutics: being the Richard Middlemore Post-Graduate Lecture, delivered at the Birmingham

and Midland Eyre Hospital. 4to, pp. 62. (Simpkin. 4s. 6d.)

Santee (Dr. E. M.). A Repertory of Con-
 vulsions. 18mo, pp. 86. (Homeopathic
 Pub. Co. 8s.)

Small (Dr. A. M.). The Decline of Man-
 hood: Its Causes. The Best Means of
 Preventing their Effects, and Bringing
 about a Restoration to Health. 4th ed.
 Cr. 8vo, pp. 99. (Homeopathic Pub. Co.
 5s.)

Year-Book of Treatment for 1891. Cr. 8vo.
 (Cassell. 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. Burnett, London; Dr. Cash, Torquay; Dr. Heath, London; Messrs. Gould and Son, London; Dr. Samuel Swan, New York; Dr. E. V. Ross, Rochester, N.Y.; Dr. W. B. Clarke, Indianapolis; Mr. W. H. Aukland, London; Dr. Berridge, London; Mr. J. Meredith, Lydney; Mr. B. Fenn, Cochin; Dr. Dudgeon, London; Dr. Licorish, Barbadoes; Dr. Cook, Richmond; Mr. Jessop,

Oxford; Mr. Pryer, Okehampton; Mr. G. A. Cross, London; Dr. Guinness, Oxford; Dr. Herring, London.

BOOKS AND JOURNALS RECEIVED.

District Times, Feb. 27.—Allg. Hom. Zeit.—Chemist and Drug-gist.—Zoophilist.—Monthly Homeopathic Review.—Monatsblätter.—The Children's Home.—Indianapolis Sentinel, Feb. 1.—La Reforma Medica.—Southern Journal of Homeopathy.—Medical Era.—California Homeopath. Revue Homeopathique Belge.—Homeopatisch Maandblad.—L'Homeopathie Populaire.—L'Art Médical.—Medical Advance.—Medical Visitor.—Homeopathic Envoy.—Chironian.—Annals of Electro-Homeopathy (in French and German, Jan. and Feb., 1891).—Oxford Review, Mar. 11.—Forty-third Annual Report of Exeter Homeopathic Dispensary.—Annual Report of Devon and Cornwall Homeopathic Dispensary and Cottage Hospital.—Report of Croydon Homeopathic Dispensary.

THE HOMEOPATHIC WORLD.

MAY 1, 1891.

THE COMING INTERNATIONAL CONGRESS.

WE beg to call especial attention to the communications of Dr. HUGHES in other parts of our present issue respecting the coming international meeting at Atlantic City. This will be the fourth of the five-yearly series, and we hope it will be representative as well as numerously attended. The first of the series was held in the United States, under the presidency of the late Dr. Carrol Dunham; and those who visited the States on that occasion never cease to speak with enthusiasm of the reception accorded to them. Unfortunately, a date has been fixed (June 16th to 23rd) which renders it difficult for London practitioners to leave; but this should not prevent some of our country members from accompanying the permanent secretary, Dr. HUGHES.

One point must not be left out of sight. Those who cannot attend in person may yet be represented by paper and contributions. In this way the international character of the work may be maintained, even if the *personnel* of the Convention should prove preponderatingly transatlantic. Those who have communications to send should get them ready and despatch them without delay; and each communication, if of considerable length, should be accompanied by an abstract, which will be inserted in the published programme, and read before the Section to which it belongs.

The Convention has our cordial wishes for its success. We have only one word of advice to offer to the assembly, namely, to choose London for the meeting-place in 1896.

The first was held in the United States, and was a great success; the second was held in London, and was also very successful; the third was held in the city of Bâsle; the fourth is again held in America, and after this it will again be London's turn. We will promise our American *confrères* to arrange a date to suit their convenience.

NEWS AND NOTES.

THE HAHNEMANN DINNER.

THE annual dinner of the British Homeopathic Society, held to commemorate the birthday of Hahnemann (April 10th), was held on that day at the Criterion Restaurant, under the chairmanship of the President, Dr. Dudgeon. The President, in an interesting speech, proposing "The memory of Hahnemann," compared the different methods adopted in the propagation of homeopathy and of other medical systems, especially that of Brown. Mr. Cameron proposed "The memory of Dr. Quin." He mentioned how Quin at the outset determined to notice no attacks unless they were personal. The President of the College of Physicians having so far blundered as to attack Quin personally, Quin sent him a challenge at once. This brought the President to his senses, and he immediately made a humble apology. Mr. Harris, President-elect of the British Homeopathic Congress, was also one of the speakers, and Dr. Reith, of Aberdeen, who was present as a visitor.

LIMITED LIABILITY VIVISECTION.

THE proposal to found a Pasteur Institute by public subscription having failed, it is now proposed to establish one as a limited liability concern. In *The Times* of March 13, 1891, an advertisement appeared notifying that an application would be made to the Board of Trade for a license

"directing an Association about to be formed under the name of The British Institute of Preventive Medicine to be registered with limited liability without the addition of the word 'limited' to its name."

This application is likely to give Sir Michael Hicks Beach

some trouble. Already a memorial, very numerous and influentially signed, has been presented strongly urging against the desirability of granting the license. We trust the memorialists will prevail. Vivisection has done nothing but debase medical practice in the past, and "limited liability without the use of the word 'limited'" is not likely to improve it.

A CONGRESS AT INDIANAPOLIS.

THE Indian Institute of Homeopathy will celebrate its twenty-fifth anniversary at Indianapolis on May 13 and 14, 1891. Dr. W. B. Clarke, Secretary of the Institute, will be pleased to receive any communications for the "Quarto-Centenary Meeting," for which ample arrangements have been made.

CLEVELAND HOMEOPATHIC HOSPITAL COLLEGE.

Dr. FRANK KRAPT has forwarded to us a copy of *The Cleveland Plaindealer* of March 25, giving a lively account of the Commencement Exercises of the above College, held March 24, 1891. There appears to be vigorous life in the College and a laudable determination to stick to strict homeopathic lines.

GOLD IN PHTHISIS AND LUPUS.

DR. DRZEWIECKI writes to us, under date April 14, as follows:—

"Dr. Thom Blake White, physician to the Charity Hospital in New York, published in *The Medical Record* (March 21, 1891) an article 'On the Value of Hypodermic Injections of Gold and Manganese in the Treatment of Phthisis,' contents of which were presented to the New York Medical Academy. He satisfied himself that chloride of gold is a very valuable remedy, which several cases stated by him eloquently prove. At present—thanks to my endeavours—observations on the action of preparations of gold in phthisis are made in the University Clinic of the Child Jesus Hospital, and in lupus in the Jewish Hospital. I must also add that preparations of gold also act in lupus faciei. In due time I shall acquaint you with the results."

YET ANOTHER NEW ILLUSTRATED PAPER.

MESSRS. FRAZER and Co., of Ludgate Square, are starting

a threepenny illustrated paper, to be called *The Ludgate Monthly*. Judging by the specimen pages sent us, the new venture is likely to make itself a place even among the great crowd of competitors it must meet. The illustrations remind us rather of French work, and French work of this kind takes a very high place.

DR. MEYMOTT TIDY ON POISONS AND PHYSIOLOGICAL ACTION.

In a lecture on "Poisons" delivered recently at the London Institution, and reported in *The Chemist and Druggist* of March 21st, Dr. Meymott Tidy defined a poison as:—

"Any substance which, otherwise than by the aid of heat or electricity, is capable of destroying life by chemical action on the tissues, or by physiological action on the organs, of the body."

The lecturer apologized for the length of his definition, but he could not make it shorter; and when he came to define "physiological action" he found himself in greater difficulties still;

"And what do I mean," he said, "by physiological action? I mean just simply that I don't know what I mean. Not knowing how it [strychnine] acts, I use the phrase 'physiological action' to conceal my ignorance. It would never do to say we do not know how a drug acts, so we say it is a 'physiological action.'"

We are obliged to Dr. Tidy for his candour and honesty. We shall take the liberty of referring our opponents to him when they insist on our elucidating the "physiological action" of homeopathic remedies.

PASTEURISM OR POST-MORTEM WOUND?

We take the following paragraph from *The Medical Press* of April 1st:

"DEATH FROM NEURITIS AFTER A HYDROPHOBIC POST-MORTEM.

"A Dr. Stevens has died at New York with acute neuritic symptoms, severe pains in the nerve trunks and paralysis. The exciting cause of the condition appears to have been inoculation while he was performing a post-mortem examination on a patient who had died of

hydrophobia. Before any neuritic symptoms appeared he had been Pasteurized to the fullest extent, but without result."

It is all very well to ascribe the death of Dr. Stevens to the post-mortem wound, but acute neuritic symptoms, pain in nerve trunks and paralysis, are the symptoms of rabbit-hydrophobia—not of post-mortem wounds, and not of ordinary rabies. "Before any neuritic symptoms appeared he had been Pasteurized to the fullest extent," says the writer in *The Medical Press*, and he naively adds, "but without result." The plain "result" was the death of Dr. Stevens from the rabbit-hydrophobia of M. Pasteur's manufacture, otherwise called *Rage du Laboratoire*.

ORIGINAL COMMUNICATIONS.

CASE OF SEVERE TYPHOID FEVER JUGULATED BY PYROGENIUM.

BY J. COMPTON BURNETT, M.D.

SOME short time since a London merchant, about thirty years of age, came under my observation with typhoid fever. This was Oct. 17, 1890. He had then a temperature of 104.5°, diarrhea, considerable delirium—it was two persons' work to keep him in bed. *Aconite* eased the sensorium appreciably, but did not sensibly modify the temperature.

On the 17th of the month also, the spots on the abdomen being considered peculiarly characteristic, and the outlook being ugly, distant friends were summoned in case of no improvement.

Prescription.—*Pyrogenium* 5, five drops in water every four hours.

20th.—Temperature last evening 103.2°; there is quite distinct improvement in the patient's state, there being no further delirium; diarrhea no better.

R̄ *Pyrogenium* 4, five drops in a tablespoonful of water every three hours.

Temperature at noon 102°, pulse 100; temperature at night 101°.

21st.—Noon temperature 100°, pulse 101; night temperature 101°.

To continue with *Pyrogenium* 4.

22nd.—Noon temperature 102°, and at night also 102°.

To continue with *Pyrogenium* 4.

23rd.—Noon temperature 100·5°, and at night 102°.

To continue with *Pyrogenium* 4.

24th.—Noon temperature 100°, pulse 98 ; night temperature 101°, pulse 100.

To continue with *Pyrogenium* 4.

25th.—Temperature both at noon and at night 101° ; pulse in the evening 104.

26th.—The temperature at noon was 100°, but it was not noted at night.

Continue the medicine.

27th.—The temperature at noon was 102°, and at night also 102° (barely).

Continue with *Pyrogenium* 4.

28th.—The temperature at noon was 102°, at night 98°. From this point on there was *no more fever*, but the diarrhea continued.

A week later there was still no fever, though the very offensive diarrhea and weakness continued.

Carbo. An. 5 and *Arsenicum* 5 then did all that was needed, *i.e.*, cured the diarrhea in four days. Here I am merely concerned with the jugulation of the "typhoid quality of pyrexia" by *Pyrogenium*.

The exact date of the commencement of the pyrexia could not be accurately fixed ; but it was about the 11th or 12th. Let us assume it to have been the 11th, then the temperature on the sixth day was 104·5°, and *Pyrogenium* 5 was begun. The subnormal temperature was reached on the evening of the 28th, or the seventeenth day of the fever, and the eleventh day after beginning with the *Pyrogenium*,

The steady though slow grip of the fever by the *Pyrogenium* was manifest to patient and to the on-lookers, both skilled and unskilled, patient himself feeling and sleeping better in steady *crescendo*. The persistent diarrhea amply accounted for the debility.

I have since made closer inquiries from the patient and his relations, and find he was in his usual health on the Sunday, October 12th. On the evening of the 12th he had very pronounced rigors and went to bed. He then became, on the Monday, October 13th, maniacal or typhomaniacal, and there was fever, and he remained in bed ; Tuesday,

14th, fever rising; Wednesday, 15th, fever still rising and diarrhea begins; Thursday, 16th, diarrhea, hyperpyrexia, *Aconite* used domestically à l'insu; Friday, 17th, with a temperature of about 104°, the *Pyrogenium* 5 was begun in the evening. On the evening of the 28th the temperature came down to 98°, when the *Pyrogenium* 4 was discontinued, and no medicine of any kind given. But as the diarrhea still continued a week after taking the last dose of *Pyrogenium*, *Carbo. An.* 5 and *Arsenicum* 5 were given, and the bowels became normal the fourth day therefrom.

November 19th.—Patient came to see me at my rooms: he was still weak, and showed a trembling, raw tongue. I ordered *Kali-iodic* 30, and sent him into the country, whence I hear that he is getting better and has an enormous appetite.

Now, assuming that typhoid in the first week has a rising temperature, in this one the rise was checked a little by Sunday night, the 19th; there was distinct improvement, although the remedy had only been given two days.

Assuming that the pyrexia of typhoid remains during the second week at the same level as at the end of the first week, and also continuous, what do we find at the end of our second week of the fever? That the fever is less and remitting already, and not continuous at the same level.

Further, assuming that the pyrexia of typhoid during the third week of its course begins gradually to remit, though still reaching its old maximum at the exacerbations, we have in this case a sudden and complete cessation of the pyrexia on the second day of the third week, while there is no fourth week of pyrexia at all.

I submit, therefore, that in this case the typhoid quality of pyrexia, essentially the typhoid fever (*here* the whole case), was jugulated by medical art by means of *Pyrogenium*.

And, inasmuch as the fever was clearly of a severe type, and the subject an unfavourable one—a highly-strung, sensitive, brain-feverish kind of man—it is highly probable that, but for the *Pyrogenium*, he would have succumbed to the fever.

I therefore think that my advocacy of *Pyrogenium* for the typhoid quality of pyrexia (Drysdale) respectively as a remedy for typhoid fever, being founded on scientific principle, is now further supported by another fact of

clinical experience. For further experience with this potent remedy, see the pamphlets by Dr. Drysdale and by myself, respectively.

I told patient when he went into the country to report to me after awhile ; the report came, and thus runs :—

“ Nov. 28th, '90.

“ DEAR SIR,—In accordance with your request I am writing to report progress. I am happy to say that I appear to be going on satisfactorily in every respect, notwithstanding the weather and my inability to go out. All traces of diarrhea have disappeared, as well as the odour at stool that was so disagreeable ; in fact my bowels have been beautifully regular. The only thing that troubles me is a little flatulence, which I suppose will pass away with returning strength. It is now no effort to me to walk, in fact, rather a relief than otherwise. The doctor that operated upon and is attending upon — is literally astounded at my rapid recovery. If there is any further information you would like to have and which I may have forgotten in this letter, I shall be pleased to answer any questions you may like to put to me ; and am, yours gratefully.”

From his brother I hear that patient shortly returned to his professional duties, and continues thereat in excellent condition. In judging therapeutic results we must compare *not merely mortality*, but also—(1) Duration of the disease ; (2) Duration of convalescence ; (3) Whether the restoration is to integrality or only partial : points very commonly overlooked. Patient was in bed altogether three weeks and two days.

London, February 26, 1891.

SOME CASES FROM PRACTICE.

By T. REGINALD JONES, M.R.C.S. L., &c.

ONE of the most common mistakes made by that portion of the public unacquainted with the treatment of disease by homeopathy is that the process of cure is slow. Of course the utter absurdity of this idea is recognized by those who adopt this method of treatment, and I think we may claim, that amongst the latter, there are many whose intellectual ability is quite equal to that possessed by the opponents of our system, who, without any data to base their opinions upon, are quite prepared to give an *ex cathedra* judgment on this, or, indeed, any other matter, about which they are absolutely ignorant. Did we not know that the followers of allopathy (I refer to patients)

are by self-interested persons diligently taught to regard homeopathy as an absurd system, not worthy of a moment's consideration, one could scarcely understand the bigotry, prejudice, and even rudeness, displayed by those who, upon any other question, are capable of exercising common sense and courtesy in an argument.

The treatment of whooping-cough in winter by allopathy can scarcely be said to exhibit very brilliant results. It is, thus treated, a formidable, long-lasting disease. Under homeopathic treatment, however, its course is short, and its symptoms wonderfully mitigated, as witness the following cases:—

Miss —, æt. 9. A severe and well-pronounced case. The symptoms were: Cough, always brought on by eating. There was aggravation about midnight, and the paroxysms recurred every two hours until 6 or 7 in the morning. The expectoration was very difficult to dislodge, and was not got rid of. The child became excitable before the attack came on, with very red face. There was a deal of flatulence (this symptom was very marked), also dry nasal catarrh. *Kali Carb.* 8 every two hours cured in four days.

Master —, 13 years old. Cough suffocating, expectoration scanty. Much worse from 11 p.m. to 2 a.m., awakening him out of sleep. Vomiting; attacks of suffocation. Very hot and dry during sleep, but on awaking he perspires freely. *Sambucus* ϕ *gtt. j* every two hours cured in three days, only leaving some slight bronchitic symptoms, which were very quickly relieved by *Ant.-tart.* 3x.

Mr. R—, æt. 25. Diphtheria. When first seen, January 29th—Temperature, 101; pulse, 120. Throat very painful, and covered with membrane. Severe headache and pains in limbs. Breath extremely foul. *Merc. Cy.* 6, *Acon.* 1, 2 h. alt.

January 30th, 2 p.m.—Temperature, 104; pulse, 130. Pain in head less, but not decreased in limbs. Membrane less. The pain in limbs was very distressing. Also complained of severe pain in lumbar region. *Eup. Perf.* 3x, *Merc. Cy.* 6.

10 p.m.—Temperature, 100; pulse, 112. All pain gone. Throat much better. *Merc. Cy.* 6.

January 31st, 1 p.m.—No return of pain. All membrane gone. Feels much improved. To get up. Rep.

This gentleman was able to return to his office in eight days from the beginning of his attack. *Per contra.* At

the time there was a case of diphtheria next door under allopathy. The patient died. In this connection I would like to say that I have, during the past 14 years, had a large number of cases of diphtheria in Birkenhead. In one house ten cases at one time, in another six cases, all of whom recovered. My sheet anchor has been *Merc. Cy.* 6 and 12. This drug was discovered by Dr. Beck, a homeopath, some 24 years ago, and has been used by homeopaths ever since. It is highly amusing to read of its *recent* discovery by allopaths. I wonder how many poor misguided allopaths have died of diphtheria during the last 24 years, who might have been saved if crass stupidity, blind, unreasoning prejudice, miserable bigotry, and medical trade unionism had not stood in the way. Some one has a crime to answer for. And this is the "slow" treatment, the treatment not suited to severe diseases. The plain fact is *this*—homeopathy is too rapid in its action *to pay*. It requires too much thought, too much reading, too much skill, to suit the great majority of medical men, and so they try to stamp it out. Any ignoramus can practice allopathy, but homeopathy is rather too great a task, and so they shirk it, and at the same time endeavour to damage those who practise it by statements which they well know to be false. It was only the other day that a lady said to a friend of mine, "My doctor told me that homeopathic medical men were not 'real doctors,'" and she was quite surprised to learn that we were the "genuine article," qualified in surgery and medicine, having taken our diplomas at the same colleges as the "real doctors," and having been allopaths until common sense and the dictates of humanity led us away from a system which, according to one of the *highest allopathic authorities*, is "founded on conjecture and improved by murder."

Birkenhead.

TWO CASES—TRISMUS, AND FLATULENT COLIC.

By Mr. WALTER DONALDSON.

At the beginning of November, 1890, a young man, about 35 years of age, came to me suffering from stiffness of the jaws, almost complete tetanus. He also complained of severe pain in the parietal region—tearing sensations in the teeth, sight impaired, morning agglutinations. On

careful examination I found nothing wrong with the vital organs, therefore diagnosed the disorder as purely local, administering *Bell.* third decimal dilution, and had the great satisfaction to find my patient on the second day able to open his mouth to the fullest extent, whereas for months previously he was unable to open it a quarter of an inch, and had to be nourished with liquids. He was for three months under allopathic treatment without being in the least benefited.

CASE 2.

A few days ago I was hastily summoned to the bedside of a young girl who was said to be dying. On arrival I found her writhing in agony, half a dozen persons having to hold her down by force. I was told this had gone on without intermission for four and a half hours; that the allopath had prescribed without avail. The room was immediately cleared. Finding the pulse accelerated through intense anxiety, I immediately administered a dose of *Aconite* 1x, three drops in a tablespoonful of water. To my joy, and the utter astonishment of the parents, the paroxysm subsided, and the patient fell into a calm slumber, to awaken without a semblance of the complaint. In my opinion the attack was one of severe spasmodic flatulent colic. To prevent a recurrence, *Nux Vom.* was administered to her for several days subsequently.

Such are the glorious results achieved by our system, that grand doctrine of "Similia Similibus Curanter." But few have any idea of the opposition a homeopath has to contend against in this country; yet in the teeth of determined resistance we go ever onward.

Boshof, Orange Free State.

EXPERIENCES, MOSTLY PERSONAL, WITH VARIOUS MEDICINES.

By C. W.

Silicea.—I am acutely sensitive to *dynamised* medicines, and some of the results are very curious. *Silex* was the first homeopathic remedy I ever took, and its effects were sufficient to convert an unbeliever. I had the misfortune in early life to be placed in a town with a subsoil of magnesian limestone, and all the bread there was made with leaven—that is, sour dough. As acids are little better than poison

to me, this brought on glandular swellings in the neck, which broke, and discharged profusely. At the same time I lost my appetite, and the ultimate result was— hectic, with a pulse of 120. The doctor gave me pills of *Ferri. Iod.*, in $\frac{1}{4}$ -grain doses, which brought on a most violent cough, and I had to go home apparently to die. My appetite came back when I got the ordinary bread; otherwise the symptoms were unchanged. Dr. Madden then undertook my case, and this was his first prescription: *Silic.* 30, a dose three times a day for two days; then wait two days, and resume. Never did an arrow go straighter to the mark; the first dose was taken on going upstairs to bed, and before I had undressed the cough was gone. I could *feel* it go: every fit was less violent, and I can only describe it as being like to turning water off at a tap. My own impression is that the cough was mainly due to the *Iodide* and that the medicine proved its antidote. *Silicea* in these high potencies always affects my bowels, unless taken at long intervals, gradually loosening them till the motions are like pea-soup in colour and consistence, which is a notice to discontinue it.

Sulphurous Acid.—This is another never-to-be-forgotten medicine by me. I had to make a hair-wash once, of which this was an ingredient and which I must needs taste. It at once stopped the mucous secretion in the bowels, producing scybalous motions, and so severe was the constipation that for some nine months I was in perfect misery; no medicine that I tried relieved it, till at last I took *Hydrastis*, and that cured the mischief in a day or two. Since then I once used a little of this hair-wash to clean the head, and it again produced the same effect. This medicine is well worth trying where there is great dryness of the large intestinal tract; but I would say, do not use it under the 12th potency, and better still the 30th.

Potassii Chloridum.—This is another medicine one dose of which troubled me for seven or eight months. I was making a 2x solution and unfortunately tasted it. I think this was one November. In ten minutes my winter cough was gone for good for that season, but some half hour afterwards I felt some strange uneasiness in both legs; on examination I found varicosis had set in, which persisted till the following August, when I went and paddled in the sea, and that dissipated that trouble, and I do not remember being any the worse for it.

In connection with the metastasis of gout, from small doses, here is the result from taking Fellow's Syrup. This time I took this preparation by the doctor's orders, but only a drop for a dose. I was very bad with my back at the time, and the same dreadful feeling of illness I sometimes have. In half an hour I was better; still more so with the second dose, and better still with the third; the next morning I got up with bleeding piles, a thing I never had before, and such clawing and pinching pains in the glutei muscles. At last it struck me it was the medicine that was doing it, and I took it weaker and weaker for a fortnight, and then the piles decreased, but did not disappear for two months, but the back got better, for a time, and the other symptoms left for over a twelvemonth.

Pears.—A fruit I am inveterately fond of, but they produce a state of things very much like *Spongia*, in its irritation of the larynx. If I have not got a cold it will often start the cough, and if I have one it is like pouring petroleum on a fire. I find that the Essence of Jargonelle (Butyric Æther) will produce the same effects.

Phosphoric Acid.—Many years ago when taking this acid it produced two striking effects: first it developed a bright red patch in the form of a rounded cone whose base was in the pharynx and the apex in the roof of the mouth. I only found it out by accident, as there was not more than the usual irritation in the throat; the other symptom was, its rendering the motions a mass of a sage-green colour throughout, but with a cleavage, if I may so call it, for in one long piece it could be disjointed into many, but it was homogeneous in colour throughout. The acid did not upset me in any other way, as I then dropped it.

Podophyllum.—When I first had to do with this (and even the smell was sufficient) my sight was always affected, and I could never read for more than half a minute at a time for two or three days; now, I never notice anything from it. But I did once meet with a case in which a lady was determined to take it strong, and she told me after taking it three times a day for three days, that it seemed to arrest the circulation of the blood in every part, and the pains in the neck and shoulders were a painful commentary upon the effects of strong doses, and she did not recover for a month. *Podophyllum* is a drug of very enduring action, and were it not that so many take it alternately with its antidote, *Nux Vom.*, its toxic effects would be more mani-

fest. I know a person now who, some years ago, took the tincture of *Podophyllum* ϕ three times a day for some time, which brought on piles, which tease her to the present moment. *Chelidonium* and *Nux Vom.* are its two best antidotes.

Stroud Water.—I have in former days been troubled at times with swelling of the feet, coming and going without any assignable cause. Some thirteen years ago I was due in this lovely district, and I went into Stroud in the greatest pain; this was in the evening, but the next morning after breakfast I had to go into the first boot-maker's and get the thickest pair of leather socks I could, for my boots rattled on my feet; but my feet have never troubled me since. The water at Stroud is well known as an important factor in dyeing, and from its unique composition it might prove useful in many cases were its action first well studied. I have often thought that a work on the endemic diseases of the towns and villages throughout the country, with a description of the soil, and an analysis of the water, would be a great boon to society, for it would often prevent people settling in places utterly unsuited to their constitutions.

Zinc Sulph.—What follows I hope will be taken as a warning to others to put up with old troubles instead of rebelling against them. Up to forty years of age I was sorely troubled with a great flux through the kidneys, sometimes to the extent of twelve or fourteen times a day, making railway travelling difficult, and visiting, except in the height of summer, a thing to be avoided if possible. At length it proved such a trouble that I tried to check it, and, thinking it might be from some spinal irritation, I tried the *Zinc*. It did check it considerably, and then I began to have neuralgia in one form or other, generally in the form of anomalous sensations, such as splashes of wet on the legs, and burning pain, round the waist with local perspiration, coming and going. Certainly a decided change for the worse, for when the kidneys act freely now, as they sometimes do, there is a decided sense of relief. Conjoined with this there was another trouble—that of immediate diarrhoea upon any excitement, or upon going away by rail; this, too, I tried to modify, and in the year of the Franco-German war, when I went to Switzerland, I succeeded with *Bryonia*. But the remedy was worse than the disease. I lost the one, but got loss of appetite and continual threatenings of vomiting; this, combined with the excitement of

being in a country so suited to my mind, that I lost strength, was only equal to travelling, and that badly, walking being out of the question. On my return to England I was caught on London Bridge in a thunderstorm, and got nearly wet through. I took a dose of *Dulcamara*, and went off again by train, but I caught no cold, and, curiously enough, it antidoted the *Bryonia*, and I had lost the sick feeling and anorexia before I got to my destination. I may just mention that now, when I leave home, I take a good strong glass of brandy and water, and I can then go on my way in peace.

Tabacum.—Some five years ago I was troubled at times with a spasm of the lower jaw, which generally used to worry me when out-of-doors. I tried several medicines to no purpose, but was cured in this way: I greatly dislike tobacco, but one evening at Christmas I remained with some friends who were smoking for some considerable time. The smoke got well into my hair and beard, as well as down my throat; but since then I have only a slight intimation occasionally, at some months' interval, and a dose of *Tabacum* is usually sufficient to remove it.

Apium Graveolens (Celery).—When about nineteen, I was with a friend who was rather fond of his stomach, and he had a bundle of celery sent him, which, setting prudence aside, he ate within three days; whether it was rather rank or not I forget, but it left its mark by thoroughly loosening all his teeth, which symptom remained for a few days and then disappeared without leaving any other ill effects. I would commend this plant in its uncultivated state as being one whose effects are well worth studying, for it is most poisonous in its wild state. We want more attention paid to our indigenous remedies, instead of being like Solomon's fool, with our eyes in the ends of the earth.

CLINICAL ITEMS.

By AGRICOLA.

AURUM AND HYDRARGYRUM AMALGAM.

PREVIOUS to the deposition by electrolysis, &c., of gold upon a baser metallic surface, the above amalgam was the usual trade method of gold-plating now generally forgotten;

hence the difficulty in obtaining it commercially. Having procured a 3jj specimen and produced triturations up to 10x, astonishing causative symptoms from 10x followed a few days of its use on my own person ; while in a youth who fled in dismay from a further continuance of allopathy's mischief, and who was still suffering from profound melancholy, chronic orchitis, and cutaneous troubles, the above long-ago-forgotten drug (old school) in the form of 10x has exercised in a few days marked curative action.

The process of trituration of the crude amalgam was one exercising my patience to its limit, and had not a 1x of *Mercurius Vivus* been added, I quite believe the attempt would have been a failure.

There is an interesting article in *Le Diction. Universel de mat. med.* on the above drug well worthy of perusal.

“SULPHUR'S GOOD IN ALL FORMS.”

Thus declaimed the talented Marsden, M.D., when, the Ledbury fox-hounds being then in full cry (having just picked up the lost scent), he took a flyer over a bullfinch at the one side of the five-barred gate through which your humble correspondent rode on his mare. This was in March, 1866.

In the preceding November the said valuable, clever mare broke out of her stable and remained lost during a 10-day rainfall. Shortly after her capture a sharp attack of fever ensued, followed by an aqueous infiltration of the subcutaneous tissue involving chest, abdomen, and legs ; while a crop of hard elevations appeared in the skin surface.

The local “Vet.” called her ailment, “Water Farcy” ; of course *his* treatment made bad matters still worse. *Bell.* and *Nux.* removed the fever and loss of her appetite, but the chronic malady remained *in statu quo*. A happy thought led to my placing inside her lips a few grains of *Sulph. precip.* 1x ; in a few minutes she voided gallons of black urine, and in a few days was well. A recital to Dr. Marsden of the case caused the above remark from him *in re* the curative remedy. But the malady returned every succeeding year, and at the same period ; always yielded to the same drug and with the same crisis of urine.

Dr. Marsden possessed a marvellous intuitive power of perception from the hue, expression, &c., of a patient's countenance, &c., in diagnosing the nature *and the cause* of

the malaise ; but, as with every instance of innate genius, he rather lacked stability. Malvern (like Leamington to Jephson) proved to Dr. Marsden the fickle character of the professional connection, &c., ultimately to be experienced at (at one time popular) health resorts.

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XI. — *Lycop. Kali-carb.* November 4, 1877. Annie W., aged three and a half years, has had a cough for three days, gradually becoming worse. The cough is continuous, worse at 3 a.m., (as in the three previous attacks, for which she received allopathic treatment) ; also aggravated when lying on back, or lying with head low. Much slimy, white, rather frothy sputa. Protrudes tongue on coughing. Fan-like action of nostrils, and the larynx moves up and down as she breathes. Pulse 144. Respirations 42. Right lung entirely dull on percussion, and the respiration scarcely audible on that side.

Diagnosis of the remedy.—Cough worse at 3 a.m. *Amm.-c.*, *Bapt.*, *Cainca.*, *Cinchona*, *Cupr.*, *Kali-c.*, *Kali-nit.*, *Magn-c.*, *Mur.-ac.*, *Nux.*, *Op.*, *Rhus*, *Thuj.*

Cough worse when lying with head low. *Amm.-m.*, *Cinchona.*, *Hyos.*, *Puls.*, *Samb.*, *Spong.*

Cough worse when lying on back. *Amm.-m.*, *Arsen.*, *Iod.*, *Kali-bichr.*, *Natr.-m.*, *Nux*, *Phosph.*, *Plumb.*, *Rhod.*, *Rhus*, *Silic.*, *Spong.*,

Tongue protruded on coughing ; not recorded.

Fan-like action of nostrils. *Ammoniac*, *Ant-t.*, *Arsen.*, *Bapt.*, *Brom.*, *Chelid.*, *Chlorof.*, *Ferr.*, *Gadus.*, *Kali-bichr.*, *Kreos.*, *Lycop.*, *Phosph.*, *Spong.*, *Sulph.*, *Sulph.-ac.*, *Zinc.*

Up and down movement of larynx. *Alcohol.*, *Ant.-t.*, *Lycop.*,* *Op.*, *Sanic.*, *Sulph.-ac.*

This reduces the number to *Ant.-t.*, *Bapt.*, *Cinchon.*, *Lycop.*, *Nux.*, *Op.*, *Rhus*, *Sulph.-ac.* ; to each of which two

* *Ant.-t.* and *Sanic.* have been only recently added to this symptom by Dr. G. W. Sherbino in *Medical Advance* XXVI, 134 ; but I have incorporated them here, both to make the list of remedies complete to date, and also to show that even with these additions to our symptomatology, *Lycop.* still remains the *simillimum*.

of the above symptoms belong. Of these eight remedies, the slimy sputa belongs only to *Ant.-t.*, *Cinchon.*, *Lycop.*, *Sulph.-ac.*; white sputa to *Ant.-t.*, *Cinchon.*, *Lycop.*, *Rhus*; and frothy sputa to *Ant.-t.*, *Nux* and *Op.* This analysis still further reduces the choice of remedies to *Ant.-t.*, *Cinchon.*, and *Lycop.* Of these three, *Ant.-t.* has cough about 2 or 3 a.m.; *Cinchona* has cough at 3 a.m.; and *Lycop.* has cough from 3 to 4 a.m. The very important automatic movements of the nostrils and larynx belong to *Ant.-t.* and *Lycop.*, thus excluding *Cinchona*. Of these two remaining remedies, though *Ant.-t.* corresponds better to the character of the expectoration, yet *Lycop.* has an especial affinity to the right side of the body, whereas *Ant.-t.* has more affinity to the left. *Lycop.* was therefore evidently the *simillimum*; nevertheless, a comparative study of *Kali-carb.* was necessary, on account of the very marked aggravation at 3 a.m., which was a feature, not only of the present attack of pneumonia, but also of the three former attacks; thus showing that it was a constitutional peculiarity of the patient. Though *Lycop.* has "cough from 3 to 4 a.m.," this is by no means a characteristic of the remedy, which has its chief period of aggravation* from 4 to 8 p.m.

Therefore I considered the 3 a.m. aggravation of the patient almost a contra-indication for *Lycop.*, while it was a very strong indication for *Kali-carb.*; the aggravation at 3 a.m. being as marked a keynote for *Kali-carb.* as the 4 to 8 p.m. aggravation is for *Lycop.* There were, however, three important reasons for selecting *Lycop.* in preference to *Kali-carb.* In the first place, it corresponded to two of the chief characteristics of the case (the movements of the nostrils and the larynx), while *Kali-carb.* corresponded only to one (the 3 a.m. aggravation). Secondly, these two symptoms indicate a serious, and even dangerous, condition, which heightened their characteristic therapeutic value. And thirdly, all automatic actions are of great importance in the selection of the remedy, being, so to speak, outward expressions of the condition of the nervous system, and so allied to the mental symptoms, which HAHNEMANN places in the first rank. I therefore dissolved a few globules of

* The late Dr. H. N. Guernsey gives as a keynote of *Lycop.* in uterine retroversion, "aggravation either at 4 a.m. or 4 p.m., with amelioration some hours after." But though this 4 a.m. aggravation has been verified, yet it does not seem to be so characteristic of *Lycop.* as the 4 p.m. exacerbation.

Lycopodium 10m. (Finckè) in water, and prescribed a spoonful of the solution every two hours. Milk and barley-water for diet; and a linseed meal poultice to chest. She took the first dose at 6.30 p.m.

Nov. 5th. 5.30 p.m.—Slept much better. Cough much less. Yesterday, a little after 10 p.m., nose bled on coughing, as it had in the former attacks of pneumonia. Less movement of nostrils. Larynx still moves, and tongue is still protruded on coughing. Much more lively to-day; but she cried when I tried to feel the pulse or auscult the chest, so that I was unable to do either. Cold sweat on forehead. *Stop medicine.*

Nov. 6th. 3.30 p.m.—Cough worse since 3.25 a.m.; more frequent, but looser. Sputa very much more copious, white, but much less frothy. More movement of nostrils. Less cheerful; fretful. Forehead warmer. Movement of larynx, and protrusion of tongue, unchanged. Pulse 144. Could not auscult chest.

Nov. 7th. 8 p.m.—Much better to-day; much more cheerful, but irritable. Stronger, and runs about for a few minutes. Cough better, but was bad at 4 a.m. No sputa. Pulse 144, stronger. Respiration 36. Very slight movement of nostrils, and much less of larynx. No nose-bleed. Is warmer. Still protrudes tongue on coughing.

Nov. 8th. 7 p.m.—Much less cough; last night was the best she has had; cough was worst at 6 a.m.; much sputa. This afternoon whooped three times. (Has had whooping-cough, treated allopathically.) Movement of nostrils and larynx very slight. Pulse 144. Is cheerful, stronger, runs about, and has taken some beef-tea. Auscultation showed that the air entered chest freely, but there is rattling on both sides.

Nov. 9th. 8.30 p.m.—Cough looser; it still troubles her most a little after 4 a.m. Appetite better. Has had diarrhea for two days.

Nov. 10th.—Better. No movement of larynx or nostrils. More cheerful; stronger. Cough worst at 4.30 a.m.

Nov. 12th. 2.45 p.m.—Pulse 110. Respiration 25. Sleeps fairly well till about 3 a.m., when the cough comes on, continuing till about 8 a.m. Sputa scanty. Crying or laughing brings on the cough; it also occurs on waking; at times there is a crowing sound with it, like whooping-cough. Still protrudes tongue on coughing. Irritable; aversion to be left alone. Appetite good. Has lost flesh. Percussion and auscultation of chest natural.

Though the lungs had returned to their normal condition, so far as a physical examination was able to show, yet the cough persisted, with new conditions; and also, after having postponed,

had now returned to the original hour of aggravation, 3 a.m. Also there was a new mental symptom. All this showed that the curative action of *Lycop.* was exhausted, and that a new remedy must be selected.

Diagnosis of the remedy.—Cough worse at 3 a.m. *Ann.-c.*, *Bapt.*, *Cainca.*, *Cinchona*, *Cupr.*, *Kali-c.*, *Kali-nit.*, *Magn.-c.*, *Mur.-ac.*, *Nux. Op.*, *Rhus*, *Thuja*.

Cough from 3 a.m. to 8 a.m. ; not recorded.

Cough from crying. *Ant.-t.*, *Arn.*, *Arsen.*, *Bell.*, *Cham.*, *Cina.*, *Dros.*, *Ferr.*, *Guare.*, *Hep.*, *Lycop.*, *Phosph.*, *Samb.*, *Silic.*, *Sulph.*, *Verat.*

Cough from laughing. *Arg.*, *Arsen.*, *Bry.*, *Cinchon.*, *Con.*, *Cupr.*, *Dros.*, *Dulc.*, *Kali.-c.*, *Lach.*, *Mang.*, *Mur.-ac.*, *Nitr.-ac.*, *Phosph.*, *Sanic.*, *Silic.*, *Sinap.-n.*, *Stann.*, *Staph.*, *Zinc.*

This reduces the number to *Cinchon.*, *Cupr.*, *Kali-c.*, *Mur.-ac.*; each of which has two of the above symptoms. All four have "whooping-cough," but only *Cinchon.* is recorded under "crowing cough"; and this remedy, alone of the four, has "cough on waking." On the other hand, *Kali-c.*, alone of these four, has "aversion to solitude"; "irritability" belonging to all four. The choice between *Kali-c.* and *Cinchon.* was determined by the fact that though the 3 a.m. aggravation of cough belongs to both remedies, yet *Kali-c.* has this symptom in a more marked degree than *Cinchon.*, and in addition has "whooping-cough worse at 3 a.m." Furthermore, *Kali-c.* has this period of aggravation as a general characteristic, running through the entire proving; and, lastly, it also corresponded fully to the mental symptoms.

I prescribed one dose of *Kali-carb* 3 Cm. (Finckè), and ordered her to leave off the poultices, which she had used every night except that of Nov. 6th.

Nov. 14th.—Cough much better, even in early morning. Pulse 114. Sleeps better. Spirits better.

Nov. 16th.—Cough much less; only occurs at irregular intervals. Pulse 102. Respiration 24. Can lie with head lower without coughing. Sleep and appetite good. Stronger. Soon recovered.

Comments.—1. The "fan-like action of the nostrils" was first demonstrated to be a characteristic of *Lycop.* by my valued friend, the late Dr. David Wilson, who published his first remarks upon the subject nearly thirty years ago, having previously studied the symptom in connection with this remedy for twelve years. As the reliability of the symptom as a pathogenetic effect of *Lycop.* was denied at the time, and as a writer on *Materia Medica* has recently stated that it "is not found among the pathogenetic effects of the medicine, but is got from clinical experience, or some other source," a detailed examination of the proving may be useful.

The original symptom in HAHNEMANN'S *Chronic Diseases* is as follows:—"Nasen-Muskeln erst wie ausgedehnt, dann wieder zusammengezogen und verkürzt, wie ausgestülpt"; the literal translation being, "Nasal-muscles first as if expanded, then again contracted and shortened, as if turned up." It has been asserted that this is a merely subjective symptom, or sensation; and in accordance with this hypothesis, it has been erroneously translated in more than one publication. Thus, in the *Cypher Repertory*, p. 85, it is rendered, "The muscles of the nose felt as if first stretched, then shortened, and as if everted"; this symptom, moreover, being erroneously attributed to *Ledum*. Again, in the *Encyclopedia*, we read, 667, "The muscles of the nose feel at first as if stretched, afterwards contracted and shortened, as if tightened up." In these translations, the words "felt" or "feels" are unwarrantably introduced, thereby converting an objective into a subjective symptom. No such synonym exists in the original record. To demonstrate beyond doubt the true interpretation of this symptom, we have only to examine the entire pathogenesis of *Lycop.*, where we find the following correspondencies numbered,* and translated, in the *Encyclopedia* thus:—

288. "Drawing up of skin of forehead, with enlarged opening of lids, and afterwards drawing down of the skin, with closing of eyes."

705. "The whole face is first drawn in length, then in breadth."

724. "At first the left angle of mouth is drawn outwards, then the right."

725. "The muscles of lips and cheeks draw together, and make mouth pointed, followed by broad distention of mouth."

735. "The lower jaw is frequently pushed, now forward, now backward."

813. "The tongue involuntarily protrudes from mouth, and back and forth between lips."

814. "The tongue involuntarily strikes, now between upper lip and upper teeth, now between lower lip and lower teeth."

1795. "Involuntary contraction of pectoral muscles forward at one time; at another, of the scapulæ backwards." (Hartlaub.)

1945. "Involuntary stretching of neck, now forward, now backward."

1946. "Involuntary at one time stretching of neck, at another contraction of cervical muscles."

* The late Dr. H. N. Guernsey also gives the following analogous key-note for labour-pains (*Obstetrics* p. 386): "During the paroxysm of her pain she is obliged to keep in constant motion, with weeping and lamenting: there may be some spasmodic constriction of the os with the above symptoms. She finds relief by placing one foot against a support, and pressing and relaxing alternately, so as to agitate her whole body."

1996. "Involuntary approximation of scapulæ backwards at one time, at another contraction of pectoral muscles forward." (Hartlaub.)

2051. "Spasmodic contraction or extension of limbs, almost without pain."

2125. "Involuntary jerking upwards of one or the other shoulder."

2225. "Fingers at one time involuntarily spread out, at another doubled into a fist."

2279. "Involuntary spreading asunder of thighs, followed by pressing together of them, afterwards with erections."

2424. "The toes are involuntarily stretched, and then again drawn together."

2457. "Involuntary extension and contraction in muscles in various parts of body, without pain and with complete consciousness, in paroxysms, recurring regularly every seven days for eight weeks." (Ruckert.)

It should be borne in mind that all these symptoms (to which class the laryngeal movement also belongs) are from HAHNEMANN'S own collection, and that all except three are contributed by HAHNEMANN himself. Furthermore, when HAHNEMANN wished to imply that a symptom of *Lycop.*, otherwise of the same alternate character, was merely subjective, he takes care to express his true meaning by the use of the word "pain"; thus: 2,588, "Pain here and there in the trunk, as if different muscles were spasmodically contracted, and then again extended." In view of these facts, the error of those who maintain that this alleged fan-like action movement is merely a subjective sensation, and that therefore all the cures made with *Lycop.* under the guidance of this symptom rests on a non-existent pathogenetic foundation, must be apparent. This view is moreover endorsed by one of the most prominent of our departed colleagues, the late Dr. E. A. Farrington, who in his note to the symptom, "Facial muscles alternately expand and contract; also alæ nasi," (*Comparative Materia Medica*, p. 59) says, "This far-famed fan-like motion of nostrils must be distinguished from the expansive effort to get breath, common to *Tart.-em.*, *Arsen.*, or perhaps any medicine causing severe dyspnea. In *Lycop.* it is an alternate contraction and expansion, a muscular oscillation which runs through the whole pathogenesis." It is true that in the *Hahnemannian Monthly*, III. 416, Dr. C. W. Boyce quotes the late Dr. C. Hering as saying: "It should never be forgotten that the real symptom of *Lycop.* is not a fan-like but a spasmodic motion of the nostrils, and it corresponds with a dozen of others of this drug. If the other symptoms of the case do not correspond with *Lycop.*, and it is given according to this one single symptom, it will either not make a cure of the case, or the cure will be an incidental

one. It also no longer stands as a *unicum*, since Gross ascertained in asthma *Ferr.* has the same as a characteristic. And how could it? The fan-like motion is a symptom in all diseases with difficult breathing, and we cannot expect to cure all by *Lycop.*" But in his *Guiding Symptoms*, Hering records this fan-like action of the nostrils as a characteristic of *Lycop.* in pneumonia, thus practically withdrawing his former statement.

2. The "up and down movement of the larynx" was also discovered by Dr. Wilson as a clinical indication for *Lycop.*, and communicated to me by him in 1867. Later, he wrote to me, August 29, 1877: "I know of no remedy corresponding [pathogenetically he evidently meant] to it, and have generally found it a sure sign of approaching dissolution; but on two or three occasions, during a long experience, I have had recoveries under *Lycop.* when given at the very beginning of the symptom." Still later, in 1889, he called my attention to the following* symptoms of *Sulph.-ac.*; 731. "Respiration rapid, with shooting in cervical muscles, and movement of wings of nose." 744. "Respiration became very difficult, the larynx moved up and down violently; the child lay with the head bent backwards, as in the last stages of croup; he lost consciousness, and soon died." These symptoms are taken from two cases of poisoning by the strong acid; therefore they cannot be accepted as reliable indications for *Sulph.-ac.* until we have ascertained whether they are the result of the dynamic action of the drug, or of the shock to the system caused by its corrosive chemical action. This can only be determined by future provings with non-corrosive doses, and by the clinical test. Dr. Wilson informed me, at the same time, that in a fatal case of Cheyne-Stoke's respiration, *Sulph.-ac.* 200 had removed this movement of the larynx, and somewhat ameliorated the abnormal respiration. I have as yet had no experience of the value of *Sulph.-ac.* with regard to these two symptoms; but I have on several occasions found the laryngeal movement a reliable indication for *Lycop.*, and saved the patient's life. In 1890 I treated a most severe case of typhoid fever, with pronounced cerebral symptoms, and a temperature of 106° F. The case was so grave that on three occasions I concluded that the end was not far off. Various remedies were indicated in the progress of the disease; and all of them, administered in the highest potencies, acted most efficiently. *Lycop.* removed the laryngeal and nasal movements, which were well marked, and effected a general improvement. The patient finally recovered perfectly, with no sequelæ, except a temporary and partial falling off of the hair, a decay of some of the teeth, which had commenced during the fever, and a temporary tingling and loss of sensation in the toes.

* I cannot find these symptoms recorded in Allen's *Symptom Register*.

3. Fourteen medicines, besides *Lycop.*, are now known to have produced or cured this fan-like action of the nostrils, but the large majority of the cures have been made by *Lycop.* On this subject Dr. Wilson wrote in the letter just quoted, "I have up to this date found it perfectly reliable as an indication; but I have seen practitioners on the point of losing their patients, as well as their courage, by neglecting to repeat the doses quickly when the urgency of symptoms demanded frequent doses. HAHNEMANN * long ago pointed out that, when symptoms were active, the action of the dose was quickly lost, and required frequent repetition. In the notes to his *Organon*, he tells us that in urgent cases of cholera the dose may be repeated every five minutes. I have repeatedly saved life by keeping these hints in remembrance. Many years ago I recollect Dr. Drury calling on me to say that he had a severe case of measles under his care, where the *Lycop.* failed, although the fan-like movement was present. He kindly allowed me to visit the case with him, and certainly the prospects were very hopeless; the thoracic wheezing was great, the countenance bloated through congestion and imperfect aeration of the blood, the fan-like motion very rapid. I advised that a dose of *Lycop.* should be repeated every fifteen minutes, instead of every two hours as had been the case; and by the afternoon (our visit was in the forenoon) the child was safe and recovered." Dr. Wilson informed me in 1879, that in the twenty-eight years that had elapsed since he first noticed this symptom as indicative of *Lycop.*, he had never failed to find the whole of the symptoms fairly covered by this remedy when this symptom was well-marked; and that croupy symptoms, as well as others not yet in its pathogenesis, had yielded thereto, in his hands. Had he subsequently met with any exception, he would doubtless have informed me, as we had frequent conversations on the *Materia Medica*. I have only once seen *Lycop.* fail where this symptom was present: a case of whooping-cough, cured by *Ant.-tart.* 1600 (Jenichen), after *Lycop.* Cm. (Finckè) had done nothing. Many other physicians have verified it, though a few failures have been reported; but whether the failures were due to want of a sufficient similarity of the remedy to the totality of the symptoms, or to improper potency, or repetition of dose, the absence of particulars render it impossible to decide. But it is evident that in the large majority of cases where this symptom is well-marked, *Lycop.* is also indicated by the remainder of the symp-

* It must be remembered that when HAHNEMANN wrote this, he chiefly used the 30th potency, and that Dr. Wilson, at the time of this letter, chiefly used the 200th. The highest potencies, as a rule, neither require nor endure such frequent repetition as the lower; and there are on record many cases of the most severe acute disease which have been cured by a single dose thereof

toms. This throws some light on the question of characteristics. Two medicines may have the same symptom, but it may be far more characteristic of one than of the other: such characteristic quality being determined by the frequency with which it has produced the symptom, by the analogy of other symptoms produced by it, and by clinical experience. This symptom, therefore, though it belongs to other remedies, is in an especial degree the property of *Lycop.*; hence is characteristic of it.

4. The pathology of the nasal and laryngeal movement requires some consideration, more especially as some homeopathic physicians have failed to recognize the value of the former, not only as an indication for treatment, but also as a signal of danger. Thus, shortly after Dr. Wilson's first publication of his experience, a homeopathic physician asked, "Whether it is safer to treat a case of acute and complicated pneumonia by selecting the fan-like action of the *alæ nasi* as our guide, and to judge of the patient's state by the movements of the nose; or to judge by a careful examination of pulse, tongue, and a stethoscopical examination of the changes taking place in the lung?" Another homeopathic physician also wrote that this fan-like movement was "invariably present in all acute inflammations of the respiratory organs in the young child," and hence possessed "little diagnostic or therapeutic value." This latter statement is altogether erroneous. I have seen cases of inflammation of the respiratory organs in children, where the breathing was 40, and even 84, per minute, without the slightest movement of the nostrils. This symptom is really by no means common, when well marked; and it is only then that it is characteristic, and a reliable indication for the remedy. As to its value as a sign of danger, this has been for a long time fully recognized by allopathic authorities. Aitken says (*Practice of Medicine*, II. p. 568): "The occurrence in children of these phenomena indicates a greater amount of disease than the general symptoms would lead one to suspect." Wunderlich (quoted by Grauvogl, *Text-book of Homeopathy*, Shipman's translation, I. p. 232, 236) says of pneumonia: "Symptoms of proximate value are the type of the breathing, an accelerated, short, and superficial, in severe cases, unrhythmic respiration, which chiefly occurs with force in those parts in which the pneumonic infiltration does not occur, and is usually accompanied by a characteristic movement of the *alæ nasi*." And again: "The pneumonia of the newborn occurs sometimes primarily; at others in consequence of other diseases; has generally a short course, and leads rapidly to diffuse hepatization. Oppressed respiration, heat of skin and accelerated pulse, sometimes some cough; laborious respiration with the *alæ nasi* and the lateral portions of thorax; suppressed, short cries,

pallor and livor of face, are the most important symptoms besides the local. Often the diagnosis is still further obscured by vomiting, meteorism, and diarrhea. This, mostly fatal, affliction lasts only one or a few days." With regard to the laryngeal movement, the following important statement is made in the *Medical Record* (New York, 1875, X. p. 238): "Dr. John Shrady, in a paper on the 'Moribund Condition,' recently read before the Yorkville Medical Association of this city, maintained that the earliest, and therefore the most valuable, symptom of approaching death was the up and down movement of the trachea; that the inferior laryngeal nerve, owing to a partial paralysis or impairment of its function, is concerned in the production of this phenomenon, and sounds the first note of alarm that the medulla oblongata is invaded. This tracheal symptom is particularly prominent in fatal cases of uremic* convulsions, opium poisoning, and delirium tremens; the air then ceases to stimulate the glottis, the respiratory movements are impaired, and the lungs can no longer decarbonize the blood. In pneumonia, this symptom is of especial value, anticipating, as it does, alarming changes in pulse and temperature; while in phthisis the doctor has known it to be a precursor of death three weeks in advance. Its presence or absence in membranous croup should be, in his opinion, an important element in the prognosis of a given case of tracheotomy." Hence it is demonstrated that the teachings of HAHNEMANN enable us to overcome forms of disease pronounced by allopathic authorities to be severe, and even fatal.

5. The protrusion of the tongue during cough was an important symptom of this case, belonging as it does, to the class of automatic movements. It has not yet been recorded in our *Materia Medica*: but as *Kali-carb.* cured it in this case, it may, if verified, be added as a clinical symptom, in accordance with the practice of HAHNEMANN.

6. Pathology was also helpful in another way in this case. In twenty-four hours there was a decided improvement, and the medicine was stopped; but next day the patient was in some respects worse. There were no new symptoms indicating a different remedy; and the question therefore arose, whether the same medicine should be repeated. The cough was looser, and the expectoration much increased, both signs of improvement; while the diminution of the air-bubbles in the sputa, as shown by its less frothy character, denoted that the smaller, most easily choked, air-tubes were becoming freer. Hence I concluded that the exacerbation of the disease was only apparent, and caused simply by the increased fatigue of clearing the lungs from

* Hence, a thorough proving of *Urea* should show this symptom.

mucus. No more medicine was therefore given, and the result proved the correctness of my decision. Hence may be seen the true value of pathology to the Homeopathic physician: while on the one hand it could not determine the choice of the remedy, for it did not differentiate between the fifteen remedies having the fan-like action of the nostrils; yet on the other hand, it showed the gravity of the case at the commencement; and later it solved the problem whether the remedy should be repeated or not.

7. It is a question open to discussion, whether a single dose of *Lycop.* would have sufficed. But seeing that the disease was very acute, the organic lesion great, the patient in danger, and the remedy not completely homeopathic even to the characteristics of the case; and remembering HAHNEMANN'S teaching (*Organon* 246 note), that in this latter case a single dose may not be sufficient, I judged it best to repeat the dose in water until a decided effect was manifest. But when, later, *Kali-carb.* was indicated, though it did not correspond (so far as our present provings and clinical experience show) to all the symptoms; yet as it corresponded to the chief remaining characteristic, being thus more homeopathic to this second group of symptoms than *Lycop.* was to the first; and as the organic lesion was practically removed, and the patient out of danger; I gave only one dose, with completely satisfactory results.

8. This case also shows that the common, but unscientific, practice of alternating* two or more remedies, with the supposed intention of covering all the symptoms of the case, is unnecessary. Clinical experience often demonstrates that our remedies have a far wider range of action than even their voluminous provings show; therefore we can never safely assert that a remedy does not produce, but only that it hitherto has not produced, certain symptoms. And it frequently happens that these clinical symptoms are verified by subsequent provings. In cases where no remedy completely corresponds to the symptoms of the patient, the safest, and only scientific, method is to select the most similar, with especial reference to the characteristics; and when its curative action is exhausted, to select a fresh one from the remaining or new symptoms. But it must be carefully borne in mind that when we find two remedies especially indicated, and have successfully administered the most similar of the two; it does not follow as a necessity that this alternative remedy will be indicated when the first has completed its curative action. It may be so, as in the present instance, or it may not; but in all cases a fresh study of the symptoms must be made. (See *Organon*, 169-70.)

* The late Constantine Hering used to say that alternation of remedies signified either laziness or ignorance. It sometimes signifies both.

9. *Lycop.* should not be overlooked when there is great prostration of strength. In 1874 I attended a child suffering from fever; there was loss of appetite, thirst for drinks with the chill off, tongue white, pulse 144, great prostration, and general aggravation in afternoon. A high potency of *Arsenicum* was given with relief, but the improvement was less than I should have expected from the *simillimum*. After four days I observed the fan-like action of the nostrils. A high potency of *Lycop.* was at once followed by marked improvement, and she soon recovered. It was the remedy from the first; the afternoon aggravation and the thirst for warm drinks pointed to it; but the great prostration misled me to prescribe *Arsen.*, though it is a marked symptom of *Lycop.* also. A tendency to generalize (e.g., to prescribe *Arsen.* because there is prostration, or *Acon.* because there is fever) is a fatal error, against which the physician must be continually on his guard, for nothing is easier than to glide imperceptibly into it. I have often noticed that when a *simile*, but not a *simillimum*, has been prescribed, though some improvement may result, yet new symptoms arise, pointing unmistakably to the true remedy. These new symptoms are of the utmost importance, and are, indeed, the voice of nature telling the physician of his error, and how to rectify it.

10. During this attack of pneumonia the child whooped; and there was also epistaxis on coughing, which is a characteristic symptom of pertussis. These symptoms pointed to a suppression of the former attack of whooping-cough by the allopathic treatment; hence the former disease not having been radically cured, its type was impressed on the present attack of pneumonia. I have seen other cases in which whooping-cough has been suppressed by unscientific treatment, a bad state of health resulting.

11. As I have pointed out before (Case 4), if periodical symptoms occur later and less severely, or earlier and more severely, after the administration of the *simillimum*, it is a sign of real improvement. This is again shown by the present case, where, coincidentally with the improvement in the cough, its period of exacerbation became later. Conversely, when on November 12th the patient relapsed, the period of exacerbation of the cough returned to its former hour of 3 a.m. Hence it seems that if the symptoms of a case antepone after postponing, it is a sign that the disease is again increasing, for which new condition a fresh remedy will probably have to be selected. But further experience is required to establish this as a rule of practice.

12. In order to facilitate the study of the fan-like action of the nostrils, and the remedies relating to it, I give here a

reference to all the recorded cases that I have been able to discover in homeopathic literature. Where the remedy is not named, *Lycop.* is understood; and in the cured cases the potency is given, unless it was a high power:—

Hahnemannian Monthly, I. 377; II. 31, 45; III. 181, 199, 201, 202 (*Phosph.* 3), 203 (*Arsen.*), 319, 412 (also *Chloroform*), 416 (*Ferrum*, observation by Gross, quoted by Hering); XII. 127, 224, 229.

Homeopathic Physician, I. 201; II. 470; VII. 120 (*Bapt.*), 224 (*Ammoniac*, *Ant.-t.*, *Bapt.*, *Brom.*, *Chel.*, *Phosph.*).

T. S. Hoynes's *Clinical Therapeutics*, II. 104, 107 (*Chelid.* and *Spong.*, the latter probably in low potency).

Transactions of International Hahnemannian Association, 1884, 143 (also *Arsen.*); 1885, 233, 236 (*Chelid.*).

Ohio Medical and Surgical Reporter, XI. 29.

American Journal of Homeopathic Materia Medica, III. 39; VIII. 297.

British Journal of Homeopathy, XXII. 570 (*Brom.* 2).

Monthly Homeopathic Review, VII. 420; IX. 165, 297, 489; XI. 115.

The Organon, I. 464 (*Zinc*); II. 117.

The Hahnemann Materia Medica, p. 45 (*Kali.-bichr.* 6).

U. S. Medical Investigator, IX. 134 (*Sulph.*).

Homeopathic World, XIX. 468 (also *Merc.*, probably in medium potency), 523 (*Merc.-methide*).

Allen and Gregg on *Consumption*; the symptom is here given as characteristic of *Ant.-t.*, *Brom.*, and *Lycop.*

Medical Advance XXVI. 53, 130.

13. These five medicines have produced the fan-like action: *Chloroform*, *Gadus morrhue*, *Kreosotum*, *Lycop.*, *Sulph.-ac.* The *Chloroform* symptom I first pointed out in *Hahnemannian Monthly*, III. 416, but it is omitted in Allen's *Encyclopedia*. I have frequently seen it in patients who have inhaled *Chloroform* prior to a surgical operation; but it does not occur in all cases, even when large quantities are given. The nasal movement is here well marked, repeated at each inspiration, but not rapid. This is corroborated by Erichsen's statement that it causes a "low form of congestive pneumonia." *Gadus* has 27. "Very frequent breathing, with oscillation of wings of nose, as after exercise, at the time of waking, and during whole day." *Kreosotum** has "Breath quick and laboured, puffing of cheeks, and violent working of nostrils" (*Translations of Medical and Physical Society of Bombay*, New Series, III. 19, Appendix). The *Lycop.* and *Sulph.-ac.* symptoms have already been quoted.

14. To facilitate the choice of the remedy in future cases,

* This *Kreos.* symptom is altogether omitted in the *Encyclopedia*, and the *Gadus* symptom is not recorded in the *Symptom Register*.

I have arranged the following brief comparison of respiratory symptoms, taken from provings and clinical cases where this fan-like action was present. Those with an asterisk are clinical only :—

- A. Fan-like action—*Ammoniac*,* *Ant.-t.*,* *Arsen.*,* *Bapt.*,* *Brom.*,* *Chelid.*,* *Chlorof.*, *Ferr.*,* *Gadus*, *Kali-bichr.*,* *Kreos.*, *Lycop.*, *Phosph.*,* *Spong.*,* *Sulph.*,* *Sulph.-ac.*, *Zinc*.*
- (a) Slow—*Chlorof.*
- (b) Rapid—*Ant.-t.*,* *Chelid.*,* *Gadus*, *Kreos.*
- (c) Usually rapid—*Lycop.**
- B. Puffing of cheeks when breathing—(*Chlorof.* (allopathic source), *Kreos.* (in combination with the *ala nasi* movement).
- C. Up and down laryngeal movement—*Alcoh.*, *Lycop.*,* *Op.*, *Sulph.-ac.* (also *Ant.-t.** and *Sanic.** without the fan-like movement).
- D. Chest symptoms pass from right to left in the prover—*Gadus*.
- E. Chest symptoms pass from right to left in the patient—*Lycop.**
- F. Croupy symptoms—*Ant.-t.*,* *Brom.*,* *Kali-bichr.*,* *Lycop.*,* *Spong.**
- G. Asthmatic symptoms—*Ferr.*,* *Lycop.** (also *Sanic.** without the fan-like movement).
- H. Muscles of throat and abdomen in violent exercise from dyspnea—*Brom.**
- I. Left lower lung affected; can lie on back or left side, but not on right—*Sulph.**
- J. Ægophony and mucous râles on right side, though both lungs are affected—*Zinc*.*

15. It has been asked whether the use of poultices is not unhomeopathic; and if not, why sinapisms and blisters may not also be used? The answer is obvious. Sinapisms and blisters being medicinal, must not be used, because their use is contrary to the threefold law expressed in the formula *simile, simplex, minimum*. On the other hand, poultices are non-medicinal, except in a very few idiosyncrasies, and are simply a method of applying warmth and moisture. They are therefore not unhomeopathic, but only extra-homeopathic; for they belong, not to the province of therapeutics, but to that of hygiene. Furthermore, the application of warmth to an inflamed part is really of a homeopathic nature, so far as it goes. At the same time, I do not now think the poultice was necessary in this case, and I do not use them now unless there are some special indications for the application of heat, and evident amelioration therefrom.

48, Sussex Gardens, Hyde Park, W.

A NOTE ON THE EFFECT OF MERCURY ON THE ELECTRICAL CONDITION OF THE HUMAN BODY.

By JOHN H. CLARKE, M.D.

IN the heroic days of old, when the maxim "salvation is salvation" was accepted as the beginning and end of the medical art, it was well recognized that the patient, who was undergoing a course of mercury for the supposed salvation of his body, ought to be very careful not to expose himself to cold. Aggravation from cold, and especially cold and damp, is one of the recognized characteristics of the mercurial condition. All this points to an unstable condition of the bodily electrical equilibrium—a too great readiness of the body to discharge its own electricity, and to receive shocks from without. This is quite in keeping with the fact that mercury is itself one of the best conductors of electricity known, and is much used by electricians on that account. When taken into the human body it makes the body a good conductor like itself.

A case has lately come under my notice in which this property of mercury was apparently very strikingly illustrated.

M. B., a parlourmaid, had used for toothache a solution of *Merc.-cor.* 3x, rubbing it on the affected gum. She had used in all about a drachm, when in a day or two symptoms of mercurial poisoning supervened. The symptoms, which were very severe and lasted off and on for more than two months, will be published in full later on; I only wish to refer here to one circumstance.

One part of her duties consisted in cleaning electrical lamps. For this purpose she had to remove the lamps from their cups and after dusting to return them. This she had done for many months without any accident, but when under the mercurial influence she noticed that on touching the bases of the lamps, where they are connected with the wires, she received a shock of electricity and the lamp exploded. This happened on three or four occasions before she mentioned the circumstance to me. At first I could hardly believe that there was any connection between the mercury and the explosions of the lamps; but I advised her not to touch them again for a time, and meanwhile made inquiries of practical electricians.

From them I learned that it was quite possible from the touching of the poles of a lamp that had been used to set

up what is called a "short circuit" current from the lamp to the person, and from this to result in the breaking of a lamp.

An electrician, now holding an important position in one of the chief firms of electrical engineers, informs me that when he was engaged in the electric lighting of the Health Exhibition he became poisoned by the mercury there used. His hands were frequently in the troughs containing the quicksilver. Before that time he could stand a very strong shock of electricity, but the mercury wrought a complete change in him in that respect, and now the slightest shock affects him powerfully.

This tends to confirm the supposition that the mercury poisoning in my case had to do with the lamp explosions. After some weeks, though not free from symptoms, the patient found that she could then handle the lamps as freely as before without any accident.

TUBERCULINUM KOCHII—A PATHOGENESIS.

(Continued.)

Arranged by JOHN H. CLARKE, M.D.

(87)

(*Lancet*, Vienna correspondent, March 14.)

Boy, 17, lupus vulgaris occupying centre right cheek.

Suffered much from pains in limbs, dyspepsia, and diarrhea.

Boy, 12, very feeble, lupus on sole of left foot.

Suffered very much from affections of bowels.

After first injection, lymphatic glands (axillary and inguinal) became enlarged to size of walnuts, but never suppurated.

With every increase of the dose he suffered from asthmatic fits, lasting from three to seven hours.

(88) LEYDEN.

(*B. M. J. Supp.*, April 11, 1891.)

A long series of "control cases [non-tubercular]," sixty-seven in all, in thirty-one of which a decided reaction took place.

(89) Dr. WHITESIDE HINE.

(*Lancet*, April 18.)

Man, 44, lupus of nose, left ala partially eaten away. Right scabbed and red. R. upper eyelid scabbed and red. L. red but not scabbed; l. upper lip more than r.

The patient is reported cured.

The nose, which used to feel "hot and burning," has lost this sensation.

After the tenth injection his left moustache, which was kept cut to prevent scabs from gathering, ceased to grow, every hair fell out, and for a month the left upper lip was perfectly denuded of hair, and had all the appearance when seen under a lens of being permanently depilated. However, the hairs began to grow well before he left the Home.

(40) Dr. HERON.

(*Lancet*, April 25.)

Extreme rapidity of respirations without dyspnea, 60 to 90 in the minute; if patient is spoken to, the rapid breathing ceases at once (as with a dog panting in the sun).

THE ALKALOID FROM THE TUBERCLE BACILLUS.—Although Koch says that his fluid does not contain a ptomaine, it does not follow that the tubercle bacillus does not evolve one. Indeed the announcement is made that Professor Zuelzer has succeeded in obtaining one by treating hydrochloric acid extracts of tubercle cultures with platinic chloride, and splitting up the double salt formed. In this way an almost white crystalline salt was obtained, which was easily soluble in hot water, but with great difficulty in cold. Its solution was light yellow in colour. After keeping for some time, the dry salt assumed a light-brown colour. The chloride when injected into rabbits and guinea-pigs exhibited a characteristic toxic action; about one centigramme injected subcutaneously produced, after from three to five minutes, an increase in the frequency of respiration, the movements reaching 180 per minute. This continued for about a quarter of an hour, when the rate gradually became slower. The temperature rose in two out of the ten observations from normal to 100.2° F. Another constant symptom was well-marked protrusion of the eyes, which also appeared bright and shining, with somewhat dilated pupils, which appearances disappeared in from fifteen to twenty minutes. Toxic symptoms only showed themselves in three rabbits, and these had received somewhat larger doses, between two and three centigrammes having been administered. Death usually occurred somewhere between the second and fourth days. At the site of injections there was considerable redness, and small hemorrhages were found in the muscles immediately beneath. It will be noted that the symptoms produced are not unlike those of Koch's tuberculin. We may remark regarding that fluid that a one-per cent. solution of it gives a turbidity with platinic chloride as well as with auric chloride.—*Chemist and Druggist*, April 18.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

Seventh ordinary meeting, Thursday, April 2, 1891. Dr. DUDGEON, President, in the chair.

Dr. GALLEY BLACKLEY read his paper on *Irritable Mucous Membranes in the Gouty Subject*.

DISCUSSION.

Dr. HUGHES said Dr. Galley Blackley's paper was interesting, and showed much research, but it did not contain much food for discussion, as he did not go much into therapeutics. He would like his opinion on a case of an old gentleman who had much flatulence with tenesmus of bladder and rectum two hours after luncheon, though he had no trouble after his other meals. He had had gout, and during the present illness he had had gouty grumblings in the toes. Hot mustard foot-baths had removed the pains, but not helped the intestinal trouble. He asked if our diagnosis of gout made any difference in the selection of remedies as distinguished from simple affections.

Dr. DYCE BROWN thought the subject of great interest. He thought nineteen-twentieths of chronic catarrhal cases were dependent on gouty diathesis. We don't see so much acute gout, but we see the results. The symptoms vary immensely in individual cases. He did not think the diagnosis helped much in the treatment. He thought one main feature was getting the skin to act by lamp or Turkish bath; also regulating the diet, which should be light, not comprising much meat, with fruit and vegetables. Of medicines, *Sulphur*, *Merc.-biniod.*, or *Merc.-cor.*, *Lycopodium* and *Natrum muriaticum* were the chief. His experience was that constipation with flatulence was the rule, and not diarrhea, as in Dr. Blackley's cases. The cases where there is uric acid sand were the exception; amorphous urates were the rule.

Dr. E. B. ROCHE mentioned a case of alternating irritable lung and eczema; all these symptoms were removed after marriage. He believed the cause was worry, which had affected the liver. In his opinion the liver had much to do with gouty manifestations.

Dr. DAY mentioned a case of frequent micturition in an old gentleman who was gouty. The case proved very intractable to remedies.

Mr. DUDLEY WRIGHT had seen a case in an elderly woman who had constant calls to micturate, which *Nux* and *Sulphur*, alternately, relieved. She had weak irritable heart and some edema. He asked Dr. Blackley if he had met with gouty

seborrhea of the external auditory meatus? There was itching of the canal, which led to scratching, which resulted in a slight moist exudation. This lasts some days, and then tends to disappear. He would like to know what remedies Dr. Blackley had found useful for it. He had seen a patient who had cough from lung irritation, which condition was cured by keeping the feet warm.

Mr. KNOX SHAW thought Dr. Blackley's paper afforded much food for thought. He had noticed gouty diathesis affecting certain organs of the body. Mr. Hutchinson described the "gouty eye," and Mr. Shaw had confirmed his observation—the "hot, irritable eye." Generally in the night, the eye becomes painful and hot, and yet when looked at there is very little to see. Here the diagnosis of gout was helpful. He thought Dr. Dyce Brown's opinion that the diagnosis was not very helpful was contradicted by the treatment Dr. Dyce Brown described. He was often able to pronounce a patient gouty by finding concretions of urate of soda inside the conjunctiva as well as tophi in the ear. The former cause much irritation, and need removing. In his experience, when there is frequent micturition not due to enlarged prostate, it is due to a highly acid condition of the urine. This is relieved by medicines. There is another point. He was anxious to know the relation between gout and sugar in the urine. Patients came to oculists for failure of vision. He had had several cases with hemorrhagic condition of retina. There had nearly always been sugar in the urine. The patients had not the faintest idea that anything was wrong with them. The sugar is not permanent, and may disappear without relieving the condition of the retina. He advised Dr. Hughes to keep his patient without his lunch.

Dr. DUDGEON (in the chair) regretted with Dr. Hughes that the paper was not of a more therapeutic character. He agreed with Dr. Hughes that much was laid to the door of gout which was more properly attributable to alcohol. He had met with cases which had been called gout by a number of doctors, which he had been able to trace to alcohol. On inquiring into the habits of one old gentleman, the latter said: "I take nothing gouty; I only take whisky." This Dr. Dudgeon countermanded, and he lost all his "gout." He had, on the other hand, seen exquisite cases of gout in teetotalers. He thought it would be a blessing to therapeutics if we could find a real specific for the gouty diathesis.

Dr. BLACKLEY (in reply) regretted that he had not ventured into the region of therapeutics. He thought the paper itself would afford ground for discussion. Dr. Hughes' case he should certainly put down as gouty. He agreed with Dr. Dyce Brown that the taint is transmitted. He believed that the

diagnosis of gout made a distinct difference in the treatment. He also thought we had powerful specifics for gout—*Sulphur* and *Arsenicum*. These are contained in the springs recommended for gout. Among others *Lycopodium* is the most useful. He questioned Dr. Dyce Brown's statement that urates were always found; that was not his experience. When there was no catarrh, there was uric acid; when catarrh appeared, there were urates. He believed the liver was much involved in gout. An east wind tried gouty patients much. He had frequently met with gouty seborrhea of the external auditory meatus. *Sulphur* given internally and applied as ointment cured this. He was much interested in the "irritable eye" mentioned by Mr. Shaw. He had met with one marked case. He had alluded to the gouty conjunctiva in his paper. He endorsed Mr. Shaw's advice to Dr. Hughes about his case. He agreed with Dr. Dudgeon that most gouty patients would be better without alcohol in any shape.

INSTITUTIONS.

INTERNATIONAL HOMEOPATHIC CONVENTION.

FOURTH QUINQUENNIAL SESSION, 1891.

As permanent Secretary, I have pleasure in announcing that the fourth quinquennial meeting* of the International Homeopathic Convention will be held at Atlantic City, New Jersey, U.S.A., in June of the present year, commencing on Wednesday, the 17th, at 10 a.m., and continuing its sessions till Tuesday, the 23rd. The arrangements and preparations for the gathering, and for the publication of its transactions, have been undertaken by the American Institute of Homeopathy, whose proper officers and committees will make due announcement thereof.

RICHARD HUGHES.

Brighton, England, April 14, 1891.

ANNOUNCEMENT OF THE AMERICAN COMMITTEE.

The Committee appointed to make arrangements for the International Homeopathic Congress, take pleasure in announcing to the profession, that their work has advanced to such a degree as to ensure a successful meeting. Already there have been received assurances from physicians in different parts of the world that papers and reports

* The previous meetings were held at Philadelphia, U.S.A., in 1876; London, England, 1881; Bâle, Switzerland, 1886.

will be presented, and these papers are so varied in character as to promise ample material for thought and discussion in every department and speciality. The Committee voices the desire of the profession when it asks all who are interested in making this Congress the best ever held, to come prepared for active duty, either by offering papers or participating in the debates. The investigations and experiences during the past five years should be pregnant with results that cannot fail to be of vital importance and interest to the entire world. As has been already announced, the time allotted to the sessions will be occupied in full and free interchange of thought; all striving to know that which will be productive of the greatest professional and public benefit. While the Committee has outlined the general conduct of the Congress and selected from among the many, some to take charge of special subjects; yet their work is in no sense to be considered restrictive. Necessarily ignoring the peculiar features of bureau and sectional work in vogue with the American Institute of Homeopathy; it is confidently expected that all present will give each subject the attention its importance demands. The Committee makes the following requests. That each paper presented shall not exceed four thousand words; that an abstract not exceeding one thousand words be prepared, such abstract to be read in case the contributions are so numerous as to preclude the reading of the entire paper; that all who intend presenting papers shall send the title to the Chairman or Secretary of the Committee, before April 5th, so as to insure its insertion in the published programme, all abstracts to be sent to the Chairman before May 5th, in order that they may be sent to persons selected to lead in their discussion. All statistical reports of societies, institutions and colleges should be sent as soon as possible to Dr. T. Franklin Smith, 264 Lenox Ave., New York City. Dr. H. C. Allen, Chairman of Committee on Railroad Fares will publish in the "Annual Circular" and medical journals, full particulars regarding railroad rates and arrangements. All letters of inquiry or information regarding literary work should be sent to Theo. Y. Kinne, M.D., Paterson, N.J. The local Committee of Arrangements at Atlantic City has for its Chairman, Dr. M. D. Youngman, Atlantic City, N.J., to whom should be addressed all letters and requests for accommodations, in accordance with directions in annexed circular.

THEO. Y. KINNE, M.D.,

Chairman Committee of Arrangements,

PEMBERTON DUDLEY, M.D.,

Paterson, N.J.

Secretary,

Cor. 15th and Master Sts., Philadelphia, Pa.

Atlantic City, N.J. (the place where the fourth quinquennial meeting of the International Homeopathic Congress will be held), is located on the eastern coast of South Jersey. The city is built on an island, ten miles in length, and one quarter of a mile to two miles in width. It is laid out in squares. The avenues are beautifully gravelled and paved, being smooth and hard. The city presents many fine and beautiful private residences, and some of the handsomest and most luxuriously furnished hotels in the United States.

The resident or permanent population is about 15,000, but during the season, which is from June 1st to October 1st, the number varies from 75,000 to 150,000. There are over 500 registered hotels and

boarding houses. The water supply is from driven wells, one of them 1,600 feet deep. The sewerage system is in excellent condition. At night the streets and board walks are brilliantly lighted with arc lights. The greatest attraction of Atlantic City is its beach, which is unequalled. It is formed entirely of white and black quartz and basaltic sand.

The hotel selected for the sessions of the Congress is the "United States," situate on Pacific Avenue, and running from Maryland Ave. to States Ave. This hotel is the largest and finest hotel in Atlantic City, newly built, with all the modern hotel conveniences.

The rates will be \$3.50 and \$4.00 per day, according to location of rooms.

The Committee of Local Arrangements are making preparations for the entertainment of the guests during their stay in the city, which will include vocal and instrumental concerts, excursions to sea as well as smooth water yachting, deep sea fishing, &c. There will also be a grand banquet, tendered by the management and will be free to the members of the Congress and their friends who are guests of the house. There will be established in the hotel office a "Bureau of Information," presided over by a competent person, where may be obtained information concerning the city, its hotels, residences, points and objects of interest, as well as the programme for each day's business and pleasures.

It is desired that all members of the Congress and their friends shall secure accommodations at the United States Hotel, as in this way the most successful and satisfactory meeting may be assured.

Application for rooms may be made either to the United States Hotel, Atlantic City, N.J., or to Dr. M. D. Youngman, 1618 Pacific Ave., Atlantic City, N.J.

TUNBRIDGE WELLS HOSPITAL AND DISPENSARY.

THE annual meeting of the subscribers to the Tunbridge Wells Homeopathic Hospital and Dispensary was held at the Hospital, Upper Grosvenor Road, on Tuesday afternoon, Jan. 27 (*Tunbridge Wells Gazette*, Jan. 30). The President, the Hon. J. Byng, occupied the chair, and amongst those present were Dr. Neild, Major Warren, Rev. A. Coote, Mr. Pincott, Rev. J. Mountain, Mr. W. Langton, Mr. G. Cheverton, C.C., Rev. R. Bull, Mr. Barefield, Mr. Thos. Oetzmann (hon. sec.), and several ladies.

In their report the Committee said :—

It will be remembered that this meeting, held here in March last, took place in an empty house; and your Committee, in their report, appealed to the generosity and benevolence of their friends to supply funds to enable the Committee to furnish and fit up the rooms in a suitable manner as hospital wards. That appeal has been most nobly responded to; there having been during the year an increase of 75 in the numbers of subscribers and donors, and an increase of nearly £200 in amount; which, as will be seen by the Treasurer's

statement, has brought the income from subscriptions and donations up to £556 7s. 6d. With these increased funds the Committee felt justified in proceeding with the work you committed to them; and having engaged an efficient and suitable matron, they purchased furniture and appliances, and fitted up and opened male and female wards, and commenced taking patients in the month of September, and from that date to the end of the year, they have received 12 in-patients, who have been successfully treated. Your Committee cannot be too thankful to their friends for the hearty and generous co-operation which has enabled the Committee to do so much; and it now rests with the subscribers and donors to complete the good work they have begun by continuing their kind help, and by endeavouring to gain new subscribers, so that the Committee may be in a position to furnish and fit up the beds required in the space which they still have vacant. The work of the Dispensary has also been most satisfactory and encouraging. A great feature in the work of this Hospital is the visiting in their own homes of such sick poor as are unable to attend at the Dispensary; and it will be seen by the Medical Officers' Report how much this is appreciated, no less than 727 visits having been made during the year. In connection with this subject it will perhaps be remembered that your Committee voted £50 to their Honorary Surgeon for home visiting, provided that sum could be raised by special subscriptions; but as that amount has not been realised, and the work continues to increase, your Committee have voted an honorarium of £50 to Mr. Pincott for this special work for the present year; but it is earnestly hoped that friends will contribute this extra sum, so that the income of the Hospital may not be diminished. The services of Dr. Tester, the honorary dental surgeon, have been much appreciated; a great increase of dental patients has taken place, 292 cases having been treated. The Committee desire to express their most sincere thanks to Dr. Neild, Mr. Pincott and Dr. Tester, for the care, kindness, and unremitting attention they have bestowed upon the patients during the year which has just closed. In conclusion, the Committee congratulate all the friends of this institution on its very satisfactory financial position, and the progress it has made during the year.

The balance sheet showed receipts, including balance from 1889 of £281 19s. 3½d., amounting to £908 11s. 11d., which, after deducting the expenditure, left a balance of £120 19s. 2d., against which there are outstanding accounts amounting to £31 11s. 1d. not discharged. The subscriptions for the past year amount to £174 18s. 6d., and donations to £381 9s., and £202 10s. 4d. was spent on the alterations to the house and £202 5s. 9d. on the furniture.—Dr. NEILD announced the receipt of a cheque for one hundred guineas from Mr. G. Holt Mason, as a donation towards the funds of the Hospital. (Applause.) The giver congratulated them on the success they had achieved, and hoped its usefulness would increase. (Applause.)—On the motion of the CHAIRMAN a vote of thanks was accorded Mr. Holt Mason for his munificent gift.—Drs. NEILD and PINCOTT, the medical officers, in their report, stated that the outside visiting

was much appreciated by the poor, and the Honorary Surgeon had increasing demands made upon him, having paid 727 visits during the year, and in all cases with very satisfactory results. The work had been greatly facilitated by the removal into the new premises and the opening of the Hospital. The number of in-patients received since the opening of the Hospital had been 12, including three under treatment on Jan. 1, 1891. The Dispensary out-patients for the year amounted to 1,012. Dr. TESTER (dental surgeon) reported 292 dental cases during the year.

BRIGHTON HOMEOPATHIC DISPENSARY.

THE annual meeting in connection with the Homeopathic Dispensary was held in the East Ante-room at the Town Hall, Brighton, Thursday afternoon, Jan. 30 (*Sussex Daily News*, Jan. 31). Mr. Marriage Wallis, J.P., presided, and among those present were the Rev. W. H. Harbour, Mr. J. Beal, Mr. C. Armstrong Dash, Dr. Hughes, Mr. W. H. Rean, Mr. Walder, and Mr. S. Champion, Hon. Secretary.

The annual report and balance sheet were read by the HON SECRETARY. The report was as follows:—

The Committee of Management, in submitting the accounts for the year 1890, are gratified to report an increase under the head of subscriptions and donations amounting to £22 19s. 6d., and also a small increase in the Hospital Sunday Fund. They have also received a donation from the Earl of Chichester of ten guineas out of the Pechell's Trust Fund, of £20 from the Hospital Saturday Fund, through the Mayor of Brighton, and from the Friendly Societies' Parade, £10 10s. The Committee have, however, still to regret a deficit of £56 9s. 4d., which they are anxious to see removed. The deficit would have been still greater but for a generous donation of £20 from a liberal supporter of the charity, who desires the gift should be anonymous. On reference to the Medical Report it will be noticed there has been a small diminution in the number of cases treated at the Dispensary, as compared with the previous year, but the number of patients visited at their homes is about the same—259 as against 265. The Committee trust the subscribers and friends of the Institution will recommend its claims to others with a view of not only increasing the annual subscriptions but donations also. But for the donations for 1890 there would have been a much greater deficit. The Committee trust the donations for the ensuing year will be liberally increased, so that the present deficit may entirely disappear.

The balance sheet showed that the subscriptions and donations amounted to £172 12s., and that £28 13s. was received from the Hospital Sunday Fund, and £20 from the Hospital Saturday Fund. At the end of the year there was deficit of £56 9s. 4d. The Dispensary Report showed the following figures:—

Cases left from 1889, 80; cases admitted during the year, 989; cases discharged, 1,009; cases remaining, 60; consultations, 4,856. The Visiting Officer's Report gave the following particulars:—Cases left from last year, 80; cases admitted during the year, 259; cases discharged, 251; deaths, 11; cases under treatment, 27; visits paid, 1,686.

The CHAIRMAN moved the adoption of the report and balance sheet. He looked with satisfaction upon the large amount of work done by the Institution, and then turning to the question of finance said he wished they were favoured with more support. The deficiency had been decreased by a special donation, but they wanted regular subscribers upon which they could depend. The sister institution had, during the year, discharged 1,248 patients, and had done a very similar amount of work to themselves, but he noticed they had had 45 deaths.

Dr. HUGHES seconded, and the motion was carried.

OXFORD HOMEOPATHIC MEDICAL DISPENSARY.

EIGHTEENTH ANNUAL REPORT, 1890.

We extract from the report of Dr. Guinness the following:—

“We have had, since opening the Dispensary, nearly 24,000 patients' names on our books, thus proving how greatly the system is spreading in Oxford. The number of patients for the past year is 748. There were over 300 visits paid; Vaccinations were 65, no ill effects following the operations; Deaths were 15; the increase being caused by the severity of the Influenza, last spring, and the late most inclement weather, both causing many pulmonary diseases of a severe type.”

REVIEWS.

THE MEDICAL ANNUAL.*

“NOTHING succeeds like success.” The favourable reception of previous issues, has enabled the editor and proprietors of the *Medical Annual* to improve their work with each succeeding number. The present volume is illustrated by some capital plates. The selection of contributions shows the liberal views of the editor, and in the contents of this work the practitioner will find a ready reference to the latest views and news on things

* *The Medical Annual and Practitioner's Index.* A work of reference for Medical Practitioners. Edited by Percy Wilde, M.D. Ninth Year, 1891. Bristol: John Wright and Co., Stone Bridge. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited.

medical, whether of theory or practice. There is a full account of the method of Koch, though we miss any reference, either in the letterpress or the bibliography, to Dr. Burnett's work on "The New Cure of Tuberculosis by Tuberculinum." This we think a pity. The part of most value to Old School readers (and perhaps of least value to homeopaths) is that on "New Remedies," by the Editor. *Rhus. Tox.* is not exactly a new remedy to homeopaths, but the indication ">by continued motion" is certainly new to allopaths, and the disregard of it no doubt accounts for the conflicting accounts of its virtues given by different allopathic experimenters. Some of them have chanced to give it in cases where it was indicated without their knowing, and have benefited their patients; others have had worse luck and have failed. But there is plenty of valuable information for homeopaths and allopaths on other points, and we have no hesitation in saying the *Medical Annual* deserves the success it has attained.

LIVERPOOL FREE LIBRARY, MUSEUM, AND WALKER ART GALLERY.*

WE are glad to find from this Report that this noble group of institutions are so well patronized by the public, so well supported, and so efficiently managed. The authorities acknowledge donations to each of the institutions, but they have not by any means exhausted their receiving capacity, and all who are disposed to send them artistic and other gems will no doubt have suitable places found for them, and receive the warm thanks of the Committee.

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.

Dr. R. K. GHOSH, of Calcutta, is thanked for his very interesting paper. It is unavoidably held over till next month.

* *Thirty-Eighth Annual Report of the Committee of the Free Public Library, Museum, and Walker Art Gallery of the City of Liverpool.* For the year ending December 31, 1890. Liverpool: J. R. Williams & Co., 8, School Lane.

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.

CORRECTION.

Mr. KNOX SHAW.—In our last issue the number of the new address of Mr. Knox Shaw was wrongly given. The correct number is 19, Upper Wimpole Street, W.

VACANCY.

LIVERPOOL HAHNEMANN HOSPITAL.—Two non-resident medical stipendiary officers are required for this institution. The salary is £100 a year with opportunities for private practice. Application should be sent to the Secretary, Mr. Francis Bell.

GENERAL CORRESPONDENCE.

THE INTERNATIONAL HOMEOPATHIC CONVENTION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Permit me to draw the special attention of your readers to the announcements contained in your present number relative to the approaching International Convention. I am very desirous that the contingent from these islands should not be so small as to make us blush when we remember that America sent us as many as thirty-two when we met in London in 1881. I know that the time chosen is an inconvenient one for most of us; but this cannot be helped, and public duties of the kind cannot be performed without some self-sacrifice. To those who are thinking of going, I may mention that I shall be sailing from Southampton on Saturday, June 6th, by the Hamburg-American steamer, *Fürst Bismarck*, due in New York seven days later, and shall be glad of the company of any.

Yours very faithfully,

RICHARD HUGHES.

Brighton, April 15, 1891.

POTENTIZATION BY SUCCESSION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I would direct Dr. Licorish's attention to the following

passage from the last edition of Hahnemann's *Organon* § cclxx, note : " I dissolved a grain of soda in 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 this was in dynamization and energy equal to the thirtieth potency." From this it is evident that Hahnemann was well aware—or at least thought—that succussion alone was sufficient to bring the solution of the crude substance to the degree of potency required for therapeutic use. That being the case it is not apparent why he should have taken the trouble to dilute the medicine through thirty phials giving to each only two succussion-strokes. It is true that Hahnemann in the preface to the fifth part of the *Chronic Diseases* (second edition) recommends ten, twenty, fifty, and even more strong succussions to be given to each successive dilution, but in the last edition of the *Organon*, published only five years previously, he emphatically warns against giving more than two succussions to each dilution and disapproves of practitioners carrying their medicines about with them in the fluid state for fear they might become too highly potentized. Dr. Licorish is mistaken in supposing that the so-called "high-potencies" are usually much succussed. Many of those in the market, and perhaps those most frequently used, are not succussed at all. Jenichen seems to have been the only high-potency manufacturer who attended much to the succussion of his "potencies," and it is generally believed that the numbers attached to his preparations refer rather to the amount of succussion-strokes he administered than to the actual dilution of the medicine.

Dr. Licorish assumes that the higher dilution possesses *more* medicinal power than the lower. I have shown that most of the high dilutions of commerce—Dr. Fincke tells us there are twenty-four manufacturers of high-potencies—cannot owe this supposed increased power to their greater degree of succussion. But are the higher dilutions more powerful than the lower? Hahnemann in all his editions of the *Organon* distinctly says they are less powerful. At § cclxxxiv, note (fifth edition), he gives a sort of mathematical table of the diminution of medicinal action of the drug according to its increased degree of dilution—or potency, as it is frequently called, though this must be a misnomer if the calculation be correct. He says : " With every quadratic diminution of the quantity of medicine, the action on the human body will be diminished each time to only about one half." Therefore his notion was that the medicinal power of the medicine decreases in a fixed ratio with the degree of dilution. He illustrates this in the following way : " I have *very often* seen a drop of the decillion-fold dilution [*i.e.*, the 30th] of tincture of *Nux Vomica* produce pretty nearly just *half as much* effect as a drop of

the quintillon-fold dilution [*i.e.*, the 15th] under the same circumstances and in the same individual.

I do not, of course, attempt to reconcile these two conflicting statements of Hahnemann's. I only point out that they are to be found in the latest edition of the *Organon*, published under his own supervision only ten years before his death. From them it may be seen that those who believe, and those who do not believe, that the medicinal power of medicine is increased by dilution, may equally appeal to Hahnemann's *Organon* in support of their views.

At all events I have shown that Dr. Licorish is starting no novelty in proposing to count his "potencies" rather by the succussions given them than by their degree of dilution, but whether his plan is preferable to those hitherto most generally adopted I will not attempt to decide.

R. E. DUDGEON.

A CHANCE DISCOVERY OF A REMEDIAL PROPERTY OF *BARYTA CARBONICA*.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—More than thirty years ago I had been experiencing for some time a peculiar affection of the left leg—I believe it was the left, though I can be hardly sure at this distance of time—a pain would suddenly come on, beginning in the hollow of the knee, and running down the back of the leg. I could compare it to nothing but a thin stream of hot fluid—boiling water or molten metal,—running down under the skin. As time went on, this increased in intensity, as well as in frequency; and one day, while I was sitting writing, it was coming on repeatedly, and with greater violence than usual. I happened to have a small bottle of globules of *Baryta Carbonica* close at hand, and in a freak of fancy, and far from expecting that they would do any good, I took a few of them. To my surprise, however, almost as soon as the globules had touched my tongue, the pains entirely ceased, and they did not return again for a long time, and then only slightly, when a few more globules freed me from the pains from that time to this, that is for more than thirty years. I do not know whether the affection above described is a known or a common one, but if it is, the above information may be of use; and my haphazard experiment seems to reveal an unknown property of *Baryta Carbonica*, for I find nothing in Jahr's symptomatology of this remedy that would lead to this use of it.—Yours truly,

F. H. B.

KOCH AND PASTEUR.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I have just been reading in the HOMEOPATHIC WORLD the report of a discussion which took place at the last meeting of the British Homeopathic Society after a paper read by Dr. Butcher, entitled, "The Recent Discoveries of Koch and Pasteur as illustrating the Law of Similars," and, if you will allow me, I will venture to add a few words to that discussion.

It appears that there are some members of this society who are inclined to accept all the vagaries of Pasteur and Koch with all the ardour of an allopathic quidnunc. The reputation of the society for good sense was, however, saved by Drs. Burwood and Dudgeon, thanks to the penetration of their genius, and perhaps the promptings of their humanity, of which they certainly need not be ashamed. Dr. Dudgeon has before now exposed the claims of Pasteur, and I fancy it will not be long before he takes up the cudgels against Koch.

I contend that as homeopaths we ought never to be found amongst the gaping crowd, standing all agog to swallow the latest nostrums that so-called medical science offers for our acceptance. There is not a member of the Homeopathic Society, I will undertake to say, that is not as well qualified to treat either lupus or phthisis as Dr. Koch, plus his latest discovery. Only last week I myself was called upon to treat a case of lupus in a strumous little girl seven years old, and who in a few days was almost entirely cured by the internal use of *iodine* and *iodide of potassium*. Could Koch have done better? It is nothing less than a disgrace to us to be found dabbling in the dirty practices of Pasteur and Koch when we have such an illustrious paradigm before us as the grand old German doctor, Hahnemann.

And then, sir, it is melancholy to find the *élite* of the profession, as represented by this Society, calmly discussing this matter with the supremest indifference to the practices which so often attend the so-called discoveries of these pseudo-scientists. I mean the infliction of pain upon our humble and helpless fellow-creatures, for they *are* our fellow-creatures, and entitled to our protection. Now will any of these calm philosophers, either allopathic or homeopathic, inform us specifically what benefit we have received from the experiments of the vivisectionists? Will they condescend to drop vague generalities and give specific instances? As for Pasteur, the prince upon whom they rely, can they prove that he has either prevented or cured one single case of hydrophobia? We do not ask for a thousand cases, or a hundred, or ten, but ONE. Of course we know they cannot prove it. They cannot even say that it is *probable* by pointing to a diminution of deaths. And yet the imposture goes on.

I beg through your columns to thank Dr. Dudgeon for trying to illuminate the prevailing darkness, and I heartily concur with him when he says: "We should not be in a hurry to claim any treatment as homeopathic until it has first been proved curative. Homeopathy is a curative system; Koch's has, as yet, only proved a killing system."

VERBUM SAP.

March 18, 1891.

HOW TO PERFECT THE CYPHER REPERTORY?

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The British Cypher Repertory has proved a very valuable Text Book to very many earnest ingenuous prescribers, but it lacks a most important essential to general acceptance in that it is imperfect. Several of the later portions of the body (according to Hahnemannian order) being still uncyphered, while the more recently-introduced medicines have not been incorporated at all, in the older numbers or parts.

Again there is a serious difference of opinion (among those who are interested in the publication of the remaining parts) as to the wisest course to adopt in reference to the insertion *clinical* as well as *pathogenetic* symptoms into the text. "Some cry one thing and some another." Do you think you could elicit the consensus of opinion through the columns of your journal? and so assist us in our decision. If you can suggest any solution of our difficulty we shall be glad to receive it. Shall we cypher symptoms out of the Cyclopedia of Drug Pathogenesy or out of Allen's comprehensive work?—Yours faithfully,

THOMAS SIMPSON.

Waterloo.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Anderson (J. W.).** Medical Nursing; Lectures delivered in the Royal Infirmary. Glasgow. 4th ed. 12mo, pp. 220. (Maclehose, Glasgow; Macmillan. 2s. 6d.)
- Carter (A. H.).** Elements of Practical Medicine. 6th ed. Cr. 8vo, pp. 510. (Lewis. 9s.)
- Dutton (T.).** Sea-Sickness (Cause, Prevention, and Cure) Voyaging for Health, with an Appendix on Ship Surgery. A concise Practical Treatise. 2nd ed. 8vo, pp. 80. (Bailliére. 1s. 6d.)
- Phillip (B. W.).** Pulmonary Tuberculosis; Etiological and Therapeutic, based on an Experimental Investigation. 8vo, pp. 58. (Pentland. 3s. 6d.)
- Roberts (Sir William).** Collected Contributions on Digestion and Diet. Cr. 8vo, pp. 261. (Smith, Elder and Co. 5s.)
- Semple (C. E. A.).** The Pharmacopœia; being an Abridgment of the British Pharmacopœia of 1885, and the Appendix of 1890. 12mo, pp. 184. (Bailliére. 8s. 6d.)
- Shoemaker (J. V.).** Heredity, Health, and Personal Beauty. Roy. 8vo, pp. 424. (Davis. 14s.)
- Smith (R. M.).** Physiology of the Domestic Animals: a Text Book for Veterinary and Medical Students and Practitioners, with over 400 Illustrations. 8vo, pp. 928. (Davis. 28s.)
- Snow (H.).** The Proclivity of Women to Cancerous Diseases and to Benign Tumours; being the substance of a Lecture delivered at the Cancer Hospital on Feb. 6, 1891. With Appendix on Heredity as a Cause of Cancer. 8vo, pp. 58. (Churchill. 3s. 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. W. B. Clarke, Indianapolis; Dr. Heath, London; Dr. C. E. Fisher, San Antonio, Texas; Dr. Dudgeon, London; Mr. C. Woolcott, Leamington; Mr. Bossert, London; Dr. T. Simpson, Liverpool; the Rev. F. H. Brett, Carsington; Dr. Th. Kafke, Carlsbad, Dr. Reginald Jones, Birkenhead; Dr. Kinne, Palam, N. J.; Dr. Cooper, London; Dr. Frank Kraft, Cleveland, Ohio; Messrs. Frazer and Co., London; Dr. Drzewiecki, Warsaw.

BOOKS AND JOURNALS RECEIVED.

Allg. Hom. Zeit.—Homeopathic Review. — Zoophilist. — Monatsblätter.—Chemist and Druggist.—North American Journal of Homeopathy. — Hahnemannian Monthly. — Clinique. — Albany Medical Annals.—Southern Journal of Homeopathy. — Homeopatisch Maandblad.—New England Medical Gazette.—Homeopathic Physician.—American Homeopathist. — Homeopathic Recorder.—Homeopathic Journal of Obstetrics. — California Homeopath.—Chironian.—Medical Advance. — The Popular Medical Monthly, Vol. I., Part 1.—Medical Visitor.—Revue Homeopathique Belge. — L'Homeopathic Populaire.—New York Medical Times.—Second Annual Report, Philip's Memorial Homeopathic Hospital and Dispensary.—Mercurism et Syphilis, par le Dr. Gailliard. — L'Homeopatheite du traitement des maladies Tuberculeuses par la Tuberculine de Koch, par le Dr. Gailliard.—Thirty-eighth Annual Report of the Liverpool Free Public Library, Museum, and Walker Art Gallery.—The Medical Annual, 1891.

THE HOMEOPATHIC WORLD.

JUNE 1, 1891.

INFLUENZA AGAIN.

CONTRARY to the experience of former Influenza epidemics, a second severe outbreak of the present visitation has occurred—or, to put it in another way, we are undergoing a relapse of the epidemic. From three to six months has been the usual duration of former attacks: it is now upwards of eighteen months since the present epidemic first showed itself, and we are now almost as badly off as at first. This last outbreak is not to be regarded as a new epidemic; for as a matter of fact we have never been free from the disease since it first showed itself. After the first acute stage of the epidemic (when patients were dropping down with the disease by thousands) was over, odd cases have continually been cropping up, until the present renewal of the disease in epidemic form.

And now, after all our experience, what do we know about the disease which was not known before? Practically nothing! We can generally tell when a patient has got it, and we can treat the large majority of cases with a fair amount of success; but as for knowing what the disease is, and what makes it come in epidemics—on these points we are just as much in the dark as ever.

An enterprising Liverpool editor sent out to a large number of medical men three queries, with a request that they would send him replies. The queries were—(1) What is the cause of the disease? (2) How is it communicated? And—(3) What is the best course for a sufferer to adopt while awaiting medical advice?

The more cautious of the doctors refused to reply, on the ground that the subject was not one to discuss in the public press. This is obvious from the professional standpoint. Such discussions only serve to expose the ignorance of the faculty where the public look for knowledge. For our part we take a wider view of things. We see no reason why the public should not know the limits of the doctors' knowledge. It is sometimes not a little trying for doctors to be the victims of misplaced confidence—to be expected to know things which nobody can know; and we entirely agree with the editor of *Porcupine* in considering Influenza and its treatment a fair question for public ventilation. But whether our knowledge of the disease is greatly advanced by his praiseworthy efforts is quite another question. Here are, in brief, the replies to his queries—(1) The cause is "a germ"—of course! (2) It is communicated by contagion or infection. (3) The best treatment is to go to bed and send for the doctor. The homeopaths add some useful hints about medicines.

With regard to the "germ" or "microbe" of Influenza, any intelligent reader of newspapers could have guessed that as well as a doctor; and in the meantime it must remain merely a guess. Dr. MURRAY MOORE, in his reply, goes into the history of the supposed germ at some length, but though he supports the view that it is traceable to China as its birthplace, he does not add much in the way of proof.

For the present, therefore, Influenza belongs to the domain of medical art, but not to medical science. We can describe its symptoms, recognize its presence, and treat those who suffer from it; but we know nothing that can be called a scientific understanding of its essential nature or its most erratic ways.

THE WAYS OF OLD PHYSIC.

PROFESSOR W. T. GAIRDNER, of Glasgow, has recently delivered an address at Belfast on *Remedies Old and New*. The address was delivered by request before the Ulster

Medical Society, and is published in *The British Medical Journal* of May 2. The full title of the paper is, *Remedies Old and New: Errors and Fallacies, with Suggestions for the Improvement of Therapeutic Methods*. Old Physic has no more candid friend than Professor GAIRDNER, when he is in the vein, and we propose to make a few extracts from his address showing the methods by which Old Physic (which is pleased to style itself "Rational" or "Regular" Medicine) has arrived at its present pass of hopeless muddle, where it must continue to flounder so long as it refuses to accept the only sound rule in therapeutics yet discovered by man.

In reference to blood-letting, once regarded as the chief of remedies, and practised by all the authorities from Hippocrates down almost to the present time, Dr. GAIRDNER says :

"We have not been saved by all our medical experiences in innumerable different times and places from what will now be called a species of idolatry, that is, from a state of mind resting not upon stable fact, but upon extremely insecure and unstable prepossessions—a state of mind not accessible to reason and experience in many respects," &c.

The history of mercury and its application are summed up in this fashion :

"In order to reach even a moderately safe, not to say efficient and stable, position in the therapeutic employment of this powerful drug, we have been obliged to sacrifice on the altar of 'individual effort' hecatombs of victims, and to stumble along painfully through centuries of delusion and mischievous blunders, not to say quackeries, in the search for only a few grains of solid truth."

Antimony was the last of the "old remedies" considered. This drug was proscribed for a century by the Faculty of Medicine in Paris, being condemned and sternly interdicted "by the unanimous consent of all in 1566," to be resuscitated by the same faculty in 1666.

Coming to "new remedies," Dr. GAIRDNER gave a naïve and graphic account of how their virtues and other properties ought *not* to be discovered. Of course he rejoiced

over the "new era" in therapeutics invented by Dr. LAUDER BRUNTON in vivisection laboratory; but his experience of its practice was not very encouraging:

"We cannot possibly overtake this flow of new remedies, or subject even a fractional proportion of them to what we should consider a fair therapeutic trial. Some consideration is due to our patients" [Yes; we should think so!], "and if we should ever attempt to make them the subjects of hasty or ill-advised experiments we should condemn ourselves, and in the end, I believe, do far more harm than good. Some time ago, in using for the first time a brand-new antipyretic drug then just brought into notice by a most elaborate and thorough-going laboratory investigation, I was horrified and distressed at finding that the very first effect brought out by it was hematuria, or rather hematinuria. The oversight was mine. The disintegrating effect upon the blood corpuscles was, indeed, mentioned in the memoir I refer to, but was so mentioned as to lead me to view it as a merely occasional and avoidable accident, quite of secondary importance as compared with the marvellous and very real power of controlling temperature of the drug in question. I need scarcely say to you that I did not give that drug a second time, on the principle, which I ever present to my mind in the experimentation upon new remedies, that if anybody is to be killed by them I had rather it should not be in any way on my advising."

That is to say, if medicine is to be, as Sir ASTLEY COOPER said, "improved by murder," Dr. GAIRDNER would rather not be the improver.

Dr. GAIRDNER then told the following excellent story:—

"It did not materially detract from the world-wide fame of the learned professor in question, nor did I ever hear that it had emptied, to any extent, his overflowing waiting-room. The story was that a lady, finding in her prescription something unwonted, and as she thought 'uncanny' (being possibly an old bird in therapeutical experiments) turned back to get a further explanation from the professor, who was by this time fully occupied with someone else. But the man at the door was equal to the occasion. Taking the prescription into his hand he ran it over with a practised eye, even inured to Latin formulæ by long and faithful service in a medical man's house. He returned the paper to the lady and showed her to the door again, with the remark, 'Ou aye, mem, it's a' richt; they're a' gettin' that, the now.' The professor had been experimenting all round, more or less, with some of the more unwonted metallic salts, salts of titanium, cadmium, tellurium, palladium, &c., most of which, I believe, turned out to be 'tonics,' with the exception of one, which had the awkward

peculiarity of causing the patient to shed abroad such a peculiar and disagreeable perfume or stink (if you will pardon the word) that it had to be forthwith abandoned on this account."

KOCH's treatment comes in for mention among the new remedies, and this is the conclusion of his remarks upon it :

"From the wild rush at Christmas, and for some time thereafter, in search of immediate salvation at Berlin, to the contemplative, profoundly sceptical, and even pitiful state of discouragement in which we found ourselves in April, is a long stride in the way of 'reaction,' and we can only hope that something of more or less permanent value may survive the discomfitures."

Pharmacology, Dr. GAIRDNER thinks, is indispensable "as a stimulus and as a help to therapeutics proper" (whatever that may be), but it can never be permitted in any way to supplant purely clinical work. That is to say, Dr. BRUNRON's "new era" has no place in the practical healing of the sick. The way to improve therapeutics is not by "individual effort" but by combined effort—a "collective investigation." The "new polypharmacy" of proprietary preparations came in for severe criticism; and Dr. GAIRDNER closed his address as follows :—

"When one surveys the immense and ever-increasing list of new remedial agents one is overwhelmed, not alone with the sense of a science advancing by leaps and bounds, but with an equally profound and overmastering sense of individual helplessness in the midst of this *embarras de richesses*. For the average man, anxious only to do his duty by his individual patient, or by his dispensary or hospital, the dilemma as regards many of these new remedies (of which he often knows, and can know nothing save by vague and possibly misleading reports) is a serious one. Shall he (as I must confess I too often do) shut his ears to the voice of the charmer (in the very human shape, occasionally, of the commercial agent) and leave the new remedy severely alone, till (perhaps) it blows over in a few months, or years, as the case may be? Or shall he, on the other hand, strive to extract the greatest possible amount of benefit, or of credit, or of guineas, out of every new remedy in its turn, by using it *pendant qu'il guérit*, as the shrewd old Montpellier doctor said; that is as long as the fashion lasts, and as long as some personal credit can be got for or from the individual drug? Either way (or perhaps both by turns) is not uncommon among us; but we must confess that either way is somewhat ignoble, to say the least of it."

“Can we,” he asked, “do anything towards initiating or discovering a better way?” To which we make reply—“You can and will do nothing to place Old Physic on a better foundation until you acknowledge the ‘better way’ long since discovered and mapped out by SAMUEL HAHNE-MANN.”

NEWS AND NOTES.

INTERNATIONAL HOMEOPATHIC CONVENTION—SELECTION OF PRESIDENT.

It will be remembered that in the first instance Dr. Dudgeon was asked to accept the Presidency of the forthcoming Convention. He, however, has found himself unable to comply with the request, and having definitively declined the nomination, the Committee of Arrangements have chosen Dr. Talbot, Dean of and Professor of Surgery in the Berlin University School of Medicine. We are sure the selection will meet with universal approval.

THE MELBOURNE PRESS AND TRADITIONAL MEDICINE.

RESPECT for Orthodox Medicine is not one of the failings of the Melbourne public press. In an article headed “Killing no Murder,” the *Melbourne Daily Telegraph* of April 4 gives its opinion on the ways of the orthodox doctors; and, as may be supposed from the title, that opinion was anything but complimentary. The writer of the article contrived to embody the greater part of League Tract No. 9, entitled “Allopathy judged by its Professors.” We are glad to see there is so much freedom of opinion on medical matters in Melbourne.

SANITARY REGISTRATION.

WE publish elsewhere a *précis* of a paper by Mr. Lee Beardmore on “Compulsory Registration of certain Buildings as to their Sanitary Efficiency,” which we have no doubt will meet with hearty endorsement among

the more enlightened section of the public. Anything more unsatisfactory than the sanitary arrangements of most public buildings, from the House of Commons downwards, it is difficult to imagine. Hospitals are by no means perfect in this respect, and Mr. Beardmore justly complains that the Committee now inquiring into the management of Hospitals refuses to take evidence on their sanitary condition.

NOTES ON NOSODES.

DR. B. G. CLARK, of New York, has sent us an interesting paper on the action of *Luesinum*, or *Syphilinum*, which will appear in our next issue. Contributions to the elucidation of the action of nosodes are of especial value, as the field is comparatively unexplored.

JOINT-STOCK VIVISECTION NOT ALLOWED.

WE are glad to see that the effort to start a Pasteur Institute with limited liability has not met with the approval of the Board of Trade. The strong memorials presented against the proposal were recognized by the authorities to be sufficiently reasonable to justify their refusing the request of the Pasteurians. Sir Joseph Lister writes to the medical journals a plaintive letter bemoaning their hard lot. If guinea-pigs and rabbits could write letters they would send a sufficient reply.

FREE MEDICINE AS A BID TO CONVERSION.—The whole of the population of the village of Monteynard, near Grenoble, has seceded from the Romish Church and embraced Protestantism under peculiar circumstances. The parish priest was extremely popular with the members of his flock, owing to the fact that, having studied medicine in his younger days, he readily supplemented his theological teaching by some gratuitous practice of the healing art, often supplying his poorer parishioners with medicine also free. Unfortunately the reverend gentleman had in other respects, fallen away from the path of virtue. For this moral delinquency he was removed. But on the arrival of his successor the population turned out and received him with volleys of stones. As a protest against the dismissal of the offending abbé, they have embraced Protestantism and have petitioned the Prefect of the Department for permission to use a schoolroom for Divine Service.—*Chemist and Druggist*, April, 18th.

ORIGINAL COMMUNICATIONS.

A STAY IN GASTEIN.

By OSCAR HANSEN, M.D., Copenhagen.

IN June, 1890, after a stay in Dresden, Prague, and Vienna, I went to Gastein, to take some baths, which my colleague, Dr. Proell, had recommended to me as useful for a neurasthenic condition, resulting from chronic bronchitis. Our colleague, Dr. G. Proell, is one of the oldest physicians in Gastein, and a very competent judge of the Gastein springs. Following his advice I took twelve baths, and as I have noticed the effects before, during, and after the baths, I shall shortly present them here. The baths were all 27° Reaumur, the stay in the bath ten minutes. After having dressed myself slightly after the bath, I had to go to my room, and, an hour afterwards, to bed, where I took my breakfast—tea with milk, two eggs (soft-boiled), bread and butter. Proell advises patients always to take the first bath twenty-four hours after arrival, the baths to be taken either in the morning before breakfast, or breakfast first and the bath three hours after. In the bath the patient must sit immersed up to the cardia, and shortly before leaving it, to the neck. When wrinkles appear on the fingers (the thumb and index excepted) it is time to leave the bath.

The following are the symptoms I experienced:—After the first three baths I perceived stitching pains in the right supraorbital region, and sensation of going to sleep, with “pins and needles” sensation in the right foot, frequent passing of a bright yellow urine—the same symptoms with which the disease commenced in November, 1886. After the fourth, fifth, sixth, and seventh bath, much sweating the whole day. After the eighth and ninth bath great weariness and fatigue, fever, bad appetite. After the tenth, eleventh, and twelfth bath only little appetite and weariness. The baths were all taken from the 22nd June to the 7th July. During the first bath I went suddenly in the water to the neck, and perceived immediately great dyspnea. Before the baths I often felt dyspnea and cough in the morning, but these symptoms I often have from emphysema pulmonum with bronchitis, and cannot ascribe it to the bath. The weather in Gastein is frequently rainy, and as the situation is very high one frequently sees

new snow on the high mountains. Gastein has baths which are unique and powerful; and many diseases, to which the baths are adapted, are cured there. The water is also applied to internal use, and to inhalation.

SOME CURES WITH HIGH POTENCIES.

By D. OGDEN JONES, M.D.

CASE 1.—Psora. *Sulphur*, CM. Warts (sycotic). *Thuja* 10m. W. S., *æt.* 13 years, is one of Dr. Barnardo's boys, and came from the east end of London. When first seen he was comparatively deaf. There was a thick, purulent discharge from the right ear, with an eruption around the ear, which was moist and irritable, < from water. The edges of the eye-lids were inflamed and agglutinated in the morning. There was also nocturnal enuresis, scarcely a night passing without his wetting the bed. Under *Sulph. CM. (F.C.)*, one dose, all these symptoms disappeared, and in a few months from being a pale, delicate-looking boy, he became strong and healthy-looking. His deafness also disappeared.

Some months after, he noticed warts appearing on the back of his hands. These increased in size and number, until the backs of both hands were almost covered. They were about one-eighth of an inch in height, and horny in consistency, cracking and bleeding easily. On December 2, 1890, I gave him *Thuja* 10m., one dose, and when I saw him again, on January 24, 1891, every wart had vanished, leaving his hands as clean as any ordinary mortal's. He stated that shortly after taking the medicine, they began to disappear, and that some became detached, so that he "pulled them out by the roots."

CASE 2.—Mrs. D——, *æt.* 50 years. "La Grippe." Pneumonia. *Pulsatilla* 40m. This patient had been ill six days before I saw her. She was taken suddenly ill with symptoms of "La Grippe;" and thought she would manage without "the doctor." However, she became much worse, and the evening before she sent for me was seized with severe pain in right side of chest, chills, fever, and thirst. When I saw her she had dyspnea, marked pain on deep inspiration in right lung, cough very troublesome, *in paroxysms of two coughs*, expectoration yellow, frothy;

fever—Temperature 103, pulse 120—chills, and slight sweat. Thirst not marked. < From lying, > sitting up. Upon above, I prescribed *Pulsatilla*, 40m., one dose, before examining her lungs, a procedure I always follow, as in prescribing I pay no attention to the pathology or name of the disease. It is enough to *diagnose* the remedy from the symptoms.

On examination, I found complete consolidation of the base of the right lung, with the ordinary signs of pneumonia.

Next morning, when I called, I found the temperature normal, pulse 80; breathing very much easier, no chills since starting the medicine (she was taking a placebo), free from pain, and feeling and looking a different woman. She required no more medicine, and was *cured* in less than a week.

CASE 3.—Mrs. P—, *et.* 28 years, consulted me on October 18, 1889. For two years she had gone the rounds of the profession in the States and elsewhere, had suffered much at the hands of many physicians; was no better, but rather worse.

She stated that for two years she has suffered severe pain, before, during, and after urination. The pain is worse as the water is passing. It lasts for some time—ten minutes—and then gradually passes off.

The pain is sharp and cutting. If she does not go at once, when she feels the inclination, she has very severe pain at mouth of bladder.

The urine is scanty, light in colour, no sediment. The oftener she goes the less pain there is. She cannot retain it more than a couple of hours, and has to rise at night constantly to urinate.

She also complained of profuse leucorrhœa, < in morning on rising; yellowish white in colour, thick, stains linen yellow, and > during the day.

She is at present three months pregnant.

Catamenia, usually too soon, profuse. Had “fainting fits” at the time. First day of flow, severe pain in lower part of abdomen, especially in right ovarian region; also bloating of the abdomen.

(In a chronic case, such as this, the condition prior to becoming pregnant should be considered, and the symptoms included in the prescription. During pregnancy is a most favourable time for treating a chronic case.)

Pain over sacrum, < on exertion and over fatigue. Pain sharp, like a “toothache pain.” Bitter taste in mouth in the morning.

Constipation. Stools hard and large. Desire for vinegar; aversion to sweets.

She is of a sallow complexion, thin, dark hair and eyes. Nervous temperament: very easily worried; and when so, muscles twitch a good deal.

N.B.—She had malaria in Cleveland, and was ill three months. Last fall had typo-malaria. *Has lost flesh since then.* As she was treated allopathically, she came to the conclusion she had been *poisoned* by quinine, and that probably much of her ill-health was due to this. Taking this into consideration, and from the above symptoms, I gave her one dose of *Natrum muriaticum* 50m., F.C., and placebo for a fortnight. This was the only visit she paid me. Her husband informed me in July, 1890, nine months after I prescribed for her, that she was completely cured after taking the medicine, and was in excellent health. I saw her yesterday (April 16, 1891) and she has had no return of her trouble.

Considering the length of time of her ill-health, and the wretched condition she was in when I prescribed for her, a recovery in little over a fortnight is, to say the least of it, satisfactory, and evidence of the wonderful power of a *high* potency.

Some of our friends (?) will say, "Another cure by nature!"

I do not know the *pathology* or *name* of her disease, as I did not examine her. However, that did not prevent her being cured, as the symptoms were, and are in *all* cases, sufficient for a Homeopathic prescription.

126, Carlton Street, Toronto, April 16.

COUGH WITH HEMOPTYSIS.

By ALFRED HEATH, M.D.

Mrs. C, age about 50.

Dec. 27, 1890.—Very much wasted. Thirty years ago woke one night and *vomited* half a pint of blood; a week after again vomited blood. Now complains of a bad cough, which she has been subject to more or less for the last ten years; it has been especially bad for two months. The last day or two on two or three occasions has *coughed* up pure blood, a teaspoonful each time, and is very nervous. The cough makes her very hot, but she *never* perspires. Has

aching pain in right shoulder-blade and right side of chest, upper part. She has slight jerking inspiration and pronounced expiratory murmur between second and third ribs, with dulness; breath short. Symptoms are aggravated by cold air. Gave *Acalypha* 6x, which stopped the hemoptysis.

Dec. 30th.—Better, but cough and pain troublesome, with heats. *Tuberc.* 200, a dose every other day.

Jan. 28, 1891.—Has been better, but cough troublesome in the night; compels her to sit up. *Hyos.* 6 dec., three times a day.

Jan. 31st.—Better, but cough still troublesome in the night. Little expectoration; is worse lying down. Feels weak in her chest. *Kali carb.* 200, night and morning; *Tuberc.* 200, a dose every third day, and to omit other medicine that day.

Feb. 20th.—Much better. Continue medicine.

Mar. 2nd.—Still improving; cough much less. Continue medicine.

Mar. 12th.—Reports cough gone. Better in every way. Feels well. Expiratory murmur not so pronounced, but still heard.

VERBASCUM THAPSUS AND NOCTURNAL ENURESIS.

By Dr. R. K. GROSS.

THE husband of a woman, aged about twenty-eight, consulted me in April, 1884, for the treatment of his wife, who was suffering from dysmenorrhea from the age of eighteen. The patient was cured of her dysmenorrhea by me in about four months. The woman had no children, nor had she ever conceived before I treated her for dysmenorrhea. In September, 1884, she conceived, and in June following she gave birth to a healthy male child. The labour was a tedious one. On the 25th day of the child-birth the patient got cold and a very distressing cough, which troubled her very much and induced much pain in the uterine and ovarian regions. On the 28th day I was called to see the patient. On examination I found that she had an attack of measles, the eruption of which was just coming out. I prescribed *Belladonna* 30, three doses daily, at the same time asked the husband to give his wife a tepid water sponge-bath, which was done. The

next morning I saw the patient again, when I found that the eruption had fully come out, and that her tonsils and uvula were highly congested and swollen. I also found on auscultation, that she had bronchitis affecting the large tubes only. She had also diarrhea. The bronchitis and the diarrhea were cured in one week, and the eruption also scaled off. The patient remained well for three months or so. In October, 1885, the patient's husband consulted me again about a return of the cough. I saw her again on the 29th of October, 1885. The cough was dry, and troubled the patient generally during the night on lying down, especially on the back, and went off on sitting up. This led me to prescribe *Hyoscyamus* 6x, three doses daily. The cough was cured in one week with *Hyoscyamus* 6x, and the patient remained well till March, 1886, when she caught cold and got the same kind of cough, which continued for three weeks or so. I was consulted, and I prescribed *Hyoscyamus* 6x on this occasion also, and the patient was cured in eight or ten days. She remained well till August, 1886, when she again caught cold and got the same kind of cough as was cured by *Hyoscyamus* 6x on two previous occasions. On this occasion *Hyoscyamus* did the patient no good even in one month's medication, although I tried it in varying potencies, from one drop of the mother tincture to the 30th potency. I was in great trouble indeed for finding out a suitable remedy for this poor woman, who said that constant coughing made her uterus and ovaries very painful in moving even a step from her bed or seat, or changing side in bed. Each coughing generally terminated in nausea and even vomiting, and the patient frequently passed pale urine. Besides, she was subject to occasional hysterical fits and fainting during the paroxysms of violent coughing. On examination I could detect nothing wrong in the lungs or bronchial tubes. So, taking the cough to be a nervous one, I decided upon treating it symptomatically, and accordingly I prescribed *Ambergris* 3x trit., in one grain-doses, three such doses daily, and the cough was cured in two weeks. The patient remained well till January, 1887, when she got an attack of cold which was followed by distressing cough and other symptoms resembling those that we often notice in cases of suffocating asthma, each paroxysm of which was accompanied or followed by very exhausting perspiration about the face and the head. The cough would generally come during night,

disturbing sleep. On a reference to our *Materia Medica* my selection fell upon *Sambucus*, and I prescribed it at one-drop doses of the 1x potency, thrice daily. The cough was much relieved by *Sambucus* 1x in one week, but it did not leave the patient entirely, and yet no other medicine than *Sambucus* was indicated. So I prescribed *Sambucus* in one-drop doses of the mother tincture, and the cough was cured in one week by this treatment. In August, 1887, the patient got another attack of cough of the same character as was cured by *Sambucus* ϕ last time. But *Sambucus* did the patient little or no good in this attack, although it was tried in varying potencies—from the mother tincture to the 6th dilution. Such being the case, I was naturally led to the belief that I could not do anything for the patient. So I advised the husband to consult some other doctor in his wife's case. But the patient, who had been cured by me on previous occasions, would not change my treatment, and told me, in a rather piteous tone, that she would continue to be under my treatment as long as she lived. Now my responsibility doubly increased. On a reference to our *Materia Medica* I could not hit on any particular medicine. Just as I was passing over the pages of the excellent work on *Pharmacodynamics*, by Dr. R. Hughes, of London, the following passages in the article on *Verbascum Thapsus* occurred to me—"The only applications to which its pathogenesis had led, have been to prosopalgia and migraine on the one hand, and to *hoarse dry night coughs (like those of Sambucus)* on the other." The italics are mine. "And to *hoarse dry night coughs (like those of Sambucus)*" appeared to me, as it were, a *God-sent* passage in my present difficulty in the treatment of this poor woman. And from what has been said by Dr. Cushing, of Lynn, Massachusetts, and mention of which has been made in Dr. Hughes's book above alluded to, about the cure of constant dribbling of urine and enuresis, generally nocturnal, I was led to take a detailed and minute history of her case from the beginning to the present attack of the cough. She told me in the course of giving me a faithful history of her case, though very reluctantly, that for about six months from the birth of her child she was troubled with dribbling of urine day and night. This was cured by a quack medicine which she said, she thought, induced nocturnal enuresis, even twice or thrice every night in bed during sleep, which was still continuing to her great annoy-

ance and that of her husband too. This symptom, plus the cough above alluded to, led me to the conclusion that *Verbascum Thapsus* would be the right remedy for curing the patient. Accordingly, following Dr. Cushing's practice, I prescribed it at the 3x potency, in one-drop doses, three doses daily. This medicine was taken for a week, during which she had nocturnal enuresis during sleep only twice, and the cough was also much relieved. *Verbascum* 3x was again prescribed for a week, as before. During this week the patient had three nocturnal enuresis during sleep, and the cough had nearly gone. This led me to the conclusion that *Verbascum* would, most likely, cure the patient, if it were prescribed in more material doses. Accordingly, following Hahnemann's recommendations, I prescribed *Verbascum* ϕ , in one-drop doses, twice daily for a week, after which I was called to see the patient. On inquiry, I learnt that she had no nocturnal enuresis during the week; but the cough had not left her entirely. I again prescribed *Verbascum* ϕ twice daily for a week, after which I was informed that the patient had no nocturnal enuresis; but she had still some cough, which now and then disturbed her sleep during the night. I again prescribed *Verbascum* ϕ , a dose every other day, at bed-time, at night. After a week I was informed that the patient had no cough nor any nocturnal enuresis. In the beginning of March, 1888, I was called to see her son during an attack of diarrhea, when she said she had not that "shameful disease," as she called it (nocturnal enuresis) since she had been cured by me. But she was now and then troubled with cough, for which, she said, she did not care much. I was away from Calcutta, for a change, for nearly a year and a half, and did not see her. In January, 1890, she was passing by my house just as I was going out to see a patient of mine. On inquiry, I learnt that she had no return of her nocturnal enuresis ever since her cure by me, for which she blessed me as if with a thousand tongues.

Nocturnal enuresis, to my knowledge at least, is rather a common occurrence in this country, especially in Bengal, more particularly among children. Seeing the very good results which I got in the case which forms the subject matter of this paper, I have tried *Verbascum Thapsus* in no less than 30 cases of nocturnal enuresis, of children, adults, and old people, both male and female, where *Belladonna*, *Cina*, *Scilla*, *Ac. Phosphoric*, and other well-chosen

and appropriate medicines had failed to do any good, in the course of the last fourteen months. Out of these 30 cases, 18 were radically cured. Out of these 18 cured patients, 8 were boys and girls whose ages varied from 10 to 14, 6 adult females whose ages varied from 18 to 30, and 4 were rather old men whose ages varied from 50 to 65. Of the 12 uncured cases, 6 have much improved and are still under my treatment, and the remaining 6 cases are getting worse in spite of all treatment. I have told them to consult some other doctors here, as I have little or no hope of being able to cure them. I have had no occasion to prescribe *Verbascum Thapsus* in the treatment of the kind of cough which was cured by *Verbascum* in the case of the woman above alluded to.

70-1, Mániktalá Street, Calcutta, March 18, 1891.

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XII.—*Sulphuric acid*. May 6, 1874, Miss S., aged 38, 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; the attack had lasted some hours. Had suffered from these attacks at times for months. She is phthisical, with strongly phthisical hereditary diathesis.

Diagnosis of the remedy.—No medicine is known to have either produced or cured this symptom, but *Sulph.-acid* has produced a similar symptom in the head:—80. "Thrust in right temple, as if a plug were sticking in and constantly pressed deeper." I dissolved a few pellets of *Sulph.-acid* Cm. (Finckè) in water, and ordered a spoonful of the solution to be taken three times daily till better. A few doses quickly and permanently cured her; she has had no return, though seventeen years have now elapsed.

Comments.—(1) This case is another illustration of the truth of Benninghausen's statement that a medicine which has produced a very peculiar symptom in one part of the body, will often cure it when occurring in other parts. This teaching I have frequently verified (see CASE VII.). From

this it is evident that no *Materia Medica* can be perfect in its arrangement which does not contain under each medicine a special rubric of "Sensations," where the various symptoms of the remedy are classified, not according to their anatomical region, but according to their character. Neither can any *Repertory* be satisfactory which does not comprise the same classification. This is absolutely necessary, that we may be able to select the *simillimum* by means of analogy, as we are often obliged to do when we cannot find the symptoms of the patient exactly described in the *Materia Medica*. Hering's *Guiding Symptoms* is the only *Materia Medica* where this arrangement is fully carried out; and Boëninghausen's *Pocket-book*, which will be incorporated in Lee's *Repertory of Characteristics*, accomplishes the same work repertorially.

(2) *Sulphuric acid* seems to be a remedy seldom indicated in this part of the world, though the experience of physicians in other countries may be different; as often happens owing to the varying influences of climate on the type of disease. I have only had to prescribe this remedy in three other cases. On February 20, 1874, Miss A. complained of a feeling of a lump in right outer canthus; on closing eye, the lump seemed to move to right inner canthus; and on again opening the eye it seemed to move back again. The *Materia Medica* gives—106. "Sensation of a foreign body in right outer canthus, in morning when walking, disappearing in the house." 117. "Pressure in outer canthus." One dose of *Sulph.-acid* Cm. (Finckè) cured. On October 5, 1884, I prescribed for Miss B., aged 18, suffering from phthisis; the characteristic symptom of her case being cough followed by eructations. The *Materia Medica* gives—393. "Eructations, at first empty, then bitter, slimy, in morning after coughing." 406. "Food rises up again after coughing." A few pellets of *Sulph.-acid* Cm. (Finckè) dissolved in water, and a spoonful of the solution given every six hours till relieved, soon removed this symptom, and much improved her general condition.

On April 27, 1881, I visited Mr. P., aged 38, who had suffered for four years with general paralysis, and had been confined to his bed for three weeks. I found some horrible bed-sores, one on each tuber ischii, one on lower part of sacrum, and one on right hip; they were black, bleeding, discharging offensively, and painful on moving. Lippe's *Repertory* gives (p. 266): "Chafing with gangrenous

ulceration, becomes easily chafed with walking or riding: *Sulph.-acid.*" I dissolved a few pellets of Cm. (Finckè) in water, and gave a spoonful of the solution three times daily. When I saw him again on May 5th he informed me that in three days the bed-sores had become drier and less offensive; and he had slept much better. *Terebinthina* 200 was then given for the remaining symptoms, intense pains in legs, and complete euthanasia occurred in eleven more days. This latter symptom of *Sulph.-acid* is not to be found in the *Materia Medica*, and is therefore probably clinical; but it proved of great value in this case. Why should we ignore clinical experience, especially when HAHNEMANN endorsed it?

(3) It may be useful to point out that symptom 106 of *Sulph.-acid* is contributed by Nenning; and the cure effected through this indication is another demonstration of the reliability of his provings, which have been unjustly disparaged by some physicians.

48, Sussex Gardens, Hyde Park, W.

CALENDULA OFFICINALIS: ITS ACTION, ESPECIALLY IN CASES OF OBSTINATE DEAFNESS.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London Homeopathic Hospital.

(Continued from page 108.)

CASE 53.—Frank G., *æt.* 11, date 7th July, 1890. Had deafness very badly four years ago from a draft of cold air that induced an abscess in the ear, and got better under an aurist; eighteen months ago had mumps, and has been very deaf, and treatment has failed. No discharge this time. Lately has had quinsy, which has left him still worse; cervical glands, especially on left side, swollen; hears best in a noise.

Has been away for change without benefit.

Membrana tympani fairly natural. Hearing (watch) R. 10 in., L. 1 in. Appetite not good; sleep good. *Calendula Off.* 3rd dec., gtt. vii.— $\frac{3}{4}$ ss. gtt. v. t.d.

This boy went on uninterruptedly improving from above date till last seen, 15th October, 1890, when he was hearing almost perfectly for conversation.

Hearing distance (watch), R. 50 in., L. 20 in.

Result: Most satisfactory cure (or all but a cure), due to *Calendula* alone.

CASE 54.—Mr. L., *æt.* about 50, date 23rd June, 1890. Deaf since scarlet fever, at five years of age; weak lungs.

Soon after taking *Calendula Off.* ϕ gtt. xv.— $\bar{3}$ ss. gtt. v. t.d. with *Calendula Off.* 2x. (trit.) caught a severe cold, and deafness was increased. Not seen since.

Result: In a case of such long standing, and in a patient so sensitive, it would not be fair to attribute the cold to *Calendula*.

CASE 55.—Fredk. S., *æt.* 20, date 14th July, 1890. Deaf since measles at seven years old. Hearing distance, R. not, L. 45 in.; R. lately injured by local application of hot oil; perforated.

Ferr. Picr. 3rd dec. was given for a fortnight, and then *Calendula Off.* ϕ gtt. xv.— $\bar{3}$ ss. gtt. v. t.d., the prominent symptom then being *cracking in the right after getting up after stooping.*

After three weeks he returned, saying the cracking in the right ear had left, feels vertiginous on pressing upon it.

Result: Possibly "the cracking in ear" may have been removed by the *Calendula*.

CASE 56.—Miss B. C., *æt.* 19½, date 16th July, 1890. Deaf three years; is nervous, and suffers from palpitation of the heart.

Cause of deafness unknown, but had much sore throat when it came; tinnitus very bad, worse on lying down at night, and pains in both temples, slightest cold or damp, upsets, can't hear if excited; throat full of clinging phlegm.

General health.—Bilious, nervous, anemic, M. P. scanty, less painful since under Homeopathy (four months); right stops it, did so last time, some leucorrhœa, no bearing down.

Some ozena; discharge (offensive) comes in throat at night, Hearing distance (watch), R. 20 in., L. 22 in. Prescribed *Daph. Mezer.* 3rd dec. gtt. xv.— $\bar{3}$ j. gtt. v. t.d.

Went on with the *Mezereum* for two months, taking during the last month *Carbo Anim.* 3rd dec. in the form of a snuff when threatened with a cold, and on 20th August the report was:—

Improved; tinnitus in right still, less phlegm, pain in temples much less. Hearing exactly the same. *Calendula Off.* ϕ gtt. xv.— $\bar{3}$ j. gtt. v. t.d.

September 17th. Has been better, nose dry, discharge

seems to creak in it, hears better and more distinctly. Hearing distance, R. 30 in, L. 40 in.

October 21st. In every way better, dryness in nose better, much less phlegm in throat, some tinnitus still. Hearing distance, R. 50 in., L. 50 in. (N.B.—60 in. would be normal.)

Result: Splendid cure from *Calendula* unaided.

CASE 57.—MISS M., *æt.* 17, date, May 7, 1890. Post-nasal blocking, thickness of speech, with history of otorrhœa and otalgia in childhood.

Hearing distance, R. normal, L. 5 in.

In this case post-nasal scrapings were resorted to, and *Calendula Off.* ϕ , $\frac{1}{2}$ drop doses thrice daily given, and under this her hearing became perfect after some five weeks' treatment.

Result: Cure mainly due to *Calendula*, but rendered doubtful by local treatment.

CASE 58.—HENRY F., *æt.* 64, date, July 26, 1890. *Right ear*: Hearing distance, 2 in. (nearly), getting deaf one year, very bad last six months. Tuning-fork fairly. *Left ear*: No hearing, gone for many years. Tuning-fork fairly. Right ear discharging last two weeks, used to have watery discharge from the right after every cold four years ago; constant humming tinnitus; right ear relieved by lying on this side of head. Dates the left getting deaf to the use of precipitate ointment for ringworm at six years old, which left him susceptible to colds in head affecting the ears; deafness came gradually after this. Left used to discharge (matter) up till eight or nine months ago, and as a child used to discharge for years on getting a cold. Bowels regular, appetite small, general health good.

Hearing is worse in damp weather. Prescribed: *Calendula* ϕ gtt. xv.— $\bar{3}$ j. gtt. 5 t.d.

August 8th. Ear still discharges a little. Feels much better in himself, and yesterday hearing of right ear returned. Humming tinnitus is less.

September 24th. Feeling much improved; humming less, discharge in right still, appetite much better, and hearing much better. Watch-hearing unchanged. Prescribed: *Calendulin** 3rd dec. two grains thrice daily as snuff and medicine.

October 15th (last time of seeing). In every way improved;

* Extracted with ether.

"the tubes feel clearer," hearing well (watch-hearing R. 3 in., L. as above), humming much less. To continue.

This case improved to a degree far greater than might be supposed from the watch. He was hearing practically well when last seen. The improvement in appetite, and freer action of the bowels, under *Calendula* are noteworthy.

CASE 59.—Miss P., *æt.* about 33, date, July 28, 1890. An old and very "unhappy" case of vascular deafness, which has been under every available treatment. Four years before above date I had treated her with doubtful success, and while under me she used of her own will some kind of magnetism, which she thought had done her much harm. Hearing distance, R. 1 in., L. 3 in. Present symptoms are getting worse since January; they are: tinnitus sometimes very severe, and constantly recurring headaches of great severity, very forgetful, nasty taste (and smell objective) from the mouth. Prescribed: *Calendula Off.* ϕ gtt. xv.— $\bar{3}$ j. gtt. v. t.d.

No benefit accruing from this, I gave her gtt. xxx.— $\bar{3}$ j. in same dose on August 16, 1890, and on October 1, 1890, she returned, saying the medicine seemed to go at once to the right ear and make her deafer, it seemed "to go dead," and tinnitus got worse, so she left it off, and then the tinnitus got better. The medicine also did her a great deal of good for the headaches, which had been very severe, the expression of her face brightened up, and the nostrils became freer (there was no post-nasal obstruction).

Result: Aggravation of the ear symptoms, and improvement in all the accompaniments.

CASE 60.—Mrs. V., *æt.* 28. Nervo-vascular deafness, due to ovario-uterine irritation of some eight or ten years duration, and in which all prescribed remedies had completely failed for some four years.

On July 30th, gave *Calendula* 3rd dec., the hearing then being R. 6 in., L. off contact; and on October 10th hearing had gone up to R. 20 in., L. as above.

This is, I think, the first remedy that has ever given this patient help.

CASE 61.—Miss W., *æt.* 51, date, 9th September, 1890. Hearing Tuning-fork well; watch, R. not at all, L. off contact. In 1859 was completely deaf, and Toynbee syringed her ears, but without putting in wool afterwards, consequently sounds were most disagreeable and seemed to deafen her; anyway, has been on and off very deaf since

then. Two years ago began wearing artificial ear-drums and got better for a time, but a year ago became very deaf and was relieved by syringing. Not much tinnitus, worse in damp weather, used to be better in a noise, not so now.

Functions normal.

Some post-nasal catarrh, membranes old, thickened catarrhal appearance.

Under *Calendula Off.* ϕ one drop in three doses every day, and *Calendulin* 3x. 2 grs. n. and m. as snuff, the voice-hearing very manifestly improved: the patient is still under treatment, and continues to improve. While taking *Calendula* this patient observed her bowels to act better than they had done hitherto.

CASE 62.—Mr. C. A case of chronic senile deafness with eczematous meatuses: *Calendula* ϕ in $\frac{1}{3}$ drop doses has somewhat helped the hearing, but has decidedly helped a tendency to constipation.

CASE 63.—Miss B., *et.* 15, date, 26th June, 1890. Deafness which has come gradually, history of ear-ache and otorrhœa after measles at four years old, and of spinal curvature and enlarged tonsils, which were cured two years ago; also of pneumonic congestions and whooping-cough, but unable to say when deafness commenced, certainly as far back as three years. Catamenia came four months ago, and have been very irregular since.

Calcar. Carb. 200 seemed to benefit deafness very much, then M. P. came on very profusely, and went back in every way, then *Calendula* ϕ was given, but after taking it two days her eyes became inflamed. It was discontinued, and *Calcar. Carb.* 200 again given, but without benefit. Then the hearing continued at its improved height, but without changing, for some two months, when *Calcar. Carb.* 200 was given night and morning, and *Calendula Off.* 3rd dec. twice a day; with this prescription decided improvement set in, and was thought by friends to be hearing better when last seen, 26th October, 1890.

Result: Possible tendency to inflamed eyes under *Calendula* in ϕ form; decided relief to deafness under 3rd dec. along with *Calcar. Carb.* 200.

This completes the cases taken from my private books, and every instance in which *Calendula Off.* was prescribed, and in which the result of its action was known or suspected is given. And without any hesitation I can affirm that no remedy known to us would have acted in a way so

generally beneficial; it is not alone that *Calendula* cures certain cases, but it is that it benefits so many. But more of this further on.

I shall now give notes of cases that are selected from my Hospital books; these are but a few from a very large number.

CASE 64.—Alice B., *æt.* 12 years, date 1st February, 1890. Ill two years. Deaf, with double otorrhœa. Prescribed *Calendula* 3rd dec. No report for nearly three months; returned 19th April, hearing better. Prescribed *Calendula* ϕ gtt. vij.— $\frac{3}{4}$ vj. 3j. t.d. (polypus was removed).

3rd May, 1890. Patient kept on with this, gradually improving; the hearing had got decidedly better, but is now having “gum-boils, gums bleed, mouth is sore, and cries very much.”

Other selections were now given, and this last report is noted in case the testimony of other cases should show it to be an aggravation from the *Calendula*.

Result: Fair improvement from *Calendula*.

CASE 65.—Mr. P., *æt.* 40. Old recurring vascular deafness. *Calendula Off.* ϕ gtt. vij.— $\frac{3}{4}$ vj, 3j t.d. Result, after two months' interval: Very much better; been three weeks without medicine, and has been worse, especially in the evening; the right ear, which was the worst, is now much the best. Hearing (watch) went up from 2 in. on both to 8 in. on R. and 3 in. on L.

CASE 66.—Rachel E., *æt.* 20, date, February 23, 1889. Deaf from scarlatina at 3 years old; comes on after taking least cold. Prescribed *Calendula Off.* 3rd dec., pil. i. t.d. and *Calend. Off.* ϕ gtt. vij.—*Sacc. lact.* 3ij. gt. i. t.d. as snuff. Not seen till October 4, 1890. “Was hearing splendidly till last week, when caught cold in left ear, with otalgia, leaving her deaf.” Gave *Calend.*, and soon got well. Result: Cured.

CASE 67.—Case of deafness, with recurring otalgia. “Can't get on without the medicine,” viz., *Calendula* ϕ .

CASE 68.—Dolores A., *æt.* 12. Double otorrhœa, with deafness. *Calendula Off.* 3x was given with very great improvement in both symptoms, which were subsequently cured with *Calcarea carb.* 200.

CASE 69.—Deafness with perforations. *Calendula Off.* 6 pil. i. t.d. Result: Very great improvement.

CASE 70.—Deaf with double otorrhœa in a girl of 15. Result: Cure.

CASE 71.—Louis U., *et.* 36, date February 2, 1889. History of abscesses in ears in childhood and in adult life. Hearing distance, R. off, L. 11 in. Cicatricial membranes; pharyngeal and laryngeal catarrh; follicular hypertrophy. Voice very weak, can hardly speak in the morning; voice falls off; much phlegm about throat, varies with the changes of weather, but can hardly say if worse in damp. This case proved very obstinate, and various remedies were given until, in October, I gave *Calendula Off.* ϕ gtt. xiv.— $\bar{3}$ vj., and then he began improving in every respect. Before this *Calendula* had been given on two separate occasions without much benefit, showing that if a remedy be well indicated, we ought not to despair because of failure on first or even on second trial.

CASE 72.—Mrs. W., *et.* 46. Deaf from cold, worse night and morning. Had headache and ear-ache, followed by abscess in left ear five weeks ago. Cannot distinguish sounds. Hearing, L. 30 in. *Calend. Off.* 3rd dec., dil. gtt. vij—zij t.d. Second week: Has felt much better, but deafness worse. More deaf night and morning. Outside noises worry and deafen her. *Thick, stupid feeling in head;* worse when takes cold; felt most in damp and in the midst of a noise. Watch-hearing normal. *Calend. Off.* 30 pil. i. t.d. Fifth week: In every way better, except that street noises cause head to ache. Result: Cessation of all unpleasant symptoms under *Calend.* 30th.

CASE 73.—Charles P., *et.* 18. Vascular deafness with catarrhal symptoms pointing to middle ear. Membranes suffused, thickened. No symptoms but deafness. *Calend. Off.* ϕ gone on with from January to August, was attended with continuous improvement. Hearing distance, 8 in. and 3 in. in beginning; last report in August, 30 in. 5 in.

CASE 74.—Henry W., *et.* 32. Deaf seven years. Report on June 17, 1890: Medicine, *Calend.* ϕ for a month; tinnitus much better; deafness same; medicine seems to cause painful indigestion.

CASE 75.—Saml. Garrard, *et.* 22. Deaf two weeks; inflammatory deafness; fiery redness of the membranes. Hearing, 12 in. and 25 in. Hearing gradually returned within the fortnight under *Calend. Off.* ϕ gtt. vij— $\bar{3}$ gtt. v. t.d.

CASE 76.—Obstructed eustachian tubes. On two occasions *Calend. Off.* ϕ has been followed by restoration of hearing when other selections failed.

CASE 77.—Noises and deafness of eight or nine years' standing. Result: Tinnitus much relieved; deafness unrelieved by a fortnight of *Calendula*.

FRIEDRICH HAHNEMANN.

By DR. DUDGEON.

THE obscurity that surrounds the life of Hahnemann's only son after his abrupt departure from Germany, or rather from Wolkenstein, in Saxony, whence he fled, without any known sufficient reason, leaving behind a wife and children, whom he was never to see again, increases our desire to know something about the state of his mind before his final disappearance. By the kindness of my esteemed friend and colleague, Dr. S. Hahnemann, Hahnemann's grandson, and Friedrich's nephew, I have been permitted to see all the letters preserved by his family, which were received by them after his flight from Wolkenstein, from which we can draw our own conclusions.

Friedrich Hahnemann was born November 30, 1786, in Dresden. He seems to have been delicate in health, and was afflicted with spinal curvature. He went to school at the Gymnasium in Torgau, began his medical studies at Leipzig, in 1808, published his book in defence of the *Organon*, against Hecker, in 1811, wrote his inaugural dissertation, *De ulceris cancris ortu et curatione*, and took his degree in 1812, soon after which he married, and went to practise in Wolkenstein, where he got into trouble with the apothecaries for dispensing his own medicines, and then he fled, as above stated (in 1818 probably). The next we hear of him is in a letter he wrote his father, dated Helder, in Holland, September 8, 1818, where he says he had much to do, and was very well off. From another letter to his father, dated May 23, 1819, he says he had been practising in Hamburg, and there again got into trouble with the medical authorities for dispensing his medicines, and he seems to have fled from Hamburg in such a hurry that he left important papers behind him; and he apparently had a great fear of his whereabouts coming to the knowledge of the authorities, as though he believed that he might be arrested at the suit of the Hamburg Medical Board even in England. In none of his letters to his family does he give any particular address. He evidently has a great dread of being pursued, but whether only by the police, or by his wife, or both, is not quite clear. In several of his letters he begs his correspondents not to let his wife know that he has written to them. Letters of April, and 18th to 25th of May, 1819, are dated "London," and on the 12th of September he writes from Truro.

How long he remained there I cannot say, but the next letter is dated "London, June 25, 1820;" and the next, the last, "England, November 6, 1820." The envelope of this letter bears the post-mark, "Cambridge." After the letters of May, 1819, his style of writing becomes so wild and eccentric that it is evident his mind is unhinged. No traces can be found of the letter alluded to by his father in letter 19, of the lately published collection, of the date of July 19, 1827, in which the elder Hahnemann mentions a communication lately received from his son, announcing his intention to pay a visit to Germany soon. But this shows that Friedrich was still alive and at liberty at that time. What became of him after that is not known.

The letters he wrote from London between the 18th and 25th of May* contain many interesting observations respecting the things that struck him on first coming to London. I will now proceed to give some extracts from these letters, which will be found worth reading, independently of the interest attached to the writer. They reveal a simplicity and *naïveté* of mind which seems to preclude the idea that the writer's erratic behaviour was caused by any inherent badness, but lead us charitably to suppose that the scrapes he got into, and the sudden flights he made from various places, were caused by a timidity of disposition, which appears later to have developed into that form of insanity in which the patient imagines he is pursued by enemies. He takes infinite pains to conceal his whereabouts from his imaginary persecutors. There are even a few traces of this morbid timidity in the letters from which the following extracts are taken:—

The letter to his father throws a curious light on the state of his mind and his feelings towards his wife. It bears date, London, May 28, 1819; and is as follows:—

"DEAR FATHER,—Not Bath, but London, is my present residence. That I write on Bath paper is merely habit.

"You say I should dismiss all paltry fear. But you mistake prudence for fear. I am as friendly to the former as I am hostile to the latter. The prudent man neglects the unnecessary, the timorous man the necessary. In order to inform you that I enjoy a competency, and in order to learn how everything is going on, it was not necessary to give my address nor the date. But as soon as I learned how things had turned out, I mentioned town and date. But I do not consider it necessary to make it generally known. Thus, for instance, it would be of no advantage to me if the people of Hamburg knew it, because I had there a bother with the apothecaries (and the doctors

* They are seven in number, to his parents and five sisters, and are all in one envelope addressed to his father. The postage, prepaid, was five shillings; a similar letter now would only cost fivepence.

dependent on them), which came before the public, in the course of which I openly appealed to the conscience of the authorities. The affair is not yet ended. I do not want to go further in the business. It is known that I am travelling.*

“What you kindly communicate to me makes me wiser. I am very sorry that I was so imprudent in many things. I will not, however, allow myself to be so befooled in future, whatever it may cost me. For Cicero also says: *Nescio qui nos teneat error, aut miserabilis ignoratio veri.*

“According to my present mode of viewing things, I think it right to make no, not any, change in the affair. That is to say, I will neither allow any one to follow me, nor will I give her any explanation on this point. If it depends on me, I will not say a syllable about it. My letters to her are extremely short.† Before undertaking anything of the sort I think of talking the matter over with you and mother. I will only send her so much as will render it easier for her and the children to live. Nothing for any other purpose. Six weeks ago I sent her a bill for 8½ pounds sterling (I thought this would just make 50 thalers, but they paid her nearly 52 thalers for it). The next remittance I send will be for mother. Only after that will I send another to my wife.

“Minna’s death ‡ made a *peculiar*, I will not say *bad*, impression on me. To be able to be serious is now a comfort to me, and everything of an opposite character is repugnant to me. In

* “I have given to some one in Hamburg some papers to keep. For I thought that, besides my diploma of M.D., and my passport, I needed nothing more (I found them quite sufficient). This man will, before the end of this year, send by post what he has in his possession addressed to you. (You have only to pay the postage.) When this happens, I do not wish you to write an answer to the Hamburg man, but only let me know of it. Should he send a letter along with the papers, you may send it on to me. Mother may open the packet, count the number of pieces it contains, and tell me how many there are, but don’t send any of them here until I ask for them. I might have saved you this trouble if I had thought it expedient to commission the man to address these documents to my wife. *Sapienti sat!*”

† “She does not know that I write such long letters to you. She does not even know *if* I write to you at all, far less *what*. Therefore, what you do not consider it advisable to tell her about my correspondence, or about what I send to you, leave it untold. I have already repeated that I commissioned Amalia [his sister, the mother of our London colleague, Dr. Süß Hahnemann] to give something to my wife. It would be agreeable to me were it forgotten. But you may tell her all you think needful, because I will neither deny nor affirm anything. I shall be as it were dumb. But if she talks of coming after me you can follow Plautus’s advice: *Etiam illud quod scies, nesciveris.*

‡ [In a letter, dated April 1, 1819, to his sister Amalia, he mentions that he heard of Minna’s death from his wife, and he adds, “Never, never has anything affected me so strongly. Sit down immediately, dear Amalia, and write me all, all, all about the good girl.”]

short, I am of Aristotle's opinion when he says: *ὅτι το γελοιὸν μόνον τοῦ αἰσχροῦ ἔστιν.*

"I am very glad in more than one respect that the second edition of your *Organon*, and the fifth part of the *Materia Medica*, have come out. I will procure them.

"The bookseller Bohte (the *h* must be before the *t*) is a busy man. In his book catalogue he has already got the first edition of your *Organon* (under the No. 3024). Though he understands more about commercial affairs, the scientific matters are managed by a member of the Co., who is at the same time the royal librarian. The other bookseller you mentioned to me is non-existent. But, on the other hand, we have Boosey. He has the largest business with Germany. There are here special booksellers for the medical profession, for the lawyers, &c. There are upwards of two hundred booksellers here.

"Before concluding, I must tell you of an observation relating to our profession: Last Thursday morning I had an opportunity of seeing how the most violent epileptic convulsions, with protruded eyes and whitish-grey foam at the mouth, were instantaneously allayed by a plateful of cold water dashed in the face, and so thoroughly, that consciousness and the whole former natural, healthy condition, together with perfect bodily strength, as shown by quick running, was restored with lightning rapidity. There was consequently no subsequent drowsiness or anything of the sort. N.B.—No other medical means were employed.

"With everlasting love and esteem from your Son."

Evidently Friedrich was taken in by one of the London rogues, who try to excite the compassion of bystanders by shamming epilepsy in the street, and by means of a bit of soap produce an appearance of foaming at the mouth. That he got up and ran away when some knowing person dashed cold water in his face shows that he was a common imposter.

(To be continued.)

KOCHIANA.

From a telegram in *The Times* we learn that the Koch treatment has been given up in all the hospitals in Philadelphia.

The *Medical Press* of May 13 reports a post-graduate lecture by Dr. Octavius Sturges in which he relates a series of cases of disease in children in which the symptoms were absolutely indistinguishable from those of tuberculosis, and yet there were no tubercles present. "I will endeavour to show how few, if any, are the infallible signs of the disease there named (Tuberculosis); how children dying, as it seems, of tubercle, are found after death

to have no tubercle whatever; how the most characteristic 'tubercular' symptoms—extreme wasting, head retraction, repeated convulsions—will sometimes end in recovery; how, in a word, what we call clinically the 'tubercular state' may be found anatomically not to involve tubercle." Dr. Sturges' cases abundantly maintain his position, and he contends that the term tuberculosis is not well chosen and the difficulty is not got rid of by saying that there is a true tuberculosis and a false. Dr. Sturges' observations throw considerable doubt on the question of how far the bacillus of phthisis is a cause of consumption and how far its presence is a result, and show conclusively the immense superiority of Hahnemann's method of approaching disease from the side of its manifestations—its signs and symptoms—and not from its morbid anatomy.

A glimmering of the right way of using *Tuberculinum* has appeared at last among the allopaths. A writer, says the Berlin correspondent of *The Medical Press* (April 25), has found out that *the thing to avoid is the reaction fever!* At first he was strongly opposed to the treatment, but since he learned to make the dose so small as not to cause fever he has got good results. This is how Hahnemann first learned infinitesimal dosage.

A rapidly fatal case of meningitis, with "enormous hyperemia" of the brain, found post mortem, has been observed after ordinary dosage of *Tuberculinum* (*B. M. J. Supp.*, May 16). If the precaution to keep the dose small enough to avoid reaction had been observed, cures might have resulted. It is especially in cases of tubercular meningitis that *Tuberculinum* has acted so brilliantly in homeopathic hands.

The Koch Institute is to be established in Berlin. An annual sum of 165,000 marks has been voted in the Prussian Diet, but not without a dignified protest and warning from Professor Virchow. He complained of the haste and precipitation with which the proposal had been taken up; hoped the outlay would bring forth the hoped-for results; and trusted that in future the matter would be approached in a soberer and also a juster spirit (*B. M. J.*, May 26).

Dr. Richardson, quoted by *The Homeopathic Physician* for May, has delivered himself as follows:

"The fates have not been propitious. The secret is, partly, out, but many believers in it, whilst it was a secret, shrug their shoulders now and think without utterance. Ah! if they had but known that the remedy was a poison, administered in infinitesimal proportions, they would have left it for the homeopaths to manipulate, according to their dogma and their heresy!

And here are the homeopaths laughing actually at us of the school of legitimate (*sic*) physic, because we have been caught vulgarly swallowing their dogma, admitting even the effect of the infinitesimal dose, and they themselves keeping out of all danger within their own lines. Incredible humiliation!"

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

EIGHTH Meeting of the Session, held on Thursday, May 9, 1891. Mr. KNOX SHAW, Vice-President, and subsequently Dr. DUDGEON, President, in the chair.

Dr. E. T. BLAKE, of London, read his paper entitled *A Study of Staphisagria*.

Dr. BLAKE said *Staphisagria* was adapted to the two extremes of life. He mentioned that it had been used in senile sciatica and in prolapsed bladder. In the latter disease he applied the drug locally as well as giving it internally. Prostatic hypertrophy had been benefited by *Staphisagria*. It was indicated when there were restless nights followed by sleepy days; the patients had dreams of murders or encounters with wild beasts, as with *Stram*. Neuralgia of the left deltoid was now included among the diseases cured by *Staphisagria*, and in illustration of this Dr. Blake related a case.

DISCUSSION.

Dr. BURFORD praised the practical nature of Dr. Blake's paper. Referring to Dr. Blake's mention of *Pulsatilla*, he recalled Hahnemann's note that many of the symptoms of *Pulsatilla* are traceable to flatulence, and disappear when the flatulence is got rid of. Many symptoms which are useful indications for a drug are not found in the provings. Too much attention may be paid to provings. The characteristic tongue of *Pulsatilla* is a white one, but this does not appear in all. *Apis* is said to be of great value in nephritis; there were no nephritic symptoms in the provings. Clinical totalities and careful records of cases were quite as essential as the provings. He was astonished that Dr. Blake should use oil of *Stavesacre*, as it was well known as a violent irritant.

Dr. COOPER said when he first came to the Homeopathic Hospital *Staphisagria* was much more extensively used than it is now. He would look upon it as a remedy of great value in ear diseases. It acts on teeth and alveolar periosteum, but he

had never "come in upon" the action of the remedy. Until one has been familiarized with a drug one does not get out of it so much as would be expected. Dr. Wilson had cured many cases of eye disease when the symptom "heat in the eyeball so great that it dims the spectacles" was present. He thought the history of the drug might be better known—its botanic and popular medical history. *Staphisagria* with old herbalists is spoken of as "louse-wort." He placed very little reliance on local applications. It was impossible to differentiate between the action of several drugs—*Hydrastis*, *Staphisagria*, and others—when locally applied.

Dr. FERNIE referred to the history of the drug. He said the ancients, Pliny and Dioscorides, used the seeds as a purgative. Pliny used the powder of the seeds to the scalp to destroy vermin. He had not read that it caused any eruption. Dr. Phillips says there are two principles—*Delphinium* and *Staphisagrin*—which have different, and even opposite, action. Did not the administration of the entire drug entail the counteracting of the one principle by the other? He thought the history of the drug was pretty well known, and the names capable of explanation. The oil is described in Martindale's *Extra Pharmacopœia*.

Dr. CLARKE had had experience in many of the uses of the drug mentioned by Dr. Blake. In a case of prolapsed bladder where there was sensitiveness of the pudenda as shown by aggravation on sitting down, *Staphisagria* had given great relief. He had frequent occasion to use it in toothache. He had put on record a case of enlarged tonsils in which the symptom "stitches from throat into ear on swallowing" had led to its use, which resulted in speedy cure. Tumours of the eyelid had disappeared under its use, and excrescence on the gums.

Dr. HUGHES was very glad that there should be a "*Materia Medica* night" occasionally; and to have a drug brought before us so well proved and so little used as *Staphisagrin*. Its possession of such alkaloids as *Delphinine* and *Staphisagrin* shows its energy; and Dr. Hughes thought that the powers of these substances gave us the clue to the action of the present drug. *Delphinina* acts like *Aconitine*, inducing a numbness and tingling in the extremities, which, as with its analogue, would probably go on, if pushed, to neuralgia. Hence, the value of *Staphisagria* in neuralgia of arms and legs. On the other hand, *Staphisagrin* is an irritant, and the mother-plant is of undoubted value in such a condition when occurring in the genito-urinary organs, especially when old gonorrhœas have crept through the seminal ducts into the prostate. His (Dr. Hughes') own experience had been mainly in those quarters; but also as a preventive of recurrent styes.

Dr. KNOX SHAW had been anxious to find something to relieve

tumours of the lids without operation, and had given *Staphisagria* 1x to 8 among other drugs, but he got no results. The natural cure is by inflammation, and he thought the case referred to by Dr. Clarke was cured by nature and not by *Staphisagria*.

Dr. CLARKE said the tumours existed a long time, and had no tendency to inflame before *Staphisagria* was given. Moreover, *Staphisagria* corresponded to the patient, and was, in fact, the *simillimum*.

Dr. DUDGEON (in the chair) had had very little experience of the drug. He had used it in toothache from recession of the gum. The cure was almost instantaneous. The old school had not made much use of the drug—principally as a destroyer of lice. The use of the oil as a stimulating application to indolent ulcers had been given up as too violent. Referring to the symptom, "heat in the eyeball dimming the spectacles," he thought the dimming could be produced without there being any heat in the eyeball.

Dr. BLAKE (in reply) referred to the tongue symptoms alluded to by Dr. Burford. No drug had a characteristic tongue. A yellow tongue with illeo-arthritis had been produced by an arsenical wall paper, and yet a yellow tongue was not characteristic of arsenic. He was afraid Dr. Burford would have to modify his views of *Apis* as a nephritic remedy. A paper published by Dr. Gibbs Blake contained references to many cases in which such symptoms were produced. Dr. Blake had used the drug internally in high dilutions long before he had used it locally. He maintained that external applications of drugs acted specifically, and therefore it *did* matter what was put on a tampon. Referring to Meibomian troubles, it had been stated that they are due to organisms transmitted by dogs. It is strange that germicides given internally are effective in the cure of this. In one case of his a growth had been removed from the eyelid by Cinnabar.

OXFORD HOMEOPATHIC ASSOCIATION.

A LARGELY attended meeting in connection with the Oxford Homeopathic Association was held in the City Buildings on Monday evening, April 20th.

"The Rev. H. Barter delivered an interesting address, in the course of which he said that a strong association like theirs was very soon likely to influence the public, so that where there was now only one man propounding homeopathy there should be a hundred. He thought they would find that the establishment of their Association would be followed by the starting of other similar associations in the country. He believed that there were a great number of doctors who were practically sceptics as to the use of drugs. Doctors did not believe

in drugs at all. Sometimes when he had been speaking to a Dublin man of considerable attainments, his friend said with a smile, 'Now, you don't really believe that when any person has got scarlet fever, or any zymotic disease, that any drug will make such a difference, do you?' He supposed many homeopaths would say it would make a difference. If people could only be led to examine homeopathy, they would alter their opinion with regard to it. It was 'tabooed' by the faculty, who thought that if they looked to homeopathy they would not get a living. Mr. Barter then dealt with some misconception respecting homeopathy, and cited some instances in which he had used drugs himself with great success."

We regret to see by a newspaper correspondence that the Association and Dr. Guinness do not find themselves able to work together. We quite agree with Mr. Barter as to the necessity for lay advocacy and support of homeopathy, which has done so much—almost everything—to spread homeopathy in the past. Also it is only through lay pressure that the orthodox medical men can be brought to pay any attention to homeopathy. At the same time it is very desirable that an Association like that so well started at Oxford should have some medical authority to whom they could refer in case of need.

CIVIL AND MECHANICAL ENGINEERS' SOCIETY.

COMPULSORY SANITARY REGISTRATION OF BUILDINGS.

MR. W. LEE BEARDMORE, M.I.C.E., &c., on 29th April read a paper before a meeting of the Civil and Mechanical Engineers' Society, held at the Westminster Palace Hotel, "On Compulsory Registration of Certain Buildings as to their Sanitary Efficiency."

The Chair was occupied by Mr. R. Nelson Boyd, M.I.C.E., F.R.G.S., F.G.S., the President of the Society. Mr. Beardmore referred to a Bill drafted in 1887 by a Committee (of which he himself was a member) appointed by the Council of this Society to consider the "Sanitary Registration of Buildings Bill 1887," from which that Committee dissented on many important points. He pointed out that the intention of the suggested Bill is to put all places where food is supplied or whence it is distributed, or such institutions as schools, colleges, hospitals, and asylums, and hotels, boarding and lodging houses, into such a sanitary condition that no disease could be disseminated through the medium of their drainage arrangements, which he avers are now only too frequently defective. He further stated the importance of such buildings as hairdresser's-saloons, prisons, police-stations, law-courts, railway-stations, public conveniences, and public places of amusement being brought under the applica-

tion of such a Bill as the one suggested. He considered the advances of sanitary engineering are becoming more felt every day, and builders now construct houses with far more satisfactory drainage arrangements, partly, no doubt, because it is an advertisement for such houses, and partly because the public are now more alive to the importance of good sanitation, and insist on houses being healthy residences certified to by their own professional advisers. But he argued, if this be the case, how much more necessary it is that some such measure as the Bill drafted by this Society in 1887 be brought into force, for if one lives in a sanitary residence how great must become the risk and danger if one, for purposes of change of air or otherwise, removes to a residence with primitive and insanitary drainage arrangements. He pointed out how children from healthy homes are sent to insanitary schools, and people with shattered health or seeking change of air leave perfectly-drained residences for ill-drained lodgings, boarding-houses, hotels, &c., and called attention to the great necessity for such buildings as are above referred to being made compulsorily sanitary and registered as such in accordance with an Act of Parliament, and a certificate having to be exhibited to that effect in a conspicuous place in such buildings.

He maintained that were it possible to ascertain the sanitary condition (as regards the drainage arrangements) of such buildings, it would be astounding how few (if any) accord with the standard of sanitary efficiency required by the minimum sanitary arrangements to be certified to as suggested in the Bill drafted by this Society. Numerous diagrams were hung in the room illustrating different kinds of insanitary appliances, &c., which are likely to be met with in such buildings as have been mentioned above, and also showing sanitary apparatus that should be employed in healthy residences, &c.

In concluding the author pointed out how insanitary stable drainage arrangements are a grave source of danger when situated in close proximity to dwellings, and referred to large public institutions (with regard to which he has been consulted, and has reported upon as anything but sanitary), such as colleges, hospitals, &c., and stated he felt it will be a matter of regret should the Committee now inquiring into the management of hospitals not take evidence as to the sanitary condition of such places.

INSTITUTIONS.

THE LONDON HOMEOPATHIC HOSPITAL.

THE annual meeting of the governors and friends of this institution was held on Thursday afternoon, May 14th, in the Board-room of the hospital at Great Ormond Street, Bloomsbury. In the absence of Lord Ebury, Major W. Vaughan Morgan, the treasurer, presided. Mr. G. A. Cross, the secretary-superintendent, presented the Forty-first Annual Report, which was of a congratulatory character. The number of in-patients for the past year has been 791, a number in excess of any previous year except 1889-1890. Since the foundation of the institution to the end of March the aggregate number of patients amounted to 256,385. During the past year £21,000 had been raised out of £80,000 for the rebuilding of the hospital. At present upwards of £27,000 had been either promised or subscribed. Among the principal donations are £10,000 from "A Friend well known to the hospital," £2,000 from Major Vaughan Morgan, £1,000 from Mrs. Vaughan Morgan, £2,000 from "A Nobleman," £1,000 from Dr. Washington Epps, £1,000 from Mr. James Epps, £1,000 from Miss Isabella Barton, £500 from Miss Barton, £600 from Colonel J. Clifton Brown, £300 from Mrs. Alexander Brown, and £800 from Lord Ebury. The Report was adopted, on the motion of the Chairman.

EASTBOURNE HOMEOPATHIC CONVALESCENT HOME.

ANNUAL MEETING.

ON Monday afternoon, April 21st, the annual meeting of the supporters of the above institution was held at the Reception-room of the Home in Enys Road, and there was a large attendance. The Report showed that no less than 400 persons had been resident at the home since its opening and 175 during the past year. In the matter of funds, there was a balance in favour of the institution of £295 5s. 9d., which should encourage its supporters to take steps towards completing the original scheme.

SUSSEX HOMEOPATHIC DISPENSARY.

THE annual meeting of the Life Governors and subscribers to the above Dispensary was held on Thursday afternoon, January 28th, at the Town Hall, Brighton. In the absence of the Rev. Charles Beanlands, who was to have taken the chair, Mr. W. A.

Hounsom presided, and there were also present Dr. Belcher, Mr. Peyton Clement, Mr. Chamberlain, Mr. Fillmer, Mr. H. G. Hilbers, Mr. A. F. T. Shapland (Hon. Solicitor), Mr. J. H. Sharp, Mr. W. Stuckey, and Mr. F. Hilton (Secretary).—Letters of apology were read from the Rev. Charles Beanlands, Archdeacon Hilbers, and the Rev. A. D. Spong, regretting their inability to be present.

The SECRETARY read the annual report as follows:—

The report, after alluding to the death of two highly esteemed friends of the Institution, Earl Sydney and Dr. Metcalfe, continued:—Dr. Metcalfe, whose genial presence will be ever a pleasant memory in the annals of the Institution, testified to his great interest by a bequest of £100, which has been placed to the Building Fund Account. The Committee have great satisfaction in stating that the office of President was very readily and courteously filled by The Right Honourable the Earl of Dysart, who, in accepting the post, generously forwarded a gift of £80, with a promise of the last £100 to clear the building from debt. To the Noble Earl the warm thanks of the friends of the Dispensary are due for the help and stimulus thus afforded. Early in the year, in consequence of the vacancy caused by the resignation of Dr. Ross, Mr. Ockenden was appointed Stipendiary Medical Officer; and the Committee have also to record that, about the same period, the resignation of the Secretary was received with much regret. In carrying out the duties of the office, Mr. Fillmer's prompt attention and professional skill and ability proved of essential service. Mr. Frederick Hilton has been appointed Secretary, and it is hoped that the very central situation of his Chambers may prove advantageous alike to the subscribers and the Institution. The general work of the Medical Staff presents no unusual features. The necessary temporary removal to other premises during the progress of alterations has somewhat upset the usual routine, but the Committee were exceedingly favoured by securing a commodious house near, which reduced the inconvenience to a minimum. The General Balance sheet shows subscriptions and donations amounting to £195, including:—Rev. C. Beanlands, £5 5s.; Miss Green, £5; the Ven. Archdeacon Hilbers, £5; Mrs. Hilbers, £5 5s.; Miss Parkinson, £5 5s.; Hospital Sunday Fund, £28 18s.; Friendly Societies' Parade, £10 10s.

The balance-sheet of the General Fund showed that the receipts up to the end of the year ended December 31st amounted to £341 8s. 6d., and the expenditure to £308 12s., leaving a balance in hand of £32 16s. 6d. On the building fund, the receipts, including the £100 legacy of the late Dr. Metcalfe, and £452 2s. 6d., donations received during 1890, amounted to £530 9s. 10d., and the expenditure £486 8s. 6d., leaving a balance in hand of £44 6s. 4d.

The CHAIRMAN, in moving that the report be adopted, printed, and circulated, together with the statements of accounts, expressed his regret at the absence of the Rev. Charles Beanlands, who, he said, had been unexpectedly called to town. As to the Report, he was perfectly satisfied to see that they had come out so well in connection with the number of patients and

the consultations, and the visiting department more particularly. They had been in considerable difficulties during the year, owing to the fact that they had held temporary premises, although they had been fortunate in having such good ones. The number of patients discharged in the two years 1888 and 1889 was 1,818 and 1,471. In 1890 the number was 1,253. The consultations had not altered much. The number of deaths remained stationary, the number per thousand in 1889 being 44, and in 1890 45 per thousand. These figures compared most favourably with those of previous years. In 1886 the deaths were 72 per thousand; 1887, 53 per thousand; and in 1888, 64 per thousand. Speaking of the alterations to the building, he said he hoped they would be back again in Richmond Place by the middle of next month. When in those premises again he trusted they would be able to meet all the requirements of that part of the town for many years to come.—Mr. SHARP seconded the motion, which was agreed to.

** Mr. Housom writes to us in reference to our report of the Brighton Homeopathic Dispensary in our May issue, taken from *The Sussex Daily News*, in which it was stated that there had been forty-five deaths at the Sussex County Homeopathic Dispensary, that this is an error. The correct figures are:

Dispensary: Cases discharged, 1,253. Visiting Medical Officer's Report: Cases discharged, 871; deaths, 39.

BATH HOMEOPATHIC HOSPITAL.

THE annual meeting of the Homeopathic Hospital was held at the Guildhall on February 4th, under the presidency of the Mayor (Mr. Jerom Murch). (*Bath Argus*, February 5th).

Mr. C. W. DYMOND presented the report of the Committee, which stated that the results of the treatment of the matron and nurses had usually been very happy—fully maintaining the high reputation of this Hospital for relief, if not in all cases the cure, of the various ills to which flesh is heir. Thanks were accorded to the official visitors, the Rev. Thomas Tyers for weekly visits, and Mr. Forshall for his regular Sunday ministrations. During the year the Ladies' Work Society held two very successful sales of work, and the proceeds of a musical entertainment at the Assembly Rooms was given to the Hospital. After alluding to the continued utility of "Hospital Notes," they recorded with thankfulness the fact that the Chairman of the Committee had fixed brackets on the walls over the beds to better distribute the gas lights over the wards. They acknowledged with thanks the financial aid received from the Church Parades of the United Patriots and the Rational Sick and Burial Association; and in conclusion referred to the successful effort made by Mrs. Drury, through the

intelligent agency of her dog, by which the Hospital was made £5 the richer. They had been obliged to withdraw the whole of the £100 which at the date of the last annual meeting remained of the legacy bequeathed by the late Mrs. Cartwright.

The steady increase in the work was made apparent when they compared the number of patients treated during the past two years with that of the same preceding period, which showed that in 1887-88 they admitted 113 patients, the number in 1889-90 being 173. In 1887-88 the attendance in the out-patient department was 6,588, while in 1889-90 it increased to 11,709. These numbers included 886 visits paid to patients at their own homes in the former period, and 2,359 during the latter.

The report of the Nursing Institute showed that 167 visits had been made, and stated that the Committee would be glad to extend this branch of the work, but having so many calls upon them they were unable to do so. 88 cases had been nursed in the Hospital in addition to private patients.

The report of the Work Society stated that it had made great progress during the past year, the number of members having increased from 58 to 118. The receipts of this Society amounted to £78 10s. 11d.

The balance sheet for the past year was presented by the hon. treasurer (Gen. G. W. Walker), and showed a deficit of £26 19s. 5d., and an appeal was made for this amount to be cleared off.

The MAYOR, in moving the adoption of the reports and accounts, said he felt quite convinced that the Institution was one for good, and worthy of the support of the city. He was satisfied that an amount of practical good was being done by the Homeopathic Hospital for which they ought all to be very grateful. (Applause). In reference to the deficit he said it was the too common fate of useful institutions to be in debt, but he might also say that it was the common fate of such institutions to get out of debt, and he hoped that in this instance efforts would be made to clear the amount.

Mr. DYMOND seconded the motion, which was unanimously carried.

DEVON AND CORNWALL HOMEOPATHIC DISPENSARY AND COTTAGE HOSPITAL, PLYMOUTH.

THE two branches of the institution have been efficiently maintained; and, as will be seen from the Medical Report, a large number have availed themselves of the advantages offered by both hospital and dispensary. The attendances for treatment at the dispensary during the year have reached the large total of 8,479; while 3,989 visits have been paid by the Medical Officer, Dr. Vaudrey, to the homes of patients too ill to attend at the dispensary. Help has been afforded in nearly 200 cases of accident, showing that for such emergencies they are able to offer speedy and much appreciated assistance.

FOLKESTONE HOMEOPATHIC DISPENSARY.

FIRST ANNUAL REPORT.

THE dispensary was commenced on the 18th of December, 1889, in the Railway Mission Hall, Tontine Street. During the year 208 patients have been under treatment, 178 at the dispensary, showing a total of 1,446 attendances, and the remaining 80 in their own homes, to whom 288 visits have been paid.

NORTH OF ENGLAND CHILDREN'S SANATORIUM,
SOUTHPORT.

WE are glad to see this excellent institution continues to command an increasing support and patronage from the public. During the past year 529 children received the benefits of the Sanatorium, being an increase of 68 on the year previous. An additional ward, called the "Harvey Ward," after the late Dr. Harvey, who had been connected with it from its foundation, gives accommodation for 10 more sick children.

NEWCASTLE-UPON-TYNE HOMEOPATHIC
DISPENSARY.

THE Medical Report is of a highly satisfactory nature, showing that the number of patients has largely increased, and that the benefits of homeopathic treatment are more than ever appreciated by the poor. The admissions of new patients were 579, and the total number of consultations 2,280.

BANANA-JUICE FOR CHRONIC BRONCHITIS.—The juice of bananas is recommended as one of the best remedies in chronic bronchitis with insufficient expectoration and marked dyspnea. Bad results have never been observed to follow its administration. A drachm eight or ten times a day during the first days is usually prescribed, and later the dose can be diminished. The syrup is prepared as follows: Cut the fruit in slices and place them in a glass jar; sprinkle with sugar and cover the jar, which is then enveloped in straw and placed in cold water, and the latter is heated to the boiling point. The jar is then removed, allowed to cool, and the juice is poured into little bottles.—*New York Medical Times*, May.

EXTRACTS.

THE POISONOUS USE OF SOME DEVELOPERS.*

RECENTLY two examples, illustrating the poisonous action of certain developers, by absorption, through the skin of the fingers into the rest of the body, have been brought under our notice. In each instance the sufferer was a well-known photographer, so that there is no question as to the authenticity of the cases. Recently we called on Mr. Pricam, one of the chief photographers in Geneva, who, for the credit of his establishment turns out nothing but carbon prints, so that they shall shine in albums in their beauty when the silver photographs alongside taken by others shall have faded into the sere and yellow leaf. He pointed out that his fingers had broken into sores around the edges of the nails, and said this was due to the constant use of "eikonogen" in developing operations, he having used it since it was first introduced into the market, and having been in the habit of lifting the plates from the solution with his fingers, he now uses mechanical lifters. The other case was brought under our notice last week by the well-known photographer, Mr. Turnbull of Edinburgh, who says, in regard to the poisonous effect of pyrogallol in the alkaline developer, he has had painful experience. He says that, as an old wet-plate worker, he had used the acid iron developer, cyanide of potassium, also pyrogallol with citric acid, and silver for intensifying. He had also done much colloidio-bromide work with pyrogallol and carbonate of ammonia and without any ill effects. In 1878, however, on taking exclusively to gelatine bromide with pyrogallol and ammonia development, he began to suffer. At that time the most convenient place he had for a dark room had not water laid on; he had, therefore, to use water carried up to it. At that time the method of developing holding the plate in the left hand as when wet plates were used was common, and as the time of development is much longer with gelatine than with wet plates, the developer was more liable to run down the finger and hands.

The first notice he had of anything wrong was a feeling of itching on the knuckle of the little finger of the left hand, whence the developer often used to drip, and as he was frequently interrupted at work he sometimes left the room without his hands being washed, consequently the waste developer partly dried on them. The itching gradually spread over the back of the hand and fingers, then slowly extended up the arm; the other hand and arm next became affected, and small pimples which became moist spread until the whole surface of his arms and hands was nearly

* *Photographic News*, Nov. 21, 1890.—Communicated by Mr. Nicholas, of Bundanoon.

covered ; the face and neck became affected principally at the backs of the ears, the sides of the nose, the skin above the eyelids, and the eyes and chin. In the course of a few weeks the complaint spread to the legs, the inside of the thighs and knees being the worst. He had the best of medical advice, and although the various doctors agreed that it was some particular form of eczema, he had no permanently beneficial treatment from any of them. For five years he was more or less ill, so ill that at one time he was a perfect wreck. By entirely giving up development, by keeping himself entirely in good order, by plain living, by avoiding much imbibition of stimulants, and by taking much outdoor exercise, the disease abated. He indulged in cycling in summer and walking in winter, and he now finds himself in good health, though when he at any time develops with pyrogallol and ammonia the old symptoms of heat and irritation reappear. That pyrogallol has an adverse effect upon the health of certain individuals has long been known ; whether all persons are equally liable to such attacks is doubtful. Pyrogallol is a more dangerous substance than is generally recognized ; indeed, Mr. Vincent Elsdon, in his table in our Year-book about the poisonous properties of certain photographic chemicals, says, that two grains of it will kill a dog, and that the symptoms are like those produced by phosphorus. Questions relating to the poisonous actions of photographic chemicals are of general interest. So perhaps, some of our medical readers and others will help to throw additional light upon the subject.

DR. SCHWENINGER'S SANATORIUM AT HEIDELBERG.

Dr. R. LEWINS writes to *The Lancet* (Sept. 20):—"Having lately spent nine days in the above dietetic and gymnastic *Kur* establishment, under the direction of a physician well known throughout Europe from his connection with Prince Bismarck, perhaps a few details of the treatment may not be uninteresting or useless to the wide circle of your readers, lay and professional.

The institution stands on a most commanding site, 224 metres above sea level, and just beyond the romantic ruins of the old Castle of Heidelberg, with magnificent views of the valley of the Neckar and surrounding woods and mountains. The air is markedly purer and more bracing than in the town, which is not unaffected by occasional mists from the Neckar. The building is a very fine one, with terraces, garden, and other accessories, which make it a most eligible residence for the chronic invalid, and the walks in the neighbourhood are all that can be desired for picturesque beauty and interest. The bedrooms and public rooms and gymnasium are excellent, and all the arrangements,

domestic and hygienic, as also the attendance and attention to the comfort of the patients, are exceptionally good, the *cuisine*, though simple, being particularly so, quite equal to that of high-class continental hotels. The only disadvantage, at least as I found it, is the steep climb from the town; indeed, in all directions the hills must be faced. But this, in most of the chronic ailments treated in the Sanatorium, is held to be an advantage, as part of the "cure." On admission the patient is subjected to a careful examination by the resident assistant surgeon, Dr. Badt. Dr. Schweningen himself, who resides at 100, Zimmerstrasse, Berlin, only pays periodical visits to Heidelberg, during which he has a conscientious consultation on every individual case. A paper of directions as regards food, exercise, and rest is handed to each inmate subsequently to the medical examination, the essential points of which, in my own case, are here appended:—6.30 a.m. : Rising; cold bath and free towel friction over the whole body. 7 a.m. : Staff and dumb-bell exercise for an hour, with frequent rests. 8 a.m. : Rest and gentle exercise. 8.30 a.m. : First breakfast (meat, eggs or milk). 9 a.m. : Work at the *Zug* apparatus. 9.30 a.m. : Rest and gentle exercise. 10 a.m. : A walk. 10.30 a.m. : Second breakfast (meat or fish, and a glass of white wine). 11 a.m. : Work at the *Ergostat* (a kind of crank) for half an hour. At noon a walk, and at 1 p.m. dinner (meat, vegetables, and fruit *compote*). During the afternoon some additional gymnastic work is done, and at 7 p.m. supper of one dish of meat and fruit *compote* or salad, with a glass of white wine or, in some cases, beer. Meals, as a rule, are taken without drinking, fluids being only used some time afterwards; though in my own instance this rule was not insisted on. In many cases at 4.30 p.m. a slight additional meal is recommended, thus making four meals a day, which in my own case I found impracticable. Weight, strength, and chest-girth are tested weekly. Coffee, tea, soup, shell fruit (*Hülsenfrüchte*), potatoes, rice, and red wine are, as a rule, prohibited.

I may mention that the Sanatorium closes for the season on the 15th. Indeed, there are some doubts if it will be further continued, the premises being probably converted into a *pension*.

A SIMPLE MEANS OF JUGULATING CEPHALAGIA AND FACIAL NEURALGIA.—Negeli (*Cor. Bl. F. Schweiz. Aertze*, June 15, 1890) reports that he has repeatedly cut short different forms of cephalagia and odontalgia by raising the hyoid bone, or, which amounts to the same thing, the larynx, and keeping it raised for sixty or seventy seconds. Several *seances* are sometimes necessary, often but one, to obtain complete control over the various neuroses of the cranial nerves, and the cephalagia resulting from excessive drinking. For the explanation of this phenomenon the author refers the reader to the anatomist or the physiologist.—*New York Medical Times*, May.

Obituary.

MRS. DORA C. RUNNELS.

WE regret to learn that the prevailing epidemic has caused the death of Mrs. Runnels, the wife of Dr. O. S. Runnels, of Indianapolis, U.S.A. Mrs. Runnels passed away on March 24, at the age of forty-four. Dr. Runnels was formerly President of the American Homeopathic Institute, and was present as a delegate at the Basle International Homeopathic Congress in 1886. We beg to assure our esteemed colleague of the sincere sympathy of his European friends.

PREPARATIONS.

CORFIELD'S TRITURATION TABLETS.

WE have received from Messrs. Corfield and Corfield, of Birmingham, a specimen of their *Trituration Tablets*, which they supply in very elegant and portable, flattened, heart-shaped bottles. Tablets are certainly a most convenient form for prescribing homeopathic medicines, and especially triturations, dispensing with the necessity for measuring the amount, which patients often find irksome. Messrs. Corfield's tablets contain three grains of a trituration or tincture trituration, but the amount can be modified to any desired quantity.

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.

BODILY TEMPERATURE.

How low may the temperature fall and the individual still continue to live? And for what length of time?—G. H.

Reply.

We are not aware of any exact observations on this point, and shall

be glad if any of our readers can supply them. We should expect that the death point of low temperature will vary greatly with the disease of the patient. In *catalepsy* it is probably very low.—
ED. H. W.

NOTE ON INFLUENZA.

I have found no remedy equal to *Ammon-Mur.*, which I give in about two grain doses. Second to this I put *Kali-Chlor.* They appear to neutralize the effects of the poison, perhaps to destroy it. Arsenic comes on afterwards, and is very useful.—G. HERRING.

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. W. REED HILL, *Colchester and Clacton-on-Sea.*—Dr. Hill, whose removal to Colchester we lately chronicled, has started a branch practice at Clacton-on-Sea, attending at the Public Hall every Tuesday afternoon. Many visitors to Clacton will be glad to know of this.

LONDON HOMEOPATHIC HOSPITAL.—Mr. Henry Cook, M.B., has been appointed to the post of Assistant Resident Medical Officer, in succession to Mr. Clarke. The appointment again becomes vacant on October 10th—by the eligibility of the present holder for the senior post—when we hope a goodly number of applications from students who have qualified may be sent in.

DR. CYRUS A. CLIFTON has removed from Taunton. His new address is, Hunstanton St. Edmunds, Norfolk.

DR. HASTINGS, late of Ryde, who retired from practice two years ago, after travelling abroad, intends to resume practice as a consultant at Southsea.

DR. BENNETT (successor to the late Dr. Francis Smith) has removed to 1, LORRAINE PLACE, 323, HOLLOWAY ROAD, N.

GENERAL CORRESPONDENCE.

REPERTORIES.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—I am pleased to see, in your issue of May 1st, a letter from Dr. Simpson calling attention to the *British Repertory*.

He, however, uses an unfortunate expression when he calls it "imperfect"; he evidently means "incomplete," not imperfect.

To his question whether merely "clinical" symptoms should be registered in this "pathogenetic" repertory, I for one reply emphatically, No. I entirely agree with the originators and first compilers, viz., that none but pure *pathogenetic* symptoms should be admitted into it.

No doubt many so-called clinical symptoms are valuable aids in the selecting of the medicine; but provision for these was made by the original designers of the *British Repertory*, in the suggested separate publication, viz., their proposal that there should be also a "Clinical" Repertory, in which should be collected all available corroborated clinical symptoms and material, and several specimens of the plan of such a repertory have been published (v. *Monthly Homeopathic Review*, 1878, vol. xvii. p. 525).

Dr. Simpson seems to hint that there is a difference of opinion on the subject in the minds of those engaged in the work of completing this repertory, but I venture to say there is not the slightest change in the opinion on the subject in the minds of those who remain of the original designers and compilers; they adhere rigidly to the original design, viz., that pathogenetic and clinical symptoms should be kept strictly apart, and in different publications.

To the question whether the symptoms should be taken from the *Cyclopedia of Drug Pathogenesis* or from Allen's Compendium, there ought to be but one answer possible, viz., from the *Cyclopedia*.

Without doubt the *Cyclopedia of Drug Pathogenesis* is, and must be, the main source of all future pathogenetic material. For it the material has been collected by "masters" in the work, and it has been subjected to the supervision of a committee of masters. It contains all the reliable material of Allen's *Encyclopedia*, along with the other material that has been provided since the publication of that great work: and in it the symptoms are given in the narrative form from the original provings, with their natural connections, so that they may be placed in the repertory with their conditions and concomitants, and their course and progress—invaluable, if not indispensable, conditions of their successful application in practice.

It may be replied that the *Cyclopedia* does not furnish the symptoms of HAHNEMANN'S *Materia Medica Pura* or *Chronic Diseases*. True: but this was unnecessary; they may be found elsewhere; those of the *Materia Medica Pura* may be found complete and exact, and correctly translated in the excellent re-translation by Drs. Dudgeon and Hughes, published by the Hahnemann Publishing Society; those of the *Chronic Diseases* will be best taken from Allen's *Encyclopedia*, where they have been better translated than in Hempel's five volumes, and where

they are pointed out distinctly by Allen by direct reference, such as: "1 to 89, from Hahnemann, chr., Krank," v. *Arsenicum*.

Yours truly,

JOHN W. HAYWARD, M.D.

61, Shrewsbury Road, Birkenhead, May 2, 1891.

POTENTIZATION BY SUCCUSSION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The late Dr. Samuel Brown, in an essay entitled "On the Theory of Small Doses," remarks, in conclusion, "There is no man of science at the present day (1843) who stands so much in need of being implored to study other departments profoundly. The apostle of homeopathy should be a very learned man, in order to harmonize the new doctrine, at first so discordant, with the old culture and the swelling sciences. This is the task he must perform. His solemn duty is to promulgate his truth, not like a sectarian, but as becomes a catholic member of the universal school of scientific investigation."

May I be allowed to suggest that "scientific investigation" ought to be able either to reconcile Hahnemann's conflicting statements, to which Dr. Dudgeon calls attention (pp. 286, 287), or to show which of the two statements is the more correct.

In the case of trituration of *Arsenic*, Dr. Hughes tells us that the microscope reveals particles smaller than the five-hundred-millionth of a grain. Would not the microscope decide whether, and to what extent, succussion increases the attenuation of medicines? If so, the evidence would be more convincing than that from therapeutic results. In some instances I presume chemical reaction might also be pressed into the service; though it seems almost impossible that the chemical properties can be altered by succussion.

I am surprised that, although Dr. Brown delivered a course of lectures (in Edinburgh) on the Atomic Theory the same year in which he wrote his essay on "The Theory of Small Doses," he does not once allude, in the latter, to the Atomic Theory. But surely there must be some intimate connection between the two. Cannot the Atomic Theory be made to throw some further light on the high attenuations?

Are not all the latter excluded by Dr. Meymott Tidy's definition of a poison? If so, his definition directly contradicts the theory of Dr. Hempel, who maintained that medicines, whether in infinitesimal or larger quantities, always act as poisons. And is not the same definition somewhat opposed to Hahnemann's theory of the action of infinitesimal doses?

In my ignorance I should have thought it impossible to give a definition of a poison without referring to quantity, and also possibly to the question of time.—Sir, yours very respectfully,
FERRUM.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Allinson (T. R.). *Medical Essays*; reprinted from *The Weekly Times and Echo*. Vols. 1, 2, 3. Cr. 8vo. Pitman. ed. 1s.
- Anatomy. Part 4: Abdomen. (Catechism Series.) Cr. 8vo, pp. 64. (Livingstone, Edinburgh; Simpkin, net, 1s.)
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- Year Book of Pharmacy. 1890. 8vo, pp. 612. (Churchill. 10s.)

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. Oscar Hansen, Copenhagen; Dr. Ogden Jones, Toronto; Dr. J. W. Hayward, Birkenhead; Dr. Reed Hill, Colchester; Ferrum; Dr. Murray, Folkestone; Dr. Herring, London; Mr. W. Lee Beardmore, London; Dr. Hughes, Brighton; Mr. W. A. Hounsom, Brighton; Dr. Berridge, London; Mr. Cross, London; Dr. Murray Moore, Liverpool; Dr. Grunnen, Oxford; Dr. Hastings, Southsea.

BOOKS AND JOURNALS RECEIVED.

Homeopathic Review.—Zoophilist.—Allg. Hom. Zeit.—Monatsblätter.—Homeopatisch Maandblad.—Chemist and Druggist.—Chironian.—Homeopathie Populaire.—Clinique.—Indianapolis Journal.—California Homeopath.—Medical Era.—New York Medical Times.—La Reforma Medica.—L'Omeopatia in Italia.—Daily Telegraph (Melbourne, April 4).—National Medical Exchange.—Albany Medical Annals.—Science.—Medical Visitor.—Southern Journal of Homeopathy.—North American Journal of Homeopathy.—Revue Homeopathique Belge.—Hahnemannian Monthly.—Homeopathic Envoy.—“Porcupine” (Liverpool).—New England Medical Gazette.—Popular Science News (Boston).—Annual Report of the Newcastle Homeopathic Dispensary.—Lyon Médical, June 15, 1890 (Curative and Preventive Treatment of Membranous Croup, by Dr. Gallavardin).—Report of the North of England Children's Sanatorium.—Report of the Sussex County Homeopathic Dispensary.—The Public Health—Vaccination and Leprosy, by Wm. Tebb.—Diseases of the Eye, by Angel.

THE HOMEOPATHIC WORLD.

JULY 1, 1891.

THE COMING CONGRESS.

THERE is every reason to expect that there will be a goodly gathering of homeopaths in the Board Room of the London Homeopathic Hospital on Thursday, July 9th. The ANNUAL HOMEOPATHIC CONGRESS has been fixed for that date, and we trust the experiment of holding it earlier in the year than is usual will prove successful and a convenience to both London and country members. The *British Homeopathic Society* (which has no organic connection with the Congress, though most of the members of the one belong also to the other) has decided to hold its annual meeting on the evening of the day previous, Wednesday, the 8th of July. This will enable country members who come up for the one to be present also at the other.

At 10 o'clock on Monday the Congress will be opened by the President for the year, Mr. HENRY HARRIS, who will deliver an address entitled, "*After Twenty Years, and Twenty Years After,*" which is sure to contain matter of unusual interest. We publish elsewhere the circular issued by the Permanent Secretary, Dr. DYCK BROWN, including a *précis* of the papers to be presented. Two of these have a distinct bearing on homeopathy, the others have not. We regret to observe that the veteran Dr. REITH, of Aberdeen, is prevented by illness from presenting a paper he had promised. We could have wished that some paper on a *Materia Medica* subject had been included in the bill of fare; but perhaps Dr.

HUGHES will have returned from the International Congress in Atlanta City in time to attend and report progress on the work of the *Cyclopedia of Drug Pathogenesis*.

In any case we have no doubt the contents of Dr. DYCE BROWN'S Circular (together with the London Season) will be found sufficiently attractive to bring together one of the largest Congress meetings ever assembled.

MR. JONATHAN HUTCHINSON'S HOMEOPATHY.

Of a very rough kind, certainly, but homeopathy nevertheless it is. Mr. JONATHAN HUTCHINSON is the teacher of it, and those who attend the London Post-Graduate Course are the recipients of his teaching, the readers of the *British Medical Journal* (June 6th) imbibing the heresy at second hand.

Of course Mr. HUTCHINSON did not mention the word homeopathy; he has had experience enough of that. He has not forgotten the howl that greeted him when he ventured some years ago to hint that there was really no valid reason why a surgeon should not meet in consultation a homeopathic practitioner. To that howl he promptly bowed, forsaking the dictates of reason, and has since refused to do that which he knows to be reasonable and right in deference to the unreasonable howlers.

Perhaps it is by way of a sop to his conscience that he never loses an opportunity of preaching homeopathy when he can do it without mentioning the forbidden name.

The theme of the lecture was "*Arsenic as a Drug.*" It is a familiar theme with the lecturer. He has already shown that *Arsenic* can cause cancer, and he proved it again in this lecture; he has also shown that *Arsenic* is one of the remedies which has an undoubted power of controlling cancer. In the previous lecture he began by showing the power of *Arsenic* to cure certain forms of skin disease. It "appears to possess almost specific power." Pemphigus and herpes were specially named. A boy with an erythematous eruption of a peculiar type was relieved by nothing

but *Arsenic*. His mother finally got into the habit of giving it him *whenever she noticed his temper was irritable*—truly a Hahnemannian mother ! That irritability is the hall mark of *Arsenic*, as HAHNEMANN pointed out.

Psoriasis is next mentioned. It benefits, but, says Mr. HUTCHINSON, it never cures. Is *Arsenic* a tonic ? “ Everything depends on the smallness of the dose.” During the time it is being taken in quantity patients feel “ languid and out of heart ; ” they are “ depressed, and experience a certain degree of emaciation.” That is to say, “ *Arsenic* causes want of tone,” and restores it if given in “ homeopathic ” doses.

Shingles is one of the chief things *Arsenic* cures. Shingles, says Mr. HUTCHINSON, *Arsenic* undoubtedly causes. He quotes a homeopath (though he does not mention the fact that he is a homeopath, perhaps he is not aware of it), Dr. IMBERT GOURBEYRE, to support his own experience in proof of this.

What is the effect of *Arsenic* on the healthy skin ? This says Mr. HUTCHINSON :

“ The skin becomes brown and muddy-looking ; it is also dry and harsh on the trunk and limbs generally, although there may be perspiration on the palms and soles. The discoloration may be attended with actual pigmentation, and may increase until it almost resembles Addison's disease. In extreme cases not only is there dryness and discoloration, but scaly patches may form on the knuckles, elbows, and knees, *much resembling common psoriasis*, but less well circumscribed. A much commoner result than this is, however, disturbance of the nutrition of the skin, not over the body generally, but over the palms and soles only. On these parts, in addition to dryness, corns may form, and in certain very rare cases these corns may pass on to epithelial cancer. A peculiar dry condition of the palms and soles, with tendency to the formation of corns, is by no means an infrequent result of long-continued courses of *Arsenic*.”

After this HUTCHINSON may well exclaim : “ *Certainly one of the most remarkable facts as regards the influence of Arsenic is that it appears to prevent certain affections which are very similar in nature to those which it causes.*”

But Mr. HUTCHINSON, though he claims that our (Old

School) knowledge of the drug has much advanced during the last quarter of a century, is not at all satisfied with the knowledge that exists (in the Old School) as to its mode of action.

"We know for certain that it will cure psoriasis, pemphigus, and their allies, and that it will prevent the recurrence of recurrent herpes and many other relapsing maladies. . . . How these effects are brought about we cannot even guess. . . . We know also that it may, whilst curing some diseases produce others, and that herpes zoster is one amongst several of the different type-forms of neuritis which may result directly from it."

Allopaths do not know many things that they might easily know if they would only consent to be taught. It is really pitiable to see men of Mr. HUTCHINSON'S powers, painfully and most imperfectly doing over again what has been magnificently done by HAHNEMANN long ago. And here he is holding up little bits of homeopathic practice to the wondering gaze of his audience, as if they were something new and strange, and invented by *fin de siècle* allopaths!

Mr. HUTCHINSON must know better than that.

NEWS AND NOTES.

HAHNEMANN ON INFLUENZA.

The following, taken from Hahnemann's preface to *Camphora* in his *Materia Medica Pura* (Dr. Dudgeon's translation, p. 305), will be found interesting at this juncture :

"When the influenza, endemic in Siberia, comes among us, as it does occasionally, when the hot stage has already commenced, *Camphora* is of service, only as a palliative certainly, but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent but ever-increasing doses, dissolved in water as above described. It does not shorten the duration of the disease, but renders it much milder, and hence it conducts the disease innocuously to its termination. On the other hand, *Nux Vomica* in a single dose, and that the smallest possible, will often remove the disease homeopathically in a few hours."

THE TREATMENT OF ALCOHOLISM.

A WRITER in the *Salut Public* of Lyons, of May 4th, having

quoted M. Victor Cambon to the effect that alcoholism is one of the most active causes of the depopulation of France, adds the remark: "Against alcoholism the weapon is not yet found. He who shall discover it will be in public estimation greater than Pasteur," Dr. Gallavardin writes in the same journal (May 29) to point out that the "weapon" has been found and put into practice for five years at a free dispensary in the heart of Lyons, three thousand consultations having been already given. Five out of ten are cured when the alcoholism is not hereditary, and in those not cured the impulses to commit crimes are done away with. This has been confirmed by medical men and others who have observed the practice at the dispensary. We have on more than one occasion drawn attention to Dr. Gallavardin's valuable treatise on *Alcoholism and Crime*.

MEMBRANOUS CROUP.

DR. GALLAVARDIN does not confine his efforts to the instruction of the public. In the *Lyon Medical* for June 15 of last year there is an article by him on the treatment of membranous croup in which he discusses the virtues of several homeopathic drugs. He gives the following differential indications:

"The *Cyanide of Mercury* and the *Bichloride of Mercury* appear to be indicated against diphtheria localized in the pharynx and nasal fossæ; *Bromine* and *Bromoform* against diphtheria of the larynx and bronchii, that is to say, croup. In gangrenous diphtheria, Dr. Collins (of Nashua) rightly advises *Arsenic*. In swelling of the sub-maxillary glands which accompanies or precedes diphtheria, I always prescribe the *Cyanide of Mercury*. . . . The success obtained with *Bromine* and the *Cyanide of Mercury* used as preservatives should decide medical men to prescribe them in non-poisonous doses to those who are in contact with diphtheritic patients."

TRACTS 34 AND 35.

THE former of the last two tracts issued by the Homeopathic League is adapted from the inaugural lecture of the Post Graduate Series delivered early in this year at the London Homeopathic Hospital. It is entitled "*The Peculiar Features of the Homeopathic Materia Medica*." Tract 35, "*The Two Ways in Medicine*," compares the

history of homeopathy with that of other systems of medicine founded on certain theories, and shows how much more ready the faculty have been to embrace false systems than they have the true. The tracts may be obtained from John Bale and Sons, Gt. Titchfield Street. The Hon. Sec., Mr. E. H. Laurie, of 16, Blandford Square, N.W., will be pleased to answer inquiries respecting the League.

KOCHISM AND HOMEOPATHY.

DR. C. F. NICHOLS of Boston has communicated to the *Popular Science News* an interesting paper entitled *Homeopathy in its Relations to the Koch Controversy*. In this he points out how homeopaths have been in the field with *Anthraxinum*, *Tuberculinum*, and other similar agents, long before the days of Pasteur and Koch. He gives a very interesting explanation of the homeopathic doctrine, and shows how the curative action of nosodes exemplifies the homeopathic law. The article makes frequent reference to Dr. Burnett's recent work on the subject.

THE INDIANA INSTITUTE MEETING.

The Indianapolis Journal of May 15th and 16th reports the gathering of Homeopaths held in that city on the dates announced. We are glad to see the meeting was in every way a successful one. There was a large accession to the membership of the institute.

CHLORINE GAS IN TYPHOID FEVER.

In an article on *The Antiseptic Treatment of Typhoid Fever* (*Lancet*, April 11th), Dr. Burney Yeo describes a mixture which has done him good service in typhoid. "Into a 12 ounce bottle put 30 grains of powdered potassic chlorate, and pour on it 40 minims of strong hydrochloric acid. Chlorine gas is at once rapidly liberated. Fit a cork into the mouth of the bottle and keep it closed until it has become filled with the greenish coloured gas. Then pour water into the bottle little by little, closing the bottle, and well shaking at each addition, until the bottle is filled.

You will then have a solution of free chlorine, together with some undecomposed chlorate of potash and hydrochloric acid, and probably one or two bye products." Naturally Dr. Yeo spoils his observation by adding quinine and syrup of orange peel, but it is interesting to homeopaths, who know the power of chlorine and hydrochloric acid in typhoid, to find Dr. Yeo on this tack. He thinks he benefits his patients by the "antiseptic" action of chlorine. The action is no doubt specific, and we question if the "germs" object to the chlorine at all.

ORIGINAL COMMUNICATIONS.

CASES TREATED WITH *SYPHILINUM*.

By B. G. CLARK, M.D.

SINCE *Tuberculinum* has had so much credit for doing some good at least, I thought perhaps the three following cases where *Syphilinum* has afforded considerable benefit, might prove interesting. If one diseased product is good, why not another, if well potentized, and proven?

CASE 1.—In October, 1888, was called to see a Mrs. R., aged 58, widow. Had had four children; last one now 18 years old. Husband dead. Has been under a physician's care for past five years. Fourteen months ago fell in the house and fractured tibia about middle third; eight months ago fell again while getting from bed to chair, and fractured it again in same place. Swelling was considerable, she said, and the attending surgeon succeeded only in getting the ends of the bones partly in apposition. Now has splint on, and place of fracture can be plainly felt.

The patient had been in bed most of the time for fourteen months, and had not been in street for about four years alone for fear of falling; if at all hurried in crossing street was almost sure to fall. Had had an operation for cystocele and rectocele four years ago, neither of which was successful.

I examined the case carefully, and felt that a correct diagnosis had not been made, and, as two or three different physicians had treated her, I felt that I would like some one else to see her, and in case I was right in my

diagnosis, to help me to assure the family of the correctness of our opinions.

I called Prof. J. T. O'Connor, and we found (in addition to above) paralysis of bladder and rectum. Had passed a catheter four times a day for over four years. Bowels moved only by cathartics and then she could not control them. The first thing she would know was that the bed was soiled. Absence of patella reflex; very severe lightning pains; only momentary, but often very frequent in legs, and they would jerk up, causing her great distress, for which she had taken *Morphine* for past two years, and had had *Morphine* nearly every night for a year and a half. Pupil was the well-marked "Argyll Robertson pupil" with irregular contraction; showing the "Cilio-spinal centre" was also implicated. Tickling the soles of the feet was felt but faintly.

Our diagnosis was Locomotor Ataxia. By carefully going over her past history we found evidence of Syphilis all along, and that it commenced about twenty-five years ago; was contracted from her husband, who was treated for his trouble for some time; she took medicine about that time, when she lost her eyebrows, but has not had a physician much since, only when last child was born eighteen years ago (which will be referred to later), until about five years ago, when this rheumatism or neuralgia (as she called it) began to trouble her so much. Some authorities doubt that Syphilis is a cause of Locomotor Ataxia, but we felt that it was at least a factor in this case.

We told the family that the patient would no doubt be helped somewhat, and we went carefully over the symptoms for remedies, but were not very well rewarded as regards the indications for a well-fitting remedy, partly on account of *Morphine* she was taking. We decided to give her *Syphilinum* Cm., a small powder in twelve teaspoonfuls of water—a teaspoonful every two hours for eight days, and a small powder of *Morphine* for each night for two nights. (She has not taken any *Morphine* since.) She had considerable pain in legs for first five days, then gradually improved, so that she was quite comfortable ten days after commencing the *Syphilinum* Cm.; her bowels were moved by enema, and she felt some sensation as it passed the sphincter. Since then she has had perfect control of sphincter of rectum, but has never regained power of bladder. For two months she took *Sac. Lac.*, then the pains became severe again for

a day or two, and *Syphilinum* Cm., two powders, were given as before.

By this time I had discarded the splint and got the patient on her feet with the help of crutches. The following June she was able, with the help of crutches, to go downstairs and take cars for Chicago, where she remained all summer. In the autumn she had more pain—which *Syphilinum* failed to help—in legs, of a jerking character, sharp, and often felt little twitching of individual muscles. *Agaricus* 200 relieved, and whenever she has had any of these jerking pains since, *Agaricus* 200 has speedily relieved, and it is the only remedy she has taken for two years, save one for indigestion, when *Carbo-V.* 200 was prescribed.

The patient now is up nearly every day—goes about the house with crutches, cannot walk without them (nor much with them when her eyes are shut). Examination of patient at this date (January, 1891), shows patella reflex wanting in both legs. Pupil of left eye reacts slightly. Right eye does not respond to light.

CASE 2.—MISS S., daughter of "Case 1," visited Chicago with mother as above during summer. While there had what the doctor called a carbuncle on right knee and some eczema on both legs. Was treated by external applications by the allopathic physician who was attending the family with whom she was stopping, and was cured.

October 16, 1889, she came to me with an eruption on neck and chest. Looked not unlike Herpes Circinnatus; some itching; worse by rubbing.

Graphites was given without relief, except of the itching. The eruption was spreading; by November 1st was over abdomen and on arms.

Knowing the history of the above case (mother of the girl), I gave her *Syphilini* Cm., to be taken a teaspoonful every two hours for two days, then *Sac. Lac.*; in a week the eruption was nearly all gone and the remainder soon cleared up. She has not had any return of it since, and I don't expect she ever will.

CASE 3.—About the 1st of February, 1891, I was called to see a case of Locomotor Ataxia of about ten years' standing, of an undoubted Syphilitic origin. The man suffered very severe lightning-like pains and wanted relief. He also had some dull aching pains in legs a good deal of the time. Bowels very constipated.

I gave him *Syphilinum* Cm. for a week, a small powder in

water; teaspoonful every two hours, with relief from the paroxysms of severe pain and constipation, but he still has some dull pain; he is otherwise about the same as before. I am inclined to think that *Syphilinum* is indicated more by the severe paroxysm of sharp pains than the aching pain. May that indication be a characteristic.

My patient now (May 10th), is very much better, and says he wishes he had had some of those little powders five years ago.

162 W. 122nd Street, New York.

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XIII.—*Conium*. November 6, 1874, Miss S., aged 38, yesterday put her hands into cold water half an hour after the menses had commenced; this stopped them, as it always does with her. Ever since she has had pain as if there were lumps in abdomen, and everything jarred inside abdomen on walking. Sour risings after food, which she always has during menses. Urine intermittent.

Diagnosis of the remedy.—Feeling of lumps in abdomen. *Abrot.* (hard lumps), *Ant.-t.* (*Bry.*), *Con.* (like a bunch), *Inula*, *Plumb.*, *Rhus.*, *Secal.*, *Spigel* (umbilical region), *Sulph.*

Jarring in abdomen when walking is not recorded; the nearest symptoms is shaking in abdomen when walking, which belongs to *Pothos.* and *Rhus.*

Sour eructations after food. *Arsen.*, *Bar.-c.*, *Bry.*, *Capsic.*, *Carb.-v.*, *Cham.*, *Cina.*, *Cinchon.*, *Con.*, *Dig.*, *Ferr.*, *Fluor-ac.*, *Graph.*, *Kali-c.*, *Kreos.*, *Lycop.*, *Natr.-ars.*, *Natr.-mur.*, *Petrol.*, *Phosph.*, *Phos.-ac.*, *Puls.-nut.*, *Sarsap.*, *Sep.*, *Silic.*, *Stann.*, *Sulph.*, *Zinc.*

Sour eructations during menses is not recorded.

Urine interrupted. *Agar.*, *Ant.-cr.*, *Bartf.*, *Bovis.*, *Capsic.*, *Carb.-an.*, *Caust.*, *Clem.*, *Con.*, *Dulc.*, *Gamb.*, *Gels.*, *Kali-c.*, *Led.*, *Lipps.*, *Lycop.*, *Magn.-s.*, *Magnes-austr.*, *Op.*, *Pareira.*, *Phosph.*, *Phos.-ac.*, *Puls.* *Sabin.*, *Sulph.*, *Thuy.*, *Zinc.*

Menses suppressed is found under too large a number of medicines to be especially characteristic.

Menses suppressed by putting hands into cold water is not recorded.

Menses suppressed by a cold bath, *Acon.* (By a warm bath, *Æthus.*)

Menses suppressed by washing in water, *Calc.*

This reduces the choice to *Con.* and *Sulph.*, each of which has three of the above symptoms. As there were no other symptoms discoverable, the final differentiation had to be made by observing in what degree the most peculiar symptoms were characteristic of each of these two remedies respectively. In Bœninghausen's *Pocket-book* both remedies are placed in the first rank under "suppressed menses"; under "interrupted urine" *Con.* is placed in the first rank, and *Sulph.* in the second; while under "sensation of a lump in inner parts," *Sulph.* is in the first rank, and *Con.* only in the third. This testimony being conflicting, the choice was decided by Guernsey's *Obstetrics*, which gives *Con.* under "amenorrhœa with intermitting urine," no other remedy being mentioned as possessing this combination of symptoms.

Accordingly, I gave one dose of *Conium*, 10m. (Finckè). In thirty minutes the symptoms disappeared and the menses reappeared simultaneously. Next day there was a little return of the pain, and I gave her another dose; after which the symptoms permanently ceased, the menses lasting their normal time.

Comments.—(1) This case illustrates the value of clinical symptoms, while adding some new ones to our *Materia Medica*. "Intermitting urine" has not yet been produced by *Con.*, but it is registered both by Bœninghausen and H. N. Guernsey as a characteristic of the first rank; and in connection with suppressed menses, it proved to be the keynote in this case. It has been asserted that in selecting the remedy according to clinical symptoms we are departing from Hahnemann's teaching. But his words on this point have been misunderstood, and his practice was really diametrically opposed to such a supposition. His words*

* I here quote Dr. R. E. Dudgeon's translation in the HOMEOPATHIC WORLD, vol. xxv. p. 849, in preference to that of Hempel, as the latter's translations have been frequently shown to be unreliable. It is much to be desired that Dr. B. Finckè, who has published a literal translation of Hahnemann's *Organon* in the *Journal of Homeopathics*, should perform the same useful work for the *Chronic Diseases*.

are: "The miserable desire to save themselves trouble 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 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 is strictly homeopathic in similarity of symptoms." But it is a complete misapprehension of Hahnemann to conclude that in these words he teaches the rejection of clinical symptoms absolutely. He does not use the phrase "*ab usu in morbo*" (from the employment in disease), but "*ab usu in morbis*" (from the employment in diseases); and his warning was evidently against the selection of a remedy from the list of names of diseases which were attached to each pathogenesis in order to show what Homeopathy could cure. Hahnemann justly denounces as unscientific and empirical the allopathic method of prescribing for the generic disease instead of for the individual patient; but he never repudiates the use of clinical symptoms, provided they have been observed and described with the care and minuteness which he enjoins for provings. On the contrary, he taught both by instruction and by practice the exact reverse. In the preface to his *Pocket-book*, Bönninghausen says of his original *Repertory*, "which Hahnemann had repeatedly assured me he preferred to all others": and of the *Pocket-book* itself, "the plan worked well, and to the satisfaction of our late Master, who pronounced it excellent and eminently practical." Bönninghausen's various *Repertories* contain a large number of symptoms not recorded in the *Materia Medica*; and though some of these may be pathogenetic symptoms obtained by him on provers or on patients, it is but reasonable to suppose that the large majority of them are clinical symptoms observed in his extensive practice of many years. Thus the use of clinical symptoms is here indirectly endorsed by Hahnemann himself. Furthermore, we have recently been favoured with a still more conclusive proof of this assertion. It has been demonstrated that two symptoms of *Lycopodium* (145, 146 in *Encyclopedia*), contributed by Hahnemann himself to his *Materia Medica*, are not pathogenetic at all, but are really clinical symptoms belonging to a case published by Gross in *Archives*, VII. 3, 12, and doubtless communicated by the latter to Hahnemann in the course of their long epistolary

correspondence. It may here be mentioned, in order to show the caution which characterized the Master, that these symptoms, though originally contributed by no less a Homeopathic physician than Gross, were bracketed as doubtful in the first edition of the *Chronic Diseases*; whereas in the second edition the brackets were removed, implying that Hahnemann had no longer any doubt as to their reliability.

(2) In this case, after the administration of the *simillimum*, the cessation of the pain and the re-establishment of the menses were simultaneous. If in a case of piles, the pain is first relieved by the medicine, and subsequently there is a discharge of blood, it is a homeopathic cure; whereas if the pain abates only after the hemorrhage, it is a natural recovery, which is often only temporary. This latter rule applies also to other cases, such as abscesses; where in a homeopathic cure, the pain is first relieved, and afterwards the pus is either discharged or absorbed; the reverse being the case when nature effects the relief. The difference between the two classes of cases is that in the case of amenorrhœa the discharge to be restored is a natural phenomenon; hence its restoration is simultaneous with the relief of the pain which accompanied its suppression; whereas in the case of piles, the discharge is a morbid phenomenon, and hence in a homeopathic cure, its occurrence following the relief of the pain.

(3) Bœnninghausen states in the preface to his *Pocket-book*, that "Hahnemann had repeatedly declared to be requisite" that the degrees in which the symptoms were characteristic of the various medicines to which they belonged should be pointed out. These degrees of characteristic relationship are determined partly by the frequency and intensity of the symptoms as manifested in the provings; partly by the frequency with which the symptoms have been removed in the sick; and partly by the analogy of other symptoms of the medicine. This is a work which it requires a master mind to accomplish, and even then no hard-and-fast line can be drawn. Further provings and clinical experience may from time to time necessitate the readjustment of the rank of symptoms; and Bœnninghausen himself made many manuscript alterations of this kind in his *Pocket-book*, all of them being in the direction of an increase of rank. I am inclined to believe that with regard to the symptom "sensation of a lump in internal

parts," *Con.* merits a higher grade than that which Bœnninghausen has assigned to it. In the *Materia Medica* we find:—

166. "Sensation in right half of brain as of a large foreign body."

412. "Strange rising in throat, with a sense of stuffing, as if something were lodged there."

414. "Sensation as of a large body in throat."

577. "Cutting in left side of abdomen, as if a bunch would protrude there."

I have also verified symptom 166 in the following case:—

January 21, 1870, I was consulted by Mr. S., a young man who was sent to me by Dr. B. Simmons, then of Liverpool, now of Sydney, Australia. After overstudy, he had feeling at times of a foreign body under skull in vertex, better during reading, worse after reading; worse on going to sleep or from excitement, or from thinking of the pain; better by touch; the relief during reading seemed to arise from the mind being diverted from the pain; he also had clicking noise in left vertex on walking and during stool, also in occiput on walking, especially in evening when tired. One dose of *Con.* 3m (Jenichen) removed these symptoms. The aggravation on going to sleep may be compared with symptom—

204. "Painful pressure in eyes if she closes them to sleep, in evening in bed."

(4) As early as forty years ago attempts were made to discredit the action of high potencies by asserting that these supposed high potencies of Jenichen, the efficacy of which could not be denied, were really low potencies which had received an enormous number of succussions, a certain number of succussions being reckoned as producing a potency one grade higher in the scale. This extraordinary assertion was made without any real evidence, being based merely upon the avowedly conjectural opinion of the late Dr. Rentsch, the successor and heir of Jenichen. As these conjectures have lately been again advanced as facts, it is not inopportune to state that Jenichen's own letters, copies of which are in my possession, demonstrate exactly the opposite. His propositions are all genuine high potencies, the notation being reckoned by the degree of dilution, and not by the number of succussions. The potencies up to 800 were made in the proportion of 1 to 300, each potency so made receiving 12 succussions; while those from 900 upwards were made in

the proportion of 2 to 12,000, each potency so made receiving 30 succussions; 10 extra succussions being added to each potency at every additional 400 degrees. Thus Jenichen's potencies, so far from being low potencies, are really much higher than the corresponding numbers on the Hahnemannian scale.

(5) It has often been disputed whether succussion is an essential element in the process of dynamization, or whether all that is needed is a complete and uniform mixing of the previous potency with the vehicle. In the fifth edition of the *Organon* Hahnemann asserted that too many succussions would render the medicines too highly dynamized, and hence too powerful in their action; and he even states that by succussing continuously for half an hour a solution of one grain of soda in an ounce of water and alcohol, he produced a preparation equal in dynamization and energy to the 30th potency. But in the fifth part of his *Chronic Diseases*, published five years later, he retracts the conclusions he had formerly deduced from this experiment, and declares that every preparation, in order to dynamize it higher, must first be again yet more attenuated, in order to develop the latest power of the medicine which no amount of trituration and succussion of the substance in a concentrated state can effect, and he further enjoins repeated and powerful succussion. Later, experiments have been made by making very high potencies with very little succussion, and it has been found that these potencies have acted. The only logical method by which to decide the points would be to make two preparations of the same potency, one made without, or at least with only slight succussion, and the other made with many strong succussions, and then to see if in any case where the former failed the latter succeeded. I believe it will be found that both dilution and succussion are essential elements in the process of dynamization, but that the higher the dilution is carried the less amount of succussion is necessary.

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WHAT IS ITS PATHY?

By AGRICOLA.

THE late Dr. Marsden of Malvern, in his "Notes on Homeopathy," lays down as an M.D.'s duty the availing

himself of any and all means, and from however humble a source, calculated to relieve physical pain and suffering and to restore health.

Some quarter of a century ago, much of my daytime life being spent in the saddle, the *Field* newspaper afforded me an occasional evening's pastime. A letter therein by a gentleman—then a prominent figure in the aristocratic, racing and financial circles—on the worse than useless remedial treatment by the faculty of chronic rheumatism, impressed itself indelibly on my mind. Years passed, and in 1880 nocturnal sacro-lumbar pains, rebellious to all treatment (Hahnemannian affording nothing beyond palliation with its *Bry.*, *Rhus.*, *Sulph.*, *Nux.*, *Æsculus*, *Bichromate*, *Iodides*, *Mercury*, &c.), the constant daytime pains and stiffness, the depression and ominous failing brain power, decided me in putting on its trial the prescription (costing 2s. 6d.), of an ex-postillion at my Bath hotel in the previous year, where I was staying for the purpose of the Bath mineral waters and bath treatment.

Now, dear homeopaths, professional grandees, and laity, don't laugh—that half-crown has gained me great *éclat*—not from swells disabled from enjoying their quondam recreations and their selfish solaces, but from members of the operative classes prevented by physical disablement from earning by their handicrafts the wherewith to maintain themselves and their dependents.

Honest homeopathic M.D.'s may possibly survey the matter with favourable judicial criticism.

Well, it was soft soap spread on brown paper, large enough to cover the seat of pain, and stout enough to remain intact through one night as a plaister, and retained in its place by an under-garment. The instant it was laid on the seat of pain (sacro-lumbar), medicinal action was felt to take place *within the abdomen*; the night was passed free from the usual pain and bone-tenderness, next morning a *healthy* fecal action, and a marked improvement generally. The plaister was continued during the third night, beyond which it was not needed *pro tem*.

Upon the approach of the critical (for rheumatic subjects) periods of climatic changes of spring to summer, and of autumn to winter, the said pains return more or less severely. During the first few nights the various medicines of homeopathy relieve, but sooner or later recourse to the soft soap is *un dernier ressort*, a *sine quâ non*; but it must not be worn beyond the third or fourth night consecutively.

Now what is the *rationale* of its *therapeusis*? Is it cutaneous absorption of its *Kali carb.*, or is it counter irritation? Let the readers of these pages decide. Will any of them kindly state their view?

Hahnemann in his "Chronic Diseases" makes *Kali* (*Potassium*) carbonate, and *Causticum* (*Potassium hydrate*), powerful drugs; they and many of the potassium salts, notably the sulphide, are sadly neglected remedial agents.

THE "SCIENTIFIC" TREATMENT OF DISEASE BY
THE "SCIENTIFIC" SCHOOL OF MEDICINE,
WITH SOME ILLUSTRATIVE CASES.

By T. REGINALD JONES, M.R.C.S. ENG., L.K.Q.C.P. IREL.

THE word "science" is derived from the Latin "scientia," and simply means knowledge. In the middle of the 16th century the word had begun to appear, as denoting "connected and demonstrated knowledge" in opposition to art, which signified digested rules of operation, not connected with each other, by deduction from common first principles. But when the word "science" comes to be used in its high and proper sense, indicative of truth discovered, error prevented, inquiry organized, judicious habits formed, and mental energy strengthened, it must be difficult for those who are used to the common sense of the word, to imagine the truth of many things which are said about it. A good authority remarks, "All that we require is, that he will hold his former opinions and judgments without bigotry, retain until he shall see reason to question them, be ready to resign them when fairly proved to be untenable, and to doubt them when the weight of probability is shown to lie against them. *If he refuse this, he is incapable of science.*"

There is a school of medicine called "Allopathic" which arrogates to itself the designation "The Scientific School of Medicine" to the exclusion of all others. Its followers laugh at homeopathy, but they do not consider it *mean* and *contemptible* to appropriate its teachings and resources. They speak of homeopathic practitioners, men educated in the same schools and holding the same diplomas as themselves, as "knaves or fools," simply because they have given up the practice of a system in which, if anywhere, all the "knavery and foolery" is to be found. I do not speak at random. It was not long ago that one of the consulting

physicians of Liverpool said to me, "I do not believe in medicine that much," accompanying and giving point to his remark by a snap of his fingers; and when I asked him, "Why do you prescribe it?" he answered, "Because patients will have it, *more fools they.*" And yet this man is called daily in consultation to cases of life and death, cases in which he prescribes that which he does not believe in, receives his fee for so doing, and after death takes place (the almost inevitable consequence, as it seems to me) consoles the friends, and his own conscience, by the remark that "these cases generally end fatally." *End fatally!* How in the name of common sense can they end otherwise, after poulticing, blistering, purging, and the administration of medicines in which they do not believe "a snap," have reduced the already weakened vitality to such a feeble flicker, that recovery is out of the question? And this is "science." If any one wishes to study the results of "scientific treatment," a walk through any cemetery will fully satisfy that desire. Here are the graves of fathers and mothers, children and friends, *killed* by "science," who should to day be in the full enjoyment of health and strength. Do I write bitterly? It is time some one should write strongly. When I hear of persons struck down by pneumonia to-day, and to-morrow or the next day *gone*, and when I know that such experience is foreign to all the traditions of homeopathy, and that these practitioners of "scientific medicine" refuse to learn from experience, that they persist in a treatment which is followed by "lamentation, mourning, and woe," I feel that I should not be true to myself if I did not speak out, and that plainly. Do allopaths hold their opinions without bigotry? Do they resign them when they know them to be untenable? Do they doubt them when the weight of probability is against them? No, a thousand times no; and so, according to the authority I have quoted, they have no claim to the term "scientific." Are the questions I have asked capable of proof? They are. During the cholera epidemic of 1854, a return was asked for, by the House of Commons, as to the death-rate of cholera. It was brought forward, 52 *per cent.* The homeopathic death-rate was kept back. It was, however, demanded and had to be produced; and what was it?—16 *per cent.* Of course the usual tactics were resorted to, "They were not true cases of cholera." *The idea of the Homeopaths losing less than one-third!* This

brought Dr. McLoughlin to the fore, an eminent allopathic practitioner who had been appointed by the Government, owing to his intimate knowledge of the disease, to report upon the epidemic. And what did he say? Just this, "I certify that all the cases I saw in the homeopathic hospitals *were true cases of cholera*, some of them so severe that they could not have recovered *under any other treatment*" (i.e., except homeopathic). And he adds, "If it pleased Providence to afflict me with cholera, although I am an allopath, I should prefer to be treated by a homeopathic rather than by an allopathic practitioner." Strange, that the treatment which is "*so slow*" should be able to grapple thus successfully with one of the most rapidly fatal of all diseases. Now, you who sneer at homeopathy, you who speak of it as "so slow," only fit for children, will you set up your (medically) uneducated opinions against the opinion of an expert? Will you take the word, or rely upon the opinion of, the "Scientific practitioner," whose interest it is to keep his patient in ignorance of a system which cures "more certainly, more rapidly, more pleasantly than any other"? The same remarks apply to typhoid fever. The recent statistics from Melbourne show that during the first three months of 1889 the allopathic death-rate in the Melbourne and Alfred Hospitals was 18 and 15 per cent. respectively, whilst that of the Homeopathic Hospital was 7 *per cent.*; and not only so, for the latter hospital, with sixty beds, treated 305 cases during the same period that the other two hospitals, with 462 bed and 360 beds respectively, treated 755 cases. In other words, the Homeopathic Hospital, with its sixty beds, was able to treat almost as many patients as the other hospitals, each with about 7 *times the number of beds*, and with less than *one half the death-rate* (vide *Homeopathic World*, July, 1889, p. 291). Now, in view of these *uncontradicted* statistics, do the allopaths doubt their opinions when the weight of probability is against them?

Every homeopathic practitioner in this country has been educated in the allopathic colleges. He has practised as an allopath; has given up allopathy. He has suffered ostracism and insult, has put up with loss of money and position, because it was right, and because humanity demanded it. If, however, there is anything in allopathy, then every patient attended by a homeopathic practitioner has the benefit of the experience of *both* schools. Now, surely a patient must be safer in the hands of a man whose

experience embraces both schools, rather than in the hands of one who has but one system at his fingers' ends. We, however, find that homeopathy is all that is required in the most desperate cases, and therefore we need not resort to any other system.

All this is but the prelude to a case of pneumonia treated "scientifically" for a fortnight, and to which I was called when all chance of recovery appeared to have fled.

The patient was a pretty little girl six years old. The treatment had been commenced by the usual poulticing. Ten days of jacket poultices, with 5 grains per day of *Antipyrin*, followed by two huge blisters on the back, were the first instalments of "science." This was bolstered up by various bottles of medicine, of which the following prescription is an example :—

R. Tc. Aconite m6.
Pot. Brom. ʒi.
Vin. Ipecac. ʒi.
Vin. Antimonialis ʒiss.
Liq. Amm. Acet. ʒiv.
Pot. Nit. ʒss.
Syrup Tolutan ʒii.
Aqua ad. ʒiss.

Sig. One teaspoonful every hour.

R. Hydrarg. C. Cret. gr. iii (mercury and chalk).
Fl. Pulv.

Sig. One at bedtime.

When the poor little stomach rebelled against this treatment, the following was ordered :—

R. Sodæ Bicarb. ʒiss.
Liq. Bismuthi ʒiv.
Acid Hydrocyanic dil. m12.
Vin. Ipecac. ʒi.
Tc. Scillæ ʒii
Syrup Tolutan ʒii.
Aqua ad. ʒii.

Sig. Give two teaspoonfuls every three hours.

Allopathic fathers and mothers, are you not ashamed to allow your little ones to be drugged in this most disgraceful manner?

At the end of fourteen days, when the back was all raw, poultices were again ordered; and then—the mother

struck! Now here is a conundrum. If this child had died, what would have been the cause of death—pneumonia, or "science"? Many are supposed to die of pneumonia who, I do not hesitate to say, are killed outright by the resources of "science," and chief amongst these resources are poultices. I hate the sight of them, and have not used one in lung disease for twelve years; and I will back my death-rate against that of any old-school practitioner. Of course the orthodox, both medical and lay, will cry out against such heterodox ideas. But softly, my friends. I am quite content to be in the same boat as such a man as Dr. Muirhead, physician to the Royal Infirmary of Edinburgh. In a lecture, reported in the *Edinburgh Medical Journal*, January, 1887, he says, "I have for years abandoned the use of poultices as a local treatment in pneumonia"; and had other men followed his example, there would have been fewer awfully rapidly fatal terminations in cases of pneumonia in this neighbourhood.

Some time ago I was attending a poor man, a sadler, for pneumonia. His "environment" was anything but favourable for a cure: five living in one room—a miserable, draughty, barn-like place. Nevertheless (without poultices) he was at work in a fortnight. A gentleman who was interested in the poor man, congratulated him on his rapid recovery, and remarked, "I hope you were not poulticed, as I was"—he having just recovered from five weeks of poulticing and medication, having had bronchitis. (A touch of "poultice" makes the whole world kin.) "Why," answered my patient, "Dr. Jones did not order any poultices." This settled the matter; and from that day to the present he has given up allopathy and all its works.

I do not condemn poultices absolutely and in every case. To assist forward an abscess, to clean up a bed-sore, and in many other instances which will occur to one's mind, they are highly useful, and at times a mustard leaf, or even a mustard poultice, in pleurisy is helpful; but in pneumonia or bronchitis they are, to my mind, absolutely dangerous; and we, as homeopaths, have so many resources in our drugs, that we can do far better without them, and as a result can show a much less death-rate in these diseases than the old school, besides curing much more rapidly. It was not very long ago that a young man, the clerk of a friend of mine, requested and got leave

of absence from Friday afternoon until Monday, as he had a slight cough—thinking that the rest on Saturday and Sunday would put him all right. The anxious mother at once sent for her doctor. He diagnosed "slight bronchitis," and ordered linseed poultices (and, of course, the usual vile compounds in the way of medicine). Saturday—no better; add mustard to poultice. Sunday—worse; very weak; continue poultice. Monday—worse; slight delirium: diagnosis, "brain fever"; head to be shaved, and apply ice. Tuesday—worse; continue treatment. Consultant necessary. Consultant came; backed up treatment. Of course it was all *secundum artem*, no matter what the result. Wednesday—worse. Thursday—dead!! That young man never died of bronchitis and brain fever, although the certificate said so.

Now to return to my little patient. When I was called in, on 4th February, the poor wee thing was in a deplorable state. Back all raw; distressing, constant cough; fearfully weak; wasted to a skeleton. On examination, I found nearly the whole of the left lung hepatized, and also base of right lung. Temperature 101^2 ; pulse 120. Ordered *Bry.* and *Phos.*

5th February.—Passed a very good night for the first time in twelve days. Temp. 101^2 ; pulse 96. Rep.

6th.—Fair night. Temp. 102^2 ; pulse 120. *Iodine* 3x.

7th.—Very good night. Temp. 102^2 ; pulse 120. Rep.

8th.—Improved. Temp. 101; pulse 112. Rep.

9th.—Temp. 101^8 ; pulse 120. Not so well. *Sulph.* 6.

10th.—Temp. 99; pulse 100. Much better all round; lung clearer. Rep. *Sulp.* 6.

11th.—Temp. 100; pulse 100. Tongue rather dry. *Bap.* 1x, *Phos.* 3.

12th.—Temp. 99; pulse 100. Tongue moister, cough easier, and child seems brighter. *Crep. redux.* Rep.

13th.—Temp. 99; pulse 96. Right base much clearer, and much less dulness left lung. Rep.

14th.—Temp. 98^6 ; pulse 90. General improvement. Rep.

15th.—Temp. 101; pulse 120. Rather restless. Notwithstanding the rise of temperature and pulse, the physical signs much improved. *Iod.* 3x.

16th.—Temp. 98^4 ; pulse 80. Had a good night, and is very greatly improved. Rep.

From this time forward there were some unimportant

changes in temperature and pulse, and a gradual, but certain, progress towards recovery. And now the child is strong and well, without a single trace left of the disease, which so nearly carried her away "to the bourne from whence no traveller returns." The great danger was phthisis, which happily was averted.

Next month, if there is room for my communication, I shall give a series of cases of pneumonia, showing the rapidity of our treatment when uncomplicated by "scientific" medicine.

MATERIA MEDICA.

It is our intention in future to arrange in a separate department all articles dealing with particular medicines, studies of drugs, and the like. We invite our contributors to give us their kind assistance in sending us articles of this kind. Dr. COOPER'S interesting study of *Calendula* may be instanced by way of example. There are numerous valuable experiences and observations of drug action reported from time to time in the old school journals, and these we have been in the habit of reproducing as "Extracts." In future we propose to *edit* these gleanings; by which we mean, to select such "positive effects" of drugs as seem to us reliable, and to arrange them for immediate use in homeopathic prescribing. In this way we hope to increase in some measure the helpfulness of our journal.

PARAFFIN AND PETROLEUM.

By JOHN H. CLARKE, M.D.

THERE is a good deal of confusion in the terminology of this hydro-carbon group. "Paraffin," as a generic term, includes all those substances which have *no affinity for sulphuric acid*, and cannot be destroyed by it, and this includes Petroleum itself.

Specifically the term "Paraffin" denotes "a tasteless, inodorous, fatty matter, which resists the action of acids and alkalies obtained by the dry distillation of wood, peat,

bituminous coal, petroleum," &c. (*Century Dictionary*). In the distillation of Petroleum, *Naphthalin* is the first substance that comes off. *Paraffin* is the next. This is the substance from which the potency used by me in the case mentioned below was made by Dr. Heath, and is, I presume, the substance used by Dr. Wahle in his provings. At any rate, symptoms he experienced were removed by the preparation used by me. In the proving itself, as reported in the *Homeopathic Recorder*, no specific statement is given of the exact substance used.

The *Petroleum* of homeopathy is "a light, oily fluid, colourless, or of a pale straw colour, and strong characteristic naphthalic smell." It is made by agitating the liquid portion of commercial Petroleum with sulphuric acid, and then rectifying the portion which this acid does not act upon by agitating with an equal bulk of rectified spirit, and separating it from the spirit by means of a burette.

The Petroleum of commerce is a mixture of liquid hydrocarbons, distilled from crude Petroleum, bitumen, coal, &c. It is called also Kerosene, Naphtha, Paraffin oil, Mineral oil, Coal oil.

This is the substance drunk by the patients in the paraffin drinking cases referred to in the following article.

It would almost seem from this that homeopathic *Petroleum*, "Paraffin oil," or commercial Petroleum, and *Paraffin* possess very similar properties.

In the *Homeopathic Recorder* of September, 1890, there is a very full proving of *Paraffin*, translated from the Italian. The proving was made by Dr. Wahle. The MS. was given to his son, who gave it to Dr. Held, now practising in Rome. Dr. Held translated it into Italian. The translation was published in *l'Omiopatia in Italia*. From this the translation was made into English by W. F. Robinson.

(1) In the *Lancet* of August 30, 1890, a case of Paraffin poisoning is reported by Dr. S. W. Carruthers, which presents a series of striking symptoms:—

A married woman, 36, was admitted to the Royal Infirmary, Edinburgh, at 9.55 a.m., on March 15, 1890. She had been drinking for a fortnight; during this time she had had severe attacks of vomiting, but no hematemeses. Early on the morning of March 15th (probably before 6 a.m.), whilst still not thoroughly sober, she had intentionally drunk a good half-cupful of Paraffin oil.

The following are the symptoms:—

After half an hour, pain and vomiting. She vomited a mouthful or two at a time; and on the first occasion, she said, there was more than a tablespoonful of blood in the vomited matter.

The pain increased rapidly, and became so bad that she thought she was going out of her mind.

On admission to the hospital (9.55 a.m., probably four hours after taking the dose):—

Hands very tremulous.

Tongue very tremulous. Red and glazed-looking at tip and edges; dorsum covered with thick white fur.

Eyes—right pupil somewhat dilated, left normal; both reacted rather sluggishly to light.

Pain in pit of stomach.

Temp. 98·6° F.; pulse 120

Apomorphine gr. $\frac{1}{10}$ was given hypodermically.

Six minutes after this she vomited about six ounces of matter, smelling strongly of paraffin. It consisted almost entirely of yellow mucous floating in a golden yellow fluid. She drank a large cupful of water, and the *Apomorphine* was repeated. In ten minutes she vomited again, much like the last, but diluted with the water. There was no blood on either occasion.

About noon she passed a scanty stool consisting almost entirely of red blood. The menstrual period had ceased normally almost a week before, but there occurred a slight return of the flow that day.

1 p.m. Was ordered a warm water enema, to be repeated in an hour; on each occasion the enema brought away a stool smelling intensely of paraffin, but containing no blood.

She passed (presumably at the same hour) 12 oz. of urine smelling markedly of paraffin, and showing a scum of paraffin when allowed to stand.

4 p.m. Temp. 100·2.

7 p.m. Complained of abdominal pain. Another warm-water enema was given, which brought away another stool without blood, smelling less strongly of paraffin than the other.

Shortly after this passed 40 oz. of turbid urine, lighter in colour, but with a marked odour of paraffin. On distillation the first specimen of urine was found to contain 12 c.c. of pure paraffin. The first sample contained about

twice as much as the second. It was estimated that in the whole, 25 c.c. passed by the kidneys.

8 p.m. Temp. 99·2.

9 p.m. Found lying with knees drawn up; complaining of severe burning pain chiefly at the epigastrium.

Marked tenderness on pressure over epigastrium and left lumbar region.

Complained that her abdomen was swollen, but it was not at all noticeable.

Vomiting occasionally, but no odour of paraffin in mucus brought up.

Could extend her legs, but said she had less pain when they were drawn up.

Exacerbations of pain caused a marked increase in the tremors of the hands.

Skin and breath smelled strongly of paraffin.

10.15 p.m. After vomiting, abdominal tenderness more general and more marked.

Hot fomentations were ordered, and she was fed on small quantities of milk.

16th. 3 a.m. Abdominal tenderness less; though still lying with knees drawn up to diminish pain.

Odour from breath and skin less strong.

No sleep at all; occasionally imagined she saw cats in the room. (She said she had not slept the previous night either.)

Still vomiting now and then, so a dose of *Bismuth* was given.

5 a.m. Passed 8 oz. of urine, with a trace of paraffin odour, and slight "greasiness" of surface on standing.

11 a.m. Pain less in degree and changed in character.

It was now griping, near umbilicus. Tenderness in right iliac fossa and lumbar region.

No vomiting after 8 a.m.

No odour from skin, only in breath now.

Temp. 99·8. P. 110.

About half an hour later passed 3 oz. of dark red urine, containing both blood and albumen copiously.

In afternoon pain much easier.

Passed 3 oz. of urine, dark crimson, giving marked reaction with tincture of guaiacum, and containing $\frac{1}{2}$ gr. albumen and $12\frac{1}{4}$ gr. urea to the ounce.

11 p.m. Sleeping quietly. Breath still smelled of paraffin.

12. Temp. 98·4.

March 17. 12.30 a.m. Passed 6 oz. ruddy amber-coloured urine, which gave slight reaction with guaiacum, and contained a trace of albumen and 17 gr. of urea to the ounce.

Shortly after twelve, mid-day, passed 10 oz. urine similar in colour to the last, containing trace of blood, no albumen, and 18 gr. of urea per ounce. After this urine showed neither blood nor albumen. On 17th, 28 oz. of urine were passed in 24 hours.

Afternoon. Paraffin odour gone from breath, but very slight tenderness of abdomen, less now in the hypogastrium.

Tremors in the hands almost gone.

March 18. Bowels moved, no blood in stool.

Sleepless in evening, had to have Bromides to induce sleep.

March 22. No feeling of illness; eating and sleeping well, only remaining symptom being slight tremors.

The above case is far from being a pure proving, being complicated with alcoholism, but it presents many genuine symptoms and others that may be taken on approval. In the main, the symptoms confirm those of Dr. Wahle's proving. This is the case with the tremors (which might be ascribed entirely to the alcohol, if not corroborated) and the relief of abdominal pains by the bent position.

We append a schematic arrangement of the symptoms of this case:—

Mind. Thought she would go out of her mind with the pain, it being so severe.

Imagined she saw cats in the room (during sleeplessness) first night of the poisoning; had been sleepless the night before. (This was possibly a symptom of alcoholism.)

Eyes. Right pupil dilated, left normal; both reacted sluggishly to light.

Mouth. Breath smelled of paraffin.

Tongue. Tremulous.

Red and glazed tip and edges; thick white fur on dorsum.

Stomach and abdomen. Vomited a mouthful at a time (in half an hour after the dose). The first time the vomit contained a tablespoonful of blood.

After emetic, vomit consisted of yellow mucus floating in golden yellow layers, smelling intensely of paraffin. Vomiting occurred again and again for thirty hours.

Pain in epigastrium accompanied vomiting, and increased rapidly, becoming so bad that she thought she would go out of her mind.

9 p.m. The pain she complained of was of a severe burning character, relieved by lying with the knees drawn up. She could extend the legs, but this increased the pain.

Marked tenderness of epigastrium and left lumbar region.

Swollen feeling in abdomen. She complained that it was swollen, but no objective swelling was observed. Exacerbations of pain caused marked increase of tremors of the hands.

10.15 p.m. After vomiting, abdominal tenderness was more general and more marked.

3 a.m. On the following day the tenderness was less, but she still lay with the knees drawn up to diminish pain.

11 a.m. Pain less in degree. Changed in position and character. It was griping, near umbilicus; tenderness in the right iliac fossa and lumbar region.

Bowels. About 12 noon on first day passed a scanty stool, consisting almost entirely of red blood. Later stools, passed with enema of warm water, contained no blood, but smelled strongly of paraffin.

Urine. Scanty at first, containing much paraffin; copious later, and tinted: still later dark crimson, containing much blood and albumen, and then ruddy amber, containing blood and albumen, but in smaller quantities. On standing is showed a greasy pellicle of paraffin, of which it smelled less and less strongly for twenty-four hours.

Sexual organs. The menstrual period, which had ceased normally almost a week before, showed a slight return of the flow on the first day of the poisoning.

Back and loins. Left lumbar region, marked tenderness on pressure, at the same time as the epigastric tenderness (first day).

Second day. Tenderness in right iliac fossa and lumbar region (right?).

Extremities. Tremor of hands (<by exacerbations of abdominal pain). This symptom was the last to remain.

Sleep. First night no sleep at all. Occasionally imagined she saw cats in the room. (This may have been due to the alcohol. She had not slept at all the previous night).

Skin. Smelled strongly of paraffin.

Fever. The temperature gradually rose to 100.2 on the first day and steadily declined.

Generalities. The pains were burning or griping,

> by lying with legs drawn up < by extending the legs.

The pains were shifting, changed in character. Tenderness moved from the left side of the abdomen to the right, and from the epigastric to the umbilical region. Pains increased rapidly, and became so intense that she thought she would go out of her mind.

Exacerbations of pain < markedly the tremors of the hands.

Afternoon: > of pain.

(2) I have recently been reminded of another case that came under my observation three years ago.

G. M., 2½, was brought to me, January 25, 1888, suffering from rickets. But the most urgent thing about him was not due to the disease, but to a *penchant* he had for drinking whatever came within his reach. Camphorated oil had on a former occasion been the beverage of his choice; this time it was paraffin. Vigorous domestic treatment, an Ipecacuanha emetic and a castor oil purge had got rid of a good deal of the paraffin, but, when he was brought to me a month afterwards, he had, in addition to his rickets and cough, the following symptoms:

Appetite bad.

Pale, with dark rings round the eyes.

Every now and then seems to collapse; goes into a corner and keeps quiet; will not play. After tea is quite bright.

Cold sweat in bed; complains of burning fever, then goes cold and clammy.

I gave him *Phos. 2.*, and in three weeks he came again to see me. He had lost the pallor, the dark rings round the eyes, and he ceased to mope, but he had come out all over small boils, which discharged, the discharge having the odour of paraffin.

A fortnight later some of the symptoms returned.

Gets pale, with dark rings round eyes.

Gets "tired."

Doesn't sleep soundly.

After this I did not see him for over a year, when he had had an attack of diphtheria, followed by paralysis, for which latter I treated him.

He was brought to me again April 1, 1891. He has now no signs of rickets and is a well-grown boy for his age, but he has quite recently had a return of the old symptoms:

Languid, and inclined to be quiet; averse to play.

At times clammy all over the body.

I gave *Petrol.* 30. and in a fortnight he was reported to be very much better.

(3) In 1886, I was consulted by a man who had formerly been employed in a factory where much petroleum was used. He suffered from an inveterate eczema, and he found that this was greatly improved whilst working with petroleum. He told me that the vapour had a singular effect, making some of the workmen insane.

They can see things that are actually not visible: for instance, "they will see the rails in a station whilst a train is on them."

They desire to kill people.

Boys (who are much affected) will jump at a straight wall, and try to scramble up it.

(4) *The Lancet* of May 2, 1891, records a case from St. Petersburg in which a man, who had been drinking heavily for four days and nights, entered a grocer's shop completely intoxicated. He stepped up to a cask of petroleum (called indifferently in *The Lancet* note "paraffin oil" and "petroleum," very probably kerosene), and began drinking from it.

He was with difficulty dragged away, and not until he had drunk a large quantity. It was expected he would drop down dead; but he did nothing of the kind. The draught acted as an antidote for alcoholism—nausea, unsteadiness of gait and headache disappeared as if by magic, and he left the shop a changed man (for the time at any rate)—quite sober.

In the first case, also one of alcoholism, the action of the paraffin was not so happy; but in that the patient was already considerably sobered before she drank it.

(5) It appears that in America "paraffin-oil," or "coal-oil," as it is there more commonly termed, is used by women in washing linen, a tablespoonful being put into a bucketful of water, as it makes the linen a better colour. Dr. M. T. Bliem, writing in *The Southern Journal of Homeopathy* for July, 1890, relates cases in which this practice had been attended with unpleasant consequences to the washers. One of them experienced the following symptoms:

Severe occipital headache, loss of strength, emaciation, diarrhea, dyspepsia characterized by fulness on slight eating, accumulation of gas, and very markedly severe attacks of suffocation, finally relieved by eructations of gas.

Many of the symptoms observed in these cases found their analogues in Dr. Wahle's proving of *Paraffin*. The tremors which were so prominent in this poisoning case in the hands, were observed in the legs in the proving. We are told that Italian physicians have found its chief sphere of usefulness to be in uterine troubles and constipation.

The following case illustrates this sphere of its action.

Mrs. —, 37, mother of 3 children, suffering since last confinement, five years ago, with symptoms of sub-involution—bearing-down pains, excessive menstruation and leucorrhœa—has almost constantly violent indigestion. The symptoms of the latter are vomiting or retching in the morning.

Pain after all food, however light, in back, shoulders, and abdomen.

Pains *double her up*; are < on standing.

Pains intermittent.

Sensation as if scalding water in stomach. > by heat.

There is also constipation, with piles.

Constant desire to pass water.

Much thirst.

After some benefit from *Murex* and *Alstonia constricta*, the indigestion pains returned as bad as ever. I gave her, on Jan. 27, 1891, a powder containing a few globules of *Paraffin* 30, with instructions to dissolve it in water and take a teaspoonful every two or three hours. Four days afterwards I heard from her that she had had great relief; in fact, she had had no pain from indigestion since. I have seen the patient quite recently—many weeks subsequent to this date, and I find the cure of the indigestion symptoms has proved permanent. The other pains and sufferings were also markedly alleviated. The period instead of recurring too soon delayed so long that she began to think she was pregnant. This is sufficiently striking to show that we have in *Paraffin* a very valuable addition to our armamentarium.

THE CANTHARIDATE OF POTASH.

The following, according to *The Chemist and Druggist* (March 7), is the composition and mode of preparation of *Cantharidate of Potash*:

LIEBREICH'S CONSUMPTION CURE.—In respect to the preparation of the

hypodermic solution of cantharidin for the treatment of tuberculosis, Professor Liebreich points out that the sodium cantharidate, as well as the remainder of the salts prepared by Dragendorff and Masing, are not pure chemical substances, there being probably present varying quantities of uncombined cantharidin. They are not, therefore, suitable for the preparation of hypodermic solutions. In order to obtain a reliable solution it is best to dissolve a weighed quantity of cantharidin in alkali by the prolonged action of heat, and then to carefully dilute with water to the desired strength. The amount of alkali theoretically required to convert the cantharidin into a salt of cantharidic acid is not, however, sufficient to dissolve the principle, and after a large number of experiments the Professor concluded that, in order to obtain a solution that would remain clear when diluted or cooled, it was necessary to employ twice the weight of caustic potash to one and a half times the weight of caustic soda. The alkali must be pure, dry, and free from carbonate. The solutions are therefore prepared by heating in an accurately-graduated litre-flask on a water-bath—

Cantharidin	0.2	grm.
Potassium hydrate	0.4	„

with about 20c.c. of water until a clear solution is obtained, then gradually, while the solution is kept hot, water is added up to the litre-mark, and finally, after cooling, the volume is made up exactly to a litre. Instead of the potash sodium hydrate 0.3 grm. may be used, and the solution similarly effected. It is reported that Dr. Gerhardt, one of the physicians who attended the late Emperor Frederick, has tried Liebreich's treatment on twenty patients with unsatisfactory results.

The Austrian correspondent of *The Medical Press* (April 8) reports some of the pathogenetic effects observed by Dr. L. Poliyak. .0001 to .0002 of a gramme was the dose injected.

At point of injection redness and pain on movement.

Pain in the head (most cases).

Oppression of chest (one case).

Burning feeling in throat (one case).

Hot scalding feeling after urinating, lasting for an hour or so (one case).

Blood in sputa (one case).

Local changes were observed in six to eight hours.

Mucous membrane redder than normal; much swelling; in twenty-four hours the redness was dimmed and the swelling gone.

In one case miliary and submiliary grey tubercles were present in pharynx and epiglottis, with small ulcers, which speedily healed after the first injection.

The voice was affected in all cases; this was relieved after the first day's treatment.

ANNUAL HOMEOPATHIC CONGRESS.

THE following circular, with accompanying *précis*, has been issued :—

29, SEYMOUR STREET, PORTMAN SQUARE, W.
June, 1891.

DEAR SIR,—The Annual Congress of homeopathic practitioners will be held this year in London, at the *Homeopathic Hospital*, Great Ormond Street, W.C. (the use of rooms in which has been kindly granted by the Board of Management), on Thursday, July 9th, at 10 a.m. punctually.

The business of the Congress will be opened by an address from the president, Mr. HENRY HARRIS, of London, entitled “After Twenty Years, and Twenty Years After.”

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 hon. treasurer to receive subscriptions.

A paper will then be read by Mr. KNOX SHAW, of London, entitled “Observations on the Action of Iodide of Potassium in Tertiary Syphilis.” Discussion is invited on this and the other papers.

As Mr. Knox Shaw's paper will be short, it is expected that there will be time before luncheon for a paper by Dr. BURFORD, of London, on “The Reciprocal Relations between Surgery and Homeopathic Therapeutics as Exemplified in Pelvic Lesions.”

The Congress will adjourn for luncheon at one o'clock. At luncheon, which will be served in the *Holborn Restaurant*, the members of the Congress will be the guests of the *British Homeopathic Society*.

At two o'clock the Congress will reassemble, and 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.

A paper will then be read by Dr. ROBERSON DAY, of London, on “The Supervision of Normal Parturition.”

Lastly, a paper will be read by Dr. MURRAY MOORE, of Liverpool, entitled “Notes on the Climatology and Prevalent Diseases of New Zealand.”

The members and their friends, ladies as well as gentlemen, will dine together at the *Holborn Restaurant*, at 7 p.m.

A paper had been promised by Dr. REITH, of Aberdeen, but owing to illness, Dr. Reith has, we regret to say, been unable to prepare his paper. This has necessitated a rearrangement of the programme of papers, and has, in consequence, necessarily delayed the issue of this circular.

A *précis* of the papers is enclosed, in accordance with a new rule of Congress.

A meeting of the Hahnemann Publishing Society will be held at the Hospital at 9.30 on the morning of July 9th.

On Wednesday evening, July 8th the Annual Meeting of the British Homeopathic Society will be held at the Hospital at 8 p.m. This day has been fixed in order to allow of members from the Provinces being present.

On Wednesday, July 8th, at 2.30 p.m., it is expected that there will be operations in the Hospital, Drs. Carfrae and Burford, Mr. Knox Shaw, and Mr. Dudley Wright having kindly agreed to arrange this day for the purpose. All members of Congress, who may be able to be present, are invited. The list of operations will be posted up at the Hospital in the morning. After the operations the physicians will be happy to show to the members cases of interest in the wards.

On Wednesday evening and on Thursday, Dr. Roberson Day will exhibit his anesthetic apparatus and microscopical specimens of interest. It is also expected that the homeopathic chemists will exhibit new and interesting specimens, and Messrs. James and Co. will furnish the lavatory with "Dermatos" soap.

The subscription to the Congress will be Ten Shillings, which includes the dinner ticket. The dinner ticket alone will be 7s. 6d.

In order to obtain the presence of as large a number of members as possible, the British Homeopathic Society suggest that all members of Congress living in London and the suburbs having a spare room, should invite their provincial colleagues to be their guests at this time. If those who do not personally invite friends, but are willing to receive one or more guests, will kindly communicate with me, I shall be much obliged. Also if members from the provinces, not personally invited by their friends, but who would accept hospitality, would communicate with me, I shall be happy to arrange for them, as far as possible.

If you know any colleague who has not received a circular, kindly let me know.

The enclosed post-card is to be filled up and posted as soon as possible, but not later than July 1st.—I am, dear sir, yours faithfully,

D. DYCE BROWN, Hon. Sec.

PRÉCIS OF PAPERS.

MR. KNOX SHAW'S PAPER.

The question discussed is whether in the light of later investigations and observations, it is possible to ascribe a homeopathic

action to the influence of *Iodide of Potassium* in Tertiary Syphilis.

DR. BURFORD'S PAPER.

1. Surgery antecedent to Homeopathy.
2. The Influence of Homeopathy on Surgical Procedure.
3. Modern Surgery independently of Homeopathy.
4. The Limits of Homeopathy in Surgical Cases.
5. The Limits of Surgical Work in Homeopathic Practice.
6. Special Application of Conclusions to Pelvic Lesions: with Illustrations.

DR. ROBERSON DAY'S PAPER.

Progress in Obstetrics *pari passu* with that in other departments of Medicine.

Preparation of Patient beforehand by Medicinal Treatment.
Requisites for Antiseptic Nursing, and Rules for Monthly Nurses.

- Dilatation of the Os Uteri—Treatment.
- Dilatation of the Ostium Vaginæ—Treatment.
- Management of the Uterus during Third Stage.
- Subsequent Treatment of Patient.

DR. MOORE'S PAPER.

Misapprehensions of Consulting Specialists regarding the Australian and New Zealand Climates—Sir A. Clarke's Statement.—General character of the New Zealand Climate (Rainfall, Temperature, Winds, &c.)—Best time for Invalids to reach the Colony.—Four Climatic Zones.—Special features of Zone IV., with its Mineral Springs.—Imported Diseases benefited or contra-indicated by the New Zealand Climate.—Effect on the Writer's own Health.—Diseases prevalent in Town and Country.—Some Cases of Special Interest (Mania, Cataract, Hydatids of Uterus).—Longevity in New Zealand.—This Colony one of the Healthiest Countries in the World.

PILOCARPIN IN DEAFNESS.—Dr. Archd. D. Macdonald (Liverpool) writes in *British Medical Journal*, Dec. 27th:—For eight days previous to July 23rd last, I gave a man, for "labyrinthine deafness," ten minims of tr. jaborandi thrice daily; no result; on the date mentioned one-sixth of a grain of pilocarpin hypodermically. 25th. Hearing improved, one-fourth of a grain given. 27th. Heard ordinary conversation and "A" pitchfork at nine feet; one-sixth of a grain again to confirm cure. Has heard well since.

REVIEWS.

MERCURISME ET SYPHILIS.*

THIS pamphlet, which appeared originally in the *Presse Medicale Belge*, was called forth by a clinical lecture of Professor Crocq's, in which the latter had attempted to show that there was no real resemblance between the pathological effect of *Mercury* and those of syphilis, and that therefore these gave no support to the homeopathic doctrine. Dr. Gailliard quotes a remarkable case published by Mr. Jonathan Hutchinson, to show that *Mercury* does produce symptoms almost indistinguishable from those of syphilis. The editor of the journal defended Mr. Crocq and disputed the correctness of Mr. Hutchinson's observation. To this Dr. Gailliard again replied, and if his reply failed to convince the editor, it will certainly be found sufficient to convince less prejudiced readers.

TUBERCULINE DE KOCH.†

DR. GAILLIARD read a communication on the above subject before the *Cercle Médical Homeopathique des Flandres*. This was published in *L'Union Homeopathique*, February, 1891, and has since been reprinted in the present pamphlet form. It is an able summing up of the question.

CONCORDANCE REPERTORY, VOL. V.‡

The fifth and, we believe, the penultimate, volume of this truly great work is now in the hands of the public. There is no need to describe this part, as it follows closely the plan of the preceding parts already noticed in these pages, only, as far as we can tell by a cursory examination, more perfectly. The alphabetical order is necessarily the rule throughout, and the sub-arrangements are more perfectly alphabetical than in some of the earlier volumes. Experience has not been lost on the author. We notice that in Volume V. a departure has been made from

* *Mercurisme et Syphilis. Ma Réponse a Une Critique de M. le Professeur Crocq.* Par le Dr. Gailliard. Brussels: Libraire Medicale de G. Mayolez; Rue del' Impératrice. 1891.

† *L'Homeopacité de Traitement des Maladies Tuberculeuse par la Tuberculine de Koch.* Par le Dr. Gailliard. Bruxelles: G. Mayolez.

‡ *The Concordance Repertory to the more characteristic Symptoms of the Materia Medica.* By Wm. G. Gentry, M.D. New York: A. L. Chatterton & Co., 78, Maiden Lane. London: Homeopathic Publishing Company, 12, Warwick Lane, E. C.

the order of Hahnemann's schema. The parts of the schema included are—(1) Voice, larynx, and trachea; (2) Chest, lungs, bronchia, and cough; (3) Heart and circulation; and then—instead of sections on neck and back and lower extremities, as we should have expected—we have (4) Chill and fever; (5) Skin; and (6) Sleep and dreams. We dare say there has been some good reason for this arrangement, and we do not suppose it will make any material difference; but we just mention the fact. Regarding the work as a whole, our opinion remains unchanged—that it is the greatest labour-saving work yet given to the homeopathic profession.

VACCINATION AND LEPROSY.*

This little pamphlet is a compilation from the Report of the Royal Commission on Vaccination, reprinted with additions from *Daylight*. It brings together in small compass a mass of evidence showing the connection between the spread of leprosy in leprosy countries and the enforcement of vaccination. So long as there is even a shadow of a doubt as to such a possibility (and there is something very like absolute proof), it is the height of cruelty to compel any human being to run such an awful risk.

THE PUBLIC HEALTH.†

IN this pamphlet Mr. Tebb discusses the leprosy question under the following headings—1. Increase of Leprosy. 2. Causation. 3. Vaccination. 4. Treatment and Prevention. It appears that the possibility of inoculating a healthy person with leprosy was proved by an experiment on a condemned criminal named Keanu. He was inoculated with leprosy by Dr. Edward Arning on September 30, 1884, and again in November, 1885, after it had been conclusively shown that there was no leprosy taint in the man's family. On September 2, 1888, he was a complete leper. Father Damien, Mr. Tebb shows, in all probability contracted his leprosy by being inoculated with leprosy virus from patients, for with all his fine qualities he was notoriously careless in matters of hygiene. Mr. Tebb's pamphlet deserves the careful study of all who are concerned (and who are not?) in the question of public health.

* *Vaccination and Leprosy*. Norwich: E. Burgess, 30, St. Giles Street.

† *The Public Health—Leprosy and Vaccination*. By William Tebb. London: E. W. Allen, 4, Ave Maria Lane, E.C.

ALLOPATHY AND HOMEOPATHY.*

THE anonymous author of this sixteen-page tract has put together a great variety of opinions, allopathic and homeopathic, on traditional medicine, on homeopathy, on homeopaths, and on allopaths. With the majority of the extracts our readers are already familiar. Altogether it is a very effective pamphlet.

DISEASES OF THE EYE.†

It is now upwards of twenty years since this work first appeared, and that it has now reached its seventh edition is proof that it has stood the test of time, and established its place in medical literature. Dr. Angell is Professor of Ophthalmology in the Boston University School of Medicine. In the preparation of the present edition he has been assisted by Dr. F. Park Lewis of Buffalo, the contributions of the latter being initialed and placed in brackets. This is an excellent plan; it is quite right in joint authorship in scientific works that readers should be enabled to give credit to each for his share.

This is a very clear and complete compendium of the structure and diseases of the eyes and their surgical treatment, and is well suited for the use of practitioners and students. It is excellently illustrated, and the addition of a series of test types for determining the exact state of vision will be found most useful. The get-up of the volume is all that could be desired.

We wish we could say as much for the therapeutics. Dr. Angell is a professor at a school where homeopathy is recognized, and we see by his cases that he uses medicines well known in the homeopathic school; but his use of them is anything but strict, and his constant resort to strong external applications shows that in this matter he is on the same level as old school practitioners. His account of "Internal Remedies" occupies not quite three pages, whilst "External Remedies" have a little more than three devoted to them. He does not leave out Koch's remedy, quoting from the *Ophthalmological Review* of July, 1891, a report of ten cases treated by Königshöfer of Stuttgart. In four cases of eczematous ulcers of cornea in scrofulous children and in two cases of tubercular diseases of the lids, one of interstitial keratitis, the results were favourable, the corneal ulcers healing remarkably quickly. In three cases of ulcers no results

* *Allopathy and Homeopathy*. By a Homeopath. Geelong: Hy. Franks and Co., 1890.

† *A Treatise on Diseases of the Eye; for the Use of Students and General Practitioners*. By Henry C. Angell, M.D. Seventh edition. Re-written and Illustrated. Boston: Otis Clapp and Son, 1891. London: Homeopathic Publishing Company.

were reached. We have used *Tuberculum* 200 (Heath's) in one case of eczema of the eyelids and face with very marked beneficial results.

NEW PREPARATIONS.

NON-ALCOHOLIC BEERS.

THE large demand for refreshing beverages that are neither sweet nor alcoholic has been very effectually met by the manufacturers of the new "Kops Ale." This is an ale brewed from Kentish hops. It is a pleasant, bitter (with a more genuine flavour of hops than most of the alcoholic beers possess), and at the same time light and refreshing drink, without the "heaviness" that belongs to all alcoholic ales.

Leopold Hoff, of the Meteor Brewery, Hamburg, the well-known manufacturer of the liquid malt extract, has produced two non-alcoholic beverages—*Malto-Selzine*, or Malt Lemonade, an effervescing sweetish drink, and *Meteor Malt Beer*, a beer freed from alcohol by distillation, and containing the following ingredients, as ascertained by analysis:—

Extract	...	...	...	...	8.29 g.
Albuminoids	...	...	...	...	0.51
Sacharine	...	...	...	...	1.98
Dextrine	...	...	...	...	4.852
Glycerine	...	...	...	...	0.246
Lactic Acid...	...	...	...	...	0.398
Ash Residues	...	...	...	...	0.314
Phosphoric Acid	...	...	...	...	0.0668

It will be seen that this beer contains decided nourishing and sustaining properties. Both of these latter preparations are to be obtained at the German Exhibition. They are genuine productions, and will, no doubt, be widely appreciated.

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.

DR. BOSE, Calcutta, is thanked for his kind communication; but if he had mentioned definite facts of fabrications, instead of possibilities, it would have been more to the point.

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. ABBOTT, PRESTON—DR. BREMNER, EXETER.

DR. ABBOTT'S numerous friends in Lancashire will be pleased to hear that his stay in the south of England has thoroughly restored his health, and that he has now taken up his residence in WINCKLEY SQUARE, PRESTON. Dr. R. A. BREMNER, of London, has succeeded to Dr. Abbott's practice in EXETER.

EXTRACTS.

HOMEOPATHY IN THE STABLE.

In a letter to *The Globe* Dr. Alfred Heath records the details of the treatment successfully applied by himself to a bad case of pink-eye in horses.

The following is the doctor's account of the case.—“A few years since I was asked by a nobleman to look at two of his horses suffering from ‘pink eye.’ From the symptoms I was led to prescribe *Mercurius Corrosivus* (*Hydrargyrum perchloridum*), or corrosive sublimate, in solutions, one part in one thousand parts of alcohol (as this drug produces symptoms exactly similar to those of pink-eye, it is absolutely necessary to give it in small doses). Of this preparation five or six drops were given in a small spoonful of cold water (easily put into the side of the mouth) three or four times a day. The effect was magical: in about three days both animals were well. Before taking the medicine they could scarcely turn in their stable; both had the characteristic pink-eye. If any of your readers should find the remedy successful, perhaps they will confirm my experience. It may be obtained of any homeopathic chemist.”

Upon this *Land and Water* comments thus:—A good deal of the prejudice against homeopathy is based on the disbelief in the efficacy of infinitesimal doses, but herein, of course, lies an essential characteristic of the system, which seems to have much in common with the treatment of specific diseases which is associated with the names of Jenner, Pasteur, or Koch, cure being effected by the administration in minute quantities of the very poison by which the disease is caused. The proof of the pudding is in the eating, and prejudice must give way before

such convincing examples of successful treatment.—*Veterinary Record*, May 9th.

HYDRASTIS, CONIUM, AND PHYTOLACCA IN CANCER AND SCIRRHUS OF THE BREAST.

By E. M. HALE, M.D.

A FEW days ago I received a letter from Dr. R. Wilson Carr of Sedalia, Mo., asking if I would give him my method of using *Hydrastis* and *Conium* in Cancer or Scirrhus of the Breast. I take this opportunity of stating my method.

(1) I always use the mother tincture.

(2) I give 5 drops at a dose, three or four times daily; sometimes I alternate them, *Hydrastis* before and *Conium* after meals. In three successful cases I mixed the tincture, equal parts, giving 10 drops three times a day.

(3) The indications are as follows: *Hydrastis* when the tumours are hard and painful.

Conium where they are rather small, hard and painless.

(*Phytolacca* ϕ is better than either when the swelling is soft, or nodulated, and painful on pressure, or the pains extend to the axilla.

Dose same as others.)

(4) The medicine should be continued for months. It requires a long time to make a decided impression on hard tumours. Neither medicine will do good in *open* cancer.

(5) A writer in the *Advance* attempts to ridicule the *mixing* of two medicines, asserting that the mixture will produce symptoms differing from either.

This I assert to be impossible. It cannot be proved. That dogma is based on prejudice and on ignorance of chemistry.

(6) I am sure the arrest of growth and final disappearance of those growths are hastened by the application of a plaster, in which is incorporated one or more of the above medicines. The plaster should fit the mamma closely.—*The New Remedies*, Nov., 1890.

MILTON'S HOMEOPATHY.—Irrespective of one's views as to the several schools of medicine, it is interesting to note the fact that the poetical mind of John Milton anticipated the theory of Hahnemann, as is evinced by the following extract from his preface to "Samsom Agonistes." He remarks that tragedy has power, "by raising pity or fear or terror, to purge the mind of these and such like passions; that is, to temper and reduce them to just measure with a kind of delight, stirred up by seeing those passions well imitated. Nor is nature wanting in her own effects to make good this assertion; for so in physic things of melancholic hue and quality are used against melancholy, sour against sour, salt to remove salt humours." We do not remember ever seeing this Miltonic statement of "*Similia similibus curantur*" commented on before.—*Health*, June 12th.

GENERAL CORRESPONDENCE.

THE CYPHER REPERTORY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Personally I am indebted to Dr. Hayward for his reply to my inquiry, which is characteristic of his clear, concise, and common-sense method of dealing with a difficulty.

The word "incomplete" is correct, for, so far as it goes, the *Cypher Repertory* is perfect; so thoroughly do I appreciate the immense superiority of this, over every other Repertory, that I have long since ceased to need another.

After Dr. Hayward's explanation it would be unnecessary, if not unwise, to include clinical symptoms in the parts of the *Cypher Repertory* which are yet to be issued. There is no difference of opinion, I presume, among the workers as to the wisdom of the decision "that clinical and pathogenetic symptoms should be kept strictly separate" and that the *Cyclopedia of Drug Pathogenesis* should be the sole authority, or at any rate the main source from whence our observations should be made. But there are very serious objections in the minds of many physicians, to the exclusion of every symptom recorded by doubtful authorities as Langhammer, Nenning, &c., &c.

Again, it will surely be a somewhat difficult undertaking for any worker to pick out of Allen's colossal work symptoms taken from Hahnemann's chronic diseases; at any rate it is of vital importance that these and other doubtful points should be finally settled before proceeding to cypher any more medicines.

Apologizing for occupying so much of your space.—I am, faithfully yours,

THOMAS SIMPSON.

THE HAHNEMANN MEDICAL COLLEGE OF
PHILADELPHIA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—It may interest you and the readers of THE HOMEOPATHIC WORLD to know that the faculty of the Hahnemann Medical College of Philadelphia, the oldest homeopathic college in America, have conferred their honorary degree of Doctor of Medicine and Surgery on Dr. Rufus B. Weaver, the splendid anatomist and demonstrator of anatomy to the hospital and school. You are aware that Dr. Weaver is the one who made the famous dissection *entire* of the whole *nervous system*

(cerebro-spinal and sympathetic), photographs of which have been published, and the original dissection I have myself seen. Such a work entire has never been done before by any man living or dead in any country, and Dr. Weaver for this alone is deserving of the honour done him by the college of which he is so distinguished an ornament, and the faculty of which college include some of the finest living surgeons of any country. Two or three of the medical governing and examining bodies in England have accepted from me copies of this famous work, which in itself speaks volumes in its favour, and Dr. Weaver is an instance to show that homeopaths are not behind allopaths in anatomy and surgery as so many people think. I have seen operations performed at the Hahnemann Hospital that I have never seen surpassed in the London schools. It will be a source of pleasure to you to know that the Hahnemann College has this year added fifty-nine more practitioners to the homeopathic ranks in America, that the outdoor dispensary to the hospital has increased to double the number of patients it had last year. The hospital has treated one thousand *surgical cases per month*. When we remember that this college is only one of the *many* large schools of homeopathic medicine and surgery in America, some of whom have from two to three hundred students, such as Chicago, New York, Philadelphia, &c., we need not be afraid that homeopathy is dead or dying, as we are so often told by our friends of the old school, which itself would now be far nearer dying were it not for the new ideas, new teaching, and new medicines (and smaller doses) they are daily getting from the men they affect to despise but whom so many of them imitate and receives the credit of cures made by using homeopathic remedies. No, homeopathy is not dead; it never had so much vitality, and if the number of cures performed by allopaths with remedies they have borrowed from us could be known, the knowledge would be astounding.—I am, sir, yours truly,

ALFRED HEATH, M.D.

114, Ebury Street, S.W.

INFLUENZA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In the May number of the HOMEOPATHIC WORLD, there is a note from me in which I recommend *Ammon.-mur.* and *Kaliclor.* in the treatment of Influenza. It is true that these remedies were exceedingly serviceable in the epidemic of last year; but no sooner had I sent the information to the WORLD, than I had reason to change these medicines for others. The

symptoms attending the present epidemic are not like those of last year, and therefore it is not surprising that new remedies have to be found. I need not recapitulate those symptoms which we all have had the opportunity of observing. The important point is to know how to treat them, so as to cure the patients. There is one remedy which I have for the last four weeks given in every case and with the very best results. No matter what the more prominent symptoms may be, I invariably begin with this medicine, and the effect has been wonderful. Every case has recovered, and recovered *well* and speedily. *Kali-carb.* is the medicine. I put about five grains in a tumbler of water, and give a tablespoonful every two, three, or four hours, as may be required. It is seldom necessary to go on with this for more than one day, yet occasionally, one has to revert to it again, in case the fever should return or the cough be troublesome. This is the same medicine we so often find useful (and curative) in whooping-cough; but what connection there is between the poison which causes this complaint and that which causes Influenza, I do not know, nor does any one else.

It is hardly necessary to say that alcoholics are injurious, and may indeed have caused some of the deaths. I cannot believe in quinine either, for the fever of Influenza is not of an intermitting character. I should attribute nearly every death to one of these three causes—alcohol, quinine, and over-feeding. Only fancy the folly of employing these when the lungs, liver, and perhaps *all* the viscera are in a state of congestion!

Kali-carb. is well “worth a guinea a bottle,” if not more; but I am afraid most of us will have to be content with less.

GEO. HERRING.

June 9, 1891.

HYDROPHOBIA AND THE SWEATING CURE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I have often wondered, while reading accounts of deaths by Hydrophobia, that there was no mention of any attempt having been made to produce a cure by the sweating process, by means of a hot air or a vapour bath; for I have a faint recollection of having read of cases of this dread malady having been cured in this way, and I should certainly have greater faith in it than in Pasteurism, the loudly-acclaimed Eureka of which seems now to be dying away in a very faint echo. I will state a case that I heard related in days long past, of an accidental cure wrought by this means.

It is a well-established fact, I believe, that in former years—

even as late as the beginning of the present century—persons suffering from Hydrophobia were put to death—"put out of their misery," I suppose it would be termed—by being smothered between two beds, or by some such means. Now, the case I heard related was as follows: A woman in a violent stage of hydrophobia was thus placed between two beds, and held down by her relations. After a while, her struggles having ceased, they removed the upper bed, believing her to be dead. She, however, presently began to show signs of life, and after a while came to completely, and showed no further signs of rabies. She had managed, I suppose, in her struggles to keep open a partial breathing space; but what had effected the cure? The narrator stated that the woman had sweated to such a degree that the under bed was drenched, and that the moisture had passed through and formed a pool on the floor below. Now this narrative carries with it an air of truthfulness. No theory of cure had been started in those times, requiring the support of an invention of this kind. Indeed, the case itself apparently led to no results in the way of suggesting a mode of cure. It was a nine days' wonder, and so it ended. This case must have happened in last century or early in the present, while the cases I alluded to above, as faintly remembered by me, occurred in comparatively recent years.

It remains yet, I believe, for Homeopathy to find out a direct cure for this most painful of all maladies. A possible one suggested itself to me while reading, three or four years ago, a paragraph in a periodical, speaking of some remarkable tropical trees and shrubs possessing striking properties, poisonous or medicinal. Among them it spoke of one, though not by name, as possessing the dread property of causing *sudden death* to any one who should partake of it, and that by producing a sudden and complete spasm of the glottis, and so stopping all power to breathe. I know not whether my idea of Hydrophobia be correct or not, viz., that its paroxysms are caused by spasms of the glottis, more or less violent; but if so, might we not have in suitable dilutions of tinctures made from parts of the tree or shrub above alluded to, a probable homeopathic cure for this malady? If I am correct in my view it would surely be worth while to make diligent search and inquiry in order to find out what tree or shrub it was that the writer spoke of, but did not name. I do not remember in what periodical it was I read the paragraph alluded to above. Unfortunately I took no note of it, but I think it was either in *Household Words* or *Chambers' Journal*. Inquiries might be made of the Curator at Kew, or of the editors of botanical magazines.

F. H. B.

Carsington.

VARIETIES.

CATS AND MORPHINE.—According to Dr. Ginnard, though most animals are amenable to the narcotic influence of morphine, the cat is an exception to the rule, being absolutely refractory to the narcosis usually induced by it. He has administered the drug in varying doses to nineteen cats belonging, it is to be presumed, to neighbours with whom he was not on friendly terms, but in not a single instance did he succeed in producing any but a condition of excitement. He found, however, that a dose of morphia markedly accelerated the anesthetic action of chloroform on cats, and this fact may conceivably one day be turned to good account. Dr. Milne Edwards seems to have observed a similar refractiveness to morphia in other animals of the feline tribe. This peculiarity, of course, is, after all, only on a par with the curious tolerance of rabbits (and children) for belladonna.—*Medical Press*, Jan. 14th.

SIMPLE METHOD OF CURING OBESITY.—In a French journal (Paris correspondence *Jour. Am. Med. Asso.*) is announced the discovery of a means, as simple as it is strange, for curing obesity, which is attributed to a medical officer in the army. Thanks to this means, a colonel who was threatened to be obliged to retire from the army, as he was so heavy that it required two men to lift him into the saddle, became thin in a few weeks, and to such an extent that he had to take means to recover, in a measure, what he had lost. It was to his doctor that he was indebted for becoming a general. The means consisted simply in never eating more than one dish at each meal, no matter what that dish may be, and a person may consume as much as the stomach can bear, and satisfy the appetite without the least reserve. Nevertheless, nothing but the one dish should be taken; no condiments, or soups, or supplementary desserts should be allowed. This system was recommended to a lady who was slightly obese, and who put it into practice with the best results. The lady observed that she suffered no inconvenience whatever from this diet, and the result obtained by the medical officer may be well understood, as she found by her own experience that the partaking of only one dish, whether it be meat, fish, or vegetables, brought on a sense of satiety much sooner than if she had partaken of a variety of dishes, whence the effect of relative abstinence.—*New York Medical Times*, May.

BROMIDE OF GOLD IN EPILEPSY.—Following up the observations of Bourneville, Dauge, and Goubert, on the treatment of epilepsy by bromide of gold, several Russian physicians have made trial of this drug in various affections of the nervous system. Professor Merzheévski, having a very obstinate case of hysteria, which had resisted all the usual remedies, prescribed bromide of gold in quarter-grain doses, and afterwards in half-grain doses, with marked effect, the patient feeling much better and the hysterical attacks becoming far milder and less frequent. Dr. Rozenbach also—having tried bromide of potassium unsuccessfully in half-a-dozen cases of hysteria—ordered bromide of gold; during the first week the attacks became less frequent. Immediately after the drug was commenced the sensibility of the mouth became deadened, but that was the only symptom of bromism which occurred. Again, Dr. Danillo prescribed bromide of

gold in eight cases of epilepsy, ordering at first four pills, each containing one-fifth of a grain, and afterwards from twelve to sixteen of these pills per diem. No symptoms of bromism, with the exception of some anesthesia of the mouth, were produced. In five cases there was more or less improvement; in one of these the fits became reduced in degree to the level of petit mal; in another, where the patient was a girl of fourteen, the fits, which had formerly occurred once or twice a week, were completely stopped, and four months afterwards there had been no return; in three cases the fits became weaker and less frequent. Over the remaining three of the eight cases the bromide of gold appeared to exert no influence. Dr. Shcherbak has recently published in the *Vrach* an account of some laboratory experiments made with the view of ascertaining the proper dose of bromide of gold, and also of comparing its action with that of other better-known bromides. The drug was administered in three ways—by intravenous injection, by hypodermic injection, and through the esophageal tube into the stomach. It was found that artificially induced epileptiform attacks could be averted by the intravenous injection of 0·003 gramme per kilogramme of body weight, larger doses being needed in hypodermic administration (viz., 0·09 to 0·16 gramme), whilst by the stomach the attacks were not entirely prevented unless from 0·1 to 0·2 gramme per kilogramme of body weight was employed. On the whole, it appeared that bromide of gold is decidedly more active weight for weight than the more commonly used bromides, probably in the proportion of 10 to 1. Its price is about three shillings for fifteen grains, so that taking one grain as the ordinary dose for an adult, it can hardly be considered an exceptionally expensive drug. It is readily soluble in water, and the solution, if not exposed to light, keeps very well.—*Lancet*, April 19th.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Allinson (T. R.). A System of Hygienic Medicine; or, The only Rational Way of Treating Disease. 2nd ed. Cr. 8vo. (Pitman. 1s.)</p> <p>Ball (J. B.). Intubation of the Larynx. With Illusts. Cr. 8vo. (H. K. Lewis. 2s. 6d.)</p> <p>Ballantyne (J. W.). An Introduction to the Diseases of Infancy. With Coloured and</p> | <p>other Illusts. Cr. 8vo, pp. 248. (Oliver and Boyd, Edinburgh. Simpkin. 10s. 6d.)</p> <p>Bennett (W. H.). On Varicocele: A Practical Treatise. 4 Tables and a Diagram. 8vo. (Longmans. 5s.)</p> <p>Besant (W.). St. Katherine's by the Tower. 3 vols. Cr. 8vo. Illust. (Chatto and Windus. 81s. 6d.)</p> <p>Bigelow (H. R.). Plain Talks on Electricity</p> |
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- and Batteries. With Therapeutic Index. 12mo. (Lewis. 4s. 6d.)
- Bowles (R. L.).** On Stertor Apoplexy and the Management of the Apoplectic State. Cr. 8vo. (Baillière. 4s. 6d.)
- Gentry (W. D.).** Concordance Repertory (The) of the more Characteristic Symptoms of the Materia Medica. Vol. 5. 8vo. (Homeopathic Publishing Co. Sub. 30s.)
- Harries (A.) and Lawrence (H. N.).** A Manual of Practical Electro-Therapeutics (Nursing Record Series). Cr. 8vo, pp. 180. (Low. 1s. 6d.)
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- Wheeler (A.).** Our Unseen Foes and How to Meet Them: plain words on Germs in Relation to Disease. 12mo, pp. 84. (Wright, Bristol. Simpkin. 1s.)

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. Cyrus A. Clifton, Hunstanton, St. Edmund's; Dr. W. B. Clarke, Indianapolis, U.S.A.; Dr. Beslerly, York; Dr. Gallavardin, Lyons; Mr. J. Meredith, Lydney; Mr. Wm. Tebb, Burstow; Dr. George Herring, London; Dr. Simpson, Waterloo; the Rev. Mr. Brett, Carsington; Dr. Heath, London; Dr. Bose, Calcutta; Dr. Thos. Wilde, Jamaica; Committee

of the International Pharmaceutical Congress, Milan; Dr. H. P. Holmes, Omaha, Nebr.; Dr. Burnett, London; Bush Manufacturing Co., London.

BOOKS AND JOURNALS RECEIVED.

Allg. Hom. Zeit.—Zoophilist.—Homeopathic Review.—Chemist and Druggist.—The New Remedies.—Homeopatisch Maandblad.—Maanedskrift für Homeopathi.—Southern Journal of Homeopathy.—Medical Advance.—Le Salut Public (Lyons).—California Homeopath.—Medical Era.—New York Medical Times.—American Homeopathist.—Homeopathic Recorder.—Indianapolis Journal.—North American Journal of Homeopathy.—National Medical Exchange.—Medical Visitor.—Revue Homeopathique Belge.—Hahnemannian Monthly.—Homeopathic Physician.—Homeopath and Allopath, by a Homeopath.—Address by Dr. G. Wigg.—Annual Circular, Annual Institute of Homeopathy.

THE HOMEOPATHIC WORLD.

AUGUST 1, 1891.

RECENT EVENTS.

WE record in the present issue several events of great interest to homeopaths all over the world. First in importance to British homeopaths is the completion of the Building Fund for the new hospital. The occasion of the final effort was the complimentary dinner given to Major VAUGHAN MORGAN, at the Hotel Metropolé, under the presidency of the Earl of WEMYSS and MARCH, in the unavoidable absence of the President of the hospital, Lord EBURY. The Banquet was a brilliant success. We understand that Major VAUGHAN MORGAN and the Building Committee, though intensely gratified with their success, are still open to receive further subscriptions. Our readers are perhaps aware that it has been decided to acquire two houses in Great Ormond Street adjoining the hospital. The house next to these is a public-house, and public-house property is expensive, if not, in the estimation of some, exactly valuable. The Committee do not feel justified, therefore, in acquiring this house as well, though the space would be a most desirable addition to the building facilities. Could not the many temperance friends of the hospital do a double service—a service to the cause of temperance and the cause of Homeopathy at once—by raising a special fund to buy up this house and the licence, and convert it to a more worthy purpose?

Next to be mentioned, still keeping to our own shores, is the Annual Homeopathic Congress which assembled in London on the 9th of July under the presidency of Mr.

HENRY HARRIS. As we ventured to predict would be the case, the meeting was eminently successful in point of interest, numbers, and enthusiasm. We have never seen a better attended meeting; there was a crowded audience to listen to the admirable and conscientiously prepared address of the President, which was the feature of the meeting; and over one hundred members and friends sat down to dinner in the evening at the Holborn Restaurant. Mr. HARRIS has every reason to congratulate himself on the meeting over which he was called to preside.

The last event to which we shall allude is the meeting at Atlantic City—the Fourth International Homeopathic Convention. This also was a brilliant and solid success, as will be gathered from the account we give of the first day's proceedings. The number who attended were about five hundred. In America they do things on a grand scale. We hope when we welcome our American and foreign colleagues to London in five years' time we shall have something to show them worth their seeing in the new hospital we are about to build.

A POISONOUS SPIDER.—Mr. Andrew Ross, M.P., practising in New South Wales, writes:—"It has generally been supposed that spiders are very harmless insects, and totally void of any dangerous or poisonous effects; but the history of the following remarkable case tends to establish quite a contrary opinion. About six o'clock in the evening of Jan. 24th, a boy of about five years of age was sitting on the doorstep eating some bread-and-butter, when all of a sudden he cried out and complained to his mother that something had bitten him on the neck behind the lobe of the ear. The boy at once pulled his hat off his head and threw it on the ground, and the mother, on picking it up to see if anything was inside, dislodged a large black spider with a large round belly and red spot on the back, which she instantly killed. The boy said the spider had bitten him, and very shortly after he commenced to scream with pains in his neck and also running down his legs and feet. He was brought to my surgery, and on examining the neck I found a large erythematous circle at the spot where the spider was supposed to have bitten him, which I scarified and bathed with the usual remedies. I administered ammonia and brandy, but the child continued to scream with pain. The case continued under my care for a week, and is one of so singular and remarkable a character, and surrounded with symptoms and sufferings so amazingly violent and peculiar, that I deem it my duty to lay the full history of the case before the public as a warning to beware of such supposed innocuous insects."—*Lancet*, May 2nd.

NEWS AND NOTES.

WHAT has become of Manchester and Birmingham? Not a single representative from either was to be seen at the Congress. This absence was conspicuous, and was freely commented upon at the meeting. Dr. Charles Blackley, of Manchester, would have been present if he had not been unfortunately prevented by illness, but we believe Birmingham did not send even an excuse. Liverpool, on the other hand (with Birkenhead), sent up a contingent of nine.

It is little wonder that the neighbourhood of Liverpool was chosen as the meeting-place for next year, Southport being the choice of the meeting. Southport possesses an admirable Children's Sanatorium under Homeopathic auspices, and is a thriving seaside town and a stronghold of homeopathy. Perhaps Birmingham and Manchester are saving themselves for next year, and intend to muster strong at Southport?

THE closing meeting of the British Homeopathic Society, coming the evening before the Congress, was crowded in an almost unprecedented manner. The choice of president for the coming year fell on Mr. Knox Shaw; Drs. Moir and Galley Blackley being chosen vice-presidents. Dr. Dudgeon's sparkling valedictory address was received with evident delight by his large audience.

At the Congress Dr. Day showed a number of microscopic specimens of interest. Messrs. Horlick showed their "Malted Milk," a dry preparation of excellent properties, and most convenient for many purposes; and Messrs. James and Co. showed specimens of their well-known "Dermetos" soap, whose excellent qualities we have before alluded to in these pages.

ANOTHER "NEW CURE" FOR TUBERCULOSIS.

TUBERCULOSIS, if not the most curable, is certainly the

most "cured" disease in the world. Not a month passes but some new "cure" is discovered. The strange thing about it is that the patients die rather more numerously than heretofore; but no doubt, like a patient we have heard of, many of them "die cured," which is a great consolation and encouragement to—the doctor! The last "new cure" is that of Dr. Lannelougue, who hardens the tubercular tissues by injecting solutions of chloride of zinc. This salt is well known in its solution as a disinfectant under the name of "Sir Wm. Burnett's Disinfecting Fluid." This "cure" is in the "very hopeful" stage at present. It seems as if the "consumption cures" become infected with one of the leading symptoms of the disease—a sort of morbid hopefulness—destined to be falsified sooner or later—and generally sooner.

VETERINARY SCIENCE AND HOMEOPATHY.

At the meeting of the Royal Counties Veterinary Medical Association at Didcot on Friday, June 26th, a paper was read by Mr. Sutcliffe Hurndall, entitled, "What has Contemporary Veterinary Science done towards the Advancement of the Healing Art, and wherein is there scope for further Development?" Mr. Hurndall considered the attempt to make bacteriology the beginning and end of everything medical and surgical had proved a complete failure. Mr. Hurndall then turned his attention to the region in which better things were to be looked for. He contended that Homeopathy—which he had practised even since he became a member of the profession—offered decided advantages over prevailing methods and customs, and gave many illustrations of the practice of the school of Hahnemann, which is based upon the principle "*similia similibus curantur*," or "like cures like."

CANCER GRAFTING.

THE public has had a considerable shock in the revelations made first by Dr. Cornil before the Academy of Medicine of Paris relating to the inoculation of patients with cancer in unaffected parts at the time they are being operated on for its removal from diseased parts. The

authors of these scientific experiments have since acknowledged their identity, namely, the notorious Professor Bergmann and Dr. Hahn, of Berlin. These scientists have been peremptorily ordered to explain their conduct, and their explanation will be made public eventually. At present, from all that has been allowed to appear, we gather that Professor Bergmann, so far from denying that he experimented in this way, maintains that it was quite right to do it. No wonder some poor people are shy of going into hospitals!

ORIGINAL COMMUNICATIONS.

HOMEOPATHY.*

By H. P. HOLMES, M.D.

WE are standing to-day in the morning of a new century—the new century of homeopathy. We have passed the one hundredth golden mile-stone in the history of our school, and in the demonstration and verification of the therapeutical law of *similia similibus curantur*. When we realize that we are the only school of medicine that has claimed and used a definite law in practice for a full century, that our results have been such as to fully justify us in the faith in that law, we may indeed feel proud of the position we occupy. With our past filled with the most successful achievements in the history of medicine, we can but turn our faces with satisfaction and perfect confidence to the future of our school.

A retrospective glance at the conquests which medicine has had over disease shows that all the greatest victories stand accredited to the homeopathic school. The American encyclopedia gives to Hahnemann the credit of curing seventy-two out of seventy-three cases of malignant typhus in an epidemic that was proving frightfully fatal under old school management. In the cholera epidemic of the Old World, in the years 1836, 1849, and 1853, in the very youth of homeopathy, the general mortality was 52 per cent., while homeopathic practice reduced it to 26 per cent. At the later epidemic of 1853, when there had been a greater

* Read before the Nebraska Homeopathic Medical Society.

perfection wrought in our practice, the mortality under homeopathic treatment was only 20 per cent., while the allopathic practitioners lost over 50 per cent. In the experience with yellow fever in our own country, and in successive epidemics, the old school show a mortality of over three times as great as that under homeopathic treatment. In the last epidemic in Florida, in 1888, our homeopathic mortality was 2.6 per cent. in Jacksonville, while that of our old school brethren was 15.2 per cent. In the Cook County Hospital, Chicago, we have also sustained our reputation; and in two different state penitentiaries placed under homeopathic management, the days of sickness and the expenses of medicines have not only been less, but there has actually been less loss of time from labour by the convicts than when the same institution was under allopathic hands.

I am quoting these figures for a purpose. There are, within our ranks, practitioners whose faith is not so firmly fixed by the trials that homeopathy has passed through, but they are at times tempted to be led astray by the glitter of new-born theories and promises. Every little while a restless spirit of the old school comes out with the cry and promises—"Now we are going to do something. We are going to cure somebody. We are going to beat all previous records. We are matched against time, and are bound to win. Hurry up, fall in line, and be with us at the finish!" And those of lesser faith and knowledge are decoyed by the arguments and *éclat*, and are in at the finish and the death, only to find themselves dupes and the promise an ignoble failure.

The therapeutical system of the old school has ever been as evanescent as the rainbow, and at neither end has been found the proverbial pot of gold. From the beginning of medicine under Hippocrates the changes have gone on, and to-day the professors of therapeutics in their best colleges teach that the therapeutics of to-day may not be the therapeutics of to-morrow. And well may they change, for where have they a remedy of therapeutical value? (I mean a remedy that cures a disease.) Has there ever been a law or a remedy that was as good as the law of *similia* and the homeopathically indicated remedy? In answer to this I refer you to the statistics of mortalities under each treatment of any and all the diseases during the last three-quarters of a century—from the malignant typhus treated by Hahnemann down to *la grippe* of the present year.

The old school has been full of theories, has been replete with innovations, has been surfeited with remedies which are dead and forgotten each five years. To-day it is handicapped by

secret nostrums, as the accepted remedies of the latest prescriptions are of unknown formulæ protected by letters patent. All that has gone before them lies to-day buried in the rubbish-heap. Could the old school physician of fifty years ago rise from his grave to-day and witness the unceasing change of the irregular old school of medicine, he might consistently exclaim, "Of what use was all my study and research!" And the same might be said of a student of a later generation. Recognizing these continual changes in their practice to be true, we may well ask the question, Where lies the surety? In the words of an old school writer on surgery, I may quote—"That if from time to time, in every few months, the methods are changed, and with every succeeding change strong statements are made that the last improvement contains the only security, it must inevitably follow that to the public mind there can be security only in the hands of the inventor himself for the complete and successful accomplishment of detail."

We claim for our school the greatest good and the greatest proficiency yet attained in the practice of medicine. Hahnemann was the first physician to speak and write against phlebotomy, the first to advise against compound and complex prescriptions, and the first to advocate and practise the proving of drugs upon the healthy before using them for the sick. He was the first to advise the humane treatment of the insane, and he was the first physician to successfully combat mental disease. He was the first physician who promulgated a law in therapeutics that could stand the test of time and be stronger at the end of a hundred years of practice.

The last few years have been devoted by the old school to the closer study of etiology and the search for specifics. Followers of no law, they grope in darkness for the remedy to conquer disease. Their ceaseless search for the cause, based on that visionary law *sublata causa tollitur effectus*, leads them hither and yon, like the will-o'-the-wisp dancing over a bottomless marsh.

Once the cause of disease was too great a pressure of bad blood; again it was the liver; then it was a miasm, and afterward a neurosis; latterly the microbes began to work, and next it was a toxine. Now they are getting down to a realization of the fact that the condition of the patient has something to do with it. And all this time disease has worked its ravages, and the patients have suffered, while the old school physician has speculated as to why people get sick.

With each of these etiological changes came, of course, a change in therapeutics, as, of necessity, to remove a different cause required a different agent for the same affection; and so the regulars (?) have gone on from phlebotomy to hydrogogues,

from anti-periodics to nervines, from bacteriacides to germ cultures; and now they are wondering what to do with the predisponent constitution.

Two lines of action have been the direct result of this kaleidoscopic practice of the healing art. First, through the dissatisfaction over general results, the thorough-going, wide-awake young allopath seeks for certainty of results in surgery or in a specialty. He feels that if there is no system of medicine to rely upon, he may at least attempt to cut the sick part out of a patient. The second line lies in the search for specifics. Diagnose the disease first, and then find a remedy. The latest craze is that of the old school searching among the isopathics for the cure of disease. Hydrophobic virus for hydrophobia; cholera microbe cultures for cholera; elixir of life for enervated men and women; cultures of tubercle bacilli for tuberculosis. We may well pause and wonder what will be their next jump. But what more could be expected from a school having no law?

Followers of homeopathy, you are not led by an *ignis fatuus*. Though at times you may feel that something surer lies outside the pale of homeopathy, the history of a century has failed to demonstrate it. Again, what was good with us twenty-five, or even fifty, years ago, is as good, or better, to-day. We have made fewer discoveries and assertions, as a school, that have had to be revoked than any medical school on earth. With all the advances in pathology and etiology, in vivisection and microbiology, the old school stands no nearer a therapeutical certainty than it did years ago. *Sublata causa tollitur effectus* is not yet true from the therapeutical standpoint of human possibilities. The supposed cause of disease too often lies in a speculative theory; and where its removal from the individual is possible it still does not explain the escape from infection of others subjected to the same influence.

Men and women of homeopathy,

“The friends thou hast, and their adoption tried,
Grapple them to thy soul with hoops of steel,
But do not dull thy palm with entertainment of
Each new-hatched, unfledged comrade.”

The names of the masters of our schools will be crowned with laurels when Pasteur, Bourgeon, Brown-Sequard, and Koch are forgotten. As their discoveries sink into therapeutical oblivion, homeopathy still survives; and each one of these failures should fix our faith firmer and firmer in the law we are following.

With the *Organon* for a guide, with the grand law of *Similia Similibus Curantur* inscribed upon our banner, and with *Hahnemann* for our watch-word, “let us go bravely forth to meet the shadowy future without fear and with manly hearts.”

Omaha, Nebraska, U.S.A.

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XIV.—*Æthusa Cynapium*. September 8, 1876. Miss H. had suffered nearly all day from constant throbbing pain in left forehead, temple, and side of head; relieved by pressure and in open air; worse by walking: she felt as if she would like a band to be fastened tightly round her head.

Diagnosis of the remedy.—Left forehead, throbbing. *Acon.*, *Æth.*, *Alumen.*, *Amm.-c.*, *Anac.*, *Arg.-n.*, *Asaf.*, *Aur.-mur.*, *Cann.*, *Cimicif.*, *Cinchon.*, *Cocc.*, *Croc.*, *Dulc.*, *Glon.*, *Kali.-c.*, *Lepid.*, *Mezer.*, *Natr.-m.*, *Nux.-m.*, *Paris*, *Rhod.*, *Sabad.*, *Scill.*, *Silic.*, *Spig.*, *Stann.*, *Sulph.-ac.*, *Verat.*, *Verbas.*

Left temple, throbbing. *Acon.*, *Æth.*, *Agar.*, *Amm.-c.*, *Amm.-m.*, *Anac.*, *Ant.-c.*, *Arn.*, *Asaf.*, *Aur.-mur.*, *Bar.-ac.*, *Bar.-c.*, *Bovis.*, *Brom.*, *Caps.*, *Coloc.*, *Cotyl.*, *Cycl.*, *Glon.*, *Hell.*, *Hura.*, *Hyper.*, *Kali.-c.*, *Natr.-m.*, *Nit.-ac.*, *Nux.-m.*, *Cleand.*, *Oxal.-ac.*, *Panac.*, *Paul.-p.*, *Petiv.*, *Phos.*, *Rheum.*, *Rhod.*, *Rhus.*, *Sabad.*, *Sol-t.-ægr.*, *Spig.*, *Spong.*, *Stann.*, *Tepl.*, *Verb.*, *Zinc*, *Zing.*

Left side of head, throbbing. *Æth.*, *Amm.-c.*, *Anac.*, *Bar.-c.*, *Bovis.*, *Brom.*, *Calc.*, *Calc.-ac.*, *Chrom.-ac.*, *Cinchon.*, *Cinch.-s.*, *Croc.*, *Cupr.*, *Dirca*, *Glon.*, *Hura.*, *Kalm.*, *Laur.*, *Magn.-m.*, *Magnes.-arct.*, *Natr.-c.*, *Natr.-m.*, *Nit.-ac.*, *Nux.*, *Phos.*, *Prun.-sp.*, *Rhus.*, *Spig.*, *Spong.*, *Tongo.*, *Verb.*

This reduces the list to *Æth.*, *Amm.-c.*, *Anac.*, *Glon.*, *Natr.-m.*, *Spig.*, *Verb.* Of these seven, all have aggravation of head by walking: relief to head by open air belongs to *Æth.*, *Amm.-c.*, *Glon.*, *Nitr.-m.*; relief to head by pressure belongs to *Æth.*, *Amm.-c.*, *Anac.*, *Glon.*, *Natr.-m.*, *Spig.* The list is thus further reduced to *Æth.*, *Amm.-c.*, *Glon.*, *Natr.-m.*

The relief from pressure seemed the most marked, and therefore, in this instance, the most characteristic, condition; so taking this as the keynote for further differentiation, I found that relief of forehead by pressure belonged to *Amm.-c.*, *Anac.*, *Glon.*, *Natr.-m.*, *Spig.*; and relief of temporal and of left-sided cephalic pains by pressure, to *Æthus.* and *Glon.* Of these two, *Æthus.* has 99 "violent stitching and throbbing in left temple, disappearing on

pressure, but returning." *Glon.* has 260 "slight pain, left, in Gall's organ of Wit; when pressing with the fingers the spot seemed sensitive; with continued pressing, however, the pain subsided." The latter remedy was therefore ruled out, because the "slight pain" did not describe the character of the patient's headache which was well-marked; and because she had no sensitiveness to touch when the pressure was commenced. At 10 p.m. I gave her one dose of *Æthusa Cynapium* 1m. (Jenichen). In about twenty minutes the pain had quite gone, and did not return; it had never ceased thus in previous attacks.

Comments.—1. These symptoms were later verified in another patient. On March 15, 1879, Mrs. B. complained that for several mornings she had suffered from urgent diarrhea, as soon as she rose from bed. To-day she has throbbing over left eye, once causing faint feeling; the pain is relieved by pressure and in a cold room, worse in a hot room.

Diagnosis of the remedy.—Throbbing in left lower forehead. *Æthus.*, *Ant.-t.*, *Berb.*, *Caps.*, *Cotyl.*, *Gymnocl.*, *Lach.*, *Magn.-c.*, *Nux.-m.*, *Paul.-p.*, *Spig.*, *Therid.*, *Verat.*

Diarrhea on rising from bed. *Æthus.*, *Bry.*, *Calc.*, *Fluor.-ac.*, *Jugl.-c.*, *Lycop.*, *Natr.-s.*, *Nuph.*, *Nux.*, *Oxal.-ac.*, *Phos.*, *Psorin.*, *Rhod.*, *Sulph.*

Æthus. alone corresponded to these two symptoms, and it has also relief of headache from pressure and from cold, as verified in the preceding case. I gave one dose of *Æthusa Cynapium* 1m. (Jenichen) at 1 p.m. In fifteen minutes the headache had gone; she had a few slighter relapses the same day, after which it ceased permanently. Next morning diarrhea was less, and less urgent. A subsequent return of the diarrhea, after a decided relief, required two more doses, and it then ceased for several weeks; then it returned, and was cured by other remedies.

2. There has been much dispute as to certain alleged poisonings by *Æthusa Cynapium*. C. Hering calls it (*Guiding Symptoms*, vol. i. p. 74) "a narcotico-acrid poison on account of an adherent alkaloid substance called *Cynapine*." Whereas T. F. Allen says (*Encyclopedia*, vol. x. p. 262), "It seems established beyond any possibility of doubt that the plant is harmless"; this conclusion being apparently based upon a number of negative experiments. But it should be remembered that the

provers vary much in their degree of sensitiveness, even to poisonous doses; and that some plants vary in their toxic properties according to the place where they grow; also that no amount of negative experiments can overthrow one positive fact. I have seen recorded in an allopathic journal of recent date a case of poisoning by *Æthusa*, the plant being identified by a botanist. Moreover, seeing that it has cured "epileptic spasms" (see *Guiding Symptoms*), it must be capable of producing them. Nearly thirty years ago, at the dispensary of the late Dr. David Wilson, I saw a child cured of sunken cornea with one dose of *Æthusa* 1m. (Jenichen). Hempel's *Jahr* gives the symptoms under "Pathological Anatomy" thus: "Bloated countenance; the cornea is dim and deeply sunken, the pupils are very much dilated." This is evidently taken from a case of poisoning, and was here verified by the clinical test. It seems fashionable in certain quarters on each side of the "pond" to throw discredit upon our provings; but without claiming absolute infallibility for them, I am convinced that there are very few errors in our *Materia Medica*; many of the symptoms which some have hastily and unwarrantably expunged have not only been verified by clinical experience but confirmed by later provings.

3. It should be noticed that in the second case the most recent symptoms were the first to disappear under the action of the remedy. This shows that it was a homeopathic cure and not a natural recovery.

Erratum.—P. 302, line five from end, for "propositions" read "preparations."

48, Sussex Gardens, Hyde Park, London, W.

FRIEDRICH HAHNEMANN.

By DR. DUDGEON.

(Continued from p. 268.)

With regard to the papers mentioned in the above letter as having been left with a man in Hamburg, we learn something more about them, from a letter written to him by his father. Friedrich had written from Truro on September 12, 1819,

announcing that he would return home in October, and requesting that henceforth letters should be addressed thus :—

“ Mr. F. Hahnemann,
“ Doctor and Physician,
“ in
“ Truro,
“ (in England).” *

His father wrote as follows :—

“ DEAR SON,—We are all in distress that you have not written to us for seven months . . . Your receipted bill, a sealed letter addressed to you, and your diplomas of doctor, magister, and mineralogist have come from Hamburg, and are lying here. In September you wrote that you were coming to Germany in October ; in that short time you could not have received an answer from us. We expected you to arrive ; you did not come, what are we to think ? Dispel this uncertainty. We have some agreeable tidings to give you in writing. Write as soon as possible to your distressed family, and S. Hahnemann, your father.

“ Leipzig, April 24, 1820.”

This letter, curiously enough, is addressed, not to Friedrich, but
“ To Mstr. Samuel Hahnemann,
“ M.D. and Physician,
“ at
“ Truro.”

It does not seem to have been posted, though sealed up and directed.

* [In an undated fragment of a letter, I find the following caution given to his correspondent (probably his father) about writing to him :—

“ My address on this letter to be written as usual, and in German characters (but without naming this place). Closely sealed. Then an outside cover, fastened with sealing-wax, with the following inscription :—

“ Mr. E. William Smith,
“ T. o. Gr. L.,
“ No. 70, Compton Street,
“ Clerkenwell,
“ London.”

He evidently was afraid to trust even his own family with his address. Perhaps he feared they might tell his wife. The paper on which this is written, and the handwriting and style of the fragment, correspond exactly to the undated letter I give later on, which I imagine to have been the first he wrote from England, when he was in terror lest the Hamburg authorities should hear of his whereabouts and get him arrested.]

The letter to his mother, dated May 18, 1819, says :—

“I need not assure you that every time I get something to read from you I feel a peculiar pleasure. But the receipt of your letter of this 19th of April was for me a still greater pleasure. The reason lay partly in the great hindrance to our correspondence that has existed hitherto, partly in the refreshment, so long withheld, of exchanging ideas in the language I inherited from you. I can well imagine what anxiety you must have experienced during my father’s illness. Those were grave and impressive days. But on that very account they were also the more important and valuable—the parents of deep feeling and of serious reflection, the grandparents of a knowledge of God and of virtue—without suffering, I may say, our existence here would be valueless, the worst fate—a blank——.”

[Slightly incoherent, but no doubt well meant.]

“You ask how long a letter takes to go between us. This varies very much, because the wind required for the sea passage is not always the same. I am told that in quite favourable circumstances only six days are needed from London to Leipzig (which, however, has never happened to my letters); in unfavourable circumstances the time occupied is from four to five weeks. I am sorry that you still have to pay postage. I make my letters as cheap as they can be made. A letter consisting of half a sheet and a thin envelope costs me one thaler, fourteen good groschen (Saxon reckoning). For your letters I have to pay something more. But I wish you not to hesitate on account of this postage, for that is only a temporal matter, and does no injury to our mind. Every one of you write as often and as much as you like. And do not always wait for letters from me. I will soon send you some money, which you may use for meeting this expense, and the remainder you may keep for yourself (not give away).

“You wish to know something about the mode of life, the manners, &c., of the British people.

“As I have not had many opportunities of staying in the small towns of England, I must confine my descriptions to the inhabitants of London. But I will tell what I have had opportunity of observing among people living outside my present place of abode.

“The people in the hilly parts of this island—*e.g.*, in the southern parts, where I intend soon to travel for the second time (some way about three hundred miles from London)—are as good-natured as one could desire. For they unite the insular bashfulness and respectful modesty with the candid openheartedness and the irresistible desire to be of service of mountaineers.

“The unconcealed honesty and straightforwardness, such as I have noticed, *e.g.*, in the Bohemian and Saxon Erzgebirge, and

also in the Harz mountains,* joined to sympathetic benevolence and timid tenderness and artless modesty, such as, *e.g.*, I experienced with emotion in the Dutch island, Texel, are rooted in the inhabitants of the mountainous regions of England, and so strongly imprinted on them that I consider it impossible that true humanity—Divinity in human form—can ever depart from this earth.

“London, the crown of earthly cities, lies sixty miles from the sea, contains in a circuit of twenty-seven miles eleven hundred and fifty thousand inhabitants.

“The river (Thames) cuts the town in two. Six beautiful bridges connect the two parts, one of which, nearly a mile in length, is, together with its enormous arches, made of cast iron—a wonderful masterpiece, that puts to shame all other nations! These people, who do not admit anything to be impossible, have boldly attempted and creditably executed many such wonderful works; I may instance a metal pyramid as high as a tower,† which I will describe some other time.

“The streets are finer and broader than I have ever found them elsewhere. At both sides is a path paved with flat stones reserved exclusively for pedestrians, about as broad as the Basengasse of Leipzig.

“The houses are mostly built on one plan, and in such a manner that (when one is in the street) they do not appear to have a roof. There are no dormer windows, but only an outlet at the top of the house, which is only occasionally used—*e.g.*, in case of danger from fires, which, however, are very rare. In that case one goes out on the flat roof of the house, which at front and back is provided with railings which protect one from falling over, and one can get along till one comes to the roof door of another house, at which one can knock or ring.

“The houses have usually a sunk story, then the ground floor, and over these three, four, five, and sometimes six stories.

“Each house gets water (very good) three times a week. On the appointed days the cock of the water-pipe is opened, and as much water is admitted as is required.

“In the same way as the water is laid on to all parts of the

* I do not think I wrote to you that last year I did not hurry away from Germany, but undertook a number of journeys of an interesting character. Among other places I visited the divine Harz, with all its remarkable sights, such as Baumannshöhle, Stufenberge, Rosstrappen, the so-called Mägdesprunze, Alexiusbade, mines, stamping-mills, smelting, refining, foundry, tin-plate, iron and other works, powder-mills, not to forget that most sublime object the Brocken.”

† I don't know what structure is here alluded to. Trevithick's iron tower, which was to have been upwards of 1,000 feet high, and to have had a single lift from bottom to top by means of compressed air, was not proposed till 1832.

town, so are the gas-pipes, which conduct the lighting material to all the streets. Any one who wishes gas-illumination in his house (for instance, in shops, eating-houses, &c.) goes to the manager of the gas manufactory, says what he wants, and all the apparatus he requires is quickly fixed up, for which he has to pay a small sum down and a yearly rent. It is much cheaper, and vastly more brilliant, than any other light.

"It is not only the streets which are thus lighted, but also 70,000 shops and a large number of market-stalls employ gas lighting. The markets are open daily till ten o'clock in the evening. On Saturdays the markets are kept open till one o'clock at night (consequently till Sunday morning). Last Saturday, for instance, I went to a market not far from where I live (Fleet Market) between eleven and twelve at night, and saw by the light of thousands of lamps people buying meat,* lard,† sausages, cooked food, fish, rabbits,‡ poultry, butter, cheese, eggs, hams, vegetables, flowers, wood, § &c. There were so many buyers that the place was quite crowded.

"A few weeks ago I went into another very large market (Covent Garden), and saw that, for want of room, the market attendants, coopers, and other people who are employed in packing the boxes (for a great deal is done in wholesale), closing the barrels, &c., were on the roof of the stalls and working there. It is also very funny to see people on the flat roofs of the high houses beating out beds and doing other kinds of work.

"Wherever one looks one sees grand buildings of indescribable beauty. One sees there all sorts of products of Nature and Art; for example, one shop with most ingenious machines for all purposes (the shops are very large in London); another with large figures in pure silver, besides other silver and gold things and dishes; another with many sorts of pastry (*e.g.*, mutton pies and pork pies); another with living animals (monkeys, parrots, &c.); another with all sorts of precious stones; another with all conceivable kinds of caricatures—the productions of liberty; another with artificial human hands, arms, feet, and legs, all sorts of human eyes, &c., &c.

"The English people are, as a rule, considerably taller and stronger than the Germans or the Dutch. In comparison with

* "Here the meat is never hacked. It is only cut with the knife, and the bones are divided as desired by fine saws. Moreover, one does not get as much bone with the meat as in other countries, because the bones near the surface are taken out and sold at a low price to those who want them."

† "The tallow and lard are sold in skins and bladders."

‡ "Rabbits are much eaten here, more than hares."

§ "Wood is very dear here. For 50 thalers (Saxon) one gets about as much as is contained in a Liepzig short klafter. Coals are much cheaper, for which reason they are generally used when the fire is once lighted."

other countries, there are more specimens of good-looking and handsome people.

"The people are quick (which is shown even in the walk of persons of both sexes), economical of their time, abrupt, staid, and serious, indefatigable in introducing improvements, and inexhaustible in inventive faculty.

"All London behaves like a single family. It can hardly be believed how every one makes it his business to protect and support others. It may be surmised that this trait is kept in active operation by the Quakers, of whom there are a great many.

"On Sundays it is very much the custom to go to church (the churches are heated in winter). On this day all over the land no music or theatricals are allowed. In no theatre (there are fourteen in London) is it allowed to play an equivocal piece.

"The women of all classes wear dresses that come close up under the chin, not counting the neckerchief; at the same time the materials of which the dresses are made are not the least transparent. Newly-married women consider it unbecoming to allow themselves to be seen by people during the first four weeks."

PHOSPHORUS IN DIABETES.—Squire observed the symptoms of diabetes gradually and surely disappear under the use of phosphorus, administered for a skin disorder. He suggested its use in diabetes, by way of investigation, in doses of the one-thirtieth of a gram. The "provings" of phosphorus contain diabetic symptoms.—*New York Medical Times*, July.

LIME IN THE EYES.—A correspondent of the *Medical World* writes: In the recent riot between the Parnellites and McCarthyites, in Kilkenny, Ireland, a quantity of lime dust was thrown in the face of Mr. Parnell, completely blinding him. The local physician applied oil, but this was of little benefit from the fact that the secretion of tears prevents oil from coming in contact with the inflamed surface. Had the doctor used a solution of simply sugar and water, which is nearly everywhere obtainable, it would have acted like magic in soothing the pain and overcoming the irritant, and as a result, proved a boom to his professional skill, besides winning the lasting regard of his patient.—*New York Medical Times*, July.

BIRD SURGERY.—A farmer recently discovered a bird's nest in his barn, and found in it two young birds. Upon taking one of the birds in his hand, he was astonished to find one of its legs very thoroughly bandaged with horsehair. Having carefully removed the hairs one by one, he was still more astonished to find that the poor bird's leg was broken. Upon visiting the patient the next day the leg was bandaged as before. The bird surgeon was not again interfered with, and in about two weeks it was found that the hairs were being cautiously removed, only a few each day, and at last, when all were taken off, the callus was distinctly felt and the union of the bone evidently perfect, as the bird was able to fly away with the other.—*From a Contemporary*.

MATERIA MEDICA.

CONTRIBUTION TO THE PATHOGENESIS OF
PETROLEUM.

By J. COMPTON BURNETT, M.D.

A NUMBER of years ago a notice went the round of the papers that a certain bald railway servant whose business it was to clean petroleum lamps, and whose not over-cleanly habit it was to wipe his hands in his cap, grew a fine new crop of hair in consequence, it was thought, of the petroleum in the said cap which he wore. Whether the petroleum has really any specific affinity for the skin in an organopathic sense, can hardly be determined from its use when applied direct, but when thus applied I have known several instances in which the hair-growth seemed to have improved.

The following notes given me by a thoughtful and intelligent gentleman seem to me worth preserving :—

Began using paraffin as a hair-restorer about February 1st. A little rubbed on the hair every night.

February 1st to February 28th. No result apparent. Hair seemed to be getting much thinner.

March 1st to March 31st. Had a hard dry cough, day and night—worst on lying down after applying the paraffin. Often coughed about a quarter of an hour at a time. No pain of any sort, but was frequently kept awake for an hour or two in the night with the cough. I did not seem to have a cold at this time, and the cough went away during very cold weather with the wind in the east.

April 1st to April 30th. Began to have bad headaches in the back part of the head, from the crown down to the nape of the neck; these always came on during any mental exertion, such as casting a few columns of figures.

Awoke every morning regularly at half-past four with a headache of this sort, and feeling more tired than when I went to bed; also frequently had a crick in the neck, and a feeling of pain and stiffness in the right heel when getting up and starting to walk.

About same time got extremely constipated with considerable bleeding on every motion, and veins on nose got much more marked than ever they had been before. Complexion, dirty yellowish. No appetite. Loss of flesh. Much perspiration on the least exertion.

About May 7th, left off using the paraffin—in a few

days bleeding stopped, and constipation got much better. Headaches gradually got better, in about a fortnight they were completely gone.

My hair is not very different from what it was when I started.

My wife used paraffin for six months, in the same way. Began three months before me. *Her hair is now very much thicker.*

For the last two months she had constant headaches down the back of the head and neck. It was this which enabled me to find out the cause of mine. She also suffered very much from constipation and complained of great weakness. Always felt tired. Suffered much from corns, also got a wart on the hand, pimples amongst the hair and on the neck, great itching of the skin, especially on the head; a scabby eruption behind the ear.

These symptoms gradually disappeared on discontinuing the use of the paraffin, but a month after she had a very severe earache, ending in suppuration which has lasted a fortnight.

The people next door, who were also restoring their hair, complained of the most frightful headaches, which they were told were neuralgic.

An acquaintance of mine, who is the manager of a paraffin company, complains of fearful pain in the spleen. He thought he had got a bad form of heart disease, but the pain seems to be in the wrong place—at least he put his hand straight to the spleen when I asked him to point out where the pain was.

Probably others have some experience of petroleum in its relations to skin and hair, and if they were to communicate the same to us in the columns of the HOMEOPATHIC WORLD we might know when and how to prescribe petroleum better than we now do.

London, June 24, 1891.

THUJA.

By DR. GEORGE HERRING.

THUJA has been used in a variety of disorders, but has obtained its principal reputation in the treatment of venereal diseases, both primary and secondary, and should never be

lost sight of. In warts, simple and venereal, and in polypi, it is always a promising remedy. I cannot speak so well of it in *nævi*, having twice failed to get any good effect from its use.

But I wish just now to speak of its employment in the irritable bladder of gouty and eczematous patients, and if I may judge of its virtues by the effect it had in one case which I treated, then I should say there is no medicine equal to it in such cases. An old gentleman, *æt.* 87, whom I had often treated for eczema and irritability of the bladder, at last got so weak from his rest being so much disturbed by rising in the night to relieve his bladder, that I began to think he would soon depart this life from utter exhaustion. *Bell.*, *Nux-Vom.*, and *Acid-Phos.* had done some good, but evidently not enough; and it was desirable to try something else. I therefore gave *Thuja*. The effect far exceeded my anticipation, for the old gentleman has improved wonderfully, and now he rises soon after seven in the morning fresh and hearty after a good night's rest. He does not take a dose more than once or twice a week now. I gave the 1x dilution in two-drop doses.

AN ACCIDENTAL PROVING OF *CALENDULA*.

By JOHN H. CLARKE, M.D.

THE prover in this case was a new-born infant, a girl, the second child of Mrs. ——. After her previous confinement the mother had at one period suffered from sore nipples, and had found *Calendula* of such service that she determined to be beforehand this time, and on her own account bathed her nipples with *Calendula* from the beginning, to prevent them from getting sore. Before letting the baby nurse the nipples were washed with water, and all the *Calendula* removed, as she believed. That the washing was not perfectly successful the sequel will show.

The baby was perfectly healthy when born, except for a slight "cold," which did not give any trouble. Nine days after birth the infant was noticed to be constipated, and to suffer from wind. On the following day there was a decided yellow tint of the skin, so much so, that I concluded I had to deal with a case of *icterus neonatorum*. At the same time the water was dark and offensive, and

the stool yellow. The colour of the stool attracted the mother's attention, and she asked if it could possibly be the *Calendula* that was the cause of baby's illness, for, she said, "the motions are *exactly the colour of marigold flowers*"—and she was botanist enough to know that *Calendula* was the botanical name for marigold. She then informed me how she had been using the *Calendula* lotion. There was no mistake about the colour of the motions, and though I was not prepared to give a decided answer, I stopped the use of the lotion. On consulting authorities I found the *Calendula* symptoms so clearly manifested in my little patient that I no longer doubted the source of her illness.

With this by way of preface I will now give the daily record of symptoms.

Ninth day of life and of the proving. Constipation and wind.

Eleventh day. Screaming. Hands and arms twitch. Pain after nursing. Skin yellow. Stool deep yellow. Urine dark, offensive. (*Lycopod.* given.) Bowels moved in evening. Stool curdled, expelled forcibly.

Twelfth day. Slept till 4 a.m. No screaming. Restless 4 to 5 a.m. Urine offensive, dark, staining diapers. At 11 a.m., immediately after nursing, was convulsed: eyes fixed during the convulsion; rolled them about afterwards; dark round mouth; vomited milk with slime. Strains, but passes no stool. Extremely nervous. Starts at noises. Fretful. Hungry after nursing. Red-gum. (*Ethusa* given.) Was much better by 6.30 p.m. Not sick again. Slept well.

Thirteenth day. Face clearer. Only a little sick once. One brownish reddish yellow stool. No screaming, very little crying. (Continue *Ethusa.*)

[It was the appearance of the stool on this day that drew attention to the possibility of *Calendula* being the cause of the illness, and from this day its use was discontinued.]

Vomited once, 5 p.m., after nursing, curdled milk with sticky mucus.

Fourteenth day. Bowels not moved again. Less wind. Urine clearer, no offensive odour, or stain. Hiccough. Jaundiced tint of skin varies sometimes deeper, sometimes less. (*Nux Vom.* given.)

Fifteenth day. Much better, slept well. Two motions

colour of marigold. Much straining. Violent hiccough after nursing or vomiting. Vomited milk and thick mucus. 5 p.m., makes a grunting noise, as if passing stool, but only wind passes. (*China* given.)

Sixteenth day. General improvement. Brighter. Less sensitive to noises, less yellow. One stool in night; less deep yellow, less odour, frothy. Less hiccough. Passing wind downwards. No vomiting. Always wants breast. (*Sulph.* given.)

Seventeenth day. 6 p.m. and 8 a.m. Marigold coloured stool, frothy, a little brown mucus. Straining. Wakes up screaming. In pain all night. Much wind up and down. Does not lose flesh. Less yellow. (*Puls.* given.)

Eighteenth day. Had diarrhea in night, large frothy yellow stools, excoriating. Much wind. No sickness. Hiccough less, no vomiting. (Continued *Puls.*)

Twentieth day. Stools still the same, very dark yellow, less frothy. Cried much before stool. Pale, black rings round eyes. Hiccough still.

Twenty-first day. Vomited milk, sour; shuddered after it as if the taste was unpleasant; less twitching; strains much.

Twenty-second day. Gasps in sleep; keeps the mouth open, moving head up and down (backwards and forwards); breathes rapidly at times; yellow colour comes and goes; starts in sleep, but no longer starts at noises; a little discharge from left eye. (*Chel.* given.)

Twenty-third day. Was better after second dose of *Chel.* Has not rolled eyes; has kept mouth closed; slept well; less hiccough; stool still dark, but less chopped looking.

Chel. was continued. A cold in the head, with thick green discharge, developed, relieved by *Nux* and *Merc.* The other symptoms subsided. She became less ravenous, and was satisfied with her food. *Sanguinaria* proved useful in this connection. In the left eye there appeared a thickening of the conjunctiva like a redundant fold on the thirty-first day, which did not entirely disappear until two months afterwards. The peculiar stools continued for some weeks. The urine varied in character, but as late as fifty days from birth it was strong-smelling and stained deeply. At this time she screamed much, and an umbilical hernia developed. (*Senna* seemed to finally put the water right.)

The provings of *Calendula* are scanty, but I think the recorded symptoms are definite enough to enable us to

identify the action of the drug in the above case. The chief characteristics are the nervous irritability of the child, with the extraordinary sensitiveness to noises. Any sudden noise would make her start excessively. Again, the *shuddering* and *vomiting* have been before shown in *Calendula* provings, and Hering mentions "jaundice" as having been caused by it. In the light of Dr. Cooper's recent experience with the drug I think this observation worthy of being put on record.

I will now give the symptoms of the case in *schema* form, leaving it to future observations to decide the value of the symptoms.

MIND :

Extremely nervous; starts at sudden noises (from early in provings till near the close).
Fretful. (*Cham.* relieved.)

HEAD :

Moves head up and down (see *RESP.*).

EYES :

Rolls eyes.
Fixed (in convulsion).
Dark rings round eyes.
Discharge from l. eye (22nd day).
An appearance as of a skin over inner section of l. eye (30th day, not disappearing entirely till some weeks after).

EARS :

Hearing acute; starts at noises.

NOSE :

Cold in head, with thick green discharge (26th day), relieved by *Nux* and *Merc.*

MOUTH :

Dark circle round mouth in convulsion. ✓

APPETITE :

Hunger immediately after nursing; constantly wants breast.

STOMACH :

Hiccough, violent, persistent (lasted many days), < after nursing, and after vomiting.
Pain after nursing.
Vomiting milk, curdled, slimy. Thick sticky mucus.

ABDOMEN :

Umbilical hernia (50th day), after much straining at stool and screaming.

BOWELS :

Constipation and flatulence.

Makes a grunting noise as if passing stool, but only passes wind.

Stool deep reddish-yellow—marigold colour; chopped appearance; at times frothy; strong odour.

Much straining. Stool expelled forcibly, to a distance if diaper not on.

Anus excoriated by stool.

URINE :

Dark, offensive, staining diaper deeply. (This continued off and on throughout proving, and recurred as late as 50th day).

RESPIRATORY SYSTEM :

Gasping in sleep; keeps the mouth open, moving the head up and down (forwards and backwards). Breathes rapidly at times (22nd day).

EXTREMITIES :

Draws up the legs.

Arms and hands twitch.

SKIN :

Decided yellow. Jaundice.

(Red gum.)

FEVER :

Shuddered after vomiting (as if taste unpleasant—25th day).

SLEEP :

Restless. Restless 4 to 5 a.m.

Starts in sleep.

Gasping in sleep.

Wakes up screaming.

NERVES :

Screams.

Hands and arms twitch.

Convulsion 11 a.m. (12th day), immediately after nursing.

Eyes fixed. Dark round mouth.

Draws up legs.

Extremely nervous; starts at noises.

TISSUES :

Jaundice.

Does not lose flesh, in spite of vomiting.

GENERALITIES :

Symptoms intermittent.

TIME :

4 and 5 a.m., restless.

11 a.m., convulsion.

5 p.m., vomiting (two days).

Evening and night stools, restlessness.

RELATIONS :

The most powerful antidote to *Calendula*, as far as this case teaches, is *Chelidonium*. The congener of *Chelidonium*, *Sanguinaria*, helped on the catarrhal state. *Æthusa* controlled the vomiting, *Chamonilla* the fretfulness. *Lycopod.* was of some assistance ; and probably *Rheum.* would also prove antidotal.

INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL.

In the Whitehall Rooms at the Hotel Métropolé, on Monday night, July 13th, the Board of Management, the Medical Council, the Medical Staff, and Governors and Subscribers to the Hospital, united in entertaining Major Vaughan Morgan, Chairman and Treasurer of the hospital, to a banquet in recognition of his great and long-continued services to the hospital and the cause of homeopathy, as well as to congratulate him on the attainment of a total of £26,000 for rebuilding the hospital, and to place in his hands, as treasurer, the further amount—£4,000—necessary to make up the total of £30,000 requisite for the new building. The Earl of Wemyss and March presided over a large company, and supporting him were: Dr. Edward Blake, Dr. and Mrs. A. H. Buck, Dr. Dyce Brown, the Rev. G. Barratt, Dr. and Mrs. Galley Blackley, Dr. Burford, General Beynon, Dr. Bennett, A. Ridley Bax, Esq., and Mrs. Bax, Dr. and Mrs. Burwood, W. Deane Butcher, Esq., A. Barnet, Esq., Colonel J. Clifton Brown, Alan E. Chambre, Esq., Miss Cole, G. A. Cross, Esq. (Secretary-Superintendent), W. S. Cox, Esq., Dr. J. H. Clarke, Dr. A. H. Croucher, Mr. and Mrs. W. M. Cross, Miss Couch, Vincent Cotterell, Esq., Dr. Cooper, Rev. and Mrs. Dacre Craven, Hugh Cameron, Esq., Dr. Carfrae, Dr. Roberson Day, Mr. and Mrs. William Debenham, Capt. W. H. Davies, Dr. and Mrs. R. E. Dudgeon, Mrs. and Miss Drew,

Dr. and Mrs. Washington Epps, Mrs. Faskally, Mrs. Gregory, Dr. and Mrs. Gilbert, the Hon. Algernon Grosvenor, Wilbur Gunn, Esq., Sydney Gedge, Esq., M.P., Sir Robt. Palmer Harding, Miss Harrison, Dr. and Mrs. Suss-Hahnemann, Mr. and Mrs. Stanley Harding, Dr. and Mrs. Hall, Mr. H. W. and Miss Henderson, Dr. Harper, Mr. and Mrs. Henry Harris, Dr. and Mrs. Hawkes, Mr. and Mrs. S. Hoffnung, the Hawaiian Chargé D'Affaires, and Mrs. A. Hoffnung, Bernard Henderson, Esq., J. H. Hays, Esq., Mr. and Mrs. Malcolm Jonas, Dr. and Mrs. Jagielski, Miss Jones, Mr. and Mrs. C. A. Kelly, Mr. Henry J. and Miss Kluht, E. H. Laurie, Esq., Miss Florence Lewis, Miss Lewis, Mr. and Mrs. Octavius Vaughan Morgan, Mr. and Mrs. Septimus Vaughan Morgan, Dr. Byres Moir, Dr. Cavendish Molson, M. Tivadar Nachéz, Esq., Mr. and Mrs. William Pite, Alfred Robt. Pite, Esq., Mr. and Mrs. W. M. Penfold, Dr. Powell, Dr. and Mrs. Pullar, Mr. and Mrs. R. P. W. Reneau, Mrs. Reed, Mr. and Mrs. Alfred Rosher, Raphael Roche, Esq., Miss Rapley, Frederick Rosher, Esq., Mr. and Miss Reed, Dr. and Mrs. Renner, Dr. and Mrs. Sandberg, Mr. and Mrs. Knox Shaw, Mr. and Mrs. J. P. Stilwell, G. Holt Stilwell, Esq., Dr. Gerard Smith, Miss Thacker, Major-Gen. Thomson, Mr. and Mrs. Leo Thomas, Mr. and Mrs. Edwin Tate, Mr. and Mrs. J. Truslove, Mr. and Mrs. Trapmann, Madame Guilia Valda, Dr. George Wyld, Campbell Wynne, Esq., Ivan Watson, Esq., Mr. and Mrs. A. Williams, Miss Williams, H. T. Wooderson, Esq., Mrs. Wooderson, A. Walker, Esq., W. F. Watts, Esq., Mrs. Watts, Dr. Yeldham.

Following an excellent dinner, the Chairman proposed "The Queen and the Royal Family." Under ordinary circumstances he said he should have said nothing except to simply ask them to drink the toast with all the customary loyalty. But it had been recently said of her Majesty—and he could not do better than repeat it, "Her name will ever be remembered as a noble character, and as a lady great in the wisdom of her counsels, and whose reign has conferred lasting blessings on England." They were noble and true words, and worthy of the occasion on which they were uttered, and did as great honour to those who heard them as the illustrious Emperor who uttered them.

The toast was loyally honoured.

The CHAIRMAN, in rising to propose the toast of the evening, "The health of Major Vaughan Morgan," was received with loud and prolonged applause. In the first place, he said he wished to lay before them the reason why he presided that evening. About a month ago he received a letter from Lord Ebury, their president, stating that owing to his great age, which he (Lord Wemyss) had no doubt was entirely due to his having been a homeopathist, he (Lord Ebury) would be unable to preside at

the banquet. Lord Ebury asked him to preside in his stead, and the request was couched in such terms as left no possibility for him to refuse. Therefore it was that he occupied the chair that night, and that it had devolved upon him to propose the health of their guest (cheers). Well, he thought Major Morgan and they also would expect him to say something more as to the position of homeopathy than to sing treasurer's praises. He was sorry to say he could look back half a century (laughter). Great changes had taken place in medical practice during those years. At that time it was said at his grandfather's place that the housemaids kept themselves in tea and sugar simply by selling empty medicine bottles; everybody in those days took something like three draughts a day (laughter). It was thought the right thing to take salts and senna in the morning, and, added his lordship, possibly from experience they might guess what an awakening that was for the children in the morning (laughter). Carlyle said men were mostly fools, and in that respect it was fortunate for the medical profession that men were fools (laughter). He confessed to have been a fool for many years himself, as far as medical treatment was concerned. A great change had taken place; all those draughts were at an end, and he believed it was due to the successful practice of homeopathy (cheers). It was Dr. Quin—who founded the hospital, and had done so much to popularize homeopathy in London and elsewhere—who taught him that salts and senna in the morning were not a necessity of human existence (loud laughter). This, he ventured to think, had been the good results of homeopathy. Their medicines had been cribbed without any acknowledgment, and leeches and lancets had been thrown to the winds (applause). While such was the position at the present moment of homeopathy, that it had produced those great changes in medical practice, a very beneficial change both by example and precept, it was still misunderstood and ignored. Homeopathic practitioners were looked upon as heterodox in the medical profession; all public authorities ignored them, and they had simply to fight their way. More than that, they could show by statistics when they looked to the recent visitation which had devastated so many districts—that mysterious disease, influenza. So, too, when they looked to the cholera, they found the results of homeopathic treatment would compare more than favourably with other treatment. Mr. Henry Harris, president of the Annual Congress of Homeopathic Practitioners, in the excellent address delivered by him a few days ago, showed that the treatment of disease by homeopathic doctors was far in advance of that of allopathic practitioners. Returns, he said, had been received from 58 homeopathic medical men, and of the 6,900 cases treated not

one had been lost (cheers). From a book put into his hands he saw the returns on cholera were still more striking. A gentleman was sent by Government to inquire into the treatment in various hospitals. In his report he said he would rather be treated in a homeopathic hospital by one of those physicians than by any other medical man (applause). Seeing the success of the treatment—truth was great—it did not progress as it should. What should they do? Mr. Harris said they must assert themselves. He said the same, and that they should insist in the new hospital on having a medical school, in which they could show the difference between the systems, and thus assert themselves (loud cheers). These were the days of self-assertion, and everybody pleaded the right to assert themselves. That surely was the conclusion of the present gathering. Who would not plead guilty to the soft impeachment? Certainly not the ladies, for the last right to which a woman had asserted herself was the right to leave her husband if he wished her to live with him (laughter). He wished every practitioner to take an example by the assertion of rights he saw around him. “Form your school and build your hospital, assert your right to inquiry by public authority and appeal to Parliament” (loud cheers). If that was of no effect, they might obtain popular support by striking (laughter). Nearly all the great artistes, including Madame Albani, Madame Patti, believed in homeopathy, and he would say to those doctors who had the good fortune to attend those artistes, that they should induce them to strike unless the public recognized the admirable system, or until Parliament no longer turned a deaf ear to the appeal to be recognized as a school (laughter and cheers). He was preaching on behalf of a system which was right and just, and which, if wider diffused, would confer great benefits on the human race. They were about to have a new hospital established on the site of the old one, which had already conferred such great benefits on those patients who had the good fortune to be treated there. The enlargement was wanted; the hospital had now 90 beds, but if there were 120 beds they had a greater right to call upon the authorities to recognize them as a medical school. They were not so now for the reason he had referred to, but if they could put themselves in the right by putting the authorities in the wrong (applause). If the new hospital was as airy, as clean, as well managed, and the patients looked after as carefully—especially children—as they were that day when he had been to the hospital, there was every prospect of having a most successful institution. Now he came to what had brought them together, and that was, as they were well aware, to do honour to the man to whose exertions those results were mainly, if not entirely, due—to the advice and energy of Major Morgan (cheers). That

he had not known Major Morgan previously had been his great loss. He regretted that he had only made the acquaintance of that gentleman that day, but he had heard much of his liberality and energy. He knew Major Morgan had offered for five years £1,000 a year to any hospital which would set aside a certain number of beds for homeopathic patients. That was one of his good deeds, and during the fifteen years he had been connected with the institution he had rendered it the utmost services (loud cheers). He had developed its resources and increased its usefulness until it had fallen into a state of chrysalis and decomposition, to revive into a beautiful and fully-grown butterfly (laughter). As his acquaintance with Major Morgan had been so short, he could hardly deal adequately with his merits, but in a letter received from Lord Ebury, regretting inability to be present, the noble lord had paid the highest possible compliments to Major Morgan. Lord Ebury stated it was a real grief to him that he was not able to be present that evening in order to do honour to a man who had been one of the greatest supporters of the hospital, and one of its ablest councillors. He doubly regretted it happened at a moment when they had attained the object of all their desires, the building of the new hospital. Continuing, the Chairman said, that it seemed to him, in those days of calls upon people's purses by rival institutions, almost a marvel that any man should, by any amount of persuasion or attraction, obtain in one year £26,000 (cheers). Now, in conclusion, he would simply ask them to drink Major Vaughan Morgan's health, thanking him in their name and all the patients who had passed through the hospital for the last fifteen years; and to remember that the most practical manner in which they could show their appreciation of his work was by completing the sum which was wanted. The toast was musically honoured with great enthusiasm.

MAJOR MORGAN, on rising to respond, was most warmly greeted. He said he had delayed rising until the moment in the hopes that the subscriptions would have been announced: that was the programme, and he trusted that before he resumed his seat he should know the result of the Banquet. His first duty was to ask their indulgence and consideration for the peculiar position in which he stood. He would not use the hackneyed phrase, "Unaccustomed as I am to public speaking," but he would say he was no orator, and following such an able speaker as the Earl of Wemyss and March, he felt he was at a great disadvantage. They could not all be orators, and his life had been one of activity—working in fact, rather than talking (hear, hear). He had, of course, to thank the noble Chairman for the kind expressions he had used concerning him and for the kind, and more than kind, manner in

which they had received those remarks. He could not lay claim to all that had been attributed to him, but he was not going to use another hackneyed expression, viz., "that he altogether undeserved everything that had been said," not because he felt he did deserve it but because a man's co-workers were much more able to discriminate what his merits were than he could himself (applause). His personal inclinations towards public dinners were not very strong—indeed he had always had an inherent objection to them—therefore, when it was suggested that a banquet should be given he declined; but when it was further suggested that the object was not only to give him a compliment but to complete the funds he felt he could no longer refuse (cheers). He could not altogether acquiesce in the statement of the Chairman that the grand results achieved were mainly due to him, because he had been enthusiastically supported by his colleagues on the Board of Management, the Medical Staff of the hospital, and outside medical men, many of whom were present that evening. At the same time there were outsiders who were in the homeopathic profession who might have helped more than they had. He felt that he owed a great deal to the committee who had organized the Banquet. If they had succeeded in obtaining the remainder of the required sum they must have greatly exerted themselves, and he could only say that Mr. Cross, their secretary, deserved every recognition, for the great exertions he had successfully made (cheers). As far as he was concerned, he was not going to strain the question of whether he was deserving or not. His own conscience told him that he had done what Lord Nelson said every Englishman ought to do: it had fallen to his lot in his humble sphere, and he hoped and believed he had done his duty (cheers). He could fully bear out the noble lord in the chair regarding his statements of the horrible doses of medicine children were often forced to swallow. The whole world had to thank Dr. Hahnemann for his discoveries. If it was permitted to the spirits of the departed to hover around them and know what is going on in this sphere, what must be the joy of Dr. Quin who, forty years ago, founded the hospital. Since that time 250,000 had passed through in one form or another. Hundreds of lives had been saved and terrible suffering mitigated. That hospital had, however, served its purpose. The time had come when, through the new discoveries with regard to bacteria and bacilli, &c., it had been found necessary to alter the structure. The Board of Management had thought it desirable to establish a new hospital. They proposed to build one which should have all the good qualities of the other hospital (cheers). They thought that the homeopathic medical men—who had a very hard time of it now and then from their

brethren—should at least have a good hospital so as to show they could bring about “as good” results as their brethren. They did not refuse in the hospital any case whatsoever, with the exception of contagious disease. It did not matter what the disease, it was at once taken in, and, he was going to say, “done for,” but as that was vulgar (laughter), he would say “and the patient cared for” (cheers). In England, however, homeopathy did not progress as it should. He quite agreed with the sentiments of the noble Chairman on the point, and hoped he would carry out those sentiments by joining the hospital as one of the Vice-Presidents. Lord Wemyss could be of material assistance to them in the construction of the hospital, for he (Major Morgan), had ascertained from his conversation that morning that the Chairman had splendid constructive abilities (applause). In the United States a very curious state of things existed as compared with England. In this country they numbered their homeopathic practitioners by the hundred. In the United States there were 12,000 in actual practice and a great many homeopathic medical schools. In England they had not one, and all their medical men were converts. In a country like England a man usually kept to the creed in which he was brought up, therefore if they could establish a school it would be a grand undertaking. In conjunction with Dr. Bayes he made, about ten years ago, an effort to establish a school, but somehow or other it failed. Many of them had doubtless heard of Mr. Andrew Carnegie, the Pittsburg millionaire. Well, the other day he read a pamphlet of his in which he advocated the distribution of a man’s surplus wealth during his lifetime. He was much struck by his arguments, especially as they were enforced by practice. They had, he was glad to say, examples of this practice also, and without going out of their own sphere he could mention as a case in point, Mr. Henry Tate, in common with others in the room. He also tried to carry the idea into practice, but it was in his case by only small degrees. There was also a lady amongst them who carried out this principle, viz., Miss Smith (cheers). In alluding to that principle, he particularly did so for the reason that he entirely agreed with the principle which Mr. Carnegie emphasized, but he also did so in order to inform anybody who heard him that if they felt disposed to hand him a cheque for £10,000 he would not insult them by refusing it (cheers and laughter). Their scheme contemplated a hospital not much larger than the present one, but if they had another £10,000 they could do a great deal of good with it (hear, hear). In conclusion, he would quote a few lines from Longfellow, on the text that a man, however humble his sphere, could in that sphere do a great deal of good, and that he should not be deterred by the fact that his sphere does not allow him to do larger things. The lines were:—

“Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time.

Footprints that perhaps another,
Sailing o'er life's solemn main—
A forlorn and shipwrecked brother
Seeing, shall take heart again.

Let us then be up and doing
With a heart for any fate,
Still achieving, still pursuing,
Learn to labour and to wait.”

Major Vaughan Morgan having resumed his seat amidst renewed and prolonged applause,

Mr. G. A. Cross, the Secretary-Superintendent, then read the list of donations amidst great enthusiasm. The total amount subscribed was £4,800 2s., including a cheque for £100 from the Earl of Wemyss and March.

Major MORGAN then proposed the last toast, viz., “The health of the Earl of Wemyss and March,” amidst loud applause. Before alluding to the subject of the toast he wished to say a few words about Lord Ebury, whom they all regretted was unable to be there that evening (cheers). He was well known to them as a most amiable man, and, alas! now in the last decade of his hundredth year. He had been for more than fifty years in the front rank of homeopathy. He thought the fact that a gentleman at his time of life wishing to attend a banquet and expressing grief at being unable to do so, must be taken as a great compliment to them. Lord Ebury had always done his utmost for the society, and his last act had been to secure them such an able Chairman as the Earl of Wemyss and March (cheers). Not only was the noble Chairman an ardent homeopathist, but he was able, by his position, to give “tone” to his opinions. It was said that some were born great, others achieved greatness, while others had greatness thrust upon them. He could only say the noble Chairman was born great and had also achieved greatness (cheers). Lord Ebury they had heard was a splendid specimen of homeopathic treatment, but there were hundreds of others also, and if they wished for a specimen they could not do better than take the noble lord in the chair (applause). They could congratulate him on being a homeopathist. As far as he was personally concerned, he was convinced that had he not been a homeopathist he would ere then have been in another world (hear, hear). Without further preface he would ask them to join with him in drinking the health of the Earl of Wemyss and March, and thank him for being present that evening.

The toast was warmly honoured.

The noble Chairman, in response, said he cordially returned thanks for the kind but somewhat cursory speech (laughter) of Major Morgan. If he had done anything of benefit to the hospital he was truly glad (cheers). He had been asked to become a Vice-President. Well, he was not an idle man, and he was afraid he could not give much time to the objects of the Association, but if he could do anything towards the new hospital he would gladly do it (cheers). He had told them a short time ago that he was a fool (laughter). Well, some said fools built houses for wise men to live in. For the last sixteen years he had been engaged in that particular folly, and thus if he had gained any experience in construction it should be gladly placed at their service (cheers). He congratulated every one present on the great success which had attended the dinner, and on having completed the sum without which he thought they had wisely determined not to lay a single brick or stone. He again cordially thanked them for the reception they had given the toast of his health.

This completed the list of toasts, and the guests shortly afterwards dispersed.

During the evening a choice selection of music was rendered by M. Tivadar Nachéz (violinist), Mr. Francis Walker, Madame Giulia Valda, and Mr. Wilbur Gunn. Mr. Ivan Watson cleverly gave a recitation. The musical proceedings were under the direction of Mr. Rapael Roche.

The invitation to Major Vaughan Morgan, had been conveyed in the following letter from Lord Ebury, President of the Hospital:—

35, PARK STREET, W.

DEAR MAJOR VAUGHAN MORGAN,—On behalf of the board of management, the medical council and staff, and the governors, subscribers and many friends of our hospital, it is my pleasing duty, as president of the hospital, to convey to you our united invitation to be present at a banquet which we have arranged for Monday, July 13th, in the Whitehall Rooms of the *Hôtel Métropole*, by way of public recognition of the great services you have rendered to the hospital during the many years you have guided its affairs, either as treasurer, or as chairman in succession to myself. The committee appointed to carry out the arrangements have cast about for some substantial means of expressing the admiration that all friends of the hospital feel for the energy and devotion with which you have carried to a successful issue every one of the many measures you have initiated for improving the financial position of the hospital, and particularly the latest effort—that of raising a fund for rebuilding the hospital—a fund which within a recent date had reached a total of £26,000.

They have come to a conclusion, in which it is hoped you will concur, that the testimonial most in harmony with your wishes will be to place in your hands at the banquet a subscription list of £4,000, carrying the total of the building fund to £30,000, the amount which you originally set out to raise.

Personally, I entirely concur in this view, and feel sure that you will regard this sum, if we are so successful as to complete it, as the joint efforts

of many homeopaths who know that it is being raised for public presentation to you for the hospital, as the best evidence you could receive of the value set on your exertions and your example.

The greatest efforts are now in progress to raise this amount by the date named, but as "it is not in mortals to command success," and as the greater portion of it yet remains to be acquired, we all hope that you will accept such part as we may secure by the date of the banquet, as a proof of the efforts we have made to complete the whole.

So far I have spoken on behalf of others, but I would now like to add the satisfaction with which I have personally entered into this desire to recognise publicly your disinterested and ceaseless activity in the cause of the hospital.

It has given me great pleasure to accept the invitation of the promoters to preside on the occasion. In addition, I have been so fortunate as to secure the support of our valued friend the Earl of Wemyss and March, who will be present and support my duties in the chair in every necessary way.

I have long felt admiration for the disinterested devotion, the energy, and great practical ability which you have brought to the service of the hospital, and have often taken occasion at our annual meetings to make some expression of it. But I trust, should my health and strength permit, to be present at the banquet and testify to the great services you have rendered our cause and also to my personal regard for yourself.—Very sincerely yours,

EBURY.

27th June, 1891.

ANNUAL HOMEOPATHIC CONGRESS.

On Thursday, July 10th, the Annual Homeopathic Congress assembled at the London Homeopathic Hospital. The following members were present:—Mr. H. Harris, President; Drs. Nicholson, Clifton; Murray, Folkestone; Croucher, St. Leonards; Kennedy, Newcastle; S. Morrisson, London; Carfrae, London; Newbery, Norwood; Hawkes, Liverpool; Byres Moir, London; Abbott, Preston; Norman, Bath; Thornley, Bolton; Powell, London; Jagielski, London; Purdon, Croydon; F. Nankivell, Sydenham; Herbert Nankivell, Bournemouth; Chas. Hayward, Liverpool; Goldsborough, London; Simpson, Waterloo; McKillian, Blackheath; Percy Wilde, Bath; Hawkes, Ramsgate; Boyce, Edinburgh; Edward Blake, London; Dudley Wright, London; Nield, Tunbridge Wells; Blumbery, Southport; Luther, Belfast; Cook, Richmond; Wilkinson, Bolton; Proctor, Birkenhead; Gilbert, Reigate; Madden, Bromley; Dyce-Brown, London; Ramsbotham, Leeds; A. C. Clifton, Northampton; Guinness, Oxford; Sandberg, Brixton; Capper, Liverpool; Mr. Knox Shaw, London; Drs. Cooper, London; Pullar, Norwood; Renner, London; Bennett, London; Buck, London; Pope, Grantham; G. Clifton, Leicester; J. W. Hayward, Liverpool; Hahnemann, London; Washington Epps, London; Hayle, Rochester; Mr. Gerard Smith, London; Drs. Drysdale, London; Herring, London; Stopford, Southport; J. H. Clarke, London; Marsh, London; Wolston, Edinburgh; Murray Moore, Liver-

pool ; Burford, London ; Alexander, Southsea ; Dudgeon, London ; Mr. Hugh Cameron, London ; Drs. Roberson Day, London ; Bradshaw, London ; Galley Blackley, London ; Hughes, Brighton ; Yeldham, London ; Gordon Smith, Liverpool ; Mackechnie, Bath ; Johnston, Maidstone ; Redford, Huddersfield ; Burwood, Ealing ; French, San Francisco, U.S.A. ; Beaumont, Minneapolis, U.S.A. ; Bodman, Devizes ; Gordon. The proceedings were opened at 10 a.m. by the delivery of the Address of the President of the year, Mr. Henry Harris, of London, the address being entitled, "After Twenty Years, and Twenty Years After." Mr. Harris said the custom of holding these Annual Homeopathic Congresses commenced in 1850, and was continued till 1856, being recommenced in 1870. Mr. Harris referred to fundamental points dealt with by previous presidents. He then came to the question as to the spread of homeopathy during the past twenty years. Every now and then there had been opinions expressed by authoritative speakers to the effect that the boundary line between the allopathic and homeopathic schools was about to disappear. One instance in proof of this was the invitation offered to and accepted by himself to read a paper before an Old School Society. The paper was read and respectfully discussed, but the President of the Society received a polite hint that if the subject was broached again many of the members would resign their connection with the Society. He did not believe there was anything more than a surface alteration in the allopathic attitude. Referring to the alteration in the practice of the old school, although the old methods of "cure by torture" were extinct, the adoption of homeopathic remedies by allopaths was empirical and not scientific. In this country, taking the Homeopathic Directory as a guide, there has been no increase in homeopaths for some years. In America the increase has been enormous. One-tenth of the newly qualified medical men graduate at homeopathic colleges and universities. Mr. Harris attributed the difference in the attitude towards the profession maintained by homeopaths in the two countries. He was not one of those who were for going on their knees to be readmitted to allopathic ranks. He discussed the statistics of the influenza epidemic, and he gave as the result of a circular he had issued to homeopathic medical men the following figures: Cases treated, 14,985 ; mortality, 78, fifteen of these being stated to be over seventy years of age. This gave one death in 205 cases.

He urged strongly that homeopaths should regard the public more than they had done, and pay less attention to the allopathic section of the profession. He said that those medical men who practised homeopathy and refused to put their names in special directories, put their duty to the profession before their duty to the public. He considered the duty of issuing a homeopathic

directory ought to be undertaken by the British Homeopathic Society.

Referring to the *Homeopathic League*, he said "professionalism" had done something to hinder its very useful work. More use ought to be made of the League and its admirable tracts.

He next dealt with the necessity of obtaining more homeopathic practitioners. There were thousands of lay homeopaths who could not obtain the treatment they desired. He thought it was cruel to make lay converts until we were able to supply them with practitioners. If we desire homeopathic doctors we must educate them; we must provide a school where they can be imbued with homeopathy during the whole of their career.

He advocated the founding of local dispensaries in the Metropolis. The conclusion of Mr. Harris' address was greeted with loud and prolonged applause.

Dr. HUGHES in proposing a vote of thanks to Mr. Harris said, it had never been a greater pleasure to him to make such a proposition than on the present occasion. He had no doubt the address would do much to encourage the efforts now being made to advance homeopathy.

Dr. POPE seconded the vote. He felt that the progress of medicine was synonymous with the progress of homeopathy.

The vote was carried by acclamation.

After an interval—

Mr. KNOX SHAW read a paper on the "Action of Iodide of Potassium in Tertiary Syphilis." He mentioned the various theories that had been advanced to explain the disappearance of tertiary deposits, as, for instance, gummata, under the use of Iodide of Potassium. He quoted from Mr. Jonathan Hutchinson to show that the *Iodide* does actually produce eruptions indistinguishable from syphilitic ones. Mr. Hutchinson commented on the difference of sensitiveness to the salt. Some are iodised by half a grain, others not apparently affected by half-ounce doses. A number of other authorities were quoted to support Mr. Hutchinson's view, notably Dr. Prince Morrow of New York.

DISCUSSION.

Dr. HUGHES would admit that there are cases of tertiary syphilis to which *Iodide of Potassium* is properly homeopathic. He would allow that the cure of syphilitic skin affections by the *Iodide* in small doses are instances of homeopathic action. But he could not admit that the *Iodide* acted homeopathically in the dispersion of true gummata. He considered it acted as a dissolvent. These gummata were quite different from the skin affections mentioned. He did not think the susceptibility idea helped, unless Mr. Shaw could support his contention by a series of comparative cases.

Dr. POPE agreed with Dr. Hughes, and quoted cases showing the necessity for very large doses of the *Iodide* to reduce gummata; and he adduced other cases in which the *Iodide* had caused swelling and cancerous appearance of the tongue. *Iodide* acts on tissues frequently affected in syphilis.

Dr. EDWARD BLAKE said that cases requiring *Iodide of Potassium* were generally saturated with syphilis, mercury, and alcohol. He had been disappointed in the use of an *Iodide* in acne. He mentioned a case in which death occurred from the *Iodide*, the case having been diagnosed as gumma of the brain.

Dr. DRYSDALE said Mr. Hutchinson had done much for homeopathy in investigating *Arsenic* and *Iodide of Potassium*. We could not expect a drug to produce the exact symptoms of any disease. If we got the similar internal action, that was all we must expect. There are some cases in which the very infinitesimal doses do not act; but an action must not be considered unhomeopathic because substantial doses had to be used.

Dr. YELDEHAM had found nothing to equal the efficacy of the *Iodide* in tertiary syphilis. He had had to use large doses—generally ten grains, often three times a day. He had never seen violent effects, but he had often seen on the third day catarrhal symptoms of the drug, which disappeared under the continued use after three days. As to the physiological action, nobody knew much about that, and the less said about it the better.

Dr. HAYWARD thought Mr. Shaw's cases were pure provings, as they were made in non-syphilitic subjects.

Mr. KNOX SHAW, in reply, said he had pointed out that the effects were deeper than the skin, and not merely skin affections. *Iodism* is not produced when the case is homeopathic. He had cured gummata with three-grain doses.

Dr. BURFORD then read his paper entitled—"Reciprocal Relations between Homeopathy and Surgery," of which the following is a synopsis:—

1. *Introduction*.—Homeopathy as a natural law; its limits as a law of nature; the absence of any more recent therapeutic induction. Is "Similia" the last word of therapeutics?

2. *Modern Surgery independently of Homeopathy*.—Will the therapeutics of the future eliminate the sacrificial surgery of the present? The demands upon such a scheme; some of the latest triumphs of surgery; the limited vogue of homeopathy apart from modern surgery; the origin of abdominal surgery.

3. *The influence of Homeopathy on Surgery*.—Has homeopathy caused any notable redistribution of cases? Verification of results the basis of exact science; frequent or even occasional verifica-

tion admissible as evidence; citations of cases showing—(a) frequently repeated successes, (b) rarely repeated successes.

4. *On the necessary limits of Therapeutics in the treatment of Surgical Lesions.*—Our knowledge of these limits derived from—(a) the issues of experience; (b) the tendency of progress; (c) the scientific basis of therapeutics.

5. *The scientific limits of Therapeutics as a natural law.*—The first limitation due to our superficial knowledge of disease; the second limitation due to the variations in the law correspondence correlating drug and disease action; the third limitation due to the conditions of biological processes, or “physiological constants.”

6. *A series of general propositions.*—(a) Neoplasms have been observed to disappear under certain conditions; (b) this result is relatively rare, cannot in any given case be certainly prognosed; (c) the absence of tumour formation in drug proving a serious bar to cure by such drugs; (d) the desirability of proving organic bodies derived from body metabolism; (e) Neoplasms often the “terminal element” in a vicious series.

After the reading of this paper the members adjourned for luncheon at the Holborn Restaurant, where the company were the guests of the British Homeopathic Society.

At the resumed meeting after lunch the report of the Hahnemannian Publishing Society was presented. Then followed the selection of the place of meeting for next year, and after a keen contest in which the claims of Manchester and Liverpool were strongly supported, the choice fell upon Southport; the time being the third week in September. Dr. Ramsbotham of Leeds was elected President.

The transaction of this business was followed by the discussion on Dr. Burford's paper, and the reading and discussion of the papers of Dr. Roberson Day and Dr. Murray Moore.

At seven in the evening the members with their friends, to the number of one hundred and one, dined together in the Venetian Chamber in the Holborn Restaurant. The presence of ladies gave an unwonted brilliance to the scene, and altogether a most enjoyable evening was spent. The proceedings terminated with a vote of thanks to the President, which was honoured in enthusiastic fashion.

SAW PALMETTO (SABAL SERRULATA) IN IMPOTENCY.—Dr. E. L. Styles writes to the *Medical World* (Nov., 1890) that he has used this drug in fifteen or twenty cases of impotency and loss of power, caused either by over indulgence in sexual intercourse or by masturbation, and has not failed in any case to give prompt relief or a permanent cure.—*New York Medical Times*, July.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE Annual Assembly of the Session 1890-91 was held on Wednesday, July 8, 1891. Dr. Dudgeon, President, in the chair.

After the reading of the minutes, the President called on

Dr. HUGHES, who gave his report as delegate at the International Congress, which met in Atlantic City last month. He said the meeting was a splendid success. There were over five hundred members present. There were five days of work, and three hours morning and afternoon of solid work each day. The arrangements were excellent, and the time was very well occupied. Whilst there was great liberality of sentiment, the loyalty to homeopathy displayed was of the most encouraging kind. He brought back most pleasant recollections of his visit. He spoke of the Homeopathic Institutions in the States, and handed round engravings of some of them. The Hahnemann Hospital and Medical School of Philadelphia was the finest medical institution he had ever seen. It was the unanimous vote of the Congress that the next meeting should be held five years hence in England.

On the motion of the PRESIDENT, a vote of thanks was passed by acclamation to Dr. Hughes for his attendance and report.

The PRESIDENT then delivered his valedictory address. He reviewed in a humorous fashion the work of the Session. He then spoke of the new hospital that is to be, and mentioned with praise the advance of surgical efficiency in the hospital work. He referred to the action of "R. B. C." in reference to consultations with homeopaths by members of the Ophthalmological Society, and the correspondence that ensued in *The Lancet*; and also to the attempt of the Bath Hospital Saturday Committee to boycott the Bath Homeopathic Hospital, which resulted in this institution having a separate and very successful collection of its own. He fully approved of homeopaths resisting every attempt that is made to sit upon them: "if we allow ourselves to be sat upon we shall certainly be squashed." He reviewed the events in old-school medicine during the past year, which he characterized as being devoid of any solid importance.

The address was listened to throughout with the liveliest interest, and at its close a vote of thanks to the President was moved by Dr. DRYSDALE and seconded by Dr. MACKECHNIE, and carried with great enthusiasm.

ANNUAL MEETING OF THE AMERICAN INSTITUTE
OF HOMEOPATHY AND INTERNATIONAL HOMEOPATHIC CONVENTION.

THE *Philadelphia Inquirer* of June 17th gives a full description of the first day's proceedings of the great meeting at Atlantic City, from which we make a few extracts:—

PRESENTING THE REPORTS.

The first paper to be handed up is the report of the treasurer. It is regarded as flattering, the receipts, including a balance of \$756.31, amounting to \$5,228.91, and the disbursements to \$4,579.25. The executive committee announce that they have met with a serious obstacle in the destruction by fire at Eighth and Cherry streets, Philadelphia, of the lithographic plate used in printing blank certificates of membership, but that the trouble has since been remedied and a new plate made. The publication committee follows with its report, showing that 1,100 copies of transactions of 1890 have been issued by the secretary, and then comes the report on the International Homeopathic Congress.

There are other documents, but they are merely matter of detail, and there is nothing to attract the strictest attention until Eugene F. Storke, M.D., of Denver, Col., rises with the report of the Committee on Foreign Correspondence in his hand. Among other things he says:

“The present session of this important body is a milestone which marks the close of another eventful year. While it is true that no Hahnemann has appeared upon our horizon and no Dunham, Hering nor Farrington has returned to administer to our direst necessities, yet much progress has been achieved. The usual spirit of allopathic and illiberal oppression, opposition and persecution has everywhere been repeatedly met. . . . It really seems to me like bringing sunshine to Colorado, or coal to Newcastle, to present any extended report upon homeopathy at this time and place. There are men here, accredited members of our profession, from every civilized country upon the broad surface of the earth. I desire to say right here may many blessings rest upon the heads of the men who opened the way for such a glorious worldwide reunion as the one just commencing. When we assemble here to-morrow as the members of the noblest of all professions, may we be reminded of the vast expanse which separates our various homes, may our widely divergent dwelling-places symbolize a wide diversity of individual opinions; may we appreciate the unquenchable glory of homeopathy; may we realize that this glorious system is ours to perfect, extend and cherish, and finally may we become

thoroughly conversant with the status of homeopathic affairs throughout the entire inhabited globe."

Then follows an account of the fight begun against opposing life insurance companies.

Professor Cowperthwaite introduced the subject, and his remarks contained a reference to the Ætna Conference.

He was followed by Dr. Bushrod W. James, of Philadelphia, who demanded that there should be no temporizing with this issue. The insurance companies must be met face to face, taught that if they did not concede the rights of the homeopaths the patients of the latter should be warned against them, because the company that refused to appoint examiners from either school must have something to fear and could not be considered stable. Patients should be advised of the evident unsoundness of such institutions that refuse to deal with the practitioners that they themselves trusted with their health. It was a strong address throughout, and when Dr. James closed his demand that the report be referred back to the committee with instructions to obtain full and unequivocal information of the status of all the companies with regard to the matter met with an immediate "aye."

REPORT ON "THE GROWTH OF HOMEOPATHY IN THE UNITED STATES IN THE PAST FIVE YEARS."

This shows that there are three homeopathic societies of national character; twenty-eight State societies; eighty-six local societies and nineteen medical clubs. That there are in the United States forty general homeopathic hospitals, and thirty-five special institutions, from which the bureau has received the reports of thirty-three and twenty-six respectively. These fifty-nine have 4,604 beds, and have treated during the past year 33,169 patients, of whom 25,832 have been cured, 3,173 relieved, while 1,009 have died.

There are now remaining in these hospitals 3,605 patients, and the death rate during the past year has been 3.12. There are forty-seven dispensaries, of which reports were received from thirty-five. These have treated 109,874 people and have made 301,318 prescriptions, besides making 33,756 outside visits to patients. Together with all this it is shown that there are twenty-six homeopathic journals published in the United States, and many of them have sprung into existence with the present system. What all this signifies is quickly apparent when compared with the much lower figures, in every instance, of five years ago.

The corridors were jammed first and then every seat in the hall was filled, when Richard Hughes, M.D., of Brighton,

England, as he brought the gavel down, was greeted with hand-clapping as he assumed the duties of permanent secretary. Mayor Hoffman bid them welcome to the most popular of all the seaside resorts.

He was immediately followed by Theodore Y. Kinne, M.D., of Paterson, N.J., president of the institute, who delivered an eloquent address of greeting, saying it was a pleasure to feel "that the members of the homeopathic profession could and would come to be received by us with open arms; with full free arms we greet you. We greet you as warmly as Philadelphia or New York, as Texas or New Orleans." Then, unveiling the picture of Hahnemann in oil, he paid a glowing and at the same time pathetic tribute to the memory of the founder of homeopathy.

As he closed, in touching words of the attributes of the dead, he was greeted with a burst of applause that had scarcely subsided when the election of officers for the year was proceeded with. President T. T. Talbot, of Boston, was presented with the gavel that had been used at the meetings at Philadelphia and in Switzerland, and after a brief speech of thanks read an address of the honorary president, R. E. Dudgeon, M.D., of London, England, whose advanced years and condition of health did not warrant his crossing the ocean.

Then the session closed at 10 o'clock, with the announcement of the Committee on Business and Resolutions, the respective chairmen of which are Drs. J. H. McClelland, of Pittsburg, and J. P. Dake, of Nashville, Tenn.

BORAX IN EPILEPSY.—Dr. Dijoud has tried this remedy in twenty-five cases, and he claims to have entirely cured one, and to have relieved all except six. The duration of the treatment varied from one to seven months, and he was able without inconvenience to carry the dose up to ninety grains a day. This was only possible if a beginning were made with small doses, which were gradually increased; and when the dose exceeded sixty grains daily he found it advisable to add some glycerine to the water and syrup in which the drug was usually administered. It should also be mentioned that the patients to whom Dr. Dijoud administered borax had been treated unsuccessfully with the bromides, and there seems now to be little doubt that in certain cases of epilepsy borax is of very considerable use. It is desirable that particulars should be furnished of the time that elapsed between the cessation of the treatment by bromides and the inauguration of that by borax, as it is well known that epileptics who have been treated with bromides often improve much in their condition after the drug has been left off; and it is necessary to distinguish this improvement, which at least occasionally occurs, from that which may be due to the administration of a fresh remedy.—*Lancet*, July.

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.

REV. R. SWALLOW, San Francisco. We are very much obliged to you for your letter, and are glad to hear you are spending such a profitable time in the States.

DR. JOSEPH DRZEWIECKI, Warsaw. We have much pleasure in accepting your excellent pamphlet, which we have reviewed for press as you desire, and shall publish in our next number.

DR. GALLAVARDIN, Lyons. We hope to publish shortly a translation of your article in *L'Homeopathie Populaire*, for which please accept our thanks.

A CORRECTION.

The BUSH MANUFACTURING COMPANY desire us to make a correction of an error which occurred in one of their advertisements in our pages. In reproducing a testimonial of Dr. Murray Moore to the virtues of *Bovinine*, they inadvertently converted his title "F.R.G.S." into "F.R.O.S."

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.

WOLVERHAMPTON. We understand that Dr. Millin, of Wolverhampton, finds himself through ill-health unequal to the duties of the practice, and is anxious to introduce a successor. Mr. J. I. Glover, of the English and American Pharmacy, Malvern, is authorized to answer all inquiries.

GENERAL CORRESPONDENCE.

THE NEW HOSPITAL.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—By the donations promised or paid on the occasion of the banquet to Major Vaughan Morgan, at the Whitehall Rooms, Hôtel Métropole, on the 13th ult., under the presidency of the Earl of Wemyss and March, amounting to £4,300, the fund for rebuilding this hospital has been carried over the total originally proposed—£30,000.

This sum—the largest ever contributed to further the cause of homeopathy and confer its advantages on the poor, concluded by the largest sum ever raised at any festival of the Hospital, the whole having been promised within the short space of twelve or fourteen months—provides a standing answer to the suggestion that homeopathy has ceased to progress, or that the public estimation of its worth, or the public enthusiasm for its development, have died away.

Although munificent sums have been contributed by constant supporters of the Hospital, the Board of Management gladly recognize that so large a fund could hardly have been raised in so short a time without the active co-operation of members of that section of the medical profession practising homeopathy. This co-operation, in response to repeated appeals, has been forthcoming, from every member of the medical staff, and from medical men in every part of the United Kingdom.

I am therefore desired by Major Vaughan Morgan and the Board of Management to tender, through the medium of your journal, their cordial and grateful acknowledgments to those members of the medical profession who are thus represented in this fund, and will in consequence be represented in the new hospital, which is being designed by the architect, Mr. Wm. Pite, of Bloomsbury Square, and which, occupying the site of the present building, will form a striking testimony in the metropolis to the reality and advantages of homeopathic science.

The Board cannot tender these public acknowledgments to those numerous medical friends who have exerted their best influences for this new hospital—many of them having local interests and local institutions to consider—without an expression of regret that a considerable proportion of the homeopathic medical body have refrained from recognizing the force of any and every appeal to them to participate in this movement (which will certainly commence a new epoch in the history of the struggle of homeopathy for its proper status in medicine),

and have allowed the present gratifying result to be achieved without their slightest sign of effort or of interest.

This curious apathy has made the more distinguished the activity of those who are so liberally represented in the fund, and intensifies the grateful appreciation felt by the Chairman and the Board as to the successful and hearty co-operation of medical friends in the metropolis and in far distant parts of the kingdom.

The Board, however, cherish the hope that, should they find it desirable to adopt certain propositions now being urged upon them for the yet further development of the hospital (which would necessitate an additional sum of £10,000), those members of the medical profession who have refrained from co-operation on this occasion may yet consider that the welfare of a small and militant body like the homeopathic medical profession depends upon absolute unity of idea and action, and that individual isolation cannot bring about the advancement of the general cause.

Permit me to once more tender to the medical friends of the Hospital, collectively and individually, the most cordial recognition and thanks of the Chairman and the Board.

I am, sir,

Very faithfully yours,

G. A. CROSS,

Secretary-Superintendent.

London Homeopathic Hospital, Great Ormond Street, Bloomsbury.

THE SOAP CURE ; AND THE BUISSON TREATMENT FOR HYDROPHOBIA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In reference to Agricola's soft soap cure for rheumatism in July number, I would point out that some years ago Prof. Kirk recommended Barilla Soap lather (McLinton and Thomson's, Belfast*) as a remedy for rheumatism both acute and chronic. He also recommended it for harsh, dry, or irritable skin, eruptions, persistent vomiting from irritation, headaches where the scalp is painful to the touch, ulcers, and after pains. Whenever there is a dry or feverish condition of the skin, with restlessness, this soap lather has a wonderfully soothing effect. I have used it with good result for a hard, scaly skin, making it soft and supple ; ulcers, eruptions, and restlessness of children from teething ; but have no personal experience in rheumatism.

* This soap may be obtained in London from Mr. Arthur Hart, 43, Albert Gate, Knightsbridge, S. W.—Ed. H. W.

It should be rubbed up in the palm with a shaving brush and hot water into a creamy lather (not watery or pasty), laid thickly on the part, and covered with a soft cotton or linen cloth. Barilla ash is very similar in its nature to potash, only it makes a hard soap and appears to act by soothing the sensitive nerves of the skin.

Regarding the sweating cure for hydrophobia, I find Dr. Ruddock, in his Text-book, has the following:—"Dr. Buisson recommends the vapour bath. He states that he attended more than eighty persons bitten by mad animals, and did not lose a single case. He even took the virus himself in order to observe the symptoms, then, having become so affected that he could observe and write no more, he entered the bath, deeming himself too far gone for recovery. However, he was cured. He recommends the bath to be taken for seven successive days—à la Russe—at from 57° to 63°."

The tree or shrub your correspondent refers to is probably one of the strychnine group, a fatal symptom of which is asphyxia from spasm of the glottis.—Yours, etc.,

J. B.

VARIETIES.

LA-NONA AND ITS CURE. (From *The Bombay Gazette*).—Two doctors were recently called to treat a case of la-nona. They tried electricity, but in vain, and the patient died. La-nona is supposed to be caused by poison floating in the air—a person breathes it, feels drowsy, lies down, and does not usually awake till he opens his eyes in eternity. It has been my privilege to attend three such cases successfully, and I shall give one case to show my treatment. A girl, in Serampore, aged eight, was lying in a dead swoon for nine days. Several priests, anxious to make a profit, tried their best to restore her to consciousness, but in vain. No incantation, rubbing, sacrifice would do, not even a hot poker would help them, the girl remained dead. All heard of it, and went to see her, but no sympathy nor remedy would awake her. The ninth day the villagers had a meeting; the anxious father asked, "What shall I do; shall I send for the missionary or shall I not?" At last one heathen man said, "The missionary seems to save a lot of people; we have sacrificed to the *bhoots* in vain, the *bhoots* (devils) either cannot save or have left the country. Let us try the missionary, it can do no harm, and perhaps his is the God that saves." Mind, this is twenty-five miles north from Bethel, where we are to-day building a new station with church, school-house, and hospital. So early the next morning two men came begging us to go and cure the girl. We went, found her temperature 104°, cut off all her hair; had her whole body anointed to prevent her catching a chill, and then poured by degrees a bucket of cold water over her, outside the house under a shed. When I saw the temperature was well reduced,

I placed the smelling-bottle to her nose, and she opened her eyes straightway, and to the joy of everybody. Then we gave her quickly a dose of Home. *Bell. 3x* to relieve the action of the heart, and the pressure on the brain. We had a good time to preach to the people. Called for some days, had several other patients in the village, they all did well, and the la-nona patient is perfectly cured. For Europeans cold sponging might be substituted for pouring water over a patient Med. Hom. *Bell. 3x*, three times a day. It is always wise to keep your eyes open, in case anything new should turn up, or complications arise. The great thing is to save your patient, and not to cause injury or a new disease.—A. HAEGERT, Director, Bethal Santhal Mission.

GOLDBEATER'S SKIN FOR CRACKED NIPPLES.—M. J. Blechmann (*Paris Medical*) advises the treatment of cracked or fissured nipples by means of goldbeater's skin. Over the nipple affected after wetting with simple clean water, there is applied a round piece of goldbeater's skin, of about centimeters in diameter. The centre of the skin is first pierced by a number of fine holes with a needle. The skin takes the form of the nipple and adheres like a second epidermis. The external surface of the goldbeater's skin may now be moistened and the infant applied to the breast. The nipple is thus isolated from the child's mouth, and has a chance to heal without suffering the constant irritation from contact with the lips of the infant. After each nursing a new piece of skin should be applied.—*New York Medical Times*.

MURIATIC ACID IN MELANCHOLIA.—Dr. Wiltrout (*North-western Lancet*) calls attention to the fact that melancholia is often associated with a large amount of calcium in the urine. He notes several cases of complete cure, in his private asylum at Hudson, Wis., by the administration of nitro-muriatic acid, along with an occasional purgative.—*New York Medical Times*.

PHOSPHORUS FOR FRACTURES.—In a graduation thesis in Havana (*Lancet*) an author discusses the advantage of prescribing various forms of phosphorus for patients suffering from fracture. He carried out a series of experiments on dogs and fowls by breaking the femur by means of an osteoclast, and putting up the limb in splints. He then divided the patients into two groups, the first group being treated with phosphorus in various forms, the second being left without medication. The result was that the callus was more abundant and firmer in animals treated with phosphide of zinc than in those treated with phosphate of lime, or than in those which were not treated at all. These results were confirmed by observations made in the surgical wards, where it was found that patients with fractures who took from a quarter to one-eighth of a grain of phosphide of zinc daily made exceptionally good and rapid recoveries. The only unpleasant effects produced by this treatment were that one out of the eighteen patients on whom it was tried suffered from slight diarrhoea, and in one the pulse became slow and hard.—*New York Medical Times*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bourneville and Bricon (Drs.)** Manual of Hypodermic Medication. Trans. from the 2nd ed., with Additions by Andrew S. Currie. Cr. 8vo, pp. 292. (Lewis. 6s.)
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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 Dr. Thos. Wildes, Jamaica; Committee of Seventh International Pharmaceutical Congress at Milan; Dr. H. P. Holmes, Omaha, Neb.; Dr. Burnett, London; Bush Manufacturing Company, London; Dr. Richard Hughes, Atlantic City; Miss Millin, Worcester; Dr. Gallavardin, Lyons, France; Dr. Dudgeon, London; Mr. John Brown, Glasgow; Dr. Buchanan, Liverpool; Dr. Herring, London; Mr. G. A. Cross, London; Dr. Skinner, London; the Secretary of the Birkbeck Bank; Mr. J. I. Glover, Malvern; Dr. Jozef Drzewiecki,

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BOOKS AND JOURNALS RECEIVED.

The College Argus.—Medical Era.—Medical Advance.—Homeopatisch Maandblad.—Hahnemannian Monthly.—Medial Current (March and April).—Clinique.—New York Medical Times.—La Reforma Medica.—Philadelphia Inquirer (June 17).—Monatsblätter.—Allg. Hom. Zeit.—Zoo-philist.—Chemist and Druggist.—Revue Homeopathique Belge.—California Homeopath.—Medical Visitor.—Homeopathic Journal of Obstetrics.—North American Journal of Homeopathy.—L'Art Medical.—Homeopathic Physician.—L'Homeopathie Populaire.—Albany Medical Annals.—Cyclopedia of Drug Pathogensy, part xv.—Address to the International Homeopathic Congress of 1891, by Dr. Dudgeon, Hon. President.—Tract 86, Homeopathy and Blood-letting.—The Drug-proving of the Future.—A Foretaste of the Institute of Preventive Medicine.—Modern Materia Medica, by H. Helbury, F.C.S.—Cowperthwaite's Materia Medica, sixth edition.

THE HOMEOPATHIC WORLD.

SEPTEMBER 1, 1891.

DISEASE RELATIONSHIPS.

IN a suggestive article in our present issue Dr. HEATH points out that many of the highly complicated and fatal forms of disease now so prevalent may be due to the systematic suppression of diseases which are in a fashion the natural "scavengers" of the human body, heir to so many ills as it now is. In this way vaccination may be a double evil: vaccinia, being in itself a disease with many unpleasant and often dangerous symptoms of its own, may also be shutting a natural outlet for many hereditary evils in suppressing or preventing the evolution of small-pox.

Be this as it may, there are facts to show that apparently widely different diseases are fundamentally closely related, and may be substituted for one another. In exemplification of this, take the following from *Medical Reprints* of July 15:—

"A CARCINOMA DISAPPEARS WITH THE DEVELOPMENT OF PHTHISIS.

"As yet we know little of the analogy of various diseases, except as the history of some interesting case affords us some evidence and furnishes us with material for speculation.

"Dr. Sigg, of Andelfingen, Switzerland, has recently reported the following interesting case, which is quoted in the *Wiener Medicinische Presse*, May 10th, 1891. The patient was a woman, 33 years old, who had a painful swelling of the left breast. The growth was hard, nodulated, partly adherent to the skin, and painful on pressure; the axillary glands in the left side were swollen and hard. In August of

1888, the growth was removed, and axilla cleaned out. In November of the same year a new growth appeared, below the cicatrix of the old growth, which rapidly increased in size, necessitating the removal of the remaining portions of the mammary gland. This was done February 28th, 1884. On August 31st, 1884, a third operation was rendered necessary, owing to the appearance of new growths. In January, 1885, several new nodules made their appearance, and in April of the same year had increased so rapidly, that the left side from the sternum to the scapula, and into the axilla, was infiltrated, and covered with a flat growth, which rendered every movement of the shoulder, or elbow, impossible. Over the region of the left breast there were also several nodules, some as large as a man's fist. At this time the patient developed a cough, and gradually the typical picture of pulmonary phthisis presented itself. Bacilli were found in the sputum. With the appearance of the cachectic stage, the carcinomatous infiltration began quickly to disappear, and within a few days before the patient's death, no sign of the carcinoma remained, except a small growth the size of a nut. A microscopical examination proved this to be an epithelial carcinoma."

This may be put beside another case we have heard of, in which a patient who had been for many years terribly disfigured by lupus of the face, became affected subsequently by cancer in another part, and the lupus steadily and completely healed.

The occurrence of insanity, lupus, and consumption in different members of one family is well known. The whole subject is one of vast importance; and as it is not likely that the old school (whose practice consists largely in the suppression of disease) will open their eyes to the nature of their work, it behoves homeopaths to endeavour to work out the relationship between different diseases.

CARBOLIC ACID IN THE TREATMENT OF CARBUNCLE.—DR. J. L. Napier, of Blenheim, S. C. (*North Carolina Med. Jour.*), uses pure carbolic acid locally in the treatment of carbuncle. He paints the whole carbuncular mass with pure carbolic acid three times a day, until the mass begins to lessen and the slough is detached. If the carbuncle is seen before suppuration has begun, in three or four days it will abort. If suppuration has started, in seven to ten days the whole carbuncular mass can be removed with the forceps, leaving a healthy granulating ulcer. The treatment, as above detailed, reduces the time of treatment from weeks to days; and besides that, the acid being a local anesthetic, adds very much to the comfort of the patient by relieving the pain—so much so that, after the first application, very little anodyne is needed.—*New York Medical Times.*

NEWS AND NOTES.

AULT-ONIVAL.

As the editing of the present number of the HOMEOPATHIC WORLD has had to be conducted from abroad, we hope our contributors will pardon any apparent neglect of their communications. We take this opportunity of mentioning an excellent place for a holiday retreat. Onival is an offshoot of the old fishing town and watering-place of Ault, in the Department of Somme, France. The station town is Eu, where is the famous Chateau d'Eu, the property of the Comte de Paris. Onival is about ten hours from London and three from Paris, by the shortest route. It has an excellent hotel (*Hôtel Continental*, admirably and generously managed by M. Grajon), with a large sea frontage, and is open from June to October. For those who like sea-air it would be difficult to find better. There is an unrivalled expanse of sea and sky; it is quite equal to that of Margate. There is excellent sea-fishing of all descriptions. The country affords beautiful walks in all directions, and as for the weather, all that can be said is, that Onival has had very little to complain of during an exceptionally unfavourable summer season elsewhere.

DR. L. BRUNTON ON MEDICAL PROGRESS.

THE address of Dr. Lander Brunton at the Bournemouth meeting of the British Medical Association on medical progress during the past twenty-five years, should be compared with the address of Mr. Harris at the London meeting of the British Homeopathic Congress. Mr. Harris was able to trace all real progress in medical treatment to Hahnemann's reform. Dr. Brunton (who filled the "Clinical Index" of his work on Pharmacology with homeopathic gleanings, as he failed to find any result worth having as the outcome of his laboratory experiences) searches in all directions for subjects for glorification. He repeats all the usual fallacies current in the allopathic sect. He claims as gains from vivisection the following:—Our power to lower temperature, the use of Salicylate of Soda, antipyrin, antifebrin, phenacetin, the use of quinine in typhoid, the use of bromides, chlorine, sulphonal, paraldehyde, urethane, chloralamide, and others in the treatment of sleeplessness. It is well for

Dr. Brunton's reputation that dead men tell no tales, otherwise a noble army of deceased hospital patients would rise up to claim their share in these particular advances (?) in medical treatment.

ARCHIV FÜR HOMÖOPATHIE.

DR. ALEXANDER VILLERS, of Dresden, writes to us that a change of the proprietorship of the *Allgemeine Homöopathische Zeitung* necessitates his relinquishing the editorship of that journal. He will not, however, lay down the editorial pen, but will seek another channel for his journalistic powers. His new venture, which is to be called *Archiv für Homöopathie*, has our best wishes for its success, and we shall be pleased to receive Dr. Villers' journal in exchange for our own.

ORIGINAL COMMUNICATIONS.

HOMEOPATHY : ITS PRINCIPLES AND LAW, TREATED FROM THE SCIENTIFIC POINT OF VIEW.

By DR. JOSEPH DRZEWIECKI,

Late Ordinary Physician in the University Clinic of the Holy Ghost Hospital, Warsaw, Poland.

Medical societies and academies believe that the scientific dispute may be settled by the mere word "Quack," putting aside facts and arguments.

Facts should only be opposed by facts.

"Homeopathy consists in the administration, not of infinitesimal doses, as is sometimes supposed, but of a remedy for a disease which, if given to a person in health, is capable of producing similar (not identical) symptoms to the disease—*similia similibus curantur*. Refute this truth, if you can, by showing a still more efficacious, certain, and agreeable method than mine; refute it not by words, of which we have already too many; but if experience should prove to you, as it has done to me, that my method is the best, make use of it to save your fellow creatures, and give the glory to God."—**HAHNEMANN.**

PREFATORY ADDRESS TO THE READER.

QUESTIONS relating to our health are so important, and have such great social signification, that they well deserve to be carefully investigated and appreciated. There is no doubt that the present "healing art" is in a very deplorable state, and every conscientious and impartial physician

who has had some hospital practice must agree with this opinion. It is sufficient to glance at the great chaos reigning in medicine—those daily changing views, theories, and ways of treating, those ardent researches after new remedies against diseases. Why, then, do the physicians give themselves so much trouble and work in the pursuit of *something new*, if that which they already possess suffices? What they possess at present cannot satisfy anybody, because it is based upon a false foundation.

Under such circumstances, it seems strange that physicians do not want to study homeopathy, whose adherents prove, and support their argumentation by hospital statistics, that by homeopathic treatment a quicker and more successful improvement, and more favourable results, can be received. When a physicist, or chemist, or any other natural philosopher, discovers something new in his sphere and makes it known to the learned world, all his colleagues who take interest in the progress of science will directly endeavour to examine the facts published by him. It is not only the duty of the physician to examine the efficacy of the remedies recommended by his colleagues, even if they are his adversaries—because in science there is neither sympathy nor antipathy, but facts and arguments; but it is, besides that, his sacred duty to apply such remedy as his colleague recommends him, the more so when all hitherto used means proved ineffectual. But, alas! it is not so. Although homeopaths, as said already, prove by arguments and statistics that their manner of treating leads to surer and better results, allopaths, under the direction of something like medieval prejudice, do not inquire into what homeopathy is, but obstinately repudiate and reject it without any reason.

Several times already I have delivered at this place public lectures on homeopathy as a positive science, the results of which were to cause me to be represented as a “quack,” and as looking to homeopathy as a source of material profit for myself. Not one objection, not one fact besides the general known anecdotes and jokes, were stated; and, in addition to this, the general, as well as the special press, would not accept any rejoinder nor article in defence of homeopathy. And this in the last decade of the nineteenth century—the century of free thought, opinion, and view!

In view of such a state of things, I resolved to sketch,

as far as my knowledge and experience in this direction enable me, the principles upon which homeopathy is based, and to publish and send my pamphlet to all eminent individual members of our profession, and other intelligent and influential persons, and in this manner present the whole material of facts and arguments upon which homeopathy is based, giving everybody the opportunity to detect the errors, if there are any, and which were not yet remarked by me or any other homeopaths.

Perhaps I am wrong—*errare humanum est*—and such kind of men as I can be counted by the thousand. If homeopathy is a heresy as it has to do with human life and health, it should be prohibited by the Government; but if it is a scientific truth, it is a crime that this truth, being of such great importance, is cast into the domain of charlatantry. I believe that the question of homeopathy becomes more and more an urgent question, which must finally be solved. Movement is life, we say. Where there is no criticism there is no movement, no life, no progress. Only to the want of criticism we owe—and we confess it with shame—that many valuable therapeutic methods—as, for instance, hypnotism, magnetism, and hydrotherapy—before having been acknowledged by science, were very long ignored, and remained in the hands of unprofessional persons. It has been the same with homeopathy. Nobody has till now duly appreciated, from the scientific side, this method of treatment, and the only objections made turned in the sphere of theories (*à priori*). Scientific criticism requires that facts must be opposed by contra-facts, and theses by contra-theses. Only in this way positive results can be expected.

It is generally accepted that every physician may apply to the medical journals with a request to have certain scientific questions explained. Therefore I turn to the English medical papers with the request to have pointed out to me, by facts and arguments, the errors of the principles of homeopathy. England is a free country, where every thought supported by facts and arguments always found its place in the columns of the press; to her belongs the honour of being the first to duly appreciate homeopathy, not by theories *à priori*, but by facts, and of assigning to it its proper place in medicine.

Warsaw, May 15, 1891.

87, Krakowskie, Przedmiescie.

CONTENTS.—Aim, foundations, and direction of positive sciences—Two directions in therapy—The rational school and its foundations; continual change in this school—Weak sides of parasitic theory of the development of diseases—The methodistical school and its foundations—The foundations of homeopathy—The law of similitude, *similia similibus curantur*, is the essence of homeopathy—A series of facts proving this law; its sphere of action—Properties of positive sciences—What part theory plays in science—Whether homeopathy deserves the name of science—Some concluding remarks.

THE aim of experimental or positive sciences is to investigate certain facts or phenomena of nature, and draw from them laws by which they are governed; this aim is obtained by observation and experiment. The former, as well as the latter, furnish a great quantity of material of facts from which afterwards induction draws certain positive conclusions. In this manner experimental sciences are only based on facts, acquired by experiment and observation, and possess laws drawn from the facts by induction. No experimental science absorbs itself in the search of the absolute cause of phenomena of nature, as we shall better convince ourselves later on; and if it would be based upon theories or hypotheses instead of facts, as all our theories and hypotheses must undergo changes with time and with the progress of other sciences, it would be changeable and instable. There is no science free from theories; but they do not form the foundation for the science, but merely serve for the explanation of certain facts or phenomena. Therefore therapy, as an experimental knowledge, in order to deserve the name of *Science* must be based upon facts and have its law.

If we examine the allopathic therapy which calls itself a *medical science strictly scientific*, we discover two directions in it. Some base their method of treatment upon the essence of the disease—this is the so-called *rational school*; and others do not acknowledge any theory, and base the treatment of diseases on the statistics—these are the so-called *methodists*. Rationalists reject the result of the methodists; and methodists, on their part, those of the rationalists. The characteristic of this fact is at once striking, and we shall in vain try to find it in some other science or knowledge.

The “rational” school founds the treatment of the patients upon the theory of *what disease is*. What cause produces a disease in the most part of cases we cannot know, as we do not know what is the essence of life. About this many a philosopher has troubled his head in vain. We can know what symptoms accompany diseases, and what changes, under the action of disease, are produced in our organism; but the essence of pathological process we shall never discover, because the causes of the phenomena of nature will for ever be covered with darkness, and can only serve as material for academical disputes, or be the subject of our fantasy or speculation.

As rationalists base the treatment of diseases on theory of *what disease is*, it is nothing strange that it continually changes and continually appears in new colours. Only by the above it can be explained why therapy, one of the oldest natural knowledges, has hardly made any progress at all till now. Physiology, pathology, and surgery—the latter is a real medical art—have made great progress; but we shall in vain endeavour to find progress in therapeutic knowledge; incurable diseases remain, as formerly, incurable, and curable are not cured more successfully or more quickly.

If we look over the pages of the history of medicine, we are not a little astonished to see how many erroneous theories could exist in one science.

Let us read a few pages, taken from our history.

There was a time when the rational school in medicine divided diseases in *cold* and *warm*, or *wet* and *dry*, and treated cold diseases by warm remedies, and warm by cold ones, or wet diseases by dry remedies, and dry diseases by wet ones. This theory of treating was scientific, and the physician who would not approve it was, in the opinion of its representatives and adherents, an ignoramus and a humbug. Afterwards this *scientific* theory was abolished, and another took its place, and physicians affirmed and proved that diseases arise from excess or want of vital energy, the so-called "sthenia," hence the division of diseases into sthenic and asthenic. This theory also was *scientific*, and the physician who denied it ran the risk of being called *ignoramus* and *quack*; but, in spite of this, it grew old and died, and its place was taken by the theory of congestion of the blood: in whichever tissue or organ there was an influx of blood, there the disease would develop. This theory prescribed bleeding almost in every disease, and the physician who would not bleed the patient in typhoid fever risk to lose his diploma, and was called *madman* and *murderer*.

Now, we know that no war, no epidemic, has claimed so many victims and caused so much mischief as that medical vampirism, and Hahnemann, rising first against bleeding, exposed himself to contempt and raillery. It was, however, found that the father of homeopathy was right; and whilst formerly the physician who would not bleed in typhoid fever was called *murderer*, so to-day this epithet would be applied to him who dared to bleed in typhoid fever.

At present the rational school sees the cause of almost all diseases in microbes; nor was this enough, there were even such as claimed that old age and baldness are the consequence of microbes. It is only necessary to kill them, and life and youth will flourish eternally. Thus, now the rational school wages war with bacteria and microbes by means of internal disinfect-

tion, pouring into the patients a whole arsenal of antiseptic drugs. And what results have been received in this way? Such that, till now, not one patient has been perfectly cured.

So it is, not one has been cured yet; "but in a short time we shall cure all diseases," sounds the answer of the rationalists.

Robert Koch himself, at the last International Medical Congress at Berlin, emphasized the fact that bacteriology has not till now given any positive results for therapy, and at the same time he consoled the assembled physicians by assuring them that in a short time it would. Meanwhile there was no case where, by internal disinfection, any disease could be cured.

As a proof, among others, testifying the parasitic origin of diseases, its adherents state the two following arguments: (*a*) that we can always find exactly the same bacteria in the excretions of the patient; and (*b*) that pure culture of these bacteria being inoculated into an animal, always produces the disease characteristic to them.

The fact that we can always find Koch's bacillus in tubercular tissue, only proves that it offers very good biological conditions for the development of the bacilli, just as mushrooms only grow on a proper ground, which is well known to all gardeners; but it does not prove that the tubercle bacilli are the essence of tuberculosis. If we, by inoculating the pure culture of a certain bacterium, occasion its characteristic disease in animals, this fact shows that inoculation of the bacteria under certain favourable circumstances—I say favourable, because not always, and not with all animals, does the inoculation produce positive results—may occasion the disease, but it is by no means a proof that the diseases should be treated by the internal disinfection of the organism. If it is suggested to me, in order to convince myself of the parasitic origin of diseases, that I should permit myself to be inoculated with the charbon bacillus, I should reply that, even if I became affected with pustula maligna, still this fact would not prove anything, as these conditions would be artificial—the so-called "laboratoric conditions," which do not exist in nature. If the above fact takes place—and it is not known if it will, as not everybody eating the flesh of an ox that died of carbuncle will get pustula maligna; there are persons insusceptible to it—it would only prove that, *under certain, but not known which, conditions, the introduction of the bacteria into the organism may occasion the disease*; but, besides bacteria, *something* more is necessary, and about this "something" we know nothing, and shall not know, and can only on this theme create a great many different theories and hypotheses. Besides, as Prof. Ch. Ségard and Dr. T. Fontan,* Bernheim, and others prove that rheumatic fever, dysentery, gonorrhoea, and inter-

* *Éléments de Médecine Suggestive.* Paris, 1887.

mittent fever may be cured by hypnotism and suggestion after some *séances*—even sometimes one *séance* being sufficient to affect the cure, as it is evidently shown by Drs. Fontan's and Ségard's* cases. If we admit that diseases are produced by microbes, we must agree that hypnotic sleep and suggestion extend their action to the microbes, otherwise we could not understand how hypnotic sleep and suggestion can act curatively. On the other hand, Prof. M. Nencki and Prof. Sahli, of Bern, proved that the bacteria secrete in our organism products which have a salutary effect upon it. Prof. Koch had the same idea, and founded upon it his treatment of phthisis. Therefore, from this point of view, the microbes and bacteria are one of the many agents which nature herself employs to cure diseases. Besides, there exist a great many facts speaking dead against the parasitic theory of diseases—for instance, putting a naked perspiring foot on the cold floor is sufficient, with persons not accustomed to go barefooted, to produce catarrh of the nose. I ask, is it the fault of the nose that the foot stood on the cold floor? and where did the microbes come from? and why did they choose the nose, and not the foot?

In one word the theory of parasitic origin of diseases possess so many weak sides, that we must wonder at its having till now occupied a high place in science.† The most prominent bacteriologists freely confess that bacteriology has thus far brought no practical results to therapy. Robert Koch himself, at the last International Medical Congress in Berlin, marked the fact as we have mentioned already—that there was no case where any antiseptic drug had cured disease.

The essence of disease will for ever be a secret to us, and upon it we cannot base its treatment. At present the parasitic theory of diseases is now passing its last glorious moments, and begins to incline to its fall, and, although it has not breathed its last, a new theory is already growing out of it: the theory of ptomaines and leucomaines. This theory also, like many others, will pass through the days of its grandeur and will fall, as theories must change with the course of time, with our views

* *L. c.*, pp. 276–289.

† Professor Peter, in the beginning of his course of lectures in Paris (1889), gave one to which he says may be given the title of, "The Rise and Fall of the Microbe" (*Grandeur et décadance du microbe*). In it he concludes that because there are new methods accepted, and because the alkaloids of animal origin are acknowledged to have an activity in producing disease, therefore the foolishness of the assertions of the bacteriologists is demonstrated, and there is nothing but silence or acknowledgment of defeat for the supporters of the pathogenic powers of bacteria. He concludes the lecture by saying that this is to be the fate of bacteriology, as of other theories: "From Broussais there remains to us irritation, from the numerical method a greater precision, from Claude Bernard the reflex actions, and from bacteriology a more rigorous hygiene" (*Gazette Médicale de l'Algérie*, January 30, 1890).

and with the progress of other sciences. In short, the so-called allopathic therapy cannot deserve the name of *positive science*, it is a continual building up and destroying. It is founded upon no laws of nature, but upon fantasy and hypotheses, and as they may with every moment be changed, and are never constant, the foundations of allopathic therapy based upon them must needs be changeable and unsteady.

It is not so long ago, hardly some years, when high temperature was regarded as the most dangerous enemy of the patient, and anti-pyretics as the most rational remedies. And now? Now science asserts that high temperature, which was formerly looked upon as an enemy to the patient, is important and salutary. We shall soon convince ourselves that microbes are not only harmless, but even salutary to the patient.

As long as the allopathic therapy continues to be supported on fallacious hypothesis as to *what causes diseases* it will continually make *fiascos*, and there cannot be spoken of any progress in therapy at all.

Now we shall make ourselves acquainted with the school of methodists, who based treatment of diseases on statistics. Namely, if, for instance, out of 1,000 patients suffering from small-pox, and treated by bathing 800 improved, and of the same number of patients treated with *Calomel* 500 improved, and with antifebrine 350, so the first method would be considered, better, and would become predominant in therapy. Thus the above manner cannot be considered scientific, because it takes majority into consideration, and does not regard minority, and being too general it by this cannot be strict. Besides every new hundred or every new thousand of observations may entirely change the former conclusions, and produce a complete change in the treatment of the disease.

In this manner the present school, calling itself *scientific* therapy, does not answer to the demands of science, and therefore its pretensions to science are the more striking that this school looks upon homeopathy with contempt, and reproaches it not only for the want of principles of science, but also with idiocy and quackery.

Let us now examine upon what the homeopathic therapy is based.

The essence of homeopathy is the *law of similitude*, *similia similibus curantur*, requiring the existence of similarity between the disease and toxic action of drugs, understanding by "similarity" clinical symptoms as well as pathological changes. This law, like many others, was discovered accidentally. Samuel Hahnemann, translating Cullen's pharmacology into German, remarked that overdoses of *Cortex china* produce almost the same symptoms against which this remedy is successfully used. This

fact, like a bright sun-ray, penetrated his mind and gave birth to the supposition, whether it is not a general law to which the affected organism is subjected; whether not every disease may be cured with that remedy which, in healthy organism, produces its portrait?

History teaches us that from one single fact Newton discovered the law of universal attraction; Archimedes, the law of specific gravity of bodies; Galileo, the law of pendulum, &c. The same was with Hahnemann, who, from the fact of Peruvian bark, drew the conclusion that *every disease must be treated with the medicine which in over-doses produces its portrait in healthy organism.*

According to Bacon, every inductive conclusion has the more value and signification (a) The more it is based upon a greater quantity of observations and experiments obtained in different ways; and (b) The greater is the limitation of the sphere of its action. Therefore the question arises now what value and signification the *law of similitude* possesses, upon which Hahnemann based the homeopathic therapy.

The law of similitude is not only affirmed by fifty years' experiments and observations made by Hahnemann on himself, his family, and his pupils, not only by experiments and observations of many thousands of conscientious, learned, and impartial, homeopaths of the whole world, but what is more important, it finds its support in experiments and observations made even by the opponents of homeopathy—the allopaths.

Thus Dr. Chowdhorry* recommends corrosive sublimate as a valuable remedy in dysentery, and numerous experiments made in the Burdwan Hospital prove its efficacy. Meanwhile homeopaths employ this drug long ago in dysentery for the reason of its producing, given in over-doses, as observations of Virchow,† Masselot,‡ Orfila,§ Löwy,|| Taylor,¶ Skiles,** Müller,†† Gaspard,‡‡ and many others §§ prove, not only a very similar clinical feature of that disease, but also anatomical changes greatly resembling those we met with in persons that have died of dysentery.

Dr. Bidwell||| recommends *Veratrum viride* as an excellent remedy in tonsillitis; and Dr. Hudson ¶¶ in the article "Rapid Cure for Tonsillitis," supports Dr. Bidwell's opinion, and proves by a number of cases that very small doses of *Veratrum viride* not only produce immediate subjective improvement, but also shortens the course of disease. Meanwhile homeopaths have long em-

* *The Lancet*, Nov. 3, 1889, p. 901.

† *Berliner Klinische Wochenschrift*, January 23, 1888, No. 4.

‡ *Arch. Gén. de Méd.*, ser. iv., xi., 58.

§ *Orfila—Toxicologie, sub voce.*

|| *Wiener med. Presse*, 1874, No. 34.

¶ *Clinique*, Oct., 1881.

** *Poisons*, 1st edition.

†† *London Medical Recorder*, p. 118, 1886.

‡‡ *Journ. de Phys.*, 1.

§§ *The Medical Press*, June 11, 1890.

||| *The Medical Record*, July 5, 1890.

¶¶ *Ibid.*, September, 1890.

ployed this drug, as it is known to occasion in healthy persons inflammation of the oral-cavity and fauces.

Dr. H. Selldén,* a Swedish provincial medical officer, published his experiments, and those of his numerous colleagues, on the efficacy of *Cyanide of mercury* in the treatment of diphtheria, looking upon this drug almost as a specific. During the four years 1879–1882, the official returns of the sickness in the district of Norberg show that 564 persons were attacked by diphtheria, of whom 523 died, which makes a mortality 22·7 per cent., none of these being treated by *Cyanide of mercury*. During the years 1883–1886, 132 persons suffered from the disease, and were treated with *Cyanide of mercury*, and of these 132 only one died. He and his colleagues have altogether treated more than 1,400 cases in this way, with a total mortality 69, or 4·9 per cent. Dr. O'D. Parkes † reports that he had not lost one case out of sixty when he administered *Cyanide of mercury* in diphtheria. For allopaths these are new things, whereas homeopaths employed this drug in diphtheria years ago, because in over-doses—as experiments of Moose ‡ and Orfila § prove—it occasions ulcerations in the throat greatly resembling those of the diphtheritic.

Dr. John Aulde || announced his observations on the value of *Rhus toxicodendron* in rheumatism, and looks upon this drug as being far better and more successful than salicylates, and Dr. C. R. Carpenter published an article in the *Therapeutic Gazette* ¶ upon the same drug, in which he says that he also had “stumbled accidentally” upon the value of *Rhus* in rheumatism, and narrates how he cured three cases of rheumatism in an incredibly short time. In the same gazette its editor, Dr. Wood, in some remarks upon this paper, says that he, too, has investigated the value of *Rhus tox.* in rheumatism. He obtained in some cases very good results, and in others nothing definite followed. Meanwhile the value of this drug in some forms of rheumatism is a long known fact with homeopaths, as it has the property of provoking in over-doses in the healthy organism of man, disorders resembling a certain form of rheumatism ** which is proved by the observations of Drs. Busey, †† Helmuth, ‡‡ Hale, §§ and others.

* *The Lancet*, vol. i. p. 591, 1888.

† *The Lancet*, vol. i. p. 1063, 1888.

‡ *Virchow's Archiv*, 1864.

§ *Toxicologie*.

|| *Medical News*, Nov. 9, 1889.

¶ February, 1890.

** Clinically we must distinguish two forms of rheumatism: *first*, in which the movements provoke aggravation of the subjective symptoms of the patient; and *second*, in which the patient, by movement, expresses great improvement. Thus *Rhus tox.* taken in over-doses occasions pain in the joints, which diminishes by movements, and from this reason the efficacy of this drug only in second form of rheumatism can be observed.

†† *American Journal of the Med. Sc.*, N. S., lxvii., 436.

‡‡ *System of Surgery*, 4th edition, p. 67. §§ *New Remedies*, 2nd edition.

Professor Dujardin-Beaumetz* recommends *Iodine* and its preparations to persons suffering from albuminuria, and as T. Simon† and A. Bachis‡ proved, *Iodine* and its preparations in sound persons occasion albuminuria.

Professor Germain Sée emphasizes the fact that *Digitalis* which, in healthy persons, causes irregular and intermittent pulse by a *strange caprice*, in persons affected with heart-diseases, removes irregular and intermittent pulse. But where he that is not initiated in the secret sees only a *strange caprice*, and looks upon it as upon *lusus naturæ*, there he that is initiated in it sees exact and unchangeable law. And so every homeopath knows before, that if a drug in a healthy person occasions certain disorders, it *eo ipso* will remove *similar* disorders in ill persons.

As it is known, *Strychnine* produces tetanus in men and animals. Dr. Peyraud,§ however, reported to the Medical Academy in Paris, that he found that injections of *Strychnine* prevent animals inoculated with *tetanus bacilli* from taking the disease. The efficacy of *Quinine* in intermittent fever is a well-known fact, and this drug cures it because it has the property of producing in the healthy organism of man very similar disorders to those which we see in the above disease. In the *Centralblatt für Klin. Med.*, 1889, No. 17, we find a description of a case in which, three to six hours after taking quinine, strong chill appeared, the face became pale and was covered with sweat, and the temperature under the arm-pit rose from 89·5 to 42° C., afterward blood appeared in urine (*hæmaturia*), and yellow colouring of the skin (*icterus*). Weitenweber|| is of opinion that the so-called *quinine fever* greatly resembles the *intermittent fever*. In the Berlin *Charité* Hospital a patient¶ was observed, in whom, after taking 8 to 12 grains of quinine, periodical paroxysms of chill ensued. A similar case was noted by Merkel.** The observations of Chevalier†† and Zymmer‡‡ are also worth noticing; they prove that workmen, who pound the Peruvian bark, are affected with *sui generis fever* with *chills*, *heat*, and *perspirations*, resembling intermittent fever, which not only does not diminish, but increases by doses of quinine.

The *quinine fever* manifests itself periodically, and most frequently possesses a tertiary type. On this disease Drs. Breton-

* *Leçons de clinique thérapeutique professées à l'hôpital Saint-Antoine* recueillies par le Dr. Eng. Carpentier-Médicourt.

† *Soc. de thérap.*, April 28, 1876.

‡ *Thèse de Paris*, 1876, No. 311.

§ *Bull. de l'Acad. de Méd.*, October 7, 1890.

|| *Oesterreichische Wochenschrift*, März, 1884.

¶ *Deutsche Medicinal Zeitung*, 1884, No. 24.

** *Archiv. f. Klin. Med.*, 1885, Bd. 36, § 356.

†† *Annales L'Hygiène*, publ. lxxviii., 1858.

‡‡ *Comptes Rendus de l'Académie des Sciences*, 1850, vol. xxxi., p. 581.

neau,* Kissel,† and Trousseau,‡ have written very much. According to the above authors *quinine fever* manifests itself with buzzing in the ears, vertigo, deafness and dizziness, afterwards vehement *chills* appear, great *heat*, headache, and at last the paroxysm ends in profuse *perspiration*.

A similar relation between the physiological action of quinine and intermittent fever exists also between the secondary symptoms of syphilis and the physiological action of *Mercury*, as was shown and proved by a number of cases by Dr. Gailliard,§ and which former observations of Hallopeau,|| G. B. Wood,¶ Huber,** and others,‡‡ eloquently affirm, namely workmen in looking-glass factories get eruptions on the skin more noticeable in cold temperatures, swelling of lymphatic glands and ulcerations of mucous membrane of the nose, oral cavity, and pharynx. The experiments of Wegner †‡ with the action of *Phosphorus* on young animals are well known; small doses of this drug given a long time to animals occasion in them in epiphyses almost the same changes we meet with in rachitic persons. And what physician has not seen splendid results obtained by very small doses of *Phosphorus* in rachitis?

In the *Transactions of the Pathological Society* of 1888 we find Jonathan Hutchinson's article, in which a series of cases are stated, where *Arsenic*, given against other diseases, occasioned not only squamous eruptions on the skin, strikingly resembling psoriasis and lepra; but also tumours, the malignant character of which was proved, as well as by mortality, as also by post-mortem microscopic examination. It were needless to mention that the efficacy of this drug was proved in scaly eruptions and cancer.

In one word, the drug producing in over-doses certain disorders in the healthy organism is recommended as a successful medicine in similar disorders, arising from other causes. These are facts proving the *law of similitude*, and not collected by homeopaths, but by allopaths! Such facts multiply every day; we mention only some of them. In this manner the *law of similitude* is not only supported by a number of clinical facts, selected by homeopaths, but also by facts gained by experiments and observations of allopaths. The law of similitude is the

* *Journal des Connaissances Méd. Chir.*, i. p. 136.

† *Handbuch des Physiolog. Arzneiwirkungslehre*, 1856, p. 308.

‡ *Traité de thérap. et de matière méd.*, Edition 1852, pp. 337-338.

§ *Mercuré et Syphilis*. Presse Médicale "Belge," October, 1890, quoted by *L'Art Medical*, December, 1890, p. 417.

|| *Du Mercure*, Paris, 1878.

¶ *Therap. and Pharmacology*, sub voce.

** *Das Quecksilber und seine Präparate*.

‡‡ (a) *Hufeland's Journal*, B. 45, 181; (b) *Engelmann, Berl. Klin. Wochens.*, October 27, 1879, p. 64 f.

‡‡ *Virchow's Archiv*, Bd. lv.

principal foundation stone of homeopathy, and is its essence, the infinitesimal doses play a subordinate part. If some would-be philosopher will laugh at the infinitesimal doses of drugs, although I see no reason to laugh at them—as I would put myself down for a sage, who does not only know all laws of nature, and her secrets also—I, however, would perhaps venture to smile with him; but where the talk is about the *law of similitude—similia similibus curantur*—nobody has a right to deride it, to vanquish it with a laugh, or to pass over it in silence.

If I were asked why a drug, producing certain disorders in over-doses in a healthy organism, removes in small doses similar disorders in affected organisms, and how I would explain this kind of action, I would reply that I do not know, just as I do not know why magnet attracts iron. It is simply a law of nature, and in order to explain this law we can create most various theories and hypotheses. There are several theories explaining the law of similitude, and who want to make themselves acquainted with them will find them in special hand-books.

On the grounds of the above stated I put up the following thesis:—

The essence of homeopathy is the law of similitude—similia similibus curantur—requiring that such drugs should be given in diseases the physiological action of which presents the nearest resemblance to the given disease; it is affirmed by physiological experiments and observations on patients.

According to Bacon—as it was already remarked—every law, every inductive conclusion, if they shall be of great value and importance, must not only be based upon a great quantity of experiments and observations, but must still be limited in their sphere of application (action), or, in other words, they must be limited by certain axiomata which need no proofs.

Let us endeavour to sketch the limits for the law of similitude—*similia similibus curantur*.

1. The law of similitude cannot be applied where the cause of disease is known, as, for instance, in acute poisoning; then the first duty of the physician is to remove the known case, be he allopath, or homeopath, or any other "path."

2. It cannot have any value if between the disease and the physiological action of the drug the similarity cannot be found.

3. It cannot be applied where the cause, although known, cannot be removed, as, for instance, with workmen in looking-glass—match factories, &c., who are condemned to slow poisoning of their organisms; further,

4. It is powerless where the vital forces of organism are exhausted;

5. Where it is necessary to operate on the organism by

mechanical means, to which belong massage, operations by chemical means (in poisoning), hygiene, electricity, &c. ; and, at length,

6. Where it is necessary to remove from our organism the parasites, understanding under "parasites" tape-worm, itch insect, &c., but not micro-organisms.

These are the limitations for the law of similitude! This is the sphere in which it cannot be applied, the sphere after which it becomes an unchangeable law of nature which every conscientious and impartial physician can confirm with facility.

Every law of nature expresses in itself relation of two phenomena. So, for instance, if we take optics, its law, *the angle of incidence is equal to the angle of refraction*, expresses in itself relation of two phenomena : one, coming from a shining body, and the other from the lightened ; or, in other words, we have to do with phenomena of throwing and reflecting the light.

In astronomy and physics we have to do with the physical properties of two bodies distant from each other in proportion to their bulk, mass, and weight, and the law of physics teaches us that *the attraction of bodies changes directly as their masses and inversely as the quadrate of their distances*.

If we take any other positive science we shall convince ourselves that every law expresses in itself connection between two phenomena.*

Homeopathy, as a positive science, has also to do with series of two phenomena: on one side with the phenomena of diseases or pathology, and, on the other side, with phenomena of the action of drugs on healthy organism of a man (and not animals), or the so-called *pathogenesy*. The relation and connection which exist between these phenomena, the law of similitude—*similia similibus curantur*—expresses in itself. It requires that the resemblance existed between the disease of a patient and the physiological action of the drug, or, in other words—as I have already several times stated—that the drug given to the patient in its physiological action represents to us the likeness of that disease which we treat, understanding under *likeness* the series of clinical symptoms and anatomical changes.

Why do astronomers rely on Newton's law ? For this reason—because it verifies itself every day and at every step, and always gives the same results. Why do chemists rely on the law of *multiple proportion* ? Because their experience convinces them at every step of the existence of this law. Thus homeopaths for the same reason rely on the *law of similitude*, because their experience of almost a whole century convinced them that, on the strength of this law, the diseases are treated quickly, agreeably.

* Some of the above remarks I have taken from Dr. Brasol's pamphlet, written in Russian, *What rôle does Homeopathy play among Positive Sciences ?*

and successfully, and the patients do not feel any bad or disagreeable consequences of this treatment, in one word *cito, tuto et jucunde*.

Now we proceed to convince ourselves what properties every positive science should possess in order to receive the name of *science*.

One of the first conditions of every real science is the never completed perfection of every branch without detriment to the whole. In order to be more distinct one must take for an example, let it be astronomy, chemistry, and physics, which make enormous progress every year; but if we commence to penetrate their essence we shall convince ourselves that astronomy does not endeavour to examine the causes of *universal attraction*, it does not absorb itself in the discovery of the first cause of the course of the celestial bodies, but investigates them, their relative distance, distance from the earth, &c.

Whatever suppositions there will be, whatever theories what is the power of attraction, upon which Newton based his law, this will not undergo any change. What a deplorable state would astronomy present if its laws were founded on suppositions or theories what the power of attraction is. The same takes place in physics: the laws of reflection and breaking of light will for ever remain unshaken, in spite of great discoveries and perfections in optics.

Naturalists may create most various theories as to *what light is*, but, for all that, the laws of optics will be unshaken and not thrown over. Formerly, light was regarded as a *fluid*, now as *undulation of ether*, and, spite of it, the laws of reflection and breaking of light have undergone no changes whatever. If, however, optics, instead of leaning upon the laws, detected by induction from observation and experiments, were based upon theories, all practical conclusions, built upon fluidistic theory, must fall with its fall. In this manner, instead of advancing, we would undertake Sisyphus' work, in order to destroy it with our own hands.

If we look at chemistry we again find the same relation. The colossal progress which it has made in the last times, and is still making every day, do not at all depend on theory. Explaining what is *chemical affinity*, or what is the cause of *multiple proportions*; on the contrary, this progress has nothing common with all theories and hypotheses. If, however, practical chemistry should found and build its discoveries upon theories, be it ever so nice as atomistic theory is, we would have sad results, because our views and theories in regard to the structure of material undergo, and will ever undergo, changes with the spirit of the time, our ideas, and progress of other sciences. Thus the whole

building constructed on theory must needs fall, and so there can be no speaking of progress.

If we now turn to homeopathy, we convince ourselves that it, in the same way as astronomy, physics, and chemistry, does not support itself on theories and hypotheses, but on *the law of similitude* existing between the symptoms of the physiological action of the drug and those of the disease. Homeopathy does not absorb itself in the solution of the question what disease is, just as astronomy, chemistry, and physics do not absorb themselves in the solution of what is attraction, affinity, light, electricity, &c., because—as I have already remarked several times—the causes of phenomena of nature remain for us a for-ever enveloped, impenetrable secret.

All the above stated gives me the right to draw the conclusion which may be regarded as a second more general thesis that *homeopathy answers to all conditions which are required of a science, that it is based just as positive sciences, not on the discovery of the absolute cause of phenomena of nature—as in the given case of disease—but limiting itself to the examination on one side of phenomena of the action of drugs upon healthy organisms, and, on the other, of phenomena of diseases, extracting from them an empiric formula which connects the above phenomena. The official therapy went another way, on which it meets with everlasting disappointment and continual changes, and if it ever receives good results it is only then, when it unconsciously acts on the principles of similitude, and then it cannot explain the favourable results, as, for instance, why Quinine cures certain forms of intermittent fever, or why Mercury successfully acts in syphilis, Phosphorus in rickets, &c.*

What would you say of a man who, having the railway train before him, does not travel by it, but makes a long journey on a jaunting car? What would you say of a mechanic who, knowing the properties of steel, does not use it to make his machines of, but employs iron for this purpose? You would surely say that such a man is at least brought up in the backwoods and neglects the progress of science. This is the reason why I became a homeopath, and why I defend homeopathy as a science.

The revolution brought about in medicine by Hahnemann progresses farther and farther, although slowly; as every truth has at first numerous enemies going into battle in close ranks, and has but a small number of adherents.

The most eminent physicians of the allopathic camp more and more approach the point of negation, where only nihilism reigns, and openly declare that they do not believe in drugs, and, besides diet, prescribe nothing to the patient. And the public? Taught by sad experience they do not believe the physician, and run to a simple peasant, shepherd, or even sorcerer, from whom

they seek relief from their pain. In one word, the doubt in the efficacy of the allopathic method begins to arise everywhere, and this doubt is the most eloquent precursor of a new medical era.

While all theories and methods of treating up to Hahnemann's time, as well as those that appeared after his death, passed before us and were thrown aside, and whilst their existence put us in mind only of the black pages of the history of medicine, the law of similitude—*similia similibus curantur*—in spite of time and attacks of numerous enemies, has not changed at all. And look at this chaos reigning in the camp of the enemies of homeopathy, at the changes of views, theories, and methods of treating that take place every day, the ardent researches of new remedies against diseases!

That homeopathy, as one of the youngest sciences, has its feeble sides, I do not deny, as I do not contradict that the sun has its dark spots. Yet the sun gives us warmth and light, and in order to observe its spots we must look at it through a darkened piece of glass. There may be men, says Dr. John Clarke, who from birth possess such darkened eyes that even without help of glass they see dark spots there, where there is none. I do not care about the judgment of these people, but only want the judgment of impartial men who like truth and progress, with whom personal affairs play no part at all.

As long as some one does not show me the errors of homeopathy by facts and arguments its foundations remain to me unshaken, just as the foundations of sky-touching mountains; and I must repeat with Dr. John Clarke that my conviction will tell me that in a short time Hahnemann's name and the laws of homeopathy, as the sky-touching mountains reign over the plains, will reign over the plains of the history of medicine.

CANCER, CONSUMPTION, LEPROSY, SMALL-POX AND VACCINATION.

By ALFRED HEATH, M.D.

I do not suppose that all who read the following lines will come to the same conclusions as myself, but I trust that some of my remarks may be worth thinking about, and if what I have written tends in any way to lessen human suffering, I shall be well rewarded.

It has been the practice in all ages, and still is so in the present day, to suppress every outward sign of disease by external means, such as the knife, the actual cautery, the ligature, the application of astringent and drying lotions,

ointments, liniments, &c. Besides these, I look on vaccination and the *inoculation* of the human body with various (morbid) disease products as another mode of suppressing disease, and, to say the least, it is a very adventurous proceeding, since we cannot tell the extent of the mischief that may be done in suppressing nature's efforts towards healthy reaction and so *preventing* dangerous diseases such as consumption, cancer, &c. Every person having a blemish, of whatever kind, on the skin wants something to *apply to it* to take it or drive it away (ostrich-like believing that when it cannot be *seen* the trouble no longer exists), entirely ignorant of the fact that in most cases they are thereby treating the *effect* of an internal disease without in the least degree removing or relieving the *cause*; and many medical men, anxious to produce effects that may be quickly seen, have followed and encouraged this mode of treatment. Every one who has received treatment of this kind with apparent benefit is aware that it is only more or less temporary, the trouble generally recurring in an aggravated form until chronic conditions most difficult to cure are set up. The suppression of disease in this way is referred to by Hahnemann as the cause of innumerable troubles that affect mankind. In his *Organon*, p. 154, he says: "When an old-school physician, acting under the impression that he is curing the whole disease, destroys the local symptoms by external remedies, nature will off-set it by awakening and extending the inner disease, and all the dormant symptoms, which has previously co-existed with the local affection." Further, on the same page, paragraph 203, he says: "Many kinds of external treatment are in vogue for the removal of local symptoms from the surface of the body, without curing the inner miasmatic disease. It is customary, for instance, to remove the itch from the skin by all kinds of ointments; to destroy chancres externally by cauterization; and locally to exterminate sycotic excrescences by excision, ligatures, or the actual cautery. This method of external treatment, hitherto so common, is pernicious in its results, and is the most general source of innumerable chronic diseases, with and without names, under the burden of which the human race suffers. Although one of the most culpable habits of the medical profession, it was hitherto generally introduced, and is proclaimed by professors as the only reliable method of practice." Further, in paragraph 204, he says:

“By placing into one class all protracted diseases arising from unwholesome habits of living, together with countless drug diseases produced by the persistent and debilitating treatment often employed by old-school physicians, in trifling disorders, we shall then find that all other chronic diseases, without exception, are derived from the development of three chronic miasms—internal *sypphilis*, internal *sycosis*, but chiefly, and in far greater proportion, internal *psora*. Each of these *must have pervaded the entire organism, and penetrated all its parts, before the primary-representative local symptoms peculiar to each miasm* (itch eruptions of *psora*, chancre, and bubo of *sypphilis*, and condyloid excrescences of *sycosis*) *make their appearance for the prevention of the inner disease*. When its local symptom is suppressed the internal disease will be developed, sooner or later, in obedience to the laws of nature. It will be followed by endless misery in the form of innumerable chronic diseases *which have been the scourge of the human race for thousands of years*, and these would never have prevailed to such an extent had physicians endeavoured rationally and zealously to cure and eradicate each miasm by internal homeopathic treatment and well-selected medicines instead of *tampering with their local symptoms by topical applications*” (the italics are mine).

It is not my intention in this paper to say anything more respecting these diseased states, except so far as they bear on the diseases mentioned at the head of this paper. I shall endeavour to show that it is by the constant suppression of morbid conditions that the system is poisoned (choked) and *acute* as well as chronic disease set up, which form part of the constitutional state, to be still further complicated by marrying into different families, such complications being handed down to our children *ad infinitum*. To a greater degree is this the case when we vaccinate as a means of preventing small-pox. Diseases so called, small-pox amongst their number, may be looked on as ferments which only affect people who are in a peculiar state. That peculiar state or condition may be caused, as other diseases are to which I have referred, by the constant interference with and suppression by external treatment of the *effects* of certain diseases, driving them back into the system. By vaccination we still further complicate the case, by again suppressing or preventing a tendency towards healthy

reaction. Small-pox is a loathsome disease, but not difficult to cure, and when people, after proper treatment, have recovered from it they are as a rule in much better health than previously, and the pitting depends much on the treatment and the *constitutional* state of the patient. If the system, from *improper treatment of disease*, inattention to the laws of health, &c., becomes impaired, we get diseases, small-pox amongst others. Disease so called may be at times an effort of nature—a ferment, as I have before said—to free itself from a poison. If the laws of health and the treatment of disease were better understood and followed, we should probably not get small-pox. It must be remembered that our sanitary arrangements are in a very different condition to what they were a hundred years ago, and this alone plays a very important part in preventing the spread of disease. It is argued that small-pox is so much less prevalent than formerly; so also are other diseases that at one time raged. But we only vaccinate against small-pox. What has reduced the mortality from other diseases? There can be no question that it is owing to sanitary improvements largely and in some measure to certain improvements in medical treatment. But to vaccinate people only increases their troubles by still further complicating their constitutional state and by adding another diseased condition (to say nothing of preventing the throw-off of disease); and this added condition of vaccination, with its power of propagation (or carrying) may be the match to the train and the immediate cause of many diseases, such as eczema, phthisis, cancer, or in some countries leprosy and other diseases. It must be remembered that all countries have their peculiar diseases, and the effect of vaccination on these different diseases may cause other important changes in the human system: in temperate climates like England or America it may be consumption or cancer; in India and the South Seas and hot countries it may be leprosy. No one can quite tell the cause of these diseases, but it is a remarkable thing that since the introduction of vaccination into this country tubercular disease, both of the lungs and brain, has greatly increased; so also has cancer. I do not mean to imply that cancer and consumption are alike, further than being structural incurable diseases, but we must not forget that in vaccination *we are grafting another disease on an already diseased state*, and that in one person it will produce one

complication and in another person another complication. We know that both consumption and cancer are alarmingly increased, and we do not know of a more likely cause for such increase.

The inoculation of consumptives with the virus of consumption will only produce further complications in the future on the offspring of those so treated, provided they live to beget children. I do not believe that it will radically cure any one, so applied. The principle is good, and is entirely according to the law of similar selection, but the application is wrong, because it poisons without curing. Snake poisons are amongst our most valuable medicines when prepared and potentized (and the allopaths have learned to use them thus prepared; at any rate, in the proportion of 1 part in 1000), but every one knows the effects of snake poison when introduced into the circulation, a most minute portion causing death. The virus of consumption prepared as we prepare these snake poisons makes a wonderful medicine in helping to cure consumption, but it only helps, for we must not forget that many things lead up to consumption, and occur before tubercles form. Hence, if we take away the tubercle and the bacillus, we have not cured the constitutional state which caused the tubercle, the latter being only an effect; and if we do not do this it will recur again. Therefore we must not lose sight of the necessity there is to treat the general state also, which does not yield to *Tuberculinum* alone. In the East and West Indies and in the South Seas, since the introduction of vaccination, leprosy, another incurable structural disease, has tremendously increased. The people in the West Indies especially will not be vaccinated, as they also believe it spreads leprosy. Everywhere it spreads the syphilitic taint, and it is a common thing to see evidence of this in people who never had the primary disease or their parents before them for two or three generations, such as syphilitic-looking eruptions, great soreness of the skin, certain forms of headache, eczema, tumours, ozaena, &c., &c. A few years ago it was maintained by those in favour of vaccination that lymph taken from a child's arm *free from blood* would not reproduce the constitutional condition of the system from which it was taken (but they would not vaccinate then from a child that had syphilis or was born of syphilitic parents). They laughed at the idea of the morbid condition of the

child being communicated provided the lymph was carefully taken; but *now* it is always advised to vaccinate from the heifer. Is this because the bovine race is free from disease? Are we not going from bad to worse—"out of the frying-pan into the fire"?

It is a remarkable fact that when small-pox is raging—and it does rage every now and then in spite of vaccination—the general *mortality* from *all other* diseases, including small-pox, *is in abeyance* and far below the average. Very peculiar significance is given to this fact by a letter which appeared in *The British Medical Journal* of January 24th last from Dr. A. G. Lawrence, of Chepstow, supported by Dr. W. H. Broadbent, giving an account of *two cases of consumption in the last stage*, with large cavities in the lungs, having *both* been cured by the patients contracting small-pox. They are said to have put on flesh, and are now living images of health. I have ascertained that one of these persons at least was vaccinated, and that when he was attacked by small-pox he weighed only 7 st. 12 lb.; now he weighs 13 st. These cases may be read in this way: The vaccination *caused*, secondarily or primarily, the condition which led up to consumption; but as vaccination is often overcome by small-pox (83 per cent. of those admitted to the London Small-pox Hospital being vaccinated), so was it in these cases—the small-pox caused a ferment in the system which threw off (destroyed) the effects of vaccination (and other accumulated evils), and with it the phthisis, which depended on these things, and which, having its foundations removed, disappeared. The fact that small-pox will cure many diseases is by no means new. Hahnemann, in his *Organon*, p. 85, says: "Many examples may be enumerated where, in the course of nature, diseases were homeopathically cured by others with similar symptoms. Prominent amongst them is variola (small-pox), dreaded on account of the large number of its violent symptoms, and known to have obliterated and cured numerous evils by means of the *similitude* of its symptoms. It is, for example, common during small-pox to meet with violent forms of ophthalmia, often ending in blindness and it is a remarkable fact that inoculation with small-pox completely cured a protracted case of ophthalmia, as reported by Dezoteux; and another case was reported by Leroy. A case of blindness caused by suppression of *tinea capitis* was entirely cured by small-pox, according to Klein.

Small-pox was often known to produce deafness and asthma. But both of these tedious complaints have been cured by small-pox, as observed by J. F. Closs.

Swelling of the testicles, often of a serious kind, is a frequent effect of small-pox. This disease cured a large and hard swelling of the left testicle caused by contusion (Klein). A similar case was seen by another observer to be cured by it, and many other instances have been observed; in fact, it has become a saying that small-pox will cure other diseases. May not many similar cases to those I have named be caused by vaccination (as well as suppression from other causes), the effects of which having somewhat passed off, are in their turn overcome by small-pox, the very disease it was supposed to have protected the person from?

That there is no saving of life by vaccination the following statistics of vicarious mortality will show. They are taken from "vital statistics":—

THE PLAGUE OF LONDON.					
Year.	Deaths from Plague.			All Causes.	
1604-1611	14,752	...	64,994
1612-1619	171	...	64,517
Four years preceding the vaccine practice.					
	Small-pox Deaths.			Deaths, all Causes.	
1795	1,040	...	21,179
1796	3,548	...	19,288
1797	522	...	17,014
1798	2,287	...	18,155
			<u>7,347</u>		<u>75,636</u>
Four years during vaccine practice.					
	Small-pox Deaths.			Deaths, all Causes.	
1799	1,111	...	18,134
1800	2,409	...	23,068
1801	1,461	...	19,374
1802	1,579	...	19,379
			<u>6,560</u>		<u>79,955</u>

These tables show an increased mortality in the four years 1799 to 1802 of 4,000, whilst 789 fewer died of small-pox.

1871.					
	First Week's Deaths.			Fifth Week's Deaths.	
Scarlatina	116	...	55
Small-pox	79	...	196
Under five years	<u>651</u>	...	<u>603</u>
All cases	<u>1,828</u>	...	<u>1,683</u>

The same law prevails in cholera and diarrhea.

In England.

1849—Died of cholera and diarrhea 71,106

Mortality from all causes.

1847-48 819,510

1849-50 809,441, including cholera.

The deaths being 10,000 less when cholera killed 71,000 people.

1866-7—Deaths from diarrhea and cholera ... 52,331

Mortality from all causes.

1864-5 986,440

1866-7 971,762

14,678

When cholera killed 52,000 persons the whole mortality was nearly 15,000 less.

Ten years ending	Died of Small-pox.	Scarlet Fever.	Fevers.
1870	8,347 ...	39,714 ...	27,149
1880	15,551 ...	25,598 ...	12,997
	Decrease ...	14,116 ...	14,152

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XV.—*Rhus*. January 14, 1873, Captain W., aged 47, consulted me for erysipelas of a peculiar type. Six and a half years ago, he had kissed a child suffering from scarlatina, and felt the contact burn his lips. In a few weeks he had boils on the back; after this he became costive; once he fainted, fell, and bruised his forehead, and during the faint had an involuntary stool. Soon erysipelas appeared on the bruised part of forehead, and spread thence all over face; it also appeared on the scrotum and adjoining surface of the penis, which suppurated. Since then he has had four or five bad attacks of erysipelas, and three or four slight ones. Since these attacks have come on, his sight for near objects has been impaired; formerly it was excellent, both for near and distant objects. The present attack commenced on January 12th, possibly excited by being in a new damp house. About noon of that day he felt a shoot in left external orbital integuments; then red erysipelatous swell-

ing appeared there, and extended all over face, lids, forehead, chin, and neck; also appearing on scrotum. He never had it on the neck and chin before. Vesicles form, and exude a fluid which leaves yellow stains on the handkerchief. The affected parts burn and itch; when lying down, at each pulsation of heart there is throbbing centrifugally in the inflamed integuments of the face and forehead. Any application of moisture to the skin brings out the erysipelas there, as it always has done in these attacks. He is compelled to scratch the parts, which causes "an agonizing pleasure." The compulsory scratching of the scrotum causes sexual pleasure, and an escape of semen, which weakens him. Photophobia. Very restless all last night, no sleep, walking about, stamping, shaking arms, and striking about. To-day (January 14th) swelling is increased; large yellow crusts from the discharge on chin; scrotum worse; lids closed from the swelling; the throbbing continues; the itching and burning are worse; hands and feet are cold; pulse 50, intermitting in volume and rhythm; the burning and itching are worse from warmth. He has had the best allopathic treatment in former attacks, both in England and in India; but the physicians always made him worse by prescribing moist applications and keeping him on low diet. All his allopathic physicians said it was an extraordinary case; one said he had examined all his books in reference to the case, but could do nothing for him. Once when in London he consulted a well-known ex-homeopath for chronic dysentery. This doctor told him he could cure him in ten days; but the patient remained under his care for ten weeks without benefit, and afterwards cured himself by eating the pods of the Egyptian bean. He consequently lost faith in all doctors, but, "in an agony of despair," his "distracted wife" sent for me.

Diagnosis of the remedy.—Vesicular erysipelas. *Arsen.*, *Bell.*, *Euphorb.*, *Graph.*, *Hepar.*, *Lach.*, *Puls.*, *Ran.-sc.*, *Rhus.*, *Sep.*, *Solan.-m.*

Vesicular erysipelas of the face. *Arsen.*, *Bell.*, *Cistus*, *Euphorb.*, *Graph.*, *Hep.*, *Lach.*, *Rhus.*, *Sulph.*, *Teplitz.*

Erysipelas of scrotum. *Arnica*, *Canth.*, *Graph.*, *Merc.*, *Natr.-m.*, *Puls.*, *Rhus.*

Vesicles with yellow fluid. *Anac.*, *Kali-nit.*, *Plumb.*, *Ran.-b.*, *Ran.-sc.*, *Rhus*, *Rhus-v.*, *Solan.-n.*, *Tabac.*

Vesicles with yellow fluid on face. *Arsen.*, *Euphorb.*, *Mancin.*, *Rhus*, *Rhus-v.*

Vesicles with yellow fluid on scrotum. *Chelid.*, *Rhus*.

This analysis of the symptoms clearly indicated *Rhus*; which remedy also has burning and itching of the erysipelatous portions of the skin; while restlessness is a very marked symptom of this medicine. Neither the aggravation of the erysipelas by moisture, nor the throbbing in the inflamed integuments, are recorded in the *Materia Medica*. The aggravation of erysipelas by heat is not recorded under *Rhus*, but that remedy has (1254) "The inflamed portions of the skin were the seat of pain, sometimes of a numbing character, sometimes stinging like the irritation of nettles; the pain was worse at night owing to the heat." The sexual excitement from the erysipelas was not to be found in the pathogenesis of *Rhus*, but eighteen years later, in the HOMEOPATHIC WORLD, 1891, p. 20, is recorded a case of poisoning by *Rhus radicans*, which produced the following marked symptoms, much resembling those of the patient: "The irritations, &c., became localized on the genitals and thighs, the condition of the scrotum, &c., being à la erysipelas, and the sexual excitement actually maddening." Furthermore, on examining the *anamnesis*, we find that shortly before the first attack of erysipelas, he fainted, and had an involuntary stool. The *Materia Medica* has (1157) "Erysipelatous redness of the left side of face, commencing during stool, and lasting about an hour"; and a later proving of the analogous *Rhus Diversiloba* has, in connection with an erysipelatous attack (1497), "On rising from bed she fainted, and again later in the day syncope came on." Photophobia is not recorded under *Rhus*, and presbyopia only as a doubtful symptom; but it has coldness of hands and feet, and [slow, irregular pulse.

I dissolved a few globules of *Rhus-tox.*, 2m. (Jenichen) in water, and ordered a spoonful of the solution every hour till better. The first dose was given at 2.30 p.m. I also ordered nourishing food, and wine diluted with water.

At 8 p.m. the same day I saw him again. He had taken four doses of the medicine. Improvement had commenced after first dose; I found the itching, burning, and discharge were much less; the throbbing almost gone; pulse 60, more regular; less swelling of affected parts; extremities still cold. As there was such a decided improvement, I stopped the medicine.

January 15th, 3 p.m.—Slept well last night; much less

swelling ; only slight itching and burning ; scrotum better ; can bear the light ; extremities still cold ; pulse 72, regular ; no other symptoms. He says he has been relieved in one-third of the time usually required for such an attack.

January 22nd.—Has steadily improved. Yesterday went out of doors for the first time, and enjoyed the walk, though he felt very weak. It was a cold day, and he felt better on coming back into a very warm room. Afterwards he went to bed in a very cold room. Soon the face felt hot ; then followed itching and burning and soreness at outer corner of left orbital integuments ; these symptoms extended all over face, just as before, but less severely. Pulse 72, feeble. Scarcely any sleep last night, but was able to lie in bed. Scrotum was also affected as before, but less severely. As a relapse, manifesting the same symptoms, only to a less degree, had supervened through his imprudence, I resumed the medicine, and prescribed *Rhus radicans* 200 (Leipzig), a few globules dissolved in water, and a spoonful of the solution every two hours till better.

January 23rd.—After four doses experienced decided relief, and stopped the medicine for a time, but took another dose to-day at noon. Had itching on face and head last night, which disturbed sleep. To-day, not much burning, but some itching. Semen escaped as before. Can bear light. Pulse 72, rather feeble. Itching and burning are worse after food. There is itching all over body more or less. In three or four days he recovered completely, and when I saw him again (January 16, 1874) he said he had had no return. He has now perfect confidence in HAHNEMANNIAN homeopathy. I did not see him subsequently for many years, as he went to Egypt ; but I received several letters from him, the last dated July 28, 1879. He then reported that since the summer of 1876 he had had several slight attacks of erysipelas, but no severe ones, and always subdued them quickly with *Rhus*. On four or five occasions he applied Holman's liver pad for indigestion, and each time it excited the erysipelas. On May 31, 1879, this gentleman, who had been driven away from homeopathy by the failure of one of its professed adherents, who later became an open renegade, wrote to me as follows:—"I wish I could come and have a few weeks' instruction from you. I believe I have converted nearly half of Suez to homeopathy. I have had any amount of patients, of

course free, gratis, for nothing. My best cases of cure were an Arab from paralysis of face, with partial loss of sight; the other English, an old-standing spleen case; and each of them with only one medicine."

In 1884 he returned to England for a time, and he consulted me December 24th. He had been in Suez ten and a half years, and nine years of the time without a change, and felt run down. He says the soil of Suez is full of salt; and he suffered from a number of dyspeptic symptoms, which were benefited by *Natr.-mur.* Cm. (F.C.), though he later required *Sulphur* Dm. (F.C.). He told me that he had scarcely had any erysipelas since he last wrote, and each time *Rhus* again relieved him.

Comments.—(1) The first point to be noticed is the superiority of homeopathy over allopathy, not only in its curative results, but also in its greater adaptability to new forms of disease. An allopath first diagnoses the "disease," and then proceeds to base his treatment on this diagnosis. But if his diagnosis be wrong, his treatment must be wrong also, unless he accidentally and empirically hits on the true remedy; and if he is simply unable to make a diagnosis, he is also unable to prescribe with even the appearance of scientific accuracy. Hence, if a new disease, or a new form of disease, makes its appearance, he is necessarily at a loss how to treat it; for he neither knows its pathology with certainty, nor has he any empirical data, derived from previous cases, on which he can base a prescription. With the homeopathic physician it is entirely different. While he always diagnoses the disease as accurately as possible, both for purposes of prognosis and for general hygienic treatment; yet his therapeutic treatment is based, not on this diagnosis, but on the symptoms of the individual patient. Hence he finds it as easy to prescribe for an entirely new form of disease, as for one with which he is perfectly familiar; just as Hahnemann declared that *Camphor*, *Cuprum*, and *Veratrum* would be the chief remedies in the epidemic of cholera, even before he had seen a case, simply from comparing the reported symptoms characteristic of this particular epidemic with the provings of these remedies. In this case of erysipelas the allopathic physicians all declared themselves puzzled, being apparently as much dependent on a precedent as the members of the legal profession are said to be: hence their treatment was necessarily empirical;

and as an almost inevitable sequence, was unsuccessful. But to the homeopathic physician the peculiarities of the case, so far from being a hindrance to successful result, proved to be the very indications for the remedy.

(2) This case again adds some clinical symptoms to the *Materia Medica*; one of which (the sexual irritation from the erysipelas) was subsequently verified by a proving on a healthy person; while another, the aggravation of erysipelas from cold or damp, I cannot find recorded under any remedy. Even apart from the precept and example of Hahnemann, this case alone would prove the value of such symptoms. Were our *Materia Medica* absolutely perfect, we should find therein the analogues of every symptom which we could possibly meet with in disease; but as that is not the case, and probably never will be, why should we be debarred from the use of carefully observed and verified clinical symptoms which supply the unavoidable deficiencies in the pathogeneses of our remedies?

(3) The value of the *anamnesis*, or previous history of the case, also here receives an illustration; for though the present symptoms were sufficient indication for the remedy, it was an additional confirmation to find that some of the initial symptoms of the original attack had been produced partly by *Rhus-tox*, and partly by the allied *Rhus-divers*. This *anamnesis* should always be studied; but especially is it of value in chronic cases. Hahnemann's doctrine (sometimes erroneously called "theory") of chronic diseases is simply the outcome of the doctrine of *anamnesis*; in other words, the totality of the symptoms, not only of the existing condition of ill-health, but also of the past dyscrasiæ, and even of the family history of the patient as far back as we can trace it, must be utilized in the selection of the remedy.

(4) It will be noticed that the first prescription was *Rhus-tox.*, the second *Rhus-rad.* I made this change in order to test the assertion of the late Dr. Carroll Dunham, that the action of the two was identical. It was really an imperfect test, as both the potency and repetition of the dose were different in the two prescriptions. Botanists have now, however, decided that they are really varieties of the same plant; and Dr. T. F. Allen, whose authority on the nomenclature and classification of plants will not be disputed, unites the symptoms of the two, while he separates the provings of the allied species *Rhus-glabra* and *Rhus*

veneneta. It will be noticed that *Rhus* 200 every two hours did not relieve the second attack so quickly as *Rhus* 2,000 every hour relieved the first, though the first was the more severe attack of the two. This verifies Hahnemann's statement (*Organon*, 287, note), that the higher the potency, the more rapid and penetrating is the action.

(5) According to the patient's last report, though he had been almost free from the erysipelas for over five years, yet it was not thoroughly eradicated. The reason is that *Rhus* is a remedy of somewhat superficial action. The fact that the patient had suffered from a recurrence of erysipelas for so many years after one exposure to the scarlatinal virus, shows that there was a psoric dyscrasia latent, which complicated and perpetuated the acute attacks. Hence, as Hahnemann teaches (*Organon* 246, note), the remedy had to be repeated from time to time. He required some well-selected antipsoric to thoroughly eradicate the disease; but I had no opportunity of prescribing it for him till he returned to England in December, 1884; and I have had no further report of the effect of the last remedy, *Sulphur*, since he again returned to Suez.

(6) These constantly recurring attacks of erysipelas were apparently the result of exposure to the infection of scarlatina, though curiously enough it did not produce in my patient the ordinary scarlatina itself. As the question of Isopathy, and the use of nosodes, is again coming to the front, it may be asked whether a high potency of *Scarlatininum* would have cured this case. It has been argued that Hahnemann was in favour of such treatment, because he stated in one of his lesser writings that certain miasmatic diseases always arise from one and the same cause, and that if a remedy could be discovered for one, it would always be able to cure it. But it should never be forgotten that Hahnemann's knowledge of homeopathy was progressive, and there are several instances in which he withdraws or modifies in his later writings what he taught in his earlier. In particular, this earlier teaching is absolutely contradicted by him in the note to section 81 of his *Organon*, where he most distinctly and emphatically declares that even in these miasmatic diseases we are not to be guided in our treatment by the generic name, but to select our remedy "according to the whole complex of all the signs of the individual state of every single patient." It is clear from this teaching, that Hahnemann would not have looked favourably on

the new method of treating tuberculosis with *Tuberculinum*, and eczema with *Melitagrinum*, prescribed indiscriminately, and without reference to the individual symptoms of each individual case. It has further been argued that Hahnemann, in his note to section 56 of his *Organon*, and in part 1 of his *Chronic Diseases*, speaks encouragingly of this method. But all that he here says is that, even supposing this could be done, yet any cure would be really effected according to the homeopathic law. But the most convincing proof that Hahnemann was opposed to this generalizing method of treating diseases indiscriminately by their own dynamized products, is found in the fact that, though he not only knew of the existence of *Psorinum*, but had made provings of it on two individuals (*Archiv. of Hom.* p. 13, 3, 163), he does not advocate its use indiscriminately in all cases of psora, or even of scabies; but, on the contrary, has given us voluminous provings of a large number of antipsoric remedies, and enjoins us to select these long-acting medicines with the utmost possible accuracy and individualization.

Some years ago I endeavoured to test this method, which for a time I was erroneously induced to believe had Hahnemann's endorsement, at least to a certain extent. During this investigation, extending over a period of seven years (from 1875 to 1882), I tested the curative action of ten nosodes—*Medorrhinum*, *Luësinum*, *Scirrhinum*, *Lyssinum*, *Psorinum*, *Variolinum*, *Tuberculinum*, *Melitagrinum*, *Asthmatos ciliaris*, and *Psoriasinum*—in two classes of cases; first, when the apparently indicated remedy had failed, and secondly, when the symptoms were so vague that no one remedy could be selected as the *simillimum*, in which latter case I considered the nosode to be at least as much of a *simile* as any other. But the result was eminently unsatisfactory. Though I rarely failed to benefit a case,—and the earlier the disease was treated, the more efficacious was the nosode, probably because there were fewer complications of that stage,—yet I never succeeded in completely curing the patient thereby, which I should have done had this method been reliable. The most remarkable case, which at first I thought would be a grand triumph, was one of *psoriasis inveterata*. This case was under the care of a colleague, who delayed prescribing till he could obtain my advice. The only information he sent me was, that it was a severe case, and that the late Dr. David Wilson had

treated it without result; from which he concluded that it was useless to give the old, apparently indicated medicines, as they had doubtless been already prescribed. In this I agreed * with him, and said that in such a case it would be lawful to try the corresponding nosode. I gave him some *Psoriasinum* 1500 (F.C.), which he administered to the patient, with marvellous result. But, alas for Isopathy! the disease returned as badly as ever, and the nosode had no further beneficial action. Since then I have seen this nosode tried in another case of *psoriasis inveterata*, but without the slightest effect. (Compare also Case V, where I cured chronic warts with *Natr.-mur.* selected homeopathically, after *Verrucinum*, selected isopathically, had failed.) On the other hand, we have the evidence of Dr. Samuel Swan and other experienced physicians, that the nosodes prescribed on this principle had effected remarkable cures. In order, therefore, to place this matter on a scientific basis, and harmonize under one law these apparently conflicting experiences, we must discover the cause of success or failure in each case. The explanation is very simple. When the nosode is homeopathic to the symptoms of the individual patient, it will cure; when it is only partially homeopathic, it will only, at the best, partially relieve. Now, though a nosode must necessarily be a *simile* to any case of the disease from which it was derived, yet it is by no means necessarily a *simillimum* to every case with all their varying symptoms and complications; and to prescribe it thus, on pathological principles, that is, according to the name of the disease, is in direct contravention of that minute precision which homeopathy demands. The only scientific method of using nosodes is first to prove them on the healthy, adding of course all carefully verified clinical symptoms, and then to prescribe them as we do other remedies, strictly in accordance with their semeiology, under the law of similars. It has been maintained, in opposition to this view, that the nosodes are really proved in every case of the disease, and that therefore to prescribe them for every case of the disease is really to prescribe the

* I am now very doubtful whether I was correct in this conclusion. Dr. Wilson at that time as a rule prescribed the 200th potency; and many cases are on record where that potency failed, but a higher one succeeded. About fifteen years ago I saw Dr. Wilson prescribe *Thuja* 200 in a case of neuralgia, without the slightest relief; but *Thuja* 1m. (Jenichen) was efficacious. It is more likely that the remedy was not sufficiently dynamized than that the selection of such an experienced prescriber should all have been inaccurate.

simillimum, and that the need of provings in the Hahnemannian method is thereby reduced to a minimum. But a fallacy underlies this statement, and it is the failure to detect this fallacy which has led to the unscientific generalizing method with which the nosodes are often prescribed at the present day. The fallacy is this, that though the nosode is undoubtedly proved in every case of the disease from which it was originally taken, it is by no means always a pure proving. Artificial provings carefully made with high potencies in accordance with Hahnemann's instructions (*Organon* 128), derange the health to a limited and temporary extent only; and, unless they are carried to an unnecessary length, the system soon recovers itself, without any serious consequences resulting, and without any latent dyscrasia being appreciably developed thereby. Hence such provings, as a rule, will show nothing but a true picture of the medicinal disease. It is otherwise with natural diseases (*Organon* 29, note), which we find capable of affecting the health seriously, either endangering life itself, or causing life-long sequelæ. From this it follows, that the disease, if it is at all severe, not only produces its own natural train of symptoms, but also stirs up the latent dyscrasiæ, which exist in almost every one by hereditary descent. If this is admitted, and surely no one will dispute it, it follows logically that few cases of disease can be considered as uncomplicated, and therefore as a pure proving of the miasm, or virus producing them. In a few acute diseases, arising from the inoculation of a virus on a previously healthy person (such as hydrophobia or glanders), we may have as the result nothing but a pure picture of the disease itself; for these diseases are self-limited, rapidly terminating either in death or recovery, so that the virus has little time to stir up latent constitutional tendencies. But the case of a longer lasting, though still acute, disease like typhus, or a chronic life-long disease like syphilis or tuberculosis, is different; for here the more extended and slower action of the disease gives every facility for the development of latent tendencies, which may have existed prior to the commencement of the new departure from health.

Hence, to incorporate every symptom of a tuberculous patient in the semeiology of *Tuberculinum*, or every symptom in typhus patients in the semeiology of *Typhusinum*, would be a fatal error; from which it logically follows, that to

treat every case of tuberculosis with *Tuberculinum*, or of typhus with *Typhusinum*, would be an equally fatal error.

Only those symptoms of the "disease" which have been unmistakably demonstrated to be the pure and sole effect of the virus or miasm can be safely incorporated with the symptoms obtained by provings of the dynamized nosode; and these symptoms thus obtained, in conjunction with reliable clinical symptoms, are the only safe guides to the homeopathic prescribing of the nosode; and when the nosode is thus homeopathically indicated, it matters not whether the patient is suffering from the "disease" to which the nosode pathologically belongs, or to some other. In either case a curative result may be equally looked for under the universal and exclusive therapeutic law, *Similia similibus curantur*.

48, Sussex Gardens, Hyde Park, London, W.

CASES FROM AMATEUR PRACTICE.

Contributed by A. McN. (per Dr. J. MURRAY MOORE).

1. LUMBAGO OR RENAL CONGESTION ?

A. McN., aged 40, suffered for two weeks from severe pains across the small of the back, a burning pain felt very deep down; worse on every movement; relieved only by lying on a hard cushion or by pressure on the seat of pain. Urine scanty and high-coloured. After trying all kinds of local remedies, such as hot-water-cloths, turpentine stupes, &c., took *Belladonna* ϕ , one drop divided into three doses, fifteen minutes apart. After the second dose a large quantity of urine was voided, and immediate and permanent relief was given to the pain in the back.

The same remedy cured rapidly two other similar attacks.

2. INJURY TO KNEE-CAP.

Geo. G., aged 18, injured the right knee-cap early in 1884 by striking it accidentally against a saw-block. After two months' unsuccessful treatment by the late Dr. T., he went into the Royal Infirmary to be under the care of the most famous surgeon in Liverpool; but after six weeks' stay he was discharged, because he declined to submit to an operation proposed by Mr. B. for the purpose of remov-

ing a loose cartilage from the joint, which was thought to be the cause of its rigidity. The knee-joint was by this time perfectly rigid, and could not be bent even by force. At last I persuaded him to let me try *Arnica*. I ordered it in the form of *Arnica* ointment, to be rubbed over the knee-joint, after bathing in hot water, daily.

After one month all pain and stiffness of the joint had gone, and it could be bent by the patient. In two months he walked about without the slightest lameness, and has felt no inconvenience since, up to this date, May, 1891.

3. LARGE WART.

Mrs. M. C., aged 50, suffered in 1886 for a long time from a very large and painful wart on the inner side of her right middle finger. Had used caustic and many other applications without effect. I ordered *Thuja occidentalis* ϕ to be applied to the wart (after washing in hot water) twice a day; also one drop to be taken twice daily. The wart completely disappeared in one month.

4. NASAL POLYPUS.

Miss J. H. (whose mother had suffered from these growths, which had been removed by forceps on two occasions), found herself undergoing similar inconvenience in 1876. The right nostril was alone affected.

I gave *Thuja* ϕ , one drop for a dose, morning and night. In fourteen days, whilst using her pocket-handkerchief, a polypus, measuring one and a half inches long by two inches in circumference, came away quite painlessly. No return of any polypi since.

5. MAMMARY TUMOUR (CANCER?).

Mrs. E., aged 47, the mother of seven children, in 1888 had a tumour removed from her right breast. Her mother, grandmother, and several female members of the family had all died from cancer.

On February 15, 1891, she brought the condition of her left breast under my notice. For about two months she had suffered from severe stabbing pains in the breast, going through to the back and down the left arm. There was much tenderness of the breast on pressure, and swelling.

She described these pains as precisely similar to those she had experienced in the right breast before the operation in 1883.

On examination, I found the left breast much swollen, hard, and discoloured. In the centre a hard tumour, of about the size and shape of a small pear, was discernible. Its narrow end was under the skin, and its broad end or base seemed firmly attached to the breastbone.

Gave *Hydrastis* ϕ , one drop three times a day, and a lotion of the same (1 in 20) applied with a compress, covered with oiled silk.

February 25th.—The pains in the breast and arm have almost gone; the tumour is softer, smaller, and looser. Repeat all.

March 7th.—Tumour now reduced to the size of a "marble alley." No pains, except during the few days she ran short of medicine. Feels much better in general health. Repeat.

March 19th.—Still improving. The discoloration of the skin is quite gone; the tumour has almost disappeared.

March 31st.—No trace of the tumour now.

April 14th.—Is quite well.

April 20th.—Was unlucky enough to receive a severe blow on the affected breast, which caused great pain for three days, but this soon wore away, and was not followed by any return of the tumour.

Patient has remained quite well up to this date, July 1st.

6. WOUND OF TONGUE.

In 1883, Jane R., aged 8, fell down several steps on to the right side of her face and cut the tongue through most severely, the wound being three-quarters of an inch long, and bleeding profusely. It was situated half an inch from the edge of the tongue. Two of the teeth were broken by the fall.

Hamamelis ϕ was given, one teaspoonful in a tumblerful of water, and this was used as a lotion to the injured part every few minutes. The same remedy was given internally. In fifteen minutes the bleeding stopped. The swelling and inflammation of the tongue that followed was most severe, as may be imagined, but within three days it was controlled by the internal *Hamamelis*, and the poor little girl made a rapid recovery. No other remedy was given.

7. PARALYSIS OF VOCAL CORDS.

Miss J. McC., aged 21, a schoolmistress, consulted me November 22, 1888, for loss of voice and "heavy, dragging pain" in the chest. Rather more than twelve months previously she had rather suddenly lost her voice, and the allopathic doctors had pronounced it to be a case of paralytic aphonia. For five months past she had been laid aside from her duties. For a year she had been obliged to nurse her voice so carefully as to wear a respirator whenever she ventured out of doors, even in the finest weather. None of the previous treatment had done her any positive good.

I gave *Gelsemium* ϕ , one drop in water, three times a day. In less than three weeks there was an improvement in the voice. At Christmas time, about a month from the commencement of taking *Gels.*, she was so much better as to be able to go to evening parties. In less than three months from commencing the *Gels.* she had perfectly regained her voice; and also declared herself stronger than she had been for some years. Some months afterwards this lady was appointed to the onerous post of head-mistress of a large public Board School in Liverpool, the duties of which she now performs—thanks to that golden remedy, *Gelsemium*—with ease to herself and efficiency to her pupils.

Liverpool, July, 1891.

MATERIA MEDICA.

LYCOPODIUM: A PROVING.

BY DR. GEORGE HERRING.

A FEW days ago I took about five grains of *Lycop.* 1x. Two hours afterwards a fit of gastralgia came on, which continued for several minutes and then passed off. Two hours later I went to bed apparently well. During the night I had* anything but pleasant dreams. First, I had a long and arduous task in trying to eject a crowd of London gamins, who persisted in occupying my premises, but who unfailingly returned after each ejection, rendering my task as difficult as that attempted by Sisyphus. After this I found myself sleeping in the whispering gallery of St. Paul's Cathedral, a sacred place to be sure, but it

caused me considerable alarm to find that the dome was inclining to one side, and that I was in imminent danger of being suddenly landed in Ludgate Hill. In endeavouring to escape I awoke, glad enough to find my alarm unfounded, but I noticed that there was a more rapid action of the heart than I had ever before experienced in the course of my life, I had also a headache. For a few days after this I experienced uncomfortable gastric sensations, such as one might expect from over-indulgence. If these symptoms were not due to the dose of *Lycopodium* then I cannot account for them. I did not notice any action on the kidneys or bladder.

Note.—It is generally thought that this remedy has no action on the system unless either dissolved in ether, or had undergone a prolonged trituration. This was not so here; the trituration was made in about half an hour. Moreover, Dr. Hughes states that the provings made by Prof. Martin, of Jena, and six of his pupils, “ were conducted with the crude drug, and sometimes the first trituration.”

August 11, 1891.

REVIEWS.

CYCLOPEDIA OF DRUG PATHOGENESY, PART XV.*

THE end of this great work is now fairly in sight. The instalment before us forms the last part but one of the last volume (not counting the Index). The Appendix contains valuable new matter regarding such new drugs as *Aniline*, *Fuchsine*, *Antipyrine*, *Antifebrine*, which should aid in the homeopathic use of these powerful medicinal substances. There is also a proving by Neidhard and others of Arsenious Sulphur (*Ars. Sulp. rub.*), communicated by Dr. Neidhard which has never appeared in print before, and which materially helps to characterize the sphere of this drug.

MODERN MATERIA MEDICA.†

THE term “ *Materia Medica* ” on the title of this work is not

* *A Cyclopedia of Drug Pathogenesis*. Edited by Drs. Hughes and Dake. Part XV. Valeriana—Zincum. Appendix. London: E. Gould and Son, 59, Moorgate Street. New York: Boericke and Tafel, 145, Grand Street. 1891.

† *Modern Materia Medica for Pharmacists, Medical Men, and Students*. By H. Helbing, F.C.S. 1891. Second enlarged edition. London: British and Colonial Druggist Office, 21, New Bridge Street, E.C. New York: Lehn and Fink.

to be understood in the Hahnemannian sense of pathogenesis; it is used in the old-school meaning of descriptions of the medical substance, its chemical and physical properties and tests, with an outline of the uses to which it has been put in medical treatment. The rapid multiplication of medicaments of late years has rendered a book of this kind almost essential. It is quite impossible to carry in one's mind the formulæ and properties of all the drugs with queer-sounding names that are constantly being sprung upon us; and yet it is very desirable that we should be able to know what we are reading about when we encounter them. The portable little volume before us is an excellent solution of the difficulty. Beginning with *Acetanelide*, and ending with *Urethane*, it gives in alphabetical order a clear and sufficient description of all the new drugs, including this, which must surely take the prize for length of name—*Dehyhrodimethylphenylpyrazine*. Tables of doses, solubility, melting and boiling points are added. We have no hesitation in recommending this excellent manual. Many of these substances are powerful drugs, and well deserve thorough proving.

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.

MR. J. T. GLOVER.—We much regret the error, which we correct in this number. If you can furnish us with the particulars we should be pleased to publish a short account of his life in our next.

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.

A CORRECTION.

THE LATE DR. MILLIN, WORCESTER. In our last number we inadvertently connected Dr. Millin's name with Wolverhampton instead of Worcester, where he lived for thirty years. We much regret to hear that he died on the 2nd of August.

GENERAL CORRESPONDENCE.

WILDUNGEN.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In view of the fact that the watering-place of Wildungen is so little known in England, the following brief description may be interesting to your readers.

The little village of Wildungen is an hour's railway journey from Cassel, in Germany. It is situated in a beautiful valley 800 feet above the sea-level, surrounded by woods and hills rising to 2,000 feet. It is therefore well protected, and the air can hardly fail to be very good. The routes from England are either by Flushing or Calais; by both routes the service is good, and by the former Wildungen can be reached in about twenty-five hours. The springs are four in number, viz., three celebrated for their action in all urinary diseases, the other being a powerful chalybeate. Full particulars of their qualities and action will be found in Dr. Stoecker's little book, published by Trübner and Co. The cure at Wildungen consists mainly in drinking one or other of these waters, the Georg Victor Quelle and the Helenen Quelle being the most frequently used; but it is generally supplemented by the use of the baths, the active principle of which is the presence of free carbonic acid.

There are several resident doctors, but by far the best known is Dr. Marc, who, indeed, for operations almost monopolises the practice of the place. This gentleman has quite a European reputation in regard to all urinary diseases. Unfortunately he speaks but very little English. There are some half-dozen or more medical men here, all Germans; and in the season all are busy.

The present writer has been under Dr. Marc, of whom he can speak in the highest terms; but, on behalf of English sufferers, and with a view to this letter, he has interviewed Dr. Severin, who speaks English fairly well, and he has formed a high opinion of his ability and knowledge of his speciality.

There are several good hotels at Wildungen, the best being those of Mr. Göcke, who is the proprietor of the hotel and villa named after him. Both are on high ground overlooking the country. The Villa is preferable, as the table d'hôte is held there for both. The charges are moderate, the food is good, and the attention also. Next to these may be named the Europäische Hof, also in a good situation, and the Badelogirhaus, in the grounds near the springs, the former comprising also the Kurhaus, and the latter the Baths; both these belong to the Wildungen Mineral Water Joint Stock Company. Another

very good hotel is the Kaiser Hof, the proprietor of which speaks English, and there are several others, suited apparently to visitors of limited means, and an abundance of lodgings. The resident medical men do not leave in the winter, but perform a great many operations during that off season.—Yours faithfully,
WM. VAUGHAN MORGAN.

RE BRITISH REPERTORY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—It is very unfortunate that the members of the Homeopathic School in this country cannot agree as to the lines on which the British Repertory is to be framed, because the workers are anxious to compile a book of reference which shall combine accuracy, conciseness, and completeness. We all need some help in studying our cases which shall prove at once a speedy, safe, and conclusive guide in the minute differentiation which is the glory and strength of homeopathic therapeutics. Dr. Procter has rendered distinct service in raising important questions, would that he could see his way to come to the rescue, and show how his theory may be rendered practical. We find some crying for all symptoms recorded in Allen's great work to be cyphered, and many on the other hand objecting to any but pathogenetic records being included. Which opinion are we to regard as final?

THOMAS SIMPSON.

Waterloo, July, 30, 1891.

DIFFICULTY IN THE SELECTION OF POTENCIES OF HOMEOPATHIC MEDICINES IN THE TREATMENT OF DISEASES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In the course of the last four years or so, I have come across many communications in *THE HOMEOPATHIC WORLD* regarding the solution of the difficulty in the selection of potencies of homeopathic medicines in the treatment of diseases, both acute and chronic, from which, I believe, none can come to a definite conclusion as to the best course which a practitioner, especially he who has just commenced his homeopathic practice, should pursue when he is called upon to undertake the treatment of a given case of disease. At the same time much of our success, I believe, depends upon the "potency-question." This "potency-question" puzzled me beyond measure when I first commenced

homeopathic practice about nineteen years ago. Then such works as the "Manual of Pharmacodynamics" by Dr. R. Hughes of London, and Bayes' "Applied Homeopathy" were my principal guides in the selection of potencies which often helped me in my difficulty, and disappointed me as well in this connection. This disappointment kept my mind engaged in the search for a proper method for the *better* selection and regulation of potencies in the early years of my practice. I was told one day, by whom I do not remember, that in acute diseases the lower and medium potencies, and in chronic diseases the higher potencies should be used. By the lower potencies, I understood 1st, 3rd, and the 6th; and by the higher potencies, the 30th upwards. As a matter of course, a *novice* as I was then, in absence of sound knowledge of homeopathy, I had to work agreeably to these instructions, as if *blindfolded*. This way I practised for two or three years, during which I had met with repeated failures in the treatment of my patients, although, to the best of my belief and judgment, the medicines that I prescribed for my patients had been well chosen. These failures told severely on my mind, on account of which I almost made up my mind either to give up the *sacred duty* of a physician, or, in justice to my duties, to try to find out means for a *better* application of the homeopathic "law of cure and medicines" in the treatment of diseases like a *rational being*, independently of what others do and say. This thought troubled me beyond measure for a few days, after which I came to the conclusion, that like other physical sciences, the medical science must also be considered as based upon the scientific principles of *observation, experiment, and generalization*. This conclusion led me to think independently for myself. Now I commenced my work *in right earnest* "with God above," and with a hope that "God helps those who help themselves." In 1876 I was called upon to treat a very bad case of cholera here in the person of the wife of a friend of mine, in the College Street, in which *Veratrum Alb.* being indicated, it was prescribed, following the recommendation of Dr. Hughes of London, at the 1x potency, a dose after each stool. This way three doses of the medicine were given, and the purging stopped; but the abdomen became so much distended that the breathing became quite laborious. At this the husband of the patient became quite alarmed and sent for me. Thinking that the tympanitic distension of the abdomen was the result of *medicinal aggravation*, I stopped the medicine for three hours, after which the patient had a profuse stool and vomiting too, which yet indicated *Veratrum Alb.* I prescribed it again, but at the 6th potency, a dose after each stool. After the second dose of *Veratrum Alb.* 6th was taken, the purging stopped, and the abdomen became again distended as before. I stopped the

medicine for three hours, after which I was informed that the patient had a very profuse stool and vomiting again, which still indicated *Veratrum Alb.* Accordingly, I prescribed *Veratrum Alb.* 12th, a dose after each stool as before. Three doses of *veratrum alb.* 12th stopped the purging and vomiting. Now a kind of intestinal colic, which was not present before, made its appearance. The colic yielded to *Dioscorein* 1x trit. This case gave me a very fortunate hint which helped me a great deal in my after practice. Since the cure of this case, the 12th potency of *Veratrum Alb.* 12 has been a favourite potency with me in the treatment of cholera. Again, in acute fever cases where I prescribed, in the early years of my practice, *Bryonia*, *Arsenic*, *Belladonna*, &c., at the lower potencies, from the light of subsequent experience, I got better results from the use of *Bryonia* 12, *Arsenic* 12, and *Belladonna* 30. Now I commenced using the higher potencies where the lower potencies had failed me, and the lower potencies where the higher potencies had failed me, in the treatment of diseases. In this way the use of my own discretion has made me submit to less disappointments latterly than when I did not do so in the early years of my practice. My experience of the efficacy of different potencies of different medicines in the treatment of cholera and fevers has already been given in my "Monographs" on those subjects, which were published in July, 1887 and June, 1890. My experience about the efficacy of different potencies of different medicines in the treatment of other diseases has been given in my work on *Materia Medica* and *Therapeutics*. From the results of my observation in the treatment of diseases of all kinds which I have been called upon to undertake from time to time in the course of my practice of the last nineteen years or so, as a homeopath, I have been led to the conclusion that "to prescribe, study, and learn," should be our guide in the selection of potencies of our homeopathic medicines for a successful treatment of diseases by us. If we try to be bound by certain laws, which, in my humble opinion, is not practicable, the chances of our success are likely to be less than those of failure. The principle "to prescribe, study, and learn" has been enunciated in almost all the articles which I have contributed up to date, to the leading homeopathic journals of England and America, such as *THE HOMEOPATHIC WORLD*, *The Homeopathic Recorder*, *The North American Journal of Homeopathy*, *The Hahnemannian Monthly*, *The Medical Advance*, &c., &c.

Last year at this time my friend Dr. C. S. Káli, of Pábná, sent me a copy of his printed appeal to the homeopathic practitioners of the Old and the New Worlds for their opinions regarding the selection of potencies of homeopathic medicines, for the purpose of preparing a *chart* showing the efficacy of different

potencies of different medicines in the treatment of diseases. The undertaking, though in my opinion somewhat impracticable, is certainly one for which every practitioner of homeopathy should wish a success. Should it be successful, I am sure it will be a helpful guide to homeopaths *in general* and to beginners *in particular*. Where there is earnestness without selfishness in any work on the part of its worker, it is, I believe, generally followed by success, as I have seen the case with many persons of the past and the present times. I know Dr. Káli personally. He is an *earnest* inquirer after truth. I hope his endeavours will bear good results and help his fellow-practitioners all over the world.

Yours truly,
R. K. GHOSH.

70/1, Mániktalá Street, Calcutta,
June 30, 1891.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

CALOMEL PLASTERS IN THE TREATMENT OF SYPHILIS.—M. Quinquand (*Ann. De Dermat. et de Syphilog.*) recommends for the treatment of syphilis a plaster containing calomel, and applied over the region of the spleen. The plaster is composed of diachylon plaster 300 parts, sublimed calomel 100 parts, castor oil 30 parts. The skin having been washed with soap, the plaster is spread on a piece of muslin about four inches square, and applied. It is removed at the end of eight days, and after eight more days is again applied and is allowed to remain for the same length of time. The process is repeated indefinitely. In the case of patients who are engaged in manual labour, the plaster should be renewed in four or five days after being removed. M. Quinquand has assured himself, by examinations of the urine, that mercury is absorbed when used in this way, and from it he has obtained as good results as from any other method of treatment. He considers this plan a particularly safe one, salivation being avoided, while a very small amount of mercury is constantly passing into the circulation.—*New York Medical Times*.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Dalby (Sir W. B.).** Bubble Remedies in Aural Surgery. 8vo ed., pp. 10. (Churchill. 6d.)
- Fraenkel (Carl).** Text-Book of Bacteriology. Translated and edited by J. H. Linsley. Roy. 8vo, pp. 376. (Pentland. 20s.)
- Sawyer (Sir J.).** Contributions to Practical Medicine. 2nd ed., Revised and much Enlarged. Cr. 8vo, pp. 202. (Cornish, Birmingham. Simpkin. 5s.)
- Sisley (R.).** Epidemic Influenza: Notes on its Origin and Method of Spread. 8vo. (Longmans. 7s. 6d.)
- Wilson (Sir D.).** The Right Hand: Left Handedness. (Nature Series.) Cr. 8vo, pp. 226. (Macmillan. 4s. 6d.)
- Campbell (H.).** Differences in the Nervous Organisation of Man and Woman, Physiological and Pathological. 8vo. (H. K. Lewis. 13s.)
- Collingworth (C. J.).** A Short Manual for Monthly Nurses. 8rd ed., Revised by M. A. Atkinson. 12mo, pp. 96. (Churchill. 1s. 6d.)
- Finlay (A.).** The Seaman's Medical Guide. Revised to January, 1891. New ed. 12mo. (Phillip. Net, 2s. 6d.)
- Jacobson (W. H. A.).** The Operations of Surgery. 2nd ed. With 285 illustrs. 8vo. (Churchill. 80s.)
- Jamieson (W. A.).** Diseases of the Skin; A Manual for Practitioners and Medical Students. 5rd ed., Revised and Enlarged. With Woodcut and 9 Coloured Illustrs. 8vo, pp. 658. (Pentland. 21s.)
- Prichard and Symonds in Especial Relation to Mental Science.** With Chapters on Moral Insanity, by D. H. Tuke. 8vo. (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, 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 Dr. Simpson, Waterloo; Dr. Alexander Villars, Dresden; Mr. R. K. Ghosh, Calcutta; Dr. Berridge, London; Dr. Alfred Heath, London; Major Vaughan Morgan, Wildungen; Mr. J. J. Glover, Malvern; Dr. Herring, London; Mr. J. Meredith, Sydney.

BOOKS AND JOURNALS RECEIVED.

The College Argus.—Medical Era.—Medical Advance.—Homeopatisch Maandblad.—Hahne-mannian Monthly.—Maaned. f. Homeopathi.—L'Art Medical.—Medical Current.—Clinique.—New York Medical Times.—La Reforma Medica.—Philadelphia Inquirer (June 17).—Monatsblätter.—Allg. Hom. Zeit.—Zoo-philist.—Chemist and Druggist.—Revue Homeopathique Belge.—California Homeopath.—Medical Visitor.—Homeopathic Journal of Obstetrics.—North American Journal of Homeopathy.—L'Art Medical.—Homeopathic Physician.—L'Homeopathie Populaire.—Albany Medical Annals.—Clinique.—New Remedies.—Homeopathic Envoy.—American Homeopathist.—The Significance of Vivisection, by Frances Power Cobbe. The Official Returns for the year ending December 31, 1890.—Report of Homeopathic Treatment of Cholera, by R. K. Ghosh.

THE
HOMEOPATHIC WORLD.

OCTOBER 1, 1891.

A SUGGESTION FOR THE BRITISH PASTEUR
INSTITUTE.

SIR MICHAEL HICKS-BEACH is not such a strong man as we thought he was. After twice refusing the scientific magnates, he has at last granted them a license to found what is practically a Pasteur Institute in Britain, with limited liability, and without the necessity of using the word "limited." Perhaps it was the modest statement of Sir JOSEPH LISTER that the Pasteur Institute in Paris had been the means of saving no less than 12,000 lives that proved too much for his fortitude. Sir JAMES PAGET last year put the figure at 900. At this rate of arithmetical progression, if Sir MICHAEL had only held out another year, we should doubtless have had 12,000,000 lives saved, on the authority of some equally eminent medical or surgical man.

The strange thing, however, about it all is that in spite of this enormous saving of life the population of France (which, of course, has the chief share of the benefit) is still diminishing, and the deaths in France from hydrophobia are increasing.

British scientists are always a little behind the fair. As is well known, it was the consumption cure of KOCH and the hydrophobia cure of PASTEUR that fired the British scientific ambition; but here is the one dead, and all but buried, and the other (if the two illustrious surgical baronets will pardon our saying so) in a rapid decline, before anything is done or even begun. We are glad to

see that once ardent Pasteurian Journal, *The Medical Press*, showing signs of rationality, as witness the following paragraph from the issue of September 2nd :—

“HYDROPHOBIA.—In a paper presented to the Committee of Public Health of the Seine by M. Dujardin-Beaumetz, he reports the case of a child, seven years old, who was bitten by a mad dog on the 22nd of November, 1889, on the calf of the right leg. She was brought to the Pasteur Institute, had the anti-rabic injection on the 24th of November, and it was repeated on the 3rd of December, but without benefit, for the little patient died of hydrophobia on the 9th of February following. Cancer, diphtheria, consumption, hydrophobia, remind us of how little real progress medicine has made within the past one hundred years, notwithstanding all the jubilant utterances.”

But if Kochism and Pasteurism are both played out by the time the subscription list to the British Pasteur Institute is complete, there is another avenue opening to the researchers. The Chinese, it appears, are the real *bona-fide* curers of hydrophobia ; and we recommend the new Institute to start an expedition at once for China to investigate on the spot the celestial method of treating the disease.

The following interesting account, taken from *The Times* of September 7th, leaves some details unexplained, and we are sure the British Pasteurites could not more usefully spend their time than in endeavouring to fill in the lacunæ :—

“CHINESE TREATMENT OF HYDROPHOBIA.—A Chinese journal, published at Singapore, recently referring to the dangers of hydrophobia from the large number of ownerless dogs in the place, objects to the wholesale destruction of these animals, and says that the best way of dealing with hydrophobia is by medical treatment. When proper treatment is given the disease can easily be cured, and as a matter of fact it is utterly unnecessary to raise an outcry against hydrophobia: European doctors, it goes on to say, have not yet discovered a good prescription for the disease ; therefore their treatment is not generally successful. When a man, or even his clothes or queue, has been bitten by a rabid dog, he is affected by the poison of the animal. After some time this develops itself, and the patient begins to show signs of madness. At this stage of the disease proper medical treatment should be given, otherwise the patient will imitate the movements of a dog and will smell anything that comes in his way and

bark himself to death. In some cases, when a man is bitten, he thinks very little of it. He merely stops the bleeding, applies some medicine to the wound, and when it is healed he believes that the danger is gone. But he forgets that though the wound is healed up the poison has not been extracted, and in some future day the disease will break out again. This is the mistake that the European doctors generally fall into. In order to determine whether the disease that a patient suffers from is hydrophobia it recommends that the following method should be adopted:—Get a gong or any large brass utensil and strike it before the patient. If he is suffering from hydrophobia, he will at once show signs of madness; then fan him with a large palm-leaf fan, and he will crouch down as if in great fear. When the presence of the disease is thus ascertained, the next step that should be taken—a most important one—is to search the hair of the patient. There will certainly be found one hair of the colour of vermilion, and rather stronger and coarser than ordinary hair. This particular hair should be entirely pulled out; not even the smallest part of the root must be left, otherwise the disease cannot be cured. When this has been done, a prescription must be prepared, and the drugs used should be of such a nature as will expel the poison from the place in which it is.”

NEWS AND NOTES.

BUFO.

A DISCOVERY has been made in allopathic natural history. The toad has a poison! The discoverers are certain correspondents in *The Lancet*, and the matter is summed up in an editorial note in the issue of that journal on September 19th. Shakespeare and the homeopaths have long been acquainted with this fact, and *The Lancet* rejoices that the credit of the poet is “rehabilitated, even in a small matter.” Quoting from “Macbeth” the lines—

“Toad that under cold stone,
Days and nights hath thirty-one,
Sweated venom.”

The Lancet remarks that they have been “looked upon as the expression of a popular prejudice current in Shakespeare’s time, but now completely exploded.” Fleming is quoted by a correspondent of *The Field* as saying in his *History of British Animals* that “the toad is destitute of any venomous quality, and is only despised, hated, and persecuted by the ignorant, and he remarks that it is sur-

prising that prejudices so unjustifiable still continue to prevail."

With homeopaths Shakespeare has needed no rehabilitation. The venom of *Rana bufo* has long been well known to them, and in homeopathic form is a most powerful medicine. Its power to cause and cure convulsions is the best-known, but by no means the only, property it possesses. Also the fact that it "sweats its venom," as well as spits it, has been recognized by homeopaths. We read in *The Companion to the British Homeopathic Pharmacopœia*, "Part employed the secretion from the cutaneous glands, obtained by irritating the animal."

Now let us amuse ourselves by observing *The Lancet* flutter over its surprising discovery:—

"In two letters which appeared in *The Lancet* of August 29th, a large amount of evidence is brought forward to show that Shakespeare's words, instead of being merely an expression of a mistaken popular idea, are really a most truthful description of fact. The toad does secrete a venom of a tolerably powerful character; and instead of this secretion taking place, as in the case of snakes, entirely through the salivary glands, it is actually secreted by the skin, so that the word 'sweated' is most accurately descriptive. In his interesting letter, Dr. Leonard Guthrie mentions that the secretion also occurs in the toad through the parotid glands, and that the venom is a thick milky fluid like the juice of dandelion stalks in taste and appearance. When inoculated subcutaneously, it kills small birds in six minutes, and dogs and guinea-pigs in half an hour to an hour and a half; the symptoms in birds being loss of co-ordination followed by death, in guinea-pigs convulsions, and in the dog depression, vomiting, and intoxication. Dr. Guthrie describes two very interesting observations of his own on the effect of toad's venom. He kept a small toad in a cage with some common lizards, and one day a lizard, having bitten the toad, immediately afterwards rushed wildly round the cage, burrowing its head in the sand, became convulsed, and died in less than two minutes. His dog, having seized a toad, was attacked by instantaneous and profuse salivation, violent vomiting, and collapse. He also noticed that the venom has a most powerful local action on the skin, so that after carrying a toad in his hand he got numbness and tingling in it, with slight swelling and dryness of the skin, lasting for several hours."

How pleased and flattered Shakespeare's ghost must feel to have the renewed confidence and patronage of *The Lancet*!

POISONING BY ARSENICAL COLOURS.

The British Medical Journal of September 12th contains

a note which shows that the use of arsenical colours in domestic fabrics is by no means a thing of the past. We quote it, as it contains a little bit of information not generally known :—

“It is asserted in a recent number of *The British Bee Journal* that Mr. Clement, a bee-keeper, of Warburton, Sussex, died recently from the effects of arsenical poisoning due to the use of a bright crimson drugget containing arsenic, which had been put down in his house some two years ago. Nothing could be said against the sanitary condition of the premises, and after the drugget had been for some time in the house, illness occurred among the inmates, who, however, recovered when absent from home. It seems to have been assumed that the poisonous effects were due to the presence of an aniline dye containing the small proportion of arsenic which may have been left as an impurity after the production of the dye. It is not generally known that cases of arsenical poisoning due to the use of materials dyed with aniline dyes are not so much caused by the fact that arsenic had been used in producing the dye—a process by no means necessary, although still employed by some manufacturers, as, for example, in the method of producing rose aniline by the use of arsenic acid as an oxidizing agent—as by the fact that arsenical compounds are largely used as mordants to fix the dye upon the material. It is obvious that this proceeding may cause the presence of a much larger quantity of arsenic in any given portion of material than would result from the presence of arsenic as an impurity in the dye used. A case in point has been recently described by a London public analyst. A lady had purchased from a well-known West-end establishment several yards of a light flimsy printed material of the kind now so much employed for curtains and other household decoration. While working at this material, both the lady and her maid began to suffer from symptoms of arsenical poisoning. The substance was found by the analyst to contain very large quantities of arsenic, a compound of which had obviously been used for the purpose of fixing the coloured printed pattern. Legislation whereby the vendors of materials of this kind could be dealt with in the same way as persons who sell adulterated goods is urgently needed. At present there exists absolutely no restriction upon such sales, and enormous amounts of poisonous material may be distributed with impunity.”

WHOOPING-COUGH CURED BY VACCINATION.

APROPOS of remarks in our last number on the relationship of diseases, we give the following letter from the *British Medical Journal* of August 29th :—

“SIR,—In the *Supplement to the British Medical Journal* of August 22nd, paragraph 210, I see a case recorded by Dr. Emile Müller in the *Gazette Médicale de Strasbourg*, July 1, 1891, of the beneficial effects of vaccination in a case of whooping-cough.

"Allow me to say that some twelve years ago I read in an American medical paper, the name of which I do not remember, records of the very beneficial effects of this practice, and ever since I have been in the habit, whenever I had a chance—and they have been numerous—of following this out. Often infants are brought to me to have the vaccination postponed because they are suffering from pertussis; in all cases I refuse, and assure the parents or persons in charge that, so far from vaccination injuring the young patient, it is the very best treatment for the disease. I find that it almost invariably cures the whooping-cough in about ten or twelve days, leaving a slight catarrhal cough, which is easily got rid of. I do not remember a single case where it has failed, no matter how severe the attack. Revaccination in cases of pertussis does not, however, seem of any value in mitigating the disease; I have tried it in many cases, but never found it of any use.

"I am one of the medical officers of the South City Dispensaries here, and so a public vaccinator, and have very many opportunities of testing this matter, and I can conscientiously say that I have never seen the slightest untoward result following even in the worst cases of whooping-cough.—I am, &c.

"THOMAS PURCELL, M.R.C.P.I., L.R.C.S.I.,

"Medical Officer No. 1 South City Dispensary.

"Dublin."

The case related by Dr. Müller, and referred to in Dr. Purcell's letter, occurred in an infant girl not quite a year old. Whooping-cough supervened after an attack of measles and bronchial pneumonia. The paroxysms were exceedingly severe, and the child slowly got worse till vaccinated. Ten days after this the convulsive attacks ceased, and only an ordinary catarrh remained. Dr. Müller refers to four other cases—four so bad that the patients were expected to die. All recovered after vaccination, as soon as the febrile symptoms began to show themselves. In these cases inhalations of a 1 per cent. solution of *Carbolic Acid* were prescribed, as well as vaccination, and so perhaps this had something to do with the cure.

PARAFFIN OR PETROLEUM HEADACHE.

A CORRESPONDENT gives us the following interesting observation:—

"As to your notes on petroleum, both my wife and myself, in trying this remedy for improving the hair, suffered from headaches. Though this occurred at a time when I did not so much as know that there was a pathogenesis of drugs, still I recollect well the annoyance it caused me, and the aggravation induced by any attempt at *study*, and at one time I betook myself to 'light' reading in order to try and

avoid the distressing aches. I had boasted that I had never suffered from headaches in my life, and these headaches made me rather solicitous. On incidentally getting to learn the cause I stopped the paraffin, and have not suffered since. My wife can remember nothing but that it used to give her headache."

ORIGINAL COMMUNICATIONS.

HAHNEMANN'S DOCTRINES TRIUMPHANT IN THE ORTHODOX SCHOOL.

THE appropriation of medicines from the homeopathic materia medica by our allopathic colleagues, and their employment for precisely the same diseases as those for which we use them and in doses similar to ours, has frequently been alluded to in our literature and pointed out as a more or less conscious approximation of the old to the new therapeutics. It is, in fact, such a common occurrence, that it has ceased to excite any surprise. But the proving of medicines in accordance with Hahnemann's principles and the therapeutic deductions from the results of such provings in accordance with the rule of *similia similibus curantur* by old-school authorities is a rarer event. A striking instance of this sort has recently come under our notice, and we think it may prove of interest to our readers. In the well-known orthodox periodical called *Therapeutische Monatsbrefte* for January, 1888, is a lecture by Professor Hugo Schulz, of Greifswald, "On the Action and Dosage of Iron," where the results of a systematic proving of the sesquichloride of iron by four young doctors are detailed. The preparation employed was a $\frac{1}{2}$ per cent. aqueous solution of the metallic salt. Of this solution the provers took fifteen drops during the first week night and morning; during the second week, fifteen drops every morning and noon, and thirty drops at night; during the third and fourth weeks, thirty drops three times a day; so that the whole quantity taken by each prover amounted to less than half a grain of the drug during the whole period of four weeks. The symptoms elicited by these very small doses were of a very decided character, and showed a remarkable and characteristic action on the stomach, circulation, skin, eye, and general system. They will be found at length in the

Supplement of the *Cyclopædia of Drug Pathogenesis*, and need not be more particularly described in this place. What chiefly interests us is the concluding paragraph, which looks like an extract from a homeopathic work:—

“In conclusion, a few words on the doses of iron employed. You may, gentlemen, think them very small: not quite half a grain of ferrum sesquichloratum in four weeks! Apart from the decided effects we obtained from them in healthy persons, which seem to speak strongly for the importance of provings of medicines done in this way, I would direct your attention to the bearing they have on the use of chalybeate waters. The Schwalbach iron spring, for example, contains in the litre only 0.08 gr. of bicarbonate of iron, and the Franzensbad chalybeate spring somewhat less. And yet both of these springs effect in appropriate cases all we could desire. I cannot help thinking that the energy of the action of the iron in the dosage employed by us more readily found expression than had I operated with larger quantities. Certainly absorption would be greatly facilitated by the method we adopted. Calomel given in small quantities, as the older physicians knew, can develop general mercurial toxication with tolerable rapidity, whereas larger doses only display a laxative effect, and do not permit the occurrence of the general mercurial action. The same is the case with iron: the small quantities are fully and entirely utilized by the organism; the larger doses directly oppress the stomach, and thus prevent their own passage into the blood-vessels, become mixed up with the contents of the intestines, and are simply lost for therapeutic purposes. I will support my views on this subject by a passage from Schroff. He says: ‘When the object is to improve the state of the blood and remove diseases caused by anemia, we should give small doses. From experiments on animals we learn that large doses, according to the character of the preparations employed, either load the intestinal canal with crude ballast, or cause dangerous excoriations in the stomach and intestines, and in either case obtain access to the blood and urine in very small quantities only, whereas small doses are absorbed rapidly, in larger quantities, and more persistently.’ ”

Just what homeopathy has been preaching to an inattentive profession for the last three-quarters of a century! The seed sown by Hahnemann in the first decade is begin-

ning to fructify in the field of orthodox medicine in the last decade of the nineteenth century. Another sign of the victory of Hahnemann's rational method in the self-styled "rational" school is afforded in this lecture, where the effects of these small doses of iron on the healthy subject displayed in these provings correspond exactly with the maladies for which iron is employed therapeutically.

R. E. D.

A "STRAMONIUM" CASE.

By R. STUART STEPHENSON, M.B.C.M. Edin.

WHEN on a visit to Ballarat, a country town in Victoria, some time ago, I was asked to see an old lady whom the local doctors (allopathic) had ceased to attend, having given up her case as hopeless.

I visited her on April 23, 1891. She was 74 years of age, and had been hale and strong until six months previously, when her present symptoms first appeared, after living in a damp house. She has peculiar illusions and hallucinations. (1) She feels as if she is lifted up to a height and allowed to fall. (2) At times she sees Chinamen running round her bed, and asks her daughter to open the door and let them out. (3) She thought she saw black men passing in front of her window—these turned out to be rose-bushes waving in the wind. (4) She also imagines at times that some one is turning over her bed, and calls in alarm that she is falling out. These attacks last two or three minutes, and during them she sobs and is very excited. She is worse at nights, and is also very sleepless.

She complains much of constant vertigo and a "dreadful feeling of lightness in the head." She has constant nausea, and vomits all her food. She is very feeble and emaciated. Almost constant shooting pains extend from the left side of her neck down the left arm and leg, with left-sided hemicrania.

I was mainly guided by the mental symptoms to select *Stramonium* as the remedy, and sent it in the thousandth dilution a few days later—a few pilules to be taken in water every four hours.

On the 4th May I had a telegram saying, "Send more medicine; patient much better; pains gone."

About the end of May I had an opportunity of seeing

the patient again. I found that the first night the medicine had produced an aggravation, but within the first week all the visions and illusions of sensation had gone.

She was now quite convalescent, her appetite good, and she triumphantly showed me some baked potatoes she was about to make a meal of. Bed-sores on the heel delayed her recovery somewhat, but she is now well.

Homeopathic Hospital, Melbourne.

HYDROPATHY AN ADJUVANT.

By DR. T. SIMPSON.

It would be an immense advantage to the community if physicians recognized the value of hydrophathy as a handmaid of ordinary medicinal treatment, especially in typhoid and kindred maladies. This fact was recently forced upon our attention by the success attending the adoption of packs, compresses, and frequent ablutions in three members of a family who fell victims to typhoid, arising manifestly from sewer-gas escaping into the house from a leaking drain. Early in June Nelly W—, *æt.* 5, became chilly, languid, and peevish, desiring to lie down, and indifferent to food. The father (an intelligent man, understanding the water treatment) packed the trunk with warm damp towels for an hour three times in twenty-four hours, and finding his child too seriously indisposed to allow of any delay, sent for me. I found the temperature 104, pulse rapid, breathing laboured, hurried, with fanlike expansion of the *alæ nasi*; thirst and sopor and mild delirium. The upper lobe of right lung was dull on percussion and void of respiratory murmurs (lobular pneumonia); lips and teeth covered with sordes. The hard palate and buccal cavity were literally enveloped in a white aphthous exudation. Red spots (*petechiæ*) studded the abdomen, chest, and arms; and profound prostration was manifested by tremors, syncope, pallor, and cold sweats. Such manifest relief to the severity of the symptoms had been secured by those expedients which had been adopted, that I advised them to be continued. Sometimes the temperature would rise to 105°, and yet by the immersion of the body in a cold bath and then wrapping it in a blanket (dry) the normal heat was soon obtained, and though it rose again within three hours, a repetition of the bath secured similar

amelioration of fever. (It appears certain that the frequent application of the wet sheet and the short intervals are best suited to lower high temperatures. In malignant scarlatina a body or trunk-pack should be reapplied every half-hour.) *This* plan was carefully adopted in three other members of this family who fell victims to typhoid. The diarrhæic stools were promptly relieved by hot fomentations to the abdomen, and during twenty-one days the abdominal compress was kept on with frequent renewal, and no alarming symptoms resisted the simple but powerful influences of the packs, ablutions, compresses, or baths, which were resorted to as occasion required. Lobular pneumonia and bronchial catarrh were subdued by the swan's-down jacket compress, cerebral congestion relieved by the mustard leg-bath and a pad of cold water in the nape of the neck; and borborygmi and ochre-coloured stools and abdominal tenderness yielded to hot fomentations (three applied in one hour at intervals of three or four hours) with most gratifying results. So that the hydro-therapeutic auxiliaries may claim a prominent place in our treatment of inflammatory diseases of lungs, pleura, liver, kidneys, and all fevers, especially those of a zymotic character; and I would respectfully urge upon my colleagues an impartial trial of their intrinsic value.

Waterloo.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

By ALFRED HEATH, M.D., F.L.S.

I PROPOSE giving you a few particulars respecting each of the Homeopathic Medical Schools in the United States. We are so often told by our opponents of the "old school" that homeopathy is dead or dying. One cannot conceive why they should wish to convey the idea that a system that has done so much direct good is dying: a system that has saved so many thousands of lives, often when everything else had failed, and the followers of which aim only at lessening human suffering, who make no secret of what they practice, and are delighted when an opportunity occurs of showing their fellow-physicians the benefits they and their patients may receive by it.

Homeopathy has also done more than many people are aware of. It has introduced many of the most important

and useful medicines now in use by both schools; that is, many of the medicines now used in allopathy have been taken from the homeopathic pharmacopeia. Taken, I presume, because the homeopaths *did* some good with them. Homeopathy introduced the plan of *first* finding out the use of medicines, or their sphere of action, by testing them on *healthy* people instead of diseased ones, thereby showing beforehand what their uses are. This was never attempted before Hahnemann introduced the plan. Homeopathy showed to the world that blood-letting was not only useless, but *pernicious*, and now it is seldom, if ever, resorted to by any physician. Homeopathy has shown that the enormous doses formerly given were a delusion and a snare—often death—a snare that many cannot free themselves from even now. Allopaths forget that a drug in quantity does not simply do just what they want it to and then cease acting; it will act to the bitter end, and produce its own symptoms, which are often supposed to be symptoms of the disease; it is often difficult to distinguish them from disease, unless we are taught, as in homeopathy, the effects of drugs on healthy people. Every allopath knows that *he* now gives *infinitesimal* doses as compared with those which were formerly given. Giving medicines in one-drop doses is a common practice by some of the best allopathic men. They see that homeopaths *cure* their patients by giving small doses—they *say* by doing nothing—but anyway they see that *they* cure; and many allopaths, in imitation, have actually given nothing. What more convincing proof could we have? Unfortunately, in these cases the patients pay their money *for nothing*, which is all that is done. I think a few facts as to the enormous spread of homeopathy may be of interest to the readers of the HOMEOPATHIC WORLD, and something more for our opponents to think about.

There are about fourteen or fifteen legally licensed homeopathic medical schools in the United States, some of them large, having between two and three hundred students, others just beginning, having only existed a few years. At the present time there are about twelve thousand homeopathic medical men in the United States alone. The homeopathic schools have the same powers and rights as the allopathic schools.

NEW YORK HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL.

I propose to take first the New York Homeopathic Medical College and Hospital. This splendid hospital, although not the largest, is one of the best. It was founded in 1861, and has graduated in thirty years over 1,200 physicians; many amongst this number have made themselves names of repute in the world by their skill in medicine as well as in surgery. Last session there were 145 matriculants, out of which number 44 graduated. By the law of the State, matriculants are required to study medicine for three years with a qualified man, and then to attend a course of lectures, &c., each year for three years.

The Dean of this college is Professor T. F. Allen, M.A., M.D., LL.D., &c. Every homeopathic physician in the world is aware of the stupendous works on "Materia Medica," by Professor T. F. Allen, the *ten* immense volumes of his "Materia Medica," together with the eleventh volume, which is a register of all the symptoms of this work tabulated for easy reference, is a monument to his praise and memory for all time. These eleven volumes, with his handbook of "Materia Medica," are standard works of our schools. With such a master, who can doubt that the college is good—Materia Medica being the chief part of a homeopath's training?

The Flower Hospital, or *Surgical Hospital*, of this college contains at present 24 beds, and is presided over by Professor William Tod Helmuth, M.D., LL.D., professor of surgery, and one of the finest living surgeons. His name is known all over the world; in every homeopathic medical school throughout the States his visit is a red-letter day, and the lecture rooms are packed when he has anything to say. I have, on more than one occasion, been privileged to hear him speak; what he said was well said, and made deep impressions.

Helmuth House should not be overlooked for its clinical advantages; it is at 12th Street. Here classes of four or six senior students are privileged, by the kindness of Professor Helmuth, to witness many of the most formidable operations. A fine new *medical hospital* will be ready in about twelve months. The number of out-door patients attending the dispensary during the last twelve months was over 4,000, exclusive of visits made at patients' houses.

Graduates of this college are eligible for the position of

house-surgeon in the surgical hospital of the college; house physician or surgeon in the Ward's Island* Homeopathic Hospital, Hahnemann Hospital of New York City, the Five Ponds House of Industry for Children (280 beds), the Brooklyn Homeopathic Hospital, and the Brooklyn Maternity.

Students of this hospital attend also the Laura Franklin Free Hospital for Children. This large and beautiful hospital was built by Mr. and Mrs. Franklin H. Delano, and placed under the medical charge of physicians of our school on November 9, 1886. It is situated between Fifth and Madison Avenues. There is accommodation for 50 patients. During the year ending Nov. 21, 1890, 205 patients were treated, 137 being medical, and 68 surgical cases. Most of these cases were seen by members of the graduating class.

Students of other colleges presenting certificates of having attended two full courses may enter the senior class of this college for the third course of six months; and, if they can sustain an examination satisfactory to the faculty and censors, will receive the degree of Doctor of Medicine.

Space will not admit of my mentioning other celebrated men forming the faculty of this school; but, in conclusion, I would say that Professor L. L. Danforth, M.D., the eminent professor of obstetrics, is the registrar to the school. For other particulars I would refer your readers to the annual announcement.

There is a large and valuable library for the use of students.

Next month I hope to take the Hahnemann Medical College and Hospital of Chicago.

114, Ebury Street, S.W., Sept. 12, 1891.

* I take the following from *The Medical Argus* of March last: "It is worthy of note that while there are but two hundred homeopathic physicians in Brooklyn to eight hundred allopaths, fully half the taxable property is in possession of families employing homeopathic doctors. The same proportion holds good in New York City, and in many of the larger cities of the United States. This fact was demonstrated to the Commissioners of Charities and Correction in New York City some time ago by the descendants of Dr. Carroll Dunham, and as a result of this demonstration the hospital at Ward's Island was turned over to the homeopaths."—Quoted by *The Argus* from *The New York Evening Telegram*, February 7, 1891.

FRIEDRICH HAHNEMANN.

By DR. DUDGEON.

(Concluded from p. 352.)

In a letter to his sister Louisa of May 29, 1819, he relates how he was nearly drowned :—

“ I have several times been in danger of my life. Thus, for instance, I was on board a ship which was smashed by a much larger ship. The fall of the mast, the crashing of the two ships, the tearing to pieces of the cabin (in which I was at the time), the cracking, the crash of the other parts of the ship as they broke up, the breaking of the ropes, the cries of distress, the howling and calls for help—alas! in vain—the moaning and groaning of those who were injured, all together made up a frightful scene. Luckily the lower parts of the ship kept so well together, that by pumping the water could be kept under. A merchant, in the anxiety of the moment, got intoxicated. Without a hat, and with a knife in his hand (he was about to take dinner), he jumped on to the large ship that was passing, and then looked piteously at us. I did not receive the slightest injury, though everything all around me was broken and smashed to bits.

“ But, on the other hand, I experienced exactly the contrary in a high degree, viz., a sense of joyfulness,* which for many successive days deeply touched me, and which very few persons out of millions could experience, because the combination of circumstances required to produce them cannot be obtained at will.

“ I would attempt to describe something of this to you did I not consider it a sin to mutilate it by fragmentary description.”

In a letter to his sister Frederika he gives a further description of England :—

“ The climate is considerably warmer than yours. Thus, for instance, the rose bushes in the open air are covered with roses until shortly before Christmas. It is not unusual to have large and tall trees of monthly roses growing up the houses, like vines in Germany.

“ The weather is very variable. Often, especially in winter, there is such a black fog that in the middle of the day one must have recourse to torches or some other artificial light.

“ A large part of this island consists of chalk. Thus, not long since, I had a beautiful view, when, in the neighbourhood of Exeter, I looked upon hills, valleys, and plains through which ran roads of dazzling white chalk. The sun was shining strongly

* “ By joyfulness you must not imagine laughter, or mirth—no, only a blessed feeling, pleasurable emotion, inward rapture.”

on them, which increased their whiteness. When the chalk roads are too soft for heavy carts they are paved with flints. About 150 miles behind Exeter I met with tracts of cast iron; on these the carts roll along easily.

"The coaches here go very quickly. A hundred miles in ten hours is the rate of the ordinary mail coach.

"The coaches are so arranged that, besides the passengers inside the coach, from fourteen to sixteen can sit behind and above on the outside of the coach. These places are cheap, and therefore much frequented. But that everything is comfortably arranged you may gather from this, that the English have steel-springs on their waggons and barrows, in order that the goods they carry may not be jolted."

To his sister Eleonora, Friedrich writes under the date of 24th of May of the same year:—

"I am on friendly terms with a noble family here, where there are several children, of whom one of the girls bears a great resemblance to you in her features, her voice, her movements and actions, her tastes, her age, and even her name.

"When I go there on business, or am invited to dinner, it always gives me much pleasure to see the innocent child. When I talk to her I think I am talking to you, and I have great difficulty in preventing her observing that I am the brother of just such an Eleonora whom I fondly love. When she plays something to me she selects, accidentally, just the same pieces of music as you like to play."

To his sister Charlotte he writes on the 23rd of May:—

"What would you like me to tell you about? Perhaps how the walks and roads here look. Well, I will try to describe them.

"Near the town are paths made through meadows. The grass is completely given up to the people. Nothing is forbidden as it is in our stiff Germany. Any one who wants to walk on the grass walks on the grass; if he likes to walk on the hard paths he walks on them. Horses and carriages cannot go there, because the entrances are provided with peculiar wicket gates.

"In the town itself there are sixty squares; these are large quadrilateral places, which have a large round place in the middle planted with shrubs and flowers. The air is fine in these places, and they are not so crowded with vehicles. Therefore we often see many children in them.

"I was lately in one of these squares, and saw there persons who let out saddled donkeys to boys who wish to ride. Others were there with a little coach, drawn by a pony, for girls to ride in. Others let out little children's carriages, in which, generally, two goats are harnessed, in order to give little children a ride for a small sum, &c.

“The streets are certainly more lively. One man sits there and brushes the shoes of the people; another sells a foreign animal; another sells, in the street itself, coffee and tea all hot for drinking; another, cooked food; another sits there and roasts apples for sale; another brings cows with full udders and calls out that milk fresh from the cow is to be had, and there he milks his cows without more ado.”

The last letter is to his sister Amalia. It refers to getting likenesses painted of his parents. It is dated 25th May:—

“I enclose here a bill* for six pounds sterling, which Messrs. Köpler and Co.† will pay in due course. You need not say anything about me to them. They will only look to the name of the drawer. If he is solvent they will pay.

“As soon as you have got the money, then call in the best painter, and see that it is on a day when neither father nor mother has had to undergo any vexation or annoyance. Tell the artist to do his very best, because if he does he may get other jobs to do for us. You should also see to it that no disturbance takes place while the artist is at work.‡

“The manner in which this immortalizing shall be carried out must be left completely to the originals of the portraits.

“But if I might be allowed to say a few words on the subject, I would suggest that father's head (and neck) should be painted quite unadorned, uncurled,§ and unpowdered, also without anything not absolutely required, therefore without cap, or neck-cloth, or collar, &c.

“The same with mother—as simple as possible. But in her a piece of white kerchief would probably be becoming.

“I would not take upon me to dictate anything. Only this much, that neither of them should be beautified or flattered. He should paint them just as they are, not otherwise.”

These letters offer a striking contrast to those subsequently written home. They show an observant mind, and though there is nothing very acute about his remarks, they, at all events, do not afford any indication that he was not in complete possession

* “I got the bill eight days ago (as you will see by the date of it) through the same Mr. E. Smith who got me the one for my wife. I do not wish at present to be known by the merchants who have business transactions with Germany, because I do not see any use for that.”

† “If I am not mistaken their place of business is in the Ritterstrasse. They export wool to England.”

‡ [He had already, in a letter to his sister dated April 1, 1819, written about engaging an artist to paint the portraits of his father and mother.]

§ [The portraits of Hahnemann all represent him with his hair elaborately curled. It would seem from this remark of his son that he was in the habit of getting it artificially curled as early as 1819, and Mr. Cameron, who was much with Hahnemann during his residence in Paris, tells me that if he went to see him early in the morning, which he frequently did, he always found him with his hair up in curl-papers.]

of his senses. The beginning of his letter to his mother seems rather odd; and it is apparent, especially in the letter to his father, that he was in mortal fear lest his place of abode should become known to the German authorities. His directions, too, about the portraits of his parents are rather funny, but in all this there is nothing inconsistent with perfect sanity. His later letters, however, display such marks of eccentricity that I cannot help thinking his mind must have been unhinged when he wrote them. Some are written on a large sheet of paper, a couple of lines in microscopic writing at the very top of the page, and a similar amount at the very bottom, with nothing at all between. On June 25, 1820, he writes from London that he was about to make a trip through Scotland, and that he would then go to Truro and Falmouth, where he would take ship for the continent. On November 6, 1820, he writes from "England" (the envelope having the Cambridge post-mark) that he would be with his parents in three months. This letter bears the latest date. But there is yet another letter, without date, and as it has no envelope and no post-mark it is impossible to tell where or when it was written. To judge from its style, I think it must have been written before the dated letters, as in one of the latter he mentions that he can now mention the place and date, which he could not before. Its style seems to show that the poor fellow's mind was becoming unsettled. It is written on a large sheet of gilt-edged paper, and is full of contractions, letters only standing for many of the words. It consists of two letters—one to his father, the other to his mother—separated from one another by a considerable space. The letter to his father commences with the letters, "M. g. V.," evidently intended for "Mein geheter Vater"—my honoured father—that to his mother with the letters, "M. l. M.," meant for "Meine liebe Mutter"—my dear mother. The letter to his father runs thus:—

"Longingly have I waited for the time when I could again interchange letters with you. Now this can be done. But at first fewer may be written by than to me.

"Therefore I beg you to make me happy with a letter in which some news may be given me about our profession, as well as about the learned world in general. Nothing can be uninteresting to me since I have been awakened at the chief place of the most intellectual people who live to the glory of the Almighty Creator.

"Cordial love and wishes for your continued health from
"Your true son, Fr."

The letter to his mother is as follows:

"I am now in a much better position than I was half a year ago (when I also wrote you a letter); for I have a fixed income, of

which, together with my servants, I only require a third part.

“If I could hear something about your health, also that of my brave sisters (to all of whom I will soon write), it would be very agreeable to me. Perhaps you may be able to tell of much by which I might regulate my actions.

“Kisses and embraces from

“Your true son, Fr.”

I think it probable that the fragment of a letter formerly alluded to, where he gives such mysterious directions about the precautions to be used in writing to him, belongs to this period; was indeed most probably an enclosure in this, as it is written on the same kind of paper as this letter, and fits its folds.

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XVI.—*Nux Vomica*. February 16, 1871, Miss —, aged 19, had suffered for five days from a whitlow in last phalanx of left thumb, increasing in severity up to present time. The suppuration is in the palmar surface, not reaching to the tip. In the affected part there is throbbing pain, sometimes with burning. The throbbing is aggravated by warmth, warm water, letting the hand hang down, and in the evening after sunset; better while in bed.

Diagnosis of the remedy.—Suppuration of thumb. *Allium-cepa.*, *Amm.-mur.*, *Borax*, *Bufo*. (left), *Eugen.*, *Fluor-ac.*, *Granat.*, *Hamam.* (right), *Hepar.*, *Kali.-c.*, *Kali.-iod.*, *Merc.*, *Nux-v.*, *Phosph.*, *Sepia*, *Sulph.* (right).

Throbbing in thumb. *Borax*, *Bufo*. (left), *Carb.-veg.*, *Hepar.*, *Hura.* (left), *Magnes.-arct.*, *Magnes.-austr.*, *Magn.-c.*, *Natr.-mur.* (right), *Nux-v.*, *Sarsap.*, *Stront.*, *Zinc* (left).

Throbbing in thumb in second phalanx. *Bufo*. (left), *Carb.-veg.*, *Merc.-i-flav.* (left, at root).

Burning in thumb. *Agar.* (right), *Arsen.*, *Arund.-m.* (right), *Berb.* (right), *Granat.*, *Graph.*, *Hepar.*, *Laches.*, *Laur.*, *Magnes.-arct.*, *Magnes.-austr.*, *Merc.*, *Nux*, *Oleand.*, *Ol.-an.*, *Sarsap.*, *Staph.*, *Trach.*, *Vespa.* (right), *Zinc*.

Burning in thumb in second phalanx. None recorded.

Worse from warmth (upper extremity). *Ant.-t.*, *Bry.*, *Calc.*, *Caust.*, *Cham.*, *Dulc.*, *Led.*, *Nux*, *Puls.*, *Rhus*, *Sabad.*,

Stront., Sulph., Thuj., Zinc. (No thumb symptoms recorded with this condition.)

Worse from letting limb hang down (upper extremity). *Alum., Angust., Berb., Cina., Ignat., Magnes.-austr., Natr.-mur., Nux-v., Paris., Phosph., Phos.-ac., Plat., Puls., Ruta., Sabin., Stront., Sulph., Sulph.-ac., Thuj., Valer.* (No thumb symptoms recorded under this condition. A later proving of *Chinin.-s.*, has (821) "Having day before yesterday broken right thumb-nail to the quick, now, whilst riding in street-car, find it very sore and stiff; later, with heat; aching, at times extending to metacarpal joint, worse from using it, throbbing when hanging down; perceptible swelling; temporary aggravation whilst running hot water on it from hydrant; afterwards much ameliorated; later, entirely gone in afternoon." But this subsequent amelioration from hot water would have been a contra-indication for *Chinin.-sulph.*).

Better in bed (upper extremity). *Amm.-mur., Bry., Canth., Nux-v., Oleand., Sepia.* (No thumb symptom under this condition.)

Worse in evening belongs to too many medicines (including *Nux-v.*) to be characteristic.

It is evident from this analysis that *Nux Vomica* corresponded best to the totality of the symptoms, and I prescribed one dose of 94m (Finckè). Next morning the pain was better, and ceased in two or three days. Then the whitlow became brown, dried up *without discharging*, and the skin peeled off.

Comments.—(1) This case illustrates some of the deficiencies which still exist even in our vast *Materia Medica*, and also points out the manner of overcoming them. Sixteen remedies are recorded as having produced or cured suppuration of the thumb, but in only three cases is it stated which thumb was affected. Of these, *Bufo.* alone has suppuration of the *left* thumb, and so far as this feature was concerned, it appeared to be better indicated than the others; but on referring to the *Materia Medica*, the symptom was found to be, 547, "Superficial, slightly developed, hot, bluish-red swelling, painful to touch, on lower border of left thumb-nail; afterwards it suppurates, with throbbing-digging pain; the suppuration involves half the nail; the pain afterwards becomes gnawing; the skin scales off several times; the throbbing-digging pain of this ulcer extends into the joint of the index-finger

and metacarpal bones of left hand." The part of the thumb affected, and the colour of the swelling, did not therefore correspond with the symptoms of the patient; and as the side affected is not mentioned in the thirteen other remedies, I considered that they must not be excluded on that account, this deficiency having a negative value only. Further, it must be remembered that while the side of the body affected is always a feature to be observed whether in a prover or a patient, (as it must of necessity be, seeing that the sides of the body are in opposite polarity), yet our provings, as well as our clinical experience, show that the same remedy may act in the same way on both sides, and that a remedy which has hitherto produced a symptom on one side only may cure it when occurring on the other. The "Sides of the Body" therefore must not be taken absolutely and exclusively as an indication in the selection of the remedy, though often of great value.

(2) It must also never be forgotten that our provings are necessarily very deficient in whitlows, for the obvious reason that few provers are willing or able to carry their experiments to the extent of causing organic lesions. We may indeed supplement this scanty list with our clinical experience; but we must not even then limit the power of our remedies, seeing that but a small portion of the clinical experience of the homeopathic profession is recorded, and that we not seldom find cases cured with remedies never before used in that form of disease. Furthermore, had we a complete list of the remedies which could produce and cure whitlow, the number already amounting to 72, we could not thereby alone select the remedy, because the organic lesion would be so similar in the majority of cases as to afford no characteristic distinction between one remedy and another. We might indeed, to a certain extent, differentiate by observing the exact location and the appearance of the whitlow; but even then we should in many cases find that we had not advanced far enough to solve the homeopathic equation. It is for this reason that the subjective symptoms are, almost invariably, of greater diagnostic value in the selection of the remedy than the objective; because in them the minute shades of symptoms which distinguish one proving from another, and the symptoms of one case of disease from those of another case bearing the same pathological name, are most clearly and accurately manifested. Hence, though in this

case the remedy corresponding to the subjective symptoms also corresponded with much accuracy to the pathological condition, yet had it been otherwise, I should have been guided in my selection of the *simillimum* by the former in preference to the latter. The late Constantine Hering used to say, "Any disease may require any remedy." He was perfectly right. In all cases of what is ordinarily called "organic disease," though in reality there is molecular change in every case of disturbed function, the best guide to the remedy will be found in the subjective symptoms, with their modalities.

(3) A reference to the provings of *Nux Vomica* shows no thumb symptoms with the conditions of aggravation and amelioration which existed in this case. But they are all given by Bönninghausen* as the general conditions of the symptoms of the upper extremities. This shows the importance of a collective of conditions. A condition which belongs to one symptom in any organ may also equally belong to another symptom in that organ; or it may equally belong to the same symptom in some other organ; or it may even be almost universally applicable to any symptom of that remedy. Remembering this, we are able in this way also to fill up the gaps in our *Materia Medica*.

(4) In this case, as in others which I have cured, there was no evacuation of pus. Homeopathic treatment can therefore cause the absorption of pus, not probably as pus, but after being disintegrated and resolved into an absorbable fluid, not inimical to the health of the organism.

(5) This case also shows that in whitlow (and by analogy in other cases of suppuration) it is not necessary to evacuate the pus artificially. It has been argued that as nature relieves the system by the evacuation of the pus, we should imitate her operations. But this is illogical. In the first place, when an abscess opens naturally, the discharge is generally intermittent, the cavity contracting after each flow, so as to exclude air as much as possible, till more pus is formed and again discharged; but when opened artificially, the edges of the wound become inflamed, which prevents them from properly closing as in nature's operation. Secondly, the curative efforts of nature are the efforts of a diseased organism, and therefore necessarily

* Bönninghausen's Repertory has been specially translated for incorporation in E. J. Lee's *Repertory of Characteristics*.

imperfect, though the best she can do under the circumstances; and on this account should not be imitated by us.

(6) Our allopathic friends insist that our "cures" are simply "recoveries." Here we can meet them with a proof to demonstration. If a painful abscess be left to itself, it *invariably* continues to pain till the pus is evacuated, either naturally or artificially. This is the invariable pathological course of the disease. But when the truly homeopathic remedy is given, the first effect is to cause diminution of pain; the second is either to cause the absorption of the fluid or its evacuation—a curative process which never occurs from the unassisted efforts of nature. This also applies to other forms of disease, such as hemorrhoids, colic, &c. The following may be considered as a law: *If when pain accompanies a morbid collection of fluid or other foreign body, the pain lessens after the remedy has been given, but before the evacuation occurs, it is a homeopathic cure, the direct action of the remedy; but if the evacuation occurs first, and is followed by relief of pain, it is only a natural recovery.* I have only seen one apparent exception to this rule, viz., that sometimes when the swelling is on the point of bursting, the remedy has not time to relieve the pain before the discharge takes place; or it may cause a temporary aggravation of the pain, in the midst of which the swelling breaks: in such cases the rapidity of the subsequent healing process, compared with former attacks treated otherwise, will show the difference between nature and homeopathic art in the cure of disease.

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ANTIPYRIN IN TETANUS.—Alexandre Paris (*L'Union Méd.* No. 8, 1890) reports the case of an old man who developed symptoms of tetanus—it is not stated whether traumatic or idiopathic—in the middle of June. He improved under chloral, suffered a relapse on the 8th of July, which developed into a widespread involvement of the muscles of the thorax, abdomen, and lower limbs, was uncontrolled by chloral, but which, on July 28th, was rapidly alleviated by 13-gramme doses of antipyrin repeated on the two succeeding days, after which not a muscle was convulsed. The drug was administered for the relief of pain in the limbs with the unexpected result, not merely of curing this, but of relaxing the spasmodically contracted muscles. The *University Med. Magazine* calls attention to this single observation in regard to antipyrin, "though unaware that our present knowledge of its physiological action justifies any sanguine expectations, because one case may form a nucleus for others sufficient in number to justify definite conclusions, and because new facts, as the author himself hopes, can alone answer the query of coincidence or cure."—*New York Medical Times.*

MATERIA MEDICA.

CALENDULA OFFICINALIS: ITS ACTION, ESPECIALLY IN CASES OF OBSTINATE DEAFNESS.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London Homeopathic Hospital.

CASE 78.—Mrs. L., *et.* 38. Deafness and Otorrhea, right ear, fifteen or sixteen years; perforation. *Calendula Off. φ*, gtt. vij.— \bar{z} vj. \bar{z} j. + d. for two months:—"Discharge better than for years."

After taking it irregularly for four months:—"Very much better, and hears better: the *Calendula* has, apparently, caused the skin in the front of the tragus to blister and to discharge watery fluid, but hearing is much relieved by it."

CASE 79.—A. A., *et.* 30. Deaf with tinnitus from colds two years, with some discharge from the ears when takes cold, meatuses eczematous. Hearing Dist., R. 13., L. 6. Prescription: 7 drops *Calendula Off. φ* to go over the fortnight as medicine and the same as snuff in trit. with *Sacch. lact.*

After first week reported: Singing gone; three hours after the first dose of snuff and medicine left ear began discharging. Hearing better, R. 14 in., L. 8 in.

CASE 80.—Mrs. M., a cook, *et.* 39. Admitted London Homeopathic Hospital, Jan. 25, 1890. Deafness and tinnitus, eighteen years. Declared to be incurable by a well-known specialist. Hearing, R. not on contact, L. barely off contact.

Symptoms: Deafness, worst when the rushing tinnitus is bad, the tinnitus is constant but alters in violence; no kind of liquid suits her, and seems always worse after drinking any fluid.

The effect of *Calendula φ* gtt. vij.— \bar{z} vj. on this case was to cause a clearing of her throat and voice, and a clearness in her power of thought, with great improvement in the deafness and a cessation of the rushing tinnitus, so much so that she could hear conversation quite well when she last attended (May 17, 1890), and the watch-hearing had improved, but to a much less extent, R. 1 in., L. 2 in.

Result: Glorious triumph in every way for *Calendula* (except from Feb. 15th to March 9th she had steadily gone on with it).

CASE 81.—Mary O., *et.* 9. Double otorrhea with per-

foration, vertigo, an extremely nervous, delicate little girl, has been especially weak the last six months. Date of admission, Feb. 8, 1890.

Hepar-sulph., *Terebinth.*, *Magnesia-phos.*, *Magnesia-carb.*, and *Rhus. Tox.*, were given at different times till August 26th, when, otorrhea and deafness not improving, I gave *Calendula Off.* ϕ gtt. vij.— ζ j. gtt. v. + d., and on Oct. 18th. Mother called to say the medicine had done her a great deal of good, but has had the "Yellow Jaundice" which came on soon after beginning with it, and has consequently been under other treatment.

This jaundice I am all but convinced was due to the *Calendula*; the patient has since got rid of her ear troubles with pilules of *Calendula* 3rd dec.

The ancient doctrine of signatures which gave names to Eye-bright, Liverwort, Spleenwort finds singular illustration in the bile influencing action of such yellow-juiced plants as *Chelidonium*, *Hydrastis*, *Berberis* and *Gamboge*, and upon this doctrine *Calendula* has very frequently been prescribed for jaundice, and has from early times been accounted a notable remedy among the Herbalists.

Thus in the "*Pharmacopeia Londinensis*, or *New London Dispensatory*, by William Salmon, Professor of Physick; At the blue Balcony by the Ditch-side of Holbourn Bridge. Third edition, Printed in 1685," we are told in chap. v., p. 119, that the *Calendulæ* are "Cardiac, Hepatic, Alexipharmic ('αλεξέω to repel φαρμακον, a poison) and Antifebricitic; they open, discuss, astringe; they provoke sweat and cure the Jaundice."

And in Culpepper's *English Physician*, London, 1666, p. 154, we read that Marigolds "strengthen the heart exceedingly, and are very expulsive, and little less effectual in Small Pox and Measles than Saffron. The juice of the Marigold mixed with Vinegar, and any hot swelling bathed with it, instantly giveth ease and asswageth it. The flowers either green or dried, are used much in possets, broths, and drinks as a comforter of the heart and spirits, and to expel any malignant or pestilential quality which might annoy them. A plaister made of the dry flowers in powder, Hog's Grease, Turpentine and Rosin, applied to the Breast, strengthens and succours the heart infinitely in fevers, whether pestilential, or not pestilential."

Here we find, as in all the old literature on the subject of the medicinal action of plants, that *Calendula* and

Saffron are invariably linked together; and all the writers on "Herbal Medicines," from Culpepper's time to the present, have simply copied from his description just quoted.

Dr. J. H. Clarke, the Editor of this Journal, in conversation mentioned a case* to me in which a suckling infant became deeply jaundiced while being nursed from a breast upon which a *Calendula* lotion was being applied. And in a post-card sent me referring to the same case, he says that it was the fact of the close resemblance in colour to Marigold flowers of the infant's evacuations that made the mother suspect *Calendula* as the cause of the jaundice.

Beyond the coarse references in Herbals to *Calendula* and *Saffron* as allied remedies, there is not, that I am aware of, much reason for supposing a marked resemblance between them in their pathogenetic action. And yet a case that has recently been under me seems to show, along with others that I have noticed, a noticeable point of similarity between them. A lady of about fifty-three years old, who, without being very hysterical, was of a highly sensitive and impressionable disposition, took five drops thrice daily of a solution of 25 drops to half an ounce of *Calendula* ϕ , for symptoms of cerebral exhaustion, viz., sinking in the top of the head with loss of sensation about the head and in different parts of the body, and buzzing in the right ear, trivial numbness in arms, hands, and feet, and submaxillary fulness on both sides.

After first week of taking it, she complained that the medicine caused vertigo and dimness of vision, nervous feelings, with buzzing in the right ear, a feeling of irritability coming without cause, and increased frequency of evacuations.

In fact, there was a distinct aggravation of all her symptoms. I therefore gave it in the 3rd decimal dilution, and after a week this was her report:—Medicine seemed to cause a flutter about the heart, and the uterus seemed to contract with an opening and shutting, and a rising and falling, as if from something alive—in fact, marked hysterical sensations. This lasted each day from the time of taking the first dose, from 8 a.m. to 11 a.m., during which time she felt overpowered, and after this felt greatly better during the remainder of the day. Her eyes, which had

* See HOMEOPATHIC WORLD for August, p. 355.—Ed.

been weak, felt better, and the buzzing in the right ear went. There was no uterine discharge or external irritation.

I must mention the patient found it necessary to confine herself to one dose during the day, that taken in the morning, or else these hysterical sensations would last all day.

Crocus Sativa produces a sensation "as of something living bounding upwards in the epigastrium," it is therefore interesting to find *Calendula* producing a somewhat similar sensation lower down, in the womb.

Calendula, too, has been credited from time to time with exerting an ovario-uterine influence. Thus in the English translation of the work of Monsieur Tournefort, Botanist to the French King, entitled *Materia Medica, or a Description of Simple Medicines*, London, 1708, p. 146, we read:—"Marigolds are frequently employed in provoking women's monthly courses;" and the irritating properties of the juice of the green stalks of the marigold would appear specially to possess this property.

The well-recognized astringent influence of *Calendula* preparations when applied locally to wounds or bleeding surfaces would appear to depend upon the specific properties possessed by the plant over hemorrhages. For its administration has had in my hands a remarkable influence over hemoptysis and hematuria. An old pensioner from the army is now attending my clinique at the Hospital, in whom profuse hematuria, preceded by violent chills and other aguish symptoms comes on whenever the weather gets at all cold. This has been the case for some ten or fifteen years since he was salivated with Mercury in India. He has been to all sorts of doctors and in many hospitals, and wherever he has gone they have promised to cure him. But in no single instance has he ever derived the benefit from medicine that he has from *Calendula*; it has kept away the aguish symptoms and the hematuria in a most remarkable manner, even during the most severe weather, and his hearing, too, which was very bad, has improved.

In another case, in a woman of seventy, where the urine was very dark, with blackish sediment, arising from the amount of blood passed, the *Calendula* was followed by restoration of the normal appearance of the urine, as well as diminution of the debility and general ill-health under which she suffered.

HYOSCYAMUS.

By AGRICOLA.

For me this is a priceless remedy. I am subject to a sudden—almost complete—loss of visual power in spring and in autumn. Possibly the condition may chiefly result from the hard, navy-like manual exercise in my grounds which I then so delight in, engaged in which I am much to be envied by those who are bound hand and foot (and raiment) by the restraints of—well, call it society, refinement, or civilization, &c., which you will. Then I have the luxury of a free cutaneous exudation, and the still greater luxury of the free circulation of the atmosphere unimpeded—alike in frost as in summer heat—over the greater surface of my whole body. Until I had discovered that *Hynos.* 3x gave, by one single dose, instant relief to the said symptom, I had suffered considerably, therefore this plant has a special interest for me. As usual, I must experiment with it, grown by my own hands. I therefore made, amongst other forms, an *Acetic Acid solution* of the whole (fully developed as to seed) plant on July 25, 1891, the liquid being a deep pink colour. In the first decimal attenuation that tint is still distinct. With this, then, I commenced personal tests causative, the dose being about one drop, taken some four times daily for three days.

Parched tongue early in mornings, following sleepless nights.

Intense itching here, there, and everywhere over the greater part of the whole body.

The eye (left) canthus itched abominably, causing me to use friction and pressure, until the whole organ felt swelled and painful.

Increase of urine, and a larger stream.

Increased and more frequent fecal action.

Sole or tread of right foot tender and painful (I thought a nail in boot-sole hurt my foot).

Thirst *insatiable* up to, say, 3 p.m. (I dine at 2.30), my usual daily routine being—one pint of tea at 7 a.m., breakfast at 10, one pint of mild ale at 12. But under *Hynos.*, and for six days afterwards, my habitual potations of tea, coffee, ale, were trebled, and still left me *à la* Obediah senior—*i.e.*, dry!

The only locality I have ever met with *Hyoscyamus* is round some lime-kilns at the antique village of Bream,

rendered famous by its ancient Roman workings—*i.e.*, the Devil's Chapel—in the iron-ore mines of the Forest of Dean. In and out of these mines boys crawl (like hedge-hogs with apples stuck on their spines), with a *tray* strapped on their back, called a "Billy," their load of "mine"—*i.e.*, ore—averaging some 50 lbs. These boys are as red as Indians with war-paint, and formerly as wild and as uncivilized; but thanks to the influence of the Education Act, and to that of the dissenting ministers *in re* the temperance cause, &c., a vast change has come, and is yet coming, o'er the scene.

It occurs to me that the term "Billy" applied to this wooden oblong tray is of Norman-French origin—*i.e.*, *billet*.

(Dated) August 4th.

The plant (still growing) is already five feet high, in the specially-prepared, deeply-cultivated soil, spent gas-lime having been added some six years ago by my own hands, and in a very liberal proportion.

N.B.—Churchill's *Medical Botany* says the ash of the seeds contain—*Potassium* as *Carb.*, *Phos.*, *Sulph.*, *Ch.*; *Calcium* as *Carb.*, *Phos.*; *Silica*, *Manganese*, *Iron*, *Copper*. (Of course, this quotation is not *verbatim*.)

TUBERCULINUM (HEATH).

CASES in which the above remedy has been found of great use by many physicians:—

In adults after influenza it does wonders.

In children after influenza or measles it restores vigour.

After scarlet fever and whooping cough, where after reaching a certain point improvement ceases, a few doses of *Tuberculin* acts like magic.

Very useful in lupus.

Useful in enlargement of glands of neck and other parts.

In fistula of rectum and bladder.

In consumption and tuberculous diseases generally.

In tubercular meningitis it also cures.

Useful in hectic of consumption and scrofulous abscess.

Curative in wasting from hemorrhage.

ALFRED HEATH, M.D.

114, Ebury Street, S.W.
Sept. 15, 1891.

REVIEWS.

COWPERTHWAITE'S TEXT-BOOK.*

THE last edition of Dr. Cowperthwaite's *Text-Book* which was reviewed in these pages was the third, which appeared in 1885. There have, it appears, been two other editions issued previously to the present, but these, we take it, were rather of the nature of reprints of the third than revised editions. The sixth is another affair. On comparing it with the third edition, we see in almost every line the care with which the revision has been done. Space has been economized by the omission of symptoms whose characteristic nature is doubtful. "Clinical symptoms," by which we mean symptoms that have been observed to disappear under the use of the drug in question receive their mark (a small circle), to distinguish them from the pathogenetic symptoms of the provings. In the third edition no such distinguishing mark was used. The space thus saved has been utilized by the addition of symptoms of value, which obtained no place in the former edition.

But space has also been economized in another way. In the third edition every symptom was printed in a paragraph to itself. This plan has obvious advantages in impressing each symptom clearly on the eye of the reader; but it is decidedly extravagant, and in the present edition Dr. Cowperthwaite has abandoned it—wisely, we think. A "Clinical Index"—*i.e.*, an alphabetical list of diseases with their remedies—of thirty pages appended to the work adds decidedly to its practical usefulness. Exclusive of this index, the work contains over one hundred pages more than the edition in 1885.

It is not difficult to see wherein this large increase of matter consists. It is to be found in the therapeutic part. We will give an example. In former editions Dr. Cowperthwaite gave at the end of the schema of each medicine a short paragraph headed *Therapeutic Range*. The "Therapeutic Range," of *Bryonia*, is given in the 1885 edition as follows:

"Rheumatic and congestive headaches, *pneumonia* (roupous); *pleurisy*, bronchitis, hepatitis, peritonitis, paricarditis; *rheumatism*, and rheumatic and asthmatic inflammations in general, *gastralgia*, dyspepsia, constipation; *metrorrhagia*, *menorrhagia*, *amenorrhœa*, *mastitis*, vicarious menstruation; eruptive fevers, measles and *scarlatina*; bilious, gastric, and typhoid fevers.

In 1891, we find this small paragraph expanded in the follow-

* *A Text-Book of Materia Medica and Therapeutics, Characteristic, Analytical, and Comparative*. By A. C. Cowperthwaite, M.D., Ph.D., LL.D. Sixth edition. Entirely Re-written and Revised. With Clinical Index. Chicago: Gross and Delbridge, 1891.

ing, which forms a separate chapter headed "Theapeutics," following the Schema of the drug:—

BRYONIA is a useful remedy in headaches of a rheumatic or congestive character. They are always worse from motion, even moving the eyeballs causing an aggravation. They are most often located in the occiput, but may be frontal. Headaches from gastric derangement; from ironing, from washing perspiring face in cold water; from suppressed eruption (meningitis). Very frequently the headaches aid in selecting bryonia in intermittent and remittent types of fever, in which it is often useful, either rheumatic, gastric, or bilious. It may also be useful in scarlet fever or measles when the eruption does not develop well or has been suppressed. In measles it is a standard remedy, particularly indicated when the eruption is delayed, and when there are pulmonary complications. Bryonia may be indicated in typhoid fever, when there is confusion of mind, irritability, delirium about business, great thirst for large quantities of water. According to Hering the symptom "they want to go home" strongly indicates bryonia in the later stages of the disease. Bryonia is one of our most valuable remedies in the treatment of serous inflammations, especially of the pleura, in which it is probably oftener indicated than any other drug. Also in meningitis and synovitis. It may be indicated at the outset of the disease, but more often after the violent inflammatory symptoms have abated and exudation is about to occur. In all such cases bryonia is indicated by the stitching pains worse from motion, so eminently characteristic of the drug. It follows aconite well after the symptoms indicating the latter have been subdued. The very common practice of alternating aconite and bryonia in all cases of acute pleurisy is unnecessary and unscientific. The same holds true in all other inflammations, especially those of the respiratory tract. In pneumonia and bronchitis, and sometimes in laryngitis, bryonia is invaluable. In pneumonia, as in pleurisy, it is indicated early in the disease, but not until after the extreme high fever, restlessness, &c., have been subdued by aconite or *verat. vir.*, and exudation is about to occur, the symptoms being less violent. There is a dry, rough cough, but as yet little expectoration, that being mucous in character. There is considerable soreness, and the patient feels better when lying on the affected side, and keeping perfectly quiet. Especially valuable in pleuro-pneumonia. Phosphorus often follows bryonia in pneumonia. As has already been intimated, bryonia is a valuable remedy in gastric derangement. The tongue is thickly coated white, dryness of mouth and lips, pain and sensitiveness in epigastrium, bitter taste, nausea and vomiting. Gastric catarrh, dyspepsia, bilious conditions; soreness and pain over liver; heaviness; stitches; coated tongue; headache; bitter taste, &c. Hepatitis. Typhlitis. A valuable remedy in constipation, when the stools are large, hard and dry, as if burnt. Gastro-enteritis. Bryonia may be indicated in summer diarrhoea, brought on by getting over-heated, or by the use of vegetable food or cold drinks. Bryonia vies with hamamelis and pulsatilla in vicarious menstruation, especially when nosebleed takes the place of the menses. Ovaritis with stitching pain. Suppression of lochia; of milk. In first stage of mammary abscess, breast swollen, very tender, red, hot, painful. Last, but perhaps most important of all, is the use of bryonia

in rheumatism, and rheumatic and arthritic inflammations in general. Rheumatism of the joints, especially of the large joints, the local inflammation intense, part swollen, hot, shining redness, better from warmth, worse from motion. Especially useful in muscular rheumatism in any locality. Muscles swollen, sore to touch, painful, worse on motion. Severe muscular pains in neck, back (lumbago), or any other part. Frequently indicated in pericarditis and endocarditis in the stage of exudation. *Bryonia* is said to be useful in general for complaints from exposure to heat of fire, and complaints when warm weather sets in after cold days.

In this very complete way does Dr. Cowperthwaite sketch the sphere of action of each medicine; and we have no doubt that this feature of the work will prove very useful both to students and practitioners.

Some old friends of the former edition we are sorry to miss in the present one, and among them we may mention *Carlsbad Salt*. The third edition of Dr. Cowperthwaite's *Text-Book* taught the writer of this review to appreciate the virtues of that drug. We hope, therefore, we shall see it restored to its former place in the seventh edition, which we have little doubt will soon be called for.

HOMEOPATHIC DIRECTORY, 1891.*

WE have received from the publishers the 1891 issue of this directory, which has become indispensable to British Homeopaths. The work is the first which has attempted to give Colonial and Continental as well as British Homeopaths, and ought to be loyally supported by the homeopathic profession. We regret, however, to notice the conspicuous absence of some well-known homeopathic names. Ireland, for instance, is not so superabundantly provided with homeopathic practitioners that Dublin can afford to miss one of the best known of homeopathic names. Coming nearer home, we find no mention made of the president of the British Homeopathic Society. We hope those homeopaths who, doubtless from the highest motives, decline to allow their names to appear in a homeopathic directory, will study carefully the presidential address of Mr. Harris, at the Congress of July, and adopt his wide and more patriotic view of things. We are sorry to notice a number of inaccuracies in the present issue. Dr. Hamilton's address, for example, is given as "14, Cromwell Place," it is really 16, Cromwell Place. Dr. J. W. Hayward is still put down as 117, Grove Street, Liverpool, though his letters to us are always dated Birkenhead.

* *The British, Continental, and Colonial Homeopathic Directory for 1891.* London: Keene & Ashwell, 74, New Bond Street. Homeopathic Publishing Company, 12, Warwick Lane, E.C.

Among the homeopaths in Berne, Switzerland, we find the name of Dr. Schädler still appears, though he died some time ago. The same remark applies to the case of the late Dr. Meyhoffer, of Nice. Under Warsaw we find no mention of our energetic contributor, Dr. Drzewiecki, unless the name "Dryelzky" is intended to represent him. Dr. Lambreghts *filis* is entered *both*, at Malaga in Spain, and Antwerp in Belgium. As a matter of fact he left Malaga some years ago and returned to Antwerp, where alone he now practises. We see no mention of the well-known Dr. London of Carlsbad.

We trust the editors and publishers of this work, which, as we have said before, is quite indispensable, will receive the hearty support of all homeopathic medical men at home and abroad, both in sending their names, in supplying information, and in subscribing; that the work in this way may be kept fully up to the mark in accuracy and completeness.

NATIONAL PENSION FUND FOR NURSES.*

IN this attractive little volume we have an account of the origin and originators of this excellent scheme for insuring nurses against times of sickness and providing them with independencies when they are no longer able to follow their calling. The origination of the Fund consists of donations to the amount of £50,000; £40,000 of this is invested "for the benefit of nurses who are able to qualify for pensions by the payment of their own premiums, or who may be assisted to qualify by hospitals and benevolent persons. The remaining £10,000 is a purely Benevolent Fund called the 'Junius S. Morgan Fund,' and the interest of it will be employed for the present relief of destitute nurses, and for the providing annuities for the aged and disabled who have not been able to qualify in the ordinary way."

We quote the above from the preface of this book, which sets forth in an interesting way the story of the Fund, its difficulties and successful encounter with them, and, finally, its introduction to royalty at the reception given by Her Royal Highness the Princess of Wales at Marlborough House. The income of nurses is so comparatively small, that the subscription may seem too large for them to attempt; but, as a matter of fact, the original donations, the gratuitous services of the board of directors, and the economy in the working expenses, enable the Fund to insure nurses at a much lower rate than in the Post Office

* *Ministering Women: The Story of the National Pension Fund for Nurses.* By George William Potter, M.D. London: "The Hospital," Limited, 140, Strand, W.C. 1891.

Annuities. The Fund also is wholly "mutual," that is to say, if there should be any surplus the insurers will all receive the benefit. We commend "Ministering Women" to all who are interested in nursing and nurses.

THE MASSEUR'S VADE MECUM!*

IN this little brochure of thirty-two pages the author has given clearly and tersely the essentials of the masseur's art. He evidently writes from the point of view of a practised masseur, for experience speaks in every sentence. His practical hints are most valuable. We will quote an example of the author's style.

"PREPARING PATIENT FOR MASSAGE.

"*Two blankets, hot bottle, a saucer, and towel.* Before going to your patient be sure and ask that the things here mentioned may be in readiness for your use, to prevent any unnecessary delay upon arrival at the patient's room. Also ask that the patient may lie on as high a bed as possible and one that is not too soft. You will now place your patient on the centre of the first blanket, bringing the edge to meet down the middle of the body, and then lay the second blanket across the first; this will prevent any unnecessary exposure of the parts of the body *not* being masséed. When you have finished masséing a limb be very careful to cover it up at once, because it is most important that the heat your manipulations have produced should be maintained. The hot bottle will greatly assist in this, if kept well under the soles of the feet; it must be replaced each time you shift your patient's position. You will need the saucer for holding any oil it may be your intention to use, taking care to wipe the skin thoroughly dry with a well-aired towel or cloth before using galvanism."

THE MEDICAL ARGUS.†

WE have received the first No. of the Vol. II. of this brightly written and interesting monthly magazine. Among a number of valuable papers the most important is an article on *Carbon Bisulphide* by Dr. H. H. Crippen of New York. Dr. Crippen has evidently made a most careful research into the action of this drug and has especially studied its effect on the eye. The article is to be completed in the August number. Dr. Casseday, who owns, edits, and publishes the *Medical Argus*, is to be congratulated on the journal he has produced.

* *The Masseur's Vade Mecum.* By Ernest Donati Jump. Bristol: John Wright and Co., Printers and Publishers. 1891.

† *The Medical Argus.* Edited and Published by Dr. F. F. Casseday, Minneapolis, Minn. London: Alfred Heath and Co., 114, Ebury Street. Vol. II. Part. I. July 1, 1891.

EXTRACTS.

M O T H S.

THE following, from the *Chemist and Druggist* of Sept. 12, is a useful chapter of domestic natural history and sanitary science :—

This is about the insects and their grubs which are so much camphorated in the springtime. Chemists may find the information useful for their spring circulars. Housewives work a great deal in the dark when they begin to worrit out the moth. The moth works in the dark, too. But there are three of him—*Tinea pellionella*, Linn., *T. tapetzella*, Linn., and *Tineola biselliella*, Hummel. The insects of the first and commonest species, says a writer in the *Upholsterer*, are light brown, and distinguished by the spots. They begin to appear late in April, and may occasionally be seen flitting about as late as August. They pair off, and the female then searches for suitable places for the deposition of her eggs, working her way into dark corners, crevices of the walls, cracks in the floor, or deep in the folds of garments, apparently choosing by instinct the least conspicuous places. The moth lays from eighteen to a hundred and forty eggs at a time. From these eggs hatch, in a period of from three to seven days, the white soft larvæ, or worms, all of which begin immediately to make a case for themselves from the fragments of the cloth upon which they feed. The case is in the shape of a hollow roll, a thirty-second to an eighth of an inch long. As the worms grow, they enlarge this case by adding material which they get by feeding.

The worm reaches its full growth in thirty-six days, and then, crawling into some yet more protected spot, remains torpid during the winter within its case, which by this time is thickened and fastened at either end, and is the full-sized cocoon. The transformation of moth takes place within the case during the following spring. Such is the life-round of the species. The worm feeds on woollen fabrics, furs—ah! every house-wife knows all that it attacks too well.

Remedies for moths are varied and peculiar, and many a rich harvest has been reaped through the ignorance of people regarding the moth and its habits. Folks have bundled up their woollens and packed them away in their wardrobes and drawers full of tarboline, or carboline, or cedarline, or camphorline, and actually believed that they would be safe until the autumn. They have wrapped up hundreds of moth-eggs, which eventually hatch the grubs. These odours will never kill a moth or destroy its life-germs. True, a moth will not voluntarily seek a nesting-

place where the odour exists, but if boxed up with an odour it cannot escape from, it simply proceeds to lay its eggs in the atmosphere, which becomes a second nature to the grub when hatched.

Anything saturated with arsenic, or creosote, or even salt, or impregnated with sulphur, the moth or worm will not touch; but these articles are obviously objectionable. The point which we would enforce is, that the house-wife should look out for the worm. It is difficult to kill the eggs by reason of their almost imperceptible diminutiveness, and difficult also to eradicate the moth by reason of its secretive habits. A benzine spray is sure death, but there are many objections to its use and danger from its inflammable character; still, if the ordinary ball atomiser is filled with benzine, and the vapour thrown into crevices against moth or eggs, it will destroy them, but no light should be brought into a room thus treated, until after it has been thoroughly aired and the odour dissipated.

Camphor, tobacco, naphthalene, and other strong odorants are only partially repellent to the flying moth, and have no effect at all upon the egg or the worm. The benzine spray is the least objectionable destroying agent that we know of. It may be used very safely upon carpeting, but the utmost care should be exercised in using it on fabrics of a delicate character.

One should not confuse the moth with the carpet beetle. Frequently housekeepers discover their carpets eaten and they attribute it to moths. The perfect beetle is three-sixteenths of an inch long, and when disturbed it draws in its legs and feigns death. It is white and black, scarlet being confined to a strip down the middle of the back. It begins to appear in the autumn, and soon the species pair off and the female deposits her eggs upon the carpet itself, and not in the cracks and crevices as generally supposed. During the daytime, these beetles frequently fly to the windows and may be caught there, but they seldom leave the house until their eggs have been deposited. The treatment is similar to that with moths. A hand atomiser, charged with benzine, should be used to inject the liquid into all the floor cracks and under the baseboards, until every crevice has been reached. The carpets themselves, after thorough beating, should be lightly sprayed with the same substance.

THE PURIFICATION OF WATER.

It has been known for a long time that impure water plays no small part in the propagation of disease. To obviate danger from this source two methods have been generally pursued. One is to make water harmless by antiseptics, and

the other to do so by boiling. In a communication recently made to the Société Française d'Hygiène M. Charles Teltier, an engineer, stated that the first means named is uncertain, and is not within the reach of every one. The second is good, but it has the following inconveniences: 1. The temperature of 212° F. is not sufficient to destroy all the microbes. 2. The air of the water is expelled by the effect of ebullition, and the water becomes heavy and indigestible. 3. The calcareous carbonates are equally precipitated, and the water becomes less sapid. 4. The earthy portions in suspension in the water are also precipitated, and the latter is rendered disagreeable to drink. To obviate these different inconveniences, the author proposes the substitution of water submitted to a higher temperature for water which has been merely boiled, and the following is the manner in which this is effected: A closed metallic recipient, perfectly air-tight, being able to support a pressure of six atmospheres, is established. At the bottom this recipient presents an enlargement, which is calculated so that by the dilatation during the heating the water completely fills the recipient. A tap placed in the lower part, surmounted by a filter, permits the drawing off of the water; another tap placed in the upper part, surmounted, at the moment of its employment, by a filter in cotton wadding, allows the air to enter. When the bottle is full of water, it is placed either in a bath saturated with marine salt, or in a recipient into which steam is admitted. In the one case, as in the other, it is heated, and the water is thus raised to a temperature varying from 237° to 300° F. The following are the results of this operation: 1. The water remains perfectly aerated, as, having been heated without pressure, the air cannot separate itself, and remains dissolved. 2. The water remains charged with its calcareous salts, as the carbonic acid is not disengaged. 3. The other salts and earthy matters are precipitated, but they separate from the water at the moment of its employment, as a filter exists in the apparatus. 4. The filter is never contaminated, as it is itself baked at each operation. 5. In fine, the water remains purified during the whole time of its employment, as the air which enters into the apparatus is itself filtered by the cotton.—*New York Medical Times.*

SKIN DISEASES AND DEFECTIVE ALIMENTATION.

DR. CORBETT says that in common with other organs the corium requires a plentiful supply of oxygenated blood, but an additional amount is called for to supply the appendages of the skin, the proper nourishment of which is essential for the healthy condition of the skin as a whole (*The Medical Analectic*). There is no doubt that defective alimentation is a potent factor in cutaneous patho-

logy. In infancy it appears most frequently in eczema, and later on in urticaria and erythema. Eczema in infants often appears as the result of too early weaning when the child is fed with a little of anything. That skin diseases are the frequent result of irritation of the gastro-intestinal tract is well known, and this is frequently the result of defective alimentation. The last words of England's best known dermatologist, Sir Erasmus Wilson, in an address before the Medical Society of London, were: "Well, our first six patients are adults, say between forty and sixty years of age; some have eczema, moist and dry, recent and chronic, some erythema, some gutta rosea, and some lichen. We inquire into the functions of digestion and assimilation; in the majority we find symptoms of gastric disorder, nausea, loss of appetite, flatulence, distention, constipation—all more or less confirmed. Our pen flies to the paper; we are about to prescribe; and for what? for indigestion and malassimilation. But our patient consults us for cutaneous disease, not for his stomach or liver or digestive organs, with which he finds no fault, and which he is not aware of being in a state of disorder; while we, on the other hand, know the assimilative organs to be the cause of irritation, and if they be restored to their healthy function all the cutaneous symptoms will subside and disappear. Undoubtedly, when the *force majeure* has been dealt with, we shall advise our patient as to some local treatment, an ointment, a powder, or a lotion for the immediate relief of the skin; but, practically, we treat the cutaneous affection as if it were altogether secondary in importance; neither need we to inquire too minutely whether the anatomical lesion is a hyperæmia, a papule, a vesicle, a discharge, or a state of desquamation. And if we be in want of a name to include the cases of this description, we might adopt the word assimilation, and consider this an *assimilative group* of diseases."—*New York Medical Times*.

THE FREE USE OF WATER AS A THERAPEUTIC AGENT.

THE opinion that the civilized races are too sparing in the use of drinking water has been advanced during the past few years by some of the leading therapeutists of the world, and the idea that this proposition is correct has taken considerable hold, not only upon the majority of the members of the medical profession, but through them has permeated to the more intelligent of the laity. Water is said to be a solvent of more substances than any other fluid, which is nothing more than might be expected if we consider its vast importance in the whole system of nature.

Now, the unsparing use of this solvent may be looked upon as

the surest method of flushing the system, and of keeping the various organs and their ultimate histological elements in good working order.

Regarding the use of waters at spas and mineral springs, there can be no doubt that the complete change in the mode of life which frequenters undergo while taking a course at one of these resorts, has as much to do with the favourable results obtained as the imbibition of quantities of nasty sulphurous or chalybeate water. The rest and freedom from work and worry is perhaps more needed by the worn-out merchant or jaded politician than is iron or alkalies. Indeed this principle is now so widely recognized that sanitariums are springing up in places where no medicinal properties are vaunted for the waters. To ladies who have gone through a "season," with its many anxieties, its intense excitement, and its reversing the periods of rest and wakefulness, the change also to an out-door life, pure air, healthful exercise, lessened excitement, and pleasant, easy-going life at the seaside or health resort, is just what is needed to restore the over-worked nervous system to its proper balance, and give that sense of lightness and well-being which can only be felt when all the organs and tissues of the body are thoroughly depurated. Doubtless the waters at medicinal springs, taken in large quantities, are beneficial to many forms of disease. Why is it, however, that with all the refinement of analysis of our chemical laboratories brought to bear upon mineral waters, with a positive knowledge of their every constituent, even down to three decimal places in grains, that we are not able to get the same good results from the administration of such remedies, when artificially prepared, as we got when prepared in Nature's laboratory? We can prescribe any or all of the salts found in the most noted springs of the world, to be taken out of a spoon with the utmost regularity; we may regulate the diet, the sleeping hours, the amount of work, even, which shall be indulged in by our patient, and yet get no such results as are got at health resorts. The difference in result is believed to be due, leaving out the advantage gained by the change of scene, air, &c., already referred to, to the greater dilution of the remedies contained in the natural waters. We said just now we could order our patient's remedies to be taken out of a spoon. If we ordered them out of a large tumbler, we should have better results with many of them. There is not enough plain water taken by most of us, especially in cities and towns. For social reasons women refrain from drinking water, and so often do men. Our working population, afflicted by no such restraints, and prompted to quench their thirsts by plentiful draughts of water, are much better off in this respect. Such people rarely need a sojourn at a spa, and, indeed, get much of the benefits which visitors to such resorts obtain, by

drinking largely at home. It flushes the system, bathes every tissue, dissolves and removes the products of tissue metamorphosis, keeps the skin more active, stimulates the kidneys to the removal of waste matter, and unloads the emunctories generally, and so leaves the cells in the best condition for functional activity, unclogged by surrounding débris and able to perform their respiration freely and naturally. Thus it not only removes old, worn-out matter, but paves the way for the reconstruction of new material, and the whole system is, as it were, from day to day rejuvenated. This explains the popular idea that drinking much water increases the weight of the body, which, under many circumstances, is absolutely true. Fuller pointed out the necessity of ordering large draughts of water when administering chalybeates. Ringer speaks of water as being a "true tonic, improving the vigour of the body and mind." The ordinary tumblerful of cold water every morning is an excellent hygienic measure; it washes out the stomach, clearing its membrane of mucus which would hinder the free secretion of the gastric juice, acts locally as a tonic to the gastric walls, stimulates the action of the bowels, and is, as Fothergill says, "a true hematinic, by its removal of waste matter, which hinders histogenesis." The same writer also states that the difference between no results from the administration of iron and satisfactory treatment lies in no more than this, the free use of water as a diluent.—*The Canada Lancet*.—*New York Medical Times*.

THE DIETETIC TREATMENT OF BRIGHT'S DISEASE.

Dr. B. ROBINSON divides chronic Bright's disease into the three well-recognized forms: 1. Chronic parenchymatous nephritis; 2. Lardaceous disease of the kidney; 3. Interstitial nephritis (*The Medical Record*). 1. The first form may begin insidiously as a chronic disease, or may follow an acute affection. In either case the same rules of diet may be applied. As food an exclusive milk diet is generally considered to be the best, and the author would favour its employment, because it is easily assimilated, gives sufficient nourishment, produces less urea, and flushes the kidneys with a large amount of fluid. When milk cannot in any way be taken, we are obliged to resort to broths and light farinaceous foods. As a beverage the author prefers pure spring water, of which several pints a day should be drunk. Pure or mildly alkaline water in large quantities is an excellent unirritating diuretic. When milk is not well borne alone, it may sometimes be taken mixed with lime water, carbonic water, Vichy, &c., or as koumiss or peptonized milk. When milk is used pure, it had better be unskimmed, unless it produces digestive troubles,

in which case it is best to skim it. From two and a half to four quarts are sufficient to prevent bodily loss. As a result of clinical experiments instituted by him, and which he details, and from the experience of others, the author believes that a milk diet notably diminishes the amount of albumen excreted by the kidneys. After a time, an exclusive fluid diet may be productive of harm, by causing an over-dilution of the gastric juice, and too great an excretion of urine, or the symptoms of anemia and exhaustion. In such cases, especially if the amount of albumen be small, the exclusive milk diet may be supplemented by a certain amount of farinaceous or vegetable food. If even this diet becomes objectionable, a small amount of broiled or roasted meat must be allowed daily, taken at an early dinner. Alcoholic stimulants throw more work on the kidneys, and increase the amount of albumen excreted. They are, therefore, to be avoided, except when called for by certain symptoms, as exhaustion, or the profound cerebral anemia which so often accompanies uremia symptoms. 2. The dietetic treatment of lardaceous disease of the kidney depends somewhat on its cause. If it be phthisis, the diet is that appropriate for this malady, without special reference to the renal disorder. When the disease which caused the renal changes has disappeared, the diet should be that advised for chronic parenchymatous nephritis. 3. In the dietetic treatment of this form of nephritis, we must endeavour to prevent the accumulation of urea in the blood, and to make up for the loss of albumen. It is not possible to prohibit all nitrogenous food, but the amount allowed should be very small. Milk and cream should be given in abundance, and the other articles of the diet supplied from the vegetable kingdom. In advanced cases, an exclusive milk diet must be employed, and the milk may be diluted with Vichy, if necessary, to render it more palatable. Alcoholic stimulants should be avoided as far as possible, except sometimes in the treatment of uremia, as stated above. The author closes his paper with a series of quotations of the views of various modern writers regarding the dietetic management of chronic Bright's disease.—*The American Journal of the Medical Sciences*, March, 1889.—*New York Medical Times*.

MENSTRUATION IN THE MALE.—Paul Albrecht (*L'Anomale*, 1890, III.) draws attention to the fact that white blood corpuscles appear in the urine of men at regular intervals, are present three or four days, and then disappear. This he interprets as a kind of menstruation. The idea is not a very strange one, for it is a known fact that men with excessive hypospadias menstruate. He offers this as another proof of the independence of menstruation and ovulation. It is to be hoped that further investigation will afford a clearer exposition of the subject.—*New York Medical Times*.

Obituary.

WILLIAM MORGAN, M.D., M.R.C.S., OF CARDIFF.

ON Thursday, the 9th of July, in the 73rd year of his age, Dr. William Morgan died at Cardiff. For the last years of his life Dr. Morgan practised in his native country, Wales. He was born in Glamorganshire. When he first began practice Brighton was the field he chose. There he was physician to the Homeopathic Dispensary. From Brighton he moved to London, where he was at one time in active practice. He was physician to the North and Central London Homeopathic Dispensaries, and one of the Medical Officers to the London Homeopathic Hospital. He was also the founder of and accoucheur to the West End Maternity Institute for Poor Welsh Women. On his removal to Wales he became physician to the South Wales Homeopathic Institution.

Dr. Morgan was M.D. of Aberdeen, which degree he took in 1856, having previously taken the M.R.C.S. Eng. in 1846. He was an indefatigable advocate of homeopathy, and was the author of a number of medical works, some of which have passed through several editions, and are now extensively read. Among these may be named "*The Liver and its Diseases, Functional and Organic: their History, Anatomy, Pathology, Physiology, and Treatment by Hydro-Homeopathy*"; "*Diabetes Mellitus*"; "*Pregnancy: its Signs and Concomitant Derangements*"; "*Diphtheria: its History, Symptoms, and Treatment.*"

Dr. Morgan's health had been failing for about a year before he passed away. We understand that his health remained quite good until he was in a railway accident, from the effect of which he never really recovered. He had a large *clientèle* in Cardiff, by whom he will be greatly missed. He leaves a widow and two daughters.

EDWARD HENRY MILLIN, M.R.C.S., L.S.A.

DR. MILLIN, whose lamented death we briefly mentioned in our last issue, was the son of a sugar planter in Santa Cruz, where he was born on February 24, 1815. At the age of seven he was sent to England to be educated. His medical studies were pursued partly in England and partly in Paris. He took the L.S.A. of London in 1844, and the M.R.C.S. in 1856. On the completion of his curriculum he went several voyages as ship's surgeon—twice to India and once to China. On one of the return voyages from India he had an attack of yellow fever, which nearly proved fatal. For this fever he was copiously bled,

which resulted in a considerable weakening of his constitution. Probably, however, this helped to prepare his mind for the reception of homeopathic doctrine. At any rate, on his settling in Hull as an allopath, he was induced by the late Dr. Atkin to read the essays on Homeopathy by Dr. Sharp of Rugby, and these essays proved the means of his conversion. He then removed to Coventry, and commenced practice as a homeopath. There he remained for six years, and established a flourishing homeopathic dispensary. In 1860, the cotton famine having destroyed much of the Coventry trade, Dr. Millin removed to Worcester, where he remained until his death on the 2nd of August.

His life was one of steady devotion to duty. He was a man of studious habits, and was beloved and respected by a very wide circle of patients and acquaintances, who now deplore his loss. He leaves a widow and three daughters.

We understand that, through the good offices of Mr. Glover of Malvern, a successor has been found to his practice in Dr. Cavendish, late of Hull.

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 CORRECTION.

DR. DRZEWIECKI, of Warsaw, writes that there is a clerical error in his article published last month. On page 400, line 11 from the bottom, "known case" should be read "known cause."

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.

REMOVAL.

DR. CAVENDISH.—*Worcester*.—Dr. Cavendish, late of Hull, has succeeded to the practice of the late Dr. Millin of Worcester. His address is the same as that of his predecessor—57, TYTHING, WORCESTER.

VACANCY.

We understand that there is a vacancy for a homeopathic chemist in Islington. For twenty years there has been a chemist in Upper Street, but he has now gone and left no successor.

GENERAL CORRESPONDENCE.

DR. HUGHES AND *VERATRUM* 1x.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Referring to Mr. Ghose's letter in your last number, may I ask him where he has found me recommending *Veratrum album* to be given in the 1x dilution in cholera? I have mentioned, in my *Pharmacodynamics*, that with this attenuation Mr. Procter got the best results in the Liverpool epidemic of 1866; but that is my only allusion to it. I state that "the medium dilutions—from the 8rd to the 12th—have been those generally used," and add that, in cholera, practitioners have gone higher as well as lower. In my *Therapeutics*, while advising no particular potency, I have said that in this disease "the medicine has displayed brilliant effects, even in high dilutions." As I have had no personal experience with cholera, I could only report the observations of others; and I can hardly understand how Mr. Ghose could have thought himself following recommendations of mine when he gave the 1x potency.—I am, sir, faithfully yours,

RICHARD HUGHES.

Brighton, Sept. 2, 1891.

LEMBKE'S PROVINGS.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—Dr. Dudgeon deserves our thanks for his exposure of the untrustworthiness of the so-called provings furnished by Dr. Lembke. It is very humiliating to know that any medical man—or any other person—could trifle with the health and life of his fellow-creatures by furnishing fictitious symptoms. It is also disappointing to find that some of the material furnished in *The Cyclopaedia of Drug Pathogenesis* is not to be trusted.

Fortunately, Lembke's symptoms are mostly trivial sensations in the extremities; he has not furnished many ear, nose, or throat symptoms, and will not therefore destroy the trustworthiness of

the chapters of *The British Repertory* which are now in course of re-issue.

Will Dr. Dudgeon please supervise the work of some of the other provers—and no one is better qualified for the work—and so save our future repertories from the crime of misleading practitioners in the awful moments when it is a question of life and death?—Yours truly,

JOHN W. HAYWARD.

61, Shrewsbury Road, Birkenhead,
Sept. 10, 1891.

[Our correspondent refers to an article in a recent number of the *Homeopathic Review*, in which Dr. Dudgeon pointed out grave reasons for doubting the genuineness of Dr. Lembke's provings. The most suspicious circumstance was the almost word for word repetition of two provings of *Kali nit.* made many years apart.—Ed. H. W.]

RECRUITS WANTED.

To the Editor of the HOMEOPATHIC WORLD.

AN old friend of mine, and an *ardent* homeopath, has addressed me as follows:—"The copy of Mr. Harris's presidential address I have read with great pleasure on the one hand, and with sadness on the other, inasmuch as it confirms the impression I entertained about homeopathy being practically at a *stand-still*, and I quite concur in the suggestion that it ought to be more aggressive. I cannot at all see why, if its disciples have any faith in its doctrines, they should, *hat in hand*, wait upon *old physic* for recognition and patronage; the proper course appears to me is, to demonstrate by every means, and on every opportunity, the superiority of its treatment by its results; and a hospital, the larger the better, which can invite observation, and publish the results of treatment there, I believe is one of the best ways of accomplishing this; hence the donation by myself in aid of the New Hospital has been contributed with a large amount of hopefulness.

"Anyhow, I would earnestly advocate the giving up the expectant, or *hat in hand*, attitude in the field of controversy, and, while showing forth the results of homeopathic practice, would take further steps for *forcing* upon the general profession of medicine the consideration and examination into the merits of homeopathy, demanding far louder than you have hitherto done that homeopathy should be part of the recognized curriculum of study of the men at the various medical schools; and if this is not practicable, that the general body of homeopathic practitioners should, by means of a larger hospital than now exists, and by

other means than I can suggest, take the same position as other schools: educate and equip the rising generation into homeopathy, and obtain a legal recognition. How this is to be accomplished I am not in a position to point out; but I contend that unless the practitioners of homeopathy in this country show a greater earnestness on this line than they have done, they will not leave when they are gone a name of steadfastness and desire for the advancement of the truth they profess."

The remarks of this gentleman will, sir, I think, commend themselves to your favourable notice, and I believe would be endorsed by thousands of lay homeopaths in this country, who feel that it is an anomaly and offence that, considering the time homeopathy has been practised here, no means have been adopted for raising up a larger number of homeopathic practitioners, not only to take the place of those who are year by year departing this life, but at the same time filling other places where homeopathy is largely demanded.

London being the head-quarters of homeopathy, the largest number of practitioners within easy access of each other, it is there that we ought to look for the initiative in furtherance of our cause, and I trust that very shortly we may hear that the London practitioners are moving in this direction.—I am, Sir, yours respectfully,
A. C. CLIFTON.
Northampton.

VARIETIES.

VINEGAR AND URTICARIA.—Mr. Swain (*Brit. Med. Jour.*), after trying many remedies in a severe case of urticaria, found a vinegar lotion give almost instant relief, and subsequently many other cases have been equally benefited. One part of water to two parts of vinegar is the strength most suitable.—*New York Medical Times.*

SALICYLIC ACID AS A PROPHYLACTIC IN SCARLATINA.—Continuing the researches of Barkes, De Rossa (*Ann. Gyn. and Ped.*) has administered to sixty-six children belonging to families in which there was scarlet fever, a daily dose of gr. iss to ivss according to age, of salicylic acid. He concludes that salicylic acid absolutely prevents the development of scarlatina if taken in time and in sufficient doses. Even when administered late and in too small a dose, it renders the disease very mild and benign.—*New York Medical Times.*

CASTANEA FAGUS FOR RHUS AND IVY POISONING.—Dr. S. B. Straley writes in the *Times and Register* as follows: A. H., aged sixty years, came to my office with an inflammation of the skin of the hands and forearms extending to the middle of the forearm. Beginning with lotions of lead-water I tried the most effective remedies for rhus poisoning, which patient inquiry into the patient's habits proved this to be, and was much chagrined to find that nothing gave relief to the

itching and burning, or held in check the inflammation. As a *dernier ressort* a strong decoction of chestnut leaves (*castanea fagus*) was used, bathing the inflamed parts every three or four hours. In twenty-four hours all the distressing symptoms had subsided, and the patient was discharged cured. Since using the above, which was in August, 1888, I have prescribed the *castanea* treatment for all cases of rhus and ivy poisoning, and in all stages of the inflammation, with the single result in every case of perfect relief from all symptoms in from twenty-four to seventy-two hours.—*New York Medical Times*.

GLYCERINE FOR BURNS.—According to a communication made to the Paris Society of Biology by M. Gregoresen, of Bucharest, the application of glycerine has a remarkable effect as a palliative for burns. The glycerine should be applied immediately after the accident. A few drops rubbed gently on the burn suffice, and the pain is said to be almost directly removed. In serious cases the application should be made several times, and the injured part kept protected by antiseptic dressing.—*Chemist and Druggist*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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|---|---|
| <p>Behnke (E.). Stammering its Nature and Treatment. 24mo, sd., pp. 58. (T. F. Unwin.)</p> <p>Caird (F. M.) and Cathcart (C. W.). A Surgical Handbook for the Use of Students, Practitioners, House Surgeons, and Dressers. 4th ed., revised. 12mo, pp. 200. (Griffin. 8s. 6d.)</p> <p>Carlson (J.). Statistical Investigations concerning the Imbeciles (Idiots and Feeble Minded) in Denmark. 1888-1889 with map. 8vo, sd., pp. 77. (Churchill. 8s.)</p> <p>Charteris (M.). The Practice of Medicine. 6th ed. 12mo, pp. 670. (Churchill. 9s.)</p> <p>Courmelles (Foveau de). Hypnotism. Translated by Laura Ensor. Illust. with 42 Vignettes by Laurens-Gsell. Cr. 8vo, pp. 321. (Routledge. 9s. 6d.)</p> <p>Cowperthwaite (Dr. A. C.). A Text Book of Materia Medica and Therapeutics. 6th ed. pp. 834, large 8vo. (90s.)</p> <p>Fenwick (S.). Medical Diagnosis. 7th ed., Revised and Enlarged. (Student's Guide Series). Feap. (Churchill. 7s.)</p> <p>Gibbes (H.). Practical Pathology and Morbid Histology. Illust. with 60 Photographic Reproductions. 8vo, pp. 332. (Pentland. 12s. 6d.)</p> | <p>Health Lectures. 12mo, sd. (W. Scott. 1s.)</p> <p>Homeopathic Medical Directory. British, Continental, and Colonial. pp. 64, 12mo, cloth. (2s. 6d.)</p> <p>Oliver (T.). Lead Poisoning and its Acute and Chronic Forms. The Goulstonian Lectures, delivered at the Royal College of Physicians, March, 1891. 8vo, pp. 183. (Pentland. 10s. 6d.)</p> <p>Osborn (S.). Ambulance Lectures on Home Nursing and Hygiene. 2nd ed. With Illust. Feap., pp. 158. (H. K. Lewis. 2s.)</p> <p>Fritchard (W.). Handbook of the Diseases of the Ear, for the Use of Students and Practitioners. 2nd ed. With Illusts. Cr. 8vo, pp. 254. (H. K. Lewis. 5s.)</p> <p>Roberts (R. L.). Illustrated Lectures on Ambulance Work. 4th ed. With Illusts. Cr. 8vo, pp. 230. (H. K. Lewis. 2s. 6d.)</p> <p>Taylor (A. S.). A Manual of Medical Jurisprudence. Edit. by T. Stevenson. 12th ed. Cr. 8vo, pp. 847. (Churchill. 14s.)</p> <p>Thompson (H.). Food and Feeding. With an Appendix. 7th ed. Partially Rewritten and considerably Enlarged. Cr. 8vo, pp. 232. (Warne. 8s. 6d.)</p> |
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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, 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. Dudgeon, London; Dr. Morrison, London; Dr. Hughes, Brighton; Dr. Drzewiecki, Warsaw; Dr. Oscar Hansen, Copenhagen; Dr. Simpson, Waterloo; Dr. Berridge, London; Messrs. Keene and Ashwell, London; Mr. J. Sutcliffe Hurndall, London; Mr. Glover, Malvern; Dr. Heath, London; Dr. Hayward, Birkenhead; Mr. J. Stanley Flook; Dr. G. Herring, London; Dr. Cavendish, Worcester; Dr. Clifton, Northampton; Messrs. Boericke, Tafel, New York.

BOOKS AND JOURNALS RECEIVED.

Zoophilist. — Monthly Homeopathic Review. — Chemist and Druggist. — Allg. Hom. Zeit. — Monatsblätter. — North American Journal of Homeopathy. — Homeopatisch Maandblad. — Albany Medical Annals. — Revue Homeopathique Belge. — California Homeopath. — Vaccination Inquirer. — New York Medical Times. — L'Omiopatia in Italia. — Medical Advance. — Hahnemannian Monthly. — Clinique. — Medical Era. — Maanedsk. f. Homeopathi. — Monthly Observer. — Annual Announcement of Cleveland Homeopathic Hospital College. — Sexual Health, by Dr. Hy. G. Hanchett and A. H. Ludlaw, 3rd edition. — Homeopathic Directory, 1891. — An Inquiry by J. Sutcliffe Hurndall, M.R.C.V.S. — The Masseur's Vade Mecum, by Ernest Donati Jump. — Ministering Women, by Geo. W. Potter, M.D. — Synopsis of the Lives of Victoria C. Woodhull and Tennessee Chaplin, by G. S. Darewin. — Scientific Medicine and Homeopathy, by Prof. Theodor Bakody, of the Buda Pesth University. Translated by Dr. Rudolph F. Bauer. — Gentry's Concordance Repertory, vol. vi.

THE HOMEOPATHIC WORLD.

NOVEMBER 2, 1891.

HOMEOPATHIC EDUCATION.

In another part of our present issue will be found an extract from an interesting "Interview" with Mr. H. HARRIS published in *The Oracle* of August 22. In this interview Mr. HARRIS elaborates the views he expressed on the subject of Homeopathic Education in his presidential address. Last month, Dr. CLIFTON of Northampton sent us an extract from a letter he had received on the subject of the education of homeopathic practitioners, together with comments of his own. Dr. CLIFTON's correspondent, whose remarks were prompted by reading Mr. HARRIS's address, advocated the policy of demanding that homeopathy should form part of the recognized curriculum of the schools; or else that the general body of homeopathic practitioners should by means of a larger hospital, and in other ways, "educate and equip the rising generation into homeopathy, and obtain a legal recognition."

Mr. HARRIS advocates—(1) The establishment of a complete medical school. (2) The abolition of the present examining bodies, and the establishment of a single examining body established and controlled by the State, absolutely independent of any teaching body; and State examinations, so thoroughly exhaustive as to do away with the necessity of inquiring where the knowledge was acquired. (3) In the meantime, to brave the law and issue diplomas to such students of the new school as have passed satisfactory examinations.

That it is high time something was done to keep up the supply of homeopathic practitioners few homeopaths will be found to deny. The necessity of subjecting the scions of homeopathic families to the allopathic mill before they can obtain a licence to practise, too often results in their being turned into allopaths in heart; and then if they should happen to be induced to allow themselves to be nominated for a house-surgeonship in a homeopathic hospital, they feel they are making a great act of condescension to the faith of their fathers, whose enthusiasm for homeopathy and hard-earned savings have exalted them to their lofty and independent position. Such men are merely allopaths spoiled; and if they do not lapse into allopathy entirely, they most likely remain homeopaths of the type of one we have heard of who would never prescribe *Lachesis* because he could not obtain it in the mother tincture.

The best schools of homeopathy in the world are to be found in the United States of America. Dr. HEATH is kindly furnishing us with a series of articles describing the chief schools of the States, and we think a closer acquaintance with them cannot fail to be of advantage to British homeopaths. Medical education in the United States has vastly improved of late years, and, to their lasting credit be it said, it is the American homeopaths who have been the pioneers in this advance. The homeopaths in some states have insisted on a fuller curriculum for their graduates than was necessary by law. Perhaps America can help us out of the difficulty. Let homeopathic fathers send their sons to the British school where they can most easily and expeditiously obtain a qualification which they can register here, and then send them for a year to one of the chief homeopathic schools in the states to learn homeopathy, and take an M.D. degree. The classes attended in England would be allowed to count in America, and a twelve months' course at the school would admit to the M.D. examination. We throw this out as a suggestion to be thought about.

NEWS AND NOTES.

LONDON HOMEOPATHIC HOSPITAL.

SEVERAL important changes have taken place in the official staff, executive and medical, during the past month. Major Vaughan Morgan, whose twenty years of office as treasurer of the hospital have been so signally fruitful to the hospital's financial position, now relinquishes that post, whilst, happily, he still continues to retain the chairmanship of the Board. In Sir Robert Harding the hospital is fortunate in finding a worthy successor to Major Morgan in the treasurership. Mr. J. Pakenham Stilwell has been appointed vice-chairman. On the medical staff, Dr. Carfrae, retiring from the post of physician for diseases of women, a post which he has filled for fifteen years, has been appointed consulting gynecological physician to the Hospital, a well-merited recognition.

The following resolution, passed by the Board at their meeting on October 21st, will be echoed by all friends of the hospital.

“The Board, having heard with sincere regret the statement made by their Chairman as to the necessity for relinquishing part of his official duties—namely, the post of Treasurer, which he has held for nearly twenty years with such conspicuous advantage to the Hospital—desire to express their admiration and acknowledgments for the memorable services he has rendered during that period, by which the Hospital has been raised to its present gratifying financial position (far beyond the provisions of its earlier years), and by which its future prosperity has, they trust, been practically secured; and they desire to record their gratification that he will still retain the position of their Chairman, and to express their hope that the relief from part of the duties he has so indefatigably fulfilled will be beneficial to his health in the future.”

M. PASTEUR LEARNING CAUTION.

A FEW years ago M. Pasteur had no doubt that all diseases were caused by microbes, and that scientists had nothing to do but to catch the microbe and “attenuate” it in order to cure the disease. He is still as sanguine as ever about the microbe being discovered; but the curability of the disease is *quite another affair!* Just so. We have italicized one or two passages in the following interesting paragraph from *The Times* of October 19th.

" M. PASTEUR ON THE LEPROSY MICROBE.

" PARIS, Oct. 18.

"In view of an announcement that an English doctor of Simla had succeeded in discovering, cultivating, and neutralizing the leprosy microbe, M. Pasteur has been interviewed by a Press correspondent. He expressed his views as follows:—

"The news of the discovery of the leprosy microbe is no surprise. With the progress of science, and by following the lines already laid down, I have not the slightest doubt that in time *the microbe of all the diseases attacking the human body will be discovered and cultivated*. To exterminate them will be *quite another question*. The statement, however, that an English doctor has just discovered the leprosy microbe is incorrect. This microbe has been understood for some time by medical men, and it was a Swede, a certain Dr. Hankel, who first discovered its existence. He showed it to me, and I examined it most carefully in his laboratory. It is a microbe remarkable for its infinitesimal size, but it is extremely active and may be found in infinite numbers even in the cells of the parts attacked by contagion. Leprosy usually develops itself in hot climates, where the high temperature, the absence of hygienic appliances, and personal uncleanness aid its development immensely. Yet in Sweden, where the temperature is low, the ravages of leprosy are great.

"As for the English doctor, it is probable that he may have found a physiological medium favourable to the culture of the microbe, which is an important point. No doubt, with growing experience, leprosy vaccine will soon be discovered; it is even possible that, with the experience already gained, such a result may at once be obtained. To say, however, that leprosy can be cured from the present moment is *another affair*. We must wait for results, *which are often disappointing*."—*Dalziel*."

CHAIRS OF HOMEOPATHY FOR BELGIUM.

ELSEWHERE we give the account of the allopathic defeat in the City of Antwerp. *The British Medical Journal* (Oct. 3rd) is responsible for the following piece of intelligence duly spiced with allopathic spite.

"HOMEOPATHY IN BELGIUM.

"Chairs of homeopathy are about to be established in all the universities of Belgium, and it is expected that in the forthcoming winter session the edifying spectacle will be presented of the disciples of the great medical heresiarch teaching side by side with professors of the orthodox faith. The picture is quite millennial, and it is only to be hoped that no unseemly conflicts among the pupils may mar the peacefulness of the scene when the professorial wolves and lambs lie down together. The idea of this new departure appears to have emanated from the brain of M. Terlinden, a member of the Belgian Senate, who thinks the medical neophyte should

have a chance of hearing both sides of the question before deciding under which banner he shall fight. Belgium is the only European country which is privileged to have homeopathy taught from regular academical chairs, with the exception of Hungary, where two homeopathic professors lecture in the University of Buda-Pesth. Many years ago, however, we believe the chair of pathology in the University of Edinburgh was occupied by a declared adherent of the doctrines of Hahnemann. A great fuss was made at the time about such a desecration of that seat of learning by Syme and others, but the 'baillie bodies' responsible for the appointment refused to make a Jonah of the man of their choice."

MUSSEL POISONING.

HAS any homeopathic pharmacist made a preparation of mussel-poison? "Musculin" ought to be a useful medicine. In *The British Medical Journal* of October 3rd, Dr. Geo. Bell Todd, of Glasgow, records the case of an elderly stout-built man whom he found at 9 p.m. on September 19th lying on the floor, collapsed, small quick pulse, lividity of face especially marked about the nose. He was perfectly conscious, and there was no motor paralysis of limbs. There was loss of speech and sight. After several attempts at speech, Dr. Todd was able to make out that he had acute pain at the nape of the neck, also in the epigastrium, and profuse diarrhea. He was put to bed, mustard applied to nape of neck, limbs rubbed, and a mustard emetic given. After twenty minutes he vomited, amongst other things, a quantity of mussels. Then he got relief, sight and memory gradually returning. Stimulants, *Digitalis*, and *Strychnine* were now given. In four hours he was able to give an account of himself. At 6.30 he had eaten freely of mussels. Two hours after he felt giddiness coming on, followed by a prickly sensation in the hands, while the throat became so dry that "he thought he was going to choke"; then loss of sight quickly followed, diarrhea being preceded by colicky pains. After this he had no recollection of anything till he found himself in bed and vomiting.—These are symptoms which homeopathy should make good use of.

ANTWERP HOMEOPATHIC DISPENSARY.

WE learn with pleasure that Dr. Lambrechts, jun., has been appointed physician to this institution, and Dr.

Boniface Schmitz, assistant physician. It is to be opened on the 1st of November.

“SCIENCE OF HOMEOPATHY.”

In our present number we give the first instalment of an article by Mr. W. Buist Picken on the “Science of Homeopathy,” which we commend to the careful study of all homeopaths who desire to see below the surface of their art. We reserve comment until next month, when the complete article will be before our readers.

TUBERCULINE.

ALTHOUGH Dr. Koch's new communication in the *Medizinische Wochenschrift* of Oct. 22 is disappointing to himself and his admirers, it contains some points of importance which will rejoice homeopaths. For one thing he and his assistants deserve distinct praise; they have begun to prove it in Hahnemannian fashion on themselves. Dr. Koch has failed to make an extract free from deleterious properties, but he has made a precipitate which produced decided symptoms on four doctors. If Dr. Koch will only go on diluting and proving his drug in the homeopathic manner, he will perhaps yet help to bring about a vast reform in old school medical practice.

EDITOR'S CHANGE OF ADDRESS.

THE Editor will be obliged if all communications to him after November 25th be addressed, 30, CLARGES STREET, W.

POISONING WITH PTOMAINES.—At an inquest which was held in London last week regarding the death of a boy of twelve—one of a party who had been poisoned by eating tinned salmon—Dr. A. P. Luff gave evidence regarding the analysis of the contents of the deceased's stomach and of a duplicate tin of salmon. He suspected that death was due to ptomaines, but he found none either in the body or in the fish. During the analysis, and when getting down to the final extractions, Dr. Luff was, without being able to account for it, seized with precisely the same symptoms as the deceased. Dr. Murray, of Gloucester Place, Portman Square, agreed with Dr. Luff that death was due to syncope from poisoning, probably from ptomaines.—*Chemist and Druggist*.

ORIGINAL COMMUNICATIONS.

MEDICAL BOYCOTTING IN BELGIUM.

TRIUMPH OF HOMEOPATHY.

By Dr. LAMBREGHTS, Junr., of Antwerp.

[In response to inquiries, our *confrère*, Dr. Lambreghts, junr., of Antwerp, who is well known to many British homeopaths, has kindly sent us the following interesting account of the founding of an official homeopathic dispensary by the Board of Charity, and its alarming consequences, which will call to the recollection of many the incidents connected with the Margaret Street Infirmary and *The Times* correspondence of a few years ago. We prefer to let Dr. Lambreghts tell the story in his own words. His first communication is dated "1, Rue Stoop, Antwerp, October 4, 1891," and runs as follows.—Ed.]

"I am very glad to be able to give you some details of the quarrel that has arisen between homeopaths and allopaths in Antwerp. There are in Antwerp two large hospitals and several small private hospitals; besides, there are sixteen dispensaries for the out-patients. In all these establishments allopathy only is practised. There is only one small private homeopathic dispensary. Antwerp possesses six homeopaths, and nearly 150 allopaths. All the homeopaths have very large practices, especially amongst the rich class; so that homeopathy is very little known in the poor class. Some months ago, the Bureau de Bienfaisance (Board of Charity) of the city of Antwerp decided to institute an official homeopathic dispensary, in order to allow the poor to choose which method they preferred. This decision was approved by the Town Council in its meeting of the 25th of June, 1891.

"When this decision was known, it produced great anger among the allopathic medical body of Antwerp. In their meetings they accused their homeopathic colleagues of quackery, swindling, &c., and they decided to send a petition to the Bureau de Bienfaisance to claim the suppression of the homeopathic dispensary. Besides, all the physicians of the sixteen dispensaries threatened to give in their resigna-

tions if the homeopathic dispensary was maintained; and, to prevent other physicians from taking their places, they got a written engagement from all the young doctors of the town not to solicit any place in case of their resigning. This behaviour was scandalous; it was a real boycotting.

"The Bureau de Bienfaisance, in spite of all these menaces and intrigues, maintained the homeopathic dispensary, and put advertisements in the papers to get doctors for the dispensaries. Besides two homeopaths, only three allopaths presented themselves, so closely did they keep themselves together. The allopath medical body then tried a means of conciliation, and declared they would admit a homeopath in the medical service of the poor, not as a homeopath, but as a physician. (This was only to prevent the official recognition of homeopathy.) The Bureau de Bienfaisance rejected this proposition, and maintained the new dispensary as a homeopathic dispensary.

"Now allopaths are applying to the Town Council to get the word 'homeopathy' suppressed, saying that the Bureau de Bienfaisance had no competence to judge upon a doctrine which was not official in Belgium.

"The homeopathic physicians have also sent a petition to the Town Council, asking to maintain the word 'homeopathy,' for several reasons:

"1. Because homeopathy is quite different from the old school practice.

"2. Because, if the word were suppressed, the Bureau de Bienfaisance would not be obliged to keep homeopathic remedies, and the doctor would be prevented from practising according to his principles.

"3. Because the poor, if they like to change their treatment, would not know where to go.

"4. Because homeopathy is too much known and appreciated in Antwerp to be introduced in the official medical service by an indirect way—a subterfuge.

"The Town Council will discuss the question in a few days, and I will let you know the result immediately.

"During all these proceedings we are having a violent polemic in the newspapers of Antwerp. I hope the decision will be favourable to us. It will be a great step for homeopathy in Belgium; because, if we succeed, a similar dispensary will be claimed in every large town, and homeopathy will be introduced into the hospitals in a short time."

Writing again on October 7, 1891, he says :—

“ I have the pleasure to announce you that homeopathy has gained the most brilliant victory at the meeting of the Town Council of Antwerp.

“ The discussion took place on the 5th October, and the allopathic physicians received the most complete defeat. Out of thirty members of the Town Council, twenty-four voted for the maintaining of the homeopathic dispensary, five against it, and one abstained. I send you an Antwerp paper, *Le Précurseur*, in which you will find all the details of the discussion. You will see with what eloquence and science Alderman Gits undertook the defence of our cause before the Council. You will see that the only doctor (he is an allopath) amongst the members of the Town Council proposed the suppression of the homeopathic dispensary, but this proposition was rejected by an enormous majority.

“ Public opinion in Antwerp is against the allopaths, because their behaviour in all this matter has been really scandalous. They have received in the Town Council the lesson they deserved.”

The newspaper kindly sent us by Dr. Lambrechts (*Le Précurseur* of October 6th) contains a full account of the proceedings before the City Council. The motion before the Council was that of M. Spee, supporting the Board of Charity in their decision to establish a homeopathic dispensary. The first speaker was Alderman Gits, who, in a most powerful speech, supported the motion. His defence of homeopathy and of the right of the poor to have their choice of treatment would make an admirable League tract, and we commend it to the notice of the authorities of the League. He and other speakers showed plainly that the allopathic objectors did not base their objections on the injury which was likely to be done to the poor by this dispensary; that they were thinking not of the poor at all, but of some interest of their own. Dr. Desquin replied, his argument being the incompetence of the Board of Charity to judge in medical questions. The Council thought otherwise, and sustained the Board of Charity by an enormous majority. May the example spread! Medical trades-unionism has received in Antwerp a crushing blow. We extend to our Belgian *confrères* heartiest congratulations.

THE SCIENCE OF HOMEOPATHY.

BY W. BUIST PICKEN.

IN these days of dominant intellectualism, when science in the pride of intellect claims sway over all the kingdoms of human thought, when all the operations and achievements of high intelligence which do not keep to merely intellectual ways and form, are in general distrusted, adjudged uncertain, and at best inconclusive, it is surely most desirable that great and practical truths, such as homeopathy, should be formulated according to even the autocratic requirements of imperial science. That this has not been done hitherto, with regard to homeopathy, is well known both to friend and foe of this beautiful system of medicine; that it has often been attempted is equally common knowledge; and that the fact of failure has been and still is misinterpreted by sincere scientific inquirers as the natural outcome of a search for that which has no existence, homeopaths are aware. Quite as certain, and from the best of reasons, are all homeopaths that their system is founded impregnably in nature, and that if they cannot theoretically demonstrate this now, it may be because the time has not yet come, but not because the demonstration is impossible. That it is not only possible but easy, perhaps the sequel will show.

In his *Organon*, pars. 28 and 29, Hahnemann writes concerning the *rationale* of homeopathy, as follows:—"Since the natural law of cure has been verified to the world by every pure experiment and genuine experience, and has thus become an established fact, a scientific explanation of its *mode of action* is of little importance; I therefore place but a slight value upon an attempt at explanation. Nevertheless, the following view holds good as the most probable one, since it is based entirely upon empirical premises. We have seen that every disease (not subject to surgery alone) is based upon some particular morbid derangement in the feelings and functions of the vital force; and thus, in the process of a homeopathic cure, by administering a medicinal potency chosen exactly in accordance with the similitude of symptoms, a somewhat stronger, similar, artificial morbid affection is implanted upon the vital power deranged by a natural disease; this artificial affection is substituted, as it were, for the weaker similar natural disease (morbid excitation), against which the instinctive vital force, now only excited to stronger effort by the drug-affection, needs only to direct the increased energy; but owing to its brief duration it will soon be overcome by the vital force, which, liberated first from the natural disease, and finally from the substituted artificial (drug-)

affection, now again finds itself enabled to continue the life of the organism in health."

Whether the illustrious founder of the Homeopathic School of Medicine wrote wisely in so expressing such indifference to scientific understanding of the homeopathic art of healing, certain it is that Hahnemann's tentative explanation of the homeopathic action of drugs has not been accepted by his followers, who to this day in general acknowledge that the *modus operandi* of homeopathic remedies is still inexplicable. And although Hahnemann's reasons for his slight valuation of a scientific knowledge of the mode of action of remedies may partly hold good for many homeopaths themselves, they do not apply to the great world without, unless it be adversely to the progress of homeopathy. It is just because, to the inexperienced, *similia similibus curantur* seems flatly contradictory to reason and experience (the best assurances of such experience notwithstanding), that the *rationale* of the homeopathic rule is so necessary, and has so long and earnestly been sought for.

While it is true that some, out of their own happy experience, might without scientific knowledge of how this experience is gained, rest in grateful contentment, the natural desire to remove what is perceived to be a stumbling block in the way of our brother, begets discontent that is nobler. Moreover, as Professor Tyndall says,* "the human mind is so constituted and so educated, as regards natural things, that it can never rest satisfied with this outward view of them. Brightness and freshness take possession of the mind when it is crossed by the light of principles, showing the facts of nature to be organically connected."

Wholly renouncing the criticism of Hahnemann's hypothesis which it intellectually invites, as also all criticism of its many rivals, it is proper here to notice some other theories which have been propounded by distinguished representatives of the homeopathic school, and by others.

As regards the promulgation of one's own special views, it should be enough for each and all to have merely fair presentation. Of theories as of men it is true that "By their fruits ye shall know them." In this, as with everything else, the great laws underlying what is termed natural selection, and the survival of the fittest, will in the end surely prevail.

About a score of the chief theories which have from time to time been offered, will be found fairly and succinctly stated in the third and fourth of Dudgeon's *Lectures on the Theory and Practice of Homeopathy*. It is interesting to observe how curiously those varied theories wind in and out and around the one fact of experience, like musical variations on a simple

* *Light*, p. 42.

theme. Atomyer, Eschenmeyer, Jahn, and others, display much more ingenuity than intellectual penetration, but their speculations cannot be reproduced here. The fundamental thought of Gerstel's explanation is that of derivation, as Schnieder's is that of metastasis, Trinks that of chemical neutralization, and Griessenlich's that of displacement through stronger affinity. Von. A. W. Koch and Widenham think much alike on the subject, the former contending that the cure is effected by the substitution of an artificial disease for the natural one, as in the accredited prophylaxis of vaccination; the variation of the latter more closely resembling Hahnemann's explanation.

Rau of Giessen, "than whom," declares Dudgeon, "a more learned and more clear-headed man has never appeared in the ranks of homeopaths, endeavours in an especial treatise to explain the curative virtues of homeopathic medicines by the alteration they are assumed to produce in the polarity of the diseased part;" an idea which may yet be found involved in the interior etiology of certain deadly forms of disease, such as cancer, and possibly tuberculosis. Schmid also explains homeopathic cure by polar action, a phase of the question so strange to most of us, yet so worthy of our profoundest regard. An anonymous writer in the *British Journal of Homeopathy* holds that as disease is a derangement of the normal "vitalodylic current," the administration of a substance with inverted currents will restore the normal action. Mostchaff and J. O. Müller agree that a homeopathic remedy acts antipathetically: "The homeopathic principle of cure," says the latter, "as far as regards the reaction of the diseased organism, is not a law of similarity, but of direct opposition."

In his lecture on *The Law of Similars*, p. 25, Dr. Wesselhoft states that Von Grauvogl "rejects the assumption of 'dynamic disturbance of vitality' and 'healing power of medicines' as illusory and arbitrary." Grauvogl maintains that the healing power "is present with life in general, and is no special part of it."

With regard to homeopathy, Wesselhoft continues: "We can recognize only *the law of equality of action and counter-action*; by providing this counter-action, medicines are enabled to restore the altered or diseased power of resistance. . . . Dr. Pidoux, in a lecture, expresses himself thus (as quoted by Grauvogl*): 'It is not the medicament by itself, but the organism modified by the medicament, that effects the cure.' . . . Medicine does not act therapeutically by virtue of its chemical properties, but it develops in a vital manner a vital effect through the special powers of the organism."

* *Text Book*, p. 183, etc.

Regarding Hahnemann's explanation, Wesselhoefst says, it is "untenable in the supposition that the natural disease should be weaker than the artificial disease, and weak in the supposition that this artificial disease is readily overcome by vital power." He proceeds to point out that for his part he had "upheld the principle that medicines, when given as similars, act in a manner by which the enfeebled vitality is *re-enforced in the direction in which it is striving to re-establish the normal state, i.e., health.*" This is in agreement with the interpretation of their action given by Dudgeon, who replaces "the idea of Hahnemann by the idea of a process of stimulation instead of that of greater strength of the similar, thus approaching the matter in a manner more intelligible to the human mind." Considering disease as "weakness," he holds that the similar medicine by its primary effect "stimulates the weakened reaction up to a normal action." "When a case of disease presents itself to us, we have before us an instance of diminished vital action, in order to remedy which, by the method under consideration, we must apply an irritant capable of stimulating the diseased part up to a healthy level."* But, continues Dudgeon, in the next page, "Whilst *similia similibus curentur* 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 agent is the opposite of the existing conditions of the diseased part." Clotar Müller and Fletcher give a similar explanation.

So much, then, for disunity of thought on the essential nature of homeopathy, even in the homeopathic school itself.

Before leading rapidly up to a new theory which is here to be made public, an important contribution from the old school must have brief but careful attention.

While Ringer, Phillips, Murrell, Brunton, and Bartholow, with their followers, have done much in their way to bridge the gulf that existed between homeopathic and "allopathic" practitioners, to one of them appears to be due the credit of unwittingly putting the keystone to the bridge which now connects the two schools. For, indeed, this notable feat has been accomplished, though as by night, or in a dense mental fog, wherein few see the achievement, of which both schools in the mass are unaware.

Dr. Roberts Bartholow, in an able work on *The Antagonism Between Medicines, and Between Remedies and Disease*, proves from exhaustive experiment that similar poisons, or medicines, are mutually antagonistic; *i.e.*, can be brought in the organism into balanced opposition. So powerful is the proof, which homeopaths fully appreciate and welcome, that Dr. Bartholow is

* *Lectures on the Theory and Practice of Homeopathy*, p. 110.

concerned to dissociate it as much as possible from the prestige of homeopathy. After briefly animadverting on Hahnemann and his work, and remarking that Hahnemann's doctrine of similars was "merely an application of the Hippocratic maxim," he continues: "The law of similars was associated with the law of contraries in the Hippocratic system; and Fernel, in the sixteenth century, in expounding and defending the latter, showed its relation to the former. A little consideration must, I think, tend to the conclusion that, when a remedy acts in a *similar* manner to a disease, there must be an antagonism between the force of the remedy and the momentum acquired by the disease. The disturbance in the functions, caused by the drug, must interfere with the disturbance caused by the morbid process. *If the actions were the same, the result of the combined impressions would be an increase of the disturbance.* As they are similar only, and proceed from different sources, there are, then, two forces acting on the same tissue or organs, and necessarily opposed in action. Any truth in the homeopathic law or doctrine of similars is not therefore new, as Carus well said, for if there be similarity of action, it must of necessity be opposition." *

Had Dr. Bartholow been receptive to such truth as lies in the homeopathic law or doctrine, he might have seen what may soon startle the homeopathic school as well as his own. As will be shown presently, his own terms bear a scientific signification which he never suspected.

Well may Wesselhoeft observe: "It seems to me, that after this, there need be no serious schism between physicians, and no longer any need of opposed factions. The law or doctrine of similars is freely admitted; it is only claimed that it is not new. Well, nobody ever claimed that it was any younger than the world; and least of all did Hahnemann claim that it was. As for its interpretation, I have shown that Hahnemann assumed an antagonism between weak dynamic affections and the strong similar affections, under the significant condition expressed in the words, 'differing in kind.' This has never been emphasized enough. *The selection is made according to similar visible effects between medicine and disease. The curative action implies an antagonism.* This is the point made by every interpreter of the law of similars; in fact, by every interpreter of the *rationale* of a cure, by Dudgeon, as well as by Grauvogl, and is very well stated by Bartholow." †

Now, whilst the formula *Similia similibus curantur* is in reality unscientific, and involves a philosophical absurdity, yet when understood in the Hippocratic sense and applied as the Hahnemannian rule of *materia medica* use according to natural law, it

* *Antagonism Between Medicines, &c.*, p. 12.

† *The Law of Similars*, p. 80.

is all that has ever been claimed for it—and more. That Hahnemann was not equally physician, logician, and philosopher, it would be base puerility to complain. No man, however great, can do more for his race than co-operate with the laws of progress, according as it is in his time given him to do.

Let us now cross, in clear intellectual daylight, the curious bridge which joins the two great schools of medicine. On one side is emblazoned the motto, *Similia similibus curantur*; on the other, *Contraria contrariis curantur*. On the one side the foundations have been laid, securely enough, in the barren rock of mere theory; on the other side the foundations have been laid deep, if unscientifically, in the firm and secure ground of general experience. And, in the irony of Fate it so happens, the school which built proudly upon systematic empiricism has to build anew; while the school which has really reared a lasting empirical structure, finds upon examination of its theoretic grounds that it built "more wisely than it knew."

A great eclectic physician and author, in one of his numerous works, refers to homeopathy thus: "All the success of homeopathic physicians, according to our perception, is attributable to the practical application of a correct theory in their possession, that *disease is spiritual (or dynamic) in its origin*, and that symptoms, consequently, are the voice of the internal disturbance, which may be hushed and forever silenced by the prompt administration of whatever they (the voices) call for—this, more than the like-cures-like principle, is the central secret of the triumphant progression of homeopathy."* The philosophical fallacy of *similia similibus curantur* as a supposed generalization of scientific truth, instead of a rule of medical practice (better expressed *similia similibus curantur*), doubtless accounts for this writer's objection to the so-called "principles" of homeopathy, the success of which in practice he clearly perceives, and faithfully acknowledges. As Hahnemann said, experience of homeopathy, as against that of allopathy, "will easily convince every thinker that human diseases do not proceed from material humours or noxious matter, but that they are purely dynamic disturbances of the spirit-like vital force."† And it can be demonstrated that the main postulate of the last two quotations is the basic scientific fact upon which alone the science of health and disease, and of every kind of therapeutics, from crude medication to mind or faith-cure, can be founded and reared indestructibly. For the phenomena of disease and cure must originate either in Matter or Motion; and that it is not in matter we have deplorably abundant evidence in the history of medicine throughout the centuries. The old school pathology, in which

* *The Harbinger of Health* (Davis), p. 246.

† Pref. to the 5th edition of the *Organon*.

autopsical investigation figures so largely, and in therapeutic relations so vainly, is a monument of misdirected zeal. Because matter and motion are universally correlated as cause and effect, matter being everywhere the effect, and motion the cause. Hence the futility of seeking the cause of disease, or attempting the cure of it, where only the effect could possibly be found.

The origin of disease and cure is in molecular and atomic motion. If this statement be true—and the whole drift of modern science confirms it—then the therapeutics of the future will develop out of scientific application of the general laws of motion, as manifested throughout organic and inorganic nature, and revealed to us through the instrumentalities of our sensory and cerebral organization. As Professor Tyndall says, “The growth of science is organic. That which to-day is an end becomes to-morrow a means to a remoter end.” Therefore a scientific test of any theory, as such, independently of correspondence with correlative phenomena, is its degree of homogeneity with known law in general. The more our science is perfected, in geology, astronomy, chemistry, physiology, pathology, therapeutics, &c., the more is made manifest “our lineage with the sun,” and with the unseen universe. Nay, in the dark bands of the solar spectrum, long known as Fraunhofer’s lines, we seem to have our problem of the law of similars itself; and in Kirckhoff’s splendid generalization from spectrum analysis, by which the mysterious dark bands have been brought with supreme simplicity into the light of natural law, we also appear to see the solution of *similia similibus curantur*. And in the advanced scientific conception of matter as resolvable into “points of force,” it is more than probable that the vexed question of “infinitesimalism” will receive a satisfactory settlement.

“The matter of the human body is the same as that of the world around us; and here we find the forces of the human body identical with those of inorganic nature.”* Again, “The matter constituting the living world is identical with that which forms the inorganic world. And not less true is it that, remarkable as are the powers, or, in other words, the *Forces* which are excited by living beings, yet all these forces are either identical with those which exist in the inorganic world, or they are convertible into them; I mean in just the same manner as the researches of physical philosophers have shown that heat is convertible into electricity, that electricity is convertible into magnetism, magnetism into mechanical force or chemical force, or any one of them with the other, each being measurable in terms of the other—even so, I say that great law is applicable to the living world.”† Once more: “Chemistry,” as Mayer says, “deals with

* *Heat: a Mode of Motion*, 7th edition (Tyndall), p. 85.

† Huxley’s *Phenomena of Organic Nature*, p. 16.

the qualitative changes which matter undergoes under different circumstances, the form of the matter, and not its amount, being subject to change. What chemistry does for matter, physics must do for force. The force is as unchangeable as the matter, and the function of physics is to study force in all its forms, and to ascertain the conditions of its metamorphoses. This, he says, is the only problem with which natural philosophy has any concern, for the creation or annihilation of force is not only unrealisable but unthinkable." *

Avoiding the technicalities of Kinematics and Kinetics, it is now necessary to consider some phenomena of matter and motion, with the laws which govern them. To assist the general reader in taking the bearing of these laws and phenomena on our subject, as we go along, it may be well to introduce them with a helpful extract, which but for this purpose would come later. And here let it be explained that, for our common convenience as well as because of the world-wide scientific prestige which he justly enjoys, the acknowledged scientific authority for the facts of natural phenomena and law which are to follow will be represented mainly by Professor Tyndall.

In the beginning of his book on *Sound*, Professor Tyndall thus temperately expresses the views of modern scientists on the relation of sensation to motion: "The various nerves of the human body have their origin in the brain, which is the seat of sensation. When the finger is wounded, the sensor nerves convey to the brain intelligence of the injury, and if these nerves be severed, however serious the hurt may be, no pain is experienced. We have the strongest reason for believing that what the nerves convey to the brain is in all cases *Motion*. The motion here meant is not, however, that of the nerve as a whole, but of its molecules, or smallest particles. Different nerves are appropriated to the transmission of different kinds of molecular motion. The nerves of taste, for example, are not competent to transmit the tremors of light, nor is the optic nerve competent to transmit sonorous vibrations. For these a special nerve is necessary, which passes from the brain into one of the cavities of the ear, and there divides itself into a multitude of filaments. It is the motion imparted to this, the *auditory nerve*, which, in the brain, is translated into sound." How, then, is explained an explosion sound, as of the small balloon which was burst in the Professor's experiments? "Have the exploding gases shot the air-particles against the auditory nerve as a gun shoots a ball against a target? No doubt, in the neighbourhood of the balloon there is to some extent a propulsion of particles." But no particle of air from the vicinity of the balloon reached the ear of any person present at the experiment. "When the flame touched

* *Heat*, p. 540.

the mixed gases, they combined chemically, and this union was accompanied by the development of intense heat. The heated air expanded suddenly, forcing the surrounding air violently away on all sides. This motion of the air close to the balloon was rapidly imparted to that a little farther off, the air first set in motion coming at the same time to rest. The air at a little distance passed its motion on to the air at a greater distance, and came also in its turn to rest. Thus each shell of air, if I may use the term, surrounding the balloon took up the motion of the shell next preceding, and transmitted it to the next shell succeeding, the motion being thus propagated as a *pulse* or *wave* through the air. The motion of the pulse must not be confounded with the motion of the particles which at any moment constitute the pulse. For while the wave moves forward through considerable distances, each particular particle of air makes only a small excursion to and fro."

This molecular motion, which constitutes the wave, Professor Tyndall illustrates by a row of balls in a grove. The motion imparted in the propulsion of the first ball is delivered up by the others in turn, all coming to a rest but the last ball, which alone flies away. And as it is of great importance that the mechanism of wave-motion should be clearly visualised, it is perhaps necessary to study it first in the wave-forms most familiar to us—those of water.

As a writer on sea-waves remarks: "There is no necessary connection between the advance of a wave and the forward movement of the water composing it; as may be seen by running the fingers along the keys of a pianoforte. An inverted wave travels along, but the keys merely move up and down. Similarly, a wave may often be observed running along the ripe ears of golden grain while the stalks are firmly rooted in the soil." *

Professor Tyndall tells us that the real mechanism of wave-motion was hidden from the ancients, and indeed was not made known until the time of Newton. "The central difficulty of the subject was," he says, "to distinguish between the motion of the wave itself; and the motion of the particles which at any moment constitute the wave. Stand upon the sea-shore, and observe the advancing rollers before they are disturbed by the friction on the bottom. Every wave has a back and a front, and if you clearly seize the image of the moving wave, you will see that every particle of water along the front of the wave is in the act of rising, while every particle along its back is in the act of sinking. The particles in front reach in succession the crest of the wave, and as soon as the crest is past they begin to fall. They then reach the furrow or sinus of the wave, and can sink

* *Chambers' Journal*, Dec. 1890.

no farther. Immediately afterwards they become the front of the succeeding wave, rise again until they reach the crest, and sink as before. Thus, while the waves pass onward horizontally, the individual particles are simply lifted up and down vertically. Observe a sea-fowl, or, if you are a swimmer, abandon yourself to the action of the waves; you are not carried forward, but simply rocked up and down. The propagation of a wave is the propagation of a form, and not the transference of the substance which constitutes the wave. The length of the wave is the distance from crest to crest, while the distance through which the individual particles oscillate is called the amplitude of the oscillation. You will notice that in this description the particles of water are made to vibrate *across* the line of propagation.

“And now we have to take a step forwards, and it is the most important step of all.” To us, for our immediate purpose, the importance of the next step could not be over-estimated, since it lands us right into the mystery of *Similia similibus curantur*, at a point of view from which the problem is seen illumined by law, and perfectly intelligible.

“You can picture two series of waves proceeding from different origins through the same water. When, for example, you throw two stones into still water, the ring-waves proceeding from the two centres of disturbance intersect each other. Now, no matter how numerous these waves may be, the law holds good that the motion of every particle of water is the *algebraic sum* of all the motions imparted to it. If crest coincide with crest and furrow with furrow, the wave is lifted to a double height above its sinus; if furrow coincide with crest the motions are in opposition, and their sum is zero. We have then still water.

“This action of wave upon wave is technically called *interference*, a term to be remembered.” *

With this term as a key, many chambers of mystery in nature may be unlocked, and their secrets revealed. Fraunhofer's lines in the solar spectrum, the twinkling and change of colour of stars, and the action of homeopathic remedies, diverse in kind as they superficially seem, all represent multiform phenomena occurring under the same law. For the principle and conditions of *interference* are the same for water, sound, light, disease, and for all other molecular motion, so far as we know, or have reason to believe. Arago has shown how the twinkling of a star, and the changes of its colour, are due to the action of interference in the earth's atmosphere. The Italian philosopher Grimaldi had, long before the time of Thomas Young, the founder of the Undulatory Theory, observed the phenomena of partial destruction of light by light, but it was Young who generalised the observation. Fraunhofer marked accurately the dark bands in

* *Light*, pp. 53-4.

the solar spectrum which bear his name, but not till Kirckhoff investigated them was it known that those lines are caused by the action of interference in the photosphere of the sun.

We have seen how water-waves, by interference, may destroy each other, and the water be brought to rest. Quite in the same manner may waves of sound be made to act upon each other. "A sonorous wave," says Professor Tyndall, "consists of two portions, in the one of which the air is more dense, and in the other of which it is less dense than usual. A condensation and a rarefaction, then, are the two constituents of a wave of sound." Interference of sound, he thus describes: "When two unisont tuning-forks are sounded together, it is easy to see that the forks may so vibrate that the condensations of the one shall coincide with the condensations of the other, and the rarefactions of the one with the rarefactions of the other. If this be the case, the two forks will assist each other. The condensations will, in fact, become more condensed, the rarefactions more rarefied; and as it is upon the difference of density between the condensations and rarefactions that loudness depends, the two vibrating forks, thus supporting each other, will produce sound of greater intensity than either of them vibrating alone. It is, however, also easy to see that the two forks may be so related to each other that one of them shall require a condensation at the place where the other requires a rarefaction; that the one fork shall urge the air particles forward, while the other urges them backward. If the opposing forces be equal, particles so solicited will move neither backwards nor forwards, the ærial rest which corresponds to silence being the result. Thus it is possible by adding the sound of one fork to that of another, to abolish the sounds of both.

"We have here a phenomenon which, above all others, characterises wave motion. It was this phenomenon, as manifested in optics, that led to the undulatory theory of light, the most cogent proof of that theory being based on the fact that, by adding light to light we may produce darkness, just as we can produce silence by adding sound to sound."*

There are many very interesting experiments illustrative of this law, but want of space prevents us from mentally going through even the main ones here. A vibrating tuning-fork, for example, according to the manner in which it is rotated over a suitable empty jar, will in four positions resound loudly, and in four other positions be absolutely silent. Two organ-pipes, of the same pitch, placed over each other on the same wind-chest, will, when thrown into vibration, silence each other. Even the sound produced by one prong of a tuning-fork may be quenched by that of the other, simply according as the fork is presented

* *Sound*, p. 328, third edition.

to the ear. This remarkable example of interference was first noticed by Young, and thoroughly investigated by the brothers Weber.

Of the wonderful phenomena of sympathetic vibration, "a typical and now familiar illustration," says Professor W. F. Barrett, "was first described by a Mr. Ellicott, F.R.S., in the *Philosophical Transactions* for the year 1789. Mr. Ellicott had placed two large clock cases near each other, both had exactly similar heavy pendulums, and it was found that in about half an hour after one clock was set agoing, the pendulum had delivered up its motion to the other clock, so that the first was stopped and the second set agoing; after another interval the motion had been transferred back to the first pendulum, and so on, the clocks acting mutually and alternately upon each other." * As Professor Barrett remarks, in the same paper, "a similar law holds good for invisible motions. In the inconceivably rapid vibrations of the etherial medium which transmits luminous and electrical vibration and in the molecular movements of bodies the same law of sympathetic vibration is found to exist."

With finely-attuned intuitions Professor Barrett spontaneously turns to the ethical aspect of the same beautiful law: "Do we not see," he asks, "in this principle of sympathetic vibration many obvious spiritual analogies, and the key to many familiar facts of daily life? For example, amid the mingled voices of the world the pure heart responds only to what is beautiful and true, for to that alone his soul vibrates in unison. Or, again, beneath the wild discords of degraded lives there are silent depths that can still resound to the Divine Will."

In illustration of interference with light, the numerous popular experiments include not a few of great suggestiveness and beauty. Solar light, as we all know, is not a simple but very complex form of energy. It is composed of innumerable constituents, refrangible in different degrees, and is variously sifted by different bodies of varied molecular structure, which thus produce the colours we see in nature and art. "However intense a beam of light may be, it remains invisible unless it has something to shine upon. *Space*, though traversed by the rays from all suns and all stars, is itself unseen. Not even the ether which fills space, and whose motions are the light of the universe, is itself visible." †

The differences of colour are due to differences in vibration; red having the slowest rate, and violet the most rapid, in the chord of the solar spectrum and in terrestrial substances.

"There is no greenness in the grass; there is no redness in the rose; there is no hardness in the diamond: that which our senses report to us as colour and hardness being the result of

* *Good Words*, Jan. 1891.

† *Heat*, p. 478.

myriads of unlike *motions*, some of which are repeated as often every second as there are seconds in thirty millions of years." *

The truth of this, as regards colour, may be tested with the substance we call mother-of-pearl. That the colours of it are due to the mechanical state of the surface was conclusively proved by Brewster, who by carefully impressing the shell upon black sealing-wax, and thus transferring its grooves, produced on the wax the colours of the mother-of-pearl. "A violet is blue because its molecular texture enables it to quench the yellow and red constituents of white light, and to send back the blue from its interior. A geranium is red because its molecular structure is such as quenches all rays except the red." "The atoms which vibrate red light will stop red light; the atoms which vibrate yellow will stop yellow; those that vibrate green will stop green, and so of the rest." †

The description of a notable experiment must be here reproduced in Professor Tyndall's own words. Absorption, he remarks, is a transference of motion from the ether to the molecules immersed in it, and the absorption of any atom is exerted chiefly upon the waves which arrive in periods coincident with its own rate of oscillation.

The description now follows: "I place the intensely hot flame of a Bunsen's burner in front of the lamp, so that the beam, whose decomposition is to form our spectrum, shall pass through the flame. In a little spoon of platinum-foil I place a bit of the metal sodium, about the size of a pea. After forming the spectrum by the prism, I introduce the platinum spoon containing the sodium, into the Bunsen flame. The sodium instantly colours the flame intensely yellow, and already a shadow is seen coming over the yellow of the spectrum. But the effect is not yet at its maximum. After a little time the sodium bursts into intense combustion, discharging a vast amount of vapour. At the same moment the yellow of the spectrum is abolished, a bar of intense darkness taking its place. On withdrawing the sodium, the yellow reappears on the screen; on reintroducing it, the band is again cut out. . . . In the whole range of optics there is scarcely a more striking experiment." ‡

What is this, but the manifestation in ethereal motion of the same law which so operates in the relations existing between pathological and pathogenetic facts as to give rise to the familiar maxim, Like cures like? When Professor Kirckhoff announced the law that "*a gas, or vapour, absorbs the precise rays which it can emit,*" he unconsciously confirmed the generalization in medicine that drugs are competent to cure diseases which are characterized by such symptoms as they can speci-

* *Story of Creation* (Clodd), p. 6.

† *Heat*, pp. 484, 509.

‡ *Ibid.*, p. 510.

fically produce. The law of absorption formulated by Professor Kirckhoff is simply the great basic law of homeopathy expressed in the correspondential terms of its operation in the vaporous form of inorganic matter. By virtue of our "lineage with the sun," to use Helmholtz's phrase, this law enables us to lay the broad plan of scientific medicine in what is called Organopathy. The innumerable details of structure which have not seemed integral parts of the general plan, as many hitherto untraceable and often uninterpretable symptoms of "local disease" have appeared, may all be found to spring quite intelligibly from the known lines of the design. For as sound and light can be reflected, diffracted, refracted, and condensed, so also are vital motions from various causes subject to like modifications. We can find the track of sound-reflections from that of light-reflections in the same space, and thus produce audible vibrations at points of focus, from sources which are beyond hearing by direct vibration. The sound seems to originate at the point of focus, instead of at the distant source.

In the case of ordinary light the ether-particles vibrate in all directions, or "azimuths," across the line of propagation. But a beam of light incident on a plate of tourmaline which has been cut parallel to the axis of the crystal, is divided into two, the one vibrating parallel to the crystal, the other at right angles to the axis. It is owing to the grouping of the molecules, and of the ether associated with them, that the vibrations incident upon the crystal are all reduced to these two directions.

Project the image of the plate of tourmaline on a screen, and taking another crystal cut in the same manner, place it parallel to the first. The green will be deepened a little. In turning one of the crystals round, so long as the plates are oblique to each other, a certain portion of light gets through; but so soon as they arrive at right angles to each other, the space where they cross becomes a space of darkness. While ordinary light is all-sided, this green light is only two-sided. In Iceland spar, as in the tourmaline, the vibrations of ordinary light are all reduced to two planes at right angles to each other. The spar, however, unlike the tourmaline, transmits both beams with equal facility. On a screen obtain two disks of light by the double refraction of Iceland spar. Place the tourmaline in front of the aperture through which the light emerges from the camera, the axis of the crystal horizontal. The green light will be transmitted along the direction of vibration in the spar, which is parallel to the axis of the tourmaline, but not in the other direction; with the result that there is the ordinary green light of the crystal in one of the images of the screen, and in the other, blackness. By slowly turning the crystal round, the black image becomes gradually brighter, and the bright image

darker, until at an angle of forty-five degrees both images are equal in brightness: continuing to turn the crystal, at an angle of ninety degrees the black and green images have changed places.

When two similar plates of tourmaline are crossed, there is produced blackness; if a third plate be introduced between the two, with its axis oblique to both, the blackening effect of the second tourmaline will be partly destroyed, and light will take the place of darkness. Similar effects can also be produced by the employment of an electro-magnet, which in action takes the place of the rotating prism. Two experiments with the magnet will further illustrate our solar relationships, and perhaps contribute to therapeutic developments.

In front of an electric lamp place a Nichol prism, to polarize the emergent beam; in front of that an electric magnet, with a cylinder of Faraday's heavy glass across its poles; in front of this place another Nichol prism, and beyond it a screen. The prisms being crossed, no light passes to the screen; but by exciting the magnet, light instantly appears. The magnet so acts on the ether within the heavy glass as to cause it to rotate, and the light is thus enabled to pass through the analysing prism. The second experiment requires the addition of a compound quartz-crystal, one half of it taken from a "right-handed crystal," the other from a "left-handed" crystal. Placing this plate in front of the polarizer, and turning one of the Nichols until the two halves of the plate show a common puce colour, the action of a magnet upon light may be rendered visible in a more striking manner. If either the polarizer or the analyser be turned through the smallest angle, the uniformity of colour is lost, each half of the quartz showing a different colour. The magnet will produce an effect equivalent to this rotation. Restoring the puce colour, and projecting it upon the screen, the magnet is excited; now one half of the image becomes suddenly red, the other half becomes green. By interrupting the current, the two colours disappear, and the puce colour takes their place. Should the magnetic current be reversed, the red and green reappear, but in changed places.

The ether-particles of ordinary light, in its normal condition, vibrate freely in all directions across the line of propagation. But, as we have just seen, by molecular conditions induced optically or magnetically, ordinary daylight may be variously obstructed, changed, and even quenched. Now health, which corresponds to the ordinary light in those experiments, is from various sources liable to modifications analogous to those produced in the light by the prisms and magnet, and under the self-same laws. Vital phenomena of an order corresponding to the foregoing are exceedingly common. As, for example,

when from the same physical impression, say "a cold," different organisms develop different forms of disease: it may be catarrh, or bronchitis, or pneumonia, or consumption; dropsy, dyspepsia, diarrhea; or merely cramps, earache, toothache—or, in short, any local manifestation of the negative state. Correspondingly, *sans dire*, medicines which are effectual in some cases are useless in others that are called by the same name, and seem to be the same. Because the human body is an organization of numerous systems of textures, each with its molecular characteristics, as of tourmaline or Iceland spar; and these systems are diversely developed in different individuals, to a degree almost incredible. Hence perplexing varieties of manifestation, pathological and therapeutical, from the same force, according to the laws of motion "along the line of least resistance," and "in the direction of the strongest attraction."

"The human organism is a world of motions," says a writer already quoted, "and the thorough penetration and inter-penetration of the spiritual principle through each and all portions of the organization, without the least exaggeration or diminution in its motions or dispensations, constitutes the immediate causes and conditions of health." Disease is "a want of equilibrium in the circulation of the spiritual principle through the physical organism. Disease is discord; and this discord or derangement must exist *primarily* in the spiritual (or dynamic) forces by which the organism is actuated and governed." *

With regard to agencies both of disease and of cure, the same writer observes: "Every substance or force which acts upon the system produces an impression—develops some new sensation, or impulse, or emotion; and some new and important *change* is thereby wrought upon and in the organic economy. A sudden fall has both caused and cured disease." "The laws of positive and negative, of male and female, of action and reaction, are the universal laws of Nature, of which all other modes of vital action are but apparent modifications or partial exhibitions." †

In medical therapeutics, then, the first requirement is the ability to produce specific atomic impressions, which is accomplished "organopathically" by means of "chemical affinities"; the second essential is the knowledge how to control those atomic impressions, so that disordered molecular motions may be changed and again correlated according to the necessities of vital harmony, and this is achieved by what may, for want of fitter terminology, be called chemical polarity.

When a drug is given antipathically (as ordinarily understood), it is employed as a positive force, the organic forces becoming negative to it; but when administered homeo-

* *The Physician* (Davis), pp. 44, 103.

† *Ibid.*, pp. 78, 50.

pathically, or in its negative relation, the organism is left positive, which is of course its proper condition.

Recurring for a few moments to Professor Tyndall's exposition of interference of molecular motion in water-waves, we find that "when two stones are cast into smooth water, twenty or thirty feet apart, round each stone is formed a series of expanding circular waves, every one of which consists of a ridge and a furrow. The waves touch, cross each other, and carve the surface into little eminences and depressions. Where ridge coincides with ridge, we have the water raised to a double height; where furrow coincides with furrow, we have it depressed to a double depth; where ridge coincides with furrow, we have the water reduced to its average level. The resultant motion of the water at every point, is the algebraic sum of the motions impressed upon that point. And if, instead of two sources of disturbance, we had ten, or a hundred, or a thousand, the consequences would be the same, and the actual result may transcend our powers of observation; but the law would still hold good, that *the resultant motion of every particle of water is the sum of the individual motions imparted to it.*" In the application of this law, conjointly with those of spectroscopic revelation, we have yet to draw from scientific combinations of medicines an incalculable increase of therapeutic power—but this study cannot be touched upon at present.

Continuing the elucidation of interference of the wave-motions of water, Professor Tyndall says, "If a particle be acted on at the same moment by two impulses, both of which tend to raise it" (as in an excessive dose of a homeopathically administered remedy), "it will be lifted by a force equal to the sum of both. If acted on by two impulses, one of which tends to raise it, and the other to depress it" (as in true homeopathic treatment), "it will be acted on by a force equal to the difference of both. When, therefore, the sum of the motions is spoken of, the algebraic sum is meant—the motions which tend to raise the particle being regarded as *positive*, and those which tend to depress it as *negative.*"*

The wonderful effects of this subtle relationship of positive and negative may be more clearly seen in homeopathic therapeutics, by a glance at them in other modes of motion.

Connecting a galvanometer with a thermo-pile, we can with certainty infer whether heat (positive force), or cold (negative), is communicated to the pile, by the direction of movement of the needle; and by the energy with which the needle moves we may, in a comparative way, learn the quantities imparted in different instances.

The thermo-electric couple, which consists of a bar of bismuth

* *Sound*, pp. 324-5.

soldered to a bar of antimony, at an angle forming a V, with the free ends united by a piece of wire, generates a current in opposite directions according as it is warmed or chilled. By the union of several thermo-electric pairs, a stronger current may be generated. Three or four Vs joined together, as VVVV, will roughly represent this combination, the upper junctions being mentally marked A, the under junctions so marked B, and the free ends again connected by an imaginary wire. This will be virtually fig. 11, on page 22 of Professor Tyndall's scholarly work, *Heat: a Mode of Motion*, from which the following extract is taken: "The current produced by heat being always from bismuth to antimony, across the heated junction, a moment's inspection of fig. 11 will show that when any one of the junctions A, A is heated, a current is generated opposed in direction to that generated when the heat is applied to B, B. Hence, in the case of the thermo-pile, the effect of heat falling upon its two opposite faces is to produce currents in opposite directions. If the temperature of the two faces be alike, they neutralize each other, no matter how highly they may be heated absolutely; but if one of them be warmer than the other, a current is produced. The current is thus due to a difference of temperature, between the two faces of the pile, and within certain limits the strength of the current is exactly proportional to this difference." The relation of these phenomena to the homeopathic law is not obscure. But it will become clearer, and our grasp of the law itself firmer, by understanding precisely how similar wave-motions come into positive and negative relations, with co-equal power, in other varieties of interference.

If two tuning-forks vibrate alike, *i.e.*, have their outward and inward swings to begin and end at the same moment, the phases of their motions are, in technical phraseology, said to be the same. Any difference of *whole* wave-lengths, from one to any number, will ensure coincidence of the wave-systems of the two forks, each fork thus assisting the other. But if the difference between them be only *half* a wave, the rarefactions of one system of waves will coincide with the condensations of the other, *the air being thus reduced to quiescence*. "*We have augmentation or reduction according as the distance between the two forks amounts to an even or an odd number of semi-undulations*. Precisely the same is true of the waves of light. If through any cause one system of etherial waves be any *even* number of semi-undulations behind another system, the two systems support each other when they coalesce, and we have more light. If the one system be any *odd* number of semi-undulations behind the other, they oppose each other, and a destruction of light is the result of coalescence." *

As it is with the wave-lengths of sound, light, and heat, even

* *Sound*, p. 329.

so is it with wave-lengths of the motions which constitute disease and give rise to what we term pain.

(To be concluded.)

NOTES BY THE WAY.

By Dr. USSHER.

BALD PATCHES.

SOMETIMES cases arise that try both skill and temper much, and this was one of them. When you read in the medical annuals of a host of remedies for alopecia, you may come to the safe conclusion that success is poor. Months back, relying on a story of Boenicke and Tafel's of the wonderful effects of arnicated oil in producing hair on a lady's kneecap, I used it to the subject of this case whose patches were as smooth as ivory, at the same time giving the boy, who was very pallid, *Calc.-carb.* 3x. The hair was renewed perfectly and thickly, but fell off after a long interval, becoming again perfectly bare and for the most part of the scalp. It kept him away from school; there was not a hair to be seen with a lens. Still, I continued the *Calc.-carb.* in the 200, and applied *Canth.* 1x to the scalp in this way: First rubbing in *Chloroform* which reddens it and makes the *Cantheris* absorb better when it is rubbed with a piece of flannel. It gets a deep pink colour. This has been the course for months. At last the places are covered and getting dark hair. I do not think this would have occurred without the constitutional remedy, nor have I ever succeeded with these patches without *Sulphur* and *Calcarea-phos.* or *Carb.*, generally giving these two on alternate weeks with good results.

One contrasts "Cases from Amateur Practice" in the September number with "Hahnemannian Cures"—the simplicity of the one with the philosophy of the other! As I read in the latter "Diagnosis of the remedy: vesicular erysipelas, vesicular erysipelas of face, erysipelas of scrotum, vesicles of yellow fluid, vesicles with yellow fluid on face, vesicles with yellow fluid on scrotum," I said to myself, "This is the grandest attempt in the century to prove that *Rhus. was Rhus.*—any old woman could have told him so." I should have thought that the amateur homeopath was quite as Hahnemannian. This kind of thing reminds one of a story, perhaps apocryphal,

of an army surgeon who is said in days long gone by to have commenced an operation on a man by making a cut, and, uncertain of the next step, he consulted a book. When he got to the end of the operation he discovered that the man was dead. There may be a deal stored up, in a repertory but give us a little pocket-money for immediate use.

Wandsworth.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

By ALFRED HEATH, M.D., F.L.S.

THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

This splendid Hospital and Medical School was founded in 1855, just thirty-five years ago.

IT IS THE LARGEST HOMEOPATHIC COLLEGE IN THE WORLD.

It has a spacious amphitheatre for clinical purposes, capable of seating four hundred persons. A portion of this building was destroyed by fire in 1883, but it has since been rebuilt, and excels anything of this kind in the country.

This school has graduated since its foundation *seventeen hundred and sixty-two* homeopathic physicians.

Last session (1890-91) there were two hundred and forty-three matriculants, of whom ninety-six graduated.

From the College Announcement I extract the following requirements for graduation:—

“The student must have pursued the study of medicine for at least four years.

“He must have attended at least three full courses of lectures, &c., of six months each, at some respectable and legal medical school, *the last course must be at the college.*

“He must have pursued the study of practical Anatomy under the directions of a Demonstrator, and have dissected during two courses.

“He must have passed all the regular examinations as follows:—At the end of the first term: Elementary Anatomy and Physiology, Inorganic Chemistry, Histology, Hygiene.

“At the end of the second term: Anatomy (final), Physiology (final), Medical Chemistry and Toxicology, general Pathology, minor Surgery, Institutes of Medicine.

“At the end of the third term: *Materia Medica, and Therapeutics, Surgery, Theory and Practice of Medicine, Obstetrics and Gynecology, Ophthalmology, and Otology.*”

The Dean of this College is Professor Reubin Ludlam, M.D., &c., the distinguished Professor of Gynecology and the head of the department for the *surgical* diseases of women. There is little doubt that a large amount of the success of this college is due to the universal reputation and great surgical skill of Professor Ludlam; as proof of this about twenty-five per cent. of the matriculants are lady students.

Professor Ludlam is the writer of several standard works on the diseases of women. He is supported in the school by men whose names are known all over America.

Professor Bailey, M.D., is the Registrar, and takes the chair of *medical* diseases of women. His great ability enables him, no doubt, often to *prevent* the use of the knife by proper homeopathic treatment. I must not forget to mention Professor W. J. Hawkes, M.D., the lecturer on *Materia Medica*, of whom I have a personal remembrance for his kindness to me on the occasion of my visit to the hospital and school. I was much pleased with his mode of clinical teaching; each senior student has to mentally diagnose the case under examination by the doctor, and to write down the name of the remedy she or he thinks suitable. Neither must I forget my old friend, Dr. H. C. Allen, the talented editor of the *Advance*; and I must congratulate the school on the services of so distinguished a veteran in the homeopathic ranks. He is a host in himself. I would like to mention other physicians of this school, but space forbids my introducing more than a few names in each paper.

The hospital at present contains about eighty beds. Last year the number of cases admitted was 389, and 203 surgical cases.

This hospital was in successful operation at the time of the great fire in Chicago sixteen or seventeen years ago, and afforded valuable relief to the sufferers.

The out-door patients to the hospital numbered 15,000 last year. These cases are divided amongst the various clinics: The Cook County Hospital (allopathic) is open to students of this school as well as to other medical colleges in Chicago.

Next month I intend to take the Hahnemann Medical College of Philadelphia.

114, Ebury Street, S.W.

SOME STRAY NOTES ON HYDROPATHY.

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

I CAN corroborate the value of Hydropathy as an adjunct to medical treatment advocated by Dr. T. Simpson in the October number of this Journal. Indeed, in some conditions I am inclined to give it a first place.

I call to mind the case of a child with high fever and ill-defined gastric symptoms in which a hot blanket-pack succeeded in accomplishing what *Acon.*, *Verat. Vir.*, *Gels.*, and *Bell.* failed to do. The skin was very hot, dry, and burning, and none of the remedies mentioned produced any reduction of fever or tendency to perspiration. The blanket-pack, of one-and-a-half hours' duration (during which the child slept), caused a copious sweat, and forthwith the child began to mend. This is one instance of many in my practice.

In enteric fever I always keep a towel-pack constantly on the abdomen, and I believe that by its use the fever and diarrhea are usually kept within bounds, the case running a milder and shorter course. This pack requires renewing every two, four, or six hours, according to the severity of the symptoms. The towels should be wrung out of cold water and applied damp, being covered with flannel or waterproof sheeting. Where much pain is complained of, and there is restlessness, I employ hot moist flannel fomentations which are changed every half-hour, and kept up for two hours, after which the towel-pack is reapplied. They are always soothing and grateful to the patient.

In the application of compresses and fomentations it is well to see that they are properly adjusted. Without supervision they are often put on in a loose and slovenly manner, and consequently are not always effectual. They should fit closely to the skin, care being taken that they are completely covered on all sides by the waterproof. If this detail be not attended to, the compress is apt to get cold and clammy and no good will result from it.

In the retrocession of acute zymotic eruptions there is nothing like a hot blanket-pack for relieving the consequent congestion of internal organs, and for re-establishing the rash: and the same appliance is ever useful in infantile convulsions, and is more quickly obtainable than the warm bath which is usually ordered in such cases.

An indolent enlargement of the inguinal glands with

much pain and hardness was recently greatly relieved by a cold compress constantly applied night and day. The patient had taken *Merc.-sol.* for a week with no betterment.

The advantages of Hydropathy are great and many in both acute and chronic disease, and as it does not interfere with appropriate medicinal treatment, I am surprised that it is so comparatively neglected by the profession.

Cheltenham, October, 1891.

THE LATEST VAGARY IN MEDICAL SCIENCE.

THE methods employed by some scientific men in their endeavours to prolong human life would be amusing were it not for the indurated cruelty they so often practice. In *The Lancet* of September 26th, there is an article by Dr. Benjamin Ward Richardson, entitled "On Saline Transfusions in Cholera, Hemorrhage, and Chloroform Collapse." Dr. Richardson says: "Mr. Lane and Mr. Heatherly, in their late able communications to *The Lancet*, revive a long-forgotten but most important subject—namely, the effect of saline solutions injected into the venous circulation in states of collapse." The next sentence gives us the reason for its importance: "The phenomena of temporary resuscitation following upon such injection are amongst the most remarkable on record." In other words, we get a scientific curiosity, and that is *something* to be thankful for. We may not be able to save life, but still we get "remarkable phenomena," and we can publish these in the medical journals!

Dr. Richardson then proceeds to give his experience in this "most important subject":—

"In a case of Asiatic cholera, treated by the late Mr. Henry Ansell, Dr. Rose Cormack, and myself, a woman of middle age sank, in the collapse, into complete insensibility. In this state we injected, through a vein in the arm, two pints of a saline solution, after Stevens' original plan, with the astounding effect that our patient became quite conscious, sat up in bed, dictated a short will, and signed it in proper form. We left the house, thinking that recovery might follow, giving directions for the steady administration of a mixture of creasote and compound tincture of camphor—a mixture which had been in my hands successful in restraining the choleraic flux. But an hour later

Mr. Ansell was back to me, requesting me to return with him to the patient's house. The purging had returned, and the collapse was as serious as before. Once more we injected the saline solution, with the same phenomena of resuscitation. I suggested this time that the injecting-tube should be left tied in the vein, that the syringe at the other end of the elastic connecting-tube should be filled with saline solution and placed in a hand-basin of water kept at blood heat, and that the injection should be gently repeated as soon as any symptoms of collapse should reappear. This was acted upon, and for many hours the current of injection was kept up. We observed under this line of treatment this very curious practical fact: that there was never any rallying at all from the injection so long as the current of saline solution was continued as a gentle feeding current. But when we pushed in the solution freely, then the signs of reanimation returned. They returned with decreasing activity no less than six times; but they were always succeeded by the choleraic discharge and with spasm of the lower limbs, so that ultimately death closed the scene about thirteen hours after the first injection."

Thus we see that the experiment was in the end a failure, however interesting it might have been to these three scientific discoverers. Now, if Dr. Richardson failed, it is not likely that any one else will succeed.

The experimenter goes on to say that more than once he witnessed in the "lower animals" an "apparent re-animation from what seemed actual death." His experiments upon animals failed, then, to give him satisfaction; and yet he sanctions the use of the same experiment upon a poor woman in the last stage of cholera! Truly, the tender mercies of the scientific medical man are curious.

The experimenter on animals is in the habit of alighting, Ariel-like, on some prominent ground—perhaps in the pages of a medical journal—and, with a fanfare of trumpets, calls attention to his last and "most important" experiment. An admiring and expectant world thinks that at last some really great discovery has been made, and that many of its pains and sorrows will now surely come to an end. What do they find? They find the whole thing a cheat, a fizzle, the collapse of a quack. They find that the great experimenter is either one of the

simplest of mankind, or else an arrant knave. Charity impels us to believe that he is a simpleton—a learned simpleton.

Here we have a learned and industrious man like Dr. Richardson sending a communication to *The Lancet* which, however interesting, has no positive value. And yet he calls it a "most important subject"! Thus it would seem that the cruelties practised upon animals lead to the deprivation of a man's common sense. If Dr. Richardson would leave the unoffending dogs and frogs alone, and would condescend to learn a little from the illustrious German, whose name we hardly dare mention in "scientific" company, then he would know of a far more certain and rational method of treating cholera than the injection of salt and water into the veins. How strange and unaccountable is the perversity of man! Here is a man of undoubtedly great intellectual ability gone astray; wandering about with false prophets in the wilderness; or, like the dove of Noah, seeking for the solid mountain and finding only a waste of waters.

P.S.—Since writing the above, it has been pointed out to me that I have overlooked the fact that, although Dr. Richardson's patient ultimately died, yet that before dying she was able to make a *will*, which she might not have been able to do without the saline injection. No doubt this is true, and I have no wish whatever to rob the vivisector of this little crumb of comfort. At the same time, I cannot but believe that had this poor woman been treated according to homeopathic practice, she would have recovered, as so many others have done before. When this has been neglected, and still no homeopath can be had, and the patient has not made his will, then it might be as well to call in the aid of Dr. Richardson and his friends to experiment again with the saline mixture.

With respect to a patient of Dr. Lane's, mentioned in *The Lancet*, who recovered from hemorrhage by using this injection, and which an admirer calls a "brilliant success," I have to say this—that I also have had "brilliant success" in the treatment of hemorrhage, and without the use of such inconvenient and haphazard practice as recommended by the vivisectors. Scientific experimenters, for anything I know, may prefer taking their filberts to be cracked by a Nasmyth hammer; but sensible people will always prefer cracking them at home by more simple means.

G. H.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

1891-92.

First ordinary meeting of the session was held on Thursday, October 1st, Mr. KNOX SHAW, President, in the chair.

For the November meeting a paper was announced to be read by HAROLD WYNNE THOMAS, Esq., of Bromley, on *Gastric Ulcer*.

After Dr. BURFORD and Mr. KNOX SHAW had shown specimens, Mr. GERARD SMITH read his paper entitled *Infant Feeding*.

In describing the functions of the mammary gland, Mr. Smith mentioned that it was only in the cholostrium period that there was direct transudation from the blood-vessels into the lacteal ducts.

Nursing mothers require a liberal mixed diet, and rather an excess of liquid. He did not think alcohol necessary. He had often cured the diarrhea in infants by stopping their mother's stout. In dealing with the question of artificial feeding, Mr. Smith pointed out that the capacity of the child's stomach at three days is one fluid ounce; at fifteen days, $1\frac{1}{2}$ to 2 ounces; at six weeks, 3 to 4 ounces; at six months, 6 ounces; at eight to ten months, 8 ounces. Milk should be "sterilized" by steaming—that is to say, the bacteria in it should be destroyed by the milk being placed in a potato-steamer (for instance), and the water in the steamer boiled. To render the milk alkaline, half a fluid ounce of lime-water should be added to the pint after the steaming.

Cane-sugar is generally added to milk to sweeten or preserve it, as in the condensed milks; but milk-sugar is preferable, as less liable to ferment, and is more decidedly a food.

Mr. Smith passed round the following tables:—

TABLE I.

General Rules for Feeding.

Age.	Intervals of Feeding.	Number of Feedings in 24 hours.	Average Amount at each Feeding.	Average in 24 hours.
1st week	2 hours.	10	1 oz.	10 ozs.
1 to 6 weeks..	$2\frac{1}{2}$ hours.	8	$1\frac{1}{2}$ to 2 ozs.	12 to 16 ozs.
6 weeks to 6 months ...	{ 3 hours.	6	3 to 4 ozs.	18 to 24 ozs.
6 months ...	3 hours.	6	6 ozs.	36 ozs.
10 months ...	3 hours.	5	8 ozs.	40 ozs.

TABLE II.

Rough Analysis of Human Milk.

Reaction	Slightly alkaline.
Specific gravity	1028-1034.
Water	87-88.
Fat	3-4.
Albumenoids	1-2.
Sugar	7.0.
Ash	0.2.

TABLE III.

Differences between Human and Cow's Milk.

WOMEN.	COW'S as usually received.
Reaction Slightly alkaline.	Slightly acid.
Coagulable albu- } Small propor- bumenoids ... } tion.	Large proportion.
Coagulation by } Not perceptible acids } in test tube.	Marked in test tube, greatest with pure milk, less with milk diluted with water, and when 5 water to 1 milk, not perceptible.
Water 87-88.	86-87.
Fat 4.	4.
Albumenoids ... 1.	4.
Milk-sugar ... 7.	4-5.
Ash 0.2.	0.7.
Bacteria Not present.	Present.

TABLE IV.

Analysis of Mellin's Food with Cow's Milk.

Water	85.84.
Sugar	6.95.
Fat	3.0.
Albumenoids	4.45.
Ash	0.72.

No starch; food entirely soluble.

DISCUSSION.

Dr. DUDGEON said he could endorse Mr. Smith's praises of Mellin's food, which he had found very satisfactory. He differed from Mr. Smith in his recommendation of mixing lime-water with milk indefinitely. He had seen diarrhea traceable to this, and stopped by its discontinuance. He did not think the acidity of cows' milk made much difference. Children, like adults, may thrive on a great variety of aliments; but it was well to have a standard, and he thought the society was indebted to Mr. Smith for bringing the subject forward so ably.

Dr. FRANK NANKIVELL endorsed the recommendation of Mellin's food in early infancy. After six months he found Chapman's wheat flour very good for strong children. He thought it was inadvisable for children to have the milk of one cow, as he believed cows were subject to a kind of menstruation, during which the milk was not as good as at other times.

Dr. DYCE BROWN thought most women required stimulants, but this was to be tested by the effect on the baby. As to the advisability of stopping nursing when menses recur, circumstances must be the guide. Mr. Smith's recommendations are all very good for healthy children, but the difficulty arises with children who cannot digest milk in any form. He thought Barley-water, either plain or with a few drops of *Bovinine* or *Valentine* in it the best. Hard's food (Baked Flour) is another that is well liked. Peptonized food is here very valuable. Revalenta will sometimes agree when Bengers food fails. He mentioned the case of a child of three months in which it did well. The food was made with milk. The Aylesbury Artificial Human Milk is often successful.

Mr. W. S. Cox wondered if it was possible to instil some of these truths into the minds of the mothers among the poor. They seem to give their children chops and beer, or anything that is going, the appalling effects of which are seen in the infants admitted to the wards. These children almost invariably improve on the hospital diet.

Dr. CLIFTON (Northampton) said the remarks of Mr. Smith hardly applied to his patients, who are largely factory women. Nursing during menstruation generally does tell on mothers and children, though it may not appear to do so at the time. He often traced diarrhea in infants to it. Nursing during pregnancy causes women to fall away and gives rise to obstinate constipation. He had seen as much anemia the last four years as he had in the twenty years previous, this also being attended with obstinate constipation.

He did not find alcohol required. Plenty of milk, cocoa, and water are all that are necessary. Cold water is good for infants; especially if constipated. He always advocated the free use of it.

With regard to stomach capacity, he doubted if Mr. Smith took into account the difference between the living stomach and the dead; and milk did not stay in the stomach long. "Sterilizing" food was impossible among the poor. Referring to the effect of condensed milk in producing rickets, he did not find that it did. When the milk is deficient in fat, if cream is put to it, it often gives diarrhea; he found the addition of two or three drops of cod-liver oil, and shaking them well together, answered admirably. Mr. Smith had rightly mentioned the periodical weighing of the child as the best test of its progress; but he had learned one equally good from an old nurse, namely, looking at its buttocks.

Mr. HURNDALL said there were points in the paper of interest to veterinarians and medical men in common. He did not think diarrhea was more common among infants than among calves. He had always been under the impression that healthy children could adapt themselves to digest cow's milk without much dilution. He was glad to hear Mr. Smith's suggestions for the best methods of making it more appropriate. Referring to Dr. Nankivell's remarks, he said cows did not menstruate. A cow comes in season within a short period after delivery, and until she has been gratified it recurs from time to time. It occurs first about nine days after delivery. This may have given rise to the misconception that cows menstruate. Cow-keepers generally prevented the recurrence by having it gratified at once. Coming to the point mentioned by Mr. Smith that bacteria were to be found in cow's milk and not in that of women, he raised the question whether there might not be bacteria of tubercule, and advocated proper inspection of cattle and meat. He questioned if there would be bacteria in the milk of really healthy cows.

The PRESIDENT asked if the milk of cows was supplied to us whilst the cows are pregnant.

Mr. HURNDALL said certainly it was so.

Dr. MOIR endorsed Mr. Cox's remarks on the impossibility of feeding the infants of the poor properly. It was impossible to keep bacteria out of milk, and it was safer to give artificial food entirely. The point brought out by Mr. Smith on over-feeding was most important. Some mothers had said to him that they nursed their children every half-hour. He agreed with Dr. Dyce Brown that barley-water, with perhaps a little cream, was an excellent food where milk was not tolerated. Mellin's was certainly one of the best foods. He had traced illness to milk from cows kept entirely on oil-cake all the winter, never being let out from the cow-shed for three months.

Mr. DUDLEY WRIGHT thought changes were made in cows' food at different times of the year. They were given grains when they went off grass, and this caused diarrhea in children. An

important thing was the kind of bottle used ; they should have no tubes. Goat's milk was useful at times. It is very important to choose a wet-nurse carefully. She should be healthy and have a healthy family history, and her own child should be the same age as that of the one she is engaged for. The breasts should be full, and the child should be evidently satisfied.

Dr. MADDEN said the form of the bottle was important, not only from the point of cleanliness but also from the desirability of having the child take the food all at once whilst warm, and not be allowed to keep the end of a tube in its mouth and suck every now and then from a bottle beside its cradle. He discussed the question of sterilisation and the importance of the question of tuberculosis. Mr. Smith's formula differs from that of the Aylesbury Dairy Company in the omission of any attempt to remove curds. His experience was the same as that of Dr. Clifton, that no advantage was to be gained from alcohol. Stout for the mother was on a par with castor oil for the baby ; they were both old nurses' traditions, and he advised against both.

Dr. GALLEY BLACKLEY had seen much of children's diseases in Liverpool, and the effects of bad feeding. He had read a book by Dr. Thomas Inman on infant feeding. Dr. Inman advocated feeding infants in marasmus with whiskey (one to twenty of warm water), giving nothing else for three or four days. Dr. Blackley had seen excellent results from this. The child knows when it has had enough, and apparently gains flesh.

The PRESIDENT (in the chair) referred to his experience at the Evelina Hospital where a large proportion of patients were suffering from wrong feeding. He approved of Mellin's food, but he had noticed that at first it seemed to cause diarrhea. He was of opinion that alcohol was not needed by nursing mothers. It had been said that some babies could not take milk. He suggested barley-water mixed with veal broth was the best thing in these cases. The great difficulty with peptonised food was to disguise the bitter taste. The same may be said of the use of Zymine tabloids. Regarding Revalenta, he recalled a remark of Dr. Pavy's that Revalenta was a very dear way of buying ground lentils. He had seen two cases of sloughing of cornea in children fed exclusively on boiled bread—bread boiled in water. One child is now dead, and one is permanently blind. Mr. Critchett, who saw the cases with him, said the eyes were more like those described in old books as being common among "skilly"-fed prisoners.

Mr. GERARD SMITH (in reply) said starch might be useful before the age of six months as a separator of curds. It does not do to remove all the curd. He asked at what age Dr. Clifton gave cold water ? [Dr. Clifton gave it from a month upwards.] Referring to cows, he said they certainly gave more curd than

children could digest. Egyptian cows gave milk which was much more digestible, the cows not having been so carefully bred to produce casein. He had noticed the diarrhea following Mellin's food, but it was only for a very short time. He did not understand the action of the whiskey in Dr. Blackley's cases.

EXTRACTS.

EDUCATION OF HOMEOPATHS.

(From an interview with Mr. Henry Harris, in *The Oracle* of Aug. 22.)

"How would you propose to increase the spread of homeopathy among the public?"

"I believe we shall only be able to do it by reviving the missionary spirit to which I have alluded. Five years ago an effort in this direction was made, which resulted in the formation of the Homeopathic League, which has since that time done considerable work by the circulation of tracts and by the provision of a lecture on homeopathy, but even in this instance the spirit of professionalism has had some influence, and it has been insinuated, if not openly asserted, that it would be a breach of etiquette for a practitioner to be openly connected with this movement. I believe that this excessive professionalism has crippled and considerably burdened the work of this useful body, and here, as elsewhere, to obtain the best results the public and the profession must work hand in hand. But though this activity is necessary for the spread of homeopathy among the public, yet I believe that the number of persons in this country who prefer homeopathic treatment is immense, far exceeding the supply of practitioners who can give it them, and only waiting the multiplication of these to increase at a still greater rate."

"Then, surely, there being this demand, the supply will naturally follow?"

"Ah! unfortunately, the hindrances which obtained twenty years ago to the medical student studying homeopathy, with few exceptions, obtain still. He must relinquish the hope of appointments and

THE EMOLUMENTS OF THE PROFESSION.

He is still generally excluded from the medical societies, nor is there much to tempt him in the loaves and fishes of the new school. But the great reason why we fail to get converts from the medical students is that, hitherto, we have not been able to give them sufficient advantages in the way of instruction to compensate them for what they would have to relinquish. We

have no power to grant diplomas, and if a student wants to study homeopathy, he must take it as an addition to his ordinary medical studies. Naturally, a young man is always in a hurry to begin to earn money, and he consequently gets drawn into the ordinary routine of practice, and is even more attracted in that direction by the fact that all official appointments are

CLOSED TO HOMEOPATHISTS.

“What remedy do you suggest for the present state of things, Dr. Harris?”

“That instead of being content with simple lectures on homeopathy, we should start a complete medical school, in which we can educate a student from the beginning of his career. There have been advantages, from one point of view, in homeopathic students being compelled to go through the ordinary curriculum, because it has prevented people saying that a homeopath was not a properly qualified medical man. Every homeopath in England has gone through exactly the same training as an allopath. Their homeopathy is simply an addition to their other knowledge, and they are, therefore,

HOMEOPATHS BY CONVICTION.

But, on the other hand, students have not all time to study homeopathy after they have completed their other studies; I believe if we had a complete medical school we should soon get a large body of students who would be able, at any rate, to pass the ordinary medical examination.”

“Does not that open the wide question of qualifying?”

“It does. It raises the important question whether there should be, as now, several portals to the profession, each portal held, more or less, by a teaching body; or whether there should be one portal only established by the State, controlled by the State, and absolutely independent of any teaching body. Personally, I am strongly in favour of the latter—that is,

A STATE EXAMINATION,

and the examination should be so absolute and so thoroughly exhaustive that there should be no necessity to inquire how, when, and where a man obtained his information, and how long he was about it. All he would have to do would be to show that he had got it, and, having got it, should be able to treat the public medically. I think no teaching institution should also be an examining and qualifying body. Had we a State examination, with the examiners paid by the State, and debarred from private practice, there would be no necessity for any school granting a diploma. But while the qualifying power is entirely in the

hands of our opponents, while the examiners are more or less connected with the various teaching bodies, and candidates must furnish certificates that they have studied a certain number of years in a recognized school of medicine, I am afraid it is more than possible that students presenting certificates from our schools would be heavily handicapped in the race for a legal qualification. However, we may make the experiment, and if we find our students are unfairly treated, then, I think,

WE MUST BRAVE THE LAW

and grant diplomas, trusting to the holders thereof, by their conduct and by their numbers, to force the State to give them legal validity. The tendency of the time is rather to diminish than increase class privileges and the power of close corporations, and I can't help feeling that with an increasing responsibility for human life—that with the knowledge forced upon us that though we are professional men, we have not ceased to be citizens, getting rid of some of this professionalism which has bark-bound us so long, we shall make an intense effort to supply the great need of our time. I hope in the future we shall have not one medical school only, but schools in all the great centres of population, each sending out men thoroughly qualified in every respect to practice medicine. Then we shall have the men of the homeopathic school no longer in the position of supplying perfect weapons against disease, and having no soldiers to use them; and then, also, with the still increasing knowledge of the history of disease and the laws of health, and a perfected power in therapeutics,

THE MILLENIUM OF MEDICINE

will not be far distant, when a premature death will be as great a scandal to society as a case of starvation is now. It may be said that this is a dream; but remember, the dreams of to-day are the realities of to-morrow."

REMOVING EAR WAX.—A solution of boric acid, 6 parts to 150 each of glycerine and water, has been recommended as very efficient in softening ear wax; the solution is warmed, and 5 to 10 drops of it are put in the ear twice a day.—*New Remedies.*

ATROPINE AS AN ANTIDOTE TO CYANIDE OF POTASSIUM.—A case is reported in the *Deutsch Medicinal Zeitung* of a man who swallowed with suicidal intent a quantity of cyanide of potassium together with a solution of atropine. He was taken to the hospital, but received no special treatment, and was perfectly well the following day.—*New Remedies.*

REVIEWS.

CONCORDANCE REPERTORY—VOL. VI.*

THE issue of this, the concluding volume of Dr. Gentry's great work, bears the date 1890. The preface to the work in the first volume is dated July of that year. Thus the issue of the six volumes, averaging one thousand pages each, has occupied only little over a twelvemonth. From this it will be understood with how much praiseworthy expedition the work has been pushed forward.

The final volume contains the following parts:—1. Neck and Back; 2. Upper Extremities; 3. Lower Extremities; 4. Bones and Limbs in general; 5. The Nerves; 6. Generalities and Key Notes.

The plan of the last volume is on identical lines with the preceding. The separation of the chapter headed "Nerves" from the part "Generalities," which has usually included it, will be found a great convenience. We note, however, that several headings (*e.g.*, *Restless* and *Restlessness*) occur in the two chapters, and both will have to be consulted if all the medicines under the notice are to be found. The chapter on "Bones and Limbs in general" will also be found of great use.

In concluding our remarks on the magnificent work of Dr. Gentry, we can only say that the author has made the practice of homeopathy distinctly less arduous than it was before. The *Concordance Repertory* is one of the best used books on our shelves, and the only way to appreciate its merits fully is to use it.

SEXUAL HEALTH.†

THIS brochure of eighty pages really forms part of the author's work on domestic medicine, but for very sufficient reasons he has decided to publish it separately from the other matter within covers of its own, and not in the body of the larger treatise. The title very well expresses the character of the work, which deals with subjects most necessary to be known, and which yet few have the courage to treat in a straightforward manner. The four chapters into which the book is divided are headed severally:

* *The Concordance Repertory of the more Characteristic Symptoms of the Materia Medica.* By William D. Gentry, M.D. Vol. VI. New York: A. L. Chatterton & Co., 78, Maiden Lane. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1890.

† *Sexual Health: A Companion to "Modern Domestic Medicine."* By Henry C. Hanchett, M.D. Carefully revised by A. H. Laidlaw, A.M., M.D. Third edition. Philadelphia: The Hahnemann Publishing House. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1891.

—1. Sexual Health of the Male; 2. Sexual Health of the Female; 3. Marriage; 4. The Medicines and their Indications.

The author advises circumcision as desirable for all boys, whether called for by congenital phimosis or not. It is quite true that a large number who escape would be very much the better for the operation; but whether it is worth while to make it an universal rule for the sake of this number is another question.

Strong common sense characterizes the remarks in the chapter on Marriage, and very useful is the knowledge conveyed. Indeed, the views put forward in this chapter tend almost to err on the side of the practical. The sentimental side for the author seems almost non-existent, or, at any rate, takes a very subordinate place.

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.

WM. STEINMETZ, *Leipzig*.—We beg to acknowledge your communication, and shall be happy to continue to exchange with the *Allg. Hom. Zeit.* as formerly.

VACCINATION AND WHOOPING-COUGH.

NEMO.—We are not concerned with the origin of the story that vaccination can cure whooping-cough. When cases are given with full particulars, and duly vouched for, there is something to go upon. If vaccination has the potency for evil which some maintain it to have, on homeopathic principles it must also be expected (like small-pox) to have potency for good under certain circumstances.

SCIRRHIN.

In reply to many inquiries for *Scirrhin*, Dr. Heath wishes us to say that he has now made a preparation of this nosode from a very typical case. It may be had of A. Heath & Co., Ebury Street, S.W.

DR. WILDES, *Jamaica*.—If you will give us the page on which the acknowledgment occurs we can, perhaps, inform you. Our recollection is that it was a newspaper.

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.

PARTNERSHIP.

DR. BARROW, *Clifton*.—Dr. S. Morgan, of 15, Oakfield Road, Clifton, has taken into partnership Dr. Barrow, late of Hoylake, Cheshire.

REMOVAL.

DR. MORRISSON, *Clapham Common*.—Dr. S. Morriison has removed from St. Leonard's and returned to London. His only address now is Grafton House, Clapham Common, S.W.

CORRECTION.

Mr. Glover, of Malvern, has pointed out to us an error in the name of the late Dr. Millin's successor at Worcester. It is Dr. CAVENAGH, and not Cavendish, as stated.

Obituary.

MATHIAS ROTH, M.D.

It was with a shock of painful surprise that we read in *The Times* of October 24th, a notice of the death of Dr. Roth under distressing circumstances. "On the 20th October, 1891," the announcement runs, "Mathias Roth, M.D., of Villa Beaujeu, Divonne Ain, France, formerly of 48, Wimpole-street, London, and No. 22, Gloucester-place, Brighton, burnt accidentally while taking a vapour bath."

Only a year or two ago Dr. Roth finally retired from practice and settled in his adopted home in France. But this did not mean that he gave up his interest in matters of medicine and hygiene. On the contrary, he still kept his connection with "the Society for the Prevention of Blindness, and for promoting the physical education of the blind," of which he was the founder and which has done such admirable work as our readers know; and so lately as August last he was in London and took a prominent part at the International Congress of Hygiene. It may fairly be said that he died a martyr to hygienic science, for the

vapour bath was one of the subjects on which he had recently taken a great interest, and it was through this that he accidentally met his death.

Dr. Roth was born in Hungary and graduated M.D. at Vienna and Paris in 1839. He left Hungary as a political refugee in the times of revolution, and found his way to Paris, where his elder brother, the late Dr. David Roth, settled in practice, and where he died a few years ago. After Paris he came to London, and it was in this country that the principal part of his professional life was spent. He became assistant to Professor Georgi, the son-in-law and representative in London of Ling, the well-known founder of scientific gymnastics and the movement cure. Into this branch of the profession Roth threw himself with characteristic energy, and his Handbook on the movement cure is the textbook of the subject in the English language. His treatises on "Paralysis and Paralytic Deformities" and on "Prevention and Treatment of Spinal Curvatures," with others, also relate to the same department. Dr. Roth was member of the principal hygienic societies of the Continent. For his sanitary exhibits and modes of teaching gymnastics to the blind he received a gold medal of the Health Exhibition of 1884. He also received a medal at the great International Exhibitions of London 1862, and Paris 1867. Dr. Roth was much missed when he retired to his country house in France, and now his departure leaves a blank in the circles where his genial presence was once so well known.

DR. SAMUEL LILIENTHAL.

Just as we go to press we learn with much regret that the veteran Dr. Samuel Lilienthal has passed away. He died at San Francisco on October 2nd. His name is known where Homeopathy is known. For many years he edited *The North American Journal of Homeopathy*, and articles from his pen have appeared in many magazines since he relinquished the editorship. He assisted to bring out Farrington's *Materia Medica*, and is the author of a well-known work on Homeopathic Therapeutics. The initials "S. L." will be greatly missed in homeopathic journalism. Dr. Lilienthal was well known to British Homeopaths, many of whom had the pleasure of meeting him at the Norwich Congress a few years ago.

GENERAL CORRESPONDENCE.

THE DIRECTORY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—We regret that you have been obliged to point out so many errors in the last edition of our "Homeopathic Directory." From various causes we were obliged to defer its publication, and unless we send applications we find we do not receive corrections as to change of address, hours, &c., although it would be a simple matter for the practitioner to send us a post card to that effect. Perhaps if you will kindly print this letter it will have the desired effect as we are anxious to have the next edition more reliable. Knowing your anxiety for correctness we would point out that on page 475 of the "World" you state Dr. Cavendish has taken the late Mr. Millin's practice, we think you must mean Dr. Cavenagh, as we do not find the former name in our Directory unless this is another omission.—We are, sir, your obedient servants,

KEENE and ASHWELL.

74, New Bond Street, London, W., Oct. 19, 1891.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical, Daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Burdett's Hospital Annual and Year Book of Philanthropy, 1891-92. Cr. 8vo, pp. 590. (Hospital. 3s. 6d.)</p> <p>Coombe (R.). A Pocket Epitome of the British Pharmacopœia. 32mo, pp. 90. (Baillière. 1s.)</p> <p>Denmark: Its Medical Organization Hygiene and Demography. Published with the Authority of the Danish Government. With Maps and Illustrs. Imp. 8vo, pp. 474. (Churchill. 12s.)</p> <p>Fagge (Charles Hilton) and Smith (Philip Henry Pye). Text-book of the Principles and Practice of Medicine. 3rd ed. 2 vols. 8vo, pp. 2,200. (Churchill. 40s.)</p> <p>Gentry (W. D.). Concordance Repertory of the more Characteristic Symptoms of the Materia Medica. Vol. 6. 8vo. (Homeopathic Publishing Company. Subscription 80s.)</p> <p>Hartridge (G.). The Ophthalmoscope: A</p> | <p>Manual for Students. With 68 Illusts. Cr. 8vo. (Churchill. 4s.)</p> <p>Heath (O.). Clinical Lectures on Surgical Subjects delivered in University College Hospital. 12mo, pp. 340. (Churchill. 6s.)</p> <p>Jones (H. M.). Practical Manual of Diseases of Women and Uterine Therapeutics. 5th ed. Cr. 8vo, pp. 702. (Baillière 12s. 6d.)</p> <p>Kinsbury (G. C.). The Practice of Hypnotic Suggestion: Being an Elementary Handbook for the Use of the Medical Profession. 8vo, pp. 210. (Simpkin. 6s.)</p> <p>Kneipp (S.). My Water Cure, as Tested through more than Thirty Years, and Described for the Healing of Diseases and the Preservation of Health. With Illusts. Trans. from the 30th German ed. Cf. 8vo, pp. 280. (Blackwood and Sons. 5s.)</p> <p>MacCormac (Sir W.). Surgical Operations.</p> |
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Part 1, *The Ligature of Arteries*. 2nd ed. 8vo, pp. 160. (Smith, Elder and Co. 6s.)
Muskett (Philip E.). *Prescribing and Treatment in the Diseases of Infants and Children*. 12mo, pp. 808. (Pentland. 6s.)
Roose (E.). *Nerve Prostration, and other Functional Disorders of Daily Life*. 2nd ed. 8vo, pp. 680. (Lewis. 18s.)
Schofield (A. T.). *How to Keep Healthy: Familiar Talks in Hygiene*. Cr. 8vo. (New Leisure Hour Library). (Religious Tract Society. 2s.)
Tanner (T. H.). *An Index of Diseases and*

their Treatment. 4th ed. Revised by Percy Boulton. 12mo, pp. 540. (Renshaw. 10s. 6d.)

Thorne (R. Thorne). *Diphtheria: Its Natural History and Prevention. Being the Milroy Lectures delivered before the Royal College of Physicians, 1891*. Cr. 8vo, pp. 250. (Macmillan. 8s. 6d.)
Twenty Doctors: A Sufferer's Experience of Rheumatic Gout during Seventeen Years (1868-1885), concluding with a Few Hints to the Afflicted. By a Member of the C.T.C. 2nd ed. 12mo, sd., pp. 24. (Stimpkin. 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. Burnett, London; Dr. Lambrechts, fils, Antwerp; Mr. Glover, Malvern; "Nemo"; Mr. Walker, Birmingham; Dr. Murray Moore, Liverpool; Dr. G. Herring, London; Dr. Head, London; Dr. Hansen, Copenhagen; Dr. Stanley Wilde, Cheltenham; Dr. S. Morgan, Clifton; Messrs. Keene & Ashwell, London; Mr. G. A. Cross, London; Dr. Casseday, Minneapolis, Minn.; Dr. Thos. Wildes, Jamaica; Messrs. C. W. Pearce & Co., London and Glasgow.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Allg. Hom. Zeit.—Hom.

Recorder.—Meandeskrieff. Hom.—Bulletin Medico de Puebla.—National Medical Exchange.—California Homeopath.—Homeopathic Review.—Albany Medical Annals.—Hahnemannian Monthly.—North American Journal of Homeopathy.—American Homeopathist.—L'Art Medical.—Homeopathic Envoy.—New England Medical Gazette.—Homeopathic Physician.—Geelong Advertiser, Sept. 4.—Homeopathic Journal of Obstetrics.—New York Medical Times.—Homeopatisch Maandblad.—Vaccination Inquirer.—Medical Visitor.—Revue Homeopathique Belge.—Medical Era.—Medical Argus.—Archiv. L. Homoeopathie.—Le Précurseur.—La Chronique.—Southern Journal of Homeopathy.—The Rapid Multiplication of the Unfit, by Victoria C. Woodhull Martin.—Short Abstract of Professor Crookshank's History of Pathology of Vaccination, by August Zoppritz.—Hahnemannian Homeopathy, by Dr. Geo. Logan and C. T. Campbell.—Theory and Practice of Vaccino-Syphilis, by Alfred Milnes, M.A.—Golden Rule of Surgical Practice, by a Hospital Surgeon.—Need of Compulsory Sanitary Registration of Certain Public Buildings, by W. Lee Beardmore.—University of Minnesota Catalogue of Announcements.—Jahr's Clinical Guide, Hempel & Lilienthal.

THE
HOMEOPATHIC WORLD.

DECEMBER 1, 1891.

THE SCIENCE OF HOMEOPATHY.

THE finding of a scientific explanation of the apparent paradox involved in the homeopathic formula has long occupied the ingenuity of thinking minds, and certain striking phenomena observed in the regions of natural science have now and again been seized upon as supplying a side-light on the problem, if not its actual solution. So far back as 1869, the late Dr. MADDEN wrote in the *Homeopathic Review* on "A Physical Illustration of the Homeopathic Law and the Infinitesimal Dose," instancing Professor TYNDALL's experiments with the Sodium Spectrum. In 1877, Dr. BUTCHER read a paper before the British Homeopathic Society on "The Physical Theory of Therapeutics," and in November, 1890, Dr. COOKE read before the Society a paper entitled "Therapeutics as an Applied Science." The latest of these attempts to co-relate the experiences of homeopathy with the facts of science is now before our readers in the interesting and important article by Mr. BUIST PICKEN, concluded in our present number.

Mr. PICKEN is by profession an artist, but his tastes have led him to plunge deeply into the regions of philosophy and the natural sciences, and at the same time to acquire an extensive knowledge of the principles and practice of homeopathy. Thus equipped, he has set himself to the task.

A detailed criticism of Mr. PICKEN's elaborate, yet highly condensed and closely reasoned paper is not to be attempted in a short article, but it may be useful to

point out some of its salient features and principal conclusions.

In a few words, Mr. PICKEN'S main contention appears to be this—Homeopathy is right in practice and wrong in theory; Allopathy is right in theory and wrong in practice. The forces of the human organism are identical with the forces of nature, and obey the same laws. Health and disease are dynamic or spiritual in nature, and originate in molecular and atomic motions. The laws of motion apply to the phenomena of health and disease, and the action of remedies is identical with the phenomena of "interference" recognized in the natural sciences. As equal waves of water proceeding from different directions intersect each other ("interfere"), and either increase (as summit corresponds to summit), or annul (as summit corresponds to furrow), the motion of the molecules of water, so a medicine (whose power is dynamic) acts in disease. When the molecular disturbance of the organism corresponds to the molecular motion of the medicine given, the intensity of the disturbance is either aggravated or annulled, according as the action is in the same or the opposite direction. The action of the curative agent is like in appearance, but contrary in direction.

This appears to be the main contention of the article; but there are other points established of scarcely less importance, among which may be named the following: (1) That each substance possesses the property of absorbing any motion which corresponds to its own molecular motion (illustrating the like-to-like formula). (2) The fact that (in Prof. TYNDALL'S words) "the waves which are most effectual in shaking asunder the atoms of compound molecules are frequently those of least mechanical power. Billows, to use a strong expression, are incompetent to produce effects which are readily produced by ripples"—showing a possibility of elucidating a law of dosage on strictly scientific grounds. (3) That, as Boscovich says, atoms are to be regarded as "centres of force"; or, according to Faraday, that "force constitutes

matter";—that there is no "space" other than some quality of matter between the particles of vapours, liquids, and solids alike;—that, for example, "water is not two particles of oxygen and hydrogen side by side, but the two spheres of power mutually penetrated, and the centres even coinciding"; or, as he puts it in another place, "Gravitation is a property of matter dependent on a certain force, and it is this force which constitutes matter. In this view, matter is not merely mutually penetrable; but each atom extends, so to say, throughout the whole of the solar system, yet always retaining its own centre of force." "What do you know of the atom apart from its force? You imagine a nucleus which may be called *a*, and surround it by forces which may be called *m*; and to my mind the *a*, or nucleus, vanishes, and the substance consists in the powers of *m*":—which provides the highest scientific authority for the suggestion that it may be impossible to reach the limit of the attenuation to which homeopathic medicines may be carried.

But Mr. PICKEN claims to have effected something more than this. In bringing homeopathy into line with the natural sciences he claims to have made a contribution to the unification of knowledge. According to him, the experiments of TYNDALL and FARADAY do not merely prove the power of infinitesimals, and the possibility of two like motions resulting in the cancelling of the one by the other, as other writers have pointed out, but he claims that both these and homeopathic cures are illustrations of one and the same law: that in virtue of our "lineage with the sun" the human organism is one with nature. "The human organism is a world of motions," he quotes from a writer, "and the thorough penetration and inter-penetration of the spiritual principle through each and all portions of the organization, without the least exaggeration or diminution in its motions or dispensations, constitutes the immediate causes and conditions of health." "Disease is discord, and exists primarily in the spiritual and organic forces by which the organism is actuated and

governed." It is this motion which is reached by the dynamic and spiritual forces of corresponding drugs in identically the same way that sound waves are reached and acted upon by other sound waves; or, again, in the same way that sound waves act upon the corresponding nerve of sound, and transfer their motion to the molecules of the brain, and the spiritual principle which actuates the brain.

Moreover, Mr. PICKEN claims to have shown how the two opposing schools of medicine may easily be reconciled and made into one.

Granting that the basis for such a reconciliation has been laid securely enough, it may well be doubted if this is sufficient to bring the reconciliation about—at least for some long time to come. The great difficulty in the way of this desirable consummation lies in the fact that there is in reality only one school—the homeopathic. "Allopathy" is a convenient term wherewith to designate the other section of the profession, but there is no "allopathic doctrine" or "allopathic system" of any coherence with which homeopathy might come to terms. The "allopathic" section, as a matter of fact, though it calls itself "regular" and "orthodox," has neither *regula*, or rule, nor *doxa*, or settled opinion—but merely an inorganic agglomeration of what may be called bits of practice. Hahnemann, on the contrary, has propounded a rule—"Let likes," he said, "be treated with likes"—*similia similibus curentur*. His rule, as he taught it, is impregnable. He did not enunciate it as a philosophical explanation; the pointing out of this he left to FARADAY, TYNDALL, their co-labourers and disciples.

Space forbids more than a brief mention of the interesting topic of *isopathy*, to which Mr. PICKEN makes allusion, and which would seem to be illustrated by the phenomena of light and sound even more closely than homeopathy. We must conclude by referring our readers to the thoughtful perusal of Mr. PICKEN's article, which contains matter of surpassing interest in itself even apart from the rights or wrongs of homeopathy and allopathy.

NEWS AND NOTES.

LEAGUE TRACTS, VOL. II.

THE second volume of the Homeopathic League Tracts is now complete and ready for distribution. It comprises eighteen tracts like the first, and is published at 1s. 6d. in paper, and 2s. in cloth boards, and may be had of John Bale & Sons, 87-89, Gt. Titchfield Street, W. The Hon. Sec. of the League, E. H. Laurie, Esq., of 16, Blandford Square, N.W., wishes us to say that he will be happy to send a gratuitous bound copy to any public library which is willing to accept it. If our readers know of any such, we hope they will send the names to Mr. Laurie. We take this opportunity of recommending the League and its publications to our readers. The tracts should be on the shelves of all homeopaths, whether medical or lay. They contain an amount of information relating to homeopathy in a readable and readily accessible form, such as has never been put together before.

HOW THESE BACTERIOLOGISTS LOVE ONE ANOTHER!

FROM *The Lancet* of November 14th we learn that there is a precious ferment going on in the bacteriological world just now, and all *apropos* of Koch's tuberculin. The great Professor Koch, it seems, has been trying to improve his anti-phthisical remedy, which has hitherto rather disappointed expectation by killing many and curing none. The chief means whereby he hopes to change the lethal character of his tuberculin to a remedial one, is by diminishing the dose down to homeopathic infinitesimality, and while making his experiments in this direction—like Pistol eating his leek—he swears, that is to say, he denounces all his fellow-workers. As *The Lancet* has it: "What, however, is more remarkable [than his quietly ignoring the work of Cheyne and Hunter] is the tone adopted by Professor Koch towards his fellow-workers in this field. He not only ignores their labours . . . but actually accuses them of not experimenting for themselves, and of waiting impatiently for his own declarations. This is so contrary to fact," &c. Professor Klebs, of Zurich, enters the lists against Koch himself in defence of tuberculin, which he quietly insinuates Koch knows nothing

about. He, Klebs, has succeeded in eliminating from the crude tuberculin all the dangerous elements and of extracting a pure tuberculin which produces no injurious effects, but "completely cures tubercle in inoculated animals." So did the original tuberculin in Koch's hands; it cured the animals, but killed the human beings. Klebs does not say if his purified tuberculin cures human beings. But he triumphantly observes that his purified tuberculin may be given in the original large doses, and we are not required to descend to those ridiculous homeopathic doses which Koch now advocates. Another professor, Hueppe by name, writes a withering article against Koch in the *Berlin Weekly Clinical Journal*, in which he asserts that all Koch's recent revelations are no new things but have been discovered and published years ago by authors whom he names. "Finally," says *The Lancet*, "Dr. Hueppe deals severely with the accusations brought by Dr. Koch against bacteriologists in general, and shows how ill-founded they are." All this would be very amusing, were it not a little sad to see these eminent *savants* and professors quarrelling among themselves just like ordinary mortals.

CACTUS—A "NEW" REMEDY.

The British Medical Journal Supplement of November 14 quotes from an article in *The Practitioner* of October by Watson Williams on the "new" remedy, *Cactus Grandiflorus*. In its physiological action, we are told, it "closely resembles *Digitalis*." In spite of this "close resemblance," however, the author states that "he does not regard *Cactus* as acting like *Digitalis*, but considers it acts chiefly on the accelerator nerves of the heart and sympathetic ganglia, shortening the diastole, and stimulating the special vasomotor system." All this sounds very scientific, if also a little contradictory; but what about the uses of the drug? Its allopathic discoverers have found it useful, we learn, in functional disturbance of the heart, in angina pectoris, in Graves's disease, and in "tobacco heart"—all very old news to homeopaths. Nothing is said as to the way in which Dr. Watson Williams arrived at his knowledge of the properties of *Cactus*.

ACCIDENT ?

THE following appeared in *The Chemist and Druggist* of November 14 :—

“A curious accident, brought about by the subcutaneous injection of antipyrin, was cited at the last meeting of the Academy of Medicine by M. Verneuil. Two patients under his care suffered from sciatic neuralgia in the lower limbs, and injections were accordingly made under the toes. After the third injection gangrene suddenly set in, and extended to the other toes and the foot itself. In one case the affection was almost fatal, but cauterisation and phenic pulverisations arrested the malady. The accident, M. Verneuil thought, must have been the result of a complication of circumstances, but a predisposition to gangrene must have already existed. Dr. Dujardin-Beaumetz said the case quoted was quite exceptional, but he agreed with his colleague's conclusions. When neurotic troubles existed subcutaneous injections, no matter of what liquid, were always dangerous.”

“Accident” is a very pretty term for this awful piece of “rational” or “orthodox” treatment. Dr. Dujardin-Beaumetz is not very logical when in one breath he calls the case *exceptional*, and in the next says subcutaneous injections in neurotic troubles were *always* dangerous.

POISONOUS HATS.

WRITING in *The British Medical Journal* of October 10, Dr. Frederick Long of Wells, Norfolk, says in reference to above :—

“I may say that the fact of the inside leather band being a source of lead poisoning was demonstrated by the late Dr. Owen Rees. It is just about thirteen years ago that many of his pupils will remember with me with what delight he told us one day in the wards of Guy's, how he had discovered the cause of some troublesome headaches that he had been suffering from for some time. One day, on beginning to wear a new hat, it struck him that the very highly-glazed band inside probably contained lead in the same way as glazed cards, and if so, would be a fertile source of lead poisoning. He analysed the glaze, and found plenty of lead, and I need not say that he in future countermanded anything in the form of glazed leather, and after a time entirely lost his headaches.”

“TWENTY YEARS OF HOMEOPATHY.”

UNDER the above heading is published the presidential address delivered at the last Congress of British Homeopaths, as Tract No. 37 of the Homeopathic League. It is excellent

reading, as it was hearing, and forms an admirable beginning for Volume III.

We are glad to see the public press has taken notice of the Belgian boycotting. *The Dundee Courier* of Nov. 7 reproduced part of the article on Dr. Lambeghts *file*, which appeared in our November issue.

ORIGINAL COMMUNICATIONS.

INFLUENZA.

Now that there is little doubt that Influenza is about to pay us another visit, it may be well to remind our readers of the few useful hints that have been gathered from past experience. As we anticipated would be the case, before the epidemic reached our shores, *Arsenicum* has proved to be the best prophylactic. Two pilules in one drop of the tincture of the 3rd, 6th, or 30th potencies, two or three times a day, will in many cases protect against an attack. Of general measures, the avoidance of exposure to chills, to damp, to over-fatigue, is the most important. Errors in diet are scarcely less dangerous. Any influence which lowers the bodily tone is likely to induce an attack. When the disease declares itself, it must not be fought against. The best thing the patient can do is to take a hot bath and go to bed, and live on gruel, beef-tea, and the lightest kinds of diet until the fever and usual symptoms are gone. Of medicines, *Baptisia* corresponds best to the low feverish condition with restlessness, foul breath and tongue, and disordered stomach and bowels. Intense throbbing headache, flushed face, pain in ears, and sore throat call for *Belladonna*, which may be followed by *Mercurius*, if the symptoms do not completely yield. If there is much sore throat, swelling of the tonsils, with inflamed, herpetic follicles, and hardness of the glands externally in the neck, aching in the back and limbs, *Phytolacca* is the best medicine. *Aconite* is required when the fever is high, thirst great, and great restlessness and anxiety. *Gelsem.* may be called for when there is much pain in the back and head, giddiness,

fever of typhoid type, large soft pulse. If as well as giddiness there is ringing in the ears, *China* will be the remedy.

There are few cases that will not answer to one or other of these remedies if the patient is careful. For the period of convalescence, *Nux Vomica*, *Arsenicum*, *Kali-Carb.*, and *China* have proved of greatest success.

THE SCIENCE OF HOMEOPATHY.

(Concluded from page 508.)

BY W. BUIST PICKEN.

FURTHER, as all generative truth is dual, it should be regarded equally from the points of view of both positive and negative poles.

It is obvious that in the phenomena of *similia similibus curantur*, in homeopathic practice, we see the scientific cure of *disease*, strictly considered, *i.e.*, of disordered, or deranged molecular and atomic motions; and this is the accomplishment of a positive, and interior end by negative and external means. But the physician has to deal with states of body to which perhaps neither *contraria contrariis curantur* nor *similia similibus curantur* adequately apply, as ordinarily understood and practised; states of the organism for which the rule of treatment is not that of contraries, not even that of "like cures (or destroys) like," but of *like begets like*, in respect of atomic and molecular motion. These conditions we may practically regard as due not so directly to a want of equilibrium of motions, which constitutes disease proper, as to a want of motion itself.

Both schools of medicine treat such molecular conditions according to their respective rules, with about equal contentment. But as in the one school the abuse of "tonics," "stimulants," &c., makes it really weak where it seems strong, so in the other school, which excludes isopathic possibilities of cure, appears a weakness at the very source of its strength. Whether this apparent weakness mark the limitations of medical therapeutics, may well be held an open question amongst homeopaths. It seems clear that as by negative molecular means a positive end may be gained, so, likewise, by positive molecular means a negative end may be attained—and both be consummated in health. This phase of the subject, however, cannot be dealt with now, but the considerations which follow bear directly upon it.

When heat results from the action of light, it is due to absorption of the latter. "This question of absorption," remarks Professor Tyndall, "considered with reference to its molecular mechanism, is one of the most subtle and difficult in physics. We are not yet in a position to grapple with it, but we shall be, by and by."* And if the question be one of the most subtle and difficult in physics, it is also one of the most important for physicians to understand.

If a beam of light be passed through a solution of alum, the whole of the beam may be converged to a focus of dazzling brightness, at which *white* paper will not burn. By removing the alum from the path of the beam, the paper at the focus will instantly flame. The light is not absorbed, consequently it is not the light which burns, but the ultra-red rays are absorbed, and these set the paper aflame. A particular portion of a beam of light may be passed through a lens of ice, without destruction of the lens, and converged to a point where *black* paper (being absorbent) burns instantly: in the same circumstances white paper reflects the rays, and is therefore not burnt.

At the perfectly invisible focus where similar effects of a much more striking character can be produced, the air may be as cold as ice; for air does not absorb radiant heat, and is consequently not warmed by it. "With suitable precautions," says Professor Tyndall, "the eye may be placed in a focus competent to heat platinum to vivid redness, without experiencing any damage, or the slightest sensation either of light or heat."†

Placing the alum solution, which is pervious to all the luminous rays, in the path of a convergent beam, at the focus we may put a piece of glass crusted with hoar-frost, and at that intensely luminous focus "not a spicula of the dazzling frost is melted." Substituting for the alum a solution of iodine, which by absorption cuts off all the light, a broad space of the hoar-frost at once melts away.

"We must now prepare the way for the consideration of an important question.

"A pendulum swings at a certain definite rate, depending on the length of the pendulum. A spring oscillates at a rate which depends on its weight and elastic force. A musical string, in like manner, has its determining rate of vibration, which depends upon its length, weight, and tension.

"A plank which bridges a gorge has also its own rate of oscillation, and we can often, by timing our movements upon such a plank, so accumulate the impulses as to endanger its safety. Soldiers, in crossing pontoon bridges, tread irregularly, lest the motion imparted to the pontoon should accumulate to a dangerous extent. The step of a person carrying water on his head, in an

* *Light*, p. 39.

† *Ibid.*, p. 177.

open pail, sometimes coincides with the oscillation of the water from side to side of the vessel, until impulse being added to impulse, the liquid finally splashes over the brim. The water carrier instinctively alters his step, and thus reduces the liquid to comparative tranquility.

“ You have heard a particular pane of glass respond to a particular note of an organ ; and if you open a piano and sing into it, some one string will also respond. In the case of the organ, the pane responds because the periods of its vibrations happen to coincide with the period of the sonorous waves which impinge upon it ; and in the case of the piano, that string responds whose period of vibration coincides with the period of the vocal cords of the singer. In each case there is an accumulation of effect, similar to that which you observe when you stand upon a plank-bridge, and time your pulses to its rate of vibration. In the case of the singing flame referred to in a former lecture, you had the influence of period exemplified in a very striking manner. It responded to the voice only when the pitch of the voice corresponded to its own. A higher and a lower note were equally ineffective to put the flame in motion.

“ These ordinary mechanical and acoustical facts will help us to an insight as to the more subtle phenomena of light and radiant heat. I have shown you the diathermancy of lampblack and bromine, and the far more wonderful transparency of iodine shall be amply illustrated by and by. We have now to inquire why iodine stops light and allows heat to pass. The sole difference between light and heat is one of period. The waves of the one are short and of rapid recurrence, while those of the latter are long and of slow recurrence. The former are intercepted by the iodine, and the latter transmitted. Why ? There can, I think, be only one answer to this question, namely, that the intercepted waves are those whose periods coincide with the periods of oscillation possible to the atoms of the iodine. The waves transfer their motion to the atoms which synchronise with them. Supposing waves of any period to impinge upon an assemblage of molecules of any other period, it is, I think, physically certain that a tremor of greater or less intensity will be set up among the molecules ; but for the motion to accumulate, so as to produce sensible absorption, coincidence of period is necessary.” *

The phenomena of partial absorption and interference sufficiently explain the corresponding phenomena of partial and temporary cure of disorders in the human organism. That absolute homeopathicity is not always necessary to effect a cure is matter of common experience, and, indeed, is just what might reasonably be expected, from data of known physical corre-

* *Heat*, pp. 404-5.

spondences. Professor Tyndall, in his minute description of that wonderful part of our hearing mechanism called Corti's organ, says it is not essential to response from any one string of this organ that the unison be perfect, as a certain degree of response occurs in the immediate neighbourhood of unison. Each of two strings, not far removed from each other in pitch, can cause a third string, of intermediate pitch, to respond sympathetically. And if the two strings be sounded together, the "beats" which they produce are propagated to the intermediate string.

In view of the relations of temperature to disease, the employment of certain remedies of merely empirical as well as of pathogenetic use, will be rendered easier and more successful by a knowledge of their deportment towards radiant heat and other modes of motion. The diathermancy of solutions of sulphur, phosphorus, iodine, &c.; the comparative athermancy of common gum, alcohol, acetic acid and citric acid, alum, sugar candy, &c., which two latter almost equal ice; the extraordinary energy of water as a radiant, with many more facts of like nature, all invite therapeutic systematization. Sulphur ignites at a temperature about 244° C., but at the obscure focus of an electric light of one thousand candle-power, which gives heat sufficient to raise platinum to white heat in a moment, the sulphur requires considerable time to fuse. Though relatively impervious to heat, it is not so, however, through absorption. Sugar is a substance not nearly so inflammable as sulphur, but it is a much better absorber, and will speedily burn up at the electric focus. The heat which inflames powdered sugar can scarcely warm table salt. "A fragment of almost black amorphous phosphorus exposed at the dark focus of the electric lamp, refuses, for a long time, to be ignited. A small fragment of this exceedingly inflammable substance could be exposed for twenty seconds without ignition at a focus where platinum would be almost instantaneously raised to a white heat. The fusing point of phosphorus is about 44° C., that of sugar is 160° C.; still, at the focus of the electric lamp, the sugar fuses before the phosphorus. All this is due to the diathermancy of phosphorus."*

When we remember that *air is a practical vacuum, as regards the rays of heat*, and that *aqueous vapour "absorbs heat greedily, and radiates it copiously,"* we find the rationale of hydropathic therapeutics; which are so marvellous in their simplicity of means and power of effect, that nothing less than scientific knowledge or adequate experience of them will ensure for hydropathy the attention which it eminently deserves.

In respect of lampblack, also "one of the best absorbers and radiators in nature," its conductivity being expressed by the

* *Heat*, p. 463.

figures 1,117, as against 93 for charcoal, the fact of its comparative diathermancy to *radiant heat emanating from a low source*, as shown by Melloni, provokes therapeutic inquiry. No less is the spirit of investigation moved by the facts of relative conductivity of the metals chiefly employed in medicine, as of others. Silver, for example, being rated at 100, copper is 74, gold 53, iron 12, lead 9, platinum 8, bismuth 2.

If the bearing of all this upon scientific therapeutics be not evident to any reader, it should suffice for him to be reminded of the increase of temperature of the muscles which takes place in tetanus. Billroth and Fick found that "in the case of persons who die of tetanus, the temperature of the muscles is sometimes nearly eleven degrees Fahrenheit in excess of the normal temperature."

By protecting the living body with good conductors, it may without injury be subjected to temperatures at which eggs will boil, and beefsteaks be cooked. Blagden and Chantry exposed themselves in ovens to temperatures considerably above that of boiling water. Statues so situated gradually become heated up to the temperature of the oven. If a man similarly placed were subject to a like change of temperature, "the tissues of the body would be infallibly destroyed, the temperature endured being more than sufficient to stew the muscles in their own liquids. Here the heat, instead of being applied to increase the temperature of the body, is applied to change its aggregation; the heat prepares the perspiration, forces it through the pores, and vapourises it. . . . Some people have professed to see, in this power of the living body to resist a high temperature, a conservative action, peculiar to the living force. No doubt, all the actions of the animal organism are connected with what we call its vitality; but the action here referred to is the same in kind as the melting of ice, or the vapourization of water." *

In the admirable book which has been of so great service to us, we are shown how, with our bodies, we can do all that is there described as having been done with the voltaic battery—that we can heat platinum wires, decompose water, magnetize iron, deflect a magnetic needle, &c. "The combustion of our bodies may be made to produce all those effects, as the combustion of zinc may be caused to produce them. The matter of the human body is the same as that of the world around us; and here we find the forces of the human body identical with those of inorganic nature. Just as little as the voltaic battery is the animal body a creator of force. It is an apparatus exquisite and effective beyond all others in transforming and distributing the energy with which it is supplied, but it possesses no creative power." †

* *Heat*, p. 243,† *Ibid.*, p. 85.

Of the peculiar phenomena which Professor Tyndall has called *caloresence*, as of those termed by Professor Stokes *fluoresence*, we have surely to learn something of therapeutic use. By the action of the atoms of platinum, copper, silver, and carbon upon the ultra-red rays, these are raised and transmuted into light rays. "They impinge upon these atoms at a certain rate; they return from them at a *quicker* rate, the invisible being thus rendered visible." *

If the ultra-violet rays be impinged on the molecules of sulphate of quinine, they cause these molecules, or the atoms which constitute them to vibrate, but at a *slower* period than those of the exciting wave. By this lowering of the rate of vibration, the invisible is again rendered visible. And it is not surprising to know that, from experiments of Dr. H. Bence Jones, "it would seem that there is some substance in the human body resembling the sulphate of quinine, which causes all the tissues of the body to be more or less fluorescent. The crystalline lens of the eye exhibits the effect in a very striking manner. When, for example, I plunge my eye into this violet beam, I am conscious of a whitish-blue shimmer filling the space before me. This is caused by fluorescent light generated in the eye itself. Looked at from without, the crystalline lens at the same time is seen to gleam vividly." †

It remains for us now briefly to consider that question of notoriety which has often been blindly handled as a two-edged sword, both within and without the homeopathic school, to the injury of friends and the exasperation of foes—the question of *Infinitesimalism*.

Professor Tyndall, to whom we are so deeply indebted, says: "The force of gravity almost vanishes in comparison with these molecular forces; the pull of the earth upon a pound weight, as a mass, is as nothing compared with the mutual pull of its own atoms. Water furnishes a still subtler example. . . . The stone avalanches of the Alps are sometimes seen to smoke and thunder down the declivities, with a vehemence almost sufficient to stun the observer, while the snow-flakes descend so softly as not to hurt the fragile spangles of which they are composed; yet to produce, from aqueous vapour, a quantity of that tender material which a child could carry, demands an exertion of energy competent to gather up the shattered blocks of the largest stone-avalanches that I have ever seen, and pitch them to twice the height from which they fell." ‡

Water under sufficient compression in a lead globe will exude through the metal. The force with which it expands in freezing is all but irresistible—it will burst iron bottles and shatter thick bombshells.

* *Heat*, p. 452.† *Light*, p. 166.‡ *Heat*, pp. 192-3.

Bismuth, if poured molten into an iron bottle, will, in cooling down, expand and rupture the bottle, just as water in freezing does. Metal cylinders, an inch thick, will yield to the decomposing force of a small galvanic battery. "*When we wish to overcome molecular forces, we must attack them by their peers.* Heat accomplishes what mechanical energy, as usually wielded, is incompetent to perform. . . . Water expands on both sides of 4° C. or 99° F. At 4° C. it has its maximum density. Suppose a pound of water to be heated from 3½° C. to 4¼° C.—that is, one degree—its volume at both temperatures is the same; there has been no forcing asunder whatever of the atomic centres, and still, though the volume is unchanged, an amount of heat has been imparted to the water, sufficient, if mechanically applied, to raise a weight of 1,390 lbs. a foot high."

"The force with which bodies expand when heated, and contract when cooled, is practically irresistible. All these molecular forces, indeed, though operating in such minute spaces, are almost infinite in energy."*

A mass of iron, such as part of a link of a heavy chain cable, surrounded by multiple coils of copper wire, "can instantly be converted into a powerful magnet by sending an electric current through the wire. When thus excited, a poker clings to the iron, and chisels, screws, and nails cling to the poker. Turned upside down, this magnet will hold a half-hundredweight attached to each of its poles, and probably a score of the heaviest people in the room attached to the weights. At a proper signal the current is interrupted. The magnet now is mere common iron, which exerts no attractive power."†

If a cylinder of copper, with a core of a more fusible alloy, be caused to rotate between the two poles of an unexcited magnet, the rotation may be continued indefinitely, without result; but by exciting the magnet, only a few minutes are required to "send the alloy spattering over its poles." A magnet broken into any number of pieces will still show magnetic polarity in every particle, the polarity being resident in the ultimate particles of the steel. A needle of iron, magnetized by a magnet, acts exactly like a steel needle independently magnetized.

With regard to the responsiveness of the human organism to molecular impressions, what must ever be borne in mind is not simply the marvellous degree of vital susceptibility, but the transcendent power of periodicity of wave-motion in eliciting molecular response. The number of ether-waves which enter the eye and strike the retina in *one second*, is for the sensation of the extreme red of the solar spectrum four hundred and fifty-one millions of millions; for the sensation of violet the number is seven hundred and eighty-nine millions of millions. Beyond this the retina is useless as an organ of vision.

* *Heat*, pp. 181, 186, 94.

† *Ibid.*, p. 75.

"It is a remarkable fact," says Professor Tyndall, "that the waves which are most effectual in shaking asunder the atoms of compound molecules are frequently those of least mechanical power. Billows, to use a strong expression, are incompetent to produce effects which are readily produced by ripples. The violet and ultra-violet rays of the sun, for example, are often most effectual in producing chemical decomposition; and, compared with the red and ultra-red solar rays, the energy of the 'chemical rays' is infinitesimal. This energy would probably, in some cases, have to be multiplied by millions, to bring it up to that of the ultra-red rays. Still, the latter are often powerless where the smaller waves are potent. . . . Whence, then, the power of these smaller waves to unlock the bonds of chemical union? If it be not a result of their own strength, it must be, as in the case of vision, a result of their periods of recurrence."*

Again, on a moderately clear night, "a candle can be seen at the distance of a mile, and the intensity of the candle's light at this distance is less than one thirty-millionth of its intensity at the distance of a foot; hence the energy which renders the candle perfectly visible a mile off, would have to be multiplied by $2,000 \times 30,000,000$, or by sixty thousand millions, to bring it up to the intensity of the radiation which *the retina actually receives* from (the heat rays of) the carbon points (of the electric lamp) at a foot distance, *without vision*. Nothing, I think, could more forcibly illustrate the special relationship which subsists between the optic nerve and the oscillating periods of the molecules of luminous bodies. That nerve, like a musical string, responds to the waves with which it is in accordance, while it refuses to be excited by others of almost infinitely greater energy which are not in unison with its own." †

According to the conclusions of modern science, there should be no difficulty in acknowledging the therapeutic potentialities of "matter" in quantities much more truly "infinitesimal" than the popular conceptions of minuteness to which the term is applied.

"The egg of a mammal, which averages $\frac{1}{100}$ of an inch in diameter, may be estimated to contain 'so many molecules, that if one were lost or developed in every second, they might not all be exhausted until after five thousand six hundred years.'" ". . . The olfactory organ, probably the earliest developed, so acute in man as to detect the *one-three-billionth of a grain* of mercaptan (sulphuretted alcohol), are yet coarse in comparison with the antennæ of insects. . . . Although we are familiar with matter in an invisible state—as, for example, in the element oxygen, which, in a combined state, forms nearly half the solid framework of the globe, we can form no conception of the ex-

* *Heat*, p. 474.† *Ibid.*, p. 465.

trème rarefaction of the primitive atoms. Upon this Helmholtz remarks that 'if we calculate the density of the mass of our planetary system at the time when it was a nebulous sphere which reached to the path of the outermost planet, we should find that it would require several millions of cubic miles of such matter to weigh a single grain.' *"

Professor Elliott Coues thinks that "the experiments of such men as Clerk Maxwell, William Crookes, and Professor Tyndall, have demonstrated the existence of states of matter called 'radiant,' in which none of the ordinary properties of matter appear. A bar of iron, you know, seems to us perfectly solid and homogeneous, and yet there is reason to believe that the particles which compose it are as far apart from one another in proportion to their size as are the planets and other heavenly bodies in proportion to their respective magnitude."

Our knowledge of molecules and of atoms is yet "in its infancy," as Clodd remarks, "and it would seem that particles which are beyond the range of our most powerful microscopes to reveal may be as astoundingly complex as the giant orbs of the heavens,—nay, as the universe itself."

Dr. Wesselhoeft, in *The Law of Similars*, has undertaken to fix for us the limit of therapeutic infinitesimalism. He finds that a grain of charcoal is reducible, by ordinary trituration, to about 392,000,000,000 particles; a grain of mercury to 182,250,000,000; and a drop of tincture to 15,000,000,000,000,000,000. From which data Dr. Wesselhoeft concludes that we should confine our dosage to the 6th centesimal trits., and the 11th centesimal dilution, which are the limits of "the demonstrable presence of matter." His conclusions are founded on the assumption that when matter is subdivided beyond the molecular constitution of its structure, "the entity of its molecules is destroyed, and they are resolved into atoms of their elements," these atoms being considered as absolutely indivisible units of matter. But what if, as the most advanced science tends to show, what we call "matter" be in reality a mode of motion; if, as Boscovich says, for "the atoms" we should substitute "centres of force," which may be *the beginnings of new and higher orders of motion?*

Professor Faraday, as reported by Professor Tyndall, believed that "force constitutes matter;" that there is no "space" other than some quality of matter between the particles of vapours, liquids, and solids alike; that, for example, "water is not two particles of oxygen and hydrogen side by side, but the two spheres of power mutually penetrated, and the centres even coinciding." †

"Gravitation is a property of matter dependent on a certain

* *The Story of Creation*, pp. 12, 95, 138.

† *Jamieson's New Psychology*, p. 95.

force, and it is this force which constitutes matter. In this view, matter is not merely mutually penetrable; but each atom extends, so to say, throughout the whole of the solar system, yet always retaining its own centre of force." "What do we know, he asks, of the atom apart from its force? You imagine a nucleus which may be called *a*, and surround it by forces which may be called *m*; 'to my mind the *a*, or nucleus, vanishes, and the substance consists in the powers of *m*.'"*

The time is probably not far distant when it will be generally known that the central spiritual power of our organization, "by its manifold and combined modes of action, tends to refine and to convert every particle of matter into itself"; that "those atoms which to-day, in a state of organized combination, constitute the voluntary or the involuntary muscles, may, at the end of the coming three months, constitute a part of that vital or spiritual principle by which those muscles are governed!" and "that there is no possible limitation to the refinement of visible organic substances when these substances are acted upon electrically, magnetically, and spiritually." †

Recollecting the law of periodicity, as affecting molecular and atomic motions, the reconciliation of "low" and "high dilutionists" should not prove difficult.

"Solar light and heat lie latent in the force which pulls an apple to the ground," observes Professor Tyndall. And we know that, by evolutionary processes of refinement in nature, matter is promoted from the mineral stage to that of the vegetable, and from this to the state of animal life, ultimating in the constitution of intelligence itself. And as particles of tangible proportions are, by successive natural processes of attenuation, raised from the position of mechanical agents to the status of chemical forces, and progressively from chemical to electric, to magnetic, and to still higher degrees of power, it is possible to foresee at least the nature of the explanation of alleged clinical results which Dr. Wesselhoeft, with so many others, discredits because they "collide with the molecular theory."

There are reasons more scientific than that of the mere "demonstrable presence of matter" why many forms and grades of disease should be treated with medicines of a materiality quite within the limits of chemical analysis; there appear to be likewise reasons why other, if rarer, orders of disease may be best treated—may perhaps be only curable, medicinally, by attenuations greatly exceeding the range of dilution within which Dr. Wesselhoeft would confine us. If a sufficient science of "dosage" be not in our possession, it is not because it is unattainable.

* H. Bence Jones' *Life and Letters of Faraday*, pp. 272-3.

† *The Physician*, p. 65.

The discipline and delight of scientific work consists, as Professor Tyndall finely observes, "not in the registration of independent phenomena, but in the discovery of bonds and connections which show the various parts of nature to be as definitely related to each other as are the organs and processes of the living body itself." In the present case, the joy of scientific labour is deepened and enriched by the consciousness that it is directed to the noble end of lightening the burden of disease and pain which humanity still bears, as also to the extension of brotherhood amongst all classes of men.

It is hoped that, having once crossed the bridge that spans the gulf which has separated the two great schools of medicines, the profession and the laity will be alike indifferent to vain disputes as to "who was right," and who wrong.

If the "orthodox" physician imperfectly perceived and improperly applied the truth within his motto, "*Contraria contrariis curantur*," the homeopathic physician has intellectually erred in adopting the maxim, "*Similia similibus curantur*" as his formulation to the orthodox world of the truth which he happily applies rightly.

In both schools should be remembered, more than hitherto, "the touch that makes the world akin."

May, 1891.

ERRATA IN FIRST PART OF THE ARTICLE.

- Page 495, line 30, for *curantur* read *curentur*.
" 498, " 18, " grove " groove.
" 505, " 41, " correlated " co-ordinated.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., London, England.

THE STATE UNIVERSITY OF IOWA.

HOMEOPATHIC MEDICAL DEPARTMENT.

THE State University of Iowa is an aggregation of six colleges. One of the six is an Allopathic College; another of them is a Homeopathic College.

The College of Homeopathy was instituted in 1877 by a special Act of the Legislature, which placed it at once upon an equal footing with all other departments of the university. It is a pity that in England there is not the

same unprejudiced liberality and enlightened views in matters medical, although it is wonderful what alterations have recently occurred in the allopathic mind in view of accomplished facts.

The lectures on anatomy, physiology, chemistry, &c., are delivered by professors of the allopathic department.

In the homeopathic department only the therapeutic branches, *materia medica*, practice, surgery, obstetrics, and diseases of women are taught.

At a meeting of the American Institute of Homeopathy, held in June, 1890, the following was adopted:—

“On and after the fall of 1892, in all colleges represented in the Inter-Collegiate Committee of the American Institute of Homeopathy, the terms for study required for graduation shall be at least four years, which shall include attendance upon not less than three terms of lectures of six months each.”

But in consequence of the fact that the Allopathic Boards of Examiners of several states have passed a rule also requiring the four years' course of study, but to take effect this present year, the American Institute of Homeopathy, at its recent meeting in Atlantic City, voted unanimously to anticipate by one year their previous resolution of June, 1890, thus causing the requirements named to take effect this present year (1891).

Therefore, in common with all other homeopathic colleges, the Homeopathic Medical Department of the State University of Iowa will hereafter require of all students who have not already matriculated, a *four years' course of study*.

The hospital of this, the homeopathic department of the university, is at present only small, containing fifteen beds, but as students have access to the allopathic department also, there are greater facilities for seeing cases, and also of comparing the advantages of homeopathic over allopathic treatment, as well as seeing in surgical cases how much better the homeopathic surgeons get on with their cases after operation.

The school is only in its teens, but this is made up for by the excellency of its staff and the thorough mode of instruction.

The Dean of this school is Professor Allen C. Cowperthwaite, M.D., Ph.D., LL.D., Professor of *Materia Medica*, Therapeutics, and Diseases of women, of whom it may be said that he is one of the “fixed stars” of homeopathic

materia medica. Both Professor Cowperthwaite and his works are known, not only to all English-speaking people, but to all the world.

Such a college staff and such a head denotes a brilliant future.

Professor Cowperthwaite's "Text-book of Materia Medica" is one of the best ever published for the use of students, and has gone through many editions. The same may be said of his "Text-book of Gynæcology."

The chair of Surgery is taken by Professor James G. Gilchrist, A.M., M.D., a gentleman well known for his operative skill and for his works on medical practice and surgical emergencies, &c.

The Medical Clinic is held by Professor Wilmot H. Dickinson, M.D., who holds the chair of Theory and Practice and Clinical Medicine.

This school has graduated since its foundation 152 physicians.

Last session the matriculants were 44, of whom 17 graduated.

All patients presenting themselves at the various clinics are treated free of charge.

Advanced students are required to make examinations at the clinics and to prescribe for patients. This is the usual plan in American homeopathic schools, and many minor operations are also performed by senior students.

The library of the university, consisting of 26,000 volumes and 1,000 pamphlets and periodicals, are open to students on all week-days.

The museum contains a large and valuable collection of specimens.

HAHNEMANNIAN CURES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of the International Hahnemannian Association.)

CASE XVII.—*Phosphorus*. April 22, 1888, Miss L. L.—, aged about 45. Six weeks ago, when going into cold wind, felt something strike icy-cold in centre of lower chest. Since then, has suffered from cough, excited by lying on right side, aggravated by eating, and sometimes for a short time afterwards; also worse on rising from bed

in morning. Sputa thick, yellow, tasteless. Cough causes pain like a smarting in front of throat, about root of tongue. Constant pain in centre of lower chest as if stopped, up. Cannot draw a long breath on account of a feeling of weight in centre of lower chest, relieved by sighing.

Diagnosis of remedy.—Cough from lying on right side: *Acon.*, *Amm.-mur.*, *Carb.-an Cina*, *Ipec.*, *Kali-bichr.*, *Luesinum*, *Phosph.*, *Spong.*, *Stann.*

Cough worse by eating: *Acon.*, *Amm.-mur.*, *Ipec.*, *Kali-bi.*, *Phosph.* (with many other remedies which have not the former symptom).

Cough on rising from bed: *Acon.*, *Phosph.* (with others that have not the two preceding symptoms).

Of these two remaining remedies, only *Phosph.* has soreness of throat when coughing. It also has the similar symptoms, 2421. "Breathing short, and attended by violent pressive pain in upper sternum." 2437. "Disposition to take deep inspiration, with discomfort on doing so." 2447. "Difficult respiration on account of tension in pit of stomach." 2475. "Lungs felt clogged; dyspnoea troublesome." 2493. "Oppression of lower chest, with shortness of breath, in evening." It has also thick and yellow expectoration.

I gave one dose of *Phosph. C^m* (F.C.) at 7 p.m.

April 23. Last night cough was worse when lying down in any position: no cough this morning: throat, chest, and breathing much better.

April 26. Has had no return of cough; chest feels much stronger.

April 29. Quite well and remained so.

Comments.—(1) This case illustrates what HAHNEMANN calls the "homeopathic aggravation," or temporary increase of symptoms soon after the dose, followed by relief. In acute diseases, this occurs speedily, and lasts for a short time. In chronic diseases, it occurs at intervals from time to time. In section 159 of his *Organon*, HAHNEMANN states that the smaller the dose, the slighter and shorter is the aggravation; from which we may conclude that if the dose be exactly proportionate to the disease to be overcome by it, there will be no aggravation; if it be too large, an aggravation may be expected; if too small, it will have to be repeated. But it is also possible that the dose may be unnecessarily repeated without either causing

any homeopathic aggravation or production of new symptoms; the vital force being able to overcome, without perceptible disturbance, such overaction. At the same time, such overaction will probably delay the cure, by reason of the vital force being partially occupied in neutralizing it, instead of being entirely directed to the removal of the disease.

(2) This case was chiefly worked out by Dr. E. J. Lee's *Cough Repertory*, which is the most complete work of the kind yet published.

(3) The pain in throat on coughing is verified by the following symptoms, which I cured in 1872 with *Phosphorus C^m* (Finckè): "Cough caused by tickling in throat, worse by lying on sides, especially on left; cough hurts the *os hyoides*, which is tender to touch and feels swelled."

48, Sussex Gardens, Hyde Park, London, W.

FORCED RESPIRATION IN OPIUM-POISONING.—At last year's meeting of the New York State Medical Association, a paper was read by George E. Fell, M.D., upon a new method of saving human life, as originated and first executed by himself upon human beings. This method, which he styles "Forced Respiration," in distinction from other methods of artificial respiration, such as Hall's, Sylvester's, Howard's, and others, consists in opening the trachea, and forcing air into the lungs by means of mechanical appliances. At the close of the paper, a résumé is given of all cases reported to date—eleven in number. As to what stage or condition one would be justified in using forced respiration, Dr. Fell says: "Having now saved five human lives which would not otherwise have been saved, it is difficult to say at what stage preceding death it will not prove valuable. The only safe rule is to make the attempt, and place your patient beyond the question of uncertainty as far as this operation is concerned, and a favourable result will occur in the majority of cases." Dr. F. W. Goodall (*Med. Brief*) considers that too great publicity cannot be given to this practice. The almost daily occurrence of death from opium poisoning, reported in the public press of the country, from San Francisco, Cal., to Portland, Maine, in which it is asserted that "every means was resorted to to save life," but in which forced respiration per tracheotomy was not practiced, and in too many cases was probably unknown to the physician (in which a personal correspondence with physicians elicits the opinion not unfrequently that cases in their charge could have been saved in that manner), indicates that physicians should not only be forewarned but forearmed. The apparatus required to do forced respiration per tracheotomy, is arranged to impart moisture to the air, also for warming it for cases requiring air for inhalation warmer than the surrounding atmosphere.—*New York Medical Times*.

MATERIA MEDICA.

A DIGITALINE CASE.

Communicated by Dr. BURNETT.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—I think the following letter worth putting on record, and if you are of the same opinion you might find an odd corner for it in the pages of THE HOMEOPATHIC WORLD.—Yours faithfully,

5, Holles Street, W.

J. C. BURNETT.

Sept. 29, 1891.

“DEAR DR. BURNETT,—Perhaps the following case may interest you.

“More than a year ago my wife had swelling of right hand and fingers, which she believed to be rheumatic. After trying several stock rheumatic remedies with scarcely any good result, I happened to see—under a case of Post-Scarlatinal Dropsy, by Dr. Berridge, in the *Organon*—the following remarks:—‘Swelling of the hands may be produced by forty-one medicines; only five of these have swelling of *right hand*, and only one (*Digitalis*) swelling of *right hand and fingers*.’ I had not any *Digitalis*, but possessed a bottle of *Digitaline* 3x. This I diluted, bringing it up to about 4x (as the low potencies do not generally act so well with her).

“This I told her to take in frequent doses. After the second dose the swelling began to subside, and in two or three days had completely disappeared. Moreover she has not had any return of it.”

Sept. 28, 1891.

A FATAL PROVING OF *PLUMBUM*.

By J. MURRAY MOORE, M.D.

AMONG the well-marked pathogenetic symptoms of lead-poisoning are mental depression, taciturnity, hypochondriasis, and thoughts leading in the direction of self-destruction. Symptoms 103 to 127, 130, 143 in Allen's Encyclopedia exhibit this very plainly. But I have never yet come across a case of suicide actually *caused, primarily*, by lead-poison-

ing in my reading, nor in my varied experiences of life in America and the Colonies. The following case, briefly narrated in *The Daily Chronicle*, London, of the 12th of September, is a sad, but to us as homeopaths interesting, "proving" of a drug whose pathogenetic energy is usually expended in other directions—in palsy of the muscles, colic, constipation, ataxia, renal degeneration, for the most part:—

"At Walkley, Sheffield, yesterday, the coroner held an inquest on the body of John Thompson, aged 51, a file-cutter, who lived at 8, Harwood Street, who had committed suicide by hanging himself to a beam in his fowl-house, in the garden, on the morning of September 9th. For some time past, his widow stated, he had been a sufferer from severe lead-poisoning, arising from his trade. It made him very low-spirited and restless. Very early in the morning of the 9th he left his bed, dressed partially, and went out by the back door into the garden. His wife was not then alarmed, and did not follow him. She discovered his lifeless body hanging from a beam in the outhouse two hours later. The coroner's jury returned a verdict of 'Suicide from temporary insanity.'"

Although we have here no information as to Thompson's family history, whether that included suicidal, homicidal, or melancholic tendencies, it is fair to conclude, I think, that the cause of his "temporary" insanity—permanent alas! in its effects—was lead-poisoning. As a rare-proved result of this chronic disease, I venture to offer it for record in our valued Journal, *THE HOMEOPATHIC WORLD*.

Canning Street, Liverpool, Oct. 8, 1891.

SULPHONAL.

THE reputation for "harmlessness" of this hypnotic must be considered at an end.

The Southern Journal of Homeopathy publishes an article taken from *The Revue Homeopathique Belge* giving an account of twenty-nine cases of poisoning recently published by Dr. Marandan. The leading features of the poisonings were cerebral, spinal, gastric, and intestinal affections, and chills with sensation of intense cold.

Poisoning comes on at variable times—sometimes before any relief to sleeplessness appears. Often the two effects are parallel.

Small quantities produce dangerous effects in some patients. Poisoning may show itself suddenly in those who have taken it a long time with apparent benefit, affecting their muscular and intellectual faculties. In others the symptoms come a day or two after the drug has been discontinued. The symptoms observed are :

Stupidity of mind.

Paralysis of body ;

With vomiting, diarrhea, and violent chills.

The symptoms disappear slowly.

Cold water, cold douches > .

The Lancet (April 4) notices a series of cases published by Bresslauer of Vienna. The patients were lunatics. Out of 77 treated, 7 showed serious symptoms, and 5 died. The patients had been taking the drug for a considerable time in "good" doses, and had borne it well till the poisoning symptoms set in. These were—

Great constipation.

Dark brown urine.

Pulse slow—in some cases feeble and rapid.

Discoloured patches like purpura on the limbs.

Great prostration.

Death from heart failure and edema of the lungs.

EXALGINE.

EXALGINE (also called *Methylacetanilide*) occurs in needle-shaped crystals, slightly soluble in water, more so in boiling water, and freely in rectified spirit or dilute alcohol. It melts at 212° to 214° F.

In *The British Medical Journal* of August 20, 1890, Dr. Dyer of Bath reports the following case of poisoning :

A young man, A. M. J., 20, took for muscular rheumatism 2½ grains three times a day, beginning 3 p.m. He was seen at 10 a.m. on the second day after commencing the *Exalgine*, having taken six doses. He presented the following symptoms :

Dull and heavy, apparently presenting all the usual signs of carbolic acid poisoning.

Had slept almost continuously, but waking up at short intervals and starting in his sleep.

Complained of pain in the back on being questioned, and on examining the urine it was found to be of a pronounced olive-green colour. Had only passed it nine times in the

twenty-four hours, the amount being small each time. It had a high specific gravity, and contained a large deposit of urates, no phosphates, albumen, or blood.

Temperature 98° F. Pulse 102, full, strong.

Great thirst. Skin hot and dry.

Excessive salivation for several days, gradually diminishing under the influence of chlorate of potash.

Symptoms gradually relieved under a diuretic and diaphoretic mixture.

The neuralgia was decidedly relieved.

Therapeutic Use.

Dr. J. Sinclair Holden (*British Medical Journal*, Sept. 27, 1890) giving $\frac{1}{2}$ grain dose to 1 grain (never more than 1 grain) on an empty stomach, has found it very efficacious in relieving pain.

Thin, spare, neurotic persons are more suited to its action than the robust, plethoric, or phlegmatic.

It gave relief in the following cases:

A young lady suffering from abscess of ankle, which had been lanced, the pain continuing, and only partially relieved by morphine.

A delicate, deformed gentleman, who fell off a chair and bruised his sternum against a fender, being seized several hours after with violent pain in the part.

Frontal pains of influenza

Toothache not due to caries.

Functional cardiac pain and attacks of imperfect angina.

[In cases previously reported in the HOMEOPATHIC WORLD it has caused decided anginous attacks.]

The Medical Press (May 6) relates a case in which an accidental overdose of *Exalgine* was given—a gramme on two consecutive days. The doctor was summoned hastily, as the patient was reported to have “gone mad.” After each dose the following symptoms were experienced:

Intense vertigo, the patient crying out that he was falling over a precipice.

Extreme dyspnea.

Marked cyanosis.

The effect passed off in a few hours.

ARGENT. NIT.—A 2 per cent. solution dropped into the eyes of a new-born child as a prophylactic measure caused

redness and some discharge in three hours. A second instillation of a solution of double that strength was now made. Blood stained serum then commenced to exude, and continued three days, a considerable loss of blood taking place from both eyes.—*Medical Press*, May 13.

TELLURATE OF POTASSIUM.—The *Journal de Médecine de Paris* (May 31) mentions, as recommended by Neusser, pills of *Tellurate of Potassium*, each containing two centigrammes, for the night sweat of phthisis. One pill in the twenty-four hours is sufficient. The only inconvenience observed from its administration is *an odour of garlic in the patient's breath*.

PIPER METHYSTICUM OR KAVA-KAVA.

The *Medical Press* refers to an article by Dr. David Cerna in *The Therapeutic Gazetteer* on the physiological effects of *Kava-Kava*. These effects refer for the most part to the results of experiments on animals, but some, evidently, to experiments on human beings, as witness the following :

“Taken internally, or through hypodermic injection, the drug produces—

“An increased flow of saliva.

“A burning sensation in the mouth, followed by a marked numbness.

“A general depression of nearly all the normal functions.”

The next symptoms are taken from animals :

“Paralysis, most noticeable in the lower extremities, especially in the case of the frog.”

Dr. Cerna says the drug is a general anesthetic, and is especially powerful as a local anesthetic, diminishing and finally destroying the function of the afferent nerves by attacking their peripheral ends. It diminishes reflex action by its action on the spinal cord and probably also on the sensory nerves ; it increases the heart's force, and diminishes the number of beats. It first stimulates, then depresses, and finally paralyzes respiration. Small doses increase slightly, large doses lower the body temperature.

Farrington places *Piper Methyst.* as an analogue of *Coffea*. It creates, he says, a feeling of buoyancy as if every nerve was strung up to the highest pitch. The

person feels he can walk any distance without fatigue. It differs from *Coffea* in that the reverse effect, one of brain-fag, quickly follows.

Convulsions simulating catalepsy are produced; the mind is tired, and yields to the least pressure. There is over-sensitiveness to all external impressions.

There is mental tension, as though the head were large even to bursting. Excitement followed by depression. > by diversion of the mind.

There is dizziness: dizziness on closing the eyes, or directing attention to any object.

Vessels of brain, especially those of base, feel full, as if tied.

The reaction manifests itself in brain-fag.

Brain feels tired on awaking, as if patient had been out all night, or studying all night.

Heavy dull aching, as from reading, thinking, or any other mental exertion.

In *The Organon* (Magazine), Vol. I., reference is made to a case in which the indication "> by diversion of the mind to some new topic" led to a cure in the hands of the prover Dr. W. N. Griswold. The symptom was "burning pains in the chest"—and in the proving, it was in connection with "aching in the head" that the modality was noticed. Other cases cured by the same drug presented "agonizing pains, with tossing, twisting, and writhing; patient driven irresistibly to change position, which generally gives little or no relief." Here in these "unbearable pains" we have the likeness to *Coffea*.

In the same volume Dr. Skinner records a case of tooth-ache and earache cured with the ϕ tincture, and another case of toothache cured with the 500 (F. C.), the indication in both being "> when attention is diverted," and in the second there was the additional indication: "when the pain is at all violent, cannot rest in any position, and must keep continually changing it." In Vol. II. a case of hallucination is mentioned as cured with the ϕ tincture by Dr. Hillier.

Another use of the drug is referred to in *The British Medical Journal*, Supplement, June 6th. Dr. Cerna (*Philadelphia Medical and Surgical Reporter*, May 2) gave it in five cases of gonorrhoea and cystitis with marked beneficial results. In his article he gives a summary of 41 cases quoted from authors. Of these, 33 were cured and 8 re-

lieved. The 33 included 9 cases of acute cystitis, 2 chronic cystitis, 6 gonorrhœa, 1 prostatorrhœa, 1 retention, 4 gleet, 1 urethritis with cystitis, 6 incontinence, 2 "dropsy," 1 vaginitis. The 8 included 4 cases of gonorrhœa, 1 cystitis, 2 "dropsy," 1 gleet.

In the proving of *Pip. Meth.* (given in full by *Allen*), the following symptoms show the specific relation of the drug in such affections:

Burning in urethra in passing water.—Got up to pass water at 4.45 a.m.—Shooting pain in penis.—Pains in right testicle (third day).

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

SECOND Ordinary Meeting of the Session, Thursday, November 5, 1891, Mr. Knox Shaw, President, in the chair.

On the motion of Dr. DUDGEON, a message of condolence was voted to be sent to Mrs. Roth on the death of her husband, Dr. Roth.

Dr. WYNNE THOMAS then read his paper on *Gastric Ulcer*. He first described the disease and its etiology. As the disease is frequent in cooks, it has been supposed to be due in some cases to tasting or drinking hot liquids. Dr. Thomas believed the majority of cases were due to tight-lacing. In the matter of diagnosis the absence of any relation between the taking of food and the pain distinguishes gastralgic cases from those of ulcer. He described the proper dietary and medication in the disease. He mentioned particularly *Uranium nitricum*, *Argentum nit.*, and *Ipecacuanha*.

DISCUSSION.

Dr. DUDGEON said a medicine he had found most efficient in a case of ulcer of the stomach, or at least in a case presenting all the symptoms of it, was *Cuprum acet.* The patient got perfectly well. *Kali bichrom* he had seen of great use in cases presenting symptoms which Dr. Drysdale and himself had observed in workers in factories where it is used.

Dr. POPE said one cause of ulceration, or rather erosion of stomach, was either a rotten set of teeth or no teeth at all. He mentioned a case of the kind—a girl, whom he sent into the hospital, and who left very much better. She returned to her

home, and after taking beef-steak all the symptoms came back. By care and treatment she again became better, and when the teeth were eventually removed, she got much better. Another case he named, of a labourer who had had ulcer two or three times, and on each occasion he had been relieved by treatment. *Arsenic* he found the most generally useful. It corresponded to the general symptoms. Dr. Thomas's case, in which *Kali bichrom* was so useful, corresponded very well to the symptoms of that drug, which produces ulcer about the cardiac end. *Uranium nitricum* had done good service. The symptoms produced on human beings did not point to the drug, though it had produced ulcer in rabbits. He thought there was no necessity to fall back on palliatives of the chloroform type.

Dr. HUGHES said the last time the subject was brought forward was when Dr. Meyhoffer read a paper on the subject at Manchester in 1865. Milk diet and *Argentium nit.* were the remedies. He had seen ulcer in many servants, but in his experience housemaids, and not cooks, were most generally affected. He suggested that pressure of trays might cause it. There was usually much anemia, and to this *Argent. nit.* was homeopathic as well as to the ulceration.

Dr. EDWARD BLAKE agreed with Dr. Hughes that housemaids were more liable to it than cooks. They come from agricultural districts, are underfed, and suffer from hereditary innutrition. If tight-lacing were the cause, fashionable ladies would suffer from it more than servants. He regarded it as a reflex necrosis, neurotic in origin. Of the animals he poisoned with *Uranium nitricum* a number had ulceration of the pylorus. He believed the stomach should have perfect rest, and that rectum-feeding should be adopted; small injections should be used. He differed from Dr. Pope as to the necrotic teeth being the cause of ulcer; both were dependent on the same dyscrasia.

Dr. MOIR wished to draw attention to the difficulty of diagnosis, as there is nothing more difficult than to say when the patient has gastric ulcer or gastritis. Among the causes alcohol had not been mentioned, especially among men. In one case due to this perforation took place without a previous symptom. A very severe case was leaving the hospital this week, in which patient got weaker and weaker, till she lay in a comatose condition for three days; from that time steady improvement took place.

Dr. GOLDSBROUGH agreed with Dr. Moir as to the difficulty of diagnosis, but it was necessary to give the patient the benefit of the doubt. He remembered Dr. Hughes speaking of *Argentium nit.* in gastric ulcer on an occasion subsequent to the one he alluded to. Dr. Goldsbrough mentioned at that time that *Arg. nit.* had great flatulence in its pathogenesis. This Dr. Hughes

corrected, pointing out that though that might be a valuable indication it was not found in the pathogenesis. Dr. Goldsbrough had been disappointed in the use of it. *Bismuth* seemed to have a specific relation to the pain, also *Ferrum Aceticum* to the pain and vomiting. But undoubtedly *Arsenic* was the chief medicine. Dr. Goldsbrough came from the neighbourhood of Dorsetshire, where the air was very relaxing. And he remembered that the diet of the working population consisted of bread, bacon, and a few vegetables and tea—a diet well calculated to promote anemia and ulceration.

Dr. JAGIELSKI said as Koumiss had been mentioned he would say that it is not only a food, but a digestive at the same time. It answers in all points for this disease. *Argent. nit.* has been a remedy for the complaint from the earliest times. As to the pain, he had found that gastralgia gives pain at the back between sixth and eighth vertebræ, and if you put one hand at the back and one at the epigastrium the patient complains of pain like a hot poker. This pain is not found in ulcer. For immediately calming the nausea Koumiss is the best.

Dr. BURFORD said that Dr. Thomas's pathology was out of date. The theory of neurotic origin mentioned by Dr. Blake had quite displaced Virchow's theory. He mentioned that there were perforating ulcers in various parts which must be correlated to the perforating ulcer of stomach. Perforating ulcers of extremities in locomotor ataxia were of neurotic origin.

The desire for hot drinks in ulcer patients showed a lack of nervous energy. With regard to pain, it was quite possible for pain to be absent until perforation occurred. Nor did it in any way depend on the size of the slough, and he mentioned a case in point. In cancer cases there is absence of hydrochloric acid in the vomited matter. As for operation in cases of perforation, he mentioned that the record was one of failure in all. On the other hand, those also left without operation all died.

Mr. DUDLEY WRIGHT thought there was a tendency to set down all diseases to nerves, but he was more inclined to ascribe gastric ulcer to venous stasis. He claimed cooks as the most liable to gastric ulcer. He believed it was partly due to their addictions to alcohol. The posterior wall is liable to be attacked, as on lying down the erosion is more likely to occur. In rectal feeding cocaine is a useful addition where there is much rectal irritability.

Dr. COOPER referred Dr. Thomas to a case reported in *The Lancet*, in which a patient suffering from ulcer was poulticed, and a red spot occurred over the point where the ulcer was situated. He regretted that Dr. Thomas had not devoted more attention to the medical aspect of the disease. It is commonest between the ages of 18 and 22, and again at the climacteric.

His experience was that housemaids were more prone to it than any others. There was anemia and pain in the left ovary. *Arsen.*, *Carb. v.*, *Bism.* are useful; also *Actea* and *Bryonia*. Besides this, *Ferr. carb.*, which acted well, or *Flitwich water*, in teaspoonful doses. In a case at climacteric adhesion took place at posterior wall of stomach. The patient has recovered. He thought sufficient prominence had not been given to neuralgia of the stomach. He mentioned a case in which a pad dipped in chloroform applied over the solar plexus gave permanent relief. A severe case of gastralgia in a man he cured by *Gunpowder 3x trit.*

Dr. THOMAS (in reply) said when in Birmingham some years ago he saw three cases of cancer of stomach in which the hydrochloric acid test was tried, but without any decisive result. The cases of ulcer he had seen were not at all badly fed. He thought it curious that the stomach should be so much more frequently affected than any other part if all perforating ulcers were to be regarded as of the same kind.

SPECIFIC FOR VIPER-BITES.—Professor Kaufman, of the Alfort Veterinary School, has been awarded the Orfila Prize by the Academy of Medicine for his discovery of a specific for viper-bites. The treatment consists in bathing the wound with a solution of one part of chromic acid to a hundred parts of water.—*Chemist and Druggist*, August 15.

ALLEGED NEW CURE FOR SNAKE-BITE AND RABIES.—A German physician, Dr. Erich Hengels, who emigrated in 1874 from Alsace to South Africa, and in whose practice in the latter country cases of snake-bite and rabies were particularly frequent, is said to have discovered an almost unfailing remedy for both in the extract of the wild black mountain pine (?), *Pinus Picea*, Linn. Dr. Hengels is said to have been experimenting with his remedy for seventeen years, and made experiments upon 500 coloured people suffering from poisonous snake-bites, with the result that a five-days' course of treatment was found to effect a complete cure in 487 cases. Of 67 human beings who had been bitten by mad animals, 65 were saved, while two died from exhaustion. The remedy is administered in the form of a subcutaneous injection, producing a moderate fever, with a maximum temperature of 38.5° Centigrade. After three days the fever and inflammation of the affected part subsides, and on the fifth (or, in exceptional cases, the seventh) day, the patient is cured. The medicine may be preserved for a long period if kept in a dark-coloured bottle, in a cool place, and at an even temperature. In February Dr. Hengels forwarded specimens of his remedy to Professor Pasteur, with a request to test it, but so far no reply has been received from Paris. To Apotheker Baismeyer, Ph.D., a German pharmacist settled in South Africa since 1883, a considerable share of the credit of the discovery is said to belong.—*Chemist and Druggist*, August 15.

REVIEWS.

SCIENTIFIC MEDICINE IN ITS RELATION TO
HOMEOPATHY.*

DR. THEODOR BAKODY, who is doubly distinguished as a homeopathic physician and as professor of pathology in the University of Buda-Pesth, was interviewed by a representative of the *Pester-Lloyd* when the Koch treatment for consumption was occupying the public mind to the exclusion of almost every other topic. Professor Bakody was asked to express his opinion on the "widely-differing views entertained regarding the value of Koch's method of treatment," and also on the assertions frequently made concerning "the similarity of the same to the Hahnemannian methods;" and the interesting little volume before us constitutes his reply. Dr. Bakody has a strong nervous style of his own, but the strength of the German shows through the English translation, so to speak, rendering him a little difficult to follow at times, but the matter of the treatise is well worth the trouble. The pathological specialty of the author naturally enough colours his homeopathy and we find him, at the outset, endorsing Rokitsky's dictum that "a knowledge of the morbid disturbances and changes in the organs and tissues must become the basis of medicinal treatment." Rokitsky was the pioneer in macroscopic morbid anatomy. Virchow followed with microscopic morbid anatomy—cellular pathology. After Virchow came the bacteriologists who found the causes of disease in micro-organisms which found their way into the body from without. Virchow contends for the necessity of "localising" disease action and medicinal action, and in this he touches homeopathy, as he expressly admits: "the attention of specific homeopaths has been constantly directed to organic healing remedies, that is, those acting on certain localities."

Virchow goes on to say that the only thing to do is to use the organism so as "to assist the equilibrium maintained by the regulatory arrangements of the body"; to employ specific remedies "to operate upon certain regulatory organs, not always, however, to influence the diseased organ in a gentle way, but frequently enough is an inimical antagonistic (*contrairia*) manner. Everywhere we are compelled to attack the exponent of specifics, and yet, nevertheless, hope for the specific." This is very questionable doctrine, as Dr. Bakody points out; but he adds that this only represents the earlier period of Virchow's

* *Scientific Medicine in its Relation to Homeopathy.* By Professor Theodor Bakody, M.D., of the University of Buda-Pesth. Translated from the German by Rudolph F. Bauer, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co. 1891.

writings. Later he advocated antepyrctic measures (*e.g.*, in pneumonia) as the best way of modifying the altered ganglia cells. This doctrine Dr. Bakody combatted; and when the bacillus theory came to the front, he showed that the high temperature was actually a preservative condition and tended to the destruction of bacilli.

Dr. Bakody classifies the various possible kinds of medical treatment as follows:—

“ I. Symptomatic specific medicines, or the application of drugs on palliative principles, and not based upon the cause of disease.

“ II. Causal specific medical therapeutics.

a. Homeo-therapeutics.

b. The doctrine of chemical antidotes.

c. Metallo-therapeutics.

“ III. The biological, not medicinal (*i.e.*, using no drugs) method.

a. Hydro-therapeutics, balneology, climatology.

b. Electro-therapeutics.

c. Massage and gymnastics.

d. Dietetic mode of cure and etiological prophylaxis.”

To the first question of the interviewer, “ Into which class of curative methods is Koch’s system to be placed ? ” Dr. Bakody answers, “ Scientific causal specific ”—that is to say, in the same class with homeopathic remedies. As to the value of the remedy, Bakody believes it deserving of the highest regard, and the revelations of Virchow only convince him the more that Koch’s remedy contains a “ heroic specific local-acting substance.” On the relation of Koch’s treatment to homeopathy, Dr. Bakody pointed out that in several points Koch is on the same lines with Hahnemann, but he does not consider them identical. Koch’s method he considers as an example of isopathy, which is a branch deviating from the more advanced Hahnemannian principles.

There is much more in this interesting work than we have briefly sketched in this review. Dr. Bakody, whose eminence as a pathologist is acknowledged, and who was himself one of the pioneers in describing the morbid histology of phthisis, gives his views of the action of phosphorus in the cure of phthisis, and from that we gather, as is perhaps natural, that Dr. Bakody belongs to the more materialistic school of homeopaths.

SEA-SALT FOR THE RELIEF OF STINGS.—Rubbing the parts with sea-salt, dampened with a little water, is efficacious in relieving the distress caused by stings from wasps, bees, and other less formidable insects. The pain and swelling quickly subside after such an application, and if the salt be applied at once the phenomena will usually not appear. For the sting of nettles ordinary zinc ointment, to which a little carbolic acid has been added, is a uniformly successful application. —*Medical Reprints*, August 15.

WINES AND SPIRITS.

WHATEVER difference of opinion may exist as to the use of alcohol as an article of diet, there are few medical men who would care to forego its use entirely in the treatment of the sick. Messrs. C. W. Pearce and Co., of 16, Mark Lane, E.C., and 206, West George Street, Glasgow, the well-known importers of the Californian claret, "Zinfandel," have taken this view of the question from the first, and have made it their speciality to provide an honest wine on which medical men could rely. The success of their Zinfandel led to their being asked to supply also brandy and champagne, as these forms of stimulants are sometimes required when others would be useless. In response to this demand they now offer to the public, through the profession, Californian brandy made from their Californian wine. It possesses the flavour of the wine, and is free from all suspicion of the chemical laboratory. It may be safely recommended for all purposes for which brandy is required—including that important department whether for the sick or the well—cooking. The solution of the problem to find a good champagne at a cost that is not ruinous, was not so easy to find. The Californian vineyards do not grow champagne grapes, and Mr. Pearce had to search the champagne country for several seasons before he could attain his object. In the two champagnes which the firm now supply, the profession have, at a price within the reach of patients of even moderate means, the most efficient of stimulants in a pure, wholesome, and palatable form. There are two qualities, the first is named *Cuvée de Réserve*, and the second, a dry wine, is *Pale Dry Sillery*. Both are excellent, and Messrs. Pearce and Co. deserve the thanks of the profession and the public for bringing them forward.

CHROMIDROSIS AND IODIDE OF POTASH.—The following notes may be of interest: The patient is a man of sixty, suffering from tertiary syphilis. He was treated with iodide of potassium in ten gr. doses, taken three times a day. After an interval of a week he complained that since taking the medicine his linen and hair became red. He certainly presented a very unique appearance, for his whiskers and hair, formerly nearly white, were now of a fine magenta colour. His shirt seemed to have been dipped in the same dye, which remained fast in spite of repeated washings. The colour was excreted by the sweat-glands, visibly; his handkerchief even being stained when he wiped his forehead. When the dose of iodide was reduced the stain lost its intensity, but as soon as the original quantity was again given the colour increased. The hair did not regain its natural hue for some weeks after the drug was stopped.—G. H. TEMPLE, M.B.—*Brit. Med. Jour.*, August 29.

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.

MESSRS. BOERICKE AND TAFEL are thanked for copies of *Recorder*, kindly forwarded in compliance with request.

Does *Nux Vom.* cause weakness in legs with pains? Particularly in persons of nervous temperament?

I have recently heard of more than one case where this is invariably the result of taking *Nux Vom.*—Strength used, apparently 3 cent.

Is it the Strychnine in the drug which causes this effect?

Nov. 6, 1891.

SUBSCRIBER.

ANSWER.

Certainly *Nux*, even in the third centesimal attenuation, is capable of causing the symptoms named, and no doubt the Strychnine contained in it is its more potent element. Weakness and paralytic pains are a characteristic feature of *Nux* symptoms. If "Subscriber" could furnish us with the exact sensations of the patient's, with the character, conditions, and concomitants, if any, of the pains, we should be glad to publish them.

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.

CHANGES OF ADDRESS.

DR. STANLEY WILDE, *Cheltenham*, has removed from his former residence to INGLESIDE, BAYSHILL, CHELTENHAM.

DR. WITHINSHAW has ceased to attend at 122, Newington Causeway. His consulting rooms are now 132, KENNINGTON PARK ROAD, S.E.

DR. CLARKE has removed from South Kensington to 30, CLARGES STREET, PICCADILLY, W.

DR. BURNETT has taken consulting rooms at 30, FIRST AVENUE, BRIGHTON, for Wednesdays and Saturdays.

Obituary.

LADY EBURY.

WE greatly regret to announce the death of the venerable Lady Ebury, which took place on Saturday, November 21st, after an illness of a very painful nature, borne with remarkable and characteristic fortitude and even cheerfulness. Lady Ebury, like her husband, was a staunch friend of Homeopathy and of the London Homeopathic Hospital, her kindly interest in which remained undiminished during the whole time of her illness; and we are sure the sympathies of Homeopaths all the world over will be extended to Lord Ebury in his great sorrow.

GENERAL CORRESPONDENCE.

LEPROSY AND VACCINATION.

“A MEDICAL APPEAL TO THE ENGLISH PRESS.”

To the Editor of the HOMEOPATHIC WORLD.

SIR,—May I ask, in the interests of our unrepresented Colonial colonists, for the insertion in the HOMEOPATHIC WORLD of the following communication received by the last West Indian mail, from a medical resident in the Virgin Islands, on a subject of urgent and Imperial importance?—Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James', London,
November 12, 1891.

ST. THOMAS, DANISH WEST INDIES,
October 20, 1891.

DEAR SIR,—I have read the report of the evidence given before the Royal Commission on Vaccination in London with much interest, and with regard to the connection between Vaccination and Leprosy, an experience in these islands of more than twenty years enables me to confirm the truth of this terrible indictment. On more than one occasion cases have come before my notice of leprosy in families which could only have been inoculated with the vaccine virus; none of the family having previous to vaccination been afflicted with this malady. Leading Dermatologists in all parts of the world, and the most experienced physicians in the West Indies, are of the opinion that leprosy is spread most readily by means of inocula-

tion either through a wound or an abraded surface, and still more readily by puncturing contaminated vaccine virus into the arms of healthy persons. The reports of the Medical Officers of Health and physicians to the Leper Asylums in the West Indies show that leprosy, which thirty years ago was stationary or subsiding, has increased. This, I have every reason to believe, and it is also the opinion of other competent medical men, is coincident with the introduction and spread of vaccination, for there are a number of islands where the disease was almost unknown previous to its inoculation in this way. Were it not for the reluctance which all physicians have to expose families tainted with leprosy, they could give evidence as startling as the cases mentioned by John D. Hillis, of British Guiana, Dr. Bechtinger, formerly of St. Thomas, Dr. R. Hall Bakewell, and Dr. Black, of Trinidad. The possibility of spreading such a dire disease by means of the lancet is one too grave to be longer disregarded, and, it is needless to say, is a serious matter for these islands—the most lovely in the world—where children, whose parents may be the most healthy, are liable to leprosy through arm-to-arm compulsory vaccination.

May I venture to hope that the English Press will have the humanity and courage to speak out and compel Colonial authorities to withdraw the Vaccination enactments, which on these grounds alone are so dangerous to ourselves and our families.—
Yours faithfully,

CHARLES E. TAYLOR, M.D.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Bellows (A. J.). The Philosophy of Eating; or, The Science of Physical Health, Muscular Strength, and Mental Activity, by Means of Diet Popularly Explained. New ed. 8vo, pp. 286. (Glasgow: Morison; Simpkin. 8s. 6d.)
Burnett (J. C.). The Greater Diseases of

the Liver, &c. Fcp. 8vo. (Homeopathic Publishing Company. 2s. 6d.)
Crooke (G. F.). Post Graduate Lectures on the Medical Pathology of Tuberculosis. Delivered at Queen's College, Birmingham, Winter Session, 1891. Fcp. (Ballière. 2s. 6d.)

- Dewar (John).** *Dyspepsia.* (Red Cross Series.) Post 8vo, pp. 88. (W. Paterson and Co. 1s.)
- Farquharson (R.).** *A Guide to Therapeutics.* 6th ed. Cr. 8vo. pp. 412. (Smith and Elder. 7s. 6d.)
- Gould (G. M.).** *A New Medical Dictionary, Based on Recent Medical Literature.* 8vo. (Lewis. 12s. 6d.)
- Hanchett (H. G.).** *Sexual Health.* Revised by A. H. Laidlaw, M.D. Post 8vo, cl. (Philadelphia: Homeopathic Publishing Co. 2s. 6d.)
- Lang (A.).** *Text Book of Comparative Anatomy.* With Preface to the English Translation by Ernest Haeckel. Translated into English by Henry M. Bernard and Matilda Bernard. Part 1. 8vo, pp. 568. (Macmillan. Net, 17s.)
- Lewis (P. G.).** *The Theory and Practice of Nursing.* 2nd ed. Profusely illustrated. Cr. 8vo, pp. 842. (*Hospital.* 8s. 6d.)
- McClellan (George).** *Regional Anatomy in its Relation to Medicine and Surgery.* Illustrated from Photographs taken by the Author of his own dissections, expressly designed and prepared for this work, and Coloured by him after Nature. 4to, pp. 486. (Pentland. Net, 42s.)
- Morton (A.).** *Refraction of the Eye: Its Diagnosis and the Correction of its Errors.* 4th ed. Cr. 8vo, pp. 72. (Lewis. 8s. 6d.)
- Sutton (J. B.).** *Surgical Diseases of the Ovaries and Fallopian Tubes, including Tubal Pregnancy: with 119 Engravings and eight Coloured Plates.* Cr. 8vo, pp. 490. (Caseell. 12s. 6d.)
- Thin (G.).** *Leprosy.* 8vo. (Parcival. Net, 16s.)
- Transactions of the Edinburgh Obstetrical Society.** Vol. xvi. Session 1890-91. 8vo, pp. 190. (Edinburgh: Oliver and Boyd; Simpkin. 7s. 6d.)
- Transactions of the Medico-Chirurgical Society of Edinburgh.** Vol. x.: New Series. Session 1890-91. 8vo, pp. 206. (Edinburgh: Oliver and Boyd; Simpkin. 7s. 6d.)
- Treves (F.).** *A Manual of Operative Surgery.* With 422 Illusts. 2 vols., 8vo. pp. 1580. (Caseell. 42s.)
- Tuskey (C. L.).** *Psycho-Therapeutics: or Treatment by Hypnotism and Suggestion.* 8rd ed., revised and enlarged. 8vo, pp. 880. (Ballière. 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, 80, *Clarges Street, 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. Cay, Nottingham; Dr. Hughes, Brighton; Mr. W. B. Picken, London; Dr. Storrar, Southport; Mr. Pryer, Okehampton; Dr. Dudgeon, London; Dr. Heath, London; Mr. J. Thurlow, High Wycombe; Mr. J. Meredith, Lydney; Dr. Withinshaw, Lon-

don; Mr. Wm. Tebb, London; Dr. Burnett, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Homeopathic Review.—Allg. Hom. Zeit.—Monatsblatter. — North American Journal of Homeopathy.—Medical Visitor.—Revue Homeopathique Belge.—Chemist and Druggist. — Homeopathic Envoy. — American Homeopathist. — Homeopathic Physician.—Medical Argus.—New England Medical Gazette.—Clinique.—Boletín Medico de Puebla.—Homeopatisch Maandblad.—The Argus.—Vaccination Inquirer.—Dundee Courier.—Hahnemannian Monthly.—Southern Journal of Homeopathy.—Voluntary Medical Charities, Rentoul.—Descriptive Catalogue of Hahnemann Publishing House.—Brotherhood of the New Life, by T. L. Harris.—Resources of Medical Diet, by Dr. Dalzell.—The Greater Diseases of the Liver, by Dr. Burnett.

THE
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OF

MEDICAL, SOCIAL, AND SANITARY SCIENCE

Edited by

JOHN H. CLARKE, M.D.,

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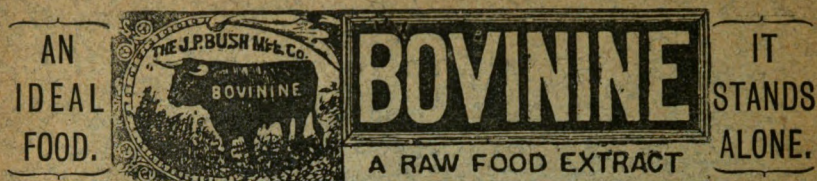
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PUBLISHER'S NOTE.

Dr. Compton Burnett's "Fifty Reasons" excited a good deal of interest on their first appearance, and speedily reached a second edition. Many copies were purchased for the purpose of being given away, and the publishers, thinking that an edition for gratuitous circulation would be welcomed by the Profession, and by others interested in the dissemination of sound Homœopathic knowledge, suggested this to the Author, who readily adopted the suggestion.

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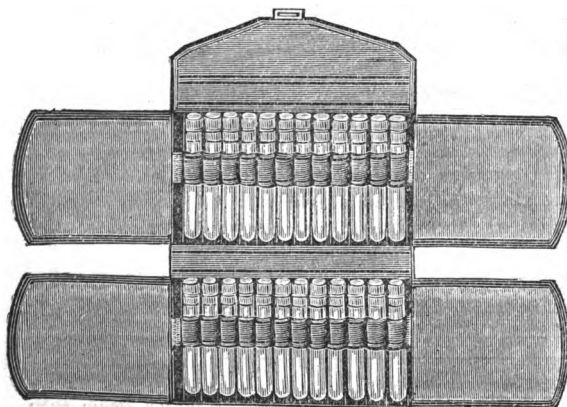
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