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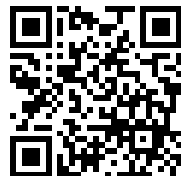
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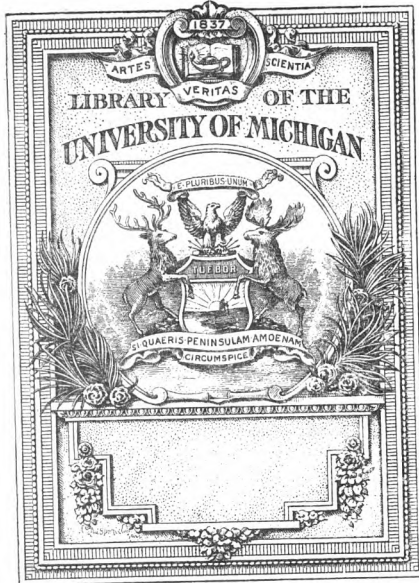
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INDEX.

- ABBOTT, DR., return to Wigan of, 427
 Acetates by Agricola, 558
 Address, by Dr. Ramsbotham, 456, 529
 Adie, Dr., death of, 331
 Ague and *quinine*, 149
 Alcoholism, Gallavardin on, 532
 Allen on alkaloids of tea, 473
 Allinson's *Medical Essays*, 327
 Allopathic intolerance foiled, 534
 Allopathy, absurdities of, 488
 Alternations, Dr. Morriison on, 187
 Amenorrhea, *oxalic acid* in, 199
Ampelopsis hoggii, effect of, 78
 Amputated limbs, the ownership of, 383
 Analysis of organic compounds, 238
Analytical symptomatology, by Drs. Thurston and Kimball, 424
 Angina, *cactus* in, 7
 Anti-fat, *phytolacca* berries as an, 324
Antipyrin, the latest fashionable poison, 178
 Antisepsis, evils of, 353
 Antiseptic midwifery, Dr. Winterburn on the relation of homeopathy to, 493
 Antiseptics, dangers of, 487
 Anti-vivisection works, 468; evidences, 469
 Antwerp Homeopathic Dispensary, 486
Apis in inflamed mouth and throat, Dr. Roberts on, 478; for ascarides, 196; acetate, 559
 Apples, *arsenic* in American, 52; as medicine, 407
Argent. cyan., proving of, 214
 Asepsis in gynæcology, by Dr. Cook, 472
Arsenic in wall papers, 199
 Astrology and medicine, Dr. Storror on, 139; Mr. Mahony on, 184; Mr. Pearce on, 185
Atropine poisoning, 20
Azadirachta indica, proving of, 21
 BABY-FOOD, artificial, and scorbutus, 238
Bacteriology, essentials of, by Dr. Ball, 426
 Baking powder, effects of, 477
 Balmonssières, Dr., at Hyeres-les-Palmiers, 181
 Baltimore Homeopathic College and Hospital, 270
Barium chloride in Llangammarch Spa, 441; in Harrogate springs, 525; in British Spas, 533
 Bath Homeopathic Hospital, 121
 Bath, the first, by Dr. Winterburn, 431
 Bed sores, *aristol* in, 290
 Beeswax, poisonous, 197
Belladonna acetate, 559
 Bellerby, Dr., *sepia* case by, 557
 Berridge, Dr., clinical cases by, 60, 157, 272, 364, 397, 453; proving of *sabal serrulata*, 277
 Biochemical homeopathy, 236
 Blisters, unfavourable report of, 197
Borax in epilepsy, 14
 Boston University School of Medicine, 8; homeopathy in, 53, 122
 Boycotting homeopathy, 242
 Bradshaw, Dr., on *lycop.* in enuresis, 154
 British Homeopathic Society, meetings of, 23, 80, 118, 168, 219, 311
British Medical Journal, homeopathy in, 246
 Broadbent, Dr., address to students of, 483
 Bromley Memorial Hospital report, 174
Bryonia in constipation of seafarers, 213; in pneumonia, 246; from Langham's *Herbal*, 375; cases for, 560
 Burford, Dr., appointment of, 135
 Burnett, Dr., *The Greater Diseases of the Liver*, by, 41; *New Cure of Consumption* by, 176; change of address of, 381; on *Ringworm*, 522
 Burns, *glycerine* for, 190

Cactina, 341
Cactus in angina, 7
Caffeine in adynamic states and post-partum hemorrhages, 190
Calcium sulphide in tonsillitis, allopathic discovery of, 436
 Calcutta Homeopathic Dispensary report, 171
Calendula, proving of, by Petroz, 71;

- Dr. Cooper on, 109, 162; in deafness, 137; in constipation, 215
Camphor, Rubini's tincture of, 489
 Cancer and tuberculosis, 53; *acetic acid* in, 58; electricity in, 233; *Chian turpentine* in, 292; by Dr. Ridpath, 542; by Dr. R. Jones, 503
Cantharidin in granular lids, 147
Carbolic acid causes pneumonia, 17
 Cardiff, homeopath wanted at, 427
 Carlsbad, Dr. Kafka on, 257, 298
 Carlyle on homeopathy, 149
 Cases by an amateur, 70, 212
 Catellan, M., death of, 524
 Cay, Dr., removal to Nottingham of, 45
 Charcoal-charged pipes, 180
Chelidonium in chronic biliousness, 42
 Chicago Homeopathic College, 302
 Chicle gum, new uses for, 189
Childhood, prospectus, 416
 Children, Winterburn's projected journal about, 341; common errors in the feeding of, 515
 Cholera, 337; the College of Physicians and the treatment of, 435; items, 489; times, safety in, 523; *copper* and, 536; tract on, 537; Dr. Morrisson on, 551
 Clare, Mr., death of, 283
 Clarence, death of Duke of, 55
 Clarke, Dr., proving of *hamamelis* by, 437; case of myxœdema by, 443, rheumatism and sciatica by, 471; homeopathic medicine *v.* allopathic knife, 554
 Clifton, Dr. A., retrospect of thirty-seven years of practice, 23; discussion on, 24
 Clifton, Dr. G., made a J.P., 436
Coal oil in intestinal obstruction, 22
Cocaine, pathogenic effects of, 76
 Cocoa, 3; nibs, solidified, 175
 Coffee rusks, 134
Comocladia dentata, Dr. Berridge on, 453
Condurango causes locomotor ataxy, 19; in chapped lips, 338
 Congress, homeopathic, 389, 408, 450; World's, 563
 Constipation of seafarers, *bryonia* in, 213; of children, massage in, 334
 Convalescent Home, Homeopathic, 320
 Convalescent, a boycotted, 437
 Cook, Dr., on asepis in gynecology, 472
 Cooper, Dr., on *calendula*, 109, 137
Copper in peas, 387; and cholera, 536
 Corn cures, 88
 Cox, Mr., removal of, 136
 Credit due, the, 533
 Cross, Mr., on hospital reform, 516
Croton, error in Skinner's potencies of, 143
 Croucher, Dr., the new mayor of Hastings, 534
 Croup, *vinegar* in, 58
 Croydon Homeopathic Dispensary, 411
 Cure, how not to, 49
Cyclopedia of Drug Pathogenesis, pt. xvi., 53; completion of, 118
 DE omnibus rebus, 140
 Dead Sea water as an antiseptic, 390
 Diabetes, *syzygium* in, 2
Diet, Resources of Medical, by Dr. Daltzell, 82
 Disinfection ad absurdum, 492
 Doctor, the unprotected, 485
 Dog, sagacity of a, 635
 Dose question, the, 438
 Drinks, temperature of, 526
 Drowned, new mode of resuscitating the, 340
 Drury, Dr., death of, 278, 282
 Drysdale, Dr., illness of, 95, 101; death of, 388, 423; on homeopathic sectarianism, 440; memorial to, 561
 ECZEMA, epidemic, 4; *lycop.* in, 310
 Education of a medical student, the, 481, 530
 Electric light as a pain curer, 290
Electricity in cancer, 233; essentials of medical, by Dr. Stewart, 426
 Enuresis nocturna, Dr. Bradshaw on, 154; *lycopodium* in, 154
 Epilepsy, *borax* in, 14; Pasteur's cure for, 24; *pilocarpin* in, 289; caloric, 537
Epsom salts, death from, 46
Erysipelas, sulphur in, 448
 Experimental Physiology, 469
Faulkner's Visiting List, 561
 Fear of disease a preventive of mortality, 40
 Female inebriety, Mr. Lawson Tait on, 520
 Fernie, Dr., removal of, 181
Ferric sulphate, effect of, 374
 First hours of life by Dr. Winterburn, 247, 293
 Fish, a poisonous, 292
 Fluids with meals, on taking, 218
 Folkestone Homeopathic Dispensary report, 323
 Fruit, use of, 488; and gout, 512
 Future, the, 101
 GAIRDNER, Dr., on therapeutics, 433
Galega as a lactagogue, 79
 Galen and homeopathy, 193
 Gall-stones, sweet oil in, 231
 Gallavardin, Dr., on alcoholism, 532; on the administration of homeopathic medicines in food and drink, 538
Gastein, by Dr. Proell, 328
Glonoin, a witness for, by Dr. Wootton, 555
 Glycerine contaminated by tin vessels, 333

- Gout and fruit-eating, 512
 Guernsey Homeopathic Dispensary, 224
 Guernsey, Dr., on homeopathic therapeutics of hemorrhoids, 422
 Guinnip, Dr., on Homeopathy, 425
- HÄHNEMANN**, letters of, 255
 Hahnemann Medical College of Philadelphia, 342
 Hahnemannian homeopathy, 232
 Hale, Dr., on *sabal serrulata*, 331, 402
Hamamelis, pathogenic effects of, 437
 Harrogate, new sulphur spring at, 88; waters, 381
 Hastings, Dr. H. W., death of, 524
 Hastings Homeopathic Dispensary report, 173
 Hats, poisonous, 47; 566
 Hay-fever, *succinic acid* in, 406
 Hayward's books of reference, 566
 Heath, Dr., on homeopathic medical schools in United States, 8, 100, 152, 210, 270, 302, 342, 556
 Helmutz, Dr., *With the Pousse Café*, 232
 Hemorrhoids, homeopathic therapeutics of, by Dr. Guernsey, 422
 Hering's *Guiding Symptoms*, vols. ix., x., 470
 High potencies, discussion on, 220; where to get, 238
 Holcombe, Dr., *What is Homeopathy?* by, 425
 Homeopathic Bibliography of the United States, 471
Homeopathic Journal of Obstetrics, 245, 339
 Homeopathic medicine v. Allopathic knife, by Dr. Clarke, 554
 Homeopathy, Picken's success of, 4; the rationale of, 93, 183, 235; the grosser, 105; what is? 146; the rational system, 338; *What is?* by Dr. Holcombe, 425; lecture on, by Dr. Guinness, 425; and public offices, 427
 Horlick's malted milk, 380
 Horsley, Victor, strong language of, 481
 Hospital, the new, 1; reform, Mr. Cross on, 516
 Hot bath for the new born, 381
 Houses at £40 a year wanted, 181
 Hurdall, Mr., removal of, 181; *Medicine v. Surgery*, by, 207; on Orme and his troubles, 260
Hydrophobia in influenza and fever, by Mr. Metcalfe, 426
 Hydrophobia, death from, 100; in Paris, 150; reputed cure of, 198
Hyoscyamine and *hyoscyne* in nervous and mental disorders, by Dr. Hale, 377
- ICE CREAM as a therapeutic agent, 521
Ilex cassine, by Dr. Hale, 176
Incurable Diseases of Beast and Fowl, 329
- Indigo* as an emmenagogue, 94
 Infant-feeding, a hint on, 246
 Influenza at Melbourne, 37; bacillus, the, 55; Dr. Dudgeon on, 57, 103; *carbo. veg.* recommended for, 58; discussion on, 80; remarks on a complication of, by Dr. S. Wilde, 102; in Sydney, 103; a rare form, 104; by Dr. Oldfield, 329
 Infinitesimal dose, an, 492
 Insanity, causes of, 339
- JARE**'s *Clinical Guide*, 43
 Jones, Mr. R., a contrast by, 5; on cancer, 503
- KAFKA**, Dr., on Carlsbad, 257, 298; change of address of, 381
Kali arsen., proving of, 187
Kali bichromicum, poisoning by, 78
Kali phos. in headache, 438
 Kansas homeopathic college, 210
Keene and Ashwell's Dairy, 561
 Kephir, the milk ferment, 196
 Khedive's treatment, the, 49, 100
Kola preparations, Pottage's, 534
- Lead poisoning, discussion on, 311
 League, a homeopathic, for France, 291; the homeopathic, 410
 Leavitt, Dr., *Science and Art of Obstetrics*, by, 472
Ledum palustre, in the old school, 291; in pricks, 338
 Lentiline biscuits, 175
 Leprosy in South Africa, Mr. Tebb on, 285; Mr. Tebb on, 486
 Linseed and asthma, 513
Liver, the Greater Diseases of the, by Dr. Burnett, 41
 Llangammarch Spa, *barium chloride* in, 441
 Lockjaw, *gelseminum* in, 244
 London and Counties' Medical Protection Society, anti-homeopathic law of, 386, 485
London Homeopathic Hospital Reports, 81, 314; Mr. Cooper on the, 517
 Lupoid ulcers, yeast for, 70
Lupus, tuberculin in, 223
Lycopodium in enuresis, 154, 216; in eczema, 310
- MACKECHNIE**, Dr., presidential address of, 487
 Madden, Dr., discussion on paper of, 159
 Mahony, Mr., thoughts from the *Organon*, 200, 263, 303, 357, 391, 446, 505, 543
 Materia Medica, a new, 217, 566; *A Primer of*, by Dr. Allen, 326
 Medical Annual, 232
 Medical defence, 385
 Medicine v. Surgery, by Mr. Hurdall, 207
 Melbourne Homeopathic Hospital, 31;

- homeopathic treatment of influenza at, 37
- Mercurial poisoning, prevention of, 383
- Merc.-Cor.*, effects on skin of, 117
- Mezereum*, poisoning by, 77; cure of rash by, 98
- Midwifery, relation of homeopathy to, 128
- Mignonette* for tapeworm, 323
- Milk a microbe killer, 244
- Missouri, Medical College of, 59
- Molson, Dr., and the Obstetrical Society, 242
- Moral influence of physical science, by Dr. Sircar, 418
- Morgan, Major Vaughan, 97; death of, 136; portrait of, 151; memorial to, 196, 332
- Morgan, Mrs., letter of condolence to, 152; death of, 524
- Morrison, Dr., *Occasional Papers* by, 130, 425; on cholera, 551
- Mothers' marks, 107
- Mumps, a rare case of, 293
- Musca volitantes*, *potassium iodide* for, 70, 387
- Musculin* or *Mytilotoxin*, 2
- Myxœdema cured, by Dr. Clarke, 443
- Naphthalinum* in incarcerated flatus, 215
- Nasal catarrh, *Carb. an.* in, 190
- New York Homeopathic Society's Council and Banquet, 518
- Newman, Mr., and the Poor-Law Board, 439
- Nine Circles of the Hell of the Innocents*, by Miss Cobbe, 468
- Nipples, excoriated, white of egg in, 101
- Nitrogen, flame of, 370
- Noble, Dr., removal of, 330
- Nutritive enema, the best, 382
- Nux vomica*, provings of, 75
- OBSTETRICS, the science and art of, by Dr. Leavitt, 472
- Occasional Papers*, by Dr. Morrison, 130, 425
- Old-school methods and the reputation of drugs, 289; — therapeutics, 433
- Old way, the, 526
- Organon*, thoughts from the, by Mr. Mahony, 200, 263, 303, 357, 391, 446, 505
- Orme and his troubles, by Mr. Hurdall, 260
- Oxalic acid* in amenorrhœa, 199
- Oxford Homeopathic Dispensary report, 173
- Oxygen* as a remedy, 329
- PARIS, hydrophobia in, 150
- Parrots, infection by, 150, 198
- Passiflora incarnata* in neuralgia, 238
- Pasteur's cure for epilepsy, 24; for rabies, 99; homeopathy, 241
- Pathies, the two*, 245; the use of other, discussion on, 278
- Petroleum*, 300
- Pettenkofer's experiments with cholera bacilli, 553
- Pharmacology and therapeutics, 434
- Philadelphia, Hahnemann College and Hospital of, 342; Women's Homeopathic Association, 560
- Philaethes, 234
- Phosphorus*, red amorphous, 12; necrosis, 199
- Phytolacca berries* as an anti-fat, 324
- Picken, Mr., *Science of Homeopathy* by, 4; on the periodic law, 284
- Pneumonia caused by *carbolic acid*, 17
- Policy, homeopathic, 529
- Poor-law appointments and homeopathy, Dr. Pope on, 439
- Pope, Dr., on homeopathy and poor-law appointments, 439
- Potassium chlorate*, poisoning by, 115
- Potassium meta sulphate*, 512
- Pousse-café, by Dr. T. Helmuth, 232
- Primula obconica* eczema, 116
- Protection society, a medical, 388, 485
- Pyrogenium* in fever, 89
- Quinine, effects on skin of, 117; and ague, 148
- Rainbow Leaflets, 469
- Ramsbotham, Dr., presidential address of, 457, 529
- Ranula, *Thuja* in, 301
- Registration of Buildings, Compulsory, by Beardmore, 44
- Rentoul's Reform of our Voluntary Medical Charities, 43
- Rhubarb* eruptions, 17
- Rhus* poisoning, hot water in, 290
- Ridpath, Dr., cure of cancer by, 542
- Ringworm, Dr. Burnett on, 522
- Roberts, Dr., on *apis* in inflamed mouth and throat, 478
- Ross, Dr., removal of, 567
- Roth, Dr., to the memory of, 46
- Russian Famine Fund, 187
- Sabal serrulata*, proving of, by Dr. Berridge, 277; Dr. Hale on, 331, 402
- Salicylate of soda*, proving by, 292
- Salt shirt for night sweats, 527
- San Francisco, Hahnemann College of, 152
- Scarborough Homeopathic Dispensary, 223
- Science of Homeopathy, Mr. Picken on, 412
- Scilla* in bronchitis, 216
- Sepia* case, by Dr. Bellerby, 557

- Sircar, Dr., on the moral influence of physical science, 418
- Skinner, Dr., error in his *croton* potencies, 148; on his high potencies, 284
- Smith, Mr. Harmer, on the Poor-Law Board, 439
- Snake-bites, Mueller treatment of, 224; *strychnine* in, 225
- Snow in the streets, 93
- Soap plants, by J. R. Jackson, 83
- Sodium-mercurius* causes inflammation of knuckles, 215
- Sore feet, *nitre* for, 476
- Southern Journal of Homeopathy*, 536
- Southport Children's Sanatorium report, 172
- Stannum* vapour, by Agricola, 400
- Strawberries rendered poisonous, 290
- Storrar, Dr., on astrology and medicine, 138
- Substitutes, homeopathic drug, by E. Gould and Son, 140
- Succinic acid* in hay fever, 406
- Sugar, rapid test for, 195
- Suggestions to patients*, by Dr. Yingling, 424
- Suicides in United States, 4
- Surgery, moral ills cured by, 227
- Surgical Practice, Golden Rules of*, 82
- Sydney, homeopathic dispensary for, 388
- Syzygium jambolanum* in diabetes, 2
- TAYLOR, Mr. Lawson, on female inebriety, 520
- Tapeworm, *mignonette* for, 323
- Taste, perverted, by Mr. Cocke, 39
- Tea, alkaloids of, by Mr. Allen, 473
- Tebb, Mr., on compulsory vaccination in Italy, 92; on leprosy, 285, 486
- Throat, sticking in, remedies for, 46
- Tight lacing again, 54; and heavy skirts, 142
- Toenail, ingrowing, treatment of, 98
- Tolstoi, Count, letter of, 189
- Toothache, *naphthalin* for, 30
- Torquay Homeopathic Dispensary, 411
- Trinidad as a field for practice, 382
- Tuberculinum Heathii*, 533
- Turkish Bath*, by R. Metcalfe, 177
- Tyndall instructs Carlyle in homeopathy, 149
- UNITED STATES, suicides in, 4; homeopathic medical schools in, 8, 100, 152, 210, 245, 270, 302, 550
- Unknown drugs for unknown diseases, 532
- Ussher, Dr., notes by, 300
- VACCINATION, compulsory, in Italy, 92
- Vaccino-syphilis*, by Mr. Milner, 132
- Vinegar* in cramp, 58
- Vivisection, material for, 535
- Vomiting, case of, 6
- WEDDERBURN, Dr., address of, 128
- Western Australia as a field for homeopathic practice, 478
- Whooping-cough, early symptoms of, 524
- Wilde, Dr. S., on a complication of influenza, 102
- Wilde, Mr., and the Poor-Law Board, 440
- Winterburn, Dr., the first hours of life, by, 247, 293; the better way, by, 348; on the relation of homeopathy to antiseptic midwifery, 493
- Wootton, Dr., a witness for *glonoin*, by, 555
- Yeast for lupoid ulcers, 70
- Yingling, Dr., *Suggestions to Patients*, by, 424

THE HOMEOPATHIC WORLD.

JANUARY 1, 1892.

THE NEW HOSPITAL.

THE chief event of the past year in the annals of British Homeopathy was the completion of the fund required for the rebuilding of the London Homeopathic Hospital. The coming event of 1892 will be the commencement of building operations. This may be looked for some time in the spring. In the meanwhile much thought and discussion is being directed to the plans of the proposed building, or rather buildings. The plans are not as yet public property, we believe; but subscribers will be interested to know that the highest special opinion in hospital construction is being obtained by the Building Committee, and the scheme at present most in favour is to build part of the hospital in the usual rectangular fashion, and for the rest, to have circular wards. This will form a large tower-like erection, each floor of which will constitute one large ward. The great advantage of this is that a larger air-space per patient is gained than in the ordinarily built wards. On the other hand, they have the disadvantage of a large central pillar, which obstructs the view, and the walls being all outside walls makes the heating more difficult. Also the windows all round tend to create more draughts. These difficulties the architect will no doubt successfully grapple with should this plan be finally adopted.

It is estimated that it will require two years to complete the work, so that we may expect it to be open for the reception of patients in the early part of 1894. In the

meantime provision will be made for carrying on the proper work of the hospital.

We shall report the progress of the Institution from time to time, and in the meanwhile we may remind our readers that though the minimum sum that would justify building has been raised, the Secretary-superintendent, Mr. G. A. CROSS, will be happy to receive any donations in addition that friends of Homeopathy are good enough to send him.

NEWS AND NOTES.

MUSCULIN OR MYTILOTOXIN.

It appears there is such a disease as chronic mussel poisoning. Segers (*Prensa* of Buenos Ayres, July 25, and August 1, 1891 — *British Medical Journal* Supplement, November 28) a surgeon in the Argentine Navy describes a series of symptoms which he ascribes to this affection. During a stay at Ushuaia, in Tierra del Fuego, he was struck with the number of natives who presented the following symptoms: "Marked icteric discoloration of the skin; hypertrophy followed by atrophy of the liver; and hemorrhage from the different mucous surfaces; the last symptom heralding a speedy fatal termination." The disease is so fatal as to threaten the extermination of the Fuegan race. They eat hardly anything else besides mussels which are not wholesome at the full moon—which corresponds to the period of their full growth; but when the moon is on the wane they are thin and poisonous, and many of them die. *Mytilotoxin* has been isolated from their livers.

In these cases there can be no question of sewerage poisoning of the mussels. Mytilotoxin deserves and would well repay a thorough proving. Is it to be obtained?

SZYGIUM JAMBOLANUM.

THE Therapeutic Committee of the British Medical Association (*British Medical Journal*, December 12th) is about to make an inquiry into the value of Jambul powder

in the treatment of diabetes, and asks for notes of cases to be sent to the secretary, Dr. Sydney Martin, 10, Mansfield Street, W. If the committee would only investigate homeopathic literature they might find what they want—and possibly more. We quote the following:—

“Last February Professor Lewaschew published a paper in the *Berliner klin. Wochenschrift* which placed the matter in a new light, and suggested the desirability of further inquiry. He related the case of a man, aged 62, whom he treated with doses of the powder gradually raised from 4 to 30 grammes daily without benefit, but the seed was old and somewhat mouldy. He then tried a fluid extract from the same seed also without result. While the patient was still under observation Lewaschew received a new supply of the drug from abroad. The treatment was then resumed, the daily dose being 20 grammes, with immediate and noticeable effects—diminution of the polyuria, glycosuria, and thirst, with increase of body weight. Undoubtedly diabetics at the age of this patient get well under very varied treatment; nevertheless, the history of the case suggests that the great differences in the experience of various observers may have been due to want of uniformity in the drug.

“The Therapeutic Committee has therefore sanctioned an investigation of the action of this drug, and Messrs. Christy and Co. have very kindly obtained from Bombay a consignment of fresh seed, which has just come to hand. It is recommended that the seed should be obtained and reduced to powder only as required; that the dose used should be large, from a drachm to an ounce daily, and that the remedy should be used in conjunction with requisite modifications of diet.”

The dosage in the homeopathic cases would, we fear, frighten the gentleman who penned the latter paragraph, and prevent their receiving any consideration.

COCOA.

The following paragraph from the *British Medical Journal* of November 21, will be interesting to total abstainers and others:—

“MORNING COCOA.

“Dr. Charles Moore Jessop (Sutherland Avenue, W.) writes: Lieut.-Colonel Allsopp's experiment with morning cocoa for troops before early drill is so satisfactory and excellent in its results that I venture to think he and some of your readers may be interested in learning that in 1857 I recommended a midnight meal of coffee and bread for men on guard at Hong Kong to protect them from malarial influence during the last quarter of their day's vigil, for they went on guard at 5.30 a.m., breakfasted at 8 a.m., dined at 1 p.m., had tea at 5 p.m., and

returned off guard at 6 a.m. the following morning. That suggestion was, in my opinion, a better method of resisting disease, besides being cheaper and less injurious than a dose of rum and quinine, which was ordered to be given under the supervision of a medical officer at 5 a.m. to those going on guard. In the case of many soldiers this dose had at once an emetic effect. My suggestion, however, did not find favour with the then authorities, nor yet with their successors; but on the arrival of the late Sir Wm. Muir and Sir Hope Grant it was carried out. On my return to Hong Kong in 1880 I was much gratified to find the practice still in vogue. I am not sure that half a pint of meat tea, made as I recommend, would not be a still better means of succouring the guard."

A NEW DISEASE.

ECZEMA is a sufficiently unpleasant disease at any time, but when it becomes epidemic it is a much more serious affair. It appears that a number of workhouse infirmaries, more especially Paddington, Marylebone, and Hanwell, have been visited by an epidemic of fever, accompanied by an eruption over the whole body, which some describe as eczema, and which is at any rate more like that than any other affection. In a large number of the cases the disease has proved fatal. From the description we should expect *Rhus* to be the remedy. But it is a question for serious consideration—How comes it that such an outbreak is possible? and why does it attack only workhouse infirmaries? We hope the authorities will get to the bottom of this.

"THE SCIENCE OF HOMEOPATHY."

MR. PICKEN'S article on the above subject has been reprinted with our leading article of last month as an introduction, and may now be obtained of the Homeopathic Publishing Company, 12, Warwick Lane, price 6d.

SUICIDES IN THE UNITED STATES.

DR. W. B. CLARKE, of Indianopolis, who has interested himself on many topics connected with the public health, has sent us a copy of the *Indianopolis News*, in which is an article by himself on the suicides of one year in the State of

Indiana. From the appalling list—comprising 426 attempts, of which 282 were successful—he draws the conclusion that there is a kind of “epidemic of suicide raging” at present, and he strongly advocates restriction on the sale of poisons, to which a large proportion were due.

ORIGINAL COMMUNICATIONS.

A CONTRAST.

By T. REGINALD JONES, M.R.C.S. Lond. ; L.K.Q.C.P., and L.M.I.

If all the cases cured by homeopathy after the total failure of allopathy to afford any relief were to be published in our journals, I fear that there would be an *embarras de richesses* sufficient to unhinge the mind of any ordinary editor. It is, however, desirable to bring forward, from time to time, well-marked cases, in which the brilliant success of our treatment can be placed in direct contrast with the utter failure of allopathy. The following cases are, I venture to believe, striking illustrations. They are not reported, however, in any vainglorious spirit, neither is there any intention to wound the susceptibilities of our friends the allopaths, either lay or medical, for whose ignorance and prejudice we feel deep pity. They are simply reported to show the superiority of our system, and the saying to that part in which we are all, perhaps, rather more or less tender, “the pocket.”

Mrs. L— has suffered from almost constant vomiting for the past two years, and has, during this period, been treated by several medical gentlemen—all allopaths; but she was “nothing bettered, but rather grew worse,” although she had spent a large amount upon physicians and physic. The last doctor was called in six months ago, and gave her two solid months’ visiting, missing neither Sunday nor week-day. His assistant started the treatment, but he nearly solved the difficulty by almost killing the patient. His principal was then requested to attend, when, after reading the prescription, he stamped his foot, put the paper into his pocket, told them to throw away the medicine, and ordered a fresh lot. (Well, there is *one* advantage, anyway, in homeopathy: we do not poison our

patients ; they get good English fairplay in the fight.) The fresh medicine, however, so far as a cure was concerned, was no better than the last ; and so the farce went on for two months, when, being not a whit the better, she was ordered to Llandudno. Here another gentleman had a try. Six weeks—visits twice a day. A fresh bottle of medicine *daily* at 1s. 9d., and opium pills costing 1s. 6d. for *two days'* supply. But that disease was not going to be fooled or trifled with in any way, and refused to budge an inch. Then she returned, and her doctor, metaphorically, took off his coat and tried to knock spots out of this plaguy sickness. He shied bottles of physic, boxes of pills, plasters, hot fomentations, opium applications at it, but it came up smiling every time. He gave it a two months' bombardment, but that disease would not "git." So, when things were looking rather serious, and the sickness began to get "riled," and showed signs of going in to win, and when life was a misery, and utter despair and a desire for death set in, she listened to the persuasion of friends and agreed to try homeopathy. Symptoms : Constant vomiting of ropy mucus, blood-stained at times ; burning, throbbing pain at epigastrium ; tongue much furred ; utter prostration. These symptoms, as I have previously remarked, had lasted with greater or less violence for nearly two years.

Result : Called in November 9th. Prescribed *Kali Bic.* 3x, *Arg. Nit.* 3x every three hours in alternation.

November 11th.—Much better, scarcely any vomiting, and much less pain. Rep.

November 13th.—Vomiting ceased, pain less, the burning predominating. Rep.

November 16th.—Not the slightest return of the vomiting, but the burning remains ; the throbbing has gone. Rep.

November 19th.—Except the burning in stomach, is quite well, but weak ; no vomiting. *Arsen.* 3x.

November 23rd.—Out of bed, and wonderfully better ; burning nearly gone. Rep.

November 30th.—Burning has gone. She feels quite well, and has remained so up to the present (Dec. 14th).

The reader will kindly bear in mind that this lady, besides the suffering endured during a period of nearly two years, has spent something like £100 in doctors and medicine, *without the slightest relief*. Her cure cost her about £2 10s. I wonder whether this explains the antipathy of the

profession towards homeopathy—of course, I do not say that it does, but I was just wondering.

Now, again. I was called to attend a gentleman who was in a very serious way, suffering from pneumonia and pleurisy, with effusion. He had been some three weeks under allopathy, and during that period he took sufficient medicine to float a small ship (I mean a model). There were some forty bottles—some empty, some partly empty, some with a dose or two gone; say twenty bottles in all had been consumed, that is equal to 160 ounces, and this amount would float a model yacht, therefore I have not exaggerated. Besides the fluid medicines there were powders, pills, &c. Well, how the human stomach can tolerate such a lot of rubbish surpasses my comprehension! When I saw him he was consuming Fellow's syrup (or Eason's, I forget which). His tongue was a fair representation of a field of wheat, so thick and so yellow was the fur. Why, it seemed as if you could have reaped it with a sickle. Now, I was taught when at college never to give iron or quinine when there was a thickly-furred tongue—"but no matter," times change. Well, the disease would not give way; so, as a *dernier ressort*, the doctors were going to tap his chest (and without his consent). They were just on the point of so doing, when the wife interfered and prevented them. I verily believe, had they done so without his knowledge, and in his then weak state, the shock would have killed him. He there and then determined to change the whole treatment under which he had been growing steadily worse, and sent for me. I examined him, and I remember his piteous look and tone of voice when he said to me, "Doctor, do I need to be tapped." I asked him whether he wanted a headache; for, said I, you need tapping just as much as you want a headache. *Apis*, *Bryonia*, *Phosphorus*, *Iodine* cured him in three weeks, the whole of the pleuritic effusion disappearing in a very short time.

Just one more case, not of my own, but to illustrate what patients suffer because their doctors are too "learned" to learn anything from homeopaths.

A gentleman who had suffered all the agonies of angina pectoris for some three years (of course at intervals), and in which *Amyl Nitrite*, &c., had failed, told a friend of mine that his doctor had just discovered a drug which had given him more relief than anything he had ever had, and he evidently thought him a paragon of cleverness. "And

what is the drug?" my friend asked. "Why," said the poor deluded martyr, "*Cactus, in one drop doses!*" Now, is it not enough to make one either laugh or cry? *Cactus*, the drug used by homeopaths for the cure of angina for some thirty years past, just discovered!! Well, of course, if allopaths like to suffer when relief is within their reach it is their own look out. Two years' suffering relieved at once by *Cactus!* which any homeopath would have administered at first. This case is simply given as food for thought.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., London, England.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE Boston University was incorporated in 1869. It was the first university in America to present in Theology, Law, and Medicine, uniform graded courses of instruction covering three scholastic years, and to require in each case in order to graduate the full term of three years' study. In all American homeopathic schools of medicine it is the practice to require that every student shall be at least one year with a qualified medical man as preceptor, before beginning his three years' course, which undoubtedly is better than the English plan, where students go direct from school without any primary knowledge whatever of disease to help them in their medical studies. The Boston University was the first to establish the four years' course of medicine and to restore the Baccalaureate Degree in medicine and surgery. Its schools of Theology and Law are amongst the largest and most important in America. In classical education it has established the highest standard of requirements for degrees. It includes the following schools and colleges, and is open to men and women on equal terms and conditions:—

Homeopathic School of Medicine	School of Arts and Sciences
School of Law	College of Liberal Arts
School of Theology	College of Agriculture

The Boston University has over 1,000 Matriculants, and it has 120 Professors and Lecturers.

The Homeopathic School of Medicine was organized in 1873, under the charter of the Boston University. Four

years previous to this the Homeopathic Hospital had been opened, and a dispensary had been in existence for fifteen years before the Hospital was built.

The school has been a success from its start. It endeavoured to improve upon the then existing methods of medical instruction, adopting from the first a three years' graded medical course, and requiring an *entrance examination*—a thing then unknown in the medical schools of America.

In 1883 an optional four years' course was established: the first in any medical school of the United States.

So firmly convinced were the Faculty of the advantage of the four years' course, that in 1890 the whole curriculum of study was rearranged from entrance to graduation.

The entrance to the school requires a thorough acquaintance with English branches, together with a good knowledge of Physics and Latin.

The first year's course covers the following studies:—General Chemistry, Botany, Biology, Elementary Physiology, Physiological Physics, Elementary Microscopy, Comparative Anatomy, Human Anatomy (Osteology), Dissection (first part), Methodology, Prescription writing and Latin Formulæ, Nursing, Food and Care of the Sick.

Most of these can be obtained by elective studies in the College of Liberal Arts and Institute of Technology, and students *passing an examination in these* may be admitted to the work of the second year. But the second, third, and fourth years require *personal* attendance through the entire course.

The second year: Anatomy (continued), Physiology (continued), Medical Chemistry, Pharmaceutics, Minor Surgery, Microscopy (continued), Histology, Dissection, Sanitary Science, Dietetics.

Third year: General Pathology, Pathological Anatomy, Special Pathology and Therapeutics, *Materia Medica*, Operative Surgery, Obstetrics, Gynæcology, Diseases of the Chest, Diseases of the Throat, Pædology, Dermatology, Clinics.

Fourth year: Surgery and Surgical Pathology, Special Pathology and Therapeutics (continued), *Materia Medica* (continued), Practical and Operative Obstetrics, Gynæcology, Ophthalmology, Otology, Insanity, Nervous Diseases, Medical Jurisprudence, Ethics of Medicine, Dispensary Practice, Clinics and Clinical Reports, Thesis.

It was thought that the establishment of the four years' course would have diminished the number of students, but such is not the case, there being now 30 students more than last year.

The number of students for this winter term, 1891 and 1892, are 141, the number of graduates for 1890 and 1891 were 27.

The original building of the school has been greatly enlarged. Apart from many needed conveniences there is now a fine Physiological laboratory, Microscopical and Histological laboratory, a library to hold 30,000 volumes, and a fine museum to hold 100,000 specimens; each story also has a fine class-room, lecture-room with private work-rooms and laboratories.

A splendid new Dispensary has also been erected, 120 feet in length by 52 feet in width, and two stories in height, and accommodates the twelve departments.

The number of out-patients has largely increased, there being about 200 patients in daily attendance. Senior students are required to visit patients at their own homes, and prescribe under the directions of the professors.

The land on which this Dispensary was built is valued at \$25,000 (£5,000), and was given by the City of Boston.

The Hospital, which provided 80 beds, has, by the donation of \$120,000 (£24,000), contributed by the State, been enlarged by an additional surgical wing, a new medical wing, a kitchen, mortuary, &c.

The Hospital has been erected at a cost of £60,000, and will now contain 250 beds. In the presence of the class several hundred important operations, including forty-two laparotomies, were performed last year.

There is also in connection with this school the *Homeopathic Hospital for the Insane* at Westborough, established by the State in 1888.

This Hospital is beautifully situated on the borders of Lake Chauncy in the town of Westborough. It is about an hour's ride from Boston, and is one of the largest institutions at the present time under homeopathic treatment. It contains about 500 patients, and has already treated upwards of 1,800 cases of insanity with a success that should command the attention of every physician interested in this important form of disease. Arrangements are made for advanced students to visit the Hospital at stated times

to receive instructions and to familiarize themselves with the various forms of insanity.

Students who desire to take a post-graduate course in insanity may be received into the Hospital for a limited time, while to those who wish to make this a specialty, there are positions open to them, where in addition to the opportunity for extended instruction and observation, they will receive their living expenses and a salary according to the position occupied. This is open to men or women.

The City Hospital. The public medical and surgical clinics of the City Hospital are open to *all* students of this school. The great extent of the Hospital (425 beds), and the large number of surgical cases afford an opportunity of witnessing nearly every variety of surgical operation. In addition to the above there are public and private hospitals which students can obtain permission to visit.

The Boston University School of Homeopathic Medicine has graduated since its foundation 530 physicians. There are several scholarships resulting from funds bequeathed for the benefit of worthy young men and women, such as the Garfield Scholarship, the Wade Scholarship, Alumni Scholarship; Fenno Tudor Loan Fund, George Russell Loan Fund; a legacy left by the late Dr. Harriot K. Hunt provides by its income medical text-books for women-students who need them.

The Medical Student, a journal published by the students, is issued four times a year.

There are several good appointments, such as House Physicians and House Surgeons, Massachusetts Homeopathic Hospital, Westborough Hospital for the Insane, the Consumptives House, and Resident Physician and Surgeon of College Dispensary. The Dean of this school is Professor I. Tisdale Talbot, M.D., Professor of Surgery. Nothing need be said as to the reputation of Professor Talbot, his name and skill is known on both sides of the Atlantic and his position as Dean of one of the largest and most reputable universities of the United States is sufficient to stamp him as a man and physician of no mean order, and whilst the Faculty of which he is head contains such names as Wesselheft, Angel, J. B. Bell, &c., who can doubt that the teaching is good? What homeopathic physician in the world does not know and daily use Professor J. B. Bell's splendid little book on Diarrhea and Cholera?

Professor J. Heber Smith, M.D., takes the chair of Materia Medica: that position stamps him as a man of unquestionable ability.

MATERIA MEDICA.

PHOSPHORUS—RED AMORPHOUS—P₃.

BY AGRICOLA.

For some years my mind has been ill at ease on the subject of the evaporation, change on surface of the air (following every variation in atmospheric pressure, temperature, and humidity) of tinctures, and still more so of pilules, &c.; while triturations which avoid this, also present other numerous advantages. These items led up to my triturating, on January 20th, a trial specimen of Phosphorus amorphous as far as the tenth decimal. I commenced a pathogenetic experiment on my own person with one grain doses of the sixth decimal. After some six doses I observed a glow on my face, an agreeable stimulation generally, a relieved constipation, had a sleep (first for some nights past), but awoke with a most intense burning in pyloric-hepatic-duodenitic region. I became rather alarmed, and thinking that I might have taken a stronger number, crawled downstairs through the air of glacial (zero) cold to the row of ten phials on the table. Fortunately the No. 6 was standing out of the line and just as I had left it on taking my last dose; in the course of two hours the burning gradually passed off.

During two following days I took several doses—caused awful frontal-vertex headache. Brain felt its volume increased and raised *up* many inches, which lasted two days. All recumbent position caused aggravation to the point of compelling the vertical form to be assumed when in bed.

Next day's experiment caused cardiac oppression quite unbearable, left chest felt enlarged (*Bry. acetate* 3x o.), pain felt to be traversing gastric region (cardiac to pyloric) to and fro. Stomach, which had felt much enlarged, gradually lessened in volume, felt contracted to the size of a fist; then I slept.

The *Phos. amorphous* seems to act upon an old seat of

my chronic bladder pain, which always originated below the liver (KSO₂ 6x had hitherto been my most curative remedy); thirst, sense of smell of the drug (*Phosphorus*) in my nose for many days. Then my notes run thus:—

Phos. amorphous seems to act on animal heat; stomach (pyloric, cardiac), duodenum, cœcum and colon; liver, lungs, kidney's secretion, brain, eyes, ears, nose, pharynx; voice, larynx; stool, anus, rectum; sleep, sensorium, appetite, digestion. Further clinical experience on dispensary visitors shall follow. Amongst them is an instance in a man (60) who has had an *à la palsy* affection of head and upper extremities for forty years so influenced (he received *Phos. amorp.* 10x for bronchitis) as to lead to his neighbours exclaiming to one another—"What's come to the old Major?" (a nickname); "he's dropt that head-shaking. What's up wi' he?"

Phos. amorp. effects instant curative action in a case of nausea, *envie de vomir*, and hepatic weight pain, &c.

Phosphorus amorphous seems to promise accomplishment of what these medicines known in homeopathy as Phosphorus in solution and as Phosphoric Acid fail to do. It must be had in mind that as Phosphorus amorphous contains *free Phosphorus*, and as Phosphorus itself is soluble in fluid mediums to a very limited extent only, therefore the attenuations or triturations should be prescribed in somewhat high numbers. During recent days I have used it *moi même* as 20x trituration. When pyloric, &c. (Rt. hypochond.), dyspepsia existed, then instant curative (progressive) action was evident, otherwise no sensation *pro tem.* followed the dose, but after a few days' continuance moist fecal action ensued, to be followed by its opposite, and by constipation of some duration.

Phosphorus amorphous seems to be effecting more or less curative action on *polyurea* of twenty-five years' existence. Neither Phosphorus in solution nor Phosphoric Acid influenced this unless it be as aggravation.

N.B.—Are British homeopaths to conclude from the mem. in last month's *Review in re* The Western Therapeutic Society's Meeting that Hahnemann's teachings are at last publicly repudiated by them? Well, if they prescribe in accord with the trade pamphlet of one of their chemists, *i.e.*, *Bry.* 1x, *Nux Vomica* 1x, *Puls.* 1, *Bell.* 1, *Chi.* 1, *Phos.* 1x, what result other than (in their hands)

intractible constipation can they expect? Never since the issue of the first periodical of the ART in England has there been such convulsed agitation of facial and extremity's muscles witnessed during allopath's street greetings in Western cities; while many of the said homeopaths' poor *Hahnemannian* patients, are—well—in blank despair.

BORAX.

In an article published in *The Lancet* of May 17, 1890, Drs. J. S. R. Russell and James Taylor, house physicians to the Queen Square Hospital for the Paralyzed and Epileptic, gave an account of their experiences with *Borax* (*Biborate of Soda*) in cases of epilepsy. The authors quote from *The British Medical and Surgical Journals* for 1886 two cases in which *Bromide of Potassium* not being tolerated, *Borax* was given in from 10 to 20 grain doses, three times a day, with the result of almost complete cessation of the fits during the time that the *Borax* was continued, from eighteen months to two years. In these patients the following symptoms were produced:

Scaly eruption, which disappeared under *Arsenic* (both patients).

Vomiting at the commencement, which ceased when aromatics were combined with the *Borax* (one patient).

Gower's *Manual on Diseases of the Nervous System*, vol. 'ii., mentions that *Borax* is useful where bromides have no influence, that it may be given thrice daily, after meals, in from 15 to 30 grain doses, without any other ill-effect than a possible—

Eruption of psoriasis, amenable to *Arsenic*.

Fréré and Lamy (*Nouvelle Iconographie de la Salpêtrière*, Nov. and Dec., 1889) mention two patients taking, one 30 grains, the other 45 grains, thrice daily, both having before treatment seborrhea of scalp, and one a few patches of old eczema. These developed under the *Borax*—

An eczematous eruption, which only faded when the drug was discontinued.

Drs. Russell and Taylor gave *Borax* to twenty cases taken at random as they applied at the hospital, irrespective of age or duration of illness. In a number of these symptoms were produced. We give the symptoms relieved and the symptoms produced.

1. Young man. Fits relieved; bromide, which had formerly relieved, being no longer tolerated. No *Borax* symptoms.

2. Boy showing distinct existence of congenital syphilis. Fits not influenced by ordinary anti-syphilitic treatment. Under *Borax* very marked improvement in fits.

3. Boy, 10. Fits 7 years, 3 or 4 slight attacks daily. Under treatment with *Borax*, 120 grains daily—

Intervals between fits gradually lengthened to 6 weeks, and then ceased for three months, when he left the hospital.

The following symptoms appeared:

Sore lips and tongue.

Slight vomiting.

Abdominal pain.

(Cessation of the drug for a few days caused these symptoms to disappear, and the resumption in even larger doses did not again set them up.)

4. Girl, having had *petit-mal* 10 years, the frequency of attacks was lengthened from 1 to 2 weeks to 6 weeks.

The drug was at first 30 grains in 24 hours. This was pushed rapidly to 180 grains in 24 hours. This had no beneficial effect on the disease, as it had to be suspended on account of gastro-intestinal disturbance. Subsequently the maximum was 30 grains thrice daily after meals. The most constant symptoms produced by these doses were the following:

Swelling, chiefly of lower lip, on which small vesicles appear and become larger by coalescence; the contents then become opaque and milky, some vesicles burst, others dry up, resulting in a scaly, chapped condition like that caused by cold weather.

In other cases the chapped condition appears without previous formation of vesicles.

Tongue (in two cases) became sore and denuded of epithelium at one or two points.

Slight eczematous patches (two cases) in skin close to angles of mouth.

Inflammatory condition of mucous membrane of nose (one case, in addition to the eczema near angle of mouth) with slight purulent discharge. Also psoriasis guttata scattered over trunk and extremities.

5. Man, 19. Curious erythematous condition of hands.

Fingers, backs and palms of hands, and lower fourth of forearm of bright red hue, and latter slightly swollen.

Redness disappeared on pressure, no pitting.

Parts gradually became dusky, and in a few days were almost purple.

About this time a few bright red patches, looking almost like extravasations but disappearing on pressure, appeared on face.

Tongue became very red, sore, and denuded of epithelium in several places.

6. (G. E., 26. Epileptic 18 years.)

Eruptions of small punctiform papules like sudamina, at times scarcely perceptible, at other well marked.

Intense irritation.

Redness of the skin, which looked a little swollen, and was sweating.

The parts most affected were the palms of the hands and soles of the feet; patches being also seen in parts exposed to friction, such as waist, neck, axilla, &c.

Desquamation, very slight, was observed in palms and soles after the condition had existed for a week or more.

7. F. R., male, 21. After taking the drug 10 weeks—

Abundant crop of small papules all over face, more especially forehead, below eyes, and along the labio-nasal folds.

Associated with the papules was a reddish coppery petechia-like eruption, which did not disappear on pressure. No discomfort complained of.

The *Borax* was suspended and *Arsenicum* and *Salicine* given. In a week the eruption had almost completely faded. Then the patient had a very severe fit, and the eruption came out again exactly as before.

Vomiting in several cases (when taking 120 grains in 24 hours).

Vomiting with abdominal pain (one case).

Vomiting with diarrhea (two cases).

8. Young woman, 25. Under treatment 3 weeks.

Pleurisy.

Pain in side.

Short hacking cough.

Rise of temperature.

Well-marked friction.

No signs of effusion.

Several relapses.

No mention is made of which side was effected. The reporters suggest that the affection of the serous membrane may be similar to that seen on the skin and mucous membranes.

J. H. C.

CARBOLIC ACID—PNEUMONIA.

Two cases are referred to in *The British Medical Journal Supplement*, March 21, in which pneumonia occurred as a consequence of poisoning by carbolic acid (Dr. Cuming Askin, *Liverpool Medical Chirurgical Journal*). The first case was that of a man, 36, who took an unascertainable quantity with suicidal intent after drinking heavily. He was insensible, and had the usual signs of carbolic acid poisoning. Was treated by washing out the stomach with a saline solution of sulphate of soda and warm water, subcutaneous injections of *Atrop.-sulph.*, and sinapisms to calves and soles. After ten days delirium tremens set in, and pneumonia at lower bases. He recovered.

The second case was that of a woman of 47, who took a tablespoonful of carbolic acid by mistake. She was in deep coma, from which the same treatment as in the former case restored her. The next day double pneumonia set in, and she died of this in five days.

J. H. C.

RHUBARB ERUPTIONS.

Two cases of poisoning by Rhubarb root are reported in *The British Medical Journal Supplement*, March 21.

1. M. Litten (*Therapeutische Monatsheft*, December, 1890), records the case of a workman, 45, suffering from a rash, which he ascribed to a dose of Rhubarb taken for constipation. The prescription which he had taken was—*R Sod.-Bicarb.*, gr. 120. *Infus. Rhei. Rad.* ℥vj. He took half of it at one dose, one morning. He had previously suffered from a rash after taking rhubarb. When he recovered from the effect of this dose, M. Litten gave him another dose of Rhubarb experimentally, and the same result followed. *Chrysophanic acid* had no effect.

FIRST DAY. Soon after the dose there were—

Rigors and pains in the legs.

During the evening—

Face, lips, and tongue began to swell.

SECOND DAY. Next morning—

Rash fully developed. Face much swollen, livid with scabs, mixed with abundant bloody pustulous exudations. Scalp, beard, eyelids, lips all involved.

The whole body was covered with a polymorphous eruption, presenting two special types. (1) Hemorrhagic eruption, and (2) pustules.

The hemorrhages were scattered all over the body, varying in size from a bean to a small plate, in colour varying from a bright blood red to brown.

The pustules were scattered plentifully over whole body, and resembled pemphigus. In some places they had become confluent, and covered large areas.

On dorsa of hands the blebs were filled with clear fluid, and had not gone on to pus formation.

Removal of scabs left shallow, dirty ulcers.

Lymphatic glands swollen and painful.

Mucous membrane of eyes, nose, lips, mouth and throat had similar eruptions with much swelling.

The tongue also was much affected, and articulation impaired.

Blood was passed freely from the urethra, but sometimes the urine was wholly free from it. The urine was of a deep brownish yellow, but contained neither sugar nor albumen. On adding caustic soda it became deep purple red.

Temperature 103.3.

Except for the eruption he felt quite well.

2. Goldenhay (*New York Medical Journal*, December, 1889) describes a similar case. A middle-aged man had been taking a mixture of Rhubarb and bicarbonate of soda for constipation, and had taken in all 120 grains of *Pulv., Rhei Radicis*. To prove that the effects which followed were due to Rhubarb, Goldenhay gave it him afterwards on two subsequent occasions, and each time with the same results. The symptoms were :

Woke one morning with burning sensation in face, and found it covered with blisters and pustules. When Goldenhay saw him during the day the face was covered with brownish-red irregular pustules of the size of a pea or bean, and deeply infiltrated at the bases. There were a good many crusts, on removing which a moist, bleeding fungoid surface was left.

The eruption was also present on both surfaces of the hands.

The whole disappeared in a few weeks without treatment, leaving bluish pigmentations, but no cicatrices. The eruption closely resembled pemphigus.

There was no fever, and the general health was excellent.

In the provings of *Rheum* no symptoms are given under "Skin," but under "External Head" in Allen there is "Itching rash in the forehead and arms (after 36 hours)." There are not many other symptoms in the provings bearing on these cases, but the following may have some analogy :

"General head. Obscuration of the head, with puffy eyes, followed by pressing headache above one orbit with dilated pupils" (from 1 to 4 hours).

(The puffy eyes show the tendency to swelling which was mentioned in these cases. The following also bears on this.)

"Face. Tensive sensation in skin of face."

"Mouth. Entire loss of sensibility of tongue and of taste all day." (This may be compared with the tongue symptoms in Case 1.)

"Urine. Dark red, almost brown." "Reddish-yellow, as in jaundice and high fever."

"Chilliness." "Heat and sensation of heat in cheek." "Heat and sensation of heat in palms of hands, hands, and feet." "Veins of hands swollen." "Simple pains in all the joints during motion."

Hering mentions under *Skin*, "Sour smell of the whole body." The hemorrhagic properties of the drug do not seem to have been observed before.

J. H. C.

CONDURANGO.

The *Therapeutic Gazette* (Nov. 15, 1890) notices an exhaustive study of *Condurango* and its alkaloid *Condurangin* by Dr. Guyvenot (*Bull. Gén. de Therap.*, No. 32, 1890), who observed of *Condurangin* that it causes a veritable *locomotia ataxia*. This is doubtless due, he says, "in view of its late appearance, to the formation of some toxic substance by the splitting up of *Condurangin* in the organism." In the form of the powder Dr. Guyvenot praises *Condurango* in "painful affections of the stomach, and especially of gastric ulcer and irritation of the gastric mucous membrane."

J. H. C.

ATROPINE POISONING.

Two cases of poisoning from instillation of *Atropine* for iritis (reported *B. M. J.*, 1121, Nunnely, Leeds). The preparation used was *Guttæ Atropiæ, Fort.* (gr. iv. to ʒj).

The first patient was an upholsterer, aged 43. The instillation was begun on September 16th, and continued every alternate hour that day, and on the 17th every four hours. On September 18th the following symptoms appeared:

Low muttering delirium, with lucid intervals, during which he complained of thirst, sickness, and a feeling of suffocation.

Skin harsh, dry, hot.

During the day delirium was quite complete (incessant chattering); never noisy.

In evening much quieter; incessant chattering ceased.

Sept. 19th. During the night profuse perspiration. Slept well four hours. During the day well.

Sept. 20. *Atropine* resumed; no symptoms followed.

The second case was that of a labourer, aged 66. The drops were instilled every hour on September 26th.

Sept. 29. In evening complained of thirst, and that *he could not sleep, though he felt drowsy.*

Skin hot and dry.

Sept. 30. Slightly delirious.

During the day he gradually advanced to acute delirium.

Evening, noisy and violent, getting out of bed and walking up the ward.

Morphine injections were now given, but as soon as their effects wore off the delirium returned.

Oct. 2. A little quieter, but still very excited.

Bromide of potassium and chloral were given; sweated heavily, and was much better in the evening.

In *The Lancet* of August 30, 1890, Dr. S. Matthews Owens, of Brisbane, reports two cases of poisoning from instillation of *Atropine* into the eye.

1. Lad, 12, healthy, but slightly nervous, suffering from hypermetropic astigmatism. 2 or 3 drops of *Atropine* solution, 5 grains to the ounce, to be instilled three times in the hour on Thursday, 3 times again during the same day, 3 times Friday, and once on Saturday. On account of the symptoms developing the mother stopped the drops on Friday afternoon. He was seen on Saturday, and presented these symptoms:

Staggering and unsteady gait.

Dryness of throat and tongue.

Picking at imaginary objects in the air.

Talking, or rather muttering, incoherently; smiling, and occasionally laughing outright to himself.

Capable of being roused to answer questions and do what he was told for a few minutes, but soon relapsed.

Face slightly flushed. No rash.

Pulse small and rapid.

Pupils only moderately dilated, and responded but slightly to light.

Milk diet and small doses of Dover's Powders were given.

During the day he continued to get worse.

In evening tetanic spasms came on, with delirium.

In a few days he recovered, but for a week or two he was not well enough to have his astigmatism corrected.

2. J. K. A remarkably healthy old gentleman of 73, suffering from cataract. Had 3 drops instilled twice within twenty minutes. Pupils dilated readily, and the examination was made. When it was over, it was noted that—

He spoke thickly.

Did not answer questions readily.

Got up to walk, but fell back into chair almost unconscious.

Paralysis complete; had to be carried into cab.

Face became suffused.

Body covered with erythematous rash.

Pulse so rapid could hardly be counted.

Same treatment ordered as in other case, and recovery took place in a few days without tetanic spasms.

J. H. C.

AZADIRACHTA INDICA.

DR. BANERJEE and his small but devoted band of provers have entered upon the study, by personal provings of the Indian drug, *Azadirachta Indica*. These provings offered in chart form, may be thus summarized: the provers taking from six to thirty drops of the tincture, daily:

Mind—Uneasiness; desire to lie down.

Head—Vertigo; headache, pain and heaviness in temples and forehead.

Eyes—Aching of the left eyebrow; slight ophthalmia; photophobia.

Nose—Sneezing; coryza.

Stomach—Aching, with nausea and retching.

Urinary Organs—Urine free, amber coloured, with burning sensation.

Chest—Stitching pain and aching, especially in lower left ribs.

Pulse—Varies from 70 to 97.

Neck and Back—Pain in the back and shoulders.

Extremities—Aching, pain and heaviness of the upper and lower extremities.

Generalities—Craving for sweets.

Sleep—Disturbed.

Fever, etc.—Chilliness, and fever (temperature not stated) in two of the three provers.

A definite though limited picture of drug-action is here presented in the vertigo, ophthalmia, (conjunctivitis and photophobia), sneezing and coryza, aching pains and heaviness, which were common to all the provers. Further provings may widen this field as well as still further confirm the symptoms secured.

These Indian drugs, scientific provings of which may be counted upon to yield highly useful results, can be had by application to Dr. D. N. Banerjee, 43, Chorbagan, Calcutta, India. The tinctures are prepared according to the German Homeopathic Pharmacopeia, and are sold at a uniform price of fifty cents an ounce. Our provers' clubs have here an excellent opportunity to do profitable, original, and interesting work.—*New England Medical Gazette*, 1891.

COAL OIL IN INTESTINAL OBSTRUCTION.—Two articles from different correspondents have appeared in the *Medical World* advising the use of coal oil (not crude petroleum, but the refined oil used for illuminating purposes) in the treatment of intestinal obstruction. One of the writers describes a case of intussusception which came under his care recently, and in which, after having exhausted all ordinary means, without the least particle of benefit, he resolved to use the coal oil, though with very little hope of any beneficial result. He first injected four ounces of coal oil through a long rectal tube, and followed the oil with about one-half pint of warm water, at the same time holding the child's hips well up, with his head low. In about ten minutes the injection came away as clear as it went in, no flatus, no feces. In a short time the injection was repeated, but this time the hips were kept well elevated for at least twenty minutes, before laying him down, and in a short time he expressed a wish to evacuate the bowels, and it was surprising the amount of flatus, accompanied by a large quantity of mucus that came away. The pain at once subsided, and the child made a rapid recovery.—*New York Medical Times*.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

THIRD Ordinary Meeting of the Society, Thursday, December 3, 1891. Mr. KNOX SHAW, President, in the chair.

Mr. ROBERSON DAY showed a patient suffering from articular rheumatism, in which there were large ganglionic developments on both hands.

Dr. MORR showed a specimen from a case of typhoid ending fatally by perforation.

Mr. KNOX SHAW showed a specimen of carcinoma of the tibia and a picture of a case in which carcinoma had supervened on lupus.

Dr. CLIFTON (of Northampton) then read his paper, entitled "*A Retrospect of Thirty-Seven Years of Practice of Homeopathy, mainly in relation to 'The Two Paths' and 'The Dose.'*" Dr. Clifton referred in the first instance to a paper entitled "*The Two Paths in Homeopathy*," read before the Society at the beginning of last session by Dr. Clarke; and going further back, to a debate at the First Homeopathic Congress, held at Cheltenham in 1850, in which such representative men as Dr. David Wilson, Dr. H. Madden, and Dr. Carroll Dunham took part. After pointing out the great danger that exists of over-estimating medicinal action and of setting down all recoveries to the credit of the last medicine prescribed, when they often result from the removal of the cause simply, he went on to give his own experience. This he divided into three periods. (1) First there came a period of fifteen years in which, under the tutorship of David Wilson and John Epps, he followed the "totality of the symptoms" method, using potencies from the 12th to the 200th, all prepared by himself; sometimes, also, Jenichen's and Lehrmann's. (2) Second, a period of ten years, when clinical prescribing was admitted, but still the "totality of the symptoms" ruled, though in a wider sense than previously. During this period the 3rd to the 12th, and occasionally higher attenuations were principally used. (3) Third, a period of about twelve years up till the present, in which pathological and clinical indications have been more freely used, though still with an endeavour to individualise cases and meet the totality of the symptoms and use one drug at a time. In this period the medicines used have been from the 12th to the ϕ tincture, and the crude drug; and local applications have been used. Dr. Clifton's success, though not small in his first period, had been markedly better in the second, and still more so in the third. He considered he had not been sufficiently critical of himself at first. He protested against the one-sided and unsatisfactory evidence adduced for instances of cure.

Pathological Prescribing, he said, "implies prescribing for a

given case mainly from its supposed nature, and that, moreover, derived mainly from its etiology and general development and nosological arrangement"; it was unsatisfactory as a guide in therapeutics, but useful as embracing remotely antecedent causes, emphasising many symptoms otherwise not sufficiently estimated, and enables the medical man to prescribe in a more intelligent and certain manner.

Clinical Prescribing we next considered. "Clinical observations and inferences help to fill the gaps in the records of the pathogenesis of drugs," and equally, he maintained, the gaps of the characteristic manifestations, course and development of diseases. So far they are highly serviceable, but as they only cover few symptoms and are general inferences they are not reliable. Those who use them and reject pathology are inconsistent.

Prescribing on the Totality of the Symptoms was next reviewed. This is understood differently by different men. Some exclude objective symptoms altogether; others include them, but pay more regard to them than to the others. Dr. Clifton ranked himself in this category, and claimed this to be the right "path." He considered that for the carrying out of the stricter homeopathy repertorial research was necessary in every case, and this in a large practice, including dispensary work, was obviously out of the question. In abandoning the higher homeopathy, as it has been called, for his present methods, he did not consider that his practice had depreciated in quality, but the reverse. However, the lower method of prescribing is very apt to degenerate into routine.

The dose question he dwelt with last. He thought that though there was sufficient evidence by competent observers to prove that the 30th and higher were efficacious when the lower failed, still, there was a predominating amount of testimony by equally competent observers to show that the low dilutions are *more* efficacious in *most* cases. He asked for more clear proof of the *greater* efficacy of high potencies. At one time his faith in the 30th and higher was very strong. He does not deny their efficacy now, but he confesses to a good deal of scepticism and considers the evidence in their favour as weak and inconclusive compared with that in favour of larger doses in the general run of cases.

DISCUSSION.

Mr. HARRIS had not found much that was new to him in the paper as he had been so intimately associated with Dr. Clifton that he was acquainted with all the stages of his career. Mr. Harris, who owed his knowledge of homeopathy to Dr. Clifton, had not begun so high as he. With regard to dose, he had observed that those who had a select practice and plenty of time had gone in for the high potencies, but those who had large general practices

had adopted the low potencies. He said in the debate on Dr. Clarke's paper, that there were "two paths," but now he would rather say there was only one; but the kind of progression depended on the walker. If he walked on the "pathological" leg or on the "symptomatic" leg alone, the progress was jerky. If a man walked on both legs he got on better. The practice with the high potencies was a speciality and might succeed when others failed; but this would not do for large general practices.

Dr. BURFORD praised the exceedingly broad and catholic spirit of the paper, and the constant striving after progress it exemplified. He commented on the progress of Dr. Clifton and its downward tendency and the opposite tendency of Dr. Clarke's progress. We know that low dilutions are capable of working miracles: the same may be said of the high. The question is—What is the practical range? The solution is to be found in Carlyle's maxim—the tools to the hand of him who can best use them. It is a necessity for each man to make up his mind as to the best line for him to follow if progress is to be made. Goethe says there are certain truths which must always be searched for, but never found. We cannot find an ideal practice, but we must always strive after it.

Dr. NEARBY had travelled the path of Dr. Clifton in one-fourth the time. At the present time he found himself taking all kinds of signs and symptoms into the "totality"—going from the 200th to the ϕ in the matter of dose. He had hoped Dr. Clifton would have alluded to the opposite action of medicines in small and large doses, as bearing on the choice of potency.

Dr. COOK had come to the conclusion that medicine could never become a strict science, as there was no possibility of getting a single cause at work. In the human body there are a number of causes acting. In cases of cure, could gentlemen say that all the effects came from one dose? He exemplified this by certain experiments on himself when contradictory results were observed apparently from a certain dose. He afterwards discovered another cause had been operating, and it was not the result of the medicine at all. Doses must be varied according to the individual for whom you are prescribing, and this was not so much a question of symptoms as of temperament.

Dr. GOLDSBROUGH thought he might interpolate a word of congratulation on the appearance of the first number of the *Hospital Reports*. This he regarded as hopeful. He felt more sceptical now than at first, not as to the power of medicines, but as to what one has attributed to medicine. He thought we ought to try and pursue investigations as to the proper light in which to view pathology and symptoms. It seemed that symptoms have been studied more than pathology. The *Hospital Reports* was the place for these questions to be worked out.

Dr. Dyce Brown said it was of great value to have such an experience as that of Dr. Clifton. He thought the question of symptomatology and pathology was looking at two sides of one shield. Symptomatic treatment included objective as well as subjective. Amateurs often select medicines wrongly from not knowing pathology. In the matter of dilution he thought either extreme was entirely wrong. It seemed to him the most useful plan was to observe each individual case, and watch indications for changing the dilution. The most successful practice was to use all dilutions.

Dr. MORRISSON said there was one point that had not been alluded to, that was the diagnostic effects of medicines. Here the primary and secondary action of medicines was touched. For seven years he paid great attention to the high potencies. He had seen very good results, but the results did not satisfy him, and he used now both the high and the low.

Dr. HUGHES, after expressing his sense of the value of Dr. Clifton's paper, said that the essential question at issue between the so-called "Hahnemannians" and the liberal homeopaths hinged mainly on the selection of the remedy and the choice of the dose. As regards the former, both agreed that it must be based on the totality of the symptoms, but they differed as to the relative importance of these—the "Hahnemannians" caring more for the subjective and mental, the other wing preferring the objective and physical. He (Dr. Hughes) thought that both methods were right, but in different stages of disease—the one finding place when this is forming, the other when it is formed. When genuine disease is already present—inflammation, fever, commencing organic change—he regarded the "Hahnemannian" procedure as merely symptom-blotting and palliation, and only to be justified on Dr. Allen's plea that no other medicinal help is then possible—which he could not allow. Dose, he thought, followed very much upon selection. While disease was nascent only, the higher potencies often acted brilliantly; but when once it was established, he agreed with the great majority of the homeopathic school that the lower dilutions and mother tinctures did most for our patients. He illustrated this principle by the use of *Arsenic* in cutaneous diseases, and supported it by a quotation from Hahnemann, to the effect that "in cases where, along with a local affection, the general health seems good, we must proceed from the at first small doses to larger ones."

Dr. CLARKE said he was indebted to the kindness of Dr. Clifton for an early perusal of his interesting paper, and he was proud to find that his own paper of last session was the cause of its being written. With very much of it he fully agreed: as to the necessity, for instance, of each practitioner keeping a critical

and even sceptical eye on his own practice. Dr. Clifton was fifteen years before he found this out. He (Dr. Clarke) had the advantage of him there. The observance of this precaution had helped him out of allopathy into homeopathy, and again out of the looser homeopathy into the stricter kind. It took Dr. Clifton fifteen years to get through one stage: he (Dr. Clarke) had passed through all phases in a shorter period. In regard to the paper itself, he had searched it diligently for some points to which he might raise objections, but had found little to take hold upon. Dr. Clifton's writings always had a fascination for him from their practical value, and in spite of his confession of degeneration, he doubted if there were many more strict and accurate prescribers than Dr. Clifton in the country. It seemed to him that Dr. Clifton's success was in no small degree due to the strict practice of his earlier years, which had been drilled so deeply into him that in time he did it with less effort, and was thus easily able to widen his ideas as to how much the totality of the symptoms included. By pathology Dr. Clifton seemed to mean causation and heredity in disease—both important factors in the sum of every case. "Pathological prescribing," in the sense in which Dr. Clarke used it, meant, first, naming a disease and then treating the name; for instance, "Pneumonia" with *Phosphorus*, "Pleurisy" with *Bryonia*, and the like. This is a very different thing from the prescribing of Dr. Clifton. Dr. Clarke believed that there were a number of possibilities of cure—by organopathy, as exemplified in Dr. Burnett's works, by isopathy, and others, and he was much obliged to any man who would show him how to do it; but, as Dr. Clifton said, they were often driven to bay, and then the only thing to be done was to hunt up the case in the repertory and match the symptoms of the case with the symptoms of the patient. In his practice the cases of this kind were so numerous that he endeavoured to follow the principle out in all. As to the question of the dose, he did not think that there was any right or wrong in it. Each attenuation represented a different potency, and the point was to find the proper place of each. It seemed to him that Jahr's explanation was the most satisfactory. In the figure of lines radiating from a centre he represented the action of drugs in their crude and attenuated state. At the centre many drugs acted very much alike; away from the centre their characteristics came out more strongly. That in some cases fine powers were more effective than coarse was exemplified in Mr. Picken's article, just published in THE HOMEOPATHIC WORLD. "Billows," as Professor Tyndall puts it, "are powerless to perform what ripples effect with ease." However, each man must find out for himself what he can use with best effect; but he would emphasize Dr. Clifton's warning against the danger of falling into routine which lies in loose prescribing.

Those who are beginning to-day where Dr. Clifton is ending must not suppose they can attain his skill without the hard work he has gone through. Dr. Clifton asked for definite proof in cases of the superior efficacy of high potencies over low. When time and place should serve, he would, perhaps, have the pleasure of supplying the proof, but on that occasion he must be content with mentioning one case in which he had given *Arsenicum* 30 and 1m. The patient at once recognised a superior power in the latter over the former. He drew attention to one point of primary importance that had not been noticed in the discussion, and that was Hahnemann's conception of disease as in essence spiritual and dynamic, which was to be met by equally spiritual and dynamic forces in drugs.

Dr. DUNGEON said that though, compared with himself, Dr. Clifton could not be considered as one of the oldest race of homeopathic practitioners, he certainly was entitled to be considered a veteran in such an assembly as this, and as such to enunciate his views authoritatively. And yet, such was his modesty, that he expressed his conclusions almost diffidently, reminding one of Horace's

"Si quid novisti rectius istis,
Candidus imperti; si non, his utere mecum."

The moral to be drawn from Dr. Clifton's paper is that the homeopathic practitioner at first thinks all diseases are to be cured by a comparison and similarity of the totality of symptoms of disease and drug, but he gradually finds that that will not suffice, so he seeks to aid his choice by pathology. In this he acts precisely as Hahnemann did. After laying down the rule that disease was to be cured by concordance of the totality of those symptoms with the pathogenetic effects of drugs, he found that this did not answer, especially in the case of chronic non-venereal diseases. He says, in the first pages of the *Chronic Diseases*, of such diseases, treated strictly according to the homeopathic method: "Their commencement was encouraging, their progress was less favourable; the result was hopeless." In order to remedy this state of things he had recourse to pathology. He conceived or adopted the pathological theory of the production of chronic diseases by three miasms—the syphilitic, sycotic, and the psoric. The effect of this was to modify materially the previous dictum about the totality of the morbid symptoms being our sole guide to the selection of the remedy. Thus, if the disease were adjudged to be caused by the syphilitic miasm, our choice was limited to a very small range of medicines, in fact to one medicine—*Mercury*—in uncomplicated cases. If the disease were of sycotic origin, our choice was practically limited to two medicines. If the disease were psoric, we had a

larger though still limited choice, viz., the antipsoric medicines. We all—with perhaps the exception of the self-styled Hahnemannians—act like Hahnemann, and indeed we apply his pathological plan to other diseases besides those he has named. Thus, when we have to treat a case of pneumonia, we limit our choice of a remedy among those drugs which have shown a power to cause the pathological appearances observed in pneumonia—*Bryonia*, *Phosphorus*, tartar emetic, and some others—and seek for our similia among them. “We cannot, of course, refer all diseases to pathological heads in this way, so we still have to rely upon the totality of symptoms comparison with respect to many. I may give a specimen from my recent experience. Some of you may have read an account of an involuntary proving of *Apis* by me in this month's *Monthly Homeopathic Review*. Well, I had hardly recovered from that disagreeable experience when I received a visit from a lady who told me she was suffering from a complaint which had attacked her several times in Brazil, where she used to reside, and always lasted for some weeks. It began four days ago, and consisted of a bright red erythema, that spread all over her thighs down to her knees and was attended by burning itching and pricking sensations. I felt inclined to exclaim, like Æneas: ‘Infandum jubes renovare dolorem!’ for she was describing exactly the effects of *Apis* poisoning, from which I had just recovered. Without troubling myself with the pathology of the malady, I at once prescribed its simillimum as regards symptoms, viz., *Apis* 2nd dilution. She called a week later, and told me that the medicine had almost immediately cured her disagreeable skin affection. Dr. Clifton had spoken slightly of the alternation of medicines, but I believe that in many cases it is a most valuable method, and considering the often composite character of the cases we met with in practice, it is frequently an indispensable and strictly scientific mode of practice; and whatever our Hahnemannian friends may say, it was recommended and practised by Hahnemann himself in many of his published works and in his letters which had lately appeared in *THE HOMEOPATHIC WORLD*.”

Dr. Brown, of Portland, Oregon, said Dr. Clifton's paper exemplified his case very well. Temperament has a great deal to do with the line of practice a man takes up, and both were useful. Medicine was not an exact science. Except in chronic cases it was difficult to be certain of drug action. Typhoid fever was mentioned. He found *Arsenic* most essential in the treatment of it. In America typhoid is not typical—it is often of a malarial character. In acute cases he used low potencies; when he used the high it was in chronic cases, and he had faith in them for these. Homeopaths ought to be careful

in the matter of rest and diet and general management. The patient must be considered.

Dr. CLIFTON (in reply) said that while he felt honoured by the number of members who had put in an appearance on that occasion out of respect in some measure to him, for which he tendered them his hearty thanks, and while he felt proud at the general reception of his paper, he would have been better pleased had it received more antagonistic criticism, as showing there was more in it. In noticing some of the remarks of the members, he said Mr. Harris was much mistaken in thinking the men who went in for a profuse symptomatology and high dilutions were men who had but comparatively few patients, inasmuch as Dr. Clifton knew as a fact that Dr. David Wilson and Dr. Epps, as well as many other men representing that phase of practice, had not only a large number of patients, but almost killed themselves in their work. The question of the primary and secondary symptoms both of disease and drugs, alluded to by Dr. Neatby, was too wide a subject (although a most important one) to be taken up on the present occasion. Dr. Cooke's remarks with regard to uric acid confirmed the observations adduced by Dr. Clifton as to the *supposed* influence from medicine being due to other causes. Dr. Dyce Brown's remarks with regard to the tendency of men going from one extreme to the other, bearing upon Dr. Clifton going to the low dilution—this was only arrived at by severe investigation. Dr. Clarke was largely in error in thinking Dr. Clifton asked for *proof* of the action of high dilutions; in fact, Dr. Clifton did not entirely deny this, and considering that he had closely witnessed the practice of Drs. David Wilson and John Epps for some years, and carefully considered the evidence by other men of the same school, there could be no reason for asking better proof. All that Dr. Clifton contended for was *fuller evidence* of the *superiority* of the same in the *general run of case*; and with regard to the case which Dr. Clarke adduced of the greater benefit of the 1,000th dilution of *Arsenicum*, Dr. Clifton suggested that unless Dr. Clarke made the dilution himself, as he (Dr. Clifton) had, he could not be certain what it was, and although the patient said she went back when not taking it, he thought she ought to have had a placebo; and finally he urged that those who employed high dilutions should for the most part prepare them themselves.

FOR TOOTHACHE.—Ten grains of Naphthalin, dissolved in two drachms of Chloroform, if applied on cotton to the cavity of an affected tooth will give immediate relief.—*American Homœopathist.*

INSTITUTIONS.

MELBOURNE HOMEOPATHIC HOSPITAL.

WE have received the twenty-third annual report of this important institution, which is the centre of homeopathy in the South; and we are glad to find that it well maintains its position. We look confidently to the founding of a chartered school of homeopathy in connection with this hospital in the not distant future. Australia is young, and not trammelled with traditions like European countries, so we hope the splendid lead of the United States in the education of homeopathic doctors will speedily be followed in Melbourne and other colonies. We quote from the report the following items:—

FINANCIAL.

Notwithstanding that the year has been an unusually dull one (viewed from a business and commercial aspect), the income of the Institution has been well maintained. By referring to the statement of receipts and expenditure it will be observed that the income of the Maintenance Fund has been £4,577 19s. 10d., and the expenditure £4,025 14s. 9d., leaving a credit balance of £409 4s. 1d. to be carried forward to next year.

The balance sheet of the Building Fund shows receipts, £1,500, and expenditure, £2,017 14s. 8d., leaving a debit balance of £462 10s.

The Endowment Fund shows an increase of £665 2s. 4d. on last year's balance—£777 17s. 1d., amounting now to £1,442 19s. 5d., which is in the Union Bank on fixed deposit, bearing interest at the rate of five per cent. per annum. The Board of Management, whilst acknowledging with thankfulness the large and generous donations of past years, which have enabled them to extend the scope and usefulness of the Hospital—uncumbered by the weight of monetary difficulties—would yet like to see this fund considerably augmented, placing it upon a broad and sure foundation, and beyond temporary financial depressions which must necessarily affect the general subscriptions.

HOSPITAL SUNDAY FUND.

The Hospital Sunday Fund Committee allocated this Hospital the sum of £369 9s. 4d. during the past year, and the Board feel that they are again placed under obligation to the officers and committee of this fund for their continued efforts, which so materially benefit this institution.

PATIENTS TREATED.

The number of patients treated during the past year is as follows:—

Total	8,028
Casualties	243
Prescriptions dispensed	13,759
Daily average of patients attended to ...	76.11

The return is particularised in the following manner:—

IN-PATIENTS.

Brought forward from last year ...	36	
Since admitted	536	
		572
Discharged, cured, or relieved ...	463	
Died	46	
Remaining in-door	63	
		572
Total number of day patients were in Hospital	16,651, being	
an average of 29 days for each patient.		
Daily average In-Patients	45.61	
Prescriptions dispensed for In-Patients	6,266	

OUT-PATIENTS.

Brought forward from last year ...	420	
Since entered	2,036	
		2,456
Discharged, cured, or relieved ...	2,135	
Still attending	321	
		2,456
Number of respective visits	7,493	
Daily average	30.50	

CASUALTIES.

Total number	243
Namely	210 male.—33 females.

THE NEW WING.

The new southern wing, for which we are deeply indebted to the "Unknown Donor," was opened on the 15th May last. Its appointments were fully detailed in our last Report, so that it is only necessary to state that the whole of the departments connected with this wing are now in full working order. Previous to the opening, the "Unknown Donor" again came forward and supplemented his munificent gift by generously defraying the cost of furnishing; for which the Board now desire to publicly express to him their warmest thanks.

PAYING PATIENTS.

As mentioned in last Report, the new wing, besides containing accommodation for free patients, also contains eight private paying wards, the charges for admission to which were duly considered by a sub-committee, and fixed as follows:—Charge for board and residence, including nursing—Class A, 84s. per week, when a separate room is provided; Class B, 40s. per week. In either class a sum of 21s. extra per week will be charged for ordinary medical attendance, and for operations additional payment according to a fixed scale of fees. In deference to an expressed wish of the donor, the members of the Honorary Medical Staff have kindly consented to forego the charges made for medical attendance on paying patients for a period of three years, and consequently any sums so received will go towards benefiting the funds of the Hospital.

HONORARY APPOINTMENTS.

During the past twelve months the following honorary appointments have been made:—

Mr. R. L. Ievers as a member of the Board of Management, on September the 17th.

Dr. Henry Wheeler, M.R.C.S. Eng., &c. (previously Physician to Out-patients), as Physician to In-patients, June the 17th.

The House and Visiting Committee for the year consisted of the following members—Messrs. Oliver Vial, George Brown, R. P. Vincent, I. R. Fawcett, Edwd. Waters, J.P., and B. Poulton.

The Finance Committee were—Messrs. J. W. Hunt, J.P., Charles Hudson, J.P., and G. Geo. Crespin, J.P.

The Building Committee were—Messrs. J. W. Hunt, C. Hudson, G. G. Crespin, and R. P. Vincent.

SCHOOL FOR PUPIL NURSES.

Subsequent to the termination (on the 30th September last) of the annual lectures to the pupil nurses, an examination was held by the Honorary Medical Staff for certificates of competency, when the following pupils passed:—Misses Clara Broad, Gertrude Dobbs, Mary H. Fraser, Helena Grant, Emily Harwood, Edith Hewitt, Mary Mills, Alice E. Kelleher, Margaret McClure, Aimee Toole, Lily Riordan, and Annie Sanderson. The two first-named passed with credit in Physiology, while the last-named passed with credit in all subjects.

The winter session of lectures to pupil nurses this year commenced on Tuesday, the 17th of July, and will be continued each Tuesday up to the 29th of September next. The following constitute the lecturing staff in the order named:—Dr. Teague,

subject, Elementary Anatomy, from the 7th to the 21st July; Dr. W. R. Ray, subject, Elementary Physiology, from 28th July to 11th August; Dr. Seelenmeyer, subject, General Nursing, from 18th August to 15th September; Dr. Wheeler, subject, Hygiene, from 22nd to 29th of September.

The lady relatives of subscribers and their friends will be admitted to these lectures on presentation of cards of admission as usual, and, no doubt, the efforts of the lecturers to disseminate a knowledge of nursing will be as highly appreciated as formerly.

During the past year numerous applications have been received for the services of nurses for private cases outside the Institution, which have been met as far as possible. The sum charged for the services of a nurse is two guineas per week, and in fevers or other infectious cases one guinea extra when the attendance is dispensed with. The income derived from this source amounted to £928 14s., as against £210 0s. 6d. for the previous year.

GROUNDS.

Material alterations have taken place in the grounds around the institution. The additional piece of land in front of the hospital (1 rood 7 perches and $\frac{2}{5}$) granted by the Lands Department, to bring it in alignment with the St. Kilda Road, has been fenced in, materially improving the approaches. It was also thought necessary to provide a new front fence, and to use the material in the old one for the purpose of enclosing the additional land at the sides, which has accordingly been done. The grounds at the rear of the building have been levelled off, and the front is being trenched and laid out, preparatory to being planted with trees, shrubs, &c., during the present season. Funds will not at present permit of the whole of the grounds being laid out and ornamented as would be most desirable; but if any wealthy supporter would generously undertake the duty, an opportunity offers of brightening the surroundings of the sick poor, and accelerating convalescence, as the pleasant appearance of well-kept gardens are well-known aids to the physician's art. The Board are much pleased to be able to state that Mr. Guilfoyle, F.R.S., director of the Botanical Gardens, has, by permission of the Government, very kindly consented to superintend the whole of the work, which is a guarantee that it will be well done, and they take this opportunity of expressing their indebtedness to that gentleman for his valuable assistance, not only on the present, but on many previous occasions, for the various services he has rendered the Hospital.

ANNUAL BALL.

The Annual Ball, which has now become one of the social

events of the year, was held in the Town Hall, Melbourne, on the 2nd September last, and, thanks to an energetic committee, presided over by Mr. George Bruce, was a most pronounced success, notwithstanding the gloom which at that time hung over the city caused by the great maritime strike, and which threatened to culminate in total darkness for want of gas. The funds were augmented to the extent of £168 13s. 6d., for which satisfactory result special thanks are due to Mr. Skinner, who, for the second time, provided all refreshment (unstinted in quantity and excellent in quality) free of cost. Preparatory arrangements have been made for a ball this year by the appointment of a Committee, of which Mr. R. L. Ievers is chairman. The Mayor of Melbourne has, with his usual courtesy, granted the use of a room in the Town Hall for the meetings of the Committee, and the active and personal assistance of supporters is earnestly desired to render this aid to charity as great a success as heretofore.

LADIES' AID ASSOCIATION.

It is with much pleasure the Board report the establishment of a Ladies' Aid Association on lines similar to those of many American associations of the same name, which have proved eminently successful. Its object is "to devise ways and means for aiding the charity." The Association take an active part in the well-being of the Institution, and have already rendered valuable services. In addition to finding linen for bandages, slippers for patients, &c., a child's cot has been provided and endowed, and there is practically no limit to the usefulness by which the ladies can aid both the working and managing staff. It may be of interest not only to present but future contributors to know that the following ladies composed the first members of the Association:—

President.—Mrs. Darlot.

Vice-Presidents.—Mrs. G. Bruce, Mrs. C. Hudson.

Honorary Treasurer.—Mrs. J. M. Templeton.

Honorary Secretary.—Miss K. Reid.

Committee.—Mrs. R. Reid, Mrs. H. Wheeler, Mrs. R. Dickens, Mrs. W. R. Ray, Miss Ferris, Mrs. Hildreth, Mrs. Jack, Mrs. E. G. Snowden, Mrs. A. Snowden, Mrs. E. Waters, Mrs. J. Turner, Mrs. Armour, Mrs. J. L. Henty, Mrs. Currie, Mrs. O. Vial.

The Board feel that they are much indebted to Dr. Ray for having suggested the formation of the Association, and are pleased to think that it is the first of the kind connected with any similar institution in Victoria.

ROYAL COMMISSION ON CHARITABLE INSTITUTIONS.

In April last the Royal Commission on Charitable Institutions visited and thoroughly inspected this Hospital, and expressed themselves well pleased with the cleanliness and general appearance of the wards, and the hygienic condition of the different departments. The accommodation provided for nurses was also commended.

RESIDENT MEDICAL OFFICER.

The Board of Management sincerely regret to report that on the 1st October next Dr. W. K. Bouton, who was appointed first Resident Medical Officer in October, 1885, will sever his connection with the Institution. His active interest, kindness of disposition, and unwearied attention have in no small degree contributed to the high estimation in which the Hospital is held by both patients and public. They desire to record their appreciation of his services and wish him every success in his future career, and trust that his valuable experience will not be entirely lost to the Institution in the future. Dr. Stephenson, M.B., C.M., Edinburgh, who is well recommended, has been appointed to fill the vacancy.

On account of the enlargement of the Hospital by the erection of the new wing, it has been considered advisable to appoint a second Resident Medical Officer, and from amongst a number of applicants, Dr. Ross, M.B., B.A., Trinity College, Dublin, and recently Acting Resident Medical Officer at the Liverpool Homeopathic Hospital, England, has been chosen for the position.

IN CONCLUSION,

the Board of Management desire to express their thanks to those ministers of religion, and religious visitors, who have been ever constant in their attention to the patients, and also to convey their appreciation of the kindness of other friends for thoughtful donations of fruit, flowers, books, periodicals, &c.

Among the office-bearers for the year 1891-92 are the following:—

Patron and Patroness—His Excellency the Earl of Hopetoun, G.C.M.G., Governor of Victoria, and the Countess of Hopetoun. *President*—The Honourable Sir W. J. Clarke, Bart., M.L.C. *Vice-Presidents*—The Rev. John Turner, Cr. Chas. Smith, M.L.A., J.P. *Hon. Treasurer*—J. W. Hunt, J.P. *Board of Management*—C. Hudson, J.P., Oliver Vial, R. Dickins, J.P., G. G. Crespian, J.P., R. P. Vincent, B. Poulton, I. R. Fawcett, E. Waters, J.P., G. Brown, Dr. Günst, R. L. Ievers, T. P. Carney. *Hon. Auditors*—W. Siddeley, C. W. Ellis, F.I.A.V. *Matron*—M. Muffit. *Hon. Consulting Physician*—J. W. Günst, M.D. *Hon. Medical Officers—Physicians—*

J. P. Teague, M.D.; Wm. R. Ray, M.D.; H. Wheeler, L.R.C.P. Lond., M.R.C.S., Eng., L.M. Ed.; J. R. P. Lambert, M.B., C.M., Ed. *Surgeons*—A. F. Seelenmeyer, M.D., L.R.C.S., L.R.C.P., L.M.; W. K. Bouton, M.D., Ch.B. *Hon. Dental Surgeon*—J. Iliffe. *Hon. Medical Electrician*—A. M. Samuell. *Resident Medical Officers*—R. S. Stephenson, M.B., C.M., Edin.; W. S. Ross, B.A., M.B., Ch.B.

EXTRACTS.

HOMEOPATHIC TREATMENT OF INFLUENZA AT MELBOURNE.

(From *The Age*, October 20th.)

WITH the influenza epidemic still hovering about the city, and making its presence unpleasantly felt in the country districts, it is interesting to know something of the views taken of it by various leading medical practitioners, and the results of different forms of treatment. In a recent issue of *The Age*, attention was drawn to the conclusions arrived at by Dr. M'Inerney, and the results of the application of the remedy he favours, not only in private practice, but at the Melbourne Hospital. Since then the great success of homeopaths in battling with the troublesome disease has been brought under notice. They have no specific, they are not bound to any hard-and-fast rule, but point to a remarkable immunity from death amongst their patients. In most cases recovery has been rapid, and both young and old have alike found benefit from the treatment administered.

A leading homeopathic physician, in discussing the matter, observed that although he agreed with a great deal of what Dr. M'Inerney advanced as to the origin of the disease, he was not at all sure of the wisdom of attempting to kill "germs" in the way indicated. What the homeopaths sought to do was to individualise cases. Their practice was all the harder to follow. This gentleman had had a large number of cases, and the treatment pursued had been highly successful. Looking over his death certificates from the end of August, he could only find one case in which there was a fatal result attributable to influenza, and here the doctor was not consulted till the malady had taken a firm hold. This is all the more remarkable because the practice referred to is a large one, and of late the two gentlemen engaged in it have had their hands full with influenza patients. With regard to stimulants, the homeopaths do not neglect them, but disapprove of their excessive use as remedies. "I have heard," said one physician, "of ordering unlimited brandy, but it is quite a mistake. I have got on well without it. I order

stimulants where they are required, but I try to support my patients with concentrated nourishment. Coca water is a good stimulant. I might add that many of the remedies named by the homeopathic chemists I do not use at all." Our informant echoed the old complaint that patients got up too soon. In ordinary cases there was no danger. His own patients were generally better on the second day, while on the third they were fit to get out of bed. The remedies mostly used in his practice were *Ferrum Phos.*, *Gelseminum*, and *Bryonia*. On becoming convalescent patients were recommended to go to a warmer climate, such as can be found at Sandhurst or Adelaide.

Another attributes the influenza epidemic to miasmatic influences caused by the floods. The hot weather, followed by the severe cold, was very trying, and many constitutions were weakened by it, and thus rendered liable to attacks of disease. The fever accompanying the influenza was of a low character, and with a great tendency to depression. His own treatment was purely on the principle of giving medicines which would produce in healthy persons symptoms similar to those observed in the patients. Except in the cure of infants he only used about four or five remedies, including *Aconite*, *Bryonia*, *Arsenic* (in very small doses), *Tartar emetic*, *Moschus*, and *Gelseminum*. Influenza, as treated by homeopathy, was not a dangerous thing at all—in fact, most people were much more frightened about it than there was any necessity for. He had had a large number of cases, and had not lost one of them. In treating influenza there was just as much care required for every cure as in other diseases, and it was impossible that there should be one specific cure. It was very necessary to be careful as to the diagnosis, seeing that one never knew what other disease might be accompanying the influenza. The advantage of homeopathy was that all their remedies were proved; and the medicines might be given according to the symptoms discovered. He believed that one half of the fatal cases were attributed to over dosing with drugs. He had no fear of any case of influenza, with their treatment, except where there was organic trouble. The fact of some influenza patients having congestion of the lungs and others simple bronchitis or catarrh proved the absurdity of treating all alike.

A third, who is now in private practice, but was up till quite recently in charge of the Homeopathic Hospital, says his experience of influenza from the commencement of the outbreak has confirmed him in his homeopathic principles. The effect of the treatment at the hospital was most marked. Under treatment of a specific nature, and where there were complications, a suppurative stage was sometimes reached, but this never occurred in his practice. He had never been more in love with

homeopathy than since watching its effects on influenza. It was the peculiarity of their school that when a new disease arose the symptoms guided them as to what drugs should be used, whereas the allopaths had to formulate the condition of the disease and give it a name before they could proceed with the use of the medicine.

A CASE OF PERVERTED SENSE OF TASTE, WITH
OTHER REFLEX PHENOMENA.

By JAMES R. COCKE, BOSTON.

IN June of the present year, I received word from a personal friend informing me that he was afflicted with a very intensely bitter taste, and that this spoiled his pleasure in eating and drinking. Knowing the gentleman to be of the gouty diathesis and fond of the pleasures of the table, I supposed that he was suffering from indigestion and biliousness. He consulted his family physician, who, without making any special examination, prescribed rhubarb and soda. This gave no relief. The gentleman grew worse and complained of flashes of light before the eyes, more especially by night. He also suffered from great mental depression. He was advised to consult an oculist, who gave a negative report, and an analysis of the urine was made with a like result. This bitter taste still persisted in spite of the rhubarb and soda, and other medicines aimed at the stomach and liver. Referring to my books I got little satisfaction, learning that perverted sense of taste occurred with insanity, tumours of the brain, and disorders either of the alimentary canal or liver.

Now, as the oculist had examined the eyes and found them perfect, this at once excluded a tumour on the brain, for a growth low enough to affect the nerves supplying the sense of taste must derange some of the nerves supplying the eye.

The difficulty steadily grew worse and the gentleman was advised to come to Boston to consult some of our eminent specialists. In the meantime, I had tried the medicines indexed under bitter taste in Bönninghausen's repertory without relief.

When the gentleman was seen in Boston late in August, he said that the taste was even more bitter than quinine and was worse after midnight.

Determining to ferret out the trouble if possible, tests were made to ascertain whether muscular coördination and the various mental faculties were intact, and they were found normal.

Next, the sense of taste was investigated with sweet, saline, acid, and bitter substances. The sense of taste was evidently much disturbed as he could not tell either the acid or bitter sub-

stances, unless a large amount was placed in the mouth. Inspection showed that there was no hyperæmia of the buccal mucous membrane.

I first inquired of the gentleman's daughter if his teeth were in perfect condition, and she thought they were; but, when the question was put to him, he informed me that there was an old broken tooth which had remained in his mouth for years, stating at the same time that he believed this could not cause the trouble, as he had told his physician and also his dentist, who both considered it of no consequence. At my suggestion he consulted a dentist in Boston, and was informed that there was suppuration, proceeding evidently from the root of the tooth.

Now comes the interesting part of the story. The tooth being removed, and the gums treated antiseptically, the bitter taste was much abated in less than twenty-four hours, and in forty-eight hours had entirely disappeared, and has not returned since. Also his sense of taste resumed its normal acuteness, and the patient stated that food tasted once more as it used.

The mental depression was relieved and the flashes of light ceased. In what way this ulcerated tooth created so much systemic disturbance I do not know, but the lesson taught me, to thoroughly examine every part of the human body when there is some inexplicable symptom, will never be forgotten. It teaches the advisability of ascertaining the cause before resorting to medication on a theoretical basis.—*New England Medical Gazette*, December, 1891.

FEAR OF DISEASE A PREVENTIVE OF MORTALITY.—Dr. R. G. Eccles, in the *Popular Science Monthly*, says no one fails to send for a physician in typhus, yet only six persons in a million die of this disease since efforts were made to suppress it. Four hundred and twenty-eight in a million die of whooping-cough because it seldom frightens patients, and neighbourly old ladies of both sexes give advice. Three hundred and forty-one in a million die of measles, because it so frightens as to induce the friends to send for a doctor. Two hundred and twenty-two in a million die of scarlet fever, because medical advice is sought sooner, and more implicitly obeyed. One hundred and sixty-eight in a million die of diphtheria, because it frightens more than most other diseases, and induces people to send for a doctor quickly. Thus we may class diseases as more or less fatal as people are afraid of them and seek proper advice to both prevent and cure. When people are not afraid of diseases they act the part of fools by not seeking medical knowledge and skill, and so give the disease a chance to kill more people. Were it possible to cause people to so generally fear syphilis, gonorrhœa, &c., as they have been taught to fear diphtheria, their ravages would be diminished to a surprisingly large extent. It remains for the medical profession to teach the people a rational fear of these venereal diseases, so that they may use the proper measures for their prevention, as well as their cure.—*New York Medical Times*.

REVIEWS.

THE GREATER DISEASES OF THE LIVER.*

DR. BURNETT'S latest work shows no falling off in the characteristic excellences its forerunners have led us to expect. It is eminently readable from cover to cover; it is delightfully fresh in the new lights in which it sets old truths; and it is full of valuable clinical instruction, gleaned from the more unfrequented paths of therapeutics and exhibited in the practice of the author. The book bears the following inscription:—

“To the Memory of Rademacher, the Resuscitator of Paracelsic Organopathy, these pages are gratefully dedicated by the Author.”

Dr. Burnett is the most prominent living exponent of the practice of Rademacher and his master; and the present work, no less than its interesting companion volume, “Diseases of the Spleen,” exemplifies this line of therapeutics.

Among the remedies whose action is illustrated in Dr. Burnett's work the chief place is occupied by *Chelidonium*, on the use of which drug by Rademacher, Dr. Burnett has the following:—

“Rademacher, with the charming simplicity of really great knowledge, tells us in regard to *Chelidonium*, that he had long despised it as worthless, and confessedly to his shame, for he remarks that it was a celebrated hepatic remedy in olden times.” (See his *Erfahrungsheillehre*, p. 163.)

“He then enters into a long dissertation upon its action, and comes to the conclusion that it affects the “inner liver.” He says a physician need have no great experience to know that the disease of the liver that in its perfected form shows itself as jaundice, has endless gradations that in everyday life and in medical speech are not regarded as jaundice. Still, the very slightest degree of the jaundice-affection shows itself in the urine by its pale gold colour, and in the skin, particularly in that of the face, by its more or less dirty look. And where there is but little gall in the motions and no icteric discoloration of the skin, it follows that we have in such cases to deal with not merely an obstruction to the outflow of the gall into the duodenum, but with that unknown organ by which the gall is prepared from the blood; this gall-making organ is ill, so that bile is not duly prepared at all, and therefore none can be either poured out or absorbed into the skin, or cast out by the urine. This is

* *The Greater Diseases of the Liver: Jaundice, Gall Stones, Enlargements, Tumours, and Cancer: and their Treatment.* By J. Compton Burnett, M.D. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1891.

what Rademacher calls the "inner liver," not indeed as an anatomical expression, but as a figure of speech to convey to the mind a more or less accurate and concrete conception of the sphere of action of *Chelidonium majus*.

"This conception," adds Dr. Burnett, "of the true sphere of action by *Chelidonium majus* is, I think, correct."

Among other medicines whose action is illustrated in Dr. Burnett's work are *Carduus Marianus*, *Myrica Cerifera*, *Cholesterinum Hydrastis*, *Fuonymin*, and *Thlaspi Bursa Pastoris*. Dr. Burnett concludes his treatise with one of the most remarkable cases of liver enlargement and gall stones on record. For this we must refer our readers to the book itself. We will content ourselves with quoting the following:—

"CHRONIC BILIOUSNESS AND EMACIATION CURED BY
CHELIDONIUM.

"A strumous gentleman, about thirty years of age, came over from Ireland to consult me with regard to loss of flesh, dyspepsia, and biliousness. He was over six feet in height, and only weighed ten stone. Hair reddish; thorax flat; pronounced venous zigzag; digestion very weak; poor appetite; a brownish rash across the epigastrium; cannot digest vegetables.

"The state of the liver led me to prescribe *Chelidonium* 1; five drops in water night and morning.

"Under this prescription (with the same diet, occupation, and place of abode as previously) he increased five pounds in weight in thirty-two days. In six months he had reached 10st. 12lbs. in weight, and he long after reported to me that he had remained in very good health indeed. Besides being for some months under the influence of *Chelidonium*, he had inter-currently also *Badiaga* 3x and *Psorinum* 30, each during one month.

"The state of the skin caused me to interpose *Psorinum*, and some symptoms of indigestion led me to give the *Badiaga*.

"But the strikingly great amelioration set in first under the sole influence of the *Chelidonium*, but this remedy did not extend its influence far enough and wide enough, and hence it had to be supplemented by the other two; but with the spheres of action of them we are not here concerned."

In our experience *Chelidonium* is a powerful remedy in many affections of the liver in whatever attenuation it is employed. Its "key-note" symptom is the pain at the lower angle of the right scapula. It is closely related in its action to another grand hepatic (which, curiously enough, Dr. Burnett does not mention), *Lycopodium*. *Lycopodium* is a somewhat uncertain remedy, and sometimes disagrees with patients when we should least expect it to do so. In such cases *Chelidonium* will often come in and cure.

JAHR'S CLINICAL GUIDE.*

THERE is a perennial freshness about old Jahr. In the annals of homeopathy, after that of the master, there is no greater name than his; and it is scarcely too much to say that it is due to Jahr's industry, patience, accuracy, and honesty, that the practice of homeopathy became possible to ordinary mortals. His high character and simple straightforwardness is stamped upon his works; and the re-issue of his *Clinical Guide*, brought up to date by another indefatigable writer lately gone from us—Dr. Samuel Lillienthal—by the Hahnemann Publishing House, is at once a tribute to the author's fame, and to the good taste of the rising generation of homeopaths in America. There is no better promise for the future of homeopathy than a demand for the works of Jahr.

The Clinical Guide in its present handsome dress can hardly be called any longer a "pocket" repertory with its 680 pages. Perhaps if printed on the thinnest paper and put into limp covers it might go comfortably in a good-sized pocket, but the volume before us is more suited to the prescriber's desk, or his carriage, or his study, and an excellent friend he will find it in either place.

There are few more sensible and practical remarks on the homeopathic art than are to be found in the *Introduction to The Clinical Guide*. It is excellent reading both for students and practitioners. The difficult questions of dose, attenuation, repetition of dose, and alternation are dealt with in a clear and straightforward manner that is quite refreshing.

The "Guide" proper consists of an alphabetical list of diseased conditions, with a repertorial arrangement of remedies under each heading, the differential indications of the remedies being given in the clearest and most succinct manner. A "characteristic" *Materia Medica* of one hundred pages concludes the volume, and to this have been added the *New Remedies* by the editor. All good homeopaths should possess and use Jahr's *Clinical Guide*.

REFORM OF VOLUNTARY MEDICAL CHARITIES.†

In this volume Dr. Rentoul advocates sweeping reforms in our

* *The Clinical Guide and Pocket Repertory for the Treatment of Acute and Chronic Diseases* by G. H. G. Jahr. Translated by Charles J. Hempel, M.D. Second American Revised and Enlarged Edition, from the third German edition, enriched by the addition of the *New Remedies* by Samuel Lillienthal, M.D. Philadelphia: Hahnemann Publishing House. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C., 1891.

† *The Reform of our Voluntary Medical Charities: Some Serious Considerations for the Philanthropic*. By Robert Reed Rentoul, M.D. London: Baillière, Tindale, and Cox.

medical charities, taking the Liverpool institutions principally for his illustrations. One chief reason why they are abused, he thinks, is the want of a Central Board with local authorities empowered by Act of Parliament to represent voluntary medical charities. Among other objectionable features, according to Dr. Rentoul, are—the competition between medical charities themselves; the use of charities by medical men as a mode of advertisement; and the acceptance of medical charities by the wage-earning classes as if it were their right. Dr. Rentoul's book is full of information which all who are interested in the management and administration of charities would do well to carefully consider. We do not see that he mentions the function of charities as *teaching* institutions; the patients, if we mistake not, have a notion that they in some way pay for the assistance they receive by allowing themselves to be used as "clinical material."

COMPULSORY REGISTRATION OF BUILDINGS.*

This paper, which was read before the Society of Civil and Mechanical Engineers in April last, advocates some very necessary reforms. It goes without saying that all public places, such as factories, workshops, hotels, schools, and the like, should be under some effectual supervision as to their sanitary condition and conveniences. In this paper Mr. Beardmore points out in detail many of the particulars in which a change is pressingly called for. In factories where women are employed much suffering, and even permanent injury, is often caused by the want of proper attention to these matters. Mr. Beardmore has done well to call public attention to the subject.

THE PHYSICIAN'S DIARY AND CASE BOOK, 1892.†

We have received a copy of this well-known Annual for 1892, and we find it as excellent as usual. First comes the Almanack and sundry items of necessary information on all kinds of topics ranging from Bank Holidays to cab-fares. Then follows the Diary for the year followed by two hundred pages of ruled paper for

* *On Compulsory Registration of Certain Buildings as to their Sanitary Efficiency.* By W. Lee Beardmore, Assoc. M. Inst. C.E. London: Civil and Mechanical Engineers Society, 7, Little Queen Street, Great George Street, Westminster.

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

case reporting, this part being provided with an Index. Every physician, and especially every homeopathic physician, should keep a record of each case he treats; and no better incentive to the acquiring of this habit could be offered than this admirable *Diary and Case Book* of Messrs. Keene and Ashwell.

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.

NEMO must send us his name and address (not for publication) if he wishes any further notice to be taken of his communications.

SCIENCE OF HOMEOPATHY.

A number of correspondents express the great pleasure with which they have read the article by Mr. Picken in the November and December Nos. of THE HOMEOPATHIC WORLD, but some say that *Scientists* can throw no light upon our science and art; that the *Physico-Chemico-Physiological School* has "no creative power" in *therapeutics*. The phrase "no creative power" originated with Dr. Walshe, who, in his *Oration* on Physiology before the British Medical Association, in the Royal College of Physicians, Pall Mall, stated that "physiology in medicine had no creative power," an expression which was hailed with *universal applause*. Mr. Picken, they think, takes no note of "sick physiology" (Lippe), and it is the *sick* form that physicians have to deal with, *not the healthy*.

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. CAY, *Nottingham*.—Dr. Cay has succeeded Dr. Wolston, and his present address is 12, REGENT STREET, NOTTINGHAM.

Obituary.

MATHIAS ROTH, M.D.

October 20, 1891.

A FRIEND has left, a man departed,
A sturdy friend, of force and mind ;
A man of worth, and noble hearted,
A friend to us and all mankind.

We've seen him often seated near us,
His genial face we loved to greet,
His voice and manner served to cheer us,
To smoothen care, to make life sweet.

Then let all praise be freely given
By those he leaves down here below ;
His due reward it rests with Heaven,
Praise being all we can bestow.

R. T. C.

DEATH FROM AN OVERDOSE OF EPSOM SALTS.—On Friday of last week Mrs. Robert Mudie, who keeps a poultterer's shop in Netherkirkgate, Dundee, feeling unwell, obtained four ounces of Epsom salts from a chemist, which she made up and took at one draught. Half an hour later she felt so ill that a doctor was called, but she never rallied, and died within an hour after taking the physic. The doctor attributed death to paralysis resulting from the overdose of the salt.—*Brit. Med. Jour.*, August 29.

“STICKING IN THE THROAT.”—*Dolichos*.—Sensation in and side of throat, below angle of lower jaw with a slight fulness behind the posterior palatine arch, like a splinter or scratch one inch or more in length. *Hepar Sulph.*—Stitches in throat extending to the ear, with a sensation of ulceration, or a fish-bone sticking in the throat lower down than for *Dolichos*. *Nitric Acid*.—Pricking sensation in the throat when swallowing, as from the presence of a splinter cracking in maxillary articulation when chewing. *Alumina*.—Parched throat; stitches-like sensation on swallowing; hawking and coughing to clear the throat, as if there is a lump or plug in the throat; stinging on swallowing; sensation unpleasant extending down to the stomach; thick mucus dropping from the nares. The œsophagus sensitive its entire length, so that the swallowing of food is painful. *Argentum nit.*—Uvula and fauces of a purple tint. Throat exuding a thick tenacious mucus, causing one to hawk incessantly; to stretch and work the muscles of the neck, as if by so doing the sensation of a splinter-like nature would disappear but it does not.—Dr. O. S. Sanders in *Homœopathic Envoy*.

GENERAL CORRESPONDENCE.

POISONOUS HATS—DR. JAEGER TO THE RESCUE.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR AND COLLEAGUE,—In the December number (312) of your esteemed Journal I read with great interest the article (p. 535) on "Poisonous Hats"—an article which should interest every man. I have not only seen a hundred times a severe cold coming from the inside leather band, principally when the man felt great heat on the forehead, or when the forehead was perspiring, and he was afterwards obliged to put the hat down and up again (feeling of an ice-circle round the head), but I have once seen, also, poisoning from the wearing of an inside leather band in the form of a very obstinate and hideous eczema, not only on the forehead, but also on the whole face. Therefore, I recommend to everybody the most salutary invention of the celebrated Professor Gustav Jäger, of Stuttgart, to use felt (*feutre*), a greyish, soft band (inside of the hat), which keeps always the same temperature, and can never become poisonous. For this invention alone already the Jäger wool merits great honour and thanks from the whole masculine sex.—Yours very truly,

GUSTAVUS PRÆLL, M.D.,
of Gastein and Meran.

Meran Tirol, December 12, 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.

- Anatomy.** Part 5, The Thorax; Part 6, Bones and Joints. (Catechism Series.) Cr. 8vo, sd. (Edinburgh: Livingstone. Each net, 1s.)
- Black (G.).** The Doctor at Home and Nurse's Guide Book: Forming a Practical, Reliable, and Comprehensive Manual, easily Consulted and Readily Understood, of the Structure and Composition of the Human Body; the Nature, Causes, and Treatment of the Diseases to which it is Subject, etc. Cr. 8vo, pp. 872. (Ward, Lock and Co. 6s.)
- Blair (J. A.).** The Organic Analysis of Potable Waters. 2nd ed. Cr. 8vo, pp. 120. (Churchill. 3s. 6d.)
- Burnett (J. Compton).** The Greater Diseases of the Liver: Jaundice, Gallstones, Enlargements, Tumours and Cancer, and their Treatment. Fo. 8vo, pp. 185. (Homeopathic Publishing Company. 2s. 6d.)
- Carpenter (W. B.).** The Microscope and its Revelations. 7th ed., in which the first seven chapters have been entirely re-written and the text throughout reconstructed, enlarged and revised by Rev. W. H. Dallinger. With 21 Plates

and 800 Wood Engravings. 8vo, pp. 1,118. (Churchill. 26s.)

Clowes (F.) and Coleman (J. B.). Quantitative Analysis. Adapted for use in the Laboratories of Colleges and Schools. Cr. 8vo, pp. 422. (Churchill. 7s. 6d.)

Eggleston (E.). Faith Doctor. Cr. 8vo. (Cassell. Net, 7s. 6d.)

Hanchett (Dr. H. G.). Sexual Health. Carefully Revised by A. H. Laidlaw. 3rd ed. 8vo, pp. 86. (Homeopathic Publishing Co. 2s. 6d.)

Harris (V. D.) and Power (D. A.). Manual for the Physiological Laboratory. 5th ed. With 120 Illusts. Cr. 8vo, pp. 342. (Baillière. 7s. 6d.)

Hospital Nurse's Case Book: A Book of Tables specially prepared for use by Nurses in the Ward and in the Sick Room. Obl. (*Hospital*. 6d.)

International Clinics: A Quarterly of Clinical Lectures by Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain, and Canada. Ed. by John M. Keating, J. P. Crozer Griffith, J. Mitchell Bruce, and D. W. Finlay. Illust. with Woodcuts

and full-page Plates. 2 vols. 8vo. (Pentland. Each net, 12s. 6d.)

Public Health: Sewage and its Treatment. 12mo, pp. 56. (Edinburgh: Livingstone; Simpkin. Net, 1s.)

Rentoul (R. R.). The Reform of our Voluntary Medical Charities. 8vo. (Baillière. 5s.)

Report of the Hyderabad Chloroform Commission. With a Preface by Sir Asman Jah, K.C.I.E., Prime Minister of Hyderabad. (*Times of India*: Bombay.)

Tyrrell (W.). Nervous Exhaustion: Its Causes, Outcomes, and Treatment. Fcp. (Paul, Trübner and Co. 3s.)

Walley (T.). A Practical Guide to Meat Inspection. 2nd ed. Revised and Enlarged. With 47 Illusts. Cr. 8vo, pp. 208. (Pentland. 10s. 6d.)

Wharton (H. R.). Minor Surgery and Bandaging: Including the Treatment of Fractures and Dislocations, Tracheotomy, Intubation of the Larynx, Ligatures of Arteries and Amputations. With 403 Illusts. Cr. 8vo, pp. 496. (Pentland. 12s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *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. Hughes, Brighton; Dr. Seelenmeyer, Melbourne; Dr. Berdridge, London; Dr. Cooper, London; Agricola; Dr. Vaudrey, Plymouth; Mr. Reginald Jones, Birkenhead; Dr. Clifton, Northampton; Dr. Proell, Gastein; Messrs. Keene and Ashwell, London; Dr. Heath, London; Dr. W. B. Clarke, Indianapolis.

BOOKS AND JOURNALS

RECEIVED.

Monatsblätter. — Alg. Hom. Zeit. — Chemist and Druggist. — Homeopathic Review. — Medical Era. — Chironian. — New Remedies. — California Homeopath. — Southern Journal of Homeopathy, Oct. and Nov. — North American Journal of Homeopathy. — Medical Visitor. — New York Medical Times. — Medical Advance. — Medical Argus (4 Nos.). — The Age (Melbourne). — American Homeopathist. — Homeopathic Recorder. — Hahnemannian Monthly. — Revue Homeopatheque Belge. — Medical Annals. — Homeopathic Physician. — Vaccination Inquirer. — London Homeopathic Hospital Report. — Electricity in Carcinoma, by Dr. Newman. — Chemist and Druggist's Diary. — The Influence of Material Impressions upon the Fœtus, by Dr. Drzewiecki. — Occasional Papers, by Dr. Morrisson. — Physician's Diary and Case Book, 1892, Keene and Ashwell. — Archiv für Homeopathie.

THE HOMEOPATHIC WORLD.

FEBRUARY 1, 1892.

THE KHEDIVÉ'S TREATMENT—HOW NOT TO CURE.

"THE report of Dr. Salem Pasha, who attended the late Khedive in his last illness, was submitted this afternoon to the Council of Ministers in Arabic. The following is a translated summary:—

"I was in Cairo on Jan. 1, and I was told by outsiders that the Khedive was ill. I went to Helouan to see him. I found he had a slight fever, and I ordered him a purgative and mineral waters. There was only a slight affection of the chest and influenza. I also ordered certain medicines to induce perspiration.

"The next day there was a little more fever, and I gave quinine, bicarbonate of soda, and liquid magnesia. The fever increased during the evening, and I continued the treatment.

"At eight o'clock on the night of the 3rd the Khedive was better. I gave him quinine and Vichy water and milk, the same treatment as was given two years since for influenza. On the 4th he was again better, and the fever had been reduced. I recommended him to keep to his room, in order to prevent a relapse. The fever increased again on the 5th, and with much weakness in the patient. I examined his chest, and found catarrh, proving a slight relapse. I gave him quinine and mineral water, and ordered him to keep himself warm. In the afternoon of the fifth day the fever increased. I continued the same treatment. I left the palace at eight o'clock in the evening, telling the chief eunuch I would sleep at my brother's house. I was called from my bed at a quarter past four in the morning by the palace messenger. Arriving at the palace, I was told by Ali Bey, the chief chemist, that owing to the great change in the Khedive's health the European doctors had been sent for, and were coming by special train. At five o'clock I was admitted to the Khedive's room, and was astonished to notice the change that had taken place in his condition—insensibility, general weakness, difficulty of respiration, rattling in the chest, and a fever of 40 deg.

"I questioned Hamdy Pasha (the Khedive's Aide-de-Camp), who

said he had given an injection of morphine in the side, in order to allay the pain, at nine o'clock the previous evening. I asked Hamdy Pasha regarding the urine, and I was told there was nothing abnormal. I decided with him to cup the chest and to give strengthening medicines in order to increase the heart's action. Hamdy Pasha performed the cupping.

“ The European doctors arrived twenty minutes later. I explained the illness and what had been done to alleviate it. They held a consultation in the presence of Hamdy Pasha, and I explained the latter's treatment, and they decided to send for a professional cupper. I suggested an injection of bichloride of quinine; the European doctors suggested caffeine. They agreed to make an official report and hold another consultation at noon.

“ Dr. Hess and Dr. Comanos left for Cairo, Hamdy Pasha and myself remaining with the Khedive. The professional cupper came at eleven o'clock and cupped the chest, back and front, and on the side. The Khedive lost consciousness at noon. The European doctors returned and tried to introduce a rubber catheter, but failed. I used a silver one, and obtained some urine. The urinary organs were, I then found, all inflamed. This fact had been concealed from me. At the consultation which followed it was decided to use bichloride of quinine, as I had proposed in the first instance. At five o'clock more doctors arrived, by order of the Council of Ministers, and decided to continue my treatment.”

The above report is taken from *The Daily Chronicle* of January 13th. We presume it is all that we shall learn about the medical treatment of the unfortunate patient. It certainly does not give us a very exalted opinion of the state of medicine in Egypt, but we do not know if it differs much from the allopathic practice in influenza in this country. When Dr. Salem first saw the patient he pursued the time-honoured orthodox plan of giving a purgative. Why he did so is not apparent, as the malady, according to his account, consisted of a slight affection of the chest and influenza. Besides the purgative he ordered mineral waters and “ certain medicines to induce perspiration.” Next day there being more fever he gave quinine, bicarbonate of soda, and fluid magnesia, *i.e.*, more purgative. The fever increased towards evening, showing that his medicines had failed to influence it, so he—continued the treatment! The following night the patient was better, so he got more quinine and Vichy water. The fourth day

he was again better, the fever less, but on the fifth day fever had increased and there was great weakness and catarrh of the chest, so more quinine and mineral water (what?) were given. This was soon followed by increase of fever. He now left the patient under the care of the Khedive's aide-de-camp, by name Handy Pasha, who seems to have been a sort of Handy Andy, equal to all emergencies. At 9 p.m. Handy Andy gave, on his own hook, an injection (hydodermic apparently) of morphia to allay the pain; what sort of pain, or where situated, we are not informed, and probably it did not matter to Handy Andy. As a consequence of this amateur treatment, Dr. Salem found the patient at his visit at 5 a.m. suffering from "insensibility, general weakness, difficulty of respiration, and a fever of 40°." The doctor questioned the aide-de-camp about the urine, and was told that it was quite normal. An easy-going doctor, assuredly, to be satisfied with the report of the amateur practitioner without making any examination for himself. He next seems to have held an impromptu consultation with the aide-de-camp, and they determined to cup the chest and give "strengthening medicines to increase the heart's action." We are not told what the strengthening medicines were. The cupping was performed by the talented aide-de-camp. European doctors had been sent for, and arrived twenty minutes later, to whom Dr. Salem explained the treatment of himself and his able assistant. The Europeans, apparently doubtful of Handy Andy's skill, suggested that a professional cupper should be sent for, who arrived at eleven o'clock and cupped the front, back, and side of the chest. We are not told whether the cupping employed was wet or dry; probably the latter, as no mention is made of blood drawn. The effect of this cupping seems to have been that the patient lost consciousness at noon, *i.e.*, one hour afterwards. As we were told that the patient was insensible at 5 a.m. it seems rather superfluous to say that he became unconscious at noon. Dr. Salem proposed to inject bichloride of quinine to the Europeans, who

expressed a preference for caffeine ; but apparently neither of these proposals was then carried out. On the return of the European doctors—when, we are not informed—it was discovered that the urinary organs were all inflamed. "This fact," Dr. Salem plaintively exclaims, "had been concealed from me." A sorry excuse for his own neglect ! The united wisdom of all the doctors determined on the employment of bichloride of quinine. In the afternoon more doctors arrived, and it was decided to continue Dr. Salem's treatment, the result of which was that the patient died ! It would have been a wonder if he had survived such muddling. It might be useful and instructive were the doctors who have attended some of the numerous fatal cases of influenza that have recently occurred under allopathic treatment to follow Dr. Salem's example and publish the details of their treatment. The profession would then see what to avoid in the treatment of the epidemic and its complications ; and if a few of the many successful cases under homeopathic treatment were given side by side with those others, the profession might be taught what to do in the treatment of influenza.

· ARSENIC IN AMERICAN APPLES.—Some years ago we (the *Horticultural Times*) wrote an article to prove the presence of "Arsenic in American Apples." The subject created a sensation in the fruit trade at the time, and in due course, from actual experiment, it was admitted that the apple, when syringed with the poisonous solution we condemned, did absorb small quantities of arsenic. But we go a step further ; we assert that what with the poison absorbed and what with the thin coating that is left on the skin, apples that have been treated in this manner are positively dangerous to health, and we call the attention of the Board of Trade and the President of the Agricultural Department to this fact, trusting after what we say further on that some prompt action may be taken in the matter, so that something may be done to protect the public from the evil effects that must of necessity arise from a free use of American apples. The use of poisonous insecticides by American fruit growers is upon the increase. They apply them to all kinds of fruits grown, and to such an extent that the authorities have again and again protested against the dangerous nature of the compounds used. Why, only recently, the New York City Board of Health condemned grapes on the market that showed signs of poison on the stems, and had tons of them destroyed.—*Pall Mall Gazette*, December 23rd.

NEWS AND NOTES.

HOMEOPATHY IN BOSTON.

The Boston Herald of Saturday, December 26th, contains a long and interesting article on the "Growth of Homeopathy," especially referring to the large addition that is being made to the buildings of the Boston University School of Medicine. The article contains an interesting sketch of the origin and rise of homeopathy, and especially traces its history in Boston. We hope to make a more extended reference to the article next month. We are pleased to learn that our correspondent, Dr. T. M. Strong, who so long and so efficiently superintended the Ward Island Homeopathic Hospital, has been appointed Resident Physician to the Massachusetts Homeopathic Hospital in Boston.

CYCLOPEDIA OF DRUG PATHOGENESY.

At last this great undertaking is completed with the issue of Part XVI. just to hand. The work is to form the subject of discussion at the next meeting of the British Homeopathic Society, and an interesting evening may be looked for. In the four volumes is fastened together a vast amount of sifted raw material. It remains to see how far it will be digested by the Index, which is next to be undertaken.

CANCER AND TUBERCULOSIS.

The following from *The British Medical Journal* of January 2nd illustrates forcibly the question of the inter-relationship of diseases referred to in a recent article by Dr. Heath:—

"CANCER AND TUBERCULOSIS.

"Dr. P. O'Connell (Chicago) writes: During the discussion on the Arrest of Tuberculosis in the Section of Pathology at the annual meeting of the British Medical Association at Bournemouth, Dr. Samuel Wilkes said he believed 'that there was some relation between cancer and tubercle.*' I feel satisfied that such relationship does exist, and beg to submit the following in proof: Catherine L. died at

* See *British Medical Journal*, October 31, 1891, p. 945.

age of 26 of pulmonary tuberculosis, Mary Anne L. died at age of 23 of pulmonary tuberculosis, Daniel L. died at age of 29 of pulmonary tuberculosis. The mother of these three children died at the age of 50 of cancer of the womb, and their father died at the age of 60 of cancer of the stomach. Two sons and two daughters still live, but are 'weak-chested.' The family is personally known to me. By the deaths of the above my attention was attracted to a possible connection between cancer and tubercle as far back as 1874, and to my notes of the aforesaid family I have appended this query: Does cancer in the parents or in a parent become tubercle in their children? My suspicion of a connection between cancer and tubercle in 1874 has become a conviction in 1891, and is based upon the observation of other cases in addition to those cited above."

TIGHT LACING AGAIN.

The Lancet of January 16th contains the following paragraph:—

"EFFECTS OF TIGHT LACING.

"In the number of *The Edinburgh Medical Journal* for the current month Dr. Johnson Symington describes the conditions which were found in the body of a woman of fifty in whom the effects of tight lacing were very obvious. As regards the chest, he found that down to the level of the fourth costal cartilages the sternum was convex and prominent and the intercostal spaces large. This part of the chest was flattened from side to side, the antero-posterior diameter opposite the third costal cartilage being 8 in., while the transverse was only 7½ in. The lower part of the thoracic wall was greatly contracted, the lower costal cartilages being pushed inwards, so that the right and left seventh cartilages were in close contact with each other from their attachment to the sternum downwards for 2½ in. There they touched the tips of the eighth costal cartilages, which not only approximated in the middle line, but slightly overlapped each other. At the level of the fourth costal cartilages the circumference of the chest after removal of the integuments was 27 in., while opposite the lowest part of the eighth costal cartilage it was only 17 in., and with slight pressure this could be reduced to 16 in. The liver was less altered than is usually described. The lower part of the right lobe was pushed inwards, and the right and anterior surfaces showed a distinct depression running outwards and upwards for 2½ in. In this the tenth rib was lodged. Almost the whole of the gall-bladder projected beyond the lower edge of the liver. When the stomach was filled with air it showed a distinct constriction about the middle of its vertical portion, and the pylorus was not overlapped, as it usually is, by the liver. Both large and small intestines were distinctly lower than normal, but the kidneys and spleen had undergone no material change in position or form. The careful study of such a case from the anatomist's point of view is of the utmost importance, and the changes, both in position and form, evident in important organs in the case just described will, we hope, emphasize the evils of an absurd and silly custom."

ANNALS OF INFLUENZA.

THE saddest event of the past month in the history of the epidemic is, of course, the death under peculiarly pathetic circumstances of His Royal Highness the late Duke of Clarence. As no details of the treatment of the Prince have transpired, it is not possible to offer any criticism upon it. The treatment of the late Khedive of Egypt has been commented upon elsewhere.

As was to be expected, the discovery of the bacillus has been announced; but the discovery, duly heralded forth by Dr. Pfeiffer, son-in-law to Dr. Koch, has fallen remarkably flat. The public have ceased to be deeply interested in discoveries of this kind since the grand disappointment of the consumption cure. Here is the account of it by the Berlin correspondent of *The Lancet*, Jan. 16.

THE INFLUENZA BACILLUS.

The discovery of the germ of influenza was publicly announced on the 7th inst. in the lecture hall of Koch's Institute for Infectious Diseases. The discovery was made by two Berlin investigators, who worked independently and at different places; first by Dr. Richard Pfeiffer, head of the scientific department of the above-mentioned Institute; and then, a short time later, by Dr. Canon of the Moabit Hospital. The identity of Canon's bacillus with Pfeiffer's has been certified by Koch. Dr. Pfeiffer spoke first. When the influenza broke out again last November, Koch had entrusted him with the task of studying the disease, with a view to ascertaining whether it was caused by a micro-organism. Favoured by fortunate circumstances, he was able to solve the problem in a fortnight. He examined the sputum of influenza patients, first sterilising and cleansing it by Koch's methods, and then treating it with Ziehl's solution or Loeffler's hot methylene blue. A large number of micro-organisms then became visible under the microscope, and it soon appeared that they were mostly of the same kind. This was always the case with the sputum of patients suffering from influenza alone. When the disease was accompanied by other pulmonary disorders other bacteria were also visible in the sputum. The sputum of a large number of patients suffering from pulmonary and other diseases, but not from influenza, were examined, but no micro-organism possessing the qualities which characterized that found by Pfeiffer in influenza was found. It was intelligible that this bacillus had so long escaped detection, for it was far smaller than any micro-organism hitherto known, and the circumstance that its two extremities stained more intensely than the intervening parts gave them a striking resemblance to diplococci and streptococci. The bacilli were found copiously in the mucus and cells of the sputum; in the latter often degenerated. One of their characters was immobility. Dr. Pfeiffer's next task was to cultivate the

bacillus in pure cultures, and here a new explanation of the lateness of its detection came to light. The colonies were so small that they could easily be overlooked. At first they were visible only under the magnifying-glass. Glycerine agar had proved the best nutritive medium. The most characteristic thing about this bacillus was that the colonies did not flow together, but remained separate. The results of the examination of the sputum had been entirely confirmed by post-mortem examinations made by Pfeiffer in the bodies of six patients who had died of influenza. In all the influenza bacilli were found in the parts affected. He then tried to produce influenza in monkeys, rabbits, guinea-pigs, rats, pigeons, and mice, by inoculating the bacilli, but had succeeded as yet only with monkeys and rabbits. In conclusion, Dr. Pfeiffer referred to the prophylactic measures indicated by his discovery, laying special stress on the importance of carefully removing the sputum of influenza patients. After Dr. Kitasato, who had assisted Dr. Pfeiffer in his researches, had said a few words, Dr. Canon reported on his independent discovery of the bacillus. He examined under the microscope blood taken from influenza patients during fever, and found organisms hitherto unknown, which attracted special attention by the circumstances that they were found only in the case of feverish influenza patients, and disappeared from the blood as soon as recovery took place. Their number varied considerably. An examination of his discovery by Koch and Pfeiffer showed that his bacilli were the same as Pfeiffer's. Dr. Canon is of opinion that the detection of this bacillus in the blood of a feverish patient completely suffices to justify the diagnosis of influenza. It is interesting to note that Dr. Pfeiffer saw and even photographed the bacilli now recognized as the germs of influenza two years ago. Dr. Kirchner of Hanover believed that he had discovered the germ of influenza then. It was not so; but the genuine bacteria were in the photographs made for him by Pfeiffer. Their importance was not even guessed at that time.

Berlin, Dec. 12th.

On the evening of Monday the 18th of January the Society of Medical Officers of Health assembled to hear Dr. Richard Sisley lecture on "Influenza, and the laws concerning Infectious Diseases." After the lecture the combined wisdom of these sanitary experts pronounced a resolution stating it as their unanimous opinion that "Influenza is a dangerous and infectious disease." For which wonderful piece of information the public will doubtless be deeply grateful! Following this came a set of recommendations issued (at the cost of the taxpayer) by the Local Government Board, containing information and directions equally clever and useful. Sanitary authorities ought no doubt to be able to cope with the epidemic. As it is they are utterly helpless. It would be more becoming to say so frankly than to make such a miserable attempt to hide their ignorance behind idle resolutions and useless recommendations.

THE following from *The Pall Mall Gazette* of Jan. 21st, will interest our readers :—

“ HOMEOPATHY.

“ SIR,—You have several times appealed for an authoritative opinion on the subject of the treatment and prevention of the present epidemic. No answer, apparently, has been given by those who are considered the chief authorities in the profession, and indeed the number of fatal cases that have fallen to their share is not encouraging to the idea that their directions for treatment would be favourably received by the public, who look to results more than to prescriptions. I am not an authority of the kind, I suppose, you appeal to, but, with your leave, I will say what we who practise homeopathy have found of service in the disease.

“ But first I must premise that influenza is by no means always of an unvarying type, and, further, that simple and uncomplicated influenza, though a painful, is not usually a serious disease. The simple typical influenza is usually a febrile disease attended by severe headache, backache, pains in the limbs, and prostration of strength. The temperature seldom rises above 104 deg., more frequently not above 103 deg. For the fever *Aconite* is our remedy, and for the persisting pains *Gelseminum* or *Eupatorium*. With these remedies the disease usually ceases in two or three days, and the patient is well, though weakness, which is a prominent feature in the attack, often remains for a few days longer. But, strangely enough, the influenza attack is sometimes unattended by febrile symptoms, the temperature remaining normal, or even subnormal, and the pulse not accelerated, extreme weakness, and the head, back, and limb pains being alone present. In this form *Gelseminum* seems to be specific.

“ But it is the complications of influenza that render it a formidable disease. These are chiefly bronchitis, catarrh, pneumonia, pleurisy, sickness and diarrhoea, and sometimes symptoms of irritation or even inflammation of the spinal cord. It is in the treatment of these complications that homeopathy obtains its greatest triumphs, and the medical treatment must be varied to meet these various conditions. During these three visitations of influenza homeopathic practitioners have had ample opportunities of treating every variety of complication, and, I may add, they have had remarkably successful results in all. I could not in a letter give anything like a full detail of the medical treatment of all the varieties; so I shall not say more than that our remedies are equal to every variety, and we and our patients have every reason to be satisfied with the results obtained.

“ As regards diet, here, as in most other cases, nature generally may be relied on. Sometimes there is no appetite, but only

loathing at food. In such cases it is well to let the patient follow his inclination, and not force food on him. When the appetite returns it may be indulged moderately. Alcoholic stimulants I have never seen of any use in the febrile stage, though they may be moderately used by those accustomed to them when the fever has passed. Then the appetite often becomes voracious, and the patient can eat a good many square meals per diem.

"I do not think there is any prevention of influenza, but many people have confidence in *Eucalyptus*, *Camphor*, and other things which probably do good by keeping those who use them from being frightened.—Your obedient servant,

"R. E. DUDGEON, M.D.

"53, Montague-square, Jan. 18."

HERE is a cutting from the advertisement columns of *The Times* of January 14 :—

INFLUENZA.—A lady who has found *Carbo. Veg.* (Homeopathic) of great use in preventing, or curing after, Influenza, during the last two years, desires to make this simple remedy known. Two-pilules a day, before eating.

VINEGAR IN CROUP.—Dr. J. S. Bumstead (*North Am. Practitioner*) regards vinegar as a very valuable therapeutic resource in catarrhal and membranous croup. He uses it in the form of vapour, pouring the liquid into a bread-pan and then putting into it bricks or flat-irons heated in the stove. In this way the room soon becomes filled with a cloud of acetic vapour. He also employs internal medication, but looks upon the vinegar inhalations as of first importance in the management of the disease.—*New York Medical Times*.

ACETIC ACID IN THE TREATMENT OF CANCER.—The author (*Epitome of Med.*) has employed this treatment in certain cases for several years. Some months after amputating a scirrhus breast, the patient presented herself with enlarged axillary glands. In consultation, it was advised that they should be extirpated. I proposed, however, to inject them with acetic acid, and, with the consent of my colleagues, this was done. On the following Wednesday she again presented herself, when it was found that the enlarged glands had disappeared, and that the axilla was in a perfect normal condition, there being no trace of enlarged glands, either superficial or deep. This patient returned several times to the hospital, but I never saw any further appearance of disease, and, so far as I know, she remained perfectly well. Also, having removed a cancerous breast, the enlarged axillary glands were injected, and the result was equally satisfactory as in the former case. I have frequently since employed these injections, and with varying results; but lately I have used them to the breast itself. In a case now under my care the breast has resumed its normal character except that it has become smaller, and seems yet to be undergoing atrophy.—*New York Medical Times*.

ORIGINAL COMMUNICATIONS.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., London, England.

THE HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI.

THIS important medical college was founded in 1857, and has been in active operation for thirty-four years.

The school has graduated since its foundation 511 physicians. It is not one of the large schools of the United States—probably its location is not so favourable as New York or Philadelphia—but the school is good and the staff excellent.

The number of students last year was 85, out of which 15 graduated.

As in all other homeopathic medical schools, the curriculum is *four years*. The student must bring a certificate that he has studied medicine with a duly qualified practitioner for one year *before* attending the medical school.

There is a good dispensary attached to the college, which has an average attendance of over 50 patients a day.

The Good Samaritan Hospital, a large homeopathic hospital quite close to the college, was established in 1857. The students attend the clinics held at this hospital and witness a large number of operations.

The St. Louis Children's Hospital (60 beds) is also in connection with this college. Weekly clinics are held at this institution by the various professors and by the hospital staff, where all kinds of medical and surgical diseases of childhood are presented to the students and many operations performed.

The City Hospital is a very large and well-appointed institution, containing 430 beds. By municipal regulations, students of the Missouri Homeopathic College enjoy the privilege of attending this hospital under the exclusive tuition and supervision of *their own professors*.

There are five prizes to be competed for at this school, namely:—

The Faculty Prize, for general excellence, that is, for the

student making the best general average in all branches on final examination.

The Reed Prize, for the best examination in the philosophy of the homeopathic healing art, as taught in the "Organon" of Hahnemann, and in *Materia Medica*.

The Bockstruck Obstetrical Prize.

The Zwarts Gynæcological Prize, and

The Luyties Prize, for the best average among the lady students.

The Dean of the Homeopathic Medical College of Missouri is Professor W. C. Richardson, M.D., a physician of great skill and eminence in the treatment of obstetrical and surgical diseases of women. Professor Richardson has for many years held the chair of Obstetrics, &c.; he is in favour of higher professional education.

Professor W. L. Reed, M.D., is the Professor and Lecturer on *Materia Medica* and Therapeutics and the philosophy of healing, as taught by *Hahnemann in his "Organon."* The closer one follows in Hahnemann's footsteps the more scientific is his teaching. The knowledge of *Materia Medica* and the way to prescribe drugs scientifically is the basis of the healing art, as propounded by Hahnemann.

The Registrar of this school is Professor L. C. McElwee, M.D., Professor of Physiology and Clinical Medicine, a physician of large practice and experience.

CLINICAL CASES: *ARNICA*,* ETC.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of International Hahnemannian Association.)

CASE 18.—*Arnica*. June 11, 1886, Mrs. C—, aged 66, consulted me for ecchymosis of left upper eyelid and around left inner canthus. It came on suddenly two days ago, after rubbing the parts with a towel when washing. She has used a lotion made with the strong tincture of *Arnica*, but it has become worse. Patient was always fairly healthy till 1882, when she suffered from rheumatic pains in right knee, arising from a sprain; these I cured with *Rhus-tox*. She is very stout, and has a weak heart. Has had no

* At the suggestion of the editor, Dr. Berridge has adopted a new title for his communications.

children, but four or five miscarriages, the last being at sixth or seventh month. Menses commenced between 12 and 13, always regular, but with excruciating pain. Menopause occurred at 45. The family history shows a hemorrhagic diathesis. Her mother died at 80, having had many acute illnesses; and between 60 and 70 had uterine hemorrhage every month, like menses, lasting a year, and eventually cured by homeopathy. An older sister also suffers from uterine hemorrhage and leucorrhœa. About age of 15 or 16 patient had a cauliflower wart, the size of a pea, on terminal joint of right forefinger; she tried many external applications, including caustic, and at last succeeded in getting rid of it. All her life her flesh has bruised easily.

Diagnosis of remedy.—There were no subjective symptoms to decide the choice; many remedies have ecchymosis and aggravation from bruising, but ecchymosis of the integuments of the eye has not been recorded. Under these circumstances I had no alternative but to select the remedy which provings, combined with clinical experience, have shown to have the most marked relation to this pathological condition.

I dissolved a few pellets of *Arnica* mm (Finckè) in water, and ordered a spoonful of the solution morning and evening till better; also to bathe the injured parts with hot water.

June 19.—Her husband reported that the eye improved in twenty-six hours, and that the discoloration had now nearly disappeared.

October 31.—The patient wrote to me for advice. A week previously she had a severe fall down two-thirds of a spiral staircase; she was severely shaken, and her back and sides much bruised and very painful. She used Elliman's embrocation, which relieved the pain in back and right side and the bruised appearance, but the pain at heart increased. She has now pain in muscles on left side of spine and around heart: every few minutes she draws a long breath, which causes a very acute sharp pain at apex of heart, and it is increasing in severity.

Diagnosis of the remedy.—The only medicine which has pain at apex of heart on deep inspiration is *Fagopyrum*, (lancination from apex of heart to left hypochondrium, removed by deep inspiration—*Aur.-mur.*); but on referring to the *Materia Medica* the symptom was found to be (521), "After retiring (midnight) suffered with sharp

sticking* pains at apex of heart, lasting for fifteen or twenty minutes, aggravated by deep inspiration: did not dare move, but finally turned over on left side, and the pain gradually disappeared." Also (469), "Feel as if I must take a long deep inspiration, and yet this does not satisfy; have to loosen my clothes; soreness up through left side on inspiration, at 5.20 p.m.; can breathe with more satisfaction, and yet, on deep inspiration, a sore pain in left side, occasionally also in right side, at 6.30 p.m." Therefore, while *Fagopyrum* had the two symptoms of the patient separately, this was not a sufficiently close resemblance; because in the patient it was the involuntary, and in the prover the voluntary, inspiration which caused the cardiac pain. This combination of symptoms not being found in the *Materia Medica*, I again selected the same remedy as before, and for the same reason; with the addition that it is pre-eminently a remedy for removing the shock to the nervous system which a severe blow or fall produces. And, moreover, though *Arnica* has not produced the exact symptoms of the patients, with their peculiar condition; yet it has the analogous symptoms (574), "Stitches in cardiac region," and (575) "Stitches in heart from left side to right." I sent her on November 1st *Arnica* mm (Finckè), a few pellets to be dissolved in water, and a spoonful of the solution taken thrice daily for six days, unless there was a decided improvement before that time.

November 9.—Reports that improvement commenced in twenty-four hours. Now the bruised pain is almost gone, and there is only a little pain at heart, though riding in a carriage has increased it again. She has less frequent occasion to take a deep breath, and when she does so, it does not cause such acute pain as before. *No medicine.*

December 24.—Writes to say that she has been quite free from pain for some time. The symptoms did not return.

Comments.—(1) The first point to be noticed is that the internal administration of a very high potency of *Arnica* cured, after the external application of the concentrated tincture had only aggravated. This verifies Hahnemann's statement (*Organon*, 287 note) that the higher the

* The *Symptom-Register* gives this symptom (615) under "Pain" and "Stitches." Both of these are inaccurate. "Sticking" is a more fixed pain than "Stitches."

potency the more rapid and penetrating is the action. He of course presupposes (*Organon* 287) that the remedy is homeopathic to the symptoms. If it is unhomeopathic or even only partially homeopathic, this rule does not apply; but the more homeopathic the remedy, the higher should be the potency and the smaller the dose (*Organon* 276 and note) to obtain the greatest curative effects. It has been frequently asserted that though Hahnemann gave us the law for the selection of the remedy, he gave none for that of the potency or of the dose. It is incredible that he should have given to the world a new system of therapeutics so radically defective, without plainly declaring that this was a problem as yet unsolved. But the above paragraphs of the *Organon* completely refute this supposition.

(2) The question of the external application of the remedy receives some illustration from this case. Though Hahnemann approves of the rubbing in of a solution of the dynamized remedy to a healthy external part (*Chronic Diseases*, part 3, preface), yet he emphatically protests against any such application to a diseased part, either of the crude drug (*Organon*, 196-205), or of the dynamized medicine (*Chronic Diseases*, part 3, preface). The reason for this prohibition is that if the remedy be applied externally to the diseased tissue, it acts locally and from without inwards, instead of constitutionally and from within outwards, and hence may cause serious metastasis to some internal, and perhaps vital organ. But local injuries belong to a different category; and the question arises whether they should be treated by internal or external remedies. There is no possibility here of metastasis, so that the problem is reduced to its simplest proportions, viz., are burns, cuts, bruises, and sprains best treated by the local applications of the homeopathic remedy or by its internal administration? Experience alone can decide this, and the balance of evidence is very strongly in favour of this latter method. Dr. Carroll Dunham says (*Homeopathy the Science of Therapeutics*, 188): "It must not be hastily assumed, as Dr. Drysdale seems inclined to intimate, that *Urtica-urens* locally applied is always the best (or a good) remedy for burns. They are often (at least) best treated, as Bönninghausen has shown, by an internal remedy." He then quotes a remarkable case of pneumonia, which was subsequently complicated by

a burn. He says: "The burn was severe, and the effect of the shock so modified the symptoms of the pneumonia, that the resulting aggregate of symptoms called unmistakably for *Arsenicum*, which was given with most gratifying results, as regards both pneumonia and burn." He then adds these weighty words: "*There is too great haste among us to recur to topical applications.*" This mode of treatment has been verified by others. Dr. S. Swan writes me that he has frequently relieved in a few minutes the pain of a severe burn by a dose of a high potency of *Cantharis* taken internally. I have myself successfully treated sprains and bruises by the internal use of the homeopathic remedy alone. In 1875 I sprained my ankle severely when running. The pain was so great that I had to stand still for a few minutes. On resuming my walk, after a few minutes, the pain subsided; later, on beginning to walk after sitting quietly, the pain was severe, though again relieved by continued walking. This happened in the evening. I used no external application, but took one dose of *Rhus-tox.* 2m (Jenichen). When I rose next morning the entire dorsum of the foot was considerably swollen and ecchymosed, showing the extent of the lesion; but there was absolutely no return of pain, nor any weakness of the joint. The swelling and ecchymosis gradually disappeared. In 1871 I prescribed a dose of *Arnica* 1m (Jenichen) internally for a bruise on the knee, with most satisfactory results. *Per contra*, in 1865 I saw a man who had an enormous ecchymosis on the lumbar and gluteal region, arising from an injury. In this case an aqueous solution of the concentrated tincture of *Arnica* had been applied persistently for many days, but without the slightest apparent result. Dr. E. A. Farrington reports (*The Organon*, III. 91) a case of tetanus from running a pin into foot, with intense pain at seat of injury, which *Hypericum* 5m cured. Dr. C. Hering cured in a few minutes a case of colic after lithotomy* (said to be a

* Dr. C. Lippe's *Repertory* (p. 282) gives this symptom under *Millefolium*, but I cannot find the source of this observation. It may be a misprint for *Staphis.*, which is unaccountably omitted by him, though so well known as a key-note. It appears from Dr. P. P. Wells's remark in *The Homeopathic Physician*, VI. 386, that Dr. Hering was first led to this use of *Staphisagria* by the mental symptoms of the patient. I think Dr. Ad. Lippe has somewhere written that Hahnemann was first led by the mental symptoms of *Aconite* to give that remedy in inflammatory fever. All this shows the great importance of mental symptoms in the individualization of remedies. Nevertheless, many physicians, and almost all laymen, give *Aconite* indiscrimi-

fatal symptom) with *Staphisagria*, which he also states is indicated for the effects of "cuts by the knife" in surgical operations (*Analytical Therapeutics*, pp. 78, 81). Dr. Hel-muth reports (*The Organon*, I. 324) cases of neuralgia of the stump of an amputated limb cured by *Allium-cepa*, though in this case the tincture and crude drug were employed; and I have added to my Repertory from some published clinical case, "Pain in stump of amputated finger, worse on breathing, *Phos.-ac.*" Whether the internal administration of a high potency of *Calendula* will prevent the suppuration of an incised wound, as the external application of the tincture is said to do, I am unable to say, having neither had experience of my own on that point, nor seen any recorded; but by analogy I conclude it would do so.

(3) The necessity of grading by different types the medicines which belong to a symptom is here made evident. Without such grading it would have been impossible to select the *simillimum*, on account of the paucity of symptoms. And to do this satisfactorily we must utilize clinical as well as pathogenetic experience, according to the practice of Hahnemann himself. On the other hand, *Arnica*, though the chief remedy for bruises and falls, is not the only one; the choice must always be decided by the totality of the symptoms where they can be clearly ascertained. The nature of the injured tissue is also an important factor in the problem of the homeopathic equation. Thus *Ruta* is especially indicated in "Bruises and other mechanical injuries of the bones and periosteum" (Dr. Ad. Lippe's *Text-book of Materia Medica*, p. 589); and the same distinguished physician declares that *Symphytum* and not *Arnica*, is the remedy (*cæteris paribus*) for blows on the eye.

(4) The curative action of *Arnica* would perhaps have been more demonstrable had I not, on the occasion of its first prescription, somewhat complicated it by the use of hot water; which, though it did not interfere with its action, being non-medicinal, yet might have had something to do with the removal of the ecchymosis. This objection, however, does not apply to the second prescrip-

nately whenever the temperature is raised, whether the other symptoms indicate it or not. This is a fatal error; especially as the type of the disease has so much changed since Hahnemann's time that the *Aconite* fever is seldom met with.

tion. I recommended the hot water to increase the capillary circulation, and so remove more quickly the disfiguring ecchymosis; but I am not at all sure that the dynamized remedy alone would not have been quite as efficacious: I have found it so in many cases.

(5) In girlhood the patient had removed a wart by external applications. This allopathic mode of treatment is never necessary, for warts can be radically cured by the internal administration of the *simillimum* (see Case V.). It is, moreover, a practice not unattended by danger. Warts are not merely local excrescences; they are an external manifestation of a constitutional dyscrasia to which Hahnemann gave the generic name of sycosis. Hence their suppression or surgical removal is liable to be followed by constitutional symptoms which may last for life unless the vitality of the patient is sufficiently great to keep them temporarily in abeyance; and even then, as the bodily powers begin to fail from old age, the hydra-headed dyscrasia will reappear in some one or other of its multitudinous manifestations. Hence those who have ever removed any external symptom, either on the skin or mucous membrane, by medicinal applications, cauterizations, or surgical operations, should resort to the most careful homeopathic treatment on the first appearance of any condition of ill-health, that the latent dyscrasia may be radically cured. It frequently happens that, under the homeopathic treatment, the suppressed symptoms reappear; this is a most favourable sign of ultimate complete recovery, but let the patient beware how he suppresses them a second time.* It is very probable that the suppression of the wart in the present case developed the hereditary hemorrhagic diathesis. *Thuja* not only produces warts to a marked degree, but has also many hemorrhagic symptoms; and it was one of the symptoms indicated in a subsequent attack of metrorrhagia.

(6) The sequel of this case is of interest, as a warning.

* Dr. C. Lippe told me, when in the United States in 1880, that he had seen many cases of constitutional ill-health arising from the suppression of gonorrhoea by injections. In these cases the internal administration of the homeopathic remedy was often followed by a recurrence of the discharge, without any fresh contagion, and this discharge would sometimes last for months, the other symptoms steadily improving all the time. But he said that if the patients foolishly suppressed it a second time, it was all up with them; remedies would then only palliate temporarily, and they died from the disease, which frequently then attacked the lungs.

Patients are apt to forget the motto "*Principiis obsta*," and so neglect to treat their symptoms in time; and furthermore, when they do make up their minds to attend to them, they are frequently in complete ignorance of their true significance. Hence, instead of consulting at once an experienced and skilful homeopathic physician, they endeavour to practice a false economy by patronizing some local allopath, or perchance even some ignorant chemist, who has defied the motto, "*Ne sutor ultra crepidam*."

In the beginning of January, 1887, my patient was attacked with uterine hemorrhage. Instead of consulting me at once, she visited a local allopath. He diagnosed "some prolapsus of the uterus, which otherwise was healthy" (whence then came the hemorrhage?), and prescribed four bottles of an iron mixture, which was "like so much water on a duck's back." On February 7, 1887, she was obliged to consult me, as the symptoms would not yield to allopathy; I gave her *Sabina* Cm (Finckè), followed by *Arnica* mm (Finckè), and finally *Sulphur* 2 Cm (F.C.). These remedies relieved her much; but before she was completely cured, she ceased treatment and sailed for the United States. There, in October, she consulted Dr. Longshore Potts, who diagnosed "congestion of the lining membrane of uterus," a far more probable condition than "prolapsus of an otherwise healthy uterus," but, like a sensible allopath, prescribed no drugs. The patient returned to England at the end of December, caught cold during the very rough voyage, and was never well afterwards, having slight uterine hemorrhage every month from January, 1888, but neglected to seek medical advice. On June 12, 1888, the uterine hemorrhage returned; and again she sent for the allopath who had done no good before. For two months previously she had suffered from terrible constipation, which the allopath removed with pills of *Nux*, *Podoph*, and *Cannab*.; but, as usually happens, they made her much worse in other ways. For the hemorrhage he prescribed a course of *Secale* for two weeks, followed by a mixture of *Hamamelis* and *Strychnine*. This treatment failing to produce the desired result, he consulted a well-known allopathic gynecologist, who diagnosed no displacement (thus refuting the diagnosis of the first allopath), and no malignant disease; but his advice was to divide the very narrow *cervix uteri*, and inject *Perchloride of Iron*. To this the patient would not

submit; and finally, as she did not improve, she consulted me July 12, 1888, when I prescribed one dose of *Nux Vom.* 50m (F.C.), with great relief to some gastric symptoms which had appeared subsequent to the allopathic treatment. On July 20th there was a severe return of the hemorrhage in gushes, and I prescribed one dose of *Ustilago Maidis* Cm (Finckè). On August 10th she had one dose of *Thuja* Cm (F.C). On September 27th, one dose of *Terebinth.* Cm (Finckè); and on October 17th one dose of *Colchicum* Cm (F.C). Each medicine produced immediate relief, and I allow it to act, as Hahnemann advises, until its curative action was completely exhausted, and new symptoms necessitated a fresh selection. On October 25th I was telegraphed to visit her. Three days previously she had caught cold from exposure while driving, and on her return home had a rigor. Also she had drunk some inferior champagne, which upset her stomach, causing diarrhea and vomiting.*

A violent attack of coughing had brought on a return of the hemorrhage; and I found her in a very critical condition, the uterus (externally) feeling enlarged and tender. From this time to the end I had to visit her in the country nearly every day. The remedies prescribed were *Phosph.* Cm (F.C.), *Sanicula* Cm (F.C.), *Carbolic Acid* 45m (Finckè), *Sepia* mm (Finckè), and *Sulphur* Dm (F.C.). Each remedy was given in a single dose, as I was able to watch her case so closely; and each acted promptly, completely removing the hemorrhage. Unfortunately, just as we were in sight of port, the ship began to sink. On December 4th a bed-sore appeared, with temperature subnormal, and a threatening typhoid condition. A dose of *Lycopod.* Cm (F.C.) caused immediate improvement, which continued till December 7th, when she became unconscious and pulseless at 10.30 a.m., and died at 1.15 p.m., evidently from sudden failure of the weak heart. In view of the rapid and continued improvement which resulted from each remedy, I have no doubt that if the patient had persevered with homeopathy all through, and so escaped the allopathic poisoning to which she was so much subjected, and had also been more careful in hygiene, a valuable life might

* Inferior champagne is a most injurious drink. To those who desire a good quality at a reasonable price, I can recommend that sold by C. W. Pearce & Co., 16, Mark Lane, London, and 206, West George Street, Glasgow. Their champagnes are the best I ever tasted at the price, and I consider the *Cuvée de Réserve* fully equal to the highest priced wines.

have been prolonged for some years to come. Thanks to Hahnemann's teaching, this was the only death which had occurred in my practice since May, 1885, and that case was a death from old age.

(7) The following symptoms of this case, which were promptly cured by a single dose of each remedy, may be of interest, as they partly verify the pathogenetic symptoms, partly add new clinical experience.

Lycopod. Cm (F.C.) removed the catching of the tongue, when protruded, against the lower lip.

Thuja Cm (F.C.) cured dislike to fresh meat and to potatoes. (This verifies symptoms 1124-5, which are taken from Wolf's much maligned provings; and are omitted in the *Symptom Register*, and in the *Cypher Repertory*.)

Terebinthina Cm (Finckè) cured the symptom, warm drinks cause, in their descent, pain in middle part of sternal region, with tenderness to touch; the pain is somewhat burning. (This verifies symptom 228; in the pathogenetic symptom, the condition "after warm drinks" is bracketed, as if the prover was in doubt whether this was merely a coincidence; but this clinical case shows that it is a true and reliable condition.)

Colchicum Cm (F.C.) cured constipation, with constant ineffectual desire, but only passes a little clear transparent colourless jelly with some froth; the urging to stool is accompanied with sharp pain in rectum and bowels, better after the jelly has passed. (This verifies symptom 573.)

Sanicula Cm (F.C.) cured a dirty-brown discharge from uterus, with horribly putrid odour, like a battle-field after a few hot days (her husband, who made use of this comparison, had known from painful experience what this was); the discharge came in hot gushes.

Carbolic Acid 45m (Finckè) removed an aversion to tea, of which she was usually fond; and much improved a diarrhæa (verifying symptoms 236-7).

Sulphur Dm (F.C.) cured uterine discharge, watery, whitish, copious, in gushes, and scalding; sometimes thicker, whitish-yellow, staining the napkins a mustard-yellow, with yellow granules like crushed mustard seed, and fecal odour. (This is a new symptom, not as yet found in the *Materia Medica*; it should be noted for future verification.)

48, Sussex Gardens, Hyde Park, W.

TWO CASES.

BY A COUNTRY AMATEUR.

CASE I.—A lady and family came from London this last summer to the place where I reside. I was asked to see her, and found her near her confinement, and suffering much inconvenience, which was soon relieved. She then told me her labour was a great dread on her mind, as her sufferings had been intense. I asked her if she would mind taking a few powders home with her to take beforehand, and she consented. I gave her a few one-grain powders of *Caulophyllum* 3x, and a small bottle of *Cimicifuga* 1x, and told her to take one powder per day and three drops of the tincture in a little water. This she did, and about two months after I received a letter from her expressing her thanks. Her sufferings were nothing to what they had been before, and this was the first labour out of five in which she had been delivered without instruments.

CASE II.—Meeting a poor man in the street, and seeing he was in pain, I asked what was the matter. "Got sciatica, sir." "Have you been to a doctor?" "Oh yes, for six months, but he can do me no good." "Well, call at my house this evening and I will cure you." The poor man smiled, but came, and I gave him *Bryonia* 1x, three times per day, and a liniment of *Opodeldoc* and *Bryonia*, and told him to bathe his leg well on going to bed with water as hot as he could bear, then rub in the liniment, and in six weeks the pain was gone, and the man could walk as well as ever.

POTASSIUM IODIDE FOR MUSCAE VOLITANTES.—This annoying phenomenon, so frequent in myopia and in conditions affecting the inner coats of the eye, is happily relieved, says the *Gazette des Hôpitaux*, by the following treatment, that must be persisted in for some time. It consists in the daily instillation into the eyes of a solution of one part of potassium iodide in two hundred parts of distilled water.—*New York Medical Times*.

YEAST FOR LUPOID ULCERS.—Peter Eade, M.D., writes to the London *Lancet* as follows: "It seems to be of interest to record the fact, with which experience has long made me familiar, that the external remedy which has proved the most potent and effective in promoting the healing of lupoid ulcers is the common yeast, applied to the sore, either in its pure state or made into a poultice with enough hot, soaked linseed to make the application warm and pleasant, and this used continuously for days or weeks."—*New York Medical Times*.

MATERIA MEDICA.

CALENDULA : ITS EPITOME.

(EXTRACTED FROM PETROZ'S "REPERTOIRE.")

By AGRICOLA.

Head.

Staggering. Tearing. Rending.
Headache. Congestion. Constriction.
Rending in sides, temples, vertex, occiput.
" as far as the teeth and jaws.
Pain (*douleur*) in the Brain.
" of shocks, blows, shakings, coldness.
Lancings in the forehead.
Tinglings in the vertex.

MANIA. INFLAMMATION OF BRAIN!!!

Weight on Brain.
Murmur in Brain.

Eyes.

Tetters, shootings, pain, inflammation.
Eyelids (adherent).
Sclerotic blue.
Spots (*taches*) on the globe.
One sees colours. Diplopia.
One sees half only of objects.
Weakness of the Sight.
One seeks the light.
A thick veil appears.
Movement before the eyes.

Ears.

Noises (*bruit*). Murmur in Head.
Hearing affected by music.
Sensation of heat in Ears.
Hearing affected, with cold feet.

Nose.

Sneezings extraordinary.
Cancer. Tetters reaching to Temples.
Purulent elevations (*boutons*).
Sensibility. Cramp.

Mouth.

Acid fluids in. Mucosities in.
 Reddish scum in. Saliva acrid.
 Excrescences. Hemorrhage of.
 Inflammation.
 One opens mouth with difficulty.
 Blisters on tongue.
 Burning heat of Oesophagus.
 Deglutition difficult.
 Shrinking of Uvula.
 Bitter taste of food. Taste of pepper.
 Taste watery, mucous, putrid.
 After taste of aliments.

Appetite. Thirst.

Bulimy with prompt satiety.
 Desire for beer, for vegetables.
 Hunger at midday.
 „ thirst, and flow of Urine.
 „ immoderate.
 „ „ in evening.

(Calendula's action in this sphere is one of its characteristics.)

Inappetence } for aliments.
 Indifference }
 Malaise after fatty foods.
 Satiety, sensation of.

VORACITY!!!

Eructations. Hiccup, Pyrosis.
 Heartburn with horripilations.
 Risings; sweetish, rancid.
 Food lies heavy.
 Nausea in precordial region.
 „ alternating with diarrhea.
 „ in the chest.
 Vomitings of bitter matter.
 „ „ black „
 „ with heats, pale face.
 „ in spittings.
 „ periodic.
 „ after drinking fluids.

Stomach.

Throbbings. Contraction. Cutting pains.
Cardia, *sinking* of.
,, Rupture, sensation of.
Swelling *in precordial region*.
Ulceration, sensation of.
Emptiness, ,, ,,
Splenic region, lancinating pain in.
Unable to support clothing.

Abdomen.

Epigastric *distention*.
Tension of epigastrium.
Cuttings in sides.
,, in kidney region.
Tearing in inguinal region.
Tension, tumefaction, sensations of.
Contraction, exterior abdominal.

Fecal.

Diarrhea, during dentition.
,, day and night.
Chronic hardness of stools.
Anus, smartings of.
,, pressure in. Flatuosities.
,, hemorrhage. Constriction.
,, and perineum, herpetic eruption (*dartres*).
Hemorrhoids, burning.
Rectum, pain, weight.
Dysentery with Gastric affections.

Urine.

Distressing urging to urinate.
,, ,, *in pregnant women.*
Sediment, brown.
Suppression of urine.
Urine deep colour (*foncée*).
,, frequent. Involuntary.
Painful urination.
Enuresis nocturnal.
Cuttings, vesical.

Warts at the mouth of the uterus.
 Pale blood flows from ,,
 Menses suppressed.
 Leucorrhœa.
 Pain in the back of women.

Coryza.

In general. In one nostril.
 With excretion clear. Yellow.
 Sneezings extraordinary.
 Hoarseness, chronic.
 Cough, in open air.
 ,, after walking. Midday.
 ,, in breathing.
 ,, during suppression of menses.
 ,, from roughness of the chest.
 ,, with expectoration of globular sputa.
 ,, ,, green, tasting badly.
 ,, ,, with distention of the inguinal ring.
 ,, with hoarseness, malaise, heat of face.
 Chest, sensations of dilatation.
 ,, constriction (*etrenite*).
 ,, pressure.
 ,, blue around clavicles.
 Pains, lacerations, excoriation.
 Sensibility in mammary glands. Ulcers on ; Burnings.
 Heart, palpitations.
 Neck, eruptions on.
 Heat, burning in the arms.
 Cramp, pain of.
 Pain, paralytic, at shoulder articulation.
 Paralysis of the forearm.
 Stiffness arthritic of the fingers.
 Ulcer on the fingers.
 Periostitis.
 Stiffness (*roideur*) in feet articulations.
 Convulsions during Vomiting and Colic.
 Sweats, fetid, of the feet.
 Lassitude, difficult movement.
 Pulse full.
 Tension of the body.
 Pains, stabbing from within to without.
 ,, of excoriation to the touch.

Mechanical lesions.

Paralysis after apoplexy.

Kidney region, pains in.

Loins, facility for giving oneself twists in.

Blood clotted.

Delirium, from pain.

Sensibility.

Thirst, absence of.

INSOMNIA!!!

Waking, anxious, difficult.

Horripilation semi lateral.

„ on being touched.

„ goose flesh.

„ breath hot.

Heat, burning. Headache.

Attempt to uncover oneself

Heat, internal, dry.

Sweat, stains the linen.

„ with horripilation.

„ nocturnal.

„ weakening.

A proving of *Calendula* by Agricola will follow in the next issue, confirming in a remarkable degree many actions evidenced in this extract, notably on the Appetite, Brain, Vision, Fecal Sphere, &c.; while the proving gives promise of *Calendula's* action on the Hepatic sphere being a valuable acquisition to the ART.

PROVINGS OF *NUX VOMICA*.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—As suggested by you (HOMEOPATHIC WORLD, Dec. 1891, p. 565), I have obtained particulars in writing from two friends (not homeopaths) about the effects of *Nux* upon whom I had heard; and I enclose herewith copies of statements. I could not get final replies earlier. Trusting the enclosures will be of service.—Yours truly,

SUBSCRIBER.

[In the No. 1 case *Nux* was of no service.]

CASE I.: *NUX VOMICA* 1.

Pilules of *Nux-v.* 1 were bought by patient, a man aged about 45, and taken for constipation.

The following is his statement of the effects :

A drawing or contracting sensation in the legs, principally in the calves.

Always similar after taking *Nux*, but did not occur for a week after commencing the doses, and did not return after discontinuing them. Pains were of a paralytic nature. He knows another person whom *Nux* affects similarly.

The dose ordered on label was three pilules every two, four, or six hours ; but patient did not take the full dose for any length of time.

CASE II. : *NUX VOMICA* 1.

Three doses of the tincture of three drops each taken at intervals of half an hour by patient, a young lady of about 21. The medicine was taken for indigestion.

Here is her statement as to the effects :

Pains were of a paralytic nature all over the legs, but principally above the knees. They lasted all day and went away in the night. The feeling was as if she could hardly rise from the chair to walk across the room. Never took *Nux* before or since. Patient knows of another person whom *Nux* affects by causing shaking of the limbs without pain.

COCAINE—PROLONGED ACTION OF A SINGLE DOSE.

At the Paris Academy of Medicine, on Dec. 2, M. Hallopeau related a case of poisoning by *Cocaine Hydrochlorate*, the effect of which lasted four months (*British Medical Journal Supplement*, Dec. 13). The patient was a man who had 8 milligrammes of the drug injected previous to tooth extraction. The following symptoms ensued, poisoning taking place immediately :

Intense precordial oppression, with thready pulse, extreme excitement and loquacity.

He walked about the room, hitting out at random with his fists, and crying out that he was dying.

In ten minutes he became quiet, and the tooth was extracted, after which he was able to walk home.

On arriving at home extreme prostration.

Then followed :

Continual headache.

Intractable sleeplessness.

Bad taste in the mouth.

Occasional attacks of excitement, accompanied by giddiness.

Faintness, and

Sense of impending death.

All brain-work was impossible; he could not do the simplest sum in arithmetic, and was in a state of profound depression.

A sense of formication and numbness in hands and forearms was almost incessant.

This condition lasted four months, and it was two months before any improvement set in.

Arranged in schema from the symptoms may be grouped as follows:

MIND.—Excitement (with precordial oppression). Loquacity (with precordial oppression). Sense of impending death, cries out "I am dying."

Profound depression.

Inability to perform the least mental work—even the smallest sum in arithmetic.

SENSORIUM.—Giddiness and faintness accompanying occasional attacks of excitement.

HEAD.—Continual headache.

MOUTH.—Bad taste.

HEART AND CHEST.—Intense precordial oppression and thready pulse, extreme excitement and loquacity; the patient walked about the room hitting out wildly with his fists, and crying out that he was dying.

Intractable sleeplessness.

NERVES.—Occasional attacks of excitement accompanied by giddiness and faintness.

A sense of formication and numbness in hands and forearms almost incessant.

J. H. C.

MEZEREUM.

A GIRL, aged four, ate mezereum berries (Dr. T. E. Dunne, Aghavoe, *British Medical Journal*, Sept. 13, 1890). When seen (Sunday, Aug. 3, 7 p.m.) she presented the following symptoms:

Vomiting of berries and food.

Burning pain in mouth and throat.

Prostration, face being deady pale, pupils dilated, pulse hardly perceptible, extremities cold.

Very drowsy, apparently moribund.

Aug. 4.—Better, having slept all night.

Somewhat restless, as if she had gnawing pain somewhere. Tongue and roof of mouth quite white, the superficial layer of mucous membrane being evidently burned and destroyed by the acid juice of the berries.

Bowels had moved 3 or 4 times.

J. H. C.

KALI BICHROM.

DR. A. E. BULLOCK related in *The Lancet*, Sept. 13, 1890, the following case :

W. W., 47, furniture dealer's employé. Drank 5 oz. of a saturated solution of the bichromate of potash, used for staining wood, in mistake for tea.

The bitter taste showed him his mistake, so he hurried home. Was violently sick on the way.

Sickness continued with violence, accompanied by profuse diarrhea and great pain at the epigastrium.

An hour afterwards was seen by Dr. Bullock, who found him :

Greatly collapsed, with cold sweats.

Anxious expression in the face.

Pupils dilated.

Pulse almost imperceptible.

Extremities cold.

Severe cramps in thighs and calves.

After the use of the stomach-pump, the application of hot bottle, and the administration of a mixture containing *Bismuth*, *Magnesia*, and *Chlorodyne*, he sank into a deep sleep. Was much better next morning, and after three days of fluid diet was again in his usual health.

J. H. C.

VIRGINIAN CREEPER (*AMPELOPSIS HOGGII*)— ECZEMA.

DR. BURD, of Shrewsbury, reports in *Lancet*, Jan. 3, a case of eczema in a middle-aged lady due to picking the leaves of Virginian creeper. The lady's gardener, who assisted, also suffered. The following was the appearance of the lady :

Cheeks highly inflamed.

Eyelids partly edematous and for a time completely closed.

Chin and face were entirely covered by a weeping vesicular eruption.

Partly papular, partly weeping vesicular eruption on the back of the neck, wrists, arms, breast, and legs, with much irritation, heat, and pain.

There was no rise of temperature, and but little constitutional disturbance.

The same thing occurred in two succeeding years in October.

The attacks lasted only a short time.

Dr. STUART PALMER of Largo, Fife, reports in *Lancet*, Jan. 17, a similar case. A lady's maid had been gathering and arranging the leaves of Virginian creeper. Next day acute papular eczema appeared, first on her hands, and then on her whole face and neck, where it produced intense heat and irritation and edema of eyelids. This subsided under treatment in a few days.

The butler had a similar, though slighter, attack after gathering the leaves for the table.

J. H. C.

GALEGA AS A STIMULANT TO THE SECRETION OF MILK.—The galactogenous properties of galega have of late been specially studied by Carron de la Carrière (*Bull. et Mém. de la Soc. Méd. Frat. de Paris*, February 1, 1891). In the eight observations reported by Carrière it was found that the drug notably and rapidly increased the secretion of milk in nursing women. This increase usually occurred in from one to two weeks after the administration of the drug, and its effects upon the nursing woman were followed by a corresponding increase in the weight of the child. The drug was well tolerated, and no untoward after-effects were produced. In some instances it seemed to improve the appetite of the woman, and in general the nutrition of the child was increased. Under the action of the drug the secretion of milk was abundant, rich in the aqueous elements, with an apparently proportionate increase in the number of milk-globules. The preparation most commonly employed in the cases reported was the aqueous extract in divided doses of from fifteen to sixty grains per day. This extract is perfectly soluble in water, but can be given in wine, in combination with syrups, or in the form of pills. An infusion can be prepared by placing 750 grains of the powdered leaves in two pounds and eight ounces of boiling water. This infusion, which exhibits the aromatic odour of the plant, can be sweetened with sugar or with some medicinal syrup.—*New York Medical Times*.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

The fourth ordinary meeting of the Society, Thursday, January 7, 1892, Mr. KNOX SHAW, President, in the chair.

Dr. BURFORD showed several specimens.

Dr. MADDEN, who was to have read the paper of the evening, did not appear, and sent no copy of his paper. It was therefore decided to hold a discussion on influenza.

DISCUSSION ON INFLUENZA.

Dr. HUGHES said it was a specific fever. It may exist as pure fever and nothing else. If that is the case, it ought to yield to remedies in three days. He did not expect it to yield to *Aconite* as rapidly as non-specific fevers. *Aconite*, *Belladonna*, and *Gelseminum* are the chief remedies. *Eupatorium* for the pains.

Dr. GALLEY BLACKLEY had seen one or two novel features. In two cases there was a strongly-marked rash much like measles. The skin was very irritable whilst the rash was passing off. In some of his cases he had noticed feces very copious, pappy, and quite black, like charcoal. The extremely sudden character of the onset was very noticeable in this epidemic. He had seen many nervous attacks.

Dr. DUDGEON had had a few cases of pure febrile influenza. The duration was only three days. In the same house, with a number of these, was a curious case in a servant girl. She had agonizing pain in head, and that without fever or increase in pulse-rate. This lasted three days, gradually diminishing. From this it follows that if influenza is to be called a fever there must be fever without rise of temperature.

Dr. CARFRAE asked if any observations had been made as to the action of *Iodide of Arsenic*.

Dr. MOIR had tried *Iodide of Arsenic* and it was only indicated in catarrhal cases. He had heard of *Antipyrin* doing very well in some cases. *Gels.* and *Verat.-v.* were very useful. He could tell by the quick, soft pulse when a patient was going to have it. Dr. Moir had seen black stools—greyish-black—for months after. The sputum was very fluid and full of air bubbles in the former attack; in the present it was in hard lumps. He thought the faintness and sickening feeling at stomach went together.

Dr. DUDLEY WRIGHT mentioned two fatal cases seen, but not treated, by him. In the hospital two years ago, there was loose aerated expectoration, which was easily got rid of; in others it was more solid and difficult. *Gels.* had done better than anything else.

Dr. GOLDSBROUGH had had an opportunity of observing the disease on himself and in his own family. He thought that, on the whole, the cases he had had this year were less severe than in the former epidemic. Warmth and food were the best restoratives. He ate seven or eight meals a day and felt better after each one.

Dr. COOKE agreed with Dr. Goldsbrough, that if the patient is taken at the beginning *Aconite* is useful, but not otherwise.

Dr. GALLEY BLACKLEY said in his experience the feverless patients were the longest convalescent.

Dr. HUGHES said that in those cases where the nerve symptoms predominated Hahnemann's recommendation of *Camphor* should be borne in mind.

Mr. KNOX SHAW (in the chair) had had no experience of influenza in the present epidemic. Regarding *Iodide of Arsenic*, he thought it most useful in catarrhal conditions. He knew of a solution of *Iodide of Arsenic* in spirit which was sold by a chemist as a "cold cure," and as a preventive of influenza. It acts better in solution than in trituration.

Dr. COOKE said a solution in water decomposes at once; a solution in spirit keeps.

REVIEWS.

LONDON HOMEOPATHIC HOSPITAL REPORTS.*

THE editors of this volume are to be sincerely congratulated on their enterprise and success. It is no easy matter to start a periodical, but the evident vitality of Vol. I. of *The Homeopathic Hospital Reports* shows that its editors have not overestimated their powers. The articles are all interesting and valuable. They are contributed mainly by members of the hospital staff, but there is also a paper on Peritoneal Surgery in Woman, by Dr. Ludlam, of Chicago, communicated by the editors. It is evident that a publication like the *Reports* is of the greatest value to the Hospital in precisioning its work and bringing it before a large circle of the public. We have no doubt that a large number of subscribers will be found for this work on both sides of the Atlantic, and we recommend its editors to see that it is brought well before the notice of the Homeopaths of the United States.

* *The London Homeopathic Hospital Reports*. Edited by George Bruford, M.D., and C. Knox-Shaw. Vol. I. London: London Homeopathic Hospital. 1891.

SURGICAL PRACTICE.*

THIS little work, we are told, is designed for the use of dressers and junior house surgeons, and it is dedicated by the author "To my Dressers." In his Preface he makes the following pertinent remarks :

"Whilst questioning dressers and junior house surgeons on the routine of casualty and ward work, I have often been surprised at the knowledge they possess of recent theories of the causation of disease and the modern methods of treatment; but I have as often been dismayed to find they are not unfrequently ignorant of the commonest rules of practice."

The work before us is designed as a "drill book" to correct this state of things, and very well we think it is suited for its purpose. Here are a few specimens taken from the first page :

" ABDOMEN.

"Always avoid purgatives in treating a patient who has swallowed a foreign body. Give *Opium* and constipating food—boiled eggs, cheese, pudding, potatoes, &c.

"Never close any wound of the abdominal wall till all hemorrhage has ceased.

"Never under any circumstances apply pressure to a wound of the abdominal wall to arrest hemorrhage.

† "Never mind increasing a superficial wound of the abdomen in order to remove a foreign body or to secure a bleeding point."

And so on.

This little book (which can be carried in the waistcoat pocket) will be found a treasure by all juniors and some seniors. We can heartily recommend it.

RESOURCES OF MEDICAL DIET.†

DR. DALZELL'S object in publishing this little work is "not so much to speak of the essentials of diet, as to mention some of the more useful preparations that can be made or bought, and points out the forms of indigestion in which they will be found most useful."

Dr. Dalzell has well carried out his design. His book is a handy book of reference about foods and preparations of all

* *Golden Rules of Surgical Practice.* By a Hospital Surgeon. Bristol: John Wright and Co. London: Simpkin, Marshall, Hamilton, Kent and Co., Limited.

† *The Resources of Medical Diet.* By A. J. W. Dalzell, M.B. Malvern: Advertiser Office, 1, Holyrood Terrace. J. I. Glover, 2, Beauchamp Terrace. 1891.

kinds. The information is arranged in alphabetical order, so that any food or preparation can be turned to at once. Doctors, nurses, and patients may all find a friend in need in *The Resources of Medical Diet*.

EXTRACTS.

SOAP PLANTS.*

By JOHN R. JACKSON, the Museum, Kew.

PROBABLY at no period of history has soap been brought so prominently before the civilized world as at the present. The article is a compound substance, and the reputation of rival soap-makers is due probably as much to the persistent manner in which they keep their special products before the notice of the public as to any particular ingredients used in their composition. Practically, soap may be said to be a vegetable product, for, indirectly, vegetable substances, especially oils, enter largely into its manufacture; but, besides these, there are numerous plants that possess a direct saponaceous principle. Many of these are well known, but we do not remember that anything has been done—at least, in recent times—in this country to collate matter bearing on these interesting, and, in many cases, useful, plants, a better or more extended knowledge of which might lead to many of them becoming of some practical utility. It is true that, in 1875, Professor Bernardin, the late able *conservateur* of the Museum at Melle, near Ghent, published a little pamphlet, entitled "*Classification de 40 Savons végétaux*"; but, as the circulation of this contribution to the subject is necessarily limited, a few general notes on saponaceous plants will probably have some interest. These notes have been arranged in botanical sequence, as probably the most useful to all concerned.

Leontice Leontopetalon, L.—A herbaceous plant belonging to the natural order Berberideæ, growing about a foot high, native of Asia Minor, frequent in Greece and all the islands of the Archipelago. Little seems to be known as to the actual detergent properties of the plant, except that the root is stated to be used at Aleppo as a substitute for soap.

Monnina polystachya, R. and P., and *M. salicifolia*, R. and P.—Plants belonging to the milkwort family—Polygaleæ—known as "Yalhoi" in Peru; and of them Lindley says:—"The bark of the roots, when fresh, is pounded and moulded into balls for use in washing. The dry bark also is detergent, and readily froths

* From *The Chemist and Druggist*, December 26, 1891.

when agitated in water. It is used by the Peruvians as a substitute for soap, and the ladies of Peru ascribe the beauty of their hair to the use of an infusion of this bark. The silversmiths of Huanuco employ it also for cleansing and polishing wrought silver."

Saponaria officinalis, L.—This well-known plant belongs to the natural order Caryophyllæ, and is generally known as the "soap-wort," or "fuller's herb." Though found in hedges, on road-sides, and in fields, chiefly in the South-West of England and North Wales, it is considered only a naturalized plant in Britain. It is distributed through Europe and West Asia, and has been introduced into the United States. The leaves, when boiled or bruised in water, become saponaceous, and were used in olden times as a substitute for soap, especially, it is said, by the mendicant friars. The lather so formed has all the effects of ordinary soap, readily removing grease; and, in consequence of its not being affected by acids, it has been suggested that it might be usefully applied where soft water is not obtainable.

Gypsophila Struthium, L.—This is generally known under the name of "Egyptian soap-root." It is a native of Spain, where it is said to be used instead of soap for scouring. The root of *G. paniculata*, L., is used in Lycia for a similar purpose; and it is also extensively sold in the bazaars of Western Afghanistan and North-Eastern Persia as a soap for washing clothes. The powdered roots of this species, mixed with honey, are used as food by the people in Lycia. Dr. Flückiger has recently shown that *G. Arrostii*, Gussone, yields Sicilian soap-root, samples of which have been collected in Catania. The following species of *Gypsophila* are also included in Professor Bernardin's list as producing saponaceous roots:—*G. acutifolia*, Fisch., Eastern Europe and Siberia; *G. altissima*, L., Siberia; and *G. fastigiata*, L., described as the "saponaire" of Spain; and, besides these, the following plants belonging to the same natural order—*Lychnis chalconica*, L., known in France and Portugal as the "Croix de Malthe"; in Italy, as the "Croce de Cavaliere"; and, in Spain, as the "Croix de Jerusalem." It is stated to be used as soap in Tartary. *Lychnis dioica*, L., native of the South of Europe, is used at Pesth for washing; and *L. sylvestris*, Schkr., also a European species, is similarly used, as well as *Agrostemma Githago*, L., which is now sunk under *Lychnis*; and *Silene inflata*, Sm. Little, however, seems to be known about the extent to which these last-named plants are used.

Acanthophyllum macrodon, Edgew.—This is a very spiny, tufted, herbaceous plant belonging to the same order—Caryophyllæ—found in India and Afghanistan. The root-stock, under the name of "Bekh" (a name which is also applied in Afghanistan to *Gypsophila paniculata*), is used as a soap-substitute for

washing clothes, woollens, &c., and is sold in all the bazaars of the larger villages.

Sida lanceolata, Retz.—It is stated that this malvaceous plant is known as the "broom plant" in Brazil, and that a soap is made of the ashes.

Adansonia digitata, L.—This is the well-known "Baobab" of West Tropical Africa, and belongs to the tribe Bombacæ, of the natural order Malvaceæ. The ashes of the fruit are boiled with rancid palm oil, and are said to form an excellent soap, in Africa.

Balanites Ægyptiaca, Delile.—This plant, which is a shrub or small tree, is known as "Soump" in Senegal, and belongs to the natural order Simarubæ. The young fruits are purgative, and when ripe are edible and formed into an intoxicating drink by the negroes of the West Coast of Africa. Bernardin says the roots are saponaceous.

Esculus Pavia, L.—The American horse-chestnut, or buck-eye. The roots of this tree are said to be preferred even to soap in some parts of America for washing and whitening woollens, blankets, and dyed cottons, the colours of which are improved by the process. Satins washed in this manner, and carefully ironed, look almost as well as new.

Sapindus Saponaria, L.—A slender tree, native of the West Indies and Tropical America. It bears a fruit about the size of a gooseberry, composed of a thick, tough, almost horny rind, covering a hard, globose black seed. The outer covering of the fruit, if allowed to stand in water for some little time, swells and produces a lather. Browne says:—"The seed-vessels of this plant are very deterative and acrid; they lather freely in water, and are frequently used instead of soap, for a few of them will cleanse more linen than sixty times their weight of that composition, but they are rather too sharp, and observed to corrode or burn linen in time, and the water in which the tops or leaves have been steeped or boiled is observed to have the same quality in some degree."

S. Mikorossi, Gært. n.—This species is known as the "soap-nut tree" of North India. It is a handsome deciduous tree, cultivated throughout North-West India, Bengal, Kumaon, Sylhet, and Assam. The fruit, which is somewhat similar to that of the last-named species, but considerably larger, is very much used in India as a substitute for soap, for which purpose it is also exported. It is chiefly used for washing silk and woollen cloth, being regarded as superior to soap by native manufacturers.

S. trifoliatus, L.—A large tree of Bengal, South India, and Ceylon, and often cultivated. It is known as the "soap-nut tree" of South India, and its seed-vessels are used for a similar purpose to the last-named species.

Colubrina Asiatica, Brongn.—A large shrub or small tree of Tropical Asia, Queensland, Northern Australia, and extending into the Pacific Islands. It belongs to the natural order Rhamnæ. Seemann says that the Fijians use the leaves in the preparation of a hair-wash to destroy vermin.

Vitis Saponaria, Seem.—A climbing plant belonging to the natural order Ampelideæ, and found in Queensland, as well as in the Fiji Islands, where, Seemann says, the natives use it for the same purposes as the last. The stem, especially the thicker part, is cut into pieces from a foot to eighteen inches long, heated on hot stones, and, when thus rendered quite soft, it produces in water a rich lather, almost equal to that of soap.

Gymnocladus Chinensis, Baill.—This leguminous tree is a native of China, as its specific name indicates. It is thus described in Forbes and Hemsley's "Index Floræ Sinensis": "This is the soap-tree, the Fei-tsao-tou, or fat black bean, of the Chinese, used by women in washing their head and hair." The pods, which are about 9 inches long, $1\frac{1}{2}$ inch wide, and 1 inch thick, are beaten with a mallet, and placed in water for about two days. They are sold in the market at the rate of about sixteen to twenty a penny. Bernardin says that the bark of the branches of the allied species, *G. Canadensis*, L, is used in Canada as soap.

Gleditsias sinensis, Lam.—This is also a Chinese leguminous plant the pod of which, when dry, is quite black, about 10 inches long, $1\frac{1}{2}$ inch wide, and very thin. It is used by the Chinese as soap, and also to restore animation in partially-drowned persons.

Entada scandens, Bth.—A large, woody, leguminous climber, found in the Tropics generally. The spirally-twisted stems are soft, fibrous, and spongy, and would appear to contain saponaceous matter, for the ladies of Manila use them, under the name of "Gogo," for washing the hair. The kernels of the seeds are used in Nepal for the same purpose, and in Bengal the hard seeds are employed by washermen for crimping linen.

Tetrapleura Thonningii, Bth.—A large leguminous tree of West Tropical Africa. The pods, which are from 6 to 10 inches long, and about $1\frac{1}{2}$ inch broad, are rounded at the apex, and each valve has a stiff longitudinal, often wavy, wing running down its middle from end to end. They are of a shiny brown colour when dry. These fruits or pods contain a saponaceous principle, and are sold in the Sierra Leone markets for washing purposes. They are also occasionally imported into this country. The plant is known as the "Ogagouma" in Gabon.

Acacia concinna, D.C.—A climbing leguminous plant, native of the Eastern Himalayas, Western and Eastern peninsulas of India, Ceylon, Malay Islands, and China. The pods vary in length from 4 to 6 inches, are about $\frac{3}{4}$ inch wide, and $\frac{1}{4}$ inch thick. They are constricted between the seeds, and, when dry,

are of a brown colour and have a shrivelled appearance. A considerable trade is carried on with them in some parts of India, as they are much used for washing, especially for the head.

Bernardin says that the pods of *Acacia latronum*, Willd., a small Indian tree, are used for the same purposes.

Albizzia lophantha, Benth.—A tall shrub or small tree of West Australia, is described as containing 10 per cent. of saponin in the dried roots; while *A. Lebbeh*, Bth., a tall tree, widely distributed through India, Burmah, Ceylon, Malay Islands, China, North Australia, and Tropical Africa, is said by Bernardin to contain a saponaceous principle in its leaves, in consequence of which they are used in India and Arabia for washing purposes.

Enterolobium Timbouva, Lam. = *Ecylocarpum*, Griseb.—A lofty leguminous tree of Jamaica and Venezuela. The pod is nearly circular, the stalk being apparently situated in the centre of the circle, and the positions of the seeds are marked by regular depressions. These pods are known under the name of "Orejera," and are used for washing in New Grenada.

Quillaia saponaria, Mol.—A tree some 50 to 60 feet high, native of the Chilian forests, and belonging to the natural order Rosaceæ. The tree is known as the "quillai" or "cullay" tree, and the bark as quillaia, or soap-bark. It is rough and dark-coloured externally, while the inner bark is of a whitish-grey colour. It is very rich in saponine, and is said also to contain a large quantity of carbonate of lime and other mineral matter. It is commonly used in Chili for washing clothes, and in France for washing silks, as it is said to remove dirt and grease and to impart a lustre without injuring the colour. It may also be used for cleansing hair-brushes, and for similar purposes, under conditions in which soap and other alkalies are powerless. Besides this, the pulverized bark makes an excellent hair-wash, and is said to be largely used by French hairdressers. By placing some of the powder in water and stirring it, it readily produces a froth, and, in consequence of this, it is said to have been used to give a fictitious head to stale beer. *Quillaia Sellowiana*, a Brazilian species, is described as having similar properties.

A species of *Beyonia*, known in Egypt as the "Achaloax," furnishes a bark, a decoction of which, according to Bernardin, is used in sheep-washing.

The leaves of the well-known papaw (*Carica papaya*, L.) also contain saponin, and are used by the natives in tropical countries for washing clothes.

Jacquinia armillaris, Jacq.—A low, rigid tree belonging to the natural order Myrsinæ, and found in the West Indies, Brazil, and Florida; has saponaceous leaves, which are sometimes used as a substitute for soap.

Pircunia saponacea, Welwitsch, known in Angola, as

“mutonga-tonga.”—The roots are said to be saponaceous. The genus is now referred to *Phytolacca*.

Amongst monocotyledonous plants there are several that have saponaceous properties. Thus in the order Scitamineæ, the fruit of *Bromelia pinguin*, L., is reported as having been found useful as a soap-substitute. A kind of vegetable soap is stated to have been prepared in Jamaica some years ago from the leaves of the American aloe (*Agave Americana*, L.), which was found as detergent as Castille soap for washing linen, and had the superior quality of mixing and forming a lather with salt water as well as fresh. In Peru the leaves of this plant are used by first wetting the clothes, and then beating them with a leaf of the agave which has been crushed; a thick white froth is produced, and after rinsing the clothes are quite clean.

Chlorogalum pomeridianum.—A liliaceous plant of California, forming a large oblong bulb covered with coarse brown fibre. It is known in California as the “Amole.” The bulbous root rubbed in water makes a thick lather, and is said to have a similar smell to brown soap. It was very much used by the North American Indians before the American possession of the country, and at the present time it is also much in demand for washing clothes, by merely removing the outer husk and rubbing the bulb over the fabric in the same way as soap.

Yucca filamentosa, L., and several other species of *Yucca*, natives of Carolina and Virginia, are described as yielding a saponaceous matter from their roots.

From the foregoing list of plants it will be seen how varied are the species in their botanical affinity, so that the saponaceous principle, though characteristic in some natural families, is very widely diffused.

CORN CURES.—Most of the popular corn cures depend on the action of salicylic acid. Among the many therapeutic properties of this comparatively new remedy is its power to disintegrate epithelial tissues. It is usually combined with *Cannabis Indica*. Mix nine parts of salicylic acid with one part of extract of *Cannabis Indica* and forty-eight parts of collodion. This is applied to the corn every night with a camel's-hair brush. The foot should be clean before it is applied and the mixture permitted to thoroughly dry before it comes in contact with clothing.—*Medical Era*, December, 1891.

A NEW SULPHUR SPRING AT HARROGATE.—A valuable new sulphur spring has been discovered at Harrogate through the instrumentality of Alderman Simpson, one of the oldest members of the local governing body. This mineral spring is an old and valuable one, which has been brought to light after being buried for upwards of fifty years. This is the fourth spring recently brought to light by Alderman Simpson, and it is anticipated that the discovery will be of great value to Harrogate. The spring is sulphurous, and an analysis will be made of its constituents.—*Chemist and Druggist*, December 26.

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. JOHN McLACHLAN, *Oxford*.—In response to the Oxford Homeopathic Association John McLachlan, M.D. Edinburgh, F.R.C.S. Eng., has taken up his residence at 33, BEAUMONT STREET, OXFORD. We wish him and the Association every success.

DR. T. M. STRONG is removing from Macon, Georgia, to take the post of Resident Physician of the Massachusetts Homeopathic Hospital, Boston.

GENERAL CORRESPONDENCE.

PYROGENIUM.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—You may think it worth while to insert in your valuable journal particulars of a case about which I have had some correspondence with medical officers of health and other doctors, and which now is admitted to be cerebro-spinal fever or meningitis.

The case began by my little daughter, aged 12, being seized with a sudden chill in the evening. When her temperature was taken at 6.30 p.m. it was 100; at 10 p.m. it rose to 102. In the night, and for the next twenty-four hours, there was vomiting, green sickness, about four times. The temperature rose to 104. Delirium followed, and the child was constantly speaking of her lessons. One of her delusions was that she was not herself, but somebody else. She saw dogs and animals before her coming up out of the ground. *Aconite* 1x was given the first few hours, but without effect. I then remembered that my children, in previous illness, had their fever subdued by Schüssler's tissue remedy, *Ferr. Phos.* 12x. This I gave with marked results. The temperature came down from 104 to 102. *Gelsemium* 1x was steadily given alternately with the febrifuge. Towards the end of the first week two doses of *Pyrogenium* 6 were given; but other symptoms, which demanded more attention than the fever, had to be treated,

so *Pyrogenium* was discontinued. There was a cough and expectoration of a rusty colour, and once or twice distinct bloody sputa, together with dulness of the middle and lower lobe of the right lung. The fever, continuing at the end of the week, which usually dropped at about 4 a.m. to 102, rose again to 104 by 10 a.m. Just a week after the attack commenced the doctor diagnosed typhus fever, because of the rash that now appeared. As the mother and governess and I were feeling the effects of night-nursing, together with our daily duties, we decided to have a nurse henceforth. From this time an accurate register of the thermometer was kept morning and evening. On November 15th, at 1 p.m., *Pyrogenium* was again tried, and steadily continued every two hours alternately, with other medicines which were indicated, *e.g.*, *Ars.*, *Ac.*, *Phos.*, *Rhus. Tox.*, and *Lyc.* On the 16th, at 4 p.m., the temperature was 104·8, which was the same or thereabouts on the 15th; at 8 p.m. it was 104; at 12 a.m. on 17th, 100·4, which was lower than it had fallen any time through the illness. At 4 a.m. it fell to 96; at 8 a.m., 97·8; at 12 p.m., 103·4; at 4 p.m., 104; at 8 p.m., 102·8; on the 18th at 12 a.m., 100·4; at 4 a.m. it fell to 95·2, and continued as low as this for the next twenty-eight hours; pulse varying from 90 to 100. At 12 a.m. on 19th it rose to 97. It continued occasionally to rise above normal, and sometimes to fall below normal, till the 30th inst., the maximum being 100 on the eve of 28th, and the minimum 96·4 on the morning of the 25th.

Now you will naturally ask how I was led to use *Pyrogenium*. I had by me a little book, which I read with much interest when it first came out, on the use of *Pyrogenium* in fevers and blood-poisoning, by Dr. J. C. Burnett. At the time I read it I made a note at the end of the book of when to use it, which I found on page 22. This, if you have the book by you, you will observe is not Dr. Burnett's indication, but taken by him from a paper by Dr. Drysdale, the extract of which is as follows: "As *Aconite* is well known to be the most important of the remedies for the synochal or inflammatory pyrexia, so the most summary indication for *Pyrogen* would be to term it the *Aconite* of the typhous or typhoid quality of pyrexia. This being a condition and not a distinct disease, it is to be looked for as occurring in a variety of diseases such as the *typhus* and *enteric fevers* themselves always, and more or less it

may occur in intermittents, so-called bilious remittents, in certain varieties or stages of the exanthemata, especially scarlatina, measles, small pox, or dysentery, and of epidemic pneumonias, diphtheria, &c. . . . It is, of course, to be distinctly understood that this substance is only recommended at certain stages and phases of these diseases, and entirely as a remedy of a secondary or subordinate character, and not in any sense as a specific for the whole disease."

When a father finds the fever still raging in his child, and unsubdued by the ordinary means known to him, he is disposed to try many things, and having *Pyrogenium* 6 by me I ventured to try it with the above effect. Whether or no it was typhus fever or cerebro-spinal fever I cannot tell, but the medical officer of health, to whom I wrote describing the symptoms, had no hesitation in calling it cerebro-spinal fever, and perhaps he was in a position to judge, having had at least seventeen cases under his own eye quite recently. The Local Board of Health declared, from my description of the disease, the same, so that I conclude that *Pyrogenium* is suitable for this particular fever as well as for typhus or enteric fever. As I look back over the severe illness I feel grateful to God that I was led to see Dr. Burnett's little book, and thus that I was led to try the remedy in this case. More especially have I reason to be grateful because my daughter made a good recovery. Her lung was restored to its normal tone in due course, and no relapse or other evil has occurred. I mention this because the doctor referred to above stated that seventeen children in all that he treated were paralyzed after this fearful fever, and I was cautioned by him to beware of a relapse, which generally occurred twenty-one days after the first attack. This same doctor gave it as his opinion that influenza is a mild form of cerebro-spinal fever, which may or may not be the case. I am a firm believer in homeopathy, which, when used aright, goes straight to the diseased organs, and lends a helping hand to the organ affected, so that when health is restored there is no violence done to other organs which need to be restored or resuscitated. This may account for no paralysis in my case. I am a homeopath, my friend is an *antipath*, and has doubtless great *antipathy* to me and my treatment. When will the medical world of the old school become reasonable and listen to reason! Apologising for the length of my letter, I remain.—Yours truly,

A GRATEFUL FATHER.

COMPULSORY VACCINATION IN ITALY.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—May I venture to call attention in THE HOMEOPATHIC WORLD to the passing of a stringent law in Italy enforcing vaccination and re-vaccination, which takes effect from the 1st of January instant. The Italian Deputies appear to have been entirely unaware that the results of vaccination were being threshed out before a Royal Commission in England, and that its futility to protect from small-pox, and its fertility to spread loathsome and incurable diseases, had been established by numerous reputable and intelligent witnesses. These representatives of the Italian people appear also not to have known that it is in Italy where some of the most terrible vaccine tragedies have occurred.

In the memorable Harveian lecture of December, 1876, Dr. Jas. R. Lane, F.R.C.S., relates a well-known case where a little Italian girl born of syphilitic parents was used as vaccinifer, and through her 40 children were syphilitized. Also a disaster at Lupara, Naples, in 1865, when 34 children contracted this terrible disease with the vaccine virus and conveyed it to many others. And in 1861, at Rivalta, no fewer than 66 children were infected with vaccino-syphilis, of whom several died; besides disasters of a similar character elsewhere. I may mention that I have found by personal inquiries made in that country that sinister results are of not unfrequent occurrence. Concerning the alleged benefits of vaccination in Italy, statistics are not easily obtainable, but *The Medical Times and Gazette*, November 23, 1872, reports that in Milan in 1871 small-pox attacked 17,109 persons, of whom 2,887 died. The number of patients unvaccinated was only 278; the death-rate of the vaccinated and unvaccinated being nearly equal. Twelve years ago the friends of public health and parental freedom in Italy were summoned to send delegates to the International Anti-Vaccination Congress at Paris (*The Times*, December 12 and 13, 1880), but having no compulsory law they declined to trouble themselves in the matter. These invitations have been repeated, and as often disregarded.

Meanwhile the vaccinists, ignoring the fact that obligatory vaccination is being gradually surrendered in England (there being no compulsion in about 90 towns and poor-law unions in England), have succeeded in fastening one of the most cruel and despotic laws in Europe around the necks of a free people. Half a century's agitation and the expenditure of many millions of lira may be required to shake off the yoke of this compulsory law.—Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James', London, January 6, 1882.

THE RATIONALE OF HOMEOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—How many theories have been formed on this most interesting subject, and how little unanimity of belief as yet exists!

If you think, as I do, that we should heartily welcome every new theory that seems at all reasonable, and if you can spare me a little space, I will give your readers mine.

It is a very simple one: A LESSENING OF THE ISOLATION—A BRIDGING OVER OF THE ANTAGONISM—BY AN INTERMEDIATE OR INTERMEDIATES.

Just as, for example, when a man accidentally receives a blow, say, on the brow or head, he will at once, if he is wise, give the part a series of smart graduated pressures.

And just as, when he receives a burn, he will immediately give the part, correspondingly, a series of smart graduated exposures to the fire.

In both cases he lessens, bridges over, the isolation or antagonism.

If this "intermediate" or "isolation-bridging" theory should commend itself to any of your readers, I shall be well pleased at having suggested it to them.—I am, &c.,

New Well Wynd, Linlithgow,
January 22, 1892.

JOHN HARDIE.

MELTING SNOW IN THE STREETS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—There has been, this winter, the usual crop of inventors who, without the slightest knowledge of the subject they advocate, endeavour to enlist the time and money of others, as ignorant as themselves, in a very foolish scheme, *i.e.*, to use ordinary gas to melt the snow which obstructs the streets, some of the sanguine having gone to some expense in demonstrating what was already known, *i.e.*, the possibility of it irrespective of cost.

How absurd such a project is can be easily seen by comparing the known heating value of coal gas with the work to be done.

Six inches deep of average snow, when melted, becomes half an inch depth of water, 24 square feet of which will weigh 62½ lbs., or 28·4 lbs. per square yard. At this rate the snow on one mile (or 1,760 yards) of a street 20 yards wide would, if 6in. deep, weigh 823,680 lbs. or 369½ tons.

The heating power of London gas is 660 units per cubic foot, *i.e.*, one cubic foot of coal gas will heat 660 lbs. of water 1°

Fahrenheit, and of this we may take it as a maximum that 500 units could be utilized.

It has been proved repeatedly and beyond question that 1 lb. of snow at freezing point requires 150 units of heat to melt it and raise the temperature of the water obtained to 40° Fahrenheit, and this effect would be produced on $3\frac{1}{2}$ lbs. of snow by the consumption of one cubic foot of coal gas. From the above data it will be found that to melt the snow in the assumed mile of street would require the consumption of two hundred and forty-seven thousand cubic feet of gas costing, at 3/- per 1,000 cubic feet, a little over £97, or at the rate of £3,256 per square mile.

As there are a great many square miles of streets in many towns, and as the snowfall has already been nearly double that assumed, it will be seen that the problem is, most certainly, not one to be solved by this method. Even if we were to assume that the cost of gas and labour was not prohibitive, the fact that the ground itself is usually colder than 32° must be considered, and the ground would also have to be warmed, or a thin surface of glassy ice, of the most slippery and dangerous kind, would remain after the snow was removed: this alone would condemn the project as being unworthy of consideration.

Warrington.

THOMAS FLETCHER, F.C.S.

VARIETIES.

INDIGO AS AN EMMENAGOGUE.—Dr. J. L. Jones, at a meeting of the Tennessee State Medical Society (*South Med. Rec.*), read a paper on indigo as an emmenagogue, in which he said his attention was first directed to this drug in July, 1887, from an essay published in the *Med. and Surg. Reporter*, by Dr. S. L. Gount. Acting on the suggestions offered by Dr. Gount he had used it in many and various cases. His first case was a young lady, twenty years of age, who had not menstruated in five months. He had been treating her for three months with the usual remedies without any effect, so made up his mind to give indigo a trial, which he did with the following result: he ordered indigo, two ounces; subnitrate of bismuth, half an ounce, well mixed. She took one-half teaspoonful in one-third of a glass of water three times daily for nearly four weeks, when one day he was sent for in great haste to see his patient. On his arrival he found her on the bed and comfortable. Having asked why he was so hastily called, he was told by the mother that her daughter while walking in the garden, without any pain or warning of any kind, began to flood. The gush was followed by a gentle flow which lasted only for a little while. In five days she was well, and has not suffered from amenorrhœa since. Dr. Jones has since used indigo in thirteen cases with but one failure, and that lady proved to be pregnant. During the administration of the drug the os uteri becomes soft and patulous. There is often a serous discharge from the vagina. The urine becomes brownish-green in colour, and its odour is offensive. The stools are watery and offensive. —*New York Medical Times*.

DR. DRYSDALE.

It is with profound regret that we have to announce the serious indisposition of Dr. Drysdale, who is confined to bed at his residence, Beach Lawn, Waterloo. It appears he contracted a severe cold a fortnight ago, which induced pneumonia, attended with great prostration and serious complications. A favourable change has, however, now taken place, and hopes are entertained of his ultimate recovery. A widespread interest is naturally felt in his welfare by the large circle of friends which his scientific attainments and generous urbanity have secured for him.

Jan. 24, 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.

- Althaus (J.). The Pathology and Prevention of Influenza. Cr. 8vo. (Longmans. 2s.)
- Auld (A. G.). The Pathological Histology of Bronchial Affections, Pneumonia: An Original Investigation. With Illusts. 8vo, pp. 208. (Churchill. 7s. 6d.)
- Braithwaite (J.). The Retrospect of Medicine. Vol. 104, July to Dec., 1891. Cr. 8vo, pp. 420. (Simpkin. 6s. 6d.)
- Buzzard (T.). On the Simulation of Hysteria by Organic Disease of the Nervous System. 8vo. (Churchill. 4s. 6d.)
- Carmichael (J.). Hospital Children. Sketches of Life and Character in the Children's Hospital, Melbourne. Cr. 8vo. (Melbourne: Robertson; H. K. Lewis. 2s. 6d.)
- Catechism Series: Public Health: Part 3, Sewage, and its Treatment: Part 4, Vital Statistics. Cr. 8vo, sd., pp. 56. (Edinburgh: Livingstone. Each net, 1s.)
- Creighton (C.). A History of Epidemics in Britain, from A.D. 664 to the Extinction of the Plague. 8vo, pp. 690. (Cambridge Warehouse. 18s.)
- Dale (W.). Inherited Consumption and its Remedial Management. 12mo, sd. (H. K. Lewis. 1s.)
- Diokinson (W. H.). The Harveian Oration on Harvey in Ancient and Modern Medicine. Cr. 8vo. (Longmans. 3s. 6d.)
- Dutton (T.). Indigestion, Clearly Explained, Treated and Dieted; with Special Remarks on Gout, Rheumatism and Obesity, and Chapter on Rearing of Infants. Cr. 8vo, pp. 148. (H. Kimpton. 2s.)
- Haide (P.). Medical Notes and Essays. Fasciculus ii.: Influenza. 8vo. (Jarrold. 3s.)
- Green (F. W. E.). Memory: Its Logical Relations and Cultivation. 2nd. ed. Cr. 8vo, pp. 290. (Ballière. 6s.)
- Hayes (Mrs. M. H.). My Leper Friends: An Account of Personal Work among Lepers and of their Daily Life in India. With a Chapter on Leprosy by Surgeon-Major G. G. MacLaren. Illust. Cr. 8vo, pp. 186. (Thacker. 3s. 6d.)
- Hellier (J. B.). Notes on Gynecological Nursing. 12mo, pp. 80. (Churchill. 1s. 6d.)
- Herman (G. E.). First Lines in Midwifery: A Guide to Attendance in Natural Labour. For Medical Students and Midwives. With 80 Illusts. 12mo, pp. 192. (Cassell. 3s. 6d.)
- Leacher (H.). Recent Materia Medica: Notes on their Origin and Therapeutics. 4th ed. 8vo, pp. 116. (Churchill. 1s.)

- McBride (P.).** Diseases of the Throat, Nose and Ear: A Clinical Manual for Students and Practitioners. With Coloured Illustrations from Original Drawings. 8vo, pp. 648. (Fentland. 25s.)
- Medical Directory for 1892.** 8vo. (Churchill. 14s.)
- Morten (H.).** The Nurse's Dictionary; or, Medical Terms and Nursing Treatment. Compiled for the Use of Nurses, and Containing Descriptions of the Principal Medical and Nursing Terms, encountered in the Ward or Sick-Room. 16mo. pp. 180. (*Hospital*. 2s.)
- Ostrom (K. W.).** Massage and the Original Swedish Movements. 2nd ed. With Illustrations. Roy. 16mo. (H. K. Lewis. Net, 8s. 6d.)
- Pollitzer (A.).** The Anatomical and Histological Dissection of the Human Ear in the Normal and Diseased Condition. Translated from the German by George Stone. With 164 Illustrations and 1 Plate in the Text. 8vo, pp. 270. (Baillière. 10s. 6d.)
- Priestley (Eliza).** Hygiene under Difficulties. Cr. 8vo. (Allman. Net, 2s.)
- Puschmann (T.).** A History of Medical Education from the most Remote to the most Recent Times. Translated and Edited by E. M. Hare. 8vo. (H. K. Lewis. 21s.)
- Rose (W.).** On Harelip and Cleft Palate. 8vo. (H. K. Lewis. 6s.)
- Smith (J. G.).** Abdominal Surgery. 4th ed. 8vo, pp. 820. (Churchill. 21s.)
- Stevens (J. L.).** The Pathology of Mediastinal Tumours, with special reference to Diagnosis. 8vo. (H. K. Lewis, 4s. 6d.)
- Thomas (T. G.).** A Practical Treatise on the Diseases of Women. 6th ed., Enlarged and Thoroughly Revised by Paul F. Munde. Roy. 8vo, pp. 826. (Churchill. 25s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *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 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 Agricola; Dr. T. M. Strong, Macon; Dr. Clifton, Northampton; the Rev. Mr. Walford, Daltinghoo; Dr. Mossa, Stuttgart; Dr. Cooper, London; Mr. G. Nunn, Sheerness; Mr. W. Tebb, London; Mr. W. H. I. Pryer, Okehampton; Dr. Dudgeon, London; Dr. Skinner, London; Dr. Heath, London; Mr. John Hardie, Linlithgow; Mr. Thos. Fletcher, Warrington.

BOOKS AND JOURNALS RECEIVED.

Zoophilist. — Monatsblätter. — Chemist and Druggist. — Homeopathic Review. — Southern Journal of Homeopathy. — Medical Advance. — Clinique. — California Homeopath. — L'Art Médical. — Allg. Hom. Zeit. — Medical Argus. — Vaccination Inquirer. — Medical Annals. — New Remedies. — Revue Homeopatheque Belge. — Medical Visitor. — North American Journal of Homeopathy. — Hahnemannian Monthly. — Homeopathic Physician. — New York Medical Times. — Homeopathic Envoy. — New England Medical Gazette. — Boston Herald, Dec. 26. — Los Angeles Times. — Zur Lehre von der Avzneiwirkung, by Dr. H. Findeisen. — Bericht über den Standpunkt der sog. Homöopathischen Heilmethode, by Dr. K. v. Schmidt. — Zur Kritik der medizinischsymptomatischen Antipyrese, by Prof. Dr. Theodor v. Bakody. — Die Karyomitosis, by Prof. Dr. Theodor v. Bakody.

THE HOMEOPATHIC WORLD.

MARCH 1, 1892.

MAJOR VAUGHAN MORGAN.

IN the death of Major WILLIAM VAUGHAN MORGAN, who has been for years the brain and muscle of the central institution of Homeopathy in Great Britain and an ardent supporter of the system of Hahnemann in numberless ways besides, one of the most prominent figures of lay homeopathy passes away. As we have repeatedly remarked, it is to lay homeopaths more especially that the progress made by homeopathy has been due, and it was the recognition of this fact that led to the founding of the *Homeopathic League*, which was established for the purpose of appealing directly to the laity. Major MORGAN'S accession to the ranks of homeopathy was due to the popular lectures of Dr. EPPS. The lectures were not on homeopathy, but some topic relating to physiology or hygiene. Interest in the subject of the lectures led to interest in the lecturer and the system of medicine he represented. A severe illness gave Major Morgan the opportunity of putting that system to the test—which he did in the face of the solemn warnings of his friends, who were all allopaths, with the result that he was speedily restored to health from a condition that was almost hopeless. To the popular lectures of Dr. JOHN EPPS we owe all that homeopathy has gained in the generous labours and generous gifts of Major MORGAN. To the people we must mainly look for the energies to lift homeopathy in this country to the position which is rightly its own. Through a certain want of cohesion among its medical professors, homeopathy, after years of persecution and

ostracism, is still oppressed with a mighty load of injustice. In the removal of Major MORGAN homeopathy loses one of its main hopes of the bringing in of a better state of affairs. But though we have lost a leader, we have still something that we may do in his memory and honour. We may carry on the work he would like to have seen accomplished. There is a position and there are rights which are to be won for homeopathy. There is one way to win them, and one only—AGITATE! The new hospital which is soon to be, and which is so largely identified with the work and generosity of Major MORGAN, should not be allowed to go up without a united and determined effort on the part of homeopaths, medical and lay, to build up the liberties of homeopathy at the same time, and wring from Government the recognition for hospital and school that is their due. This was a deep-rooted desire of our departed leader and friend, and no better monument could be raised to his honour than a successful effort to win it for our Institution.

MEZEREUM.—*Mezereum* 3x has cured a case of salt rheum in a young man 17 years of age who has been afflicted ever since he can remember. It never troubled him in summer, but as soon as the cold weather came in the fall his face, neck, hands, and forearm would break out and continue to be sore until the warm weather came again—in spite of the best treatment of the old school medicines.—H. B. ESMOND, M.D., Houlton, Maine, in *Homeopathic Recorder*, Jan., 1892.

NOVEL TREATMENT OF INGROWN TOENAIL.—Dr. Puerckhauer recommends a novel, simple, and, at the same time, competent treatment for ingrown toenail: a forty per cent. solution of potassia is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp-edged glass; the next layer is then moistened with the same solution and scraped off; this must be repeated until the remaining portion is as a thin piece of paper, when it is seized with a pincette and lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his suffering without being disabled even for an hour.—*New York Medical Times*.

NEWS AND NOTES.

M. PASTEUR'S "CURE" FOR RABIES.

THE Parisian "cure" for Hydrophobia has not been flourishing of late. *L'Art Médical*, of January, relates a case in which the inoculations proved all but fatal, the man (aged 42) having been bitten by his dog which was accidentally caught in a fox-trap, and which had no sign whatever of rabies about him. He was bitten August 11th. A week, after Pasteur's treatment was commenced and continued seventeen days. The last two inoculations caused great lassitude, which increased on the journey home. On Sept. 6th, the morning after his return, and three days after the last inoculation, M. G., the patient, was astonished to find he could not smoke his pipe—his lips were paralyzed. Sept. 7th he could with difficulty pronounce certain letters. The symptoms went on increasing till the 11th, when he was seen by Dr. Sabarthez, who found the condition as follows: Extreme weakness; intense frontal and occipital headache; obstinate sleeplessness, his short sleeps being broken by frightful nightmares, terrifying visions, threatening apparitions, sensation of painful constriction at the epigastrium, which increases from moment to moment and excites very painful attacks of precordial anguish; at long intervals, strong, slow, painful inspirations; very acute pains at the level of the tempero-maxillary joints. Mouth dry, tongue trembling, covered with a thick yellow coat, breath fetid, abdomen distended, severe eructations, fetid stools, produced by enemata; deglutition remained quite good. Temperature 98.4° F., pulse 58. Sclerotic yellow, very pronounced photophobia; pupils contracted; diplopia at a distance. The patient was sad, distressed by his condition, but convinced that he would soon be cured. M. Pasteur was consulted, and telegraphed back, "Fatal issue inevitable; give injections of morphine." Happily M. Pasteur's prognosis proved no more correct than his treatment. The patient gradually recovered, heavy perspirations giving great relief. The facial paralysis, combined with a degree of trismus, continued some time: all the lines of the face were obliterated; the lower lip hung down; the patient could not pronounce B, P, or U, he could neither whistle, blow, nor spit. Suction was impossible. He sputtered in talking.

This case presents many points of contrast with the two English patients of Pasteur, Goffi and Wilde, who undoubtedly succumbed to his inoculations.

The following is from *The Times* of January 5th:—

“DEATH FROM HYDROPHOBIA.—A lad named Hayden, nine years old, died yesterday at Carlow from hydrophobia. The deceased and his two brothers were bitten by a rabid dog last May. They were immediately sent to Paris for treatment by M. Pasteur, and to all appearances were successfully treated, but last Tuesday the boy was suddenly taken ill, and became subject to delusions and refused food.”

DEATH OF THE LATE KHEDIVE.

THE *British Medical Journal* (Feb. 13) takes a somewhat similar view to our own on the late Khedive's medical treatment, as will be seen by this editorial note. The morphine, according to the *Journal*, was the cause of the death.

“We have received a series of manuscript and printed documents relating to the fatal termination of the illness of the late Khedive. To publish or even to analyse them would be to renew the most painful impressions. It is impossible not to receive the conclusion from the evidence before us that the death of the unfortunate prince was hastened by the untimely administration of morphine. The whole story is of a lamentable character. The influence of the harem in the selection of native physicians and the control of their access to the patient is such as to upset European precedents, and no comments upon the basis of European rules would do justice to the difficulties of the position of those who were too tardily summoned, or to the unfavourable attitude assumed towards Dr. Salem Pasha, who seems to have been relatively powerless in the matter.”

HOMEOPATHIC SCHOOLS OF AMERICA.

THE series of papers on the American Homeopathic Colleges and Universities by Dr. Heath are exciting a good deal of interest, and we are glad to find that our French contemporary, *L'Art Medical*, has thought fit to publish translations of them. The next paper, which is on the *Hahnemann Hospital College of San Francisco*, is, unfortunately, crowded out this month, but will appear in the next issue.

“THE FUTURE.”

SUCH is the fascinating title of a new monthly magazine (price 3d.) dealing with the problems of astrology, or “predictive science,” the first number of which lies before us. It is published by Cousins and Co., 6, Helmet Court, Strand. We are pleased to find that homeopathy is the medicine of “The Future.” In an article on “*The Future of Medicine*” there are some very plain and wholesome remarks on the tortuous ways of orthodox doctors. By a curious coincidence—or conjunction of stars, is it?—we publish this month a letter from a correspondent, Dr. Storrar, on the bearing of astrology on medicine. From Dr. Storrar’s letter it would appear that the stars are specialists in crooked spines, but perhaps they are equally good at diagnosing other maladies. At any rate, we believe in free speech, and are glad to let the stars, through Dr. Storrar, have their say.

DR. DRYSDALE.

It is with unqualified pleasure we are able to inform our readers that Dr. Drysdale has so far been restored to health as to be able to travel to Egypt, where he hopes to remain for some months. He carries with him the best wishes of his numerous friends and admirers for his speedy return to his wonted health.

WHITE OF EGG IN THE TREATMENT OF EXCORIATED NIPPLES.—Excoriated nipples often cause considerable pain, and may induce, as is well known, mammary abscess. In a recent number of the *New York Medical Journal* Dr. Frank van Allen speaks highly of the use of the white of egg as a treatment for the sore nipples of nursing women. He paints the nipples several times a day with the white of egg, and this soothing albuminous covering forms a delicate film over the abraded nipple, and the surface is healed in a few hours except in severe cases. The albumen may best be applied just after nursing, and, as a somewhat thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumen is heightened by allowing it to dry thoroughly before drawing the clothes again over the breast.—*Lancet*, Nov. 17.

ORIGINAL COMMUNICATIONS.

A FEW REMARKS ON A COMPLICATION OF
INFLUENZA.

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

IN the cases of influenza which have come under my care lately, an excruciating neuralgia of the brow was a marked feature. It was nearly always periodic, often one-sided, and generally affected the temples, brow, and eyes. The pain, which usually began in the early morning, and commenced in the temporal region of one side, was variously described as throbbing, shooting, tearing, and stitching. It was a very rebellious affair, and defied a number of medicines which appeared to be indicated. *Nux V.*, *Bell.*, *Spigel.*, *Arsen.-alb.*, *Cinchona*, *Coloc.*, *Chelid.*, *Cimic.*, *Gels.*, *Sulph.*, and many others failed to give any help. Very hot fomentations usually gave temporary relief, and one-grain doses of citrate of caffeine proved a valuable medicinal *palliative*.

One of my patients, a lady, who described the pain in the temples, brow, eyes, and ears as "maddening," told me that when the paroxysm came on she heated the tea-cosy, in which she enveloped her head, and this gave some relief. This was a keynote to me for *Silicea* (relief from wrapping up the head warmly), which I gave in the 30th dilution with gratifying success.

Attending another patient at the same time, with almost identical symptoms, whom I had hitherto failed to relieve, and noticing that the head was always kept very much wrapped, and that no exposure of it to the air could be borne, I gave *Silicea* again in the same potency.

The second dose afforded relief, and, for the first time for a fortnight, the neuralgia did not return next morning as usual.

Cheltenham, February, 1892.

INFLUENZA—MORE ABOUT THE EPIDEMIC.

THOUGH the epidemic is distinctly on the wane, it cannot by any means be said to have taken itself off entirely. Not only do the effects of attacks of it linger to the sorrow of many a sufferer, but fresh attacks are still to be met with.

We give below a few items of interest from various quarters:—

INFLUENZA IN SYDNEY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The following remarks on the late epidemic here, so-called *Influenza*, may be acceptable. The epidemic appeared suddenly about the 25th of September, ult., the weather being hot and dry, and it terminated just as suddenly about the 15th of December, inst., with wet weather, and during this interval I had under observation about four thousand cases, and without any mortality whatever from it, yet whole families were down with it, so that the poor were unable to assist each other, and so many of the employees on railways, trams, and omnibuses were sick that public traffic was considerably inconvenienced. The disease lasted generally about a week, and resembled an ordinary *rheumatic fever* rather than an *influenza*, coryza being a rare symptom, and the genius of the disease was well met by *Bryonia alba*. The public dread of the complaint seems to have been quite unfounded.—Yours faithfully,

WM. GEO. WATSON, M.A., M.B., L.S.A., M.R.C.S.E.

150, Elizabeth Street, Sydney, December 29, 1891.

Here is a spirited and pertinent letter from the *Pall Mall Gazette* of February 2nd:—

“ IN PRAISE OF HOMEOPATHY.

“ To the Editor of the PALL MALL GAZETTE.

“ SIR,—Dr. Dudgeon has given you in his letter the regular homeopathic treatment of influenza; he could also tell you the usual treatment of the different sequelæ; any homeopath all over the world might feel pretty sure he would be so treated, whether in Europe, Asia, Africa, or America should he have the good fortune to fall in with a homeopathic practitioner. Now, will Dr. Broadbent make known *his* treatment? Has not the nation a right to know how the Duke of Clarence was treated? I strongly suspect that he was dosed with tartar emetic, which would prove more deadly than the disease. The Emperor of Austria, in the cholera scare at Vienna, had a ward of the hospital handed over to the homeopaths, and found their treatment so much more successful than the other that he ordered homeopathy to be placed on the same footing with allopathy in the Empire. Could not some such trial be arranged here, and settle at once the comparative merits of the two systems? I maintain that no two allopathic doctors have the same treat-

ment; they have no system—one follows one fad, and another another. A late physician to the Queen said, 'Throw the pharmacopœia into the fire, only leave me brandy!' Dr. Richardson will rather let you die than give brandy. Homeopathy alone proceeds on scientific principles, and has at least this in its favour, that if its medicines fail to cure they do not kill. I owe my life to homeopathy, and would go a thousand miles if necessary to find a homeopathic doctor if attacked by a dangerous disease.—Yours, &c.,

COUNTRY PARSON.

"Wellington, Somerset, January 22nd."

The following is from the *Pall Mall Gazette* of February 6th:—

"INFLUENZA.—A RARE FORM.

"The Vienna correspondent of the *Times* forwards to his journal some curious particulars respecting the singular form of influenza that has occurred in the town prison at Agram. The patients feel the attack coming on a few minutes beforehand. They complain of severe headache and a loss of eyesight, many of them fancying they are enveloped in a thick mist. Eight warders of the male prison have been ordered to the female department in order to control the women prisoners when seized with the paroxysm. The physician attached to the establishment and the one sent by the provincial authorities to observe the patients affirm that the original symptoms correspond undoubtedly with influenza, and that the nervous crisis that follows is a rare form of the worst variety of the malady, which makes its appearance sporadically, but has never yet occurred as an epidemic. Long imprisonment, a weak nervous system, and the disposition to hysteria common to all women render the sufferers liable to these attacks. The remedies applied so far are anti-pyrene, quinine, and tea with prune brandy."

The *Times* of the 8th of February published the following. In this country we have met with many cases in which the type was abdominal:—

"A NEW EPIDEMIC.

"VIENNA, Feb. 7.

"A malady, affecting the intestines, has lately made its appearance in Vienna, and has been attributed, erroneously it appears, to the drinking water, which is generally supposed to be particularly wholesome and pure. A local contemporary has taken the opinion of some of the leading Vienna physicians. Professor Nothnagel was not in a position to give a decided

opinion as to the causes of this new affection, whether it was produced by the drinking water, or whether it was a consequence of the influenza. It would require mature investigation before anything positive could be ascertained. A few days' observation was not sufficient, and he did not think it was right to pronounce a hasty judgment on the character of the illness. Another leading physician, Professor Drasche, admitted that for the last fortnight there had been an epidemic of diarrhea of a peculiar kind in Vienna and the neighbourhood, and that there were few families where no member was affected. The symptoms are fever and acute colic, also the ejection of blood. Its whole appearance seems to indicate the absorption of some poisonous matter. It may be nothing else than a distinct form of influenza. It is not to be attributed to the drinking water, as it exists in the neighbourhood where quite different water is used. A third physician, Professor Oser, did not consider that there was any indisputable evidence of its connexion with influenza. He was likewise of opinion that the drinking water had nothing to do with it. Dr. Bettelheim seemed to think that there was something in common between influenza and the new malady called 'catarrh of the intestines.' He based his opinion on the fact that from the day when the latter made its appearance in an epidemic form cases of ordinary influenza had begun to decrease. He looked upon them both as being of an infectious nature. A chemical analyst, Dr. Jolles, says it will require three weeks to make a bacteriological inquiry into the character of the illness. A chemical analysis of the drinking water shows it to be of normal purity.—*Our Own Correspondent.*"

THE GROSSER HOMEOPATHY—ITS DANGER.

(A reply to Dr. Pope "On the Selection of Dilutions," &c.)

By AGRICOLA.

A DOMESTIC, 30 years of age, enjoying the well-merited esteem and confidence through seven years' services as housekeeper-cook in the household of the heir to a Western City Jubilee Baronet, finding that the strain of the *cuisine*, &c., had become beyond her strength and powers was prescribed in a Western city, *Bryonia* 1x. From the *first* doses she experienced such evident marked benefit as to induce her to fly to her "tonic" whenever her physical powers, appetite, &c., flagged. But by and by persistent epigastric pain, bound bowels, sleepless nights, loss of appetite dominated the situation: then a further

recurrence to *Bry.* resulted in intense epigastric pain following every ingestion of food, liquid and solid. Her sufferings became intensified by a persistent, continuous, day and night ascent of gas from the stomach, its escape through the poor creature's closely set teeth and lips causing a hissing sound which attracted the notice of all in whose presence she happened to be.

Woman's nature is a life-long study: garrulous and yet most reticent; truthful and yet most evasive; vivacious and yet most apathetic; confiding and yet most suspicious. This hissing sound puzzled me, and it was only by the most thorough Old Bailey style of cross-examination that I could elicit the above use of *Bry.* and its pathogenetic results. Personal (my own) pathogenetic experiences of *Bry.*, and my personal curative experiences of *Calcium* (various), alternated with *Carbo. Veg.*, at once told me that the two latter would be promptly palliative and ultimately curative in this agony of six weeks' duration, which a thoughtless prescription of homeopathy (?) had brought about with this poor woman; and the result surprised even my own sanguine anticipation curative. Fortunately for those who are prescribed *Bry.* in the lowest scale of attenuations, the mother tinctures are made from the (more or less) *dry* root. All mother tinctures which I have seen are of a yellow-brown sherry colour, while if made from the *freshly dug* root by (first) a solvent of glycerine followed by dilute alcohol, then the resulting ϕ is practically colourless.

"However is it that your *Bry.* which you gave me is ten thousand times more dangerous than what I buy?" asked, in his novitiate days, a self-educated homeopath one day.

M.D.s are not as a rule dyspeptics so as to need to test *Bry.*, &c., in *propria persona*, ergo they have to rely on book experience chiefly. I, *moi même*, have tested each and every commercial salt of *Arsenicum* from 3x to 6x, and invariably an intense rectum angina has ensued during the third day. Now is the present posology calculated to add lustre to Hahnemann's beneficent legacy to suffering humanity? For its M.D.s the two extremes of society, the rich and the poor, are their only spheres of operation—for the first, deliberate study and individualization of symptoms; for the second, instant diagnosis and intuitive therapeutics.

MOTHERS' MARKS.

IN a pamphlet reprinted from *The Medical Record* of New York, and published in that city by the Trow Directory Printing and Bookbinding Co., 201-213, East Twelfth Street, Dr. Joseph Drzewiecki draws attention to the obscure question of "*The Influence of Maternal Impressions upon the Fœtus.*" In this pamphlet he brings together a number of remarkable instances from which we may quote the following as being of a more unusual nature:—

"Dr. Edward Garraway relates the following very interesting case (*British Medical Journal*, 1886, vol. i., p. 287).

"A lady of refined taste was in the habit of sitting before a group of statuary with one little figure of which she was greatly enamoured. This was a Cupid reposing, his cheek resting on the back of his hand. When the baby was born, his resemblance in form and feature to the little Cupid was at once striking. On seeing him the next day in his cradle, I perceived he had assumed the precise attitude of the statuette—the cheek upon the back of the hand; and this position he invariably, and, of course, involuntarily, adopted during sleep, not only throughout infancy, but up to advanced boyhood, when I lost sight of him."

"Dr. James Bryden (*British Medical Journal*, 1886, vol. i., p. 670), relates the following case occurring in his practice:—

"A short time ago I attended Mrs. C— during her second confinement. After the child was born, the common question, Is it all right? was asked by the mother and answered in the affirmative. Presently the nurse discovered that the great toe of the right foot was entirely wanting. The mother then related that, when she was in her fourth month of pregnancy she dreamed that a rat had bitten off her corresponding toe; and so vivid was the impression that she awoke screaming, and narrated the cause of her fright to her husband, who corroborated her statement. The veracity of both parties is unimpeachable."

In *The Lancet*, of Dec. 19, 1891, Dr. Archibald Mackay, of Port Appin, N.B., relates five cases, the last two of which we quote with his concluding remarks:—

"The fourth case, a male child, when born had a raised bluish mark on the mucous membrane of the lower lip. The mother said she could only account for it by her having great sympathy with a friend who was in bad health at the time she was pregnant, and who had a venous nevus on the lower lip in the same place as on the child's lip.

"The fifth case was that of a female child with a circular pinkish mark on the left arm above the elbow. The mother ascribed the cause to ungratified desire. When walking past a gentleman's grounds she saw a flowering rhododendron which she stood to admire, and happened to catch her left arm above the elbow with the right hand, being about five months pregnant at the time, and to this cause she attributed the mark on the child.

“ In these cases the first three were attributed to sudden fright, the part touched at the moment the shock was received being the part affected in the child, the fourth to sympathy, and the fifth to a wish ungratified. The exact period of gestation at which the impressions were received I have not been able to find out, but, as far as could be ascertained, it was between the fourth and sixth month. The mothers in all these cases were strong and healthy, and the infants well developed and born at full time.”

The last of these cases is quoted because it bears on one that occurred in the practice of the present writer. Some years ago he delivered a lady of a healthy boy, with a faint roundish peach-coloured mark on the back of his head. But that was not his only peculiarity: he evidently *wanted* something. He was never satisfied with his proper nourishment (his mother nursed him, and had plenty of milk), but was constantly stuffing his fists into his mouth and trying to eat them. After about twelve days of this the nurse, a country woman, proffered her own history in explanation. On one occasion whilst pregnant she had passed through the larder of a great house, and had taken a very great fancy for a piece of a boiled chicken she had seen there. She did not have any. When her child was born, *it* evidently wanted something more than the usual baby-foods. At last it was suggested that it might be the chicken its mother had seen and wanted. A chicken was accordingly cooked, and a piece of the breast (and not a small piece either) was offered and greedily eaten by the few days' old infant, to the complete satisfaction of his want and without the least ill-effect.

The history of the peach-mark on my patient's baby was apparently this. Some time (about two months, if I remember rightly) before her confinement the mother had seen a beautiful basket of peaches, for which she took a great longing, but which for some reason or other she did not have.

The nurse, putting her own experience alongside of that of her patient, asked me if she might give the baby a peach. I consented. A very fine peach was prepared, and the greater part of it *greedily devoured* by the infant, to the permanent satisfying of his craving, and without the least untoward after-effect.

This case is herewith presented to Dr. Drzewiecki as an addition to his collection.

J. H. C.

MATERIA MEDICA.

CALENDULA.

By R. T. COOPER, M.D., M.A., T.C.D., Physician to Department of Ear Diseases, London Homeopathic Hospital.

FROM many facts that have come before me when prescribing *Calendula*, I am inclined to consider it of special applicability to gouty affections.

For instance, a lady, aged fifty-six, of full habit, florid, and with diffused acne faciei, took, off and on, *Calendula*, first in the 3rd dec., and then in small doses of the ϕ , for catarrho-vascular deafness from the middle of October to the beginning of February. The effect of the *Calendula* during this period was to make her feel lighter and more cheerful, and the facial acne lessened. She then complained to me for the first time of a tender and hard swelling in the left breast—a lumpy, deep-encysted, unadherent hardness. On February 20th of this year (1891), and while taking *Calendula Off. ϕ* in pilules, I ordered an ointment of *Calendula* to be applied to the breast, and on next seeing her (March 2nd) she reported that the night after applying the ointment she was seized with an acute pain in the ball of the left thumb, and the night following, on again applying it to the breast, there came on a severe pain in the arch of the right foot going through to the instep; both these pains lasted the best part of the night following the application, and that of the ball of the thumb hung about the whole week, although it was applied but twice.

These pains coming so directly upon the application of *Calendula* were, I think, undoubtedly due to it. I have never seen such characteristically gouty pains as these to follow upon the exhibition of a remedy. After the application of an *Arnica* lotion, I have seen erysipelas accompanied and succeeded by characteristic rheumatic gout taking the form of inflammation and swelling of some of the larger joints, but there were not with the *Arnica* aggravation the pure gouty pains of *Calendula*, nor was there with *Calendula* the cellulitis and swollen joint one gets with *Arnica*.

In these swellings of the breast, whether accompanied or not by pain, I hope *Calendula* will in future be more often applied. It cannot be too often insisted upon that *Calendula* was at one time held in great repute in Germany as

remedial in various forms of cancer; and, besides its acknowledged influence upon epithelial derangements, the fact that we have painfulness to the touch of the axillary glands developed in its provings, is sufficient to warrant our paying much more attention to it as an application to painful and swollen breasts.

Where any of the mammary glands become painful and swollen, I have found *Conium Maculatum*, given internally, of the greatest use; but closely following upon it come *Scrophularia Nodosa* (the common fig-wort), *Bellis Perennis*, and *Calendula*.

A *Calendula* ointment I have known give immediate relief in painful glandular swellings of the breast where a decided cancerous history made the patients extremely apprehensive.

It is to me most remarkable that *Calendula*, with its characteristic and suggestive proving, has not been oftener prescribed internally. There are some symptoms in its proving as given in Hull's *Jahr* (from Stapf's *Archiv*) that it will be well to take this opportunity of commenting upon.

First we get feverish symptoms with restlessness and disturbed action of the kidneys. This is brought out in such symptoms as—"Drowsiness with ill-humour and delirium; restless night, constant waking, frequent micturition and drinking, and uneasiness in every position."

Calendula seems to exert a specially disturbing effect upon the fluids, particularly upon the saliva, and hence we get this "frequent micturition and drinking." But it is characteristic that the drinking of fluids does not bring relief; it, in fact, aggravates the entire state of the patient. And hence we have such symptoms as—"Heat in the afternoon, with frequent thirst, chilliness, and shiverings intermixed, particularly after drinking." And then comes "Heat in the evening, with coldness of the head and hands, intermingled with shivering, and accompanied with aversion to drinks."

The aguish paroxysm with the aggravation from drinks is interesting in connection with the fact that its deafnesses are worse in damp weather. Its power to produce ague was shown in Case 40 of our list, where a decided aguish seizure followed the prescription of small doses of the ϕ tincture, and that this seizure was really due to *Calendula* is rendered as certain as anything of the kind can be by

the fact that this patient has never, either before or since, had anything of the kind, and has been frequently, since then, under observation. In this case the *Calendula* induced diarrhœa, and seemed "to affect all the veins and nerves of the body;" to course through the blood-vessels in fact. In the proving we get "frequent micturition with emission of pale, clear, hot, and even burning urine;" and, "lacerating in the urethra during the chilliness;" the sense of great chilliness, the nervous disturbance, and the increased flow of pale urine, or of diarrhœa, point, I think, to a disturbed condition, as my patient expressed it, of the "nerves and veins" frequently met with in hypochondriac and hysterical subjects.

Instead of proceeding with our comments upon *Calendula's* proving, we must now return more particularly to the subject of deafness, referring to the proving as occasion demands.

Our collection of cases has impressed very deeply upon me the utility of reporting symptoms, and of administering but one remedy at a time. I should like to see our journals filled with cases treated with remedies given singly, and in which a careful record was taken of the symptoms that followed the prescription of each remedy, whether the cases ended successfully or not. Such a proceeding would undoubtedly be liable to lead to error, but in competent hands this could soon be corrected, and the amount of good that would result in the shape of suggestions as to the possible effects of remedies would, I believe, more than counterbalance the possible evils. The true features of a drug are sure to be portrayed if both its curative and aggravating effects are closely watched, nor can I see how the existence of an acknowledged defect in hearing can seriously vitiate provings in which are developed symptoms other than those of the ear; and each aggravation is, be it well understood, a proving, and for this reason should be carefully recorded.

At first sight no one would credit *Calendula* with the possession of the properties we claim for it: there does not appear any reason why it should exert more than ordinary powers over deafness; it has not produced deafness or other ear symptoms; it has not been known to improve hearing, while the general experience of the local application of *Calendula* in ulcerative diseases of the middle ear, in which it must have been often used, would not entitle us

to claim for it any special influence over aural affections. Its proving certainly elicits a "*great tendency to start, with great nervousness and extreme sensitiveness of hearing,*" but this is so little of an ear symptom that it has never suggested the employment of the marigold in ear affections. Nothing, I therefore willingly admit, looks more improbable than that *Calendula* should exert any special influence over the chronic affections of the ear. The evidence ought to be very strong before we arrive at a verdict favourable to *Calendula*.

Let us then dwell for a moment upon the etiology of aural diseases, as well as upon the observed effects of *Calendula*.

The most constant symptom, and it is of course only a *symptom*, of aural disease is *deafness*, and many remedies are believed to produce this symptom. But it is evident that a deafness which is acknowledged to be due to a drug must immediately follow upon the administration of this drug. Even then it is very difficult to persuade a modern scientist that the drug had anything whatever to do with the subsequent impairment of hearing.

And the ears of dogs and other animals are not like their livers, in that the pathological changes in the aural regions would be a very imperfect index of the drug effects.

Be this as it may, so matter of fact have authorities become, and so carefully do they guard against the liability of error in the conclusions to be deduced from drug administration, that no symptom will nowadays be recognized that does not follow very quickly upon the administration of a remedy, and disappear upon its discontinuance.

It would be perfectly useless to try and maintain the contrary; the fact is as stated: *A symptom to be recognized as a drug-effect must follow immediately upon the administration of this drug.*

This was not Hahnemann's teaching; it was not that of his early followers, but it is that *nemine contradicente* of the majority of his latter-day adherents.

The unhappy fact for all these savants is that in regard to the really intractable deafnesses they are, to use a vulgarism, *out of it*; for the deafnesses for which we stand so sadly in need of remedies, and which constitute such a large proportion of aural practice, are not suddenly developing deafnesses such as these rationalistic observers insist upon seeing produced by a drug, but are, as I have pointed out in my work on vascular deafness, gradually progressive from their onset.

Consequently, however true such men may appear to be to what they suppose to be scientific principles, they are wholly out of court when judged by practical requirements.

There is probably no kind of substance, whether in material or gaseous form, which is capable of exercising a deleterious influence upon the body which may not by virtue of such pernicious influence lead on to deafness. We cannot afford to refuse trial to remedies for such symptoms as deafness on the plea of their not having produced this symptom.

I have shown that in these gradually progressive deafnesses there is present an irritated and enfeebled circulation, a basic aural dyscrasia, a condition that finds a place in pathological nomenclature as vasculitis.

But it is evident that this basic aural dyscrasia must give rise to or be accompanied by visible pathological changes in other parts besides the immediate organ known as the ear; and if we can show that *Calendula* produces one of the commonest of these pathological conditions, a good case will be made out for its suitability as a homeopathic remedy for deafness.

The symptom, deafness, may accompany many and various pathological changes; the most usually recognized are changes in the middle ear, external meatus, or in the eustachian tube, causing obstruction and presumable atony of the auditory nerve, these occasioning abolition of the hearing function. Beyond these there have been recognized very few pathological accompaniments of deafness.

But it is obvious many others must exist.

Good hearing will depend upon the maintenance of the normal integrity of the parts that surround the ear, or are in sympathy with it. If this be granted, I shall have no difficulty in establishing an intimate relationship between ear affections and *Calendula*.

I have particularly noticed in cases of deafness that furnish us with a history of severe neuralgia of the scalp, that perosseous hearing is diminished in the tract of the nerve that was formerly the seat of pain; for example, in one patient who had suffered from severe pain in the parts corresponding to the distribution of the auriculo-temporal branches of the facial nerve, perosseous hearing was good except in the region supplied by this nerve.

Again, a case was mentioned to me some years ago by a French army surgeon where a sabre wound had divided

the facial nerve near to its exit from the stylo-mastoid foramen, and in which for an entire year there had been complete deafness in the corresponding ear. The ends of the nerve were then reunited by operation, adhered together, the result being complete restoration of hearing.

Now, the facial nerve is not supposed to convey auditory impressions; it is a nerve of motion, and supplies the facial muscles. But whether it be a nerve of motion or one of sensation, it is equally employed in conveying impressions, and this it does both ways—centripetally and centrifugally.

The facial nerve is the companion nerve of the auditory: up to and within the auditory foramen (the meatus auditorius internus*); it then branches off from it to run in a foramen—Fallopius' canal—that arches over the middle ear, and is separated from this cavity by a very thin lamina of bone. Among the many small and delicately-acting muscles that it supplies are not alone the facial muscles or muscles of expression, but all the smaller muscular bands of the tympanic cavity, upon the co-ordination of which depends perfect hearing. That this is not an overestimation of the fact will appear from Duval's *Cours de Physiologie*, sixieme édition, Paris, 1887, p. 553: "Longet does not hesitate to make the nerve supplying the tensor tympani to be a continuation of the small petrosal, from which it follows that the facial nerve must be regarded as supplying nerves to all the muscles of the middle ear, and so deserves the name of *moteur tympanique*."

So that it would appear the facial nerve influences hearing in two ways—(1) reflexly, by the auditory nerve (internal ear), and (2) directly, by supplying the muscles of the middle ear.

(To be continued.)

PRIMULA OBCONCA—ECZEMA.

DR. ALLAN G. SYM, of Edinburgh, writing in *The British Medical Journal*, Sept. 20, mentions two cases, one in the face of a gardener, of eczema from handling the *Primula Obconca*.

* Meatus auditorius internus is a wrong term; it should really be applied to the eustachian tube, which is a true *meatus*, according to ordinary anatomical definition, and is the counterpart of the meat. audit. exter.

A. D. had on hands and forearms a moist eczema, papular and excoriated.

Severe cracking over joints and fingers as from frost.
Great itching of the skin.

D. H. (his successor) had an exactly similar condition of skin.

His hands and arms were worse at night, and the itching was intolerable.

Dr. F. H. Clarke related in the following number of the same journal (Oct. 4) the following case :

A lady frequently consulted him during spring and summer for a papular eczema affecting principally the hands, wrists, and fingers.

A few hours after working with the plants (of *Primula Obconca*) the skin becomes red, swollen, and violently itchy, and well-marked papules develop.

After 4 or 5 days desquamation occurs and recovery.

On two of these occasions the eyelids have been similarly affected, due, the patient thinks, to her rubbing them.

Tolerance is not easily established.

Dr. C. N. Lee, Dunfermline (*ibid.*), records another case.

A lady consulted him in the spring. For three years she had been subject to repeated painful attacks of eruption on face and hands resembling eczema.

The mucous membranes of eye and nose were also affected.

Specialists were consulted without avail. She then noticed that when travelling she was free from attacks, but was seized immediately she returned home. It was traced to the *Primula Obconca*, of which she was very fond. She was in the habit of arranging flowers for table.

The onset of the attack was usually at night.

She became feverish ; hands and face would burn.

After a few hours of intolerable pain and itching, erythema with small papules becoming pustular, made its appearance.

J. H. C.

KALI CHLOR.

Two cases of poisoning by Potassium chlorate are recorded in *British Medical Journal Supplement*, Dec. 13. The first is by Landerer, from *Deut. Arch. f. Klin. Med.* vol. xlvii. pp. 103-126, 1890). A young man, 18, swallowed by mistake

a gargle containing 460 grains of Potassium chlorate in hot water. The symptoms were these :

Very shortly, faint, and extremely thirsty.

2 hours, drank some beer, which produced violent vomiting, frequently repeated during the night.

Great pains in both hypochondria.

Next morning (on admission to hospital) he complained of headache, faintness, loss of appetite, and constipation.

Skin anemic.

Ears, lips, and extremities cyanotic.

Rigors.

Slight jaundice.

Systolic murmurs in all cardiac areas, but pulse good and regular.

Great epigastric pains on pressure.

Liver slightly enlarged.

Great pain on pressure over kidneys.

Urine scanty, highly albuminous, containing altered blood corpuscles. Blood from fingers contained clumps and imperfect rouleaux. Death took place in 6 days, without convulsion or uremic symptoms. The urine was suppressed all the time. Vomiting and severe abdominal pain continued.

Post Mortem. Yellowish or red exudation into pleural and pericardial cavities.

Alimentary mucous membrane all inflamed, and eroded in parts, kidneys much enlarged, edematous, capsules adherent, liver and spleen enlarged.

The second case is from *Therap. monats.*, No. V., and is reported by Woblgemuth. An adult man was taking 7 grain doses. After 24 doses, extending over 8 days, he had the following symptoms :

Faintness and constant thirst.

Urine, which had been dark coloured, lost this appearance; it was natural in colour and contained albumen and hyaline casts.

Medicine stopped : next day—

Numerous large ecchymoses and pelechix in the legs, some edema.

Albuminuria and thirst persisted.

Appetite bad—ate little all the time he was taking the chlorate.

The graver symptoms disappeared in a week.

J. H. C.

QUININE IN SMALL DOSES.—SCARLATINOID RASH.

A HEALTHY middle-aged woman (except for megraine), (*Lancet*, Jan. 17, Professor Slax of Abbazia in *Medicin.-Chir. Rundschau*) took $1\frac{1}{2}$ grains of *Quinine*, combined with 3 grains of *Caffeine*, for several days, with great benefit, when one morning, having forgotten it before, she took it immediately after breakfast, which consisted of a cup of tea and some melon. She was used to melons, and had formerly taken *Caffeine* without ill effect, so the sequel is fairly attributed to the *Quinine*.

Ten minutes after taking this dose a severe attack of vomiting came on.

There was a rigor and rise of temperature.

The skin was covered with a scarlatinoid eruption.

The throat was very red, and swelling painful.

Some of the joints were painful to the touch as in rheumatic scarlatina.

In a few hours the whole symptoms disappeared.

J. H. C.

ACTION OF *MERC.-COR.* ON THE SKIN.

In two cases of breast excision in elderly women (*British Journal of Dermatology*, Nov. 1890—*British Medical Journal Supplement*, Dec. 13), the site of operation having been washed with sublimate lotion, sublimate lint and gauze being applied subsequently, the following symptoms occurred :

1. Intense irritation of skin and diffused redness.
2. Wide-spread dermatitis, the wound failing to heal by pure intention (though the sublimate dressing was removed the second day).
3. (In the course of the next few days.) A diffuse erythema spread over the whole body, creeping onwards like water on blotting-paper.

In one case the erythema stopped in the middle of the body.

In the other case in which it spread over the whole body it continued for three or four weeks.

4. In this case it changed its type, scattered urticarial and erythematous itching spots appearing on all parts of the body.

5. There was some fever, general malaise, nausea, and restlessness.

J. H. C.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

The fifth ordinary meeting of the session, was held on Thursday, February 4th, 1892, Mr. KNOX SHAW, President, in the chair.

Dr. HUGHES (who was received with loud and prolonged applause) briefly sketched the origin and history of the *Cyclopaedia*. Dr. Hughes contended that though symptoms clinically observed might be of use, it was not genuine scientific homeopathy, which ought to be based on actual pathogeneses. These the *Cyclopaedia* now supplied.

Speaking of the Index, he said the editors proposed to give with every symptom, the reference to its place in the body of the *Cyclopaedia* indexed so that it could be at once turned to and studied. He asked if members had any suggestions to make.

DISCUSSION.

Dr. CLARKE said the best thanks of all were due to Dr. Hughes and his colleagues for the grand work they had now completed. The work was a splendid collection of raw material. The material was there but it had yet to be digested. It seemed to him that another four volumes, of about sixteen parts, would be needed to present the material in schema form; and then they would be in a position to complete it by compiling the Index or Repertory.

Dr. DUDGEON said it was impossible to study a medicine in the schema form. Every proving was a clinical case, and it was as impossible to study a medicine in the Hahnemannian schema as it would be to understand a disease when symptoms were arranged in that form. The symptoms had an evolution and sequence which the schema destroyed. He thought to schematize this work would be to abdicate their functions, the chief of which had been to rescue pathogeneses from that form and present them as they occurred.

Dr. COOKE referred to Dr. Hughes's objection to use provings on patients. He said that few persons were in perfect health, and therefore most provings were not up to Dr. Hughes' standard. He would like to know where Dr. Hughes would draw the line.

Dr. GOLDSBROUGH agreed that the work was a collection of "raw material," but it was such excellent material that our best thanks were due to Dr. Hughes and his colleagues. Referring to the Index, he personally would like this to be such that it would appeal to the mind as a *materia medica*. He considered that the term "symptom" had been used too loosely. Quoting from the *Cyclopaedia* the *post-mortem* appearances produced by

Muriatic Acid on animals, he asked how these could be placed under the heading of "symptoms," and pleaded for a scientific arrangement of them in the Index.

Dr. GALLEY BLACKLEY said there was something to be said for both Dr. Clarke's and Dr. Dudgeon's idea. The Index must partake of the nature both of Schema and Index. It will have to be done with great deliberation, and much careful boiling down will have to be carried out. He thought the small type symptoms should be excluded, and also all symptoms proved in dilutions higher than the third—with certain exceptions. He was not sure that he agreed with Dr. Hughes that symptoms should be numbered with references. He would prefer that it should be done in the same way as dictionaries, with quotations from the *Cyclopedia* showing the scope and relation of the symptoms.

Dr. MOIR said when the work was projected he was amazed at the boldness of the undertaking. Now the work was complete. But the question was, How was it to be made available for use? He trusted to Dr. Hughes's powers to bring this about as he had so successfully brought the material together.

Dr. BURFORD thought it might be useful to inquire how many times the *Cyclopedia* had been used by members of the society in difficult cases. He had referred to a remedy (*Cicuta*) in the *Cyclopedia*, and was unable to find the clinical picture he required. He then turned to Allen, and there in the Schema found what he wanted. In the *Cyclopedia* it existed, but it was "raw material." As for the Index, he said what was wanted was a reference book in which the commonest symptoms could be found most readily. The Index would be the part used; the *Cyclopedia* would be occasionally referred to. He asked Dr. Hughes, What was the "strict inductive method of Hahnemann" he referred to? If this meant anything, it meant that the drug and disease symptoms should follow the same course of development as compared with each other, which never occurred.

Mr. KNOX SHAW (in the chair) expressed his sense of the indebtedness of all homeopaths to Dr. Hughes and his collaborators for completing this great work. His criticism was that he could not make any use of it. He looked to Dr. Hughes and his colleagues to make of it something useful. He wanted two additional volumes—one to tell him which drugs to look at, and then a volume in which all the provings were boiled down into one, something in the fashion of Mr. Galton's composite photographs. He had no doubt this would be brought about.

Dr. HUGHES, in reply, said that he had invited suggestions as to "the measures which should be adopted to make the *Cyclopedia* most available to the practitioner"; and he much appreciated the response which had been made to his call. He quite recog-

nized that the work, as it stood, was a student's book, and not a practitioner's; but as some four or five hundred fresh students annually entered the homeopathic colleges of the United States, and as every practitioner of homeopathy ought to be a student of its *Materia Medica*, he conceived that here lay the first need to be supplied. Now came the physician's turn, and for his wants it was that the repertorial index had been planned. It had been maintained to-night that, before this was made, the "raw material" of the *Cyclopaedia* should be cast into schema form. He could not agree with this view. His contention had always been that the schematizing of the original provings, with the view of making them available for reference, had spoilt them as means of learning *à priori* the action of the drugs. This error, probably unavoidable at the time, we were able to rectify now; we had given the text in consecutive and intelligible form, and now nothing was required but an index to it. The schematic principle would come in here, as regulating its order, and he could not think that it had any other application. This was his answer to Dr. Burford, who found his *Cicuta* symptoms more readily in Allen than in the *Cyclopaedia*. Doubtless he did, because in Allen they are already cast in index form; but he could not so well study *Cicuta* there. When the Repertory is completed, he will be able to find the symptoms as readily in the one as in the other. As regards the President's suggestion, that works presenting a picture of the total action of each drug were more useful than these narratives of proving and poisoning, he fully recognized the usefulness of such manuals, and had indeed contributed to their number; but he regarded them as introductions to and comments on the *Materia Medica* itself, to which all should go forward. Then, as to the Index itself. To Dr. Goldsbrough's inquiries he answered that it would refer to the pathology, in the sense of the morbid anatomy, of each poison, denoting this by a "P.M."; but that it would not contain interpretations, only facts. He could not agree with Dr. Blackley that the "boiling down" of the text prior to indexing should exclude all symptoms produced by dilutions above the third. The compromise arrived at in the inception of the work made the sixth dilution the limit, and only excluded symptoms of higher attenuations than this when they were unsupported by observations with the lower. We must abide by this arrangement in index as in text. Nor could symptoms in smaller type be excluded, as very often this distinction showed only the inferior rank of the drug, not the dubiousness of the provings. He feared also that Dr. Blackley's suggestion as to giving extracts, sound as it was from a literary point of view, would involve too much extra space to be practicable. Finally, he explained to Dr. Cook that "clinical symptoms," in homeo-

pathic literature, meant, not collateral pathogenetic effects of drugs when given as medicines to the sick, but symptoms of their maladies which had disappeared while the medicines were being taken. He concluded by thanking the members for the kind way in which they had spoken of his exertions in respect of the work now before them.

INSTITUTIONS.

BATH HOMEOPATHIC HOSPITAL.

At the Guildhall, Bath, on Wednesday, Feb. 3, the annual meeting of the subscribers and friends of the Bath Homeopathic Hospital was held, the Mayor (Mr. Turner) presiding.

From the annual report presented by the secretary, Mr. Dymond, we extract the following:—

“Most of the subscribers will remember that a street collection, amounting to £111 11s. 11d., exclusive of special donations which raised the sum to £133 12s. 11d., was made on ‘Hospital Saturday,’ the 30th May. As the action of the committee was in some quarters misunderstood, and in others misrepresented, it may be well to put on record the following statement. Several weeks before the day for the collection was fixed by the United Hospital Board, our honorary secretary called upon the Secretary of that institution to propose an arrangement for joint action on some selected day, the proceeds to be proportionately shared by the two hospitals. At the same time it was announced that, if the authorities of the United Hospital should not accept our friendly overtures, we were prepared, and quite willing, to act independently. The offer being declined, we felt ourselves at liberty to take our own course, with the result that we met with a hearty response from the public, which was much beyond what we had ventured to anticipate.

MEDICAL REPORT.

“The medical report, presented by Mr. Holst, stated that the number of in-patients admitted during the year was 107 against 88 in the preceding year. The total attendance of out-patients had been 6,625 against 5,018 in 1890, the number of new patients applying being 1,022 against 830 last year. In the home visiting department the number of visits paid was 1,228, and a number of patients had been relieved by Mr. L. B. Eskell, the new honorary dentist. During the past four years the work of the hospital had increased so rapidly that the number of in-patients had been more than doubled, and the number of out-patients almost trebled.

“The balance sheet showed that the total receipts had been £991 16s. 5d., and the expenditure £1,056 9s. 4d., which had increased last year's deficit of £26 19s. 5d. to £64 12s. 11d. There had been an extraordinary outlay in cleaning and repairs.

“The report of the Nursing Institute was read by Mr. C. W. Dymond. It stated that 86 private and 29 parish cases had been attended by two nurses, and with a third when she could be spared from the hospital. In fees £167 5s. had been received.”—*Bath Herald*, Feb. 4.

HOMEOPATHY IN BOSTON: HOMEOPATHIC HOSPITAL AND UNIVERSITY MEDICAL SCHOOL.

THE following extract from an article in *The Boston Herald* of December 26th, alluded to in our last issue, will be read with interest, coming as it does after the article on the Boston school by Dr. Heath:—

To New England, and more particularly to Massachusetts, belongs the honour of having produced the first practitioner of homeopathy on this continent, and within her borders that school has achieved the highest results.

Dr. Hans Gram, of Danish parentage, was born in Boston. He was educated in Denmark, but returned to this country in 1825, and settled in New York, bringing with him a knowledge and enthusiastic belief in the new system.

In 1838 Dr. Samuel Gregg of Medford became convinced of the soundness of the theory of homeopathy, and consequently holds the title of pioneer and patriarch of the school in New England.

His example was followed, within a few years, by Drs. Flagg, Hoffendahl, Wesselhoeft, Swan, Tarbell, Osgood, Wild, Weld, and others.

In 1840 a homeopathic association, under the title of the “Homeopathic Fraternity,” was formed by four or five physicians. Its meetings were informal and social in character, and were held at the houses of the members. As the membership increased the name was changed, about 1850, to the “Massachusetts Homeopathic Society,” and in 1856 it was chartered by the State for the express aim of developing a branch of medicine not cultivated by the Massachusetts Medical Society. From 1840 the progress of the new school was constant. In 1855 an attempt was made to found a homeopathic hospital with state aid. This having failed by a single vote in the Massachusetts Legislature, a dispensary was established in the following year. It opened its doors in Tremont Temple, and was successful from the first.

In 1859 it asked for aid sufficient to place it on a firm basis, and the response of the public was a source of great gratification to those interested. A public fair was held in Music Hall, and, beyond the most sanguine expectations of its projectors, a sum exceeding \$18,000 was realized.

For twelve years after this no attempt was made to establish other institutions. In 1871, however, a successful effort was made to found the Massachusetts Medical Hospital. This was done partly through the aid of the dispensary, which had purchased the house at 14, Burroughs Place, and had removed thither from Tremont Temple. The new hospital rented a greater part of the dispensary building, and thus made the beginning of the admirable institution which is in existence to-day.

None of its friends anticipated rapid growth for the new venture, but at this time occurred a storm in the Massachusetts medical world, which was in the end beneficial to all homeopathic institutions in the state.

This was the trial of leading homeopaths before a court of the Massachusetts Medical Society on a charge of practising homeopathy. The charge was made in no equivocal terms. The accused were said to be guilty of "conduct unbecoming and unworthy an honorable physician and member of this society, to wit: By practising, or professing to practise, according to an exclusive theory or dogma, and by belonging to a society whose purpose is at variance with the principles of, and tends to disorganize, the Massachusetts Medical Society."

The accusers were five in number, and five members of the society were appointed judges. The defendants were William Bushnell, M.D.; Samuel Gregg, M.D.; George Russell, M.D.; David Thayer, M.D.; Milton Fuller, M.D.; H. L. H. Hoffendahl, M.D.; I. T. Talbot, M.D.; and Benjamin West, M.D., all of Boston.

The trial caused great excitement, both in medical circles and throughout the country in general. The newspapers of Boston, without exception, and many throughout the country, took sides with the accused.

The homeopaths declared the trial to be vindictive and unfair. They demanded that the investigation be open to the public; that reporters for the press should be allowed to be present; that legal counsel be allowed; that a stenographic report of the trial be taken down; that members of the board of inquiry be open to challenge for good and sufficient reasons. These demands were all refused. Reporters were summarily ejected from the hall, and the clerk of the court strictly excluded every person who was not a member of the society.

It was during this exclusion that an amusing event took place. The homeopaths, declaring the trial unfair, had applied for an injunction to stop the proceedings, and an officer had entered the hall to serve it. The secretary of the court, discovering a stranger in the room, went to him, and asked if he were a member of the society.

"I am not," said the stranger.

"Then you must leave the hall immediately," said the secretary.

"I don't believe I will," replied the stranger.

The secretary thereupon appealed to the chairman of the court.

"Here is a man," said he, "who does not belong to the society, and who refuses to leave the hall. What shall I do with him?"

"Put him out," said the chairman.

"I should like to see the man," said the stranger, "who dare lay his hands on me. He would be in Charles Street jail as quickly as horses could take him there."

"Why, who are you?" asked the secretary, impressed by the stranger's manner.

"I'm John H. Dearborn, deputy sheriff of Suffolk county, and I should advise no man to interfere with the performance of my duty."

It is related that these words so affected the judges that they incontinently withdrew, and in private consultation decided to postpone the trial until something more was heard from the supreme court.

The injunction, however, was soon afterwards removed, the trial continued, and the accused homeopaths were expelled from the Massachusetts Medical Society.

Immediately after this expulsion there was a general expression of sympathy on the part of the public, and a desire to assist the struggling school. This took a substantial form in a public fair in aid of the new homeopathic hospital.

The fair was held in Music and Horticultural Halls, and lasted ten days. It was undoubtedly the most elaborate and successful undertaking of the kind ever carried out in Boston.

It was conducted under the direction of a committee of citizens, including Col. Henry S. Russell of Milton, chairman; Col. W. W. Clapp of Boston, manager for many years of *The Boston Journal*; George N. Dana of Boston, Joanna Roch of New Bedford, Charles G. Wood of Boston, Miss Hannah E. Stevenson, James Sturgis, Royal E. Robbins, Stephen M. Weld, William Pope, Mrs. Franklin King, and Mrs. M. P. Kennard. Charles G. Wood was treasurer, and Col. Albert A. Rand was chief marshal.

There were seventy-nine departments in the fair, including tables from cities all over Massachusetts, a bear garden, shooting galleries, skating rink, art museum, and other brilliant features. The beauty and culture of the Back Bay were on the floor and behind the tables, to say nothing of delegations from cities all the way from Portland to Providence. Gilmore's band furnished music, and Wendell Phillips gave his lecture on "The

Lost Arts." Thomas Bailey Aldrich, assisted by James M. Bigbee and Edmund J. Hudson, published a magazine that appeared each of the ten days of the fair's existence. It was called *The Pellet*, and on the score of excellence of make-up and renown of contributors, has undoubtedly never had its counterpart among magazines published in a similar connection. Henry Wadsworth Longfellow, E. C. Stedman, Bayard Taylor, Louisa M. Alcott, Elizabeth Stuart Phelps and James Freeman Clarke were numbered among those who contributed to its pages. Serial stories ran from number to number; selections from famous poets were a feature of every issue. One young woman was carried so far by her enthusiasm that she wrote a "Belladonna Polka," which she contributed to the magazine.

Not only did every homeopathic physician give assistance in making the fair a success, but liberal allopaths joined their aid. When it came to a close after ten days, no less than \$76,000 had been netted.

This sudden development of strength suggested the establishment of a medical school, which was opened in the following year, 1873, and, by an act of the Legislature, the New England Female Medical College was united with the homeopathic school and placed under the control of Boston University, as its medical department. This was brought about by the death of Dr. S. H. Gregory, which left the female school without any one to take charge of it. The school had been first offered to Harvard College and then to Boston University.

The large accession to the funds of the Homeopathic Hospital through the fair and private donations enabled the trustees to purchase land from the city and to erect thereon a beautiful structure at the cost of about \$50,000. This was completed and opened to patients in 1876, and was the beginning of the hospital as it exists to-day. It contained about forty beds, and was a model in its methods of heating, lighting and ventilation.

The institution rapidly became so great a favourite with the public that there was soon a demand for its extension. Consequently, in 1883-84, a surgical wing, capable of holding forty additional patients, a boiler house, a laundry and a cottage ward for contagious diseases were erected at a cost of about \$100,000. This sum was contributed by various friends of the hospital, among whom the most generous was Mr. Gideon F. T. Reed of Boston, to whom the hospital is largely indebted for its increase in means of usefulness.

No sooner was this completed than several donations were given for the support of patients, among these being \$25,000 from Richard Perkins, since deceased, and \$25,000 as a legacy from Mrs. Rindge, the mother of the Cambridge philanthropist.

With [the increase of room, the number of patients also

increased rapidly, so that often as many as twenty to twenty-five were waiting for a vacancy. An appeal was, therefore, made last year to the state for funds to erect additional buildings. The legislative committee on public charitable institutions visited the hospital, and, after examining carefully into the work there performed, unanimously recommended the state to grant \$120,000 for the erection of new buildings.

Never before in the history of the commonwealth was a sum of equal magnitude contributed by the Legislature to any charitable object so unanimously. In striking contrast to the feeling among many allopaths against homeopaths in 1871, the strongest advocate for this grant was Dr. Munsell of Sandwich, himself an allopathic physician. He not only advocated the bill in committee, but upon the floor of the House he said: "Though I am not, and never have been, a homeopathic physician, and although I have been counted as an opponent of that system of practice, yet I believe that common justice demands that the state should aid this hospital, which, from careful examination, is, I think, excelled by none in this country in its surgical work and in the results as shown in the treatment of its patients."

Since the means were placed in the hands of the hospital's trustees, in June, 1890, the building operations have been conducted by the building committee, consisting of Col. Charles R. Codman, Dr. I. T. Talbot, Hon. James H. Eaton, Erastus T. Colburn, George Henry Quincy and Dr. D. G. Woodvine. The architect for these additions, as well as for all buildings except the first, is Mr. Francis R. Allen. He, in conjunction with the building committee, has made the most careful study of hospital architecture, and the building which is now fast approaching completion will be excelled by none in the world in point of management of light, heat and air.

The hospital will contain in all about two hundred and fifty beds, of which two hundred will be occupied by patients. There will be thirteen large wards, with from ten to twenty beds in each, and thirty-six rooms, with one to four beds in each.

The hospital has already established twenty free beds, which are kept continually filled, there being seldom less than twenty-five free patients in the institution at one time.

* * * * *

The medical school, known as the Boston University School of Medicine, is intimately connected with the hospital and dispensary. It was established in 1878, and became the successor of the college founded in 1848.

It is co-educational, and has graduated between five hundred and six hundred students with the degree of M.D. The standard

of its instruction is of the highest order, it being one of the first institutions in the country to establish the three years' graded course of study, with preliminary entrance examinations. It was the first to establish, ten years ago, the four years' optional course, and it is now the only college which makes the four years' course a requisite to graduation.

Notwithstanding this extra amount of work required, the number of students has increased greatly each year. This year about forty per cent. more have registered than last.

Up to the present time the school has occupied the building on the square between East Concord and Stoughton streets, and, as a result of a special effort on the part of the trustees of Boston University, there is now in process of erection a large addition, built in the most substantial manner and thoroughly fireproof. It will be four stories in height and sixty by fifty-six feet in dimensions.

In the first story there will be a large physiological laboratory, capable of accommodating fifty students at a time, a laboratory for the use of the professor of physiology, and a lecture room of good size. The second story will contain a microscopical and histological laboratory of the same size as the one underneath it, and a private study. On the third floor will be a library with a capacity of thirty thousand volumes, a reading room, to be supplemented with a reference library, and the librarian's study. In the fourth story will be situated the museum of physiology, anatomy and pathology, together with rooms connected with it for the study of pathology.

The faculty of the school consists of forty physicians, twenty-five of whom have been educated in the hospitals and schools of Europe subsequent to graduation in this country. The name of Dr. I. T. Talbot, the dean of the school, has been identified with homeopathy almost since its introduction into this country. In the course of a full and active life he has been secretary of the State Medical Society from 1860 to 1865, president of the State Medical Society in 1866, secretary of the American Institute of Homeopathy from 1865 to 1870, president of the same in 1871-72, president of the international homeopathic congress at Atlantic city in June of this year, secretary of the homeopathic dispensary since its foundation, thirty-five years ago, up to the present time: a trustee of the Homeopathic Hospital and chairman of its medical board for many years, vice-president of the same institution for several years, dean of the faculty and professor of surgery in the medical school.

EXTRACTS.

THE RELATION OF THERAPEUTICS TO MIDWIFERY.

FROM an interesting address by Dr. G. W. Winterburn before the American Obstetrical Society, of which he is president, we extract the following. The address is excellent throughout, and is published by A. L. Chatterton and Company, 78, Maiden Lane, New York.

Are there any accidents of pregnancy, or of parturition, or of the lying-in, which are not completely preventable, or curable, by medicine? If we except irremediable malformations I believe there are none. But do not understand me as arrogating to myself this power. The question is not personal but generic. Doubtless our *materia medica* is very imperfect; but take it as it stands, with all its errors and omissions, I believe there are few exigencies in midwifery that are not provided for. But one must not only know his *materia medica*; he must know morbid states and what they mean when they come before him. It is no answer that no one does know *materia medica* in this way, nor that we get our cases so late that we have to take them as we find them and do the best we can.

* * * * *

The best time to prevent midwifery accidents is in infancy. It has been averred that women who have been under proper therapeutical care, and by this I mean genuinely homeopathic, from infancy, are not prone to the ordinary diseases of their sex; that the evolution at puberty is effected without that great physical and psychical disturbance which wrecks the future years for so many of their less fortunate sisters; that pregnancies are more nearly normal than in the average woman; and that the menopause is unencumbered with the distresses that make life a burden for several years to very many women. But more than this, tumours, both cystic and fibroid, are of such rare occurrence as to be practically unknown. If any one wants the evidence of this I refer him to an honoured member of this Society, Prof. Betts, of Philadelphia.

Now this does not seem to me unnatural nor exaggerated. I have seen too often the power of medicine to eradicate organic changes—in the cure of fistulæ, in the effacement of scars, in the melting down of organic stricture, in the removal of corneal opacities, of warts, and of other growths, all of which were palpable or visible—not to have that confidence which necessarily follows as the outcome of successful experience. Thus, to make

the application of this to midwifery, we can do more for the mothers of the next generation than we can for those of this, by carefully applying therapeutic agencies to the female infants at whose birth we have the privilege to assist; giving them a better start in life than their mothers had. This will sound ludicrous to many, but it does not seem so to me. As our genial *confère*, Dr. Oliver Wendell Holmes, says, "a boy's education should begin a hundred years before he was born," so we should begin to prepare a woman for maternity while yet she is in her mother's womb; and if she should turn out to be a boy, why—all the better.

Failing this, the best of all opportunities, we have the long period of adolescence preceding marriage. That much may be done through the growing years to secure easy maternity those know who have had the faith and patience to notice the experiment. Failing even this opportunity much can be done for a woman after she becomes pregnant, especially in first pregnancies. As I have said elsewhere: A first pregnancy brings to the surface many latent ills, whose evidence may be so indeterminate expressed as to escape attention; but we ought to be on the watch for these, mindful of the frailties of human nature.* But it is not alone in first pregnancies that a careful watchfulness will prevent the so-called accidents of labour.

However, we do not, as a rule, have control of our cases thus, as we might wish, during childhood and youth, or even during the first months of pregnancy. While, as I have said, the main element in successful midwifery is timeliness of effort, this is not appreciated by the laity, and until women are educated to know that the real help that the doctor can give them is not when the pain has set in, but during the preceding nine months, the profession has failed in its greatest duty to motherhood. I speak here from experience; an experience to be sure too limited to command the respect of anybody but myself; but it has satisfied me that nature always gives warning of coming mischief, if we have only the sense to appreciate her message. This experience, extending over a period of seventeen years, embraces 651 cases, in which I have been able to give more or less preparatory treatment to about 400. A large majority of these opportunities to watch the case for a variable period extending from eight to one month before confinement I secured by offering free treatment during that period, *i. e.*, making the total charge only what it would be for ordinary attendance; because, as a rule, women take no stock in such theories. Some of these experiences I have mentioned in "Commonplace Midwifery," and I could fill many pages with others, if it seemed desirable. But enough has been said to indicate the thought I would convey.

* "Commonplace Midwifery," page 15.

There is an unfortunate tendency among our brothers of the histoury to sneer at therapeutics. Doubtless much more and much less is in turn claimed for it than is warranted by the facts. Extraordinary cures are reported which never existed save in the undisciplined mind of the reporter; and on the other hand, a remedy, for like reason, often does more than it gets credit for. No one sees that except for which he is looking, nor more than his natural aptitude and his previous experience fit him to see. The system of the patient may be crying out for *Belladonna*, or *Conium*, or *Lycopodium*, but the unwatchful doctor will not hear the appeal. In a case, recently reported by an esteemed colleague, of a vaginal thrombus occurring during parturition, in which the symptoms during the formative stage called so loudly for *Belladonna* that no student of materia medica could fail to hear the cry, the reporter airily said: "I do not believe that any drug would have had the slightest effect on this condition." Evidently he had never read Burnett on "Diseases of the Veins," or if he had read that valuable little brochure he had certainly failed to imbibe its wisdom. In making this criticism I do not wish to be considered personal. The practitioner in question is one I esteem, and he certainly managed his case cleverly from a surgical point of view. But the case well illustrates the point I wish to make, that nature always gives a warning, and that in therapeutics the stitch in time not only saves nine, but it often saves a life.

REVIEWS.

OCCASIONAL PAPERS.*

This pamphlet, the first of a series we are promised by the author, comprises two papers contributed originally to *The Monthly Homeopathic Review*. The former is entitled "Croupous Pneumonia," and the latter, "Some Notes on *Drosera*." An extract from Dr. Morriison's preface will show what are his aims.

"In the following pages, on croupous inflammation of the lungs, the chief medicines are clearly stated. Their use in particular cases is a matter of detail. But it is open to any one suffering from hemorrhage from the lungs to test the powers of such medicines as *Drosera* and *Hamamelis*—the one for active and the other for passive bleeding. I have seen *Drosera* repeatedly arrest severe hemorrhages when given in five to fifteen drop doses. And these, as well as other special medicines, can be kept ready for emergencies. Sufferers who are subject to sudden attacks of illness, can appreciate the advantages of having their chief remedies always at hand."

* *Occasional Papers*. By Dr. Morriison. London: E. Gould & Son, 59, Moorgate Street, E.C.

Dr. Morrisson is himself a "poitrinaire," having, as he tells us in the pamphlet, passed through all the stages of pneumonia, including gangrenous abscess, sixteen years ago. He is therefore able to speak from personal experience as well as from observation ; and there are some practical hints derived from both sources :

"Treatment should be sustaining with perfect rest and freedom from noise, strong light, dust, and sudden changes of temperature. Patients should be guarded from the influences of strong east winds, as well as from the incursions of cold and damp. Sensitiveness to light is sometimes equalled by sensitiveness to noise. During the crisis stage of my own illness I could hear the ordinary conversation of the kitchen, which was three floors below. Talking, also, is trying to the patient, whether as a principal or a listener. The lungs and brain want rest. Linseed poultices properly applied are very soothing to painful parts. Not the doughy structures of the crude attendant, but the moist, lightly mixed, and decent-sized applications of the skilled nurse. These can be covered with bleached lining-wadding larger than the poultice, and bound closely on. A couple of safety pins through the undervest or nightdress will prevent the slipping down, and a well-applied poultice should keep warm all night. The skin should be wiped dry, or sponged and wiped on its removal, and a layer of fresh wool, or silk, or flannel applied. Irritants to the skin, such as *Iodine*, blistering fluids, and *Croton Oil* should be looked upon as the relics of a bygone age. The hydropathic pack is almost equal to poultices, provided care is taken not to chill the patient. In applying it on a larger scale, as the wet sheet pack, it is used to reduce the fever temperature."

And again :

"Diet must be regulated, but somewhat in accordance to the tastes of the patient. And here I should add a plea for coffee for breakfast, as more sustaining than any amount of sloppy tea. If it interferes with the action of certain medicines, so much the worse for the medicines. Either very high or very low potencies repeated every hour to every three hours will overcome that difficulty, if selected in accordance with the rule of *similia*. Cocoa makes a palatable and nourishing beverage, but does not suit every digestion. Tea should be used in moderation. Kolatina and Kola chocolate are coming in favour, and are very useful in conditions of debility. Milk, barley water, toast water, blackcurrant tea, tamarind water, home-made lemonade, effervescing Salutaris water, and other simple drinks may be used to supplement our natural beverage. Light, plain meats, such as poultry, game (not high), fish, and mutton, with beef tea, broth, and well prepared extracts of meat, form a sufficient variety during actual illness, together with milk foods, light puddings, fruits, and the lighter vegetables. Bread is an important article, whether taken plain or as toast. Milk loaves and brown bread made from fine meal (not the usual whole meal bread), with germ bread, frame food bread, and the white and wheat meal aerated bread, make palatable changes from the ordinary bread in common use."

Dr. Morrisson's use of doses ranges from low to high, and he is not averse to alternations. In the article on *Drosera*, he refers to the "dosimetric" practitioner, whose practice he to a large extent approves. We will let him speak for himself.

"Raué's *Special Pathology and Diagnostics* contains an excellent chapter on pulmonary consumption. But the therapeutic hints are notable for the omission of a most important remedy, and that is *Drosera*—an exceedingly useful medicine for the spasmodic, straining cough which is such a common cause of distress, with or without spitting of blood. Under the head of whooping cough the indications given are, 'Worse after midnight; attended by gagging and frequent vomiting of the ingesta; feeling of constriction in the chest and hypochondria, so that the patient tries to support these parts by the hands; worse from tobacco smoke and drinking; bloody urine.' One of the most important indications, 'bleeding at the nose or mouth' (Hering), is not mentioned at all. Why do these discrepancies occur?"

The answer is, "want of order on the question of dose."

"We have opposed to us not only the disciples of old physic, but also an increasing band of dosimetric practitioners. Both parties are aiming at greater accuracy in prescribing, more reliable preparations, and easier forms of administration. In all these, thanks largely to the homeopathic initiative, they have become increasingly successful; and in view of this the general public are willing to condone their lessened polypharmacy. It behoves us, therefore, to develop the resources of homeopathic practice, neither slavishly adopting the high potency mania of the extremists, nor the crude tincture views of the materialists, but advancing all along the line."

The author goes on to say that he never got from the high potencies of *Drosera* the good results he got from the mother tincture in three to ten drop doses.

There is much that is interesting and practical in these "Occasional Papers," that will well repay perusal whether the reader is inclined to agree or disagree with the therapeutic doctrines of the author.

VACCINO-SYPHILIS.*

THIS pamphlet consists of two parts. The first part deals with the subject of "Vaccination-Syphilis," and the second relates the particulars of what is known as "the Leeds Case," which exemplifies this question. Mr. Jonathan Hutchinson is quoted as the authority on the first point; and though he has expressed optimistic opinions regarding vaccination in the public

* *Theory and Practice of Vaccino-Syphilis*. By Alfred Milnes, M.A. (Lond.). London: E. W. Allen, 4, Ave Maria Lane. 1891.

press, his writings in his own journal, *The Archives of Surgery*, tell a very different tale. Here is his conclusion :

“The final supposition is that it is possible for vaccination, independently of any syphilis, whether implanted or hereditary, to evoke symptoms which have hitherto been regarded as peculiar to the latter malady, and which are apparently greatly benefited by specific treatment.”

The “Leeds Case” is certainly a very black one. We have always felt it to be exceedingly mean of the faculty to endeavour to evade vaccination fatalities by ascribing the deaths that followed to some other cause, such as “bronchitis” or “erysipelas,” these being nothing more nor less than unusual developments of the vaccine disease. But in the Leeds case professional and official meanness surely reached its acme. An infant, named Emily Maud Child, died in July, 1889, after vaccination. On the 10th of that month a coroner’s jury came to the conclusion that she “died from syphilis acquired at or from vaccination.” The Local Government Board then caused an “inquiry” to be held, with the result that Dr. Ballard, who conducted it, reported to the Board, and Mr. Ritchie in the House of Commons intimated, that the blame of syphilis must be transferred from vaccination to the parents of the child.

“The child is admitted to have died from syphilis; but while the jury attributed that syphilis to vaccination, Dr. Ballard’s report arrives at a different conclusion, attributing the disease, that is to say, to inheritance from the parents. But though the charge was thus publicly made, or rather insinuated, in the House, every means was taken to prevent the bereaved and maligned parents from meeting it. The father repeatedly demanded a copy of the report made by Dr. Ballard, but was as repeatedly refused, so that he had absolutely no means of repelling the foul slander aimed at the honour of his home. The reason for the refusal was alleged by Mr. Ritchie, in answer to a question by Mr. Channing on May 22 last, to be that ‘it is not the practice of the Local Government Board to give publicity to the reports of their inspectors, which have always been regarded as of a confidential character’; and this, although numbers of such reports have been published, and can be purchased from the Queen’s printers for about twopence apiece. Had it not, therefore, been that the Royal Commission was sitting at the time, this would have been the final word in the case. Happily for the parents the matter did not rest there, and yet another investigation was undertaken by the medical men appointed by the Commission to inquire into cases of vaccinal injury. And of this the final result is that Mr. Ritchie is compelled to confess, on Thursday last, that there was no evidence of syphilis either in the parents or their other surviving children. They are thus at last absolutely cleared, but, needless to say, with no word of apology or sympathy for the bitter wrong that had been done them through all the length of those two years.”

NEW PREPARATIONS.

COFFEE RUSKS.

WE have received from Messrs. Peak, Frean and Co., of Drummond Road, London, S.E., a sample of some new rusks they have lately introduced, and to which they have given the name of COFFEE RUSKS. We have no hesitation in saying that they are the lightest and purest rusks that we are acquainted with. They are free from all suspicion of richness, and yet are very palatable. The name given to them is appropriate as far as it goes, for they are excellent when taken with coffee; but it must not be supposed that they are only intended for that purpose. They can be taken in all the ways that rusks are usually taken. They are in the form of thin delicate sections, suitable for dipping into coffee or other hot drinks, or in wine; they may also be taken buttered, and are very palatable even when taken dry.

Many persons with delicate digestions are absolutely incapable of digesting ordinary bread. They may be able to take thin dry toast; but even that cannot be digested by some. For such we know of nothing more likely to agree than the Coffee Rusks of Messrs. Peak, Frean and Co. They are easier to eat than biscuits. They can be taken dry or buttered, alone or with beef tea, cocoa, or whatever may be the beverage allowed.

Messrs. Peak, Frean and Co. are patentees of an excellent plan for packing biscuits or cakes in air-tight tins. Under the outer lid, which may be lifted off, is an inner lid which is soldered. These soldered lids may be had in two forms, made of soft metal or of hard, according to choice. The hard lids are opened by a simple instrument supplied with each tin; the soft can be torn with the thumb and finger. Both are perfectly air-tight, and absolutely impervious to damp and insects. The Coffee Rusks, as well as the other preparations of the firm (as their well-known "Nursery Biscuits" and "Oswego Biscuits") may be obtained in such tins if desired—an unspeakable advantage to delicate persons who have to take long voyages, and to those who have the care of infants when travelling.

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. GEO. W. WINTERBURN.—*New York*.—Many thanks for both your letters and the pamphlet. You will see good use has been made of it. Earlier appearance in M.A. of no consequence.

DR. RIDPATH.—*Huddersfield*.—Your second letter does not help us much. And we must therefore adhere to our opinion as to what is the best policy in the matter. We shall be glad to receive your cases when you have time to let us have them.

MEDICATED WINES.

C. writes asking us to express an opinion on an advertisement of a medicated wine which sets forth what the wine does *not* contain, but not what it *does* contain. Medical men are not likely to commend anything of that kind in spite of the virtues claimed for it. It is on a level with patent pills and secret nostrums in general. At the same time, homeopathic chemists are quite within their rights as tradesmen, in introducing and advertising preparations of this kind.

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. G. H. BURFORD.—Dr. Burford has been appointed Physician in charge of Diseases of Women to the London Homeopathic Hospital in place of Dr. Carfrae, who has recently been appointed Consulting Physician to the same department on his resignation of the active duties. Dr. Burford has already filled with distinction the part of Assistant Physician in that speciality. We congratulate him on his elevation.

W. SPENCER COX, M.R.C.S.—*Kensington*.—Mr. Cox, who was

recently Senior Resident Medical Officer to the London Homeopathic Hospital, has commenced practice at No. 5, CAMDPEN HILL ROAD, KENSINGTON, W. His consultation hours are from 12 to 2.

BRANCH PHARMACY.—Messrs. Leath and Ross, of 9, Vere St., W., and 5, St. Paul's Churchyard, E.C., have opened a Branch Pharmacy at 4, Fitzjohn's Esplanade, Finchley Rd., N.W. The hours of attendance are 8.30. a.m to 7.30. p.m. week-days, and 6 to 8 p.m. on Sundays.

Obituary.

MAJOR VAUGHAN MORGAN.

It is with profound regret that we record the death of Major Wm. Vaughan Morgan, which took place at Grasse, Alpes Maritimes, where he had gone in the hope of benefit. His illness had been a long and painful one, and he expired, peacefully, early on the morning of Saturday, the 20th of February, and was buried at Cannes, on Monday the 22nd.

Major Vaughan Morgan was born at Glasbury, Breconshire, on January 21st, 1826, and was therefore in his 67th year. Such was his vigour and energy, that his death will be a great surprise to those who saw him only a few months ago. But energy and vigour are not incompatible with a delicacy of constitution, and such proved to be the case with Major Morgan. His conversion to homeopathy, which took place many years ago, was brought about by an illness of his own. He had heard some of the popular lectures of the late Dr. John Epps, and had had his mind opened to the consideration of homeopathy when he was taken ill with dysentery. Under the care of allopathic doctors he grew steadily worse, and at last, to the horror of his friends, he determined to give homeopathy a trial. The result was speedy improvement and rapid cure, with complete conversion to the new system of medicine. Though a familiar figure in society, he was perhaps most widely known as the Chairman of the London Homeopathic Hospital in Great Ormond Street, of which Institution he had been a supporter since 1858, and to which he was a munificent donor. He joined the Board of Management of the Hospital in 1866, was elected Treasurer in 1875, and added to that office the post of Chairman, in succession to Lord Ebury, in 1885. The rapid progress of the Homeopathic Hospital during the years since his election as Treasurer, has been the result of his singularly energetic administration (for he possessed the rare faculty of

succeeding in all undertakings), and his improvement of the condition of the Hospital's financial position has often been the subject of congratulation among the friends of the medical system practised at that Hospital. Among his other benefactions, he endowed a bed there by a gift of £1,000; and, in testimony to his invaluable services, a ward was some years ago named the "Vaughan Morgan Ward." At the banquet given in his honour, at the Hotel Metropole, under the presidency of the Earl of Wemyss, in July last, not less than £4,300 was subscribed, in order to enable him to complete the Fund of £80,000 he was raising to rebuild the Hospital; the list being handed to him at the banquet as a personal testimonial to him from many friends. In 1888 he established, with the aid of personal friends, the Homeopathic Convalescent Home in Eastbourne. He was an ardent champion of medical reform. He was one of the founders of the Homeopathic League. He took a prominent place in the famous "odium medicum" controversy in *The Times* a few years ago. On a previous occasion, he offered to St. George's Hospital an annual subscription of £1,000 for five years, on condition that a fair test of the Homeopathic system should be made in its Wards. His death has cast a gloom over a very wide circle of friends; and to the Hospital his loss is irreparable. Happily his work will live after him, and his spirit will not be absent from the counsels of the Hospital Management. The Board and the Staff of the Hospital have held meetings and passed votes of condolence to Mrs. Vaughan Morgan, and no doubt the British Homeopathic Society at its next meeting will do the same. Our warmest sympathies go with them. It is hard to think, and still more hard to feel, that we shall not meet this strong, clear, hearty presence in our midst again.

GENERAL CORRESPONDENCE.

CALENDULA AND DEAFNESS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—A lady calling on me to-day informed me, when speaking of *Calendula*, that it is used by herbalists in the country as a remedy for deafness, the dried petals being inserted into the ears. This is the first time I have heard of this domestic use of it in deafness; perhaps some of your readers could give more information on the subject.—Very truly yours,

ROBERT T. COOPER, M.D.

30a, George Street, Hanover Square, W., Feb. 10, 1892.

ASTROLOGY AND MEDICINE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Here is something which may interest some of your readers if you can find space for it in your next number of the HOMEOPATHIC WORLD.

About three years ago I was induced by a friend to begin the study of astrology. He assured me I should find it useful in helping me toward a better estimation of my patients' original constitution, as well as further my professional satisfaction and success (not financial) by throwing great light upon the dark and dismal question of prognosis.

I began the study much prejudiced, as you may suppose, against it, but I was not long in finding out that, even as in the case of the much-abused homeopathic principle, "there is something in it" when experimentally investigated.

A young man grievously afflicted with a huge acute curvature in the upper dorsal region consulted me in June, 1889, about his great physical prostration accompanied by violent palpitation of the heart. With homeopathic remedies I was able to relieve him very considerably, so much so that when he left here and went home to Macclesfield he consulted me frequently by letter.

In November, 1889, I was struggling with the first principles of this ancient, but to me new, science, when the thought occurred to me that if there was any truth in astrology the time of birth of that young man should show the reason why he was so terribly deformed.

I wrote to him and asked him if he would be good enough, for the sake of science, to let me know as nearly as possible the time, date, and place of his birth. He kindly sent me the exact necessary information, and I put up a schematic figure showing the position of the sun, moon, and planets relatively to this mundane sphere of ours, *i.e.*, I "cast his horoscope."

That done, I took it to my friend and instructor, and, without any preliminary observations, asked him what he would think of a man born at that time. He immediately replied, "Why, if that man is alive he is a hunchback."

Shortly afterwards I took him another nativity to have his judgment upon. "My word," he said, "if that girl has not a bad back, she soon will have." At that very moment the girl was in London under Dr. Roth, being treated for acute spinal curvative in its early stage.

This set me on collecting the birth-times of all the chronics and deformed people I came in contact with professionally. Especially I got a great many cases of deformity from among the unfortunate children at the North of England Children's Sanatorium, of which I am honorary physician, and from among

the patients who come to the Southport Hydropathic Hospital, of which I have the medical supervision, as well as a great many cases from among my private patients and friends.

After careful observations extending over more than 700 cases obtained within the last three years, I am prepared to state that in at least nine cases out of ten the causes of those serious deformities were, to one well acquainted with this science, apparent from the moment of birth. And as great defects can be easily prognosticated so may smaller ones, but with, of course, proportionately less certainty.

If you are prepared to receive evidence bearing upon this subject, I shall be happy from time to time to supply it.

To physicians of a scientific and philosophical turn of mind who are anxious to know their patients very well in order that they may serve them better, this science holds out light which may be invaluable.

This is an age of re-discoveries. Hippocrates, Galen, and all the fathers of medicine insisted upon the knowledge of astrology as indispensable to a physician.

Here is a splendid field for critical research. I do not know of any physicians who as yet have really given this subject the serious study which I am sure it deserves.

There is a certain fascination about the study which more than makes up for all the patience and perseverance it requires.

If these remarks induce any physician to look into the matter seriously, I shall be satisfied.—I remain yours faithfully,

W. M. STORRAR, L.R.C.P., L.R.C.S. ED.

27, Hoghton Street, Southport, Feb. 9, 1892.

HOMEOPATHIC DRUG SUBSTITUTES.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—Some years ago you allowed us to point out in your pages the difficulty then existing with regard to obtaining supplies of genuine *Spigelia anthelmia*. We regret to say that this difficulty has rather increased than diminished, and in place of the deadly drug with which the notorious Marchioness de Brinvilliers disposed of her numerous victims a spurious representative is offered in the market bearing the correct name, but against the use of which we desire to caution all whom it may concern.

A comparative description of the two drugs may serve the double purpose of preventing the further use of the spurious article and of enabling those who use this medicine to detect the present existence of the substitute in question.

The following characters are readily distinguishable in the

dried plants and the tinctures prepared therefrom with rectified spirit:—

SPIGELIA ANTHELMIA.

An Annual.

ROOT.—Surrounded by thin hair-like fibres.

STEMS.—One only arising from each root.

LEAVES.—The last two pairs at the ends of the branches are inserted so closely together that they form a cross.

TINCTURE.—Of an intense green colour.

SUBSTITUTE.

A Perennial.

ROOT.—Surrounded by coarse thread-like fibres and showing plainly the remains of stems of former years.

STEMS.—Several arising from one root.

LEAVES.—The last two pairs at the ends of the branches are distinctly separated.

TINCTURE.—Of a light brown-green colour.

We may add that the genuine drug is expensive while its representative is cheap.

Amongst other substitutions frequently met with we may mention *Aconitum cammarum* for *A. Napellus*; *Anthemis nobilis* for *Matricaria Chamomilla*; *Daphne laureola* for *D. Mezereum*; *Enanthe crocata* for *Cicuta virosa*; and *Rhododendron ferrugineum* for *R. chrysanthum*.

Yours faithfully,

E. GOULD AND SON.

59, Moorgate Street, E.C.,
February 15, 1892.

DE OMNIBUS REBUS.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—I am sure, Mr. Editor, you, and many of my brethren, must be as tired as I am of the dose question, and wish, as I do, that it was dead and buried; for when we wander to the incomprehensible dynamized or spiritualized 200 dilution our finite minds cannot understand that such a seeming nil has so powerful and curative an influence, but such is the fact. I should like to add a few remarks on the dose question, for I have studied the subject carefully for many years. I began my study of homeopathy nearly forty years ago a *strict globulist*. I fell under the tuition of my old friend, Dr. Rutherford Russell, and then the tinctures and triturations were adopted, being more convenient for administration—although they were not certainly more curative. I always use the cent. scale, and never went below 3—6 and 12 being my usual dilution, and the dose

about the third of a drop. I read a letter by Dr. Cooper, "High and Low Dilutions," wishing for an arbitrator to adjudicate on the question of dose. I am sorry to differ, but I feel that no one in this world can settle such an incomprehensible question; a great many of us know that the 30 and 200 cure *where the low dilutions fail*. This is a great fact, and is only arrived at by clinical study. I have been at work on the *dose* for years. I quite agree with Dr. Dyce Brown "that the most successful practice was to use all dilutions." These are golden words for our young beginners. I simply place on record that I am sure and certain the 200 arrested disease in my own case and prolonged my life! and again I add my statement *positively* that the 30 and 200 will cure when the very low fail. I merely say, *try both*; in fact, in therapeutics I nearly call myself an universalist.

I was very sorry that I was not able to hear the clever paper read by Dr. Clifton, but an invasion of this infernal epidemic laid us all low and carried off my old man-servant. I must say it rather pained me to read my friend's *downward grade* in our therapeutics, for my *student life* in a *more extensive field of practice* only confirmed and strengthened my faith in the curative power of our dynamized medicines. How curious the change from long experience! My friend Clifton takes the downward course of treatment; my study has made me prefer the use of our dynamized medicines; but as we were taught at school, the saying applies to homeopathic as well as to mundane affairs, "Facilis descensus Avernii." I know that drug treatment is far less laborious and takes better with the general public, for instance, Kiddism and the late Manchester school that could not tolerate any drug treatment above 1x! and when we discussed Lachesis at one of the Manchester meetings the medicine was quite ignored because they could not get it low! I am sorry to use the ego so much, but, for instance, my student life in my dispensary, through which I passed about thirty-two thousand, gave me a fine field for testing our medicines and the dose question.

I wish I had the pen of that ready writer; Dr. Pope, one is always pleased to read anything that falls from his pen whether we may agree or not. His last effusion on the "Selection of Dilutions of Medicines" interested me very much, but space will not permit to enter into the matter.

My dear old friend, Dr. Bayes, drew my attention to *Bryon*. 18! Very few men have used the medicine more than I have done. I have tested well the θ up to 200, and my experience has been that the best *curative* range comes after 3; in fact, it is a wonderful medicine, and has a wide curative influence. I have small faith in *Chamomilla* for children as a curative agent

under the 12th dilution, and this I have tested over and over again, and know full well that the higher dilution cures the best.

I dare not take up more of your space, but will just add, in conclusion, if we as Materialists set our brains to consider the 200 nil because we cannot comprehend or analyze such a minute atom of medicine, it having gone into the dynamized or spiritualized form, then I again assert that *practical experience* can alone solve such a problem, for I know and am sure that the high dilution cures often when the massive dose fails, and *vice versa*.

I have made some of my best and most brilliant cures with the high dilutions, but we do not get so much *credit* as curing with the low, because the great bulk of our patients like to be cured by drugs that have taste and smell! for they then fancy they are taking something.—I remain, Mr. Editor,

AN OLD STUDENT OF HOMEOPATHY.

February 6, 1892.

VARIETIES.

TIGHT LACING AND HEAVY SKIRTS.—Dr. Kellog (*Archives of Gynecology*, August, 1891), states the results of a study and comparison of the measurements of large numbers of civilized women, including peasants, Chinese, American, Indian, East Indian women, and ancient Greek models as follows: 1. The average modern adult civilized woman is deformed, her waist measurement being too small for the rest of her body. 2. This deformity, and others growing out of it, are the results of an unnatural and unhealthy mode of dress (including heavy skirts), and the neglect of physical or muscular activity. 3. The deformity of figure which the average woman presents is indicative of change in the static relations of the abdominal and pelvic viscera, which are the source of many and serious morbid conditions and painful symptoms. 4. In the great majority of cases of pelvic disease in women (especially displacement of the viscera), the disease is not an isolated or independent malady, but a partial or local expression of a more general disease, which involves also the abdominal viscera in whole or in part. 5. In consequence of constriction of the waist and weakening of the lower muscles of respiration, the civilized woman has acquired an unnatural mode of breathing, which tends strongly in the direction of the development of diseases of the abdominal and pelvic viscera. 6. Any therapeutic method addressed to the cure of maladies of this class must, to be successful, include such measures as will correct the disturbed static relations of the abdominal viscera, as well as the displaced uterus and ovaries, and will remove the cause of these displacements by removing the unnatural supports. The average natural woman has a larger waist than the natural man, which is not surprising, since she has a larger liver, and her waist must sometimes expand still more to allow for physiological requirements.—*British Medical Journal*, Dec. 17.

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.

- Bannatyne (G. A.)** Aids to General Pathology. 12mo, pp. 64. (Baillière. 1s.)
- Barr (J.)** The Treatment of Typhoid Fever. Introduction, by W. T. Gairdner. 8vo. (H. K. Lewis. 6s.)
- Beard (G. M.) and Rookwell (A. D.)** On the Medical and Surgical Uses of Electricity. 8th ed., with over 200 Illusts. Roy. 8vo, pp. 906. (Lewis. 28s.)
- Bell (Robert)** Tuberculosis and its successful Treatment. Cr. 8vo, pp. 62. (Glasgow: D. Bryce.)
- Boenning (H. C.)** A Treatise on Practical Anatomy. Illust. 8vo, pp. 481. (F. A. Davis. 14s.)
- Buret (F.)** Syphilis in Ancient and Pre-historic Times. Translated by A. H. D. Dumesnil. (Syphilis To-day and Among the Ancients. In 3 vols. Vol. 1.) Cr. 8vo. (F. A. Davis. 6s. 6d.)
- Churchill (J. F.)** Letters to a Patient on Consumption. 8vo. (Stott. Red. 2s. 6d.)
- Cooley's** Cyclopaedia of Practical Receipts. 7th ed., Revised and greatly Enlarged by W. North. 2 vols. Roy. 8vo, pp. 1,826. (Churchill. 42s.)
- Davis (N. S.)** Consumption: How to Prevent it and How to Live with it; Its Nature, Its Causes, its Prevention, and the Mode of Life, Climate, Exercise, Food, Clothing necessary for its Cure. Cr. 8vo, pp. 146. (Davis. 4s.)
- Fernie (W. T.)** Influenza and Common Colds: The Cause, Character and Treatment of each. Cheap ed. 12mo, pp. 128. (Percival. 1s.)
- Goslett (C.)** Influenza, and How to Go through it. Being part of a lecture delivered at Torquay, January, 1892. Cr. 8vo, pp. 16. (Torquay: Iredale; Simpkin. 8d.)
- Gowers (W. R.)** A Manual of Diseases of the Nervous System. Vol. 1. 2nd. ed. Cr. 8vo, pp. 600. (Churchill. 15s.)
- Hacker (V. R. V.)** Introduction to the Antiseptic Treatment of Wounds. Arranged for Students and Physicians. Translated from the German. Cr. 8vo, pp. 64. (Percival. 2s. 6d.)
- Jahr (G. H. G.)** The Clinical Guide or Pocket Repertory for the Treatment of Acute and Chronic Diseases. Translated by C. J. Hempel, M.D. Second and enlarged edition by Dr. Lilienthal. Half-bound. (Philadelphia: Homeopathic Publishing Company. 15s.)
- Jones (H. M.) and Stewart (W. R. H.)** The Practitioner's Handbook of Diseases of the Ear. 4th ed. 8vo, pp. 406. (Baillière. 10s. 6d.)
- Kennedy (A. S.)** Notes on Count Mattei's Electro-Homeopathic Remedies. 18th Thousand. Cr. 8vo, sd. (Stott. Net, 1s.)
- Manual of Urine Testing.** Edited by Scott. 32mo. (H. K. Lewis. 1s.)
- Martin (J. W.)** Yellow Fever: A Monograph. 8vo, pp. 56. (Edinburgh: Livingstone; Simpkin. Net, 4s.)
- Medico-Chirurgical Transactions.** Vol. 74. 8vo. (Longman. 21s.)
- Moore (J. R.)** Text-Book of the Eruptive and Continued Fevers. 8vo, pp. 554. (Dublin: Fannin; Baillière. 16s.)
- Public Health; Medicine, Food, Burial, Water-Closets, Disinfectants, Warming, Hospitals.** Cr. 8vo, pp. 56. (Edinburgh: Livingstone. Net, 1s.)
- Remondino (P. C.)** Circumcision: Its History, Modes of Operation, &c. 12mo. (F. A. Davis. sd., 8s., 6s. 6d.)
- Robe (Geo. H.) and Lord (M. D.)** Practical Manual of Skin Diseases. 12mo. (F. A. Davis. 6s. 6d.)
- Senn (N.)** Principles of Surgery. Illusts. 8vo, pp. 611. (F. A. Davis. 24s. 6d.; 80s.)
- Sozinsky (Thomas S.)** Medical Symbolism. 12mo, pp. 171. (F. A. Davis. 6s.)
- Whitla (W.)** A Dictionary of Treatment; or, Therapeutic Index, including Medical and Surgical Therapeutics. Cr. 8vo, pp. 950. (Renshaw. 16s.)
- Willis (W. A.)** Public Health: A Popular Guide to the Rights and Duties of the Inhabitants of the County of London. Cr. 8vo. (J. Hodges. 1s.)
- Year-Book of Treatment for 1892.** 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, 30, *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 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. Stanley Wilde, Cheltenham; Messrs. Peak, Freen & Co., London; Mr. J. Meredith, Lydney; Dr. Hughes, Brighton; Dr. Cooper, London; Dr. Clifton, Northampton; Rev. W. S. Walford, Dallinghoo; Dr. Bradshaw, London; Dr. Storrar, Southport; Dr. Ridpath, Huddersfield; Dr. Winterburn, New York; Dr. Burford, London; Messrs. Leath & Ross, London; Messrs. E. Gould & Son, London; Russian Famine Fund Committee; Dr.

W. G. Watson, Sydney; Messrs. Boericke & Tafel, Philadelphia; Dr. Molson, Wimbledon; E. Marriott & Co., Hastings; Dr. Heath, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Homeopathic Review.—Hom. Maandblad.—Allg. Hom. Zeit.—New York Medical Times.—Medical Advance.—Chironian.—Southern Journal of Homeopathy.—Medical Era.—Homeopathic Journal of Obstetrics.—Homeopathic Envoy.—H. Monatsblätter.—Archiv. f. Hom.—Medical Annals.—Maanedskrift f. Hom.—The Bath Herald.—Homeopathic Recorder.—Homeopathic Physician.—Der Keuchhusten.—Hahnemannia.—American Homeopathist.—The Future.—North American Journal of Homeopathy.—The Argus.—Medical Argus.—Clinique.—Vaccination Inquirer.—California Homeopath.—The Relation of Therapeutics to Midwifery, by Dr. Geo. Wm. Winterburn.—Twelfth Report of Hastings and St. Leonards Homeopathic Dispensary.—Cure of Consumption by its own Virus, by Dr. Burnett, 2nd edition.

THE HOMEOPATHIC WORLD.

APRIL 1, 1892.

WHAT IS HOMEOPATHY ?

WE are so frequently encountering more or less inaccurate attempts to explain what homeopathy is on the part of opponents or outsiders that it becomes necessary every little while to re-formulate the truth of the matter, or we might ourselves be forgetting what is our *raison d'être*. We are glad to observe that our *confrère*, Dr. McLACHLAN, whose advent to Oxford we lately chronicled, has been lecturing, on behalf of the Oxford Homeopathic Association, in the Council Chamber of that city on the question we have put at the head of this article—"What is Homeopathy?" *The Oxford Chronicle* of March 12th gives an interesting report of Dr. McLACHLAN's discourse.

Some months ago we quoted from one of the journals cases in which whooping-cough had been observed to disappear rapidly after vaccination. Our esteemed contemporary, *The Vaccination Inquirer* (whose noble efforts in the cause of personal liberty all unbiassed persons must admire), unable to allow that vaccination could possibly have in it any good at all, was somewhat disturbed by our reference to these cases. The editor, however, acting with more wisdom than most people would have done under similar circumstances, confessed his own ignorance of homeopathy, and applied to a friend, "in whose knowledge of homeopathic principles he felt every confidence." Here is his friend's definition of what homeopathy is:—

"Homeopathy is a system of therapeutics or drug-selection, based

on HAHNEMANN'S discovery of the law of similars. It, therefore, covers one small corner of the area of medical art, and is strictly limited to that one corner. It does not say what disease is; it leaves diet, regimen, and nursing to find their level by scientific discussion and clinical experience, and its followers accept the teachings of pathologists, anatomists, and sanitarians, as other medical men do.

"HAHNEMANN'S law was this: If the exhibition of any drug produces symptoms in a healthy person, it will, in reduced doses, cure disease, showing itself by similar symptoms. Thus arsenic given in large doses will produce sensations in the stomach similar to those of gastritis. Accordingly, when gastritis occurs from some other cause, a sufficiently small dose of arsenic cures it. The 'smallness' has to be ascertained by rule of thumb; and the manner in which the drug is sufficiently reduced, as ingeniously contrived by HAHNEMANN, has nothing to do with the homeopathic law."

We are sorry we cannot share the confidence of the Editor in his homeopathic friend; for this "definition," which contains a good deal that is true, is, nevertheless, very inaccurate and very "indefinite." Homeopathy is founded on a fact or law of nature, and not on "Hahnemann's discovery of the law"; therapeutics covers not merely a "small corner" of the medical art, but the whole of it; and even that part which might be called an exception—namely, operative surgery—can be immensely assisted by the proper administration of medicines; though *homeopathy* does not say what disease is, HAHNEMANN has given a very philosophical account of disease, which has an important bearing on the homeopathic system; finally, not to mention other matters referred to by this writer, the smallness of the dose has much more to do with the question of homeopathy than he seems to be aware of.

Without further criticism, we will venture to define homeopathy ourselves:—

1. Homeopathy is a system of healing founded on a law of nature.
2. Every drug when introduced into the healthy body sets up a disease peculiar to itself with characteristic symptoms.
3. There is a correspondence between drug diseases and natural diseases.

4. When a case of natural disease presents certain symptoms that are very like the symptoms of some drug disease, the case will be cured if that drug is administered in suitable form.

5. This fact, or law of correspondence, is the basis on which the homeopathic system of treatment has been built, first, and mainly, through the genius of HAHNEMANN. HAHNEMANN was not the first to discover it, but he showed how it might be utilized and developed. HAHNEMANN is to therapeutics what NEWTON is to natural science.

6. The correspondence between drug disease and natural disease is expressed in the word "homeopathy" and in the formula *Similia similibus curentur*—Let likes be treated by likes.

CANTHARIDIN IN GRANULAR LIDS.—Dr. Juan S. Fernandez, of Havana, reports (*Progreso Medico*, May, 1891) five cases of granular lids in which he tried injections of cantharidinate of potash. He was induced to do this by the fact that, in a case of tuberculous laryngitis treated by Liebreich, the patient had been under the care of Dr. Gutmann for granular lids since 1887. Treatment of one kind or another had been tried with little or no effect till, during the administration of cantharidinate of potash by Liebreich for the laryngeal disease, it was observed that considerable improvement was taking place in the ocular condition. The following is a summary of Dr. Fernandez's cases: 1. Man, aged 43, under treatment since September, 1889; the actual cauterium had been applied to the left eye, and this had been followed by applications of sulphate of copper, nitrate of silver, sulphate of cadmium, and iodide of silver to both eyes; in spite of this, the granulations persisted. The cantharidin treatment was begun with a dose of $\frac{1}{4}$ of a decimilligramme, and at intervals of one day the dose was increased till, on the eighth day, 1 decimilligramme was reached. At this stage the patient became slightly feverish, and the treatment was discontinued for a time. The conjunctivæ were a trifle paler, but there was no marked improvement otherwise. 2. A mulatto girl, aged 15, was treated in exactly the same way, but on the twelfth day the treatment had to be abandoned on account of the patient's timidity; the conjunctivæ were decidedly smoother than before. 3. A man, aged 32, with an acute granular condition of the lids and suppurative keratitis, was treated in the same way, but declined to go on with the injections on account of the pain which they caused. 4. A girl, aged 11; after the second injection the conjunctivæ were less injected, and had a healthier appearance; the treatment is being continued. 5. A very severe and old-standing case, with large granulations and opacities in both corneæ. After several injections the appearance of the conjunctivæ markedly improved; there was much less injection, and the surface was smoother. Dr. Fernandez thinks these results, though not brilliant, show that the treatment is, on the whole, worth trying.—*British Medical Journal Supplement*, May 30th, 1891.

NEWS AND NOTES.

QUININE AND AGUE.

IN an excellent article by Lord Dunraven in the March number of *The National Review*, in which Dr. T. J. MacLagan is severely and rightly criticised for his article on the Salicin treatment of influenza in the February number of *The Nineteenth Century*, we find the following passage, which shows that even intelligent laymen are acquainted with the fact of which so many allopathic doctors are ignorant—that *Quinine*, besides curing can cause attacks of fever. He says :

“*Quinine* cures ague, or at least attacks of ague, as a rule, that is certain; also it produces ague, or at any rate all the appearances, symptoms, and effects of ague, especially of that ill-defined but most intractable kind known as ‘dumb ague’ in the United States. In the case of a man who has taken large quantities of *Quinine* to combat frequent attacks of chills and fever it is, I believe, beyond the power of the most talented physician to discover whether he is suffering from the disease or the remedy—whether, in fact, he has the ague or the *Quinine*.”

F.C. POTENCIES OF *CROTON TIG.*—A CAUTION.

THE following letter was sent to the editor, with grafts of the properly-prepared attenuations. We gladly comply with Dr. Skinner’s request to publish it. Messrs. Keene and Ashwell and Messrs. Heath and Co., who keep Dr. Skinner’s attenuations, will now be able to supply the correct *Crot. tig.*

“MY DEAR CLARKE,—Allow me to draw your attention to my (F.C.) attenuations of *CROTON TIGLIUM*. I could not understand how my *Croton tiglium* preparations failed to act, until lately I examined my mother-tincture, when I found that the essential oil was at the bottom of the phial, separated from the spirit of the tincture. The conclusion was obvious—there was none of the oil in my potencies.

“I failed to take the directions as regards the attenuations from Messrs. Boericke and Tafel’s *Homeopathic Pharmacutics*, edition 1882, ‘The American Homeopathic Pharma-

copeia,' class iv., and, in consequence, my attenuations came to grief.

"I have made them anew, and I send you a set-up to the 5m (F.C.), which you will please to substitute for those you have of mine. You will also oblige me by giving publicity to this, as the first three centesimal attenuations should be made from absolute alcohol. My first set was made from the mother-tincture—*Hinc illæ lachrymæ!*

"Yours faithfully,

"Waylands,

"THOS. SKINNER, M.D.

"Beckenham, Kent.

"March 3, 1892.

"P.S.—The *Key-note* to *Croton tiglium* is *Watery stools in single gushes*. In cases of diarrhea I have never known *Croton* fail. One dose after every stool in single gushes was the discovery of the late Henry N. Guernsey, of immortal memory."

CARLYLE AND TYNDALL ON HOMEOPATHY.

In Professor Tyndall's *New Fragments* we read the following amusing account of a talk he had with the Chelsea sage on homeopathy:—

"The subject of homeopathy was introduced. Carlyle's appreciation of the relation of cause and effect was as sharp and clear as that of any physicist; and he thought homeopathy an outrageous defiance of the proportion which must subsist between them. I sought to offer an explanation of the alleged effects of 'infinitesimals,' by reference to the asserted power of the Alpine muleteer's bell to bring down an avalanche. If the snow could be loosened by a force so small, it was because it was upon the verge of slipping. And if homeopathic globules had any sensible effect, it must be because the patient was on the brink of a change which they merely precipitated. Carlyle, however, would listen to neither defence nor explanation. He deemed homeopathy a delusion, and those who practised it professionally impostors. He raised his voice so as to drown remonstrance; while a 'tsh!' with which Mrs. Carlyle sought to quiet him, was here interposed."

Tyndall instructing Carlyle in homeopathy reminds us of the old definition of "metaphysics": when a man tries to explain something he does not understand to another who has no idea what he is talking about. We think Mrs. Carlyle's emphatic "tsh" was the most sensible contribution to the discussion.

INFECTION BY PARROTS.

THE following from *The Pall Mall Gazette* of March 23rd is of very serious, not to say alarming, import :

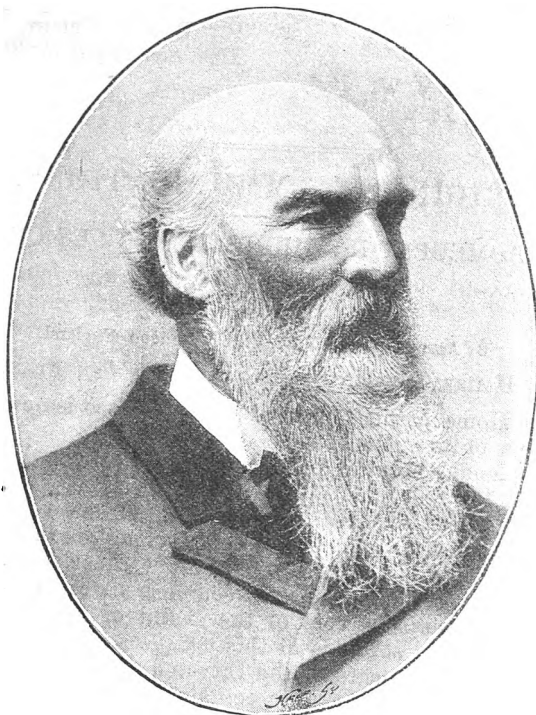
"An instance of infection by parrots imported from Brazil occurred in Paris (says *The Standard's* correspondent). About three weeks ago a M. Dubois arrived from Brazil with about five hundred parrots he intended to sell. On landing he fell ill, but recovering in about a week he came to Paris. He took up his abode with one of his former friends, M. Liénard, a tap-maker, living with his family in the Rue de la Roquette. A room in the house was cleared of everything, and the parrots were let loose in it. An epidemic among the birds almost immediately declared itself. Many died every day, till, at the present moment, there are only two of them surviving. On the 6th inst. M. Dubois went into the wine-shop occupying the ground-floor of the house, and kept by M. Barnasson, and remained there four or five hours writing letters. On the following day Mdlle. Mangrel, M. Barnasson's niece, aged twenty years, fell ill, and six days later she died of infectious pneumonia. M. Barnasson, a man of robust health, soon fell ill, and entered the St. Antoine Hospital, where he died yesterday of the same disease. M^{me}. Liénard, the wife of M. Dubois's friend, who had housed the parrots, was also attacked by infectious pneumonia, and entered the same hospital on the 8th inst., and died a few days afterwards. One of her daughters entered the hospital on the 9th inst., and died seven days subsequently. As for M. Liénard and his two other daughters, they all caught the disease, and are now lying dangerously ill at the St. Antoine Hospital. M. and M^{me}. Bousage, living at Montmartre, who paid a visit to their friends, the Liénards, after the arrival of M. Dubois and his parrots, both caught the fatal disease. M^{me}. Bousage is already dead, and the life of her husband is despaired of. M. Wasseur, a jeweller, living in the Rue de la Roquette, who bought one of M. Dubois's parrots, is also dangerously ill. M. Vacher, living at St. Maurice, who bought a pair of the same birds, is likewise very ill with pneumonia, and M. Chapuis, a workman in the employ of M. Liénard, entered the St. Antoine Hospital yesterday morning. The sanitary authorities are now though rather late, moving in the matter. The house in which the parrots were kept has been thoroughly disinfected."

HYDROPHOBIA IN PARIS.—Referring to the alarming prevalence of hydrophobia in Paris, M. Schlumberger, of Mulhouse, proposes the compulsory vaccination by the Pasteur system of all the dogs of the metropolis, every unvaccinated member of the canine race to be pitilessly destroyed. One of the leading assistants of the great bacteriologist has stated, however, that this would be impracticable in the present state of science and especially on account of the great expense likely to be entailed by the several months' imprisonment in the laboratory of the canine patients.—*Chemist and Druggist* March 19th.

THE LATE MAJOR MORGAN.

WE are glad to be able to present our readers with the subjoined portrait of the late Chairman of the London Homeopathic Hospital.

From the many messages of condolence that have been sent to Mrs. Morgan, we extract the one sent by the Medical Staff of the Hospital.



MESSAGE TO MRS. MORGAN FROM THE HOSPITAL
STAFF.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I beg to inform you that at a special meeting of the Staff of the London Homeopathic Hospital, held on the 25th of February last, it was unanimously agreed to that the following

message of sympathy and condolence should be sent to Mrs. Vaughan Morgan:—

“That this meeting of the Staff of the London Homeopathic Hospital desires to express its deepest sympathy with Mrs. Vaughan Morgan on the occasion of the death of her husband, Major Vaughan Morgan, whose valued services to the hospital for so many years had won for him the esteem and regard of every member of the Medical and Surgical Staff, and whose death deprives the hospital of a true friend and wise counsellor.”
—I am, sir, yours faithfully,

DUDLEY WRIGHT,
Hon. Secretary to the Staff.

Leinster Square, W.
March 2, 1892.

ORIGINAL COMMUNICATIONS.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., London, England.

THE HAHNEMANN HOSPITAL COLLEGE OF SAN FRANCISCO.

THE Homeopathic College of San Francisco is now in the 9th year of its existence.

A splendid hospital is in course of erection which will contain 150 beds.

The College requires the student to be one year with a qualified medical man before commencing his three years' course. This is the same as in other American Homeopathic Colleges. The summer course is six months.

By the *unanimous* vote of the Board of Health of San Francisco, the students of this college are admitted to all the clinical privileges of the City and County Hospital, a complete modern structure containing five hundred beds, and presenting for observation nearly every known form of disease, including those peculiar to the tropics and South America, on equal terms with the students of other medical schools in the city.

There is one feature of the California School that would be an advantage to many. The regular course is in the *summer*, when the temperature rarely reaches 70°, and the climate is invigorating and bracing.

There is a large outdoor dispensary connected with this school, where 600 patients are treated per month.

The school is a very good one, and steadily increasing in number. Last year there were 33 students, of whom eleven graduated as physicians.

Since its foundation this school has graduated 65 physicians.

Graduates of other accredited medical colleges wishing to take the degree of this college, must attend one full course and pass the usual examination.

In accordance with the Laws of the State of California, all physicians desiring to practise medicine therein must present a diploma from some medical college of good standing to one of the three Boards of Medical Examiners of the State.

The attention of students is directed to the following resolutions recently passed by all the State Boards of Medical Examiners:—

“Resolved, that on and after April 1, 1891, the Board of Examiners of this Society will not grant certificates to practise medicine on diplomas issued after that date by colleges which do not require that all candidates for graduation shall have studied medicine not less than three full years, and shall have attended three full courses of lectures delivered during three separate years.”

PRIZES.

Dr. George H. Palmer's prize of a Tiemann's case of pocket instruments is offered for the best examination in Surgery.

Professor J. A. Albertson's prize of a set of obstetric instruments is offered for the best examination in Obstetrics.

Boericke and Runyon offer a prize for the best examination in *Materia Medica*.

The Dean of this College is Professor G. E. Davis, A.M., M.D., Professor of Medical and Surgical Diseases of Women, a physician of high attainments and extensive practice, and one who is an authority in the treatment of diseases of women.

The Registrar is Professor W. A. Dewey, M.D., who takes the chair of *Materia Medica* and Therapeutics. His knowledge of *Materia Medica* and his great skill qualify him in an eminent degree for the position he occupies.

ENURESIS NOCTURNA.

By Dr. W. BRADSHAW.

I HAVE taken a great deal of interest in this peculiar affection, and I am not going to enter into the different theories as to its *fons et origo*, for I know about as much as the many theorists do, and I consider that the sympathetic ganglionic system of nerves influences or causes this peculiarity.

I have tried the twelve remedies put down in Dr. Hughes' *Pharmacodynamics*, some of them with very curative results; but in some cases all medicines fail one. Those that have served me the best are *Bell.*, *Acid Benz.*, *Causticum*, *Gels.*, *Cina*, *Sant.*, *Sul.*, and in nearly all cases these remedies will effect a cure; but a most important matter is good and efficient *nursing*. I just pen these few lines in hopes of hearing remarks from my *confrères* as to their successes and failures, and I was the more induced from a circular I received, that made me refer to some rough notes relating to enuresis, and the discovery of Dr. Fenwick!

This was a glorious find for our low dilutionists. Dr. F. must have been reading over our *Materia Medica*, and being a clever, able man, I fancy he has hit on a good remedy. I know nothing about its simillimum, but will give you two cases where *Lyc.* produced a cure.

I must give you a full extract from the circular (many of my brethren, I have no doubt, received it).

"ETHEREAL TINCT. LYCOPodium.

"In a recent clinical lecture delivered at St. Peter's Hospital, Dr. E. H. Fenwick stated that for enuresis, whether suddenly developed as the result of accident or operation, or in other cases where the incontinence of urine had been of several years standing, he was acquainted with no drug which gave such entirely satisfactory results as the tincture of white Lycopodium. He had first given it to check the nocturnal enuresis of children, but finding it so surprisingly successful, he next employed it for adults, with the result that micturition was quickly reduced from *six or eight times an hour* to once in two hours; but he warned his hearers to use only the tincture made from the white Lycopodium, as the brownish kinds of Lycopodium was useless and inert. It is also of great value in those cases of dyspepsia which are accompanied by an

excess of lithates in the urine, with gastric and intestinal catarrh, with flatulent distension of the transverse colon"!!

As I said before, this wonderful account reminded me of some of my old cases, for I must say *Lyc.* has served me splendidly in a variety of ills, and in the two cases of cure I detail, I did not administer the *Lyc.* at all for the enuresis, and was simply surprised by the cure.

J. B., 16, came to me April, 1870, rather delicate looking, well formed, but, as we say, out of condition, for two of his doctors advised that he should not exert himself, as he had some *spinal affection*, the cause of his ill! Having plenty of money, he had plenty of advice. He had been suffering for years from enuresis, and was finishing his education at one of our large public schools, and was with one of the masters, and had a separate room on account of his ill. He told me that he used to dream about urinating in some convenient place, and the wet sometimes woke him. Having seen so many medicos, of course all sorts of remedies had been tried. *Quot homines tot sententia* was beautifully exemplified in this case, and as the "scientific" treatment had failed, his parents were advised to try homeopathy. He had become very inert, and entered into no games for fear of fatiguing himself. I examined him carefully, and could detect no disease, and as he reclined much, "on account of his spine," I advised him to go into athletics and sports to strengthen it, and cold sponge baths, &c. Gave him *Gels.* ter. die 1, 3, 6, 12 for a month; no improvement, but thought his back was easier, and could take more exercise.

Second month. Put him on *Acid. Hydrochlor.* 6, 12, 30. At the end of the month feeling better and stronger, but enuresis nocturna the same.

Third month Benzoic Acid, 3, 12, 30, just the same.

Fourth month. Said he was stronger and better in health, but complaint just the same; and as I felt that I had dosed him more than enough, I put him on a *Plac.* for a month.

Fifth month. Better in health, but his ill the same. He again brought me a bottle of his urine. There was much deposit of lithates in it. I asked if it was often so. "Oh, yes; I have passed 'red sand' at times for years." And this symptom induced me to put him on *Lyc.* (I had pre-

pared him some *Causticum*). So I gave him *Pilul. Lyc.* 30, *Pil. Plac.*, alternate weeks for a month, *ter. die*.

Sixth month. Came to me quite cheerfully. "I think you have hit on the right medicine at last. I am much better." I told him to continue the same, and in two months more reported nearly well. I advised a long sea voyage, and he went round the world with his tutor, and when he returned in about a year, he said he was quite well and strong.

Case 2. N. B., 12, Sept., 1874. Had enuresis nocturna more or less ever since a child, and *been under much medical treatment*. Sharp, healthy-looking boy. His father said he suffered from liver and dyspepsia, and he thought his son took after him in that respect, and also thought he had taken too much physic. I quite agreed, as the lad was getting full of morbid medicinal fancies. He could eat and sleep well—too soundly—and seldom passed a night without some micturition. He complained of much indigestion and flatus.

Pilul. Lyc. 30, *ter. die* for a month. Says digestion much better, and much less wind. Gave him *Placabo* for a month. Much better, and only wet his bed twice since I saw him. *Lyc.* 200 for a month, four globules twice a week. Continue the same for another month, and then he reported himself well, and he kept so, and grew into a fine young man.

Remarks.—The accounts of cure by *Lyc.* are very interesting to us. We can scarcely call the drug a simillimum, and I was guided to its use by its curative action in cases of dyspepsia, colon flatus, lithates, &c., and its wonderful *curative influence over the urinary tract*. My two cures were made by the dynamized drug. I have called attention to Dr. Fenwick's lecture in hopes that my fellow-workers will test white *Lyc.* in its high and low forms. This will give us an opportunity of all following out our various whims and fancies. The advice Dr. Carroll Dunham gives about the administration of the 200's, I have found quite correct, that is, to give a dose or two (say four globules), and if there is an amendment on your next visit, *do not repeat the dose*, but give a *Plac.* I used a capital one for years, pilules saturated with *Tinct. Calumbæ φ*, giving one three times a day, and that does not interfere with the action of the medicines you are giving. That is my idea and experience, and I am also certain that we need not be so particular as to diet

when taking the high attenuations as we should be whilst taking the very low.

I also consider that the failures to cure by the high or spiritualized dilutions arise from the too frequent administration of the drug, and the *want of faith in the giver, who is careless about giving the proper dose, and is impatient of waiting its curative effects.*

In conclusion, I quote a line or two from a very eminent man, who dislikes homeopathy. "Medicine unfortunately continues to be the victim of systems, and one of the systems of the day is Bacteriology."

I can truly say that the medical profession is far fuller of humbug now than it was when I began my career. Of course our system excepted.

March 11, 1892.

CLINICAL CASES: *KALI-CARB.*

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of International Hahnemannian Association.)

CASE XIX.—*Kali-carbonicum.* March 16, 1872, Mr. F. R., aged about 25, sent for me in the evening. About a week ago, he had caught cold from changing his dress. For the last five days he had had frequent desire to swallow the saliva, but was often unable to do so; and when thus unable, it caused a choking in throat, the heart beat quicker, and he felt weak, with difficulty of breathing. He could swallow food or drink. At first these symptoms came on by night only, but he has had them all this day also. When lying on right side, the heart felt suspended to left ribs, and seemed dragging them to right side. This morning he had pain as if the lower lobe of right lung were adherent to ribs. For last three nights has only been able to sleep sitting up, because otherwise the saliva would not run down throat. Heart's action irregular and tumultuous, with systolic murmur loudest at apex.

Diagnosis of the remedy.—The keynote of this case was the suspended feeling of the heart, which is recorded in the *Materia Medica* thus:—(1073) "Pinching pain in or by the heart, as if the heart were hanging by tightly-drawn bands; mostly noticed on deep inspiration or coughing,

not on motion of the body." I gave the patient one dose of *Kali-carb.* 4m (Jenichen) at 10 p.m.

March 17.—Visited patient at 5 p.m. He had slept well, and could lie down last night. Throat symptoms nearly gone to-day. Heart quiet all night and ever since. No pain in chest. Feels stronger. Auscultation showed heart to be regular and quiet, and the systolic murmur less. He soon recovered completely and permanently.

Comments.—(1) This case shows the value of keynotes. A keynote is a symptom, or group of symptoms, so characteristic of a remedy that whenever we meet with it, we always, or nearly always, find the remainder of the symptoms also under that remedy. Hence in prescribing according to a keynote, we do not ignore the totality of the symptoms, but merely use this keynote as a guide thereto. Cases occur, it is true, in which, through the imperfection of our *Materia Medica*, we cannot cover the totality of the symptoms: here, keynotes are especially invaluable; because if we can cover these, we may safely neglect the remaining vague and general symptoms which may be found under many medicines, though not perhaps in the existing semeiology of the one in question. In other cases we may find two or more conflicting keynotes; often here, the true *simillimum* is a remedy yet unknown, but which comprises all, as subsequent provings have more than once demonstrated: but in the meantime we must in such cases decide which is the most important keynote, and select the medicine to which it belongs as the best indicated remedy; and when its curative action is completely exhausted, make a fresh selection for the remaining symptoms. In a third class of cases there may be no keynote discernible, all the symptoms being of nearly equal value, and all belonging to many medicines. Here, the only plan is to eliminate one by one the medicines which have not all, or the majority of the symptoms, and to select that which corresponds to the greatest number. It is obvious that a good knowledge of keynotes results in a great saving of time and labour, though liable to abuse by the careless and incompetent. No Repertory was used in selecting the *simillimum* for this case; and without a knowledge of this keynote of *Kali-carb.*, obtained from a study of the characteristics of the *Materia Medica*, I could not have cured the patient, as no Repertory in my possession at that time recorded the symptom.

A writer has said that to call keynotes "a quintessence of symptoms" and "always characteristic symptoms," is too flattering a description of many of them; but he adduces no proof of his assertion, and we cannot accept the *ipse dixit* of any man. The same writer also declares that "the idea of a keynote, which is a single symptom or condition of occurrence of a symptom which, if present, shall infallibly guide us to a certain remedy, is antagonistic to Hahnemann's insistence on the necessity of the correspondence of 'the totality of the symptoms,' or of 'the more striking, singular, uncommon, and peculiar (characteristic) signs and symptoms.'" But this latter expression of Hahnemann is exactly what is meant by a keynote, and his advice here is not only a necessary rule for the selection of the remedy in cases where we cannot cover "the totality of the symptoms," but also a valuable guide to a more rapid prescription even when we can. And when the same writer continues that "when such a keynote is found not among the pathogenetic effects of the medicine, but is got from clinical experience or some other source [what 'other source' than pathogenetic or clinical experience is possible?], the divergence from Hahnemann's teaching is still more obvious;" it is sufficient to reply that Hahnemann himself incorporated clinical symptoms in his *Materia Medica*, and that Boenninghausen's *Repertory*, which Hahnemann said he preferred to all others, is full of them.

(2) This case is a practical argument against the unscientific and unhomeopathic method of alternation, which Hahnemann so emphatically denounced. Several symptoms of the patient had not been recorded under *Kali-carb.*; but by prescribing only one medicine at a time, and not alternating it with some other on the pretext of covering the totality of the symptoms, not only was a good cure effected, but some additional clinical symptoms were obtained, which if verified will prove of great value.

A writer has recently given his opinion of the alternation of remedies, that "in many cases it is a most valuable method, and considering the often composite character of the cases we meet with in practice, it is frequently an indispensable and strictly scientific mode of practice; and it was recommended and practised by Hahnemann himself in many of his published works and in his letters." That some physicians may find it "an indispensable mode

of practice" I will not deny; suffice it to say that others do not, and it all depends upon our knowledge of how to use the *Materia Medica* and *Repertory*. But how it can be "strictly scientific" to prescribe alternated medicines before they have been proved in alternation is less easy to understand.

Lastly, the assertion that Hahnemann recommended and practised alternation in his published works and letters [how can alternation be *practised* in a book?] is an utterly erroneous statement, based upon a misconception of what Hahnemann taught, and upon an ignoring of the essential difference between *à posteriori* "alternation" (the change of remedy according to a corresponding change of symptoms) and *à priori* "alternation" (the change of remedy without a corresponding change of symptoms). Hahnemann's clear statement (*Organon*, 272 and note) should be a sufficient demonstration of what his teaching and practice really was.

(3) The patient had another peculiar symptom—pain as if lower lobe of right lung were adherent to ribs; and this demanded attention, because it seemed a conflicting keynote. It was a more recent symptom than the sensation as if the heart were suspended to the ribs, and hence was so far of greater value than the latter in the selection of the remedy. On the other hand it was of less value than the "suspended" sensation, because the latter belonged only to one remedy, while the former belonged to several. Hence I selected *Kali-carb.* as the *simillimum*.

(4) This case demonstrates that homeopathy can cure even organic disease of the heart; I have no doubt that the patient was suffering from incipient rheumatic endocarditis, arising from catching cold; and the systolic murmur showed that deposition of fibrin on the valve had already commenced. Of course in chronic cases where the fibrinous deposit has been of many years duration, and the valves thickened and distorted thereby, a complete cure is almost impossible; but even here homeopathy will best palliate the symptoms, and so enable the patient to pass the remainder of his days with comparative comfort.

(5) The following comparison of symptoms resembling those of the patient may be useful. *Kali-carb.* is the only remedy known to possess the sensation as if the heart were hanging by bands; but *Causticum* has something similar. In 1888 Mr. A., aged 45, told me that about six years ago

he took *Causticum* 6 thrice daily, for deafness. It caused a feeling about apex of heart as if there were strings there breaking. Twice afterwards he took the same medicine twice daily, and each time it produced the same symptom, but to a less extent. (The *Symptom Register* records the *Kali-c.* symptom only under "Pinching"; it ought to be placed also under "Bands" and "Hanging." The *Causticum* symptom, being from a later proving, is not recorded either in the *Materia Medica* or *Repertories*.)

(6) The sensation as if the lungs adhered to chest belongs to *Cadm.-s.*, *Euphorb.* (left), *Gadus.*, *Kali-carb.*, *Kali-nitr.*, *Mezer.*, *Ran.-bulb.*, *Seneg.*, *Thuja*. Of these the *Materia Medica* gives:

Cadmium-sulph. (86), "Feeling as if the lungs adhered to chest."

Euphorbium (183), "Deep inspiration is hindered by a sensation as if left lung were adherent." (The *Symptom Register* omits the condition of deep inspiration, though it records it under *Mezer.*)

Gadus (39), "Lungs seem adherent to parietes of chest."

Mezer. (906), "Pain in sides of chest on deep inspiration, as if lungs were adherent and could not be fully distended." (Compare *Euphorbium* for condition of deep inspiration.)

Thuja (2040), "Oppression of chest as from an internal adhesion." (This is omitted in *Symptom Register*, p. 762, under "Adherent"; and only recorded, p. 219, as a variety of "Oppression.")

Kali-carb., *Kali-nitr.*, *Ran.-bulb.*, and *Senega* are not to be found in the *Materia Medica*; they seem to be clinical symptoms, and are recorded in C. Lippe's *Repertory*; *Kali-carb.* is probably taken from this case.

(7) The sensation when lying on right side as if the heart were dragging ribs to right side is a new symptom, cured by *Kali-carb.* in this case, but not recorded in the *Materia Medica* under any medicine. With it may be compared a symptom which I cured in 1868 with one dose of *Cinnabar* 200 (Leipzig): "Sometimes when lying on right side, she feels as if the contents of body, from axilla to hip, were being dragged over to right side, causing a feeling as if she had no room to breathe."

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ERRATA.—*Homeopathic World*, XXVII., p. 66, line 34, for "symptoms" read "remedies"; XXVI., p. 221, line 42, for "Translations" read "Transactions."

MATERIA MEDICA.

CALENDULA.

(Concluded from p. 114.)

By R. T. COOPER, M.D., M.A., T.C.D., Physician to Department of Ear Diseases, London Homeopathic Hospital.

Connected with the facial nerve is the chorda tympani, which is remarkable in being in close association with all parts of the ear. Arising from Meckel's ganglion as the vidian, it is soon found in connection with the eustachian tube, then it gets to the hiatus fallopii, through which it passes to join the facial in the aqueductus fallopii, passing in its course through the bone very close to, though not in absolute connection with, the internal ear; then branching off from the facial as the chorda tympani, it passes through the posterior wall of the tympanic cavity to cross behind the membrana tympani, between the long crus of the incus and manubrium of the malleus, emerging from the bone by an aperture internal to the gasserian fissure, to join the gustatory nerve, which it leaves to supply the submaxillary gland, and to enter into the formation of the submaxillary ganglion. The chorda tympani nerve is therefore in connection with the ventilating, the receiving, and the conducting apparatus of the ear.

As to the submaxillary gland upon which the ganglion is situated, physiologists have proved that its secretion is specially devoted to the faculty of taste. Through the ganglion it establishes sympathies with many other parts, amongst these a connection with the superior laryngeal nerve.

The superior laryngeal nerve presides over expiration, and along with the small bronchial glands is supposed to be involved in all cases of whooping cough. In whooping cough we very often find present, in fact it is the rule, an ulcer on the frænum linguæ, the cause of which has hitherto been unsuspected. My explanation of it is that in whooping cough there is a disturbance of the submaxillary ganglion, in consequence of which this gland's secretion becomes vitiated and, pouring away by Wharton's duct, irritates the mucous surface adjoining its opening. The ducts of the sublingual gland—those of Rivini—open upon the same mucous surface and this gland may also be affected; this we are not questioning.

It is remarkable how very frequently deafness follows upon whooping cough; of course in some cases of pertussis we get an inflammatory tendency very marked, a vasculitis, with its bronchitis and otitis, and in such instances deafness as a sequence is easily explainable without going further into the physiology of its more remote causation.

But deafness follows very often upon slight attacks of whooping cough in which the ears did not appear involved, and the reason is, I believe, from the submaxillary gland being affected; just as after mumps deafness also very frequently follows, and from, as I believe, the effect exerted by the adenitis upon the chorda tympani nerve, though, of course, if the inflammatory tendency be very strong such cases are equally explicable upon the supposition of transmission of the inflammation *viâ* the fibrous structures to ear cavities.

In connection with this, the following is interesting* :—
“The middle ear is crossed by a nerve, the chorda tympani, which goes to the salivary glands and regulates their secretion. Thus certain sounds, doubtless by affecting the chorda tympani through the intermediary of the tympanal membrane against which this nervous filament is glued, certain sounds, especially very sharp sounds, can bring about abundant secretion of saliva; in any case we cannot prevent ourselves connecting this anatomical fact, the passage of the nerve of salivary secretion into the tympanal cavity, with the physiological fact just studied—to wit, the essential connection of the salivary secretion and of deglutition with the eustachian tube, and consequently with the maintenance of normal atmospheric pressure of the tympanal cavity. Moreover, the relationships between the middle ear and the pharynx are explained by embryology; in the fœtus these parts are comprehended in the first pharyngeal cleft, the remainder of which is formed by the eustachian tube.”

The inference from these important researches of advanced physiologists like Küss and Duval is that we must look upon the submaxillary gland and its ganglion as a great producer, from its sympathies, of some forms of chronic deafness. The inference in fact is that without any very considerable inflammatory mischief in the middle ear a person may be deprived of hearing through the reflex influences of the submaxillary ganglion upon both the auditory

* “Cours de Physiologie,” *supra cit.*, p. 556.

nerve and the eustachian tube, as well as upon the *caritas tympani*. In other words, the pathology of chronic deafness has hitherto been altogether at fault, seeing that it has taken cognizance of the condition alone of the eustachian tube and of the middle ear, without reference to its ultimate causation. Old school pathology has recognized *deafness as a symptom* (presumably) *of a disease*, but when asked to name this disease, authorities simply pointed to another symptom—obstructed tube—as affording a sufficient explanation of the *disease* from which deafness originated; a position that, as I have shown in my work on vascular deafness, is wholly untenable.

The argument as to the involvement of the submaxillary glands necessitates the supposition that these glands may be affected without their being very much tumefied; and this is entirely the case.

In chronic deafness, a certain diffused fulness about the submaxillary region as well as a localized glandular tumefaction with or without like conditions along the sides of the neck, due in this latter case to tumefied lymphatics, is one of the commonest of concomitants; and thus, though it cannot be said that very obvious glandular enlargements are a specially frequent attendant upon the symptom, chronic impairment of hearing, a certain progressive enlargement of the neck, due to swollen lymphatics is certainly a characteristic accompaniment of vascular deafness.

Accompanying this angioleucitis are disturbances in the free flow of saliva only to be discovered upon close and careful inquiry and attention to the patient's description of his feelings. Thus a patient at present under treatment complains that on attempting to masticate food the saliva will not flow freely, but wells up in the submaxillary regions, principally the left—in Wharton's duct evidently—giving rise to swelling and great pain when eating, and which continues some minutes until free salivary flow takes place. There were present in this case old ulcerations in both ears, and considerable deafness; all these symptoms have much improved under *Calendula*.

Again, a considerable number of chronically deaf patients have complained to me from time to time of an embarrassed feeling and weight in the lower jaws, as though these were swollen, and this symptom I incline to attribute to swollen submaxillaries, from the fact that the

symptom is an accompaniment of a diffuse submaxillary tumefaction, and that this lessens with disappearance of this symptom; the remedy most frequently employed for the purpose being *Calendula*.

Now it is very remarkable that in Case 18 in our list, both submaxillaries became swollen during aggravation from *Calendula*, and that in its proving we find drawing tenderness in the submaxillary glands, and painful axillary glands; from all of which I infer that *Calendula* acts upon glands, especially upon the submaxillaries, and that its deafness is due to this submaxillary involvement.

En passant I may notice that in the case of *Dulcamara*, which, like *Calendula*, has very prominently aggravation from damp weather, this swelling of the submaxillaries has been specially observed. Indeed, I am quite certain from internal evidence afforded by the proving of *Dulcamara*, that it, too, is a polychrest remedy in vascular deafness.

It must be borne in mind that our cases illustrative of *Calendula* are not selected; they are taken in rotation, and seeing this, the great feature to be noticed is the evident influence exerted upon defective hearing by *Calendula*.

We have scores of remedies that act upon the ear, all of them answering their indications very fairly, but these indications are confusing, and require much special experience to appraise and apply. It is therefore a great gain to obtain a remedy that can be prescribed with a fair average success in a large proportion of ear cases; but while I make this statement I wish it to be understood that the full effects of this remedy can only be obtained by administering it on homeopathic principles; it must be given often in high dilutions, and be allowed to act in some instances for weeks together. In no other way can we obtain its full effects, and it is no reply to accuse the writer of neglecting to follow out these principles; it is a sufficient answer that the early stages of investigation into the action of remedial agents are better carried out with low potencies, or are at least more acceptable in a materialistic age like the present.

My experience in aural practice has brought me into contact with but two remedies which I have succeeded in proving of general utility in the treatment of vascular deafness, viz.: *Calcarea Carb.* and *Calendula Officinalis* in both high and low potencies.

By the term "general utility" I mean that these remedies will cure a fairly large average of selected cases; there are hosts of other ear remedies, but the cases for which they are indicated are not nearly so frequently met with. But I do not at all mean that we can dispense with careful selection in the case of *Calcarea* and *Calendula*, only that they are oftener indicated than such drugs as *Hydrastis*, *Pulsatilla*, or even *Ferrum picricum*.

Generalizing, we may affirm that the first of these, *Calcarea*, meets the deafnesses of childhood up till fourteen years of age; the second, *Calendula*, the deafnesses of both men and women from infancy up till middle life, say forty-five years of age, always supposing that the symptoms fairly correspond with the remedy.

In the deafnesses that come on in, or last over middle life, *Calendula* is not nearly so successful; in this respect contrasting with *Chininum Sulphuricum* and *Mercurius*. Comparative estimations like this regarding remedial value, however, are liable to be upset at any moment for reasons that are self-evident.

The deafnesses curable by *Calendula* are characteristically middle ear deafnesses; labyrinthine deafnesses, *i. e.*, deafness with labyrinthine symptoms, are as yet not proved to be under its sway; in this respect contrasting, *it may be*, with *Pilocarpine*.

The mention of *Pilocarpine* at once brings to mind its admitted action upon the chorda tympani nerves, and the consequent salivary flow from the disturbed submaxillaries, and requires us to ask the question whether or not the improvement that follows from its subcutaneous injection is due to the derivative irritation temporarily set a-going in the submaxillaries, the profuse salivation relieving the hearing for the time being, just as has occurred in olden times from salivation from *Mercury*.

Whatever be the explanation it is certain that this subcutaneous injection of *Pilocarpine* has but a very temporary effect upon deafness, the improvement lasting in obstinate cases but a very short time. Besides it is by no means desirable to submit the system to the risk of injurious consequences that the saturation thereof by constant injection into it of a powerful drug like *Pilocarpine* must necessarily bring about. The idea that we are unable to give medicinal substances sufficiently strong by the mouth is absurd on the face of it; nor ought we too readily to

accept the testimony of a school of observers many of whom have been unable to recognize the hemorrhoidal-producing properties of *Aloes*, the mammary and orchitic atrophies of *Potassium Iodide*, and who have discarded as useless such remedies as *Sarsaparilla*, *Sulphur*, *Ruta Graveolens*, and hosts of others.

The difference between an improvement from an indicated remedy like *Calendula*, and an improvement from *Pilocarpine*, is that the former is lasting and the latter is not; but even with the indicated remedy I resort more and more to the single dose and interval method, and am firmly convinced that the full effects of the specific can only be obtained in this way.

The power that *Calendula* possesses in relieving the consequences of retrograde metamorphosis in epithelial tracts has caused it to be firmly established in our school as an external application, and this is the more remarkable as a great disinclination exists among homeopaths to use imperfectly proven remedies, or to take advantage of drug powers for which a reliably proven basis was not forthcoming. *Calendula* is absolutely the one and only drug whose unproven effects have been consistently taken advantage of and extolled, and its well-proved influences as consistently despised and ignored. From this we may surely argue that its external action was so strikingly satisfactory that we were led to look upon it as an external remedy only. Nor will any one who has had much to do with *Calendula* wonder at this; the only question is in what form is it best used externally. Calendulated vaseline, and calendulated castor oil are to be specially approved of as external applications. Vaseline in its pure state has a tendency to produce eczema, this being especially so when used as an application to the scalp; it is probable that when combined with *Calendula* this over-stimulating tendency in the vaseline is modified by the presence of *Calendula*. To prevent the falling off of hair there probably is no more effectual application than calendulated vaseline, while for eczematous surfaces in both children and adults the calendulated castor oil possesses many advantages.

The influences of *Calendula* upon the skin are sometimes exemplified by the small furunculi and patches of inflammatory eczema that show themselves while patients are under its influence, and diffused epithelial exfoliation of the skin of the chest (pityriasis sicca) has, I have noticed, improved under its use.

The times at which symptoms calling for *Calendula* exacerbate would appear to be very accurately indicated by the habits of the plant. Thus Thomé states:—"Others (*i.e.*, plants), again, like the marigold, vary according to the weather; in clear, dry weather, they expand their capitula between six and eight o'clock in the morning, and close them between four and six in the afternoon; whilst when the sky is perfectly cloudy, or in rainy weather, they remain altogether closed" (*Structural and Physiological Botany*, Art. "Life of the Plant," p. 206. London: Longmans, Green & Co. 1885). It is in damp cloudy weather that *Calendula's* symptoms aggravate; and judging from the above extract, I should say that aggravation in the dark is also an indication.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

The sixth ordinary meeting of the session was held on Thursday, March 3rd, 1892, Dr. GALLEY BLACKLEY, Vice-President, in the chair.

Dr. BURFORD showed a specimen of strangulated ovarian cyst which he had removed, and mentioned two other similar cases. In all three cases there was a sudden lurch which set up the symptoms.

Dr. COOPER proposed that the Society should devote an evening to the consideration of cases cured by high dilutions.

Dr. DUDGEON thought a discussion of such cases would be useless, as no one could say whether any particular case could not have been cured by any other dilution.

Dr. DYCE BROWN agreed with Dr. Dudgeon. He thought no one denied that high dilutions did cure.

Dr. MOIR would be very glad to see cases of cure, and for Dr. Cooper to bring forward such cases.

Dr. MADDEN would be glad to have evidence to convince him that very high dilutions were efficacious where low dilutions of the same medicine had failed.

Dr. COOPER merely wished for an opportunity of bringing forward cases and having them discussed.

Dr. COOKE had watched high dilution practice, and he saw that in some cases the results were marvellous, and such as would not follow from low dilutions. But the marked successes were

only about one in ten. It was necessary to watch the progress of cases in order to decide; merely hearing an account of them was not sufficient.

Dr. GALLEY BLACKLEY (in the chair) suggested that Dr. Cooper should bring forward a paper on the subject next session, as all evenings of the present session were now full.

Dr. COOPER did not think it was necessary to have treated the cases with low dilutions first, before being able to judge of the superior efficacy of high dilutions in the case.

Dr. MADDEN, of Bromley, then read his paper entitled, "*Interesting cases which have occurred in my practice during the last twelve months.*"

The first case was one of organic stricture of the esophagus. The second one of hydatids of the liver complicated with tuberculosis. The third case was one of uterine tumour, for which Dr. Burford performed hysterotomy. The fourth case was one of pelvic inflammation, in which exploratory laparotomy was performed, with the remarkable result that the patient immediately began to get better. The fifth case was one of dissection wound, in which *Lachesis* 4 trit. proved rapidly curative after *Aconite* and other drugs had failed to do good.

DISCUSSION.

Dr. BURFORD (on the invitation of the Chairman) exhibited the specimen from the third case (hysterectomy), and explained the measures he took to remove the uterus. He explained why it was not practicable to perform any other operation. Dr. Ludlam, of Chicago, was present, and gave valuable advice and assistance. Dr. Burford next referred to the second case of laparotomy in which improvement followed, though the operation was a purely exploratory one. He mentioned other cases of the same kind.

Dr. HUGHES said he had never listened to a more thrillingly interesting set of cases than those brought forward. He was delighted to hear the results of the fifth case and the action of *Lachesis*. *Aconite* could not be depended upon in such cases, but *Lachesis* and *Crotalus* are just the medicines for them. He was glad to hear that there was a new source of the *Lachesis*.

Dr. DUDLEY WRIGHT asked Dr. Madden's opinion on the first case, whether he imagined it originated in the esophagus or in the glands. He mentioned that with hydatid cysts, and especially after tapping, there has often been observed an outbreak of urticaria. He mentioned a case of pyemia which ended fatally in which *Lachesis* had been given without result. It was probably tried too late.

Dr. ROBERSON DAY stated that *Baptisia* might have been useful in the fifth case.

Dr. PURDOM had just had a case of stricture of the esophagus, which came to him in a dying state, having been treated for "dyspepsia" by an allopath. He had given *Arnica* after ovarian and confinement cases, and he suggested that this was more homeopathic than the *Mercurius Cor.* and *Belladonna* given in Dr. Madden's cases. The case of septicemia reminded him of his own experience—poisoning from a case of carbuncle which he was treating at the time.

Dr. BURFORD explained that in some of the cases *Arnica* had been tried, but did not do well if continued. If followed by *Mer.-cor.* and *Bell.* very good results were obtained.

Dr. COOPER agreed with the selection of *Lachesis* at the time when Mr. Madden gave it; but he thought that the trouble might have been arrested by local means. He had recorded a case of injury and poisoning of a man's hand incurred by hitting another man in the mouth. The hand was condemned to be amputated at an allopathic hospital where he had gone for treatment; but the man came to Dr. Cooper, who applied an ointment of *Scrofularia Nodosa* (figwort), and the hand rapidly got well. Dr. Cooper was once himself stung by a fish. In that case he used ordinary plantain, as he could find no *scrofularia*. He chewed the plantain and applied it, and it took down the swelling at once.

Dr. MOIR thought from examining the specimen in the first case the esophagus was contracted primarily, and not from swelling of the glands. The hydratid case was a very remarkable one, and the temperature chart was almost unique. He had often seen *Lachesis* do exceedingly well in similar cases of septicemia.

Dr. GALLEY BLACKLEY (in the chair) commented on the cases, which had interested him extremely. He had never heard of hydatids of the liver accompanying tuberculosis. He asked why *Merc.-cor.* and *Belladonna* were selected. He thought *Arnica* was most indicated. He had seen many cases of dissection wounds yield to *Belladonna*, with lead and opium externally. He remembered Dr. Cooper's case of poisoned hand.

Dr. MADDEN (in reply) thought the disease of the glands in the stricture of the esophagus case was the primary disease. Referring to the action of *Merc.-cor.* and *Belladonna*, he had always supposed that for prophylaxis the same medicines that cure also prevent, as with *Bell.* and scarlatina, and it is for that reason that he gave *Bell.* and *Merc.* to prevent inflammation of the peritoneum.

INSTITUTIONS.

CALCUTTA HOMEOPATHIC CHARITABLE DISPENSARY. REPORT FOR THE YEAR 1890-91.

WE have pleasure in quoting from Dr. D. N. Banerjee's very interesting Report the following passages :—

“ GENERAL REPORT.

“ I have now the honour of presenting the Seventh Annual Report which will show you the present position of this Charitable Dispensary. The transactions of this charitable institution during each of the last three years 1887-88, 1888-89, and 1889-90 were submitted in the annual reports by my predecessor Dr. S. Dey, and were made up of a detailed report of the diseases of the patients and of the income and expenditure in those years. The present report is submitted that it may be compared with the results of the past three years. It also contains the first proving of a new drug *Azadirachta Indica*, treatment of the most important cases and public opinions published in the journals and newspapers, both here and in foreign countries, extracts from which are appended to this report.

“ Although an infant institution, this charitable dispensary undertakes to discover the knowledge which contributes to the alleviation of pain or the healing of disease. The undertaking of the proving of Indian drugs, upon scientific principles, gives reasonable hope that gradually the most important Indian drugs will be admitted into the vast bulk of our *Materia Medica*. A new Indian drug, *Azadirachta Indica*, is now on the table of our Provers' Union, but for want of trustworthy and painstaking provers we have not made very much progress. As it is, the results of our proving are given in a chart form along with this report, and I wish that all medical societies and bureaux of *Materia Medica* will take these Indian drugs upon their tables for re-proving and confirmation.

“ FINANCIAL ASPECTS.

“ As regards our financial position, I cannot do better than quote the following from the *N. E. M. Gazette*, ‘ Financially the showing is satisfactory, the close of the fiscal year finding the “infant institution” in the favourite quaint and affectionate phrase of its founder, standing with all liabilities met, a small sum to the good. Funds are, however, sorely needed, not only to carry on the work immediately on hand, but to further the cherished and surely very worthy project of a hospital where the action of drugs can be observed much more closely than is possible among the nomadic applicants for dispensary relief, and where more lasting and substantial charity can be shown. Why not in this connection establish in our medical societies as well as in our churches “a box for foreign mission”? The individual physician would hesitate to draw an international money-order for fifty cents, to be sent as his personal contribution to “darkest India”; yet two half-yearly collections of such sums would carry weight in more senses than one.’ I have nothing but sincerest thanks for the good wishes of the Editor and the disinterested benevolence of all our well-wishers both

here and in foreign countries. But as the funds at our disposal are inadequate for the work of usefulness which we propose to ourselves, I again appeal to all lovers of homeopathy to help us in this our undertaking for the amelioration of human suffering. I beg to convey the best thanks of the Managing Committee to Mr. K. R. Bose, L.C.E., and Baboo Ballock Chand, both of Arrah, who came forward to help this Institution with first a donation, and then in addition a similar sum as annual subscription."

Acknowledgments are made in various forms for gifts to the institution; some noteworthy cases are reported; a tabular list of the cases treated and other interesting matter appears in this excellent Report.

NORTH OF ENGLAND CHILDREN'S SANATORIUM, SOUTHPORT.

THE Thirty-first Annual Report of the Committee was presented to the General Annual Meeting of Governors, held at the Sanatorium, February 13, 1892. We quote as follows:—

"The Committee have the pleasure of presenting to the Governors their Annual Report of the Institution for the year 1891, during which 559 children were patients in the house, showing an increase of 30. The average stay of each child was 38 days; the total number of days was 21,217, against 19,211 in the previous year, an increase of 2,006 days. The entire weekly cost per child has been 9s. 1½d., consisting of alimentary 4s. 3½d., other expenses, 4s. 9½d., being a slight increase of 3½d., which is altogether on the general expenses, arising from the fact that an increased expenditure has been necessary this year in outside repairs and otherwise keeping the house and furniture in good condition. The amount received from patients and arrears was £915, an increase of £86, notwithstanding that there are now two free Cots, which are almost constantly occupied."

The following is the Medical Officer's Report, which was read at the meeting by Dr. Storrar:—

"The number of children passing through the Sanatorium during the year was 559, of whom 309 went away quite well, 125 much improved, 46 improved, 10 slightly improved, 13 no better, and 3 died. The medical staff were pleased to note that, showing the continued appreciation which the public had of the utility of the Sanatorium, the number of children coming there increased every year. Hence the necessity for the enlargement shortly about to be effected. This year, as formerly, they had to complain that many children were sent there who were really too ill to bear the journey of coming. The Sanatorium was a convalescent home—not a hospital or infirmary. Consequently no child ought to be sent there who was not able to be out of bed at least three or four hours a day. The medical officers would be very much obliged if subscribers and medical gentlemen at a distance would note this, so that they might be spared the painful necessity of refusing to admit such cases. They were happy to state

that there had been no serious illness of an epidemic kind this year, and that the hospital throat affections which troubled their nurses and staff very often in former years had entirely disappeared in consequence of the general improvements in the sanitary arrangements of the house. The medical officers desired to record their grateful appreciation of the cheerful and invaluable assistance they had received from the matron (Mrs. Kyle), the chief nurse, and all the nursing staff.

“An analysis of the cases treated during the year was as follows:— General and nervous debility, 114; Stuma or scrofula, 84; adenitis-stumous inflammation of glands, 19; rachitis, 10; rheumatism, 13; anæmia and chlorosis, 16; affections of the head and face, 11; chorea, 39; spinal caries and curvature, 19; conval. diphtheria, 3; bronchitis, 29; asthma, 2; pleurisy, 5; empyema, 9; phthisis pulmonalis, 34; pneumonia and broncho. pneumonia, 26; diseases of the heart, 19; conval. typhoid fever, 12; kidney diseases, 5; tubercular peritonitis, 14; gastric-dyspeptic affections, 5; pelvic complaints, 3; paralysis, 5; burns and scalds, 7; conval. influenza, 10; diseases of skin, 4; diseases of hip, 14; diseases of knee, 16; diseases and fractures of leg, 4; diseases of ankle, 5; diseases of foot, 2; tumours and abscesses, 5; diseases of arm and elbow, 7; diseases of hand, 1; exostoses, 1; diseases of eye, 16; diseases of ear, 3; not stated, 19.”

HASTINGS AND ST. LEONARDS HOMEOPATHIC DISPENSARY.

THE Committee of the Hastings and St. Leonards Homeopathic Dispensary have presented to the subscribers the Twelfth Report (for the year 1891) of work accomplished by the Institution.

The following are the year's statistics of the work done:—

Medical and surgical cases	...	...	...	607
Ophthalmic cases...	...	...	...	559
Dental patients	...	...	...	40
Patients visited at their own homes	...	...	...	135
Total number of patients	...	...	...	1841
Total attendances	...	...	...	6225

The income for the year was £250, including £85 5s. from the Hospital Sunday and Saturday Fund, and £15 from the Magdalene and Lasher's Charities. The expenditure was a little less than £250.

OXFORD HOMEOPATHIC MEDICAL DISPENSARY, 37, HYTHE BRIDGE STREET.

THE Nineteenth Annual Report (1891) has just been issued. We extract the following from Dr. Guinness' medical report, dated February 12, 1892:—

“The number of patients who have applied for medical attendance

has considerably increased during the past year, showing that the homeopathic system of treatment is growing in favour with the public. The number last year was 748, and from February 1, 1891, up to February 1, 1892, we have had 852 patients, showing an increase of 104, and since opening the dispensary (nearly twenty years since) 24,852 patients have received advice and medicine at your dispensary; over 400 visits were paid at their own homes."

BROMLEY PHILLIPS' MEMORIAL HOSPITAL.

ANNUAL MEETING.

THE annual meeting of the Bromley and District Phillips' Memorial Homeopathic Hospital and Dispensary took place on Thursday evening, February 25th (*District Times*, February 25th), at the Hospital, 19, Widmore Road. The president (Mr. R. W. Perks) presided, and there were also present Dr. and Mrs. Madden, Dr. Thomas, the Rev. R. H. Lovell, and Messrs. E. F. Duncanson, W. Petrie, J. Phillips, J. M. Wyborn (Hon. Secretary), Millner, Naylor, Soan, &c.

The Hon. Secretary read the report, from which we extract the following:—

"During the year 1891, 59 patients have been treated in the wards of the hospital; 36 of these have been dismissed cured, and 16 more or less improved, while one case only proved fatal. The number of visits paid to patients at their own homes amounted to 1,475, as against 1,006 in the previous year, while the attendances at the Dispensary reached a total of 1,683, against 1,496 in the previous year, the amount realized by the sale of tickets having increased from £77 14s. to £100 11s. 6d.—satisfactory proof, if any were needed, that the working classes have not been slow to avail themselves of the benefits of this department. Fifteen operations were performed during the year, several of which were of a serious character, including two which involved abdominal section, but all were attended with a successful issue.

"The Committee gratefully acknowledge the various donations which have been received in aid of the fitting up and furnishing of the additional space lately secured. Among the donations are £50 from the earliest contributor to the funds of the Institution—Mrs. Leishman, and £50 from a friend of Mr. Duncanson, who desires to be anonymous, besides others of considerable amounts from various friends who have evinced a continuous interest in the progress of the hospital. The Committee are also much gratified with the special collections made on Hospital Sunday, and by the United Friendly Societies at their annual parade."

NEW PREPARATIONS.

SOLIDIFIED COCOA-NIBS (UNSWEETENED).

We have received from Messrs. James Epps and Co., of 48, Threadneedle Street, and 170, Piccadilly, a sample of a new preparation of cocoa they have introduced. It is in the form of tablets. It looks like ordinary chocolate, but differs from chocolate in that it contains nothing but the cocoa-nibs themselves, and is unsweetened. It is prepared in this way: The cocoa beans are roasted, and, after the shells have been removed, are subjected to a prolonged trituration, and are then allowed to solidify in moulds.

The only form of cocoa which can be tolerated by some people is that made from the nibs; but cocoa made from the nibs (broken-up beans) is a somewhat extravagant beverage, as there is a great deal of nourishment left in the nibs after the drink has been brewed. The "Solidified Cocoa-Nibs" does away with the necessity for this waste. The thorough comminution to which the beans are subjected makes the preparation completely soluble. The directions for its use are as follows:— "Slice a piece of flake, almost an inch square, place in a skillet or saucepan with about half a pint of water or milk and water, and boil for ten minutes or more. Sweeten to taste." The result is one of the most palatable and digestible of cocoas. In our experience we have found it agree excellently with some of the most fastidious digestions.

LENTILINE BISCUITS.

Messrs. E. Marriott and Co., of Hastings, who are well known for their inventive genius, having introduced a number of improvements into the armamentarium of the nursery and sick room, have added to their productions a patent biscuit, composed of pure Egyptian lentil flour and English wheat meal. It was a happy thought on the part of Messrs. Marriott and Co. to combine the richly nitrogenous lentil flour with the wheat meal (which has a much greater proportion of the carbon elements) into one food. These biscuits in fact are equivalent in nutritive elements to bread and meat both. They are, besides, slightly sweetened, and are quite pleasant to eat. The advantage of such a food on long journeys, especially railway journeys, is obvious. Lentiline biscuits are suitable for all sorts and conditions of people. Messrs. Marriott and Co. suggest that the hard-worked doctor can have no better sustainer to take with him in his carriage, when delayed in getting home to his meals. Those who have tried them say they are helpful in constipation.

REVIEWS.

THE NEW CURE OF CONSUMPTION.*

DR. BURNETT is to be congratulated on the appearance of a second edition of his *Consumption*. In his preface to the present edition Dr. Burnett says :

“When the first edition of this work went to press, now just a year ago, Prof. Koch had not yet divulged to the world what his remedy was, and hence I could not be quite sure that he and I were on similar lines, but from the published effects of his remedy I *felt* sure that we were not far apart. Since then Dr. Koch has admitted the nature of his remedy—*Tuberculinum Kochii*—so that I now know what I was then only firmly convinced of. . . .

“What now bars the way to the further progress of Kochism is the awful admission that will have to be made of the therapeutic efficacy of the infinitesimally small ; the *little* dose is the *great* barrier to its onward march ; the barrier will be knocked down in time, and then what a rush there will be to prove it !”

Dr. Burnett's second edition is considerably larger than the first, a number of new cases of great interest being added. Here is one of them :

“A London gentleman just turned fifty years of age, came under my professional care in the first days of January, 1891. He was subject to a chronic cough, with much catarrh of both the lungs ; his cough was very distressing indeed, and no wonder, considering the awful fog then on. But though the cough was much aggravated by the fog, it was by no means due to it. There was some wheezing all over the chest, much worse of the left side, and patient gets feverish attacks, which he terms his ‘heats and sweats.’ Cough worse at night, wakened by it. Said he : ‘I was always a “coughing” man, and my father died at my age of consumption, and I have lost a brother and also a sister from consumption.’”

Two months of the *Bacillium C.* quite cured him, and he was really a different man, and his friends hardly knew him without his cough, so frequently had it been to the fore.

ILEX CASSINE.†

DR. E. M. HALE has kindly sent us a copy of this little brochure on the “*History, Distribution, and Use among the Native*

* *The New Cure of Consumption by its own Virus*. Illustrated by numerous cases. By J. Compton Burnett, M.D. Second edition. Revised and enlarged. Philadelphia : Boericke & Tafel. London : Homeopathic Publishing Company, 1892.

† *Ilex Cassine, the Aboriginal North American Tea*. By E. M. Hale, M.D. Washington : Government Printing Office. 1891.

North American Indians” of the aboriginal tea—Ilex Cassine. The work is published by authority of the Secretary of Agriculture, and constitutes Bulletin No. 14 of the publications of the United States Department of Agriculture. In his preface, Dr. Hale tells us that it was in reading the travels of the Younger Bartram in Florida that he became much interested in a decoction of Ilex called “black drink,” in use among the Creeks and other Aborigines of the Atlantic and Gulf Coasts. He searched for literature on the subject, and was surprised to find so little had been written. However, he has found a good deal that is interesting—and no man living is better qualified to piece together scattered information about drugs—and the result is the monograph before us. Ilex Cassine is a species of holly growing in the Southern States along the sea coast, not extending inland more than twenty or thirty miles, from Virginia to the Rio Grande. Its leaves contain an alkaloid like that of tea, if not identical with it, and Dr. Hale maintains that its use might be revived with advantage. It was at one time partially adopted by the white population from the natives. Many curious customs observed by the latter when drinking their “black drink,” collected from various travellers, are presented in this monograph by Dr. Hale. A sketch of the plant forms a frontispiece, and a map of its distribution is also given.

THE TURKISH BATH.*

In some way or another, there has arisen a notion that heart-disease contra-indicates the use of the Turkish bath. The main object of the little treatise before us is to dispel this illusion. So far from heart-disease being a contra-indication of the Turkish bath, Mr. Metcalfe contends that there are few diseases more surely relieved by it than those of the heart. From his own wide practical experience, Mr. Metcalfe draws the evidence for his contention, and also prescribes the rules to be observed in the use of the bath by such patients. These are of the utmost importance. The Turkish bath is not a simple prescription, but is many different things, and it depends on the manner in which it is given whether it is to do good or harm. Mr. Metcalfe's book contains much valuable information as to the use of the Turkish bath in its hygienic function as well as medical, and

* *The Turkish Bath in Diseases of the Heart, Obesity, and Atrophy. The Turkish Bath as a Cleanser of the Human System. A Brief Historical Sketch of the Roman and Turkish Bath. Appendix: The Claims of Hydropathy as a Remedial Agent.* By Richard Metcalfe. Second Edition. London; Priessnitz House, Paddington Green, W. Hastings; 1, Wellington Square.

also an interesting historical sketch. At first sight it does not seem likely that a Turkish bath is going to fatten a patient who is too thin and reduce another who is too stout; but Mr. Metcalfe shows how it accomplishes both. His book will be found equally useful to the laity and to the medical profession.

EXTRACTS.

THE LATEST FASHIONABLE POISON.

A WARNING TO ANTIPYRIN-TAKERS.

It is with medicines as with the cut of dresses, the form of hats, the shade of ribbons, and the style of ornaments: they are influenced by fashion, of which they undergo, without any one knowing exactly why, all the capricious vicissitudes. This is the case with *Antipyrin*, for which at the present time there is a positive rage. Without warning it has risen to the rank of a prime necessity. No longer are the instructions of the faculty thought necessary. At the least headache or neuralgic attack, even in simple cases of what used to be called the vapours, the admirers of the drug enter the nearest chemist's and obtain a dose as one would enter a hotel and call for refreshment. And yet if, of a hundred persons taken by hazard from the most fervent, one suddenly asked the nature of the medicine by means of which the credulous crowd has unexpectedly put itself into communication with the unknown—if one inquired whence it proceeds and what it rhymes with—at least ninety would be unable to answer. The fact is that, with the exception of professional chemists, nobody, or almost nobody, knows either the nature or the genesis of *Antipyrin*. Even the initiated find it rather difficult to explain to the profane, to whom it must suffice to know that substantially *Antipyrin*, like *Aniline*, *Benzine*, and *Phenol*, is a derivative of coal tar, from which so many things heterogeneous and contradictory are now extracted. Heaven forbid that the writer of these notes should calumniate *Antipyrin* or desire to do the least wrong to that inestimable specific for intense and recalcitrant nerve disorders! Whatever one may think, do, or say, it is beyond doubt that by some unexplained sorcery *Antipyrin* possesses the precious virtue of attenuating and even suppressing pain instantaneously. With opium, of which the handling is so ticklish, it is incontestably one of the quickest and most powerful soothers. We know also that in the most diverse febrile cases it is able into the bargain to lower the temperature of the patient with a certainty and regularity

almost miraculous. Nothing more is needed, especially in an epoch like the present, highly-strung, over-worked, and fertile in exasperated nerves, to earn the reputation of a veritable gift from heaven.

But excess is a fault in everything, and *Antipyrin* is no exception. It is to be feared that in their blind admiration of it the inconsiderate crowd have got to the point of abusing the application of the drug. The time has come to sound the alarm. Let it not be forgotten that *Antipyrin*, in spite of its advantages and services, is an undoubted poison; even a violent poison. The accidents attributed to it during the seven or eight years that it has been known as a remedy are too numerous to count; and it should be noted that the cases that come to light are usually those in which there has been the intervention of a medical man with express prescriptions and doses according to rule and formula. What, then, must be the consequences of the daily use, the guesswork, without authorization, which legions of persons who suffer from nervous pains make of *Antipyrin*? To suppress pain—that is to say, the consciousness of disorder or disease—is not to suppress the malady. On the contrary, it may be the creation of a dangerous illusion, lulling distrust and paralyzing defensive action. An invalid is so ready to believe himself cured and free from the trouble of taking precautions when he has ceased to feel pain. The truth is that *Antipyrin* has vices to match its good qualities, and that its beneficent effects themselves are not without peril. It is by stupefying the nervous system, and, in particular, the vaso-motor nerves—the springs of the circulatory system, the nerves which govern the contraction and dilatation of the blood-vessels—that *Antipyrin* exercises its soothing influence. There follows necessarily a slowing of the circulation, more or less of an approach to stagnation, of the blood, which becomes thicker and tends to coagulate. There follows an abatement in the elimination of those ashes of life which are to the animal organism what household refuse is to a great city. As a proof one may point out that *Antipyrin* diminishes sensibly the urinary secretion, and that it has been employed to stop hemorrhages. In infectious and parasitic maladies like influenza the capital necessity, while pursuing and killing the poisoner, is to eliminate the poison with all haste, for the action of microbes is double. Not only do they live at the expense of the tissues in which they have lodged, but they distil subtle viruses, which accumulate in the caverns made by these infinitely little gnawers and cause frightful ravages. It is not by applying anæsthetics to the nervous system, by diminishing the rate of the excretions, by augmenting the viscousness of the vital fluids, transformed by the contact of *Antipyrin* into pitchy syrups, that this congestion-causing drug can give to the human

organism the lash necessary to cause the ejection of the rascally microbial handiwork. It is true that *Antipyrin* deadens pain and lulls exasperated nerves, but *Morphine* does the same, perhaps more surely; and we know where *Morphine* leads. One should no more play with poison than with fire. That is the moral we wish to point out.—*Pall Mall Gazette*, March 1, 1892.

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.

CHARCOAL-CHARGED PIPES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I am taking the liberty of writing to you to ask you if you could kindly give me the following information. It is in connection with sanitary matters.

In the 7th volume of *THE WORLD*, p. 249, there is an article by "Philalethes" (can you tell me who "Philalethes" is?) on "Sewer Gases Neutralized," &c., in which he mentions Dr. Stenhouse's system of "charcoal-charged pipes." The trouble is to get these platinized-charcoal filters. I cannot get it done out here, and my sanitary plumber would like me to get to know where these may be had and what is their cost. If you would obtain the information and let me know I shall be much obliged to you. My plumber, who "fancies" himself in sanitary science, never heard of such a thing, and assures me in all the latest works there is no mention of such a thing. They just discharge the sewer gases straight into the air. He says, surely if it was so essential and the correct thing, there would be some mention of it in some of the latest works. I remarked that many a good thing was allowed to remain in a corner. However, it would settle the matter if you would ascertain whether it is an "exploded notion" and never used.

It is very uphill work teaching myself homeopathy from books and journals. How I long to see the *practice* of good experienced homeopaths! One thing I am increasingly seeing, and that is the marvellous efficacy of the 30th dilution when the drug is the simillimum of the disease. By the way, why do the majority of

our educated writers when using the word "simillimum" forget the second *l*? Hoping that I have not trespassed to much on your time, I am, yours truly,

Wm. LAMB, M.B., C.M. (Edin.).
40, High Street, Dunedin, N.Z.
Dec. 30, 1891.

[Can any of our readers inform Dr. Lamb as to the author who wrote under the name "Philaethes," and whether the charcoal-charged pipes recommended by Dr. Stenhouse are now ever used?]

MR. NICHOLAS, *Bundanoon*. Your interesting communication will be noticed 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.

REMOVALS.

DR. BALMONSSIÈRES.—*Hyères-les Palmiers*. A homeopathic colleague, Dr. BALMONSSIÈRES, has settled at 60, Avenue Gambetta, HYÈRES-LES PALMIERS (VAR), FRANCE. His consultation hours are from 9 to 11 a.m. and from 3 to 5 p.m.

DR. FERNIE.—*Great Malvern*. Dr. W. J. FERNIE has removed from Seymour Street, W., to THE NOOK, GREAT MALVERN.

MR. J. SUTCLIFFE HURNDALL, M.R.C.V.S.—*London, S.W.* Mr. J. SUTCLIFFE HURNDALL, whose services on behalf of homeopathy in veterinary medicine are known to our readers, has removed from Blackheath to SUSSEX VILLAS, CORNWALL GARDENS, SOUTH KENSINGTON, S.W.

OPENING.

A CORRESPONDENT sends us a letter from a North Devon paper, part of which we append:—

"MORE HOUSES.

"DEAR MR. EDITOR,—I am informed, on good authority, that it is of no use looking for a detached house on two floors with a garden at about £40 a year, in your town, for that class of residence has yet to be built, and I write to call the attention of builders and others to the oversight.

"Just now I know of a family of three, who want something like an eight-roomed house on two floors with modern convenience and arrangements generally, and a good garden, at say £40 a year, but they say they must have a homeopathic doctor in the town as they have been accustomed to call in one in sickness. (It occurs to me that a homeopathic doctor residing in your town, with offices at Ilfracombe and Bideford, would do well if the hundred families I write of were safely housed in your midst.)"

Our correspondent adds the following information as to the population around Barnstaple:—

	Inhabitants.
Barnstaple say	14,000 to 15,000
Ilfracombe (11½ miles) "	8,000 to 9,000
Bideford (9 miles) "	8,000 to 9,000
Torrington (12 miles) "	3,000 to 4,000
South Molton "	3,000 to 4,000

besides many good-sized villages within easy reach.

Obituary.

DR. JOHN BLYTH.

We regret to record the death of Dr. John Blyth, which took place on the 23rd of January last, at his residence, "The Slopes," Monkstown, Co. Dublin, at the age of 76.

Dr. Blyth was a native of Scotland, having been born at Hawick, near Glasgow, in 1816. At an age when many boys nowadays are enjoying life at a public school, he was apprenticed to a general practitioner in his native town, with whom he worked till 1833, when he obtained the licence of the College of Surgeons, Edinburgh, and the M.D. of St. Andrews. He now became a partner with his former master, and settled into practice at Hawick.

His attention was first directed to Homeopathy by the speedy cure of an intractable case of ophthalmia by a homeopathic physician in Edinburgh, which had defied the skill of his partner and himself. He then corresponded with his former teacher, Professor Henderson, and carefully studied such works on Homeopathy as were published in English. Making use of the knowledge thus acquired, he applied the principles of the new school in the treatment of some of his patients with such success that he became a convert to the doctrines of Hahnemann.

In the year 1848 Dr. Blyth removed to Dublin as partner with the late Dr. Goodshaw, whose practice and house he soon afterwards bought, and continued to occupy till a few years before his death.

Dr. Blyth was an accomplished diagnostician, and very well read in pathology; he was never a high dilutionist. His kindly manner, and the deep interest which he took in his patients' welfare, endeared him to all whom he attended, and his death is sincerely regretted by a very large circle of patients and of friends.

GENERAL CORRESPONDENCE.

To the Editor of the HOMEOPATHIC WORLD.

THE RATIONALE OF HOMEOPATHY.

SIR,—Since it seems that no one else amongst your readers has anything to say about the "Rationale of Homeopathy," as given by Mr. Hardie in the February number of THE HOMEOPATHIC WORLD, I offer an observation or two upon it.

From the general tenor of Mr. Hardie's letter, it is evident that he believes his theory to be essentially different from others which have been recently presented in this journal. If I understand Mr. Hardie aright, when he declares the "Rationale of Homeopathy" to be "a lessening of the isolation—a bridging over of the antagonism—by an intermediate or intermediates," it is implied that something is advanced in unity, or continuity. The subject, or subjects, of the isolation, or antagonism, not being explicitly stated, only what seems to be implicit in the statement can be dealt with. The isolation, or antagonism, being that which is lessened by remedies, must be the disease, or the condition of it. How this "bridging" is effected, Mr. Hardie does not say, except that it is by an intermediate, or intermediates, of which the "rationale" does not appear.

As it now stands, is this theory one which could be applied therapeutically? This question, at the outset of our examination, is pertinent, for every theory bears a value which is in strict proportion to its value in the application. But is the theory intrinsically different from one lately under our consideration? Let us see.

In elucidating the *interference* theory in my recent articles on the "Science of Homeopathy," an extract from Professor Tyndall's fine work on *Heat*, as a mode of motion, was given to explain why iodine stops light but allows heat to pass. Permit me to quote the latter part of that extract, with a small extension for present use:—

"The sole difference between light and radiant heat is one of period. The waves of the one are short and of rapid recurrence, while those of the other are long and of slow re-

currence. The former are intercepted by the iodine, and the latter transmitted.

"Why? There can, I think, be only one answer to this question, 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. Briefly defined, therefore, *transparency is synonymous with discord*, while *opacity is synonymous with accord* between the periods of the waves of ether and those of the atoms of the body on which they impinge."

Now, an "infinitesimal" medicine, when administered homeopathically, has no power to co-ordinate disordered vital motions; while a homeopathically related medicine is potent to restore the organic unity in the exact ratio of its homeopathicity—subject, of course, to the organic possibilities of cure.

The state of transparency corresponds to the non-homeopathic relation of medicines to disordered motions; and the state of opacity corresponds to the homeopathic relation of medicines to disease.

Thus, the "isolation," or "antagonism," constituting disease, is not affected by the homeopathic dose of a medicine out of the homeopathic relation, but is overcome by the truly homeopathic remedy in its functions of interference, through which the continuity of normal organic motion is restored. The *disordered motion* constitutes the isolation, or antagonism, and it is this motion which the homeopathic remedy lessens or extinguishes, under the law of interference, of the action of which "isolation-bridging" is the therapeutic effect.

Mr. Hardie's familiar examples of the treatment of a blow and a burn are illustrations, I think, of preventive homeopathy. But as my letter is already too long, we cannot on this occasion consider that phase of the subject.—Yours truly,

W. BUIST PICKEN.

West Hampstead,
London, N.W.

ASTROLOGY AND MEDICINE.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—Dr. Storrar, in his interesting communication on

the above subject, says he was induced to take his present line by a friend, who "assured me I should find it useful in helping me toward a better estimation of my patients' original constitution, as well as further my professional satisfaction and success (not financial) by throwing great light upon the dark and dismal question of prognosis;" and then lower down, "I am prepared to state that in at least nine cases out of ten the causes of these serious deformities were, to one well acquainted with this science, apparent from the moment of birth." I should like to suggest that both these statements imply prevision which alone, as I understand, entitles any subject to be considered a science, that is, knowledge founded on and sustained by known law; and then, that this is exactly where true homeopathy shines, and that too in exactly those cases to which the Doctor refers, namely, "original constitution" and "chronics." The well-known instance of Hahnemann announcing what would prove to be the principal medicines for cholera Asiatica before he had seen a single case, and which prevision experience has abundantly proved the accuracy of, is a classical illustration in acute disease of legitimate and logical analogy from known law. In the sphere of chronic disease the application of the doctrine of chronic miasm as the cause of chronic disease, will enable every homeopath who will keep to the law to prognosticate, say, from the symptoms of chronic miasm in either or both parents, what are the dangers and probabilities, not of one particular disease only, but of all chronic tendencies, against which the new-born infant should be guarded, and (can astrology follow here?) what are the remedies for each and all, according to presenting symptoms, of these several chronic conditions. I apprehend, therefore, that the science of therapeutics, and the doctrines of the *Organon*, as taught and practised by Samuel Hahnemann, M.D., of Coethen, teach as much and more of the "original constitution," "the prognosis," and "the causes," of every condition which can be properly called disease, than any other known science whatever. I, for one, fully endorse your own expressed opinion as to giving a fair hearing to whatever claims to be scientific truth, and shall willingly read any contributions Dr. S. or others may advance in this direction.—Yours truly,

EDWARD MAHONY, M.R.C.S., L.S.A.

30, Huskisson Street, Liverpool,

March 9, 1892.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Dr. Storrar, in his interesting letter on the above subject, says, "I do not know of any physicians who have really

given this subject the serious study which I am sure it deserves." Kindly permit me to state that my late father, Dr. Charles T. Pearce, one of the earliest and most successful practitioners of homeopathy in this kingdom, gave his serious attention to the subject of astrology as connected with medicine; and that it was in the course of my duties as assistant to my father, in 1860, after I had entered on the curriculum of medical study at a London hospital, that I first became impressed with the substratum of truth in astrology, and gave up all my leisure to mastering the ancient science. I computed scores of horoscopes of children whose birth had been accurately timed by either my father or myself, and who were born with some physical or mental defect, and found in every instance that the planetary positions and configurations were in harmony with the teaching of Claudius, Ptolemy, and Zadkiel. After two years of patient study the conviction was forced upon me that astrology is true (although formerly mixed up with much superstition by ignorant professors of it); and I used to forecast for my father the crises in disease. Of course this was done without the knowledge of the patients, except when we met with those who had some leaning to astrology, of whom we procured their time of birth (when recorded).

I have known my father repeatedly cure apparently hopeless cases by the selection of a remedy *suited* to the horoscope of the patient, when other homeopathic remedies had failed.

Astrology supplements in a most valuable manner the homeopathic selection of remedies. It is, however, necessary to prepare the medicine selected at a propitious time, and to first give it when its ruling planet is powerfully situated in the heavens. I have given a succinct account of medical astrology in the second volume of my "Text-Book of Astrology," so that there is no need to occupy more of your valuable space at present.

I know two physicians who practise astrology in connection with medicine, and find it a very useful aid in the selection and administration of remedies. No doubt there are many others, but the absurd prejudice against astrology deters physicians who are investigating it from allowing it to be known that they are so engaged.

I am about to form a class for the study of astrology. Meanwhile my magazine, *The Future*, which you so kindly noticed in your last edition, will enable such of your readers who will venture to read up the subject to gain a fair idea of its usefulness.—Yours obediently,

ALFRED J. PEARCE.

18, Dempster Road, Wandsworth, S.W.

March 7, 1892.

“OCCASIONAL PAPERS.”

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Kindly allow me to correct the impression that I am “not averse to alternations.” Systematic alternation is a confession of weakness in prescribing. It is difficult, especially where patients are seen at long intervals, to keep steadily to one medicine at a time, but the art of doing so should be cultivated by every practitioner. Where patients can be seen frequently, the varying phases of disease can be satisfactorily followed up, but even then the confession of our human weakness may become a practical necessity, rather than a commendable method. Neither do I approve of dosimetric practice “to a large extent,” because of the constant tendency to mix together several drugs, either in the same dose or by rapid alternation. Dosimetric granules are carefully prepared, are stable in composition, and not unfrequently induce remarkable results, but the practitioner who experiments with them should remember that he is handling sharp-edged tools.—Faithfully yours,

S. MORRISON.

Clapham Common,
March 16th.

THE PROVING OF *KALI-ARSEN*.

To the Editor of THE HOMEOPATHIC WORLD.

In the *Cincinnati Medical Advance*, October, 1877, p. 287, it is said, “It may not be well known, but the first homeopathic practitioner of Munich, Dr. Quaglis, has very thoroughly proved *Kali-arsen*.” This proving is not referred to by Allen or Hering. If published, where is it? If not, cannot Dr. Quaglis be persuaded to publish it?

E. W. BERRIDGE, M.D.

48, Sussex Gardens,
Hyde Park, W.

RUSSIAN FAMINE FUND.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The Committee of the above Fund beg to call to your notice the enclosed circular, which they earnestly hope you may be able to find room for in your columns. We have received over £2000, the greater part of which has been distributed, and

funds are still required urgently to keep millions of the Russian peasantry from starvation.—I am, sir, yours faithfully,

PELHAM M. HILL,

Secretary.

20, Hart Street, Bloomsbury Square, London, W.C.

March 5, 1892.

[We have pleasure in reproducing the circular together with a letter of Count Leo Tolstoi. Ed. *H. W.*]:—

“RUSSIAN FAMINE FUND.

Chairman of Committee - THE RIGHT HON. LORD MONKSWELL.

Hon. Treasurer - - - THE HON. GILBERT COLERIDGE.

Secretary - - - - - PELHAM M. HILL, Esq.

Committee.

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WALTER K. GILBERT, Esq.

R. W. REYNOLDS, Esq.

E. W. BROOKS, Esq., Acting Commissioner for the Society of Friends in Russia.

H. E. BROOKS, Esq., Member from the Society of Friends.

“The Fund for which we are asking support has been organized in response to the strong desire, very generally expressed in the United Kingdom, to send aid to the Russian peasantry, among whom the present famine is causing wide-spread misery. Many millions of persons are in imminent danger of death from starvation.

“Various schemes have been suggested, but all the best authorities agree that the most efficient and trustworthy method of administering relief is through private individuals. This method has given the best results in practice, as exemplified in the excellent work of Count Leo Tolstoi, which has already been described in the English press.

“A part of the money will be handed to Count Leo Tolstoi, and the remainder will be administered by the Society of Friends, whose delegates recently visited the famine-stricken districts, made a very careful investigation, and have now returned in order to personally distribute whatever money may be placed in their hands.

“In answer to an application by one of the Commissioners of the Society of Friends the following written communication was received from Mons. Pobiedonostzeff, Procurator of the Holy Synod:—
“The sums of money given in England by private contribution

can be distributed in Russia through the agency of private individuals in trust. It is a matter of private charity and private confidence.'

"The public may thus have complete confidence that whatever monies are contributed will be satisfactorily applied to the purposes for which they were intended.

"We would remind our countrymen that a sum exceeding £2,500 was subscribed in Russia towards the relief of the distress in Ireland during the famine of 1847. The present occasion would seem to afford a good opportunity of showing the Russian people that, in the words of Count Tolstoi, 'the brotherhood of man is not a vain word, but a fact.'

"Subscriptions should be sent to the Hon. Gilbert Coleridge, Hon. Treasurer, 11, Roland Gardens, South Kensington, S.W. Further subscriptions will be acknowledged from time to time.

"MONKSWELL, *Chairman.*

GILBERT COLERIDGE, *Hon. Treasurer.*

PELHAM M. HILL, *Secretary,*

"20, Hart Street, Bloomsbury Square, W.C."

"COPY OF LETTER FROM COUNT LEO TOLSTOI.

"Nov. 16th, 1891.

"I am very much touched by the sympathy expressed by the English people to the calamity that has befallen Russia. It is a great joy for me to see that the brotherhood of man is not a vain word, but a fact. My answer to the practical side of your question is as follows: The institutions that work best in Russia in the struggle with this year's famine are doubtless the Zemstvos, and therefore every help that will be forwarded to them will be well employed, and to the purpose. I am now living on the limit of two provinces—Toula and Riazan—trying my best to help the peasantry of this circuit, and am in close relations with the Zemstvos of both provinces. One of my sons is working with the same purpose in the eastern provinces, of which Samara is in the worst condition. If money raised in England will not exceed the sum necessary for the provinces in which I and my son are now working, I can undertake, with the help of the Zemstvos, to employ it as well as I can. If the sum will exceed this proportion, I will be happy to direct your aid to other managers of the Zemstvos of other provinces, who will be persons to be trusted, and who will be glad to give a public account of the money. The shape of the help I have chosen, although it does not exclude other ways, is the organization of dinners for the peasantry. I hope to write an article about the details of our work, which, translated into English, will give your public an idea of the state of things and of the means employed for the struggle with the distress of this year."

NEW USES FOR CHICLE GUM.—Gum chicle has attracted more than usual attention in the American drug trade recently. Its use is not confined to chewing-gum manufacturers, as is generally believed; for it is now being used quite extensively as an insulator, replacing indiarubber, and can also be used advantageously as a waterproof varnish.—*Chemist and Druggist*, March 19th.

VARIETIES.

GLYCERINE FOR BURNS.—According to Dr. Grigorescu, of Bucharest, glycerine is a perfect and lasting analgesic in the case of burns. Applied at once to the burned surface, it occasions at the instant of application a slight feeling of burning, followed by complete relief from pain. Where the wound is large it should be kept constantly moist with glycerine. By means of this application, inflammation is almost entirely avoided, and sloughing takes place gradually, leaving a much less marked scar than is the case with ordinary dressings.—*New York Medical Times.*

CARBO ANIMALIS IN ACUTE NASAL CATARRH.—Dr. Robert T. Cooper writes to the *Monthly Hom. Review*:—Some months ago I was suffering from cold in the head, with its usual accompaniment, blocked nostrils, necessitating the continual use of those insanitary necessities, pocket-handkerchiefs, a state of things as commonly met with as it is disagreeable. To relieve the nostrils I used a trituration of *Lobel. cerul.*, and then one of *Carbo vegetab.*, and without the least effect. In this extremity it was a happy thought that induced me to sniff up a few grains of *Carbo animalis*, which cleared the nasal conduits effectually. This action of *Carbo anim.* is a most important one; it is no little gain to be able to dispense with pocket-handkerchiefs in colds in the head, and this in an easy, simple, and effectual manner. Since this I have used the *Carbo anim.* in many cases connected with my aural speciality, and am much pleased with its action; it relieves a symptom that gives a great deal of trouble in the treatment of catarrhal deafness. Why *Carbo animalis* should have this effect, and why *Carbo veg.* should not, I am unable to explain; the fact is there, and it is for others to refute or confirm it.—*New York Medical Times.*

CAFFEINE IN ADYNAMIC STATES AND IN POST-PARTUM HEMORRHAGES.—Huchard (*Bull. Med.* 50, 1890) praises the tonic and exciting effects of caffeine in malignant cases of all zymotic affections, especially in debilitated and old people, and also in diabetes. In one word, it acts as a tonic in general, and especially so to the heart and to the urinary secretion. In severe cases of pneumonia the insufficiency of the heart muscle constitutes a grave complication, and though the disease is in the lungs, the danger is in the heart. In diabetics it relieves the great danger arising from acetoneemia. In collapse, injections of caffeine are far less painful than those of ether, and hardly ever become the cause of abscesses. He uses two formulas, a weaker and a stronger one: R. Natrum benzoic., 3 grammes; caffeine, 2 grammes; distilled water, 6 grammes. S. To be dissolved hot; or R. Salicylate of soda, 3-10 grammes; caffeine, 4 grammes; distilled water, 6 grammes; likewise to be dissolved while hot. The natrum benzoic. or salicylate are only to render the caffeine more soluble. Every syringeful contains 40 centigrammes of caffeine, and he makes about eight hypodermics daily. Misrachi (*Arch. D'Obstet. et de Gyn.*) highly recommends hypodermic injections of caffeine in post-partum hemorrhage, especially in such cases as require immediate aid, and after great loss of blood has taken place. It is especially useful in country practice, when perhaps the physician has just come from a case of infectious disease,

and there is not time for auto-disinfection preparatory to introducing the hand into the uterus. Caffeine acts more quickly than ergotine, and is more stimulating than ether. The formula of the fluid for hypodermic use is as follows: Benzoate of soda, 3 grammes; caffeine, 2.0-2.5 grammes; aqua distillata, 6.0 grammes or *quant. suff.* for 10 ccm. Every ccm. contains 0.25 grammes of caffeine. The solution is administered warm, from six to ten injections in the course of the day. Misrachi has witnessed such brilliant results from it that he now carries this solution regularly in his obstetrical case.—*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.

- Burdett (Henry C.). Hospitals and Asylums of the World; their History, Construction, Administration, &c. Super royal 8vo. Vols. 1 and 2. (Churchill. £4 10s.)
- Eisenberg (Dr. J.). Bacteriological Diagnosis, translated from the German. 8vo, pp. 184. (F. A. Davis. 8s. 6d.)
- Examination Questions in Practice of Medicine, with their Answers. Part I, General Diseases; A, Constitutional Diseases. By "Utile Quod Facias." Cr. 8vo, sd., pp. 68. (Edinburgh: Livingstone. Net, 1s.)
- Fox (Dr. Wilson). A Treatise on Diseases of the Lungs and Pleura. Edited by Dr. Sidney Compland. 65 Illustrations and Portrait. 8vo, pages i. to xxxii. and 1, 175 pp. (Churchill. 86s.)
- Leffingwell (A.). Illegitimacy, and the Influence of Seasons upon Conduct: Two Studies in Demography. With Maps and Diagrams. Cr. 8vo, pp. 160. (Swan Sonnenschein. 2s. 6d.)
- Leonard (O. H.) and Christy (T.). Dictionary of Materia Medica and Therapeutics: A Résumé of the Action and Doses of all Official and Non-official Drugs, with their Scientific, Common and Native Names and Synonyms, &c. Cr. 8vo, pp. 386. (Baillière. 6s.)
- Marsh (J. J.). Nursery Hand Book. Fcap. 8vo, sd., pp. 48. (Churchill. 1s.)
- Martindale (W.). Coca and Cocaine: Their History, Medical and Economic Uses, &c. 2nd ed. 12mo. (Lewis. 2s.)
- Medical Directory (The), 1892. 8vo. (Churchill. 14s.)
- Remondino (Dr. P. C.). The Mediterranean Shores of America, Southern California: Its Climate, Physical and Meteorological Conditions. Royal 8vo. (F. A. Davis. 6s. 6d.)
- Royal London Ophthalmic Hospital Reports. Vol. 13, part 2, with Illustrations. 8vo. sd. (Churchill. 5s.)
- Shaw (James). Epitome of Mental Diseases, with the Present Methods of Certification of the Insane and the Existing Regulations as to "Single Patients." For Practitioners and Students. Cr. 8vo, pp. 340. (Bristol: Wright; Simpkin. 6s.)
- Strahan (S. A. K.). Marriage and Disease: A Study of Heredity and the more important Family Degenerations. Cr. 8vo, pp. 328. (Paul, Tribner and Co. 6s.)
- Sutton (H. G.). Lectures on Pathology Delivered at the London Hospital. Edited by Dr. M. E. Paul, and Revised by Dr. Samuel Wilks. 8vo, pp. i. to xviii. and 503 pp. (Churchill. 15s.)
- Transactions of the Ophthalmological Society of the United Kingdom. Vol. 11. Session 1890-91. 8vo, pp. i. to xxx. and 257 pp., 9 plates, 34 Illustrations. (Churchill. 12s. 6d.)
- Westminster Hospital Reports. Vol. 12. Edited by Geo. Cowall, F.R.C.S. 8vo. (Churchill. 6s.)
- Year-Book of Pharmacy for 1891. 8vo, pp. 541. (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, 30, *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. H. C. Allen, Chicago; Dr. Skinner, London; Messrs. James Epps & Co., London; Dr. C. F. Nichols, New York; Secretary of Cancer Hospital; Dr. Dudgeon, London; Mr. Dudley Wright, London; Dr. Berridge, London; Dr. Balmoussières, Hyères-les-Palmiers; Mr. Alfred T. Pearce, Wandsworth; Dr. D. N. Banerjee, Calcutta; Dr. Bradshaw, London; Dr. Guinness, Oxford; Mr. W. B. Picken, London; Dr. Cooper, London; Dr. G. Scriven, Dublin; Dr. Mahony, Liverpool; Mr. J. Meredith, Lydney; Mr. Pelham W. Hill, London; Mr. Nicholas, Bundanoon; Mr. Glover, Malvern; Dr. H. F. Fisher, Fortworth, Texas, U.S.A.; Dr. Morrison, London; Mr. G. A. Cross, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Monthly Homeopathic Review.—Allg. Hom. Zeit.—Monatsblätter.—Chironian.—American Homeopathist.—Bromley District Times.—Annals of Electro-Homeopathy and Hygiene.—California Homeopath.—Il Secolo Omiopatico, Nos. 1 and 2.—Homeopathic Magazine, No. 1, Vol. I.—Revue Homeopathique Belge.—New Remedies.—Medical Era.—Homeopatisch Maandblad.—Medical Advance.—L'Union Homeopathique.—Homeopathic Envy.—L'Art Médical.—The Philanthropist.—Albany Medical Annals.—Hahnemannian Monthly.—Vaccination Inquirer.—Medical Visitor.—New York Medical Times.—Medical Argus.—Southern Journal of Homeopathy.—The Future, No. 2.—Oxford Chronicle, March 12.—With the "Pousse Café," by Wm. Tod Helmuth, M.D.—Occasional Papers, No. 2, by Dr. Morrisson.—Annual Report of Infirmary for Consumption.—Report of North of England Children's Sanatorium.—Ninth Annual Announcement of Hahnemann Hospital College, San Francisco.—Report of Calcutta Homeopathic Charitable Dispensary.—Pocket Manual on Cholera, by Dr. Banerjee.—Oxford Homeopathic Medical Dispensary, Nineteenth Report.—Medical Annual.

THE
HOMEOPATHIC WORLD.

MAY 2, 1892.

GALEN AND HOMEOPATHY.

IN his pamphlet on the *Science of Homeopathy*, which first appeared in our pages, Mr. BUIST PICKEN endeavours to show that there need no longer be any difference between homeopaths and allopaths if the latter could only be persuaded to give up their scholastic practice and the former their canonical theory. It would now appear that the great authority of ancient medicine, GALEN, to whom the allopaths are apt to ascribe the invention of allopathy, and whose name, "Galenic," is used to designate their method of practice, was really the discoverer of homeopathy as well.

In the course of a "Bibliographical Demonstration" of the works of GALEN by Dr. FINLAYSON of Glasgow, published in several numbers of the *British Medical Journal*, Dr. FINLAYSON makes the following remark (*British Medical Journal*, April 9, p. 77-3) :

"It may interest some to hear that as far back as GALEN we have a clear enunciation of the principle of cure *per similia* as well as *per contraria*; many of the public foolishly think that the former principle was originated last century, although long before universally recognized."

Who these "foolishly thinking public" may be in Dr. FINLAYSON'S mind we cannot say, but they are certainly not homeopaths, who know as well as HAHNEMANN did that the *homeopathic principle* is as old as medicine. Those who have maintained the contrary are the allopathic faculty, who have persecuted those who practised

it on the ground of its being new and pernicious. That it was long before last century "universally recognised" is certainly not a fact. It is not even universally recognised to-day. The greatest names in medicine—HIPPOCRATES, GALEN, HAHNEMANN—have recognised the existence of the principle; HAHNEMANN'S real crime in the eyes of old-school medicine is his success in working out the principle and demonstrating its practical bearings.

The passage Dr. FINLAYSON quotes from GALEN as enunciating the principles of cure, both *per similia* and *per contraria*, is as follows :

"[*Per similia et per contraria.*] 'Ac si præter naturam sit quod indicet, contrarium id semper indicare : sin secundum naturam se habeat non contrarium sed simile.'" [Moreover, if the condition which indicates a remedy be contrary to nature, it will always indicate a contrary : but if, on the other hand, it keep according to nature it will indicate not a contrary but a similar remedy.]

Whilst we cannot allow that this is a very "clear" enunciation of homeopathic medication as we know it, yet it is doubtless quite clear enough to give the self-styled followers of GALEN pause in their wholesale denunciations and boycottings of homeopathic practice and homeopathic practitioners. Why do they take only one half of his teachings and persecute the other half? GALEN is far and away the most conspicuous figure of antiquity after HIPPOCRATES in the history of medicine ; and he was doubtless conversant with the Hippocratic writings, in which the homeopathic principle is much more clearly defined than in the passage quoted above ; surely the voice of reason should suggest to allopathists the propriety of investigating the principle, and finding out *how far* and in *what way* it is applicable to the practice of healing.

Dr. FINLAYSON refers to GALEN'S use of *Theriaca*—antidotes to serpent-bites. He says :

"Opium was probably the most important ingredient in many, if not all, the forms of *Theriaca*, and powdered snakes may be regarded as the most striking from the point of view of curing *per similia*."

Powdered snakes for snake-bite, a "hair of the dog that bit him" for hydrophobia, altered virus of consumption for consumptives, are doubtless rough examples of possibilities of cure on the like-to-like principle. But they are *merely* rough examples, and need the greatest care in the application if fatal results are to be avoided. In his *History and Heroes of the Art of Medicine* Dr. RUTHERFORD RUSSELL gives a story of GALEN'S art which bears on this. The philosopher EUDEMIUS had brought on an illness by the excessive use of Theriacum. GALEN cured him by giving small doses of the very same medicine! This is analogous to the cure of coarse drug effects by the same drug in high potencies. It may be isopathy rather than homeopathy, but it is by no means easy to draw a sharp line between the two.

In conclusion, we would say to the Galenists, Be a little more catholic and Galenic. If GALEN could recognise the possibility of cure *per similia*, go ye and do likewise—in a straightforward, honourable, and practical way.

A NEW AND RAPID TEST FOR SUGAR.—At a meeting of the Austrian Surgical Society, Professor Nothnagel showed a handy test for sugar, which had been forwarded to him by Dr. Becker, of Cairo. It is simply a visiting card saturated with a solution of potash, part of which is coated with sulphate of copper, and the urine applied. The card is then laid on the globe of a lamp, when the saccharine urine will colour the card brown, and this colour will be the deeper the greater the amount of sugar.—*New York Medical Times*.

THE MILK FERMENT known as "kephir," used for making koumiss, and supposed to be peculiar to Eastern Europe and Western Asia, has its analogue in America. Mr. C. L. Mix has found a yeast apparently identical with it in use in Canada and the United States. It occurs in the form of small granules of a dirty brown colour, which retain their vitality for a long period, and consist of a small proportion of yeast-cells embedded in zooglea-like masses of rod-shaped bacteria. The yeast-cells increase by budding, and no formation of spores has been detected in them. They do not invert cane-sugar like ordinary beer-yeast, but they cause alcoholic fermentation in milk-sugar or lactose and in dextrin, not in cane-sugar or saccharose. The bacteria are short cylindrical rods with homogeneous protoplasm, developing under cultivation into leptothrix-like filaments in which spores are formed. They appear to take no part in the fermentation, remaining almost entirely embedded in the zooglea masses during the process.—*Chemist and Druggist*.

NEWS AND NOTES.

MEMORIAL TO THE LATE MAJOR MORGAN.

At the London Homeopathic Hospital, on Thursday, April 7, a meeting of the Board of Management, the Medical Council, and Medical Staff, was held to consider a proposal to establish a memorial to the late Chairman and Treasurer of the Hospital, Major William Vaughan Morgan, when a committee was formed, consisting of the members of the Board, and representatives of the homeopathic section of the medical profession, to take the necessary steps to carry out the proposal and to receive subscriptions for the purpose. The meeting decided that a bust in marble, by some eminent sculptor, to occupy a prominent place in the new hospital, would be a suitable form of memorial. But it is not improbable, that having regard to the well-known views of Major Vaughan Morgan, an additional effort, having for its object some special benefit to the Hospital and the Convalescent Home at Eastbourne, may be decided upon. We hope, later, to be able to publish fuller details of the decisions of the new committee when their meetings shall have taken place. For the present, we are authorized to say that any friends of the late Major Vaughan Morgan, or any supporters of homeopathy, or the Hospital, or the Convalescent Home, who may wish to be represented in the proposed memorial, may send subscriptions to the Editor of *THE HOMEOPATHIC WORLD*, or to the treasurer of the fund, Sir Robert Palmer Harding, 20, Wetherly Gardens, S.W., or to the bankers, Messrs. Stilwell and Son, 21, Great George Street, Westminster, or to the Hon. Sec., G. A. Cross, London Homeopathic Hospital, Great Ormond Street, Bloomsbury. We feel sure that all who have known and admired the unequalled services rendered by Major Vaughan Morgan to the cause of homeopathy and its charitable institutions will be desirous of participating in this act of grateful appreciation and remembrance.

APIS.

HERE is an interesting "clinical experience with *Apis*." Dr. L. O. Rogers writes in *The Argus* of January, 1892—

"Some five years since I prescribed *Apis* for a patient far gone with

heart disease, hoping thereby to relieve her of the large collection of dropsical fluid, but judge of my surprise to learn that within a few hours after taking it she passed an enormous mass of slime and mucus, completely filled with pin-worms—a wriggling mass of them. Since then I have had frequent occasion to verify that experience, and do not now recall a single case where it has failed me.”

ACCORDING to the following paragraph from the *Chemist and Druggist* the South American bee should furnish a very superior kind of *Apium Virus*, if its strength corresponds to the poisonousness of the wax.

“POISONOUS BEESWAX.—The wax of a species of bee common in Patagonia, Terra del Fuego, and other parts of southern South America, and the adjacent islands, is of a dark blue colour, and is said by the *Oil, Paint, and Drug Reporter*, to be more poisonous than arsenic.”

Apropos of this subject we take the following paragraph from the *Chemist and Druggist* of April 9th :—

“BEE-STINGING FOR RHEUMATISM.—Mr. Aaron Miller informs the *Scientific American* that he has virtually found the sting of bees an antidote to very severe rheumatic pains to which he was subject. Although seventy-four years of age, he voluntarily submitted to stinging, and found it quite efficacious. In one case two days passed after the stinging before the cure seemed to be effected, but the rheumatism almost disappeared for several months after the infliction of a stinging on the eyebrows and left hand. [He might have tried homeopathic *apis mellif*, first.—Ed. C. & D.]”

ANOTHER “SHEET ANCHOR” OF ALLOPATHY GONE !

BLISTERS as remedies for inflammatory affections were devoutly believed in long after bloodletting had been given up. Indeed it may be said that blisters are still popular with many doctors, but we read in *The Lancet* of April 16th, a very unfavourable report of their utility in inflammations :—

“Dr. Drosto’s experience,” says *The Lancet*, “harmonizes with that of Dr. Besson, for whom vesicants have but one indication—that of inducing anemia of the subjacent tissues and relieving pain. In pneumonia their use is invariably negative or worse. They have no power over the pulmonary lesions, or over its morbid symptoms. ‘They augment the hyperemia, they favour the dyspnea and

hypostasis, they predispose to asphyxia, and while suppressing, it is true, the pain at a given point, they reproduce it at another.' Not less useless has he found them in pleurisy, while in diabetes mellitus, he considers, they are absolutely contraindicated, equally so in aged subjects, in children, and, generally speaking, in all maladies the characteristic note of which is failure or febleness of the powers."

A REPORTED CURE OF HYDROPHOBIA.

"An important experiment has been made by Professor Murri, of Milan, at the Institution for the Cure of Hydrophobia. A man who had been bitten by a dog, and had undergone the Pasteur treatment, was nevertheless attacked with hydrophobia. Paralysis had already set in from the waist downward, and his life was despaired of when Professor Murri thought of making subcutaneous injections of the virus in its fixed form. Little by little all the serious symptoms disappeared, and the man is now cured. The Milan papers say that if further experiments of the kind, as is probable, give the same result, a real curative, and not merely preventive, treatment of the terrible disease will have been found."—*Daily News*, April 16th.

It is quite evident from the above that the disease the man was suffering from was *Pasteurean* hydrophobia. The symptoms were exactly the same as those of the man whose case was reported in our March number. This man recovered without further inoculations with "fixed" virus—whatever that may mean. In any case the Milan patient has nothing to thank Pasteur for, except a very dangerous form of disease.

PROFESSOR PETER ON THE PARROT DISEASE.

THE following interesting account of the disease among parrots and their keepers we take from the *British Medical Journal* of April 16th:—

"Professor Peter, who has had several of the patients attacked with the malady supposed to have been transmitted by the parrots from Brazil, under his care at the Hôpital Necker, a few days ago gave an interesting clinical lecture on these cases. He said he had come to the conclusion that, in many instances, the malady was transmitted direct from the birds to the human subject; in others from patient to patient. The man who imported the birds was one of M. Peter's patients, and was believed by him to have contracted his illness by contact with the parrots. A female patient said she had fed the birds

by holding their food between her lips, and letting them peck at it. She had also kissed the birds on the beak. Two of the birds were given to her mother, and three members of her family had since died. A night nurse, who nursed one of the patients, was also attacked, and presented exactly the same symptoms. M. Peter is inclined to consider the malady as a 'sort of typhus,' resembling the malady that attacked the Annamites, termed by him *typhus à rechute*, resulting from unhealthy conditions. These Annamites were packed together on an unhealthy boat; several fell ill on the journey, and one died; three others died at Toulon, and the remainder fell ill on reaching Paris. M. Peter questions the accuracy of M. Dujardin-Beaumetz's conclusions, and accepts those of Professor Cornil, who made a *post-mortem* examination in one case, and said, 'It is a new disease, neither pneumonia nor typhoid fever; this is the first time I have met with it.'

ARSENIC IN WALL PAPERS.

In America as well as in this country the use of arsenic in the manufacture of wall papers is by no means a thing of the past, as witness this paragraph, which appeared in the *British Medical Journal* of April 16th:—

"A report by the Massachusetts Board of Health relative to arsenic in wall papers has been submitted to the Legislature of that State. It was found that of 1,018 samples collected in twenty cities and towns, 389 contained arsenic in appreciable quantities. About 3 per cent. of the papers contained more than one-tenth of a grain of arsenic to the square yard. Between 60 per cent. and 70 per cent. were free from arsenic, while about 6 per cent. contained more than one-twentieth of a grain to the square yard.

OXALIC ACID IN THE TREATMENT OF AMENORRHEA.—A French correspondent gives one-half of a grain of oxalic acid every four hours in the treatment of all forms of amenorrhœa, with successful results in every case. There is no taste and it does not irritate the stomach.—*New York Medical Times*.

PHOSPHORUS NECROSIS.—Mr. A. E. Tutton, writing to *Nature* concerning his researches, along with Professor Thorpe, on phosphorus oxide, says:—Most people are aware that persons engaged in lucifer-match making occasionally suffer terribly from disease of the lower jaw, and it is found that this is due to the direct action of the fumes upon the bone. It would appear that this deplorable action is directly traceable to the vapour of the volatile phosphorus oxide, for this oxide is found to be largely formed when phosphorus oxidises without igniting; and if any benefit in the way of increased precautions against such action should follow from the further knowledge now gained concerning this substance, none will rejoice more heartily than those who have attempted to place its chemical history upon a surer foundation.—*Chemist and Druggist*.

ORIGINAL COMMUNICATIONS.

THOUGHTS FROM THE *ORGANON*.

POPULAR PAPERS.

By ED. MAHONY, M.R.C.S., L.S.A.

No. I.

BEFORE commencing the papers proposed under the above title, it will be well to state clearly the object I have in view, which is to give those who have not had the advantage of a medical training, but who are sincere believers in, or unprejudiced inquirers into, homeopathy, an opportunity of having before them some of the real thoughts of this great work, and remarks thereon expressed as far as possible in ordinary language, so as to enable any person of ordinary education to grasp the leading features of the truly scientific truth brought out by Dr. Hahnemann in this great work. I shall further endeavour to assume complete ignorance of the subject on the part of any who may favour my papers with a perusal, as I strongly believe that one of the principal hindrances to the advance of true homeopathy arises from a false conception of the real teaching of Hahnemann, owing largely to the fact that the original works, both of himself and his co-labourers, who were the pioneers of this new doctrine of healing, have not been accessible, even in their English dress, to the majority of the homeopathic public.

With these few preliminary remarks, let us commence first by asking what is the meaning of the word "*Organon*"? This is a word taken from both the Greek and Latin languages (the languages of science in Hahnemann's day), and may be defined as "a term nearly synonymous with method, and implying a body of rules and canons for scientific investigation"; and such the *Organon* is: a most carefully reasoned series of statements philosophical in conception, and founded as far as possible on facts, gathered from all quarters and all ages, one may say from the medical history of the world, and yet so marvellously condensed that the whole is contained in some 230 pages of a duodecimo of ordinary sized type.

The book itself has seen several editions; that from which I shall quote is the fourth American edition, 1869. It

is divided into "Introduction" and "Organon of Medicine." In the Introduction he makes four observations, on each of which some remarks may be made. The observations are—

1. A view of the prevailing allopathic and palliative medical treatment to the present time.

This need not detain us longer than to say that this prevailing method, boastfully then as now called "the rational art of healing," failed then as now in healing disease, because its practitioners *invented* a "morbid material cause" for disease, overlooking the fact that "by far the greater number of diseases being of dynamic origin, as well as of a dynamic nature, and their cause therefore not perceptible to the senses," they required to be treated dynamically. I beg my readers to notice this particularly, as this "dynamic" origin and nature of disease is a leading thought of homeopathy as taught and practised by Hahnemann. We shall see further on what is meant by this, but note well the thought now.

2. Examples of homeopathic cures performed unintentionally by physicians of the old school of medicine.

Under this heading he instances the experience of Hippocrates, recognized by all schools of medicine as the father of medicine, in treating successfully a case of cholera morbus, that had resisted every remedy until *Veratrum Album* was tried (now one of the leading medicines in this one of the most fatal and probably the most sudden of all diseases). He then refers to a great many other instances extracted from the most various writers in the most various countries and ages, sometimes in an epidemic as the English sweating sickness; in other cases, from the well-known poisonous effects of nitric acid, arsenic, mercury, lead; in others, the most dreaded acute diseases as hydrophobia, cured by *Belladonna*, hemorrhages by *Millefolium* and *Ipecac.*; vertigo, nausea, and anxiety cured by *Tobacco*, because it produces these symptoms—(let our smokers beware)—and in each and all he shows that the drug which cured was shown by its symptoms to stand in the relation of similarity to the disease cured.

3. Persons ignorant of the science of medicine discovered that the homeopathic treatment was the most rational and efficacious.

Here the remark is made to which I would call the strongest attention, namely, that homeopathy is "the sole

law of nature in therapeutics." Of this also more anon. Instances quoted here are—snow rubbed on a frozen limb; a scalded hand held to the fire at a certain distance; a very interesting and conclusive case in which a lady, having scalded both arms with a boiling liquid, one was covered with the oil of turpentine and the other plunged into cold water. The first was no longer painful at the end of half-an-hour, and healed much sooner than the other, which latter also remained much longer painful and in greater pain as well.

4. Some physicians of an early period suspected that this curative method was superior to every other.

Again Hippocrates is referred to here, and various other physicians of various periods and countries, but "a transitory idea was all that presented itself to them"—none saw it to be a law, far less the sole therapeutic law of nature.

In commenting on these observations it may be noticed under—

1. A view of the prevailing method, &c.

(a) That the errors of the dominant school of medicine were the same in theory and practice as they are now, consisting of sufficiently ingenious suggestions as to what was going on internally in diseased conditions, but which could not possibly be proved except in the painful cases in which their extreme consequences were to be discovered in the deadhouse, and then treatment was based on supposed morbid material conditions; said treatment being further complicated by the administration of several or many medicines in one mixture.

(b) That suppression of symptoms by external medicated applications was popular then as now, there being then as now no connection between the action of the external application and the medicines which were being internally administered at the same time.

(c) That names were treated instead of individual diseased conditions.

(d) That effect was constantly mistaken for cause—*e.g.*, hemorrhages arising from *disease* were suppressed instead of getting the suited remedy to reach the internal constitutional cause; again, worms in the intestinal canal were violently expelled as being the cause of the disease instead of a consequence.

(e) It was sought to imitate nature by the use of pur-

gatives, diaphoretics, diuretics, venesections, setons, and cauteries. The false philosophy of all this will be seen sufficiently for practical purposes if we remember that it takes notice only of one symptom, and fails to regard the combination which is always to be found really.

(f) They attacked, *i.e.*, by their treatment, the healthy organs, and neglected the diseased ones. This surely needs no comment.

(g) They used "stimulating and strengthening" treatment. The modern form of this is the well-known "tonic," and is such a favourite and so tough a giant to slay in the minds of even the most rational of individuals, that I simply mention it now, trusting to deal with the monster, which it surely is, later on.

One other quotation must be made before passing to 2. "Observation, reflection, and experiment have unfolded to me," says Hahnemann, "that, in opposition to the old allopathic method, the best and true method of cure is founded on the principle, *similia similibus curantur*. To cure in a mild, prompt, safe, and durable manner, it is necessary to choose in each case a medicine that will excite an affection similar (*ὁμοιον πάθος*) to that against which it is employed." Observation, it may be remarked, is recognized as the motto of the profession: *Ars medica est tota in observationibus*, and to this is added reflection and experiment, and, note it well, "in each case a medicine that will excite an affection similar," &c., that is, individuality in the strongest way is insisted on; the very opposite of mere mechanical prescribing by routine for individual symptoms, instead of considering the whole man psychical and physical, in accordance with the old motto: *Mens sana in corpore sano*.

2. Cures (homeopathic) by old-school physicians. It is important to notice here that such evidence, which might be multiplied indefinitely, answers, satisfactorily and effectually, the oft-recurring question, But how is it that practitioners of the old school make cures? They do make many cures, and are now making many more by the addition to their pharmacopeia of many medicines, taken from homeopathic sources (unacknowledged, of course). The great difference between a cure thus effected and a similar cure accomplished by a doctor owning the law, is that the former has learned little or nothing; he knows that, *e.g.*, *Phosphorus* will cure pneumonia, but he

assumes in this that all cases of pneumonia are alike, whereas the latter healer knows why *Phosphorus* was called for in that particular case of pneumonia, and in what cases therefore to give *Phosphorus*—those, namely, in which the symptoms of the patient *correspond* to symptoms proved to have been induced by this particular drug. Another point, most instructive, is that conditions which all must see to be most material, such as blows causing bruises, swellings, discolorations; diseases with excessive secretions or excretions, violent bodily movements, abdominal and other distensions, hemorrhages, &c., are cured by certain medicines, not because they have caused these material conditions necessarily, but because they have produced the combination of sensations which existed also in the particular case cured—*e.g.*, *Arnica* taken internally will cause symptoms similar to the “pains in the side, a desire to vomit, spasmodic lancinating and burning pain in the hypochondria, all of which are accompanied by anxiety, tremors and involuntary starts,” which are experienced by “persons who have received a blow or contusion”—hence its action in such cases is direct or curative. So “*Belladonna* excites, when administered to a person in sound health, symptoms which, taken collectively, present an image greatly resembling that species of hydrophobia . . . cured in a perfect manner by this plant, homeopathically.” Here, again, is to be seen the careful discrimination and action of law, and the importance of *sub-jective* symptoms (symptoms felt by the patient). The remarks here on *Opium*, *Mercury*, *Lead*, and some other well-known drugs remind one to notice another difficulty in many minds—namely, the use of the same drugs by homeopaths as were previously so common as to be matters of fireside knowledge. We do use all, but in exactly opposite cases; where a practitioner of the old school would say it was murder to give an opiate, is exactly where a careful homeopath would give it, though in a *very different* dose and repetition, and with the most happy results, as the writer can testify; and so of *Mercury*, *Cantharis*, &c.

3. Persons ignorant of the science of medicine. Hahnemann’s careful observations and wise use of the information thus obtained is another instance of his genius, patient investigation, and liberality of mind, as far from scientific prejudice on the one hand, as from rashly taking for granted

on the other; a calm, most reflective, most persevering and ardent pursuit of his subject led him to despise nothing that was a proved fact, and at the same time he never ceased pursuing each point thus presented until he had satisfied himself that he had reached the roots, the cause, the reason why, and when this was established he announced both the fact and the explanation with the calm certainty of one who *knew* what he was talking about. In the case of *Arnica* just referred to, he reasoned that if "this plant cures the effects of a blow, fall, or contusion, and consequently the malady itself occasioned by such a contusion, as experienced by a host of physicians, and even whole nations, for centuries past," there must be a reason for this, a *law* which once discovered could be applied in millions of instances, if need be. He gives many more illustrations in his works, such as *Natrum Muriaticum* (table salt), *Graphites* (blacklead), *Calc. Carbon* (the powder of the inner oyster-shell), and others. One other point referred to in this part of the Introduction shall be mentioned here because the remarks help to illustrate his conception and consequent teaching of the law of similarity. Speaking of the application of physical agents, such as snow-water to frost bites, heat to burns, he observes: "The purely physical powers differ in the nature of their action on the living organism from those of a dynamic medical kind." He then shows that heat and cold are in themselves, as heat and cold, essential in their alternations to the maintenance of healthy life; consequently, in their application as curatives in burns and frost-bites, are so solely on account of their degree of temperature, just as they only inflict injury on the healthy body by their extreme degrees of temperature; consequently they restore by the application of *similar* heat or cold, for the same amount of heat or cold would clearly increase the injury. He is combating here what has been called isopathy; that is, identical instead of similar. We all know that fatigue, whether of body or mind, is frequently better relieved by variety of bodily or mental exertion than by absolute rest, which may serve as a familiar illustration of this matter.

4. "Some physicians suspected."

This illustrates another point that is very marked with Hahnemann—he was no believer in "borrowed plumes." He was the first to give credit where credit was due, and he did not mind what the nationality was; his frequent

references to the Arabian physicians are a good instance of this. He refers to the Danish physician, Stahl, as expressing himself most unequivocally against the doctrine of contraries curing contraries, but in favour of that of similars curing similars; still Hahnemann, in justice to the truth and to himself, has to point out that none saw the real force of what they advanced, the revolutionary effects on old physic that such a principle was bound to produce, and, above all, the necessary repudiation of previous practices, founded, as they were, on mere empiricism, or the *ipse dixit* of this or the other medical celebrity of this or that age or country.

This Introduction, then, even in the brief cullings above given (the text itself occupies about sixty-seven pages), shows indubitably the wide character of the mental and moral survey of its erudite and industrious author, how truly he was an instance that "reading maketh a full man," and "writing an exact man." How he compassed the subject before him from every point of view, past, present, and, as by the action of a law can be done, future. Thus, given a combination of symptoms, though never observed before in practice, still it could be approached with the calm confidence of certainty of knowing how to build on the foundation of already ascertained truth, and in proportion as the properties of medicines were known, it would be as clear which must be dropped as useless, as which would be the one out of all others that would certainly suit that particular case.

It is recorded of Cortes that, on landing his troops on Mexican soil, his first instructions to them were "Burn the ships." So in the practice of the healing art: whosoever will grasp what lies before him in Hahnemann's *Organon* must be prepared to burn, in a mental sense, all preconceived ideas of what is or what is not truth in medical lore; for these teachings are as new as regards the nature of disease, as they are as instruction in treatment, and we shall see, in looking into the work itself, that the three points of similarity, simplicity, and the minimum amount of drug requisite to meet the case, are ever kept steadily and as a trial in view, and all based on ascertained and proved facts.

MEDICINE V. SURGERY.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THE present seems to be a favourable opportunity for furnishing a practical illustration of the power which drugs can exercise over certain pathological developments, to counteract which it is generally deemed futile to rely upon any methods outside surgical operations, particularly as the instance to be recorded provides undeniable proof of the efficacy of somewhat high attenuations. I confess to have been quite appalled of late when listening to the public utterances or perusing the writings of certain professional gentlemen well known in the homeopathic world of thought, whose faith seems to be evidently wavering—at all events, so far as high attenuations are concerned. I feel that it would be unbecoming in me to criticise, therefore I cannot venture to refer specifically to any particular instances where views have been propounded that, if true, severely shake the foundation of faith in Hahnemann and his teachings; but I will content myself with a plain unvarnished recital of an extremely interesting case wherein two unmistakable tumours suspended within the mesentery, just posterior to the situation of liver in the median line, were within a period of six weeks absolutely dispersed through the administration of one drug only—*Arsenicum Album*—administered in the sixth and twelfth decimal attenuations; moreover, a perfect restoration to general health was made, whereas the subject when brought under my care was to all intents and purposes *in extremis*. Now in this case there can be no quibbling about what drug did the trick: there was neither alternation nor change of medicine from beginning to end; the selection was made strictly on the lines of the homeopathic law, and the result, I think, warrants me in asserting—for it is only one out of many equally successful cases—that, where no mistake arises in the selection of the single drug, success almost invariably follows; and if you ask me where the “almost” comes in, I reply, when nature is either too old or too exhausted already to receive any assistance towards recuperation, or the specific virus to which the disease owes its origin has gained an ascendant power over the constitution. The case under consideration is that of a Saint Bernard dog, which was brought to me in a cab, out of which he had to be lifted, and a poor, weak, emaciated looking creature he

was—so prostrate that he was unable to drag one leg after the other, nor could he stand upright upon his legs for more than a few minutes at a time; he absolutely refused food of every description. Although but a young dog, he, with his sunken, glassy eyes, and generally dejected appearance, might have been any age up to that of Methuselah. Beyond the impoverished condition, the refusal to take nourishment, and a wearying sort of cough, there was nothing which *at first sight* pointed to the actual condition of things. All the account I could obtain from the owner was that the dog had been more or less ill for four months, during which time he had been under the care of two veterinary surgeons in private practice, and had also been sent for treatment to the Royal Veterinary College. So far as the owner was told no attempt had been made to look for anything wrong beyond the cough, and various had been the methods of treatment employed to effect a cure of the same—among other things, one of the private practitioners had lanced the tonsils. Bearing in mind that the owner was under the impression that the cough, and it alone, was responsible for everything, and that the practitioners who had already treated the animal acted as though they also thought so, one might have been pardoned, if a first shot had been made with some throat or lung remedy; but under Hahnemann's teaching we learn that we must not be superficial; beyond this, the poor dog's frightfully dejected appearance convinced me that no cough—which, after all, when properly appraised is rarely anything but a symptom of something more deeply seated—could be accountable *per se* for such a condition of affairs as I found; therefore I was satisfied I had something to discover. Under the circumstances, and it being after 9 o'clock, p.m., I removed the poor dog to comfortable quarters, and the next morning set myself to examine and observe. I had not been long engaged before I discovered that the dog, though he declined food, wanted to drink, only a little at a time, but very frequently; this peculiarity served to remind me of one of the pathogenetic indications for *Arsenicum Album*. After this I proceeded to make a careful examination of the body, and very quickly the presence of two foreign bodies posterior to the liver in the median line were discovered. Indeed, so palpable were they on manipulation of the abdomen, that no one with any practical knowledge of anatomy could overlook them, had he

taken proper precautions in the examination; one was about the size of an ordinary hen's egg, and the other of a pigeon's egg. I therefore lost no time in acquainting the owner with my discovery, having meantime hunted up the pathology and therapeutics of the case, and found they tallied beautifully with my first indicated remedy.

When the gentleman presented himself at the infirmary, which he was by no means slow to do, I laid before him the details of my examination, the diagnosis and the prognosis, the latter being favourable to a cure; I explained that, while I proposed to treat the case medically, there was the alternative of a surgical operation for removal of the tumours. His reply, after inquiring what risk would attend an operation, was that he should leave the matter to my discretion.

Accordingly I commenced by giving five grains to a dose of the sixth decimal attenuation of *Arsenicum Album* dry on the tongue three times a day, utilizing the dog's eagerness for liquids to keep him alive on milk, of which he consumed several quarts a day. At the expiration of two days I added a few eggs well whipped up with the milk. By the third day there was distinct improvement all round; the faces, which had been of a very watery consistence and extremely foetid to the smell, assumed a more healthy condition; the heart-beats, which were too rapid, weak, and wiry, gradually became firmer and more resistant, and slowed down to more like the normally healthy number; the dog's coat, which was wiry and rough, gave distinct evidence of becoming soft and smooth. When four days had elapsed the dog partook of some cooked flesh, and the day following a small quantity of Hildyard's biscuits were broken up and soaked with the gravy; this kind of improvement steadily progressed until, at the expiration of a fortnight, the patient was sufficiently recovered to allow of his returning home to his master; during the whole of this time he had been receiving three doses daily of *Arsenicum Album* 6x; there was at this period no absolutely perceptible difference in the size of the tumours. I then prepared twenty-four five-grain doses of *Arsenicum Album* 12x, with instructions to the owner to administer one dry on the tongue night and morning. At the end of a week I called to see the dog, and discovered that the smaller tumour was nearly dispersed, and the larger was markedly smaller in circumference. After this visit I allowed a fort-

night to elapse before calling again, by which time the smaller tumour was entirely dispersed, and of the larger one only a remnant remained, which resembled a slight thickening of the mesentery. After allowing the dog to relinquish his medicine for one week, a fresh stock of powders was supplied of 12x as before, and at the expiration of six weeks, from the time the dog left the infirmary, all trace of both tumours had vanished.

The normal health was in all respects fully re-established, since which no relapse has taken place, and the dog has maintained an uniformly good condition. The cough which proved to be so misleading a symptom to those gentlemen who preceded me in the treatment of the case, entirely disappeared at the expiry of three weeks from the commencement of the animal's taking the *Arsenicum*, and has never returned. The experience I then gained as to coughs, their origin and importance, has not been lost upon me in the period of time which has since elapsed, and I hope never will be; and, further, I am confirmed in a belief, long entertained, that where the totality of the symptoms can be obtained many similar cases in the human subject might be as successfully treated medicinally instead of being relegated to the surgical operating room, and that not improbably many lives that are sacrificed at the surgeon's altar might be saved. I am fully aware that in the past many are of opinion the skill of the surgeon has been ignored by homeopathic practitioners; this may be true, but, unless I am much mistaken, the tendency of the present time is altogether in the opposite direction. I therefore trust that this experience in veterinary medicine will not be without its advantages to human practice.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., &c.

THE KANSAS CITY HOMEOPATHIC MEDICAL COLLEGE.

This College has only been in existence about four years, but it bids fair to be one of the best. The teaching is excellent and thorough, and all the members of the Faculty are good men. The attendance of students this year is 50 per cent. increase over last year.

A student must be one year with a medical man before commencing his hospital course of three years, making in all four years' study before he can graduate.

Situated in the heart of the United States, Kansas City Homeopathic Medical College promises to be, in the near future, one of the largest and best homeopathic schools of America. The State of Kansas is bounded on the west by Colorado, on the north by Nebraska, on the north-east by Iowa, on the east by Missouri, on the south-east by Arkansas, on the south by the Indian territory and Texas, and on the south-west by New Mexico, which adjoins Mexico.

Last year there were 29 matriculates, of whom 17 were first year's students, and six graduated.

The alumni of this school now number 16.

The aim of the school is to make every kind of study practical. Beside attending the lectures, the student is shown, and expected to *do*, everything.

Women are admitted on the same terms as men.

The Kansas Homeopathic Hospital has accommodation for 50 patients. The wards are open to the students of the College.

The hospital has a training-school for nurses, and nurses are supplied to adjacent cities.

The City Hospital (allopathic) is supported by the City of Kansas as a charity hospital. It contains 200 beds. Homeopathic students are admitted on the same terms as allopathic students, and homeopathic medical men have been awarded the right of treating all patients whom they send there, and also all who prefer homeopathic treatment. This is one great point in many American allopathic hospitals; if patients can be cured or wish to be treated under the homeopathic law of similars there is no prejudice amongst the people or bar to its practice. This is the secret of the enormous spread of homeopathy in America. If such a thing were allowed in the hospitals of this country, it would be the death-blow to allopathic medicine. Of this the allopaths are fully aware, or they would not have refused (as I believe *all* the London hospitals did) some years ago the magnificent offer of Mrs. Gurney to endow a ward, at a cost of about £70,000, if they would allow homeopathy to be tested. What a splendid opportunity they would have had of proving, if they could, the fallacy of homeopathy, and at the same time pocketing £70,000, especially as at that time some of the hospitals terribly wanted money.

The Dean of this promising school is Professor Peter Diederich, M.D. He is a man with large experience, eminent in chest diseases and physical diagnosis. His teaching in acute and chronic diseases of the chest is thorough and practical.

The Registrar is Professor T. C. Delap, M.D., Professor of Ophthalmology and Laryngology, a physician of great skill and wide repute.

Professor E. F. Brady, M.D., is the lecturer on, and teacher of, *Materia Medica* and *Therapeutics*. He is well known as a man especially adapted to teach this most important branch of a homeopath's training.

CASES FROM PRACTICE.

BY A COUNTRY AMATEUR.

CASE 4.—I was asked to see a woman living at a village about two miles distant. I went and saw the woman and thought she was near her confinement, her body was so large; but she said that she was not, that two months before she had miscarried. I asked how she accounted for being so large. She said she did not know; but as she was riding home from town in a carrier's van, a severe pain came in her body, and the next day her body was much larger. I asked her how long that was back, and she said a fortnight. I asked if she had seen a doctor; she said the doctor was sent for the next day and had attended her since, but did no good. I gave her *Aconite* 3x, three drops to be taken night and morning, and *Bryonia* 3x, three drops to be taken at eleven and four o'clock. This was on the Thursday, and on the following Tuesday the swelling had gone and the pain had abated; the next day she could get her dress close and walk out with her husband, and I heard no more of her afterwards.

CASE 5.—A man came to me with abscesses on both cheeks. They came inside first, and our local doctor lanced them and poulticed and brought them to the outsides; and again he lanced them two or three times, then tried to heal them by linseed-meal poultices, but they would not heal. So, after two months, the poor man was advised to try homeopathic treatment. He came to me, and I gave him *Sil.* 6x, 1 gr. night and morning, and *Hepar Sul.* 6x, 1 gr. for 11 a.m. and 4 p.m., with *Calendula* lotion, to be applied on

lint, and the abscesses healed in about a month ; but, catching cold, they gathered again twice, but both times they broke and healed again in nine days each time.

BRYONIA IN THE CONSTIPATION OF SEAFARERS.

By MR. F. G. WOOTTON.

DURING my peregrinations at sea following my profession as an engineer, I have met with some rather remarkable instances, in which I, as an amateur, have found homeopathy inestimable, and perhaps more especially in reference to my heading.

It is a particularly obstinate constipation to which I wish to call attention in the pages of THE HOMEOPATHIC WORLD for the benefit of its readers, more especially any seafaring persons, who may then be persuaded to throw aside all the nauseous black draughts and pills so much in vogue at present, for the trouble of which I purpose to speak.

I think I cannot do better, perhaps, than give a short account of one or two cases which have come under my notice.

Mr. —, aged 35 years, sailing as second mate, and who had been going to sea for about eighteen years, complained to me of the state of torpor in which his bowels appeared to be. We had sailed from Barry Dock in May, 1879, and had been at sea thirteen or fourteen days, on our voyage to St. Lucia, W. Indies, when he made the complaint. He stated that he had had only one passage through his bowels during that time, even after taking a number of Beecham's pills and a quantity of other medicines for his grievance ; he also stated that he was always so for a number of days on first going on a voyage. I gave him *Sulph.* 1 without effect, afterwards *Nux-v.* 1, with no better result. I then studied other concomitant symptoms of his, and compared them with *Bryonia*, such as sour risings and "as if feeling a heavy weight" at the bottom of his stomach, his choleric temperament, and firm and fleshy fibre, and was induced to try the first centesimal dilution of it, 2 gtt. every four hours. In thirty-six hours after he commenced the *Bryonia* his bowels were relieved, and continued to be in a very satisfactory condition during the remaining four months I sailed with him.

Another case was one of a fireman on my watch, aged 23 years, who, after he had been seven or eight days out from Liverpool, complained to me of his bowels, which he said had been "bound up" since he left, nor would the two or three black draughts or pills he had obtained from the captain give him any relief. He, too, was of a choleric temperament and of firm and fleshy fibre. I gave him *Bry. 1*, two pills every four hours, with the favourable result of the bowels returning to their natural condition in thirty hours after the first dose.

These are only two out of a dozen or more cases in which I have been successful with *Bryonia*. The symptom to which I would most particularly draw your attention is the fact of the bowels becoming in this costive condition *immediately upon going to sea*. In every case in which *Bryonia* has been effective this one symptom has been the guiding one.

Now this obstinate constipation, I have found from my experience at sea, is one with which a large number of seamen suffer, and as in *Bryonia* I have seemed to have found a specific, I have been induced, by the results to which I have alluded, to make it known through THE HOMEOPATHIC WORLD.

S.S. *Mentmore*.

MATERIA MEDICA.

NOTES

BY AGRICOLA.

Argentum Cyanide (A short proving, &c.).—The Master speaks in his earliest writings of having attenuated some few drugs (*à la Hydrargyrum cum creta*, I suppose) with chalk. I fail to find white cane sugar mentioned. This may be from the then rare and consequent high price of this nowadays absurdly cheap article of food.

Some eight years ago I triturated *Argentum Cyanide* with loaf sugar up to 4x, and forgot all about it until recently, when I found all of the triturations had become "set" as dense as marble itself, and as hard, blows with a heavy hammer being required in order to fracture the one to four-ounce mass. So far as a lens would show, the silver cyanide had undergone no chemical change. I there-

fore continued the attenuations up to 14 decimal, and on December 1, 1891, took a one grain dose of 10x at 5 p.m. Instant sensation in left hypochondrium, extending down to left umbilical, never felt before, continuous (qy. left colon sigmoid); then in thirty minutes slight griping in right colon, anal flatus; at 6 p.m. pain amounts to actual tenesmus, right colon to umbilicus; took a dose of 4x last night, no actions being felt then beyond a momentary cutting, but on awakening early in the morning had much pain in nape of neck and occiput. December 3rd, much abdominal flatus per anum, anus congested—three doses during day; in evening face and body, here, there, everywhere, felt as if gnats were on the surface, dreamt lower part of spine was having melted cast iron of a white heat poured on it (this must have been from pain), urethral heat. Flatus up and down, instant, and hunger after each dose. Pain from spleen to right testicle, sharp, momentary—awful incubus.

January 7th, a dose of 14x proved curative of gastric acidity. Pain in nape followed; also stinging tingling in both feet like electric shocks; further doses resulted in much crackling in bones of right ear, which itched much inside.

Argentum Salts should never be used except as triturations; then the salt is hermetically sealed and for all time if well made.

Napthalinum 6x.—Cured in transverse-colon incarcerated flatus, which was causing much cardiac distress. The curative action was instantly set in motion, and a similar result always follows a single dose when needed.

Sodium Mercurius Amalgam 10x.—Three doses caused sudden *severe* inflammatory red swelling of second knuckle-joint of right hand, pressure upon which in assisting one to move when in bed was agonizing; all disappeared in the course of the next morning as suddenly as it occurred. Pains in joints of hands, various, always follow one single dose. Nothing of the kind ever felt before during a fifty-year life. The trituration of this *amalgam* was a tough job.

Calendula requires months for its proving and study, but a few days' use have, some three months ago, cured a fifty years' habitual constipation, the cause thereof being located probably in the *caput coecum* region. Hahnemann probably underrated instead of over estimated the duration of the action of drugs.

Scilla 2x, Phosphorus Amorphous 20x.—Curative in alteration; rapid successive doses, in a case of bronchitis commencing in the head as coryza, which hitherto has every winter been a two months' job, in three days, the subject exposing herself during the present bitter north-east winds with most daring defiant confidence of immunity. A guiding symptom for Scilla's selection was "urine incontinence during cough." The action of the *Phos. Amorphos* on the *bien etre* was little short of marvellous, while sleep (from one or both) became better than had happened during many months previously.

Stannum.—A remarkable proving of this neglected drug, observed from the action of *Stannum* in a state of vapour will follow in some early issue of THE WORLD. It is in the person of an employé at a large tin works, and extends over at least four years. Chargé accurately describes the main features of the case on pages 335-7 of his grand work on "Maladies of the Respiration." *Phos. amorphous*, alternated with *Bry.* seems to suit the case curatively. On the fourth day of the use of *Phos. amorphous* and *Bry.* the poor sufferer exclaimed: "I'm another man!" instead of being in a state of abject despair. What do those M.D.'s who lament homeopathy's want of curative power—*i.e.*, in their hands at least—say to this?

LYCOPODIUM.

BY FERRUM.

In reference to Dr. E. H. Fenwick's re-discovery of the use of *Lycopodium* for nocturnal enuresis and flatulent dyspepsia, it is rather interesting to notice that Professor Bentley, in his *Manual of Botany*, says: "*Lycopodium clavatum* possesses well-marked emetic and purgative properties, and is also reputed to be diuretic and emmenagogue. *L. Selago* has similar medicinal properties." But, as Dr. Fenwick speaks of *white Lycopodium*, he appears to mean some other species. Would it be *L. catharticum* which Bentley says is reputed to be a powerful purgative? Of course it is not likely to be a variety of *L. clavatum*, or some other species tipped with white.

A NEW MATERIA MEDICA.*

ANALYTICAL SYMPTOMATOLOGY.

EXPLANATORY NOTE.

THE need of a *Materia Medica* containing two hundred or more remedies complete in their provings, and of convenient size for use at the bedside, must be apparent to every homeopathician.

Of the existing works the larger are altogether impracticable for such a purpose, and the smaller unsuitable, because of their incompleteness. A comparison of the different *Materia Medicas* shows that not one contains all the provings of a remedy, and no two present the same complex of symptoms. There is great diversity of expression even when giving symptoms embodying the same idea; this, together with an indiscriminate use of synonyms, has led to much confusion in their interpretation. To overcome these imperfections, great care and attention have been given to the analysis of symptoms, and to the study of synonyms, in order to secure uniformity of expression.

In analyzing a remedy, each rubric is carefully compared with the same rubric in all of the works consulted; and the symptoms, shorn of all unnecessary verbiage, are presented in as clear and concise a manner as possible. A *materia medica* condensed by emasculating provings is not our intention, but a symptomatology which shall include all the symptoms.

Two grades of symptoms are employed, the higher being in italics. Clinical symptoms are preceded by the sign °.

The rubrics and sub-rubrics are printed in bold-faced type, the former being italicized. The aggravations and ameliorations are placed after the rubrics to which they belong.

The punctuation is as follows: Rubrics in bold-faced type are followed by colons (:), symptoms of the rubrics by semi-colons (;), and the last symptoms of the rubrics by a period (.). The rubric and symptoms of "Generalities" are followed by periods.

The order of the rubrics varies somewhat from the long-established rule. They will appear as follows: Mind, Vertigo, Head, Scalp, Ears, Face, Eyes (then respiratory tract), Nose, Throat, Larynx, Trachea, Cough, Respiration, Chest, Mammæ, Heart, Pulse, (then) Mouth, Teeth, Gums, Tongue, Taste, Appetite, Thirst, Desires, Aversions, Oesophagus, Hiccoughs, Eructations, Nausea, Vomiting, Stomach, Abdomen, Female Organs, Pregnancy, Male Organs, Urinary Organs, Rectum, Anus, Stool,

* We have much pleasure in publishing this circular and its accompanying letter, and so calling attention to what promises to be a very important work. We trust the work will receive substantial support.—Ed. H. W.

Neck, Back, Upper Extremities, Lower Extremities, Extremities in General, Skin, Sleep, Dreams, Chill, Fever, Sweat, Generalities, Relationship.

The compilation of such a work is necessarily long and tedious; mistakes, it is feared, will unavoidably appear; but we hope to present a *Materia Medica* that will be practical, easily consulted, and thoroughly reliable. The authorities consulted are—Hahnemann's *Chronic Diseases and Materia Medica Pura*, Hering's *Guiding Symptoms and Condensed Materia Medica*, Lippe's *Materia Medica*, Jahr's *Symptomen Codex*, Gross' *Comparative Materia Medica*, Allen's *Encyclopedia and Hand-book, Cyclopedia of Drug Pathogenesis*, Guernsey's *Key Notes*, Farrington's *Clinical Materia Medica*, Dunham's *Lectures*, numerous monographs, journals, lectures, &c.

A complete *repertory* of the foregoing work will follow its publication.

“ Boston, Mass.,

“ Feb. 12, 1892.

“ DEAR DOCTOR,—To insure the utmost accuracy in the publication of the above work we have decided to publish it here under our personal supervision, and not in any journal. It will be issued in fascicles of 24 pages each, every three months, or as near that time as possible. If one hundred subscribers can be obtained, the cost will be 30 cents per fascicle of 24 pages, to be paid upon receipt of the same. We enclose a blank, and solicit your subscription for one or more copies.

“ Very truly yours,

“ RUFUS L. THURSTON, M.D.

“ SAMUEL A. KIMBALL, M.D.

“ Please send subscriptions to Dr. S. A. Kimball,

“ 124, Commonwealth Ave., Boston, Mass.’

ON TAKING FLUID WITH MEALS.—Upon this matter Mr. Hutchinson remarks in the last number of his *Archives*: I observe with pleasure that the verdict of general experience and common sense has been confirmed by scientific experience. Dr. Tev. O. Stratievsky, of St. Petersburg, after elaborate trials, has found that fluids materially assist in the assimilation of proteids, and announces the following conclusion, which it is to be hoped no future experiments will controvert: On the whole, the widely-spread custom of taking fluids during or just before one's meals proves to be rational and fully justified on strict scientific grounds. To take fluids with the meals is almost as important an adjunct to digestion as is the mastication of solid food preparatory to swallowing it.—*New York Medical Times*.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

SEVENTH ordinary meeting of the session, Thursday, April 7th, Mr. KNOX SHAW, President, in the chair.

CLINICAL EVENING.

Dr. Morrison's Case of Breast Tumour.

Dr. MORRISON showed a case of tumour of the breast. The patient was aged 45. Her mother had died of carcinoma of the breast, aged 42, thirteen weeks after operation. The patient had a hard swelling of the breast, with implication of the axillary glands. Operation had been advised by two colleagues. Under *Arnica* 1x improvement set in. *Lycopus* was given for some heart affection. In six months the tumour had gone. She had also a vascular tumour on the axilla, which increased when the other disappeared. This Dr. Morrison removed by ligature. He gave *Arnica* because he believed there was an injury, though the history was not definite. *Bell.* was given subsequently for tenderness of the part.

DISCUSSION.

Mr. KNOX SHAW saw the patient before Dr. Morrison began to treat her. His opinion was then that it was carcinoma, and now there was certainly no tumour to be found.

Dr. MORRISON said, in reply to Dr. Neatby, that the tumour was circumscribed. There was a little retraction of the nipple.

Dr. DUDGEON had seen several cases of apparently hard scirrhus tumours at the climacteric which disappeared under treatment.

In reply to Dr. Galley Blackley, Dr. Morrison said there was considerable cachexia at the time he began treatment. The patient's general health was low; there was some dyspnea, the infiltration of the glands was marked, and there was weakness of the left arm.

[Dr. Morrison adds the successful treatment of a similar case some eighteen years ago (which still remains well) influenced by selection of *Arnica*.]

Dr. Neatby's Case of Hernia.

Dr. NEATBY next described his case of congenital separation of the recti muscles from umbilicus to epigastrium in a rickety, scrofulous child.

Dr. DUDGEON has a case in a lady aged 40. This has suddenly

come on after influenza. It was above the umbilicus, as in Dr. Neatby's case.

Dr. COOPER advised *Arsen. Iodide*.

Dr. Cooper's Cases treated with high dilutions.

Dr. COOPER first mentioned a case treated by Dr. John Epps for ozena, after having been treated by the best allopathic authorities without result. Dr. Epps, noticing a corrosive discharge from the back of the nose, gave (the patient says) *Nit. Ac.* 200 with very marked, and eventually completely curative, result. This cure had lasted thirty years, and Dr. Cooper diagnosed it by the scars which now remain, showing the former site of the disease.

DISCUSSION.

Dr. DUDGEON questioned if there were any real high dilutions in existence thirty years ago.

Dr. COOPER next showed a case of ozena cured by himself with *Calc.-carb.* 200.

Next a case of deafness from infancy greatly improved by one dose of *Calendula* 200. Next, two cases of cure, by *Kali. Iod.* 200, of noises in the head. In these obstinate cases of deafness he found nothing equal to the high dilutions. A patient, whom he intended to show, but who failed to appear, having been deaf after measles, improved greatly under *Calendula*. In this case he repeated, and he believed, he would have cured the case much more quickly if he had given only a single dose.

DISCUSSION.

Dr. DUDGEON remarked on the absence of the ordinary homeopathic indications in Dr. Cooper's cases. He mentioned a cure of bursting noises in the ears by *Digitalis* 1x after failure by *Digitalis* 6 and 12. Dr. Dudgeon asked how the high dilutions were prepared.

Dr. COOKE, of Richmond, discussed the chemistry of high potencies, and explained his difficulties in conceiving the existence of substances like *Nitric Acid* in high potencies, since *Nitric Acid* will unite with anything that may be present in the diluting medium. Still he was prepared to take the experience of capable observers as to the effects of the high attenuation.

Dr. CLARKE could fully support all Dr. Cooper had said about the efficacy of the high potencies. It did not matter to him whether Hahnemann used the highest or not, and it did not matter to him how they were prepared, so long as he knew from his experience that they were definite powers to be relied on for definite results.

Mr. HURNDALL instanced a case in which a low dilution of a drug was of no use, but where the 500th of the same drug was signally successful. Mr. Hurndall's father had been for years a sufferer from rheumatism of the left splenius capitis muscle, and *Rhus* 3x was prescribed for him by Dr. Butcher, of Reading. The late Dr. Holland, of Bath, next saw him, and also prescribed *Rhus* 6x. He gave in the 6x dilution when he heard that he had had the 3x. Still he remained in Bath for a twelve-month and got no better, and then a third doctor prescribed *Rhus*, this time in the 12x, and still no result. Ultimately he removed to Taunton. Mr. Field, of Taunton, after hearing the whole case, gave *Rhus* 500 without telling the patient what it was. The first dose caused tingling in the part, the second caused amelioration, the third caused complete removal of the pain, and he was free from it to the end of his life.

Dr. HUGHES said that he did not rise as an opponent of high potencies. Little as he liked them, he could not deny their occasional effectiveness. The thing, however, that concerned him with regard to Dr. Cooper's cases was the question they aroused: Supposing that such practice should prevail, what will become of homeopathy? Homeopathy, he had learned from Hahnemann, was the treatment of disease by medicines selected according to the rule *similia similibus curentur*—let likes be treated by likes. But in Dr. Cooper's cases any such principle of choice is conspicuous by its absence: his remedies are arrived at by experience, by analogies, by inferences of the most dubious kind, and their only homeopathic quality seemed to stand in the minuteness of their dose and the rarity of their repetition. It was a curious thing—and it was one of his many causes of aversion to them—that the more a man came to employ the high dilutions the less homeopathic, the more empirical, grew his practice. He (Dr. Hughes) was far from denying the value of experience in the choice of remedies; but when it came to abandoning the lode-star of the law of similars, and committing ourselves to such hap-hazard indications as most of those advanced by Dr. Cooper, he felt that we should be following will-o'-the-wisps, and should find ourselves ere long in another such "slough of despond" as that from which Hahnemann had delivered us.

Dr. COOPER, in reply, said there was great difficulty in getting indications in ear cases. The patients could not hear what you said to them. It was very difficult to get them to tell all their symptoms. He had worked up these medicines from his own experience. He considered a symptom produced as an aggravation by a medicine was as good as if produced in a proving.

Mr. KNOX SHAW showed a case of colotomy. The patient, a man aged 50, was admitted into the hospital in December, 1890,

under Dr. Clarke, with chronic intestinal obstruction, the result of stricture of the colon. As no action of the bowel has occurred in three weeks, and the patient's distress was great, a right-sided inguinal colotomy was performed. He made a good recovery, and is now in very fair health, with a small healthy wound with sound skin surrounding it. He has learned to make a plug of linen which enables him to have entire control of his artificial anus. He very occasionally passes a quite small and soft quantity of *faeces per anum*.

Mr. KNOX SHAW also showed a little girl, aged 5, whose left ankle joint was excised a year ago for tuberculous disease. The child had previously been submitted to injection of Koch's lymph at another hospital, but the joint had suppurated and become disorganized. The present condition is excellent: there is a moveable joint, and the wounds are sound and healthy, and there is no swelling of the joint or surrounding tissues.

Mr. KNOX SHAW further showed a piece of slate pencil removed from the orbital cavity. W. H. L. is now 40; when 10 years old as he was running he fell with a pen and pencil in his hand, striking the left eye just above the infra-orbital ridge. A doctor removed some pieces of pen which had broken off, and the wound soon healed. He never experienced the least discomfort, nor was he aware that anything was the matter with him till last January, when he noticed a red and inflamed spot beneath the left eye. A neighbour alarming him that it was a cancerous tumour, caused him to consult Dr. Hall, of Surbiton, who sent him up to the hospital. On March 27th, under Cocaine anesthesia, this piece of slate pencil was removed. It was lying perpendicularly to the surface, and the sharp point was buried beneath the eye-ball among the orbital fat. It had thus been there thirty years.

Dr. W. H. J. COOKE showed for Dr. Burford a fibro-sarcoma which had been removed by Dr. Burford. A large incision had to be made in order to remove the tumour, and for three days the patient's pulse was between 160 and 180. This was brought down eventually by *Strophanthus*.

Dr. W. H. J. COOKE also showed for Dr. Moir a case of progressive muscular atrophy. The patient had worked with lead a little, but he had no other lead symptoms.

DISCUSSION.

Dr. NEATBY said the patient dated his illness from an attack of lead colic, and he had a sensitive line at the margin of the gums, though not the usual blue line. Dr. Neatby had himself had a similar case of muscular atrophy which was clearly due to lead poisoning.

Dr. Galley Blackley's Cases—Lupus—Seborrhea Kerativa—Hemoglobinuria.

DR. GALLEY BLACKLEY showed two cases of lupus. One of these, a young woman, he put on Koch's *Tuberculin* 3rd centesimal dilution, and great improvement followed. A well-marked "butterfly patch" had quite disappeared. A young man also suffering from lupus, whom he has now put on *Tuberculin*. A case of seborrhea kerativa was also shown, and one of paroxysmal hemoglobinuria. The last patient had had syphilis. He once passed a small calculus by the urethra.

DISCUSSION.

DR. CLARKE referred to a case of lupus treated by himself with *Tuberculin* (Heath) 200 and 1m, one dose every ten days. The patient lived away from London, and after seeing her twice he treated her by correspondence. She was an unmarried woman about 33, of a tuberculous family history, had had lupus for many years, and was much disfigured, part of the nose having been eaten away, the nostrils being blocked. After the first dose there was marked improvement, which has continued. Lately he had heard that she had had a severe attack of influenza with, possibly, nephritis, as the doctor in attendance had said that the medicine Dr. Clarke gave "had cured the disease in the face, but had driven it to the kidneys." Dr. Clarke obtained a specimen of her urine, but found in it no albumen, only a slight phosphatic deposit.

MR. DUDLEY WRIGHT showed an apparatus for illuminating the antrum.

INSTITUTIONS.

SCARBOROUGH HOMEOPATHIC DISPENSARY.

THE following is the report of this Institution for the year ending December 31, 1891:—"During the year 1891 there have been 7,935 attendances of patients at the Dispensary Rooms, and 5,865 visits have been made to patients at home.

"There has been some falling off in donations and subscriptions; but the amount received from the small payments of patients reaches the sum of £204 3s. 6d., and keeps up the efficiency of the institution.

"The influenza made greatly increased demands on the time of the Medical Officer during the early months of the year; but happily has not added to the mortality during the twelve months.

THE GUERNSEY HOMEOPATHIC DISPENSARY.

WE take the following from the *Guernsey Sun* of March 26, 1892:—

“We have pleasure in calling attention to the recent issue of the ‘First Annual Report of the Guernsey Homeopathic Dispensary.’ Evidently this institution is already a popular one, and bids fair to take a yet more prominent place amongst the charitable institutions of our island. That much benefit has been conferred upon our poorer inhabitants, as the report shows, is an open testimony to the need that existed for a medical establishment conducted upon the principles of homeopathy. It appears that the Dispensary was opened on December 10, 1890, at Clifton, and has been successfully carried on during the last twelve months, although under great disadvantages, owing to the want of a second medical officer—Dr. Webster not being able to give sufficient time to the work—yet, notwithstanding this drawback, the number of consultations, at the Dispensary, from December 10, 1890, to December 10, 1891, has amounted to no fewer than 1,746, while 264 visits have also been paid to patients at their homes—making a total of 2,010—results which, under the circumstances, the supporters of the Institution consider both encouraging and gratifying. The receipts from all sources, including subscriptions and donations, amount to £144 19s. 8d., while the disbursements amount to £115 8s. 11d., leaving a balance of £29 10s. 9d. in the hands of the treasurer. During the past week a handsome donation of £52 10s., currency, has been received from a gentleman who, in his letter to the Medical Officer, alludes to his gift as ‘from a patient, in appreciation of skill.’”

EXTRACTS.

THE MUELLER TREATMENT OF SNAKE-BITES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I take the liberty of sending you a cutting from *The Daily Telegraph* upon snake-bites and *Strychnine*, thinking you may be able to give some enlightenment on the subject through the columns of *THE HOMEOPATHIC WORLD*. The subject is of great importance in this colony. Some six months back a man knocked me up about 2 a.m., saying he had been bitten by a large snake. His version of it was that he came out of his hut about 10.30 p.m., and in the dark came in contact with the snake, which bit him on the leg near the calf. In jumping he hit the snake with great force, which must have been a large one. He procured a lantern and came straight to me, a journey of about five miles, and had to cross a gorge over 1,000 feet in depth. He showed me his leg, which was swollen, and the marks of the fangs could be distinctly seen. I gave him about six oz. of

brandy, followed by a second dose, which seemed to take effect, so gave him another glass and let him go to bed, and he got up in the morning all right. The man was under the impression it must have been a black snake, as they are very plentiful about the hut.

Trusting you will be able to throw some enlightenment on the subject,—Yours sincerely,

WILLIAM A. NICHOLAS.

Fern Mount, Bundanoon, New South Wales,

January 25, 1892.

[We append an extract from the paper furnished us by our correspondent. From this it appears that *Strychnine* is a physiological and not a homeopathic antidote to the snake-poison, and must be given in massive doses; the snake-poison renders the system unsusceptible to the ordinary action of the drug. All the snake-poisons produce profound depression of the brain and spinal cord; *Strychnine* has the diametrically opposite effect. The failures appear to have been due to the dose of *Strychnine* not having been large enough.—ED. H. W.]

“In a letter commenting on the case of a man named Hourigan, an engine-driver on the Gippsland railway line in Victoria, and which is published in the journal already mentioned, Dr. Mueller states:—

“The misuse of *Strychnine* in Hourigan’s case was a two-fold one. In the first place the antidote was administered to the man in ridiculously small doses, considering the severity of the case and the urgency of the symptoms. Instead of one-thirtieth of a grain or $3\frac{1}{4}$ minims of liquor *Strychnine*, one-sixth of a grain or 16 minims should have been injected, and if coma and collapse continued within twenty or thirty minutes another injection of the same strength should have been made. Consciousness would then have been restored, and further doses, if necessary, determined by the symptoms, which one and all would have disappeared at the first signs of the *Strychnine* acting on the muscles. It has been pointed out by me over and over again that where there is unmistakable evidence of a large quantity of snake-poison having been absorbed proportionately large doses of the antidote are called for, and my own experience, as well as that of medical men in all parts of Australia, has proven most conclusively that these large doses may be administered with perfect impunity to the sufferer, and produce the most immediately favourable results. The antagonism between the two poisons is a perfect one. *Strychnine* does not manifest its usual physiological action in the presence of snake-poison until it has completely overpowered the latter, and I have therefore pointed

out, as a safe guide in practice, to watch for the first symptoms of this action, namely, muscular twitchings, and only then to discontinue the use of the antidote, unless after a time the snake-poison reasserts itself.

“The case referred to is described in the *Melbourne Argus* of October 9, 1891, as ‘one of the most extraordinary cases of snake-poisoning and successful treatment yet recorded.’ The facts are as follows:—

“Hourigan was oiling a plunger at Pakenham station pump, when a snake seized his hand and clung to it so tenaciously that it had to be knocked off. The man had been similarly bitten (and at the same well) on a former occasion, but had recovered after scarifying and sucking the wound. Suffering acutely, he returned to the station, where the stationmaster bound up the arm in ligatures and sent him to Berwick, but on arrival there he was believed to be dying. Dr. James, however, attended to him, and after injecting *Strychnine* forwarded the patient on to Dr. Moore at Dandenong; he arrived at the station at 1.30 p.m., and was at once taken to Mr. Titcher’s dispensary, where it was seen that the case was a desperate one. The patient was in a state of stupor and collapse, his pulse being barely discernible.

“Drs. Moore and Smith attended to him, and first injected one-thirtieth of a grain of *Strychnine*, and then kept the patient walking up and down the main street between a couple of stalwart sailors, who had the greatest difficulty in keeping him awake. At 10 minutes past 2 o’clock Hourigan became black in the face, while his limbs were as loose as those of an automaton, still the sailors and other willing assistants forced him up and down the streets, then another thirtieth of a grain of *Strychnine* and 20 minims of *Ammonia* were injected and brandy administered. Immediately after this his pulse quickened, and his condition appeared better. By 25 minutes to 4, however, the unfortunate man sank again, and everybody thought he was dead. Another thirtieth of *Strychnine* and 20 minims more of *Ammonia* revived him for the third time. At half-past 4 o’clock, notwithstanding the persistent efforts of the doctors, he collapsed, and was again taken into Mr. Titcher’s shop, and a stretcher was sent for. As the patient lay back in a chair he presented a sad spectacle. *Ether* had been injected without avail, and as a final effort the galvanic battery was brought into use, and it was applied to the nape of the neck and at the apex of the heart with the most surprising results—the apparently dead man was not only galvanised into life, but he became nearly mad with rage. From this time the sufferer manifested signs of recovery—though considered to be dead twice by the doctors and others.

“Another case of recovery from alarming symptoms consequent upon a bite from a deathadder is recorded by Dr. Hunt, of the

Toowoomba (Q.) Hospital. The patient was a little girl named Louisa Daniels, aged 16 months, who, on November 2nd of last year, was bitten by an adder on the third finger of the left hand. The end of the finger was taken off and the stump sucked and dressed with *Ammonia*, ligatures being applied to the arm. Three hours after the child arrived at the hospital in an almost comatose state. *Strychnine* was injected in two doses of 1-25 of a grain each, and the following day the child left the hospital none the worse except for the loss of her finger. A case in which the rough-and-ready bush remedies before referred to were tried before a doctor could arrive is thus described by Dr. Macdonald, of Murwillumbah :—

“Mr. S. was bitten on the leg by a black snake. The seat of the bite was promptly scarified and *Ammonia* applied to the wound. Shortly afterwards drowsiness set in. Four ounces of *Alcohol* was administered, and some *Ammonia* was also given to drink, and I was sent for. On arrival I found the patient supported by two men, one under each arm dragging him along, and another man behind flogging him with switches. His legs appeared powerless. The chin was sunk on the sternum, eyes closed, pupils contracted, and face congested and dark. He could be roused with difficulty. He did not seem to take any notice of the flogging, nor did he seem to feel the hypodermic needle when I used it. I determined to watch the case for some time, and contented myself with an injection of *Ammonia*, hoping that the symptoms might abate. He seemed, however, to be getting worse instead of better; pulse fast and weak; resisted all efforts to waken him, and seemed as if getting comatose. Injected 3-20th of a grain of *Strychnine*, and waited half an hour, during which there was no improvement. Seeing the case was desperate, and remembering the tolerance of *Strychnine* in poisoning, I injected 1-5th of a grain of the same solution, watching for any physiological symptoms of the drug. After this I could detect a slight improvement, which, however, did not last long, and in about three-quarters of an hour I injected 1-10th of a grain more. The effect of this last was very apparent, as the patient rallied and recovered consciousness quite suddenly. He felt sleepy, but volunteered to walk about without assistance, and in about half an hour was sent to bed quite recovered, and only complaining of being stiff and sore.”

MORAL ILLS CURED BY SURGERY.

SOME REMARKABLE INSTANCES AND POSSIBLE CONSEQUENCES.

We have received the following entertaining cutting from *The New Orleans Weekly Picayune*, April 7, 1892 :—

One of the most portentous discoveries of modern science has just been announced. It promises to surpass all the scientific triumphs of the past, as the sun in his glory outshines the stars of heaven. It is a discovery that bids fair to revolutionize modern society, and make many of our most cherished and necessary institutions utterly useless and unnecessary. In brief, to introduce that golden age of human perfection which most of us understand when we speak of the millennium.

That crime is a disease has long been held by a certain class of moralists, who have gained little by the theory but popular disesteem as impracticables and visionaries. The truth of this theory has, however, at last been triumphantly demonstrated by the discovery, not only of the seat of the disease, but of its cause, and the means of its removal. The disease, our scientific genius assures us, is caused by undue pressure on some part of the brain, and its cure is the simple operation of trephining the skull over the seat of the trouble. This discovery is due to the wonderful sagacity of a surgeon of the United States. His name at present is suppressed, not that it is unknown, nor through jealousy of the deserved renown that will surely follow his wonderful find, nor to deprive him of the least ray or scintillation of his proper glory. But for fear lest his modesty should be hurt by seeing his name in print, and much more than that, for fear lest his quiet researches in the recondite fields of science should be interrupted by the clamorous crowd that would surely flock around him to be relieved of their moral infirmities, by having their skulls trephined, and thus the good of the many be sacrificed to the advantage of the few. One must think of all these things. But the name will be known in good time, when it appears at the head of a shining list as the Director General of the Grand International Association for the Abolition of all Human Ill by Trephination. That is what now looms up in the not distant future. We stand on the brink of better things. A new era is about to be ushered in. Wonderful social revolutions and evolutions are on the way. For look what has already been accomplished! The distinguished scientist declares that he has already cured three thieves by his simple surgical operation. The first subject was a young lady who hurt her head by a fall at the early age of three years. Immediately upon her recovery she manifested a decided tendency to appropriate the property of other people, a propensity that grew with her growth and strengthened with her strength until at eighteen years of age nothing that she could carry might be safely left in her company. Distressed by this failing, her parents, who were rich but honest, brought her to the surgeon. He discovered that a part of the bone was pressing upon the brain. He removed it. Presto! A moral revolution was accomplished.

The young lady lost at once all desire for other people's goods, and to-day might be safely trusted alone in the mint.

The sagacious surgeon noted the exact location of this young lady's trouble, and emboldened by his success, found a notorious sneak thief, and representing to her the marvellous advantages that would follow, probably assuring her that honesty was the best policy, persuaded her to undergo a similar operation. It was successful to a charm, and to-day that whilom pilferer can be left at the lace counter while the clerk is at the furthest part of the store flirting with an acquaintance, and not a scrap of the costliest point lace will be missing.

The scientist next experimented on a cigarmaker, in whom honesty was most desperately wanting. Even the missionary at the bethel had given him up as a hopeless job. That cigarmaker to-day is "the noblest work of God" and the surgeon.

Who that contemplates these marvellous achievements but must confess that this wonderful surgeon's prognostications are well founded when he says that when the brain has been thoroughly studied and mapped out, and the seat of the mental powers and passions accurately located, every ill that human—not flesh, but spirit—is heir to, can be easily, quickly, and completely relieved by simply opening the skull over the troublesome spot! If dishonesty can be so easily cured, why not drunkenness? The sagacious scientist distinctly asserts that this vice comes within the purview of his skill. No more howling idiots on the street making night hideous. No more drink-blasted homes; no more publicans rolling in wealth gained by poisoning the unhappy dipsomaniac; no more W. C. T. U.; no more bichloride of gold, with its fearful prospects of fatal relapse. A simple surgical operation on the back of the head, or wherever the bump of dipsomania may be (one is inclined to think by the way his head feels the next morning that it is somewhere in the neighbourhood of the temples), and all inclination to drink is gone.

And if dishonesty and drunkenness may be so relieved, why not lust, and anger, and selfishness, and pride, and every other spiritual ill?

Why, the very contemplation of the shining vistas of promise that open out before us make one dizzy, and he begins to feel as though he needed to have his own bump of credulity operated on so as to enable him to take in all the glorious truth. It is simply marvellous! For, bear in mind, it is a hard thing to grasp, that this operation removes not physical ills, but spiritual. The whole world has watched with profound interest the rapid strides that medical science has been making in these latter days toward the complete subjugation of disease. With small-pox rendered innocuous, rabies and lockjaw cured, consumption

almost conquered, and the bacillus of la grippe captured, we have begun to look forward hopefully to the happy time when disease shall be as rare in the civilized world as it is in the uncivilized, when perhaps even death should be robbed of his dart.

But who has dared even to dream that this same science should assert its supremacy in the spiritual world, and win even greater victories there than in the lower physical sphere? Heal souls better than bodies! Why, it is amazing! Confounding! And what pleasing consequences loom up in the train of this grand discovery.

In the mind's eye we may see, first, all the churches go down before it. Their occupation is gone. They have been supposed to hold a monopoly of dealing with sin and crime in a remedial way, and they have unquestionably accomplished a good deal, though very far from all that could be desired, but their processes are slow and not at all sure. It takes the church a long time to reform a drunkard, a thief, or a liar, and often he will not stay reformed. But now we have a quick and certain method. Give him a little chloroform. Saw out a bit of his skull. In a moment it is over, and there is your reformed man, perfectly moral and upright! There certainly is no further use for the churches unless they be transformed into hospitals for trephining skulls, and the clergy had better begin to devote themselves at once to the study of phrenology and surgery, or go into journalism, school teaching, or some other broad road to fortune. When trephination for the advancement of morals is solidly established there will be no demand for their services. A way of salvation has been opened, not through the veil, but through the skull.

Then away, too, go the insane asylums with their unhappy sufferings, their possible—alas, too possible—abuses, their armies of keepers and the attendant heavy expense of maintaining them (and this last consideration is by no means the least in this State since the withdrawal of the lottery proposition). Our scientific benefactor assures us that in his own mind it is as clear as day that the cause of all mental disorders is the same and may be removed in every case by the same simple operation. All jails and penitentiaries and courts of justice—those of criminal jurisdiction, any way—with all their officials and expenses disappear before the radiance of this most blessed discovery. The horrible electrical chair, the gallows, and the guillotine will be utterly abolished. Executions and lynchings will no more be heard of. When people come to realize, as soon they will, that the rapist, the murderer, and the train-robber are not really dangerous enemies of society, but unfortunate victims only of misshapen skulls, the sentiment of

vengeance will entirely die out of the human breast and the unhappy criminal will merely be hurried to the nearest hospital, thence to emerge shortly an ornament to humanity and a triumph of surgical skill.

Considering the wonderful blessings that are to flow from this new dispensation one grows impatient to see them realized. Would it not be well to begin at least some tentative experiments in this direction? For instance, convicts who have been sentenced to death might be turned over to the surgeons to try what effects might be produced on their morals by depriving them of portions of their skulls. As the exact location of the organs of the different spiritual maladies is yet not clearly known, some mistakes might be made at first, but they would all be in the interest of science, enabling the operator to direct his efforts more intelligently afterward, and surely the criminal subject could not object. He would doubtless prefer to have the whole top of his head taken off rather than be hung; and the public would unquestionably be willing to have his brain taken out and pickled, if there were any hope of so making him a useful member of society.

SWEET OIL IN THE TREATMENT OF GALL-STONES.—Thomas J. Mays, M.D. (*College and Clinical Record*, October, 1891), says: In view of the divided opinion on and the importance of this matter, the Therapeutic Section of the Philadelphia Polyclinic Medical Society undertook a special collective investigation concerning the clinical value of this drug in gall-stone colic. To circulars sent out nineteen replies were received, and thirty-seven cases of gall-stone colic treated with olive oil were reported. By collecting as far as possible all the previously reported cases of biliary colic which were treated according to this method, fifty-four cases in all were recorded. An analysis of these cases shows that there were about one-third more females than males who suffered from gall-stone colic; that two died; that in three negative results were obtained; and that in fifty, or 98 per cent, positive relief was afforded. One that died was suffering from adhesive obstruction of the bile-ducts, a disease which no procedure could have remedied. Dr. Rosenberg's experiments demonstrate that this agent acts by largely increasing the quantity of bile secreted, while at the same time it diminishes its consistency. The beneficial influence of the oil consists, not so much in dissolving the biliary concretions as it does in increasing the biliary excretion, in flushing and in lubricating and washing out the passages of the liver. It appears from most of the cases in this collection that large doses are not necessary. Eight of the cases received only a dessert-spoonful every three or four hours, and apparently with the same prompt and positive relief as that which was afforded by doses of from five ounces to one or two pints.—*New York Medical Times*.

REVIEWS.

WITH THE "POUSSE CAFÉ."*

UNDER the above quaint title Dr. Tod Helmuth has published a collection of poems recited by himself on a number of convivial occasions. Dr. Helmuth, whose reputation as a surgeon is second to none in the United States, has also earned for himself no mean repute as a poet. The volume before us contains the lighter inspirations of his muse. Those who have had that exquisite treat of hearing Dr. Helmuth recite his own poems in response to the toastmaster's call will be delighted to peruse them in this beautiful form; and those who have not had the pleasure will now be able to do the next best thing, namely, to read them. We hope this dainty volume does not mean that the author intends to abandon his lighter vein. There will doubtless be room for more in the next edition.

MEDICAL ANNUAL.†

THIS excellent compendium fully maintains its reputation in the issue before us for the current year. It fully keeps pace with the times, and provides the busy practitioner with a digest of all that is most useful and interesting in the medical literature of the year. The new remedies with barbaric names that are being daily sprung upon a much-burdened profession are fully dealt with by Dr. Percy Wilde, who continues his educational work by introducing to the readers of the *Annual* some of our old friends like *Gelsen.*, *Hydrast.*, *Cactus*, and *Sambucus*.

HAHNEMANNIAN HOMEOPATHY.‡

UNDER the above heading are published two papers read before the Canadian Institute of Homeopathy, the first one, by Dr. Logan, ex-President, being entitled "Who is a Hahnemannian?" and the second by Dr. Campbell, the President

* *With the "Pousse Café."* Being a collection of *Post-prandial Verses*. By Wm. Tod Helmuth, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1892.

† *The Medical Annual and Practitioners' Index*. A Work of Reference for Medical Practitioners. 1892. Tenth Year. Bristol: John Wright & Co., Stone Bridge. London: Simpkin Marshal, Hamilton, Kent & Co., Ltd.

‡ *Hahnemannian Homeopathy*. By E. Logan, M.D., and C. T. Campbell, M.D. Ottawa: Free Press Office, Elgin Street. London: Homeopathic Publishing Company. 1891.

of the Institute, entitled "Hahnemann's Methods and Other Methods." Dr. Logan defines a Hahnemannian as "a practical physician imbued with the spirit of Hahnemann, accepting the law of cure enunciated by him, and practising medicine in accordance therewith, so far as his knowledge permits." Dr. Campbell does not believe there is such a person as a true Hahnemannian—all homeopaths differ from Hahnemann on some point or other, though all may hold the truth of the law of similars.

It seems to us that there has been too much fighting about the Hahnemannian name. The objection to the name of any man being taken as a party designation lies in the fact that no man who is not an idiot is at all times consistent with himself. There is a law of progress in individuals and races. Let every homeopathist do the best he can with the homeopathic law, and show the world how he does it, so far as he has opportunity; and let him spend no more valuable energy in denouncing those who use it differently from himself. Results are the best arguments, and they can be left to speak for themselves.

ELECTRICITY IN CARCINOMA.*

This pamphlet consists of a paper read before the American Electro-Therapeutic Association at the June Annual Meeting held at Philadelphia in September, 1891, and published originally in *The Times and Register* of October 10, 1891.

The author maintains that cancer can be cured, and that electricity has cured it, although no doubt many failures have occurred. His object in the pamphlet is to set forth the various ways in which electricity may be used in the treatment of this terrible disease, and he has brought together a great deal of valuable and useful information on the point. The methods of using electricity are denoted under four heads—(1) Galvanism; (2) Electrolysis; (3) Galvano-cautery; (4) A Combination Method of two of these. Electrolysis appears to be the one most frequently used.

We quite agree with the author that cancer must not be looked upon as an incurable disease; it is frequently cured. That electricity has in some instances been able to eradicate it there is much evidence to show; but it would seem that those who have used it for this purpose have had its *local* action principally in view, and have used electricity more as a substitute for the cautery and the knife than as a constitutional remedy. When it *cures* cancer it must act in the latter way.

* *Electricity in Carcinoma*. By Robert Newman Hall, M.D. Philadelphia: The American Medical Press Company, Ltd. 1891.

We can commend Dr. Newman Hall's pamphlet to those who wish to know what can be said on this subject. A full bibliography is appended.

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.

“PHILALETHES.”

REPLIES TO OUR QUERY INSERTED FOR DR. LAMB.

To the Editor of the HOMEOPATHIC WORLD.

You can tell your correspondent that I believe that “Philaletes” was a *nom de plume* under which the late Mr. Frederick Smith, of Weston-super-Mare, wrote. He died in 1879, and you will find an obituary notice of him in *The Review*, December, 1879. I never saw him, but often corresponded with him. He wrote numerous letters on sanitary subjects, and I have little doubt that the charcoal-laden paper was in reference to one of them. Of the said paper I know nothing. Stenhouse is or was a well-known scientific chemist.

Yours truly,

ALFRED POPE.

Grantham, April 3, 1892.

To the Editor of the HOMEOPATHIC WORLD.

Your correspondent in this month's *WORLD*, Dr. Lamb, wishes to know who is “Philaletes.” I can tell him who he *was*, for he has now gone over to the majority. Mr. Frederick Smith, of Leeston, Weston-super-Mare, used to write over that *nom de plume*, and as he was a man of wide reading and intellectuality, with a most unusual knowledge of homeopathy for a layman, I should say, from my personal acquaintance with him, that any suggestions emanating from him were worthy of notice and to be relied on.

Faithfully yours,

STANLEY WILDE.

Ingleside, Bayshill, Cheltenham, April 4, 1892.

GENERAL CORRESPONDENCE.

THE RATIONALE OF HOMEOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Mr. Picken's theory appears very reasonable; but, in the present state of science, I imagine it must remain a theory incapable of proof, until Mr. Crookes, Professor Tyndall, or some other worker in the same field shall have still further illumined the dark and hitherto unfathomable world of atoms.

My own crude notion is that *chemical affinity* plays a most important part even when drugs are used in infinitesimal quantities. Dr. Hempel asserts that drugs are poisonous whether taken in small or large doses; but Schüsslerism seems to prove that such an assertion is too indiscriminating. In your editorial remarks on "What is Homeopathy?" you say: "When a case of natural disease presents certain symptoms that are very like the symptoms of some drug disease, the case will be cured if that drug is administered in suitable form." Dr. Ridge, in his *Health and Disease: their Laws*, speaking of poisons says: "Every person's system, under certain morbid conditions, is open to the chemical decomposition of its own secretions; because they contain elements which, in their various combinations, are capable of producing an equally virulent poison with any they may imbibe, or inspire, or take from external sources." He goes on to speak of the "spark to fuel already prepared for its reception" in the case of those who have lost the just balance of health. It is surely not unreasonable to assume that some of the elements which enter into these poisonous combinations are often taken into the system in infinitesimal quantities; and if so, an infinitesimal quantity may alter the composition of such combinations, which chemists tell us are often very unstable.

But, whether as poisons or otherwise, he would probably be a bold chemist who would undertake to say in what fractional part of an ounce or a grain any chemical substance entirely loses its character; and I presume the principal characteristic of most chemical substances is their *chemical affinity*.—Sir, Yours respectfully,

FERRUM.

A DOMESTIC PRACTITIONER'S GRIEVANCE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I am an ordinary person who has adopted the homeopathic treatment in his family. I desired to do it intelligently. I bought a clinical thermometer, and learned to take a tempera-

ture; a half-guinea book on Homeopathy, specially written for persons like myself, and read it attentively. But I have been confronted with a big difficulty. It is the strength of the dose. Whether I buy a θ tincture or the highest attenuation, I find the same "directions" as to the size of the dose. On the one hand, I am told that if I give the prescribed dose of, say, θ tincture of *Aconite* to my child I shall probably aggravate the fever it is intended to subdue; on the other hand, I have the authority of the largest manufacturing chemists, on the direction label, that a drop of the θ tincture is the proper dose for a child. I ask myself in my anxiety what I should do. Common sense, unassisted by technical knowledge, says, "If the fever is strong, administer the strong remedy." Yet I am told I might do injury. I feel, therefore, sir, that I and my class have a grievance. If the strongest tinctures are unwise in the hands of the ordinary head of a family, why put them up for domestic use in similar bottles, similar wrappers, with similar directions, to the weakest tinctures?

Homeopathy specially lends itself to domestic treatment. Homeopathic chemists derive a great part, if not the greater part, of their incomes from the sale of medicines for domestic use. Surely we ought not to be left in this position. The strongest tinctures without any distinctive direction as to their use are, presumably, either safe or unsafe. If they are unsafe, why not tell us so? If, however, without being unsafe, they are unwise, why not say so on the label of every bottle in which medicines are put up for domestic use?

The "strong dose" doctors and the "weak dose" doctors can take care of themselves, justifying their conduct according to their knowledge, but we poor heads of families must depend upon "directions" for our guidance.

This matter appears to me to be a grievance which is worthy of the consideration, and may I say the help, of even your professional readers.

I am, sir, your obedient servant,

J. FRENCH.

Bromley, Kent, April 11, 1892.

BIOCHEMICAL HOMEOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Having looked through Kingzett's *Animal Chemistry* by way of comparing some of the author's facts with Dr. Schüssler's theory, may I be allowed to make a few crude remarks on the subject?

The twelve remedies (comprising eleven elements) selected by Dr. Schüssler seem to me too complex and too few. Is it clear that the system, with what Mr. Kingzett calls "its wonderful powers of synthesis," always requires a *compound* medicine? For instance, when *Ferrum* or *Magnesium* is indicated, does the system necessarily require *Phosphorus* to be given at the same time, in the form of *Ferr.-phos.* or *Mag.-phos.*? If not, why should the simple elements be excluded? And surely five compounds containing *Phos.* can scarcely be needed in a list of only twelve remedies.

Granting the truth of Schüssler's theory, in my humble opinion the simple inorganic elements contained in the body require to be studied first; and would probably be found to be polychrests; they should then be supplemented by such compounds as may be considered necessary.

Schüssler's list appears to be a very partial and a somewhat arbitrary one—three groups of each of *Calc.*, *Kali*, and *Natr.*, with five of *Phos.*; and yet many others omitted—for instance, *Cupr.* and *Mang.* (traces of both of which are always found in the brain), *Alumina*, *Calc.-carb.*, &c.

According to Kingzett, the inorganic elements and salts in the body appear to be about the following:—

Aluminium, Ammonium, Calcium, Chlorum, Cuprum, Ferrum, Kalium, Magnesium, Manganese, Natrium, Phosphorus, Silicon, Sulphur.

Ac.-mur., Ac.-phos., Ac.-sulph., Amm.-mur., Amm.-phos., Calc.-carb., Calc.-fluor., Calc.-mur., Calc.-phos., Acid phosphate of calcium, Calc.-sulph., Cupric oxide, Ferric oxide, Ferr.-phos., Kali-mur., Kali-phos., Kali-sulph., Mag.-carb., Mag.-phos., Mag.-sulph., Natr.-ac., Natr.-carb., Natr.-caust. (?), Natr.-mur., Natr.-phos., Natr.-sulph.

Of the above elementary substances I presume that Aluminium, Amm., Calc., Kali, Mag., Mang., Natr., and Silicon have not yet been proved in their simplest forms.

In connection with the same subject, I should be glad if some one would kindly recommend me a work treating on the *chemical action* of poisonous drugs and medicines. The *materia medica* supplies us with valuable information as to the physiological action; but I never remember meeting with any work stating the effects of drugs from a chemical point of view. There is very little of the kind to be learnt from Liebig's *Animal Chemistry*, and perhaps still less from Kingzett's interesting work to which I have alluded.—Sir, Yours respectfully,

FERRUM.

HIGH POTENCIES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—As I am frequently receiving letters from physicians asking where they can obtain the high potencies which I use myself, will you allow me to state that I have given a set thereof from my own stock to Mr. A. J. Pearce (son of the late Dr. C. T. Pearce), 13, Dempster Road, Wandsworth, S.W. ? This gentleman is therefore now in a position to supply high potencies made by Jenichen, Finckè, Skinner, &c. I may add that I have the utmost confidence in Mr. Pearce's reliability in this matter.

Yours truly,

E. W. BERRIDGE, M.D.

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

VARIETIES.

A NEW METHOD OF ANALYSING ORGANIC COMPOUNDS has been designed by M. Berthelot, who, abolishing the dirty and troublesome cupric oxide, burns the material in oxygen compressed to twenty-five atmospheres. The combustion thus effected is said to be total and instantaneous; and the percentage of carbon can be ascertained with much greater precision and despatch.—*Chemist and Druggist*, March 19th.

ARTIFICIAL BABY-FOOD AND SCORBUS.—Dr. Whitecomb, in *Archives of Pediatrics*, describes a well-marked case of scorbutus in a previously healthy child of eleven months, who had been fed exclusively for six months on one of the artificially manufactured baby-foods. The treatment was simple and prompt in its results, three weeks sufficing for a complete restoration to health. It consisted of the continuance of the previous good care, out-of-door life, good fresh milk of native cows properly prepared, the juice of rare-broiled beef-steak, and sweet oranges. The tincture of the muriate of iron was given for a few days, and constituted the only medication. This, though but a single case, remarks the writer, is so clear and unequivocal in its causation that it is not assuming too much to lay down as a general rule that no cereal or chemically-prepared food can nourish perfectly, and if used for any length of time should be supplemented by fresh milk, meat, or fruit-juices.—*New York Medical Times*.

PASSIFLORA INCARNATA.—A subscriber wants the indications for *Passiflora incarnata*. There are none. No one has ever proved it, and its use is purely empiric. *Passiflora* is a tincture prepared in the same manner as the homeopathic tinctures of Class III. It is obtained from the passion flower, found growing in many parts of the South. It is not poisonous, and no evil effects have ever been noticed, even from the prolonged use of the tincture. In pure neuralgia its effects in five or ten drop doses of the tincture are often wonderful. Two

cases will illustrate this : A working man had suffered from neuralgia for a week, and his face was almost raw from the external applications made to effect relief. Two five-drop doses of the tincture relieved the pain inside of half an hour, and there was no return. The cure was complete. Another case was of a woman who had suffered from neuralgia for three months, and had been under professional treatment during that time, but with no relief. *Passiflora*, in ten-drop doses, relieved and cured in a remarkably short time. In the liquor and morphine habit *Passiflora*, in half-teaspoonful doses has done wonders. Let patient abstain from the liquor or morphine as long as he can. When the desire becomes irresistible, then take the *Passiflora*, and the effect will be to soothe the nerves and induce, often, a sweet and refreshing sleep. *Passiflora* has also been used with great success in lockjaw, both in man and horses, in teaspoonful doses. It is very extensively used in sleeplessness, but the indications calling for it are not well known. One person will obtain most sweet sleep from it, while on another it will have no influence. A peculiarity of the sleep produced by *Passiflora* is that it never stupefies like opium, chloral, whiskey, or any of the other drugs used for this purpose. The patient of a *Passiflora* sleep awakens easily, is perfectly clear-headed, and goes to sleep again at once. Dr. Lindsay, a Louisiana physician, first called attention to the remedy over fifty years ago.—*Homeopathic Envoy*, April.

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.

- Body (The) and its Health : Being a Course of Lectures Delivered under the Auspices of the Belfast Society for the Extension of University Teaching. (Belfast University Extension Lectures.) Cr. 8vo, pp. 205. (Belfast: Olley. Net, 1s, 6d.)
- Calderwood (H.). The Relations of Mind and Brain. 3rd. ed. 8vo, pp. 550. (Macmillan. 8s.)
- Davidson (A.). Geographical Pathology : An Inquiry into the Geographical Distribution of Infective and Climatic Diseases. 2 vols. 8vo, pp. 1010. (Pentland. 31s. 6d.)
- Davis (E. P.). A Manual of Practical Obstetrics. With 157 Illustrations, several of which are coloured. Cr. 8vo, pp. 800. (Hirschfeld. 9s.)
- Gillies (H. Cameron). The Interpretation of Disease. Part 2, The Lessons of Acute Disease. Cr. 8vo, sd., pp. 80. (Nutt. Net, 1s.)
- Goodfellow (J.). The Diabetic Value of Bread. Cr. 8vo, pp. 34E. (Macmillan. 6s.)
- Haig (A.). Uric Acid as a Factor in the Causation of Disease. A Contribution to the Pathology of High Arterial Tension, Headache, Epilepsy, Mental Depression, Gout, Rheumatism, Diabetes, Bright's Disease, and other Disorders. With 23 Illustrs., 8vo, pp. 260. (Churchill. 6s. 6d.)
- Hamilton (F. H.). A Practical Treatise on Fractures and Dislocations. 8th ed., Revised and Edit. by S. Smith. 8vo. (Smith, Elder and Co. 28s.)
- Kuhne (L.). The New Science of Healing. Translated by Dr. T. Baker (Leipzig). 8vo. (Williams and Norgate. 7s.)
- MacDonald (G.). A Treatise on Diseases of the Nose and its Accessory Cavities. 2nd ed. Cr. 8vo, pp. 382. (Watt. 10. 6d.)
- Masser (G.). A Monograph of the Myxogastres. Roy. 8vo. (Methuen. Net, 18s.)

- Medical Annual (The) and Practitioner's Index: A Work of Reference for Medical Practitioners, 1892.** 8vo, pp. 678. (Bristol: Wright; Simpkin. 7s. 6d.)
- Ophthalmological Society of the United Kingdom** (Transactions of). Vol. 11. Sessions, 1890-91. Plates and Illusts. 8vo, pp. xxx.-257. (Churchill. 12s. 6d.)
- Physiology. Part 1: Chiefly Histology.** (Catechism Series.) Cr. 8vo, sd., pp. 64. (Edinburgh: Livingstone. Net, 1s.)
- Public Health. Part 5: Medicine, Food, Burial, Water-closets, Disinfectants, Warming Hospitals.** (Catechism Series.) Cr. 8vo, pp. 56. (Edinburgh: Livingstone; Simpkin. Net, 1s.)
- Remondino (P. C.). The Mediterranean Shores of America, Southern California: Its Climatic, Physical and Meteorological Conditions.** Fully Illust. Roy. 8vo, pp. 150. (F. A. Davis and Co. Sd., 4s.; 6s. 6d.)
- Royal London Ophthalmic Hospital Report.** Vol. 13, Part 2. Edit. by R. Marcus Gunn. With Illustrations. 8vo, sd. (Churchill. 5s.)
- Sisley (R.). A Study of Influenza, and the Laws of England Concerning Infectious Diseases, and other Papers.** 8vo. (Longmans. 8s. 6d.)
- Snell (S.). Miners' Nystagmus and its Relation to Position at Work and the Manner of Illumination.** 8vo, pp. 140. (Bristol: Wright; Simpkin. 6s.)
- Sutton (H. G.). Lectures on Pathology Delivered at the London Hospital.** Edited by Dr. M. E. Paul, and Revised by Dr. Samuel Wilks. 8vo, pp. i. to xviii. and 503 pp. (Churchill. 15s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *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 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. S. A. Kimball, Boston, U.S.A.; Messrs. Boericke and Tafel, Philadelphia, U.S.A.; Dr. Pope, Grantham; Dr. Stanley Wilde, Cheltenham; Dr. Berridge, London; Ferrum; Mr. J. Sutcliffe, Hurndall; Mr. French, Bromley; F.M.D.; Mr. E. A. Cross, London; Dr. Cooper, London; Dr. Dudgeon, London; Dr. Heath, London; Mr. F. G. Wootton, Baltimore, U.S.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Allg. Hom. Zeit.—Hom. Monatsblätter.—Maanedskrift f. h.—Chemist and Druggist.—Medical Advance.—Clinique.—North American Journal of Homeopathy.—Chironian.—Hom. Journal of Obstetrics.—Medical Era.—L'Art Medical.—Homeopathic Physician.—Medical Argus.—Southern Journal of Homeopathy.—Medical Advance (December and April).—Light.—Homeopathic Envoy.—Revue Homeopathique Belge.—Homeopatisch Maandblad.—Vaccination Inquirer.—Hahnemannian Monthly.—New England Medical Gazette.—Scarborough Homeopathic Dispensary.—Essentials of Medical Electricity, by Dr. D. D. Stewart and Dr. E. S. Lawrence.—Essentials of Bacteriology, by Dr. M. V. Blake.—Primer of Materia Medica, by Dr. T. F. Allen.—Third Annual Report of Bromley "Phillips Memorial" Homeopathic Hospital and Dispensary.—The Influenza, by Isaiah Oldfield.—Therapeutics of Hemorrhoids, by J. W. Guernsey, M.D. (2nd edition).—Moral Influence of Physical Science, by Dr. Sircar.

THE
HOMEOPATHIC WORLD.

JUNE 1, 1892.

M. PASTEUR'S HOMEOPATHY.

THE treatment of hydrophobia by the attenuated virus of rabies, *Hydrophobinum* or *Lyssin*, was a procedure evolved by the fertile brain of CONSTANTINE HERING. M. PASTEUR'S method is a clumsy, dangerous, and, in many cases, fatal imitation of HERING'S plan. It is homeopathy without the necessary safeguard of homeopathy—the attenuated dose. If the medical profession were not mentally stone blind they would excommunicate both KOCH and PASTEUR for their homeopathy. Perhaps the high death-rate among their patients is the thing which saves their credit.

But now M. PASTEUR has launched out in another line—it is said he has accidentally cured epilepsy by his anti-rabic inoculations. If this is not homeopathy, we should like to know what is! The convulsions of hydrophobia are about as much like the convulsions of some epileptics as it is possible to have two conditions, and if the agency that causes one will cure the other, the law of similars must account for it. We quote the following from *The Times* of May 24:—

“M. PASTEUR AND THE CURE OF EPILEPSY.

“PARIS, *May* 23.

“The over-zealous friends of whom M. Pasteur has before had to complain have proclaimed that he had found his remedy for rabies to be a remedy also for epilepsy. It appears that a young epileptic patient from Clermont Ferrand has been under treatment at the Pasteur Institute, and that M. Pasteur thought of sending for his parents to be also treated. In reply to an interviewer, however, he says:—‘The experiments proceeding on this, as on a number of

equally interesting matters, have not yet given the results supposed. If I had made a discovery of such importance for mankind I should have informed the world of it through the Academy of Sciences. I have nothing to say. At the utmost only hopes can be talked of.'

"M. Charcot, who is rather less cautious or reserved, said:—
'M. Pasteur has for several years been occupied with the treatment of epilepsy by vaccination, and he has repeatedly spoken of it to me. Only a few days ago he told me of a young epileptic undergoing the anti-rabies treatment in whom he had remarked the suppression of the fits coincidently with the subcutaneous injections of the virus. Whether this child was really epileptic or hysteric I cannot say. However this may be, I offered to find him undoubted epileptics. A similar observation with these would be interesting, but, of course, conditional on waiting for the conclusion for a long, a very long time—several years at least. The suppression of fits for a fortnight, three weeks, or even several months has no great significance. This has been over and over again shown in hospitals after the employment of bromide of potassium, curare, and many other substances in turn extolled. It is impossible to draw a clinical or experimental inference from all this, and it is ill-serving French science to publish and attribute to M. Pasteur hasty conclusions which, I am certain, are not in the great bacteriologist's mind.'

It is well these experimenters have learned a little caution in statement. *Hydrophobinum* will very likely cure some cases of epilepsy, but it will only be those to which the rule *similia similibus* is applicable. The virus of rabbit rabies is no more a specific for all cases of epilepsy than it has proved to be such for all cases of hydrophobia.

BOYCOTTING HOMEOPATHY AGAIN.

THE latest victim of medical boycotting is our colleague Dr. MOLSON, of Wimbledon; and the delinquent society which has been guilty of the act is the very same which rejected Dr. BURFORD some time ago, namely, the Obstetrical. Dr. MOLSON, wishing to become a member of this Society, sent in an application, and received from the Hon. Secretary, Dr. LEWERS, the following reply:—

"Oct. 9th, 1891.

"DEAR SIR,—I am glad to hear you wish to become a Fellow of the Obstetrical Society. I enclose a form of application, and if you

fill in the blank spaces and return it to me, I will see it goes to the proper quarter. Of course it is a matter for your own consideration, but I should not myself advise you to join the Gynecological Society; the Obstetrical Society is *the* Society for those who take special interest in obstetrics and gynecology. The other was started as an opposition to the Obstetrical Society about seven years ago. The obstetric physicians of the following hospitals, among others, have held aloof from it:—

[Here follows a list, which we need not reproduce.]

“I hope you are getting on well down at Wimbledon; it is just a pleasant distance from London, and

“ Believe me,

“ Yours faithfully,

“ A. H. N. LEWERS.

“ 60, Wimpole Street, Cavendish Square, W.”

In reply to an inquiry as to when he might expect to hear if he had been elected, Dr. MOLSON received the following:—

“ Dec. 10th, 1891.

“ DEAR DR. MOLSON,—You have been *nominated* all right; but you will not be *elected* till January, which is in fact rather a good time to join, as the subscription dates from then, and

“ Believe me,

“ Yours faithfully,

“ A. H. N. LEWERS.

“ 60, Wimpole Street, Cavendish Square, W.”

The next two letters explain themselves:—

“ Jan. 8th, 1892.

“ DEAR DR. MOLSON,—I am sorry to have to tell you that you were not elected at the last meeting of the Obstetrical Society. As to the cause, I should be glad to see you if you can manage to come and see me on either Monday or Tuesday, about 12 noon. I think it would be certainly advisable to come, and if either time named is inconvenient, I will try to suit my time to yours on hearing from you, and,

“ Believe me,

“ Yours faithfully,

“ A. H. N. LEWERS.

“ 60, Wimpole Street, Cavendish Square, W.”

“ Jan. 15th, 1892.

“ DEAR SIR.—I wrote to you a week to-day, saying that I understood you had *not* been elected at the Obstetrical Society recently, and asking you to call and see me with regard to the reason.

"As you have not done so, I write to say that I understand an objection was made that you practised homeopathy. I should be much obliged if you would write to me as to the truth or otherwise of this objection at your earliest convenience, and

"Believe me,

"Yours very truly,

"A. H. N. LEWERS.

"60, Wimpole Street, Cavendish Square, W."

To these Dr. MOLSON did not think it necessary to make any reply; all he could do was to accept the situation. As for the Society, it has written down its character in unmistakable lines. All that concerned the Society to know was Dr. MOLSON'S fitness in obstetrical knowledge; but instead of paying any attention to that, they judged him on his system of using drugs.

Dr. MOLSON was quite right not to trouble himself to pay Dr. LEWERS a call; the letter of the last-named gentleman gave all the information necessary. A medical man may have any amount of knowledge and skill in a special department, but all this goes for nothing with an Old School Society if he also happens to possess a knowledge of homeopathy. This is the unpardonable sin of medicine.

GELSEMINUM FOR LOCKJAW.—*Medical Brief* says: Don't fail to try tincture of gelseminum in cases of lockjaw. Increase the dose up to thirty drops every hour, if necessary to relax and stop the spasmodic action. It will cure where all other remedies have failed.—*New York Medical Times*.

MILK A MICROBE KILLER.—The results of Dr. Freudenreich's experiments, as now published in the *Annales de Micrographie*, are of the greatest importance. He finds that the cholera bacillus, if put into milk drawn fresh from the cow, dies in an hour, and in five hours if put into fresh goat's milk. The bacillus of typhoid fever takes twenty-four hours to die in cow's milk, and five hours in goat's milk. Other microbes suffer a like fate in varying periods. By this showing, fresh milk is a bactericide or killer of disease-causing micro-organisms. But Dr. Freudenreich's researches go yet further. He finds that milk maintained for an hour at a temperature of 55° C. (131° F.) loses its power to kill microbes—a statement which is of interest in face of the common teaching which makes the purification of milk depend upon its being boiled. Again, the microbe-killing properties of milk become weaker the older it gets. Cow's milk after four days, and goat's milk after five days, cease to have any effect upon micro-organisms. The conclusion, at any rate, are in favour of the consumption of fresh milk.—*New York Medical Times*.

NEWS AND NOTES.

“THE TWO PATHIES—A DIALOGUE.”

UNDER the above heading the Homeopathic League have published Tract 39 of the series, and we venture to say it will prove one of the most popular and effective of all. In the form of a dialogue between two doctors—one of the old school and one of the new—the writer of the tract has gone over pretty much the whole ground of the argument between the schools, and has supplied in easy and readable form a perfect compendium of what is to be said on both sides. Armed with *The Two Pathies* no defender of homeopathy need be at a loss. It is a 48 page tract, but the usual price (one penny) is not increased. Orders may be sent to the Hon. Sec. of the League, Mr. E. H. Laurie, 16, Blandford Square, N.W., or to J. Bale & Sons, 87-89, Great Titchfield Street, W.

“THE HOMEOPATHIC JOURNAL OF OBSTETRICS, GYNECOLOGY, AND PEDOLOGY.”

By the favour of Dr. Winterburn we are enabled to present our readers with the first part of an article from his pen of great interest, on the “First Hours of Life,” which will appear in *The Homeopathic Journal of Obstetrics*, of which Dr. Winterburn is now the editor. We have pleasure in calling the attention of our readers to this journal, which ably represents our school in the special questions with which it deals, and should be read by all those who wish to keep up with the times. We may also mention the *American Obstetrical Society*, which is officered by homeopaths, and which happily renders our American colleagues independent of such boycotting tactics as are adopted by the old-school societies in this country.

“THE HOMEOPATHIC SCHOOLS OF AMERICA.”

DR. TALBOT, of Boston, writes to a correspondent, *apropos* of Dr. Heath's article on the Boston School in **THE HOMEOPATHIC WORLD**, that some wealthy friends of the homeopathic cause, seeing what was being done in Boston, have proposed to give liberal assistance to the Hospital

and College of San Francisco ; whilst on the 15th of April Dr. H. Barton Fellows came to Boston as a delegate from the Chicago Hahnemann College to examine the Boston College and Hospital, to gain any points they could utilise in the new College and Hospital they were about to build in San Francisco.

HOMEOPATHY IN "THE BRITISH MEDICAL JOURNAL."

HERE is a sample of how the allopaths practice homeopathy, and the form in which *The British Medical Journal* will accept it. Cases reported by sound homeopaths would be rejected :—

"BRYONIA ALBA.

"Dr. A. Storrs (Southport) writes, with reference to a case of pneumonia reported by Mr. H. Rainsford in *The British Medical Journal* of April 9th, which was treated by Bryonia : 'For several years I have used this drug in pleurisy, and have the highest opinion of its use in this disease, never having had effusion except in one case complicated with other complaints, and in which I do not think it was given until rather late. I have also used it in acute bronchitis, and also in pleuro-pneumonia with very good results. Unless the patients have been ill for several days before I have seen them I give tinct. Aconiti $\text{m}\nu\text{j}$; aq. Chloroformi zij ; aq. ad zij ; one tablespoon every hour. To the second bottle I add tinct. Bryoniæ mxxiv , and give it every two hours. In bronchitis or pneumonia I sometimes add three doses of ipecacuanha wine to the first bottle (about mxxx), and in most cases where I have used Bryonia after the two bottles have been taken the temperature is either normal or about 100°. After this if there is much weakness I sometimes add other drugs to my next bottle (not iron). Bryonia is in large doses a hydragogue cathartic ; in small doses it has a specific action on the pleura, and I think the lung also ; it is antipyretic, acts on the liver, and is a good remedy in rheumatic affections. I think this drug is not appreciated as it should be.'—*British Medical Journal*, May 7.

A HINT ON INFANT-FEEDING.—Dr. Eustace Smith's method of diluting milk with barley-water does not appear to be as well known as it deserves. The barley-water is made by steeping two tablespoonfuls of pearl barley in a quart of water for seven hours, then pouring off the liquor and bringing to the boil. This makes an admirable diluent for condensed milk, preventing curdling of the milk, and diminishing or curing vomiting, while it also keeps the bowels regular, and, unlike lime-water, does not constipate—rather the opposite.—*Chemist and Druggist*, March 19th.

ORIGINAL COMMUNICATIONS.

THE FIRST HOURS OF LIFE.*

By GEORGE WILLIAM WINTERBURN, M.D., New York.

THE topic on which I have chosen to speak to-day might be approached from many points of view. In the first place, it would be very interesting to consider it from the psychological standpoint, and to try to ascertain how the earliest impressions of external existence affect the mind of the newborn. Were we to follow the lead of materialists like Huxley, and look upon thought as a mere secretion of neural tissue, then indeed a newborn child would not be of much interest to the psychologist. But if we believe, and I am glad to record myself as among those who do so believe, that man is something more than a combination of hydrogen, oxygen, carbon, and nitrogen, then there is a psychic life which antedates birth and continues on beyond death.

I am satisfied, as the result of many years' careful study of the newborn, that the psychic life is much more active in them than is commonly supposed. That not only does the fetus experience sensations, not only is it convulsed by conflicting emotions, but that it has something near akin to thought, and that it issues into contact with the outer world, having already passed through psychic experiences which will mould all its future. To the careless observer the babe seems to know nothing, simply because it has not yet learned to convey to others an intelligible explanation of its capacity for sensation and emotion. It seems an unthinking mass of tissue. But its powers are vastly underrated. It is on the mental and spiritual level of the brute creation. Who has not noticed the wonderful sympathy and capacity for understanding each other that exist between a dog, for instance, and a very young child; and we, in proud consciousness of our own superiority, look down smilingly on both. We call the dog and his congeners dumb brutes, but the dumbness is on our part as well as on theirs.

Interesting, nay alluring, as it might be to discuss fully the first experiences of life from a psychological, or from a sociological, or from an anthropological standpoint, I do

* Read before the New York State Homeopathic Medical Society, at the annual meeting, Albany, February 9, 1892.

not forget that I appear here not as a student of mind, or of social theories, or of man in the abstract, but as a practical obstetrician, and that we are met together in this bureau for mutual aid in our work in midwifery, and not at all for the purpose of exploiting excursions into other realms of thought, no matter how practically useful these might be made. Nevertheless, midwifery practice would probably have been much less delightful to me than it has been if I had not brought to it so sincere an interest in all that concerns human welfare. *Homo sum; humani nihil a me alienum puto* is the inherent impulse of every broadening mind.

The duty of the obstetrician to the newborn is, then, my theme. We hear a great deal about the care of the mother, and this is right, and very little about the care of the child, and this is wrong; the child's side of the question has been almost entirely neglected. Let us, then, in imagination approach the parturient bed. The child has this moment been born into the world by that powerful downward thrust—which Haughton has shown may exceed five hundred pounds*—of the fundial muscle, assisted by the abdominal parietes, and lies gasping for life between the maternal thighs. With that first wailing cry, which seems a protest at being thus summarily forced into an existence of which it knows nothing, but may reasonably fear much, it takes up the current of individual life. The essential outcome of that life, as far as material existence is concerned, and the reaction of this on the spiritual nature, is much more dependent upon the accoucheur than he usually recognises. The babe has been sheltered until now, within the maternal tissues, from rude contact with physical forces which now assail it in every direction, as if to test its powers of endurance, as indeed they do. The experiences which it has had have filtered to it through the mother's heart and brain, with such more direct ones as have come to it by contact with a smooth surrounding membrane buoyed out by amniotic fluid. These experiences have but barely fitted it to cope with the rude forces of light and heat, and physical contact with alien objects, to which it is now suddenly exposed. When we consider into what a maelstrom of assailing and abhorrent forces it is plunged, we cease to wonder

* "On the Muscular Forces employed in Parturition: their Amount and Mode of Application," by Rev. Samuel Haughton, M.D., in *The Dublin Quarterly Journal of Medical Sciences*, May, 1870.

that babies sometimes die; the marvel is that any survive.

The first point of criticism which I would make is that the babe is not handled with sufficient delicacy. It certainly is evident that its new conditions should be made to resemble, as far as possible, the ones to which it has been accustomed; it should be inured to its new phase of life as gradually and gently as possible. We have become ourselves, through oft-repeated harsh experiences, so used to heat and cold, light and noise, that we do not realise what powerful stimulants they are, and what exquisite pain they must inflict on one who is unaccustomed to them. Our crass obliviousness is, however, no protection to the child. He suffers; and suffers just as truly as if the reasoning powers were developed, and he could analyse, describe, and formulate the causes of his pain. It is not necessary to comprehend the effect of a thing in order to be its victim.

If the effects of roughness were but temporary, this criticism might seem frivolous—an undue, finical refinement. But they are not temporary, but outlast life itself, and are visited upon the third and fourth generation of their victim's descendants. Nervous disorders which greatly modify the usefulness and the pleasures of life, and even more obvious lesions, such as hip disease, have their frequent origin in the rough handling which children receive during the first hours of life. Treatment which, even a few days later, might be borne without injury, because the system so soon adjusts itself to surrounding conditions, is now productive of irreparable mischief, which, unhappily, does not kill but only maims. Careful observation leads me to fear that many of the miseries of life, and not infrequently the sources of crime, have their origin in the ignorance and carelessness which permit sad ravages in the neural tissues at this most sensitive stage of the child's existence. I am leaving out of sight now all the possibilities of danger which the child encounters on its short but tragic journey down the vaginal canal, and the resultant injuries and deformities which occur from carelessness on the part of the attendant. I use the word carelessness in its generic sense. A careless [Latin, *curo*] doctor is one who fails to cure, who lets the golden moment of opportunity slip by unheeded. The obstetrical forceps, in unskilled hands, is the deadly enemy of the child, and is a not infrequent cause of nervous dis-

orders from the crushing of brain tissue, especially when used on the after-coming head. Again, fractures of the skull are occasioned by unskilful manipulation, resulting in either intellectual or physical deterioration. Brachial palsies result from awkward and boisterous attempts at extracting the shoulders; thrombi, most frequently in sterno-cleido-muscle, but may occur anywhere, from rough handling. Fracture of the neck, and fractures and dislocations of the limbs, and many other so-called accidents occur, when the practitioner is too hurried or too obtuse to avoid them.

These, however, are incidents of the second stage of labour, a time antecedent to even the first hour of life in the meaning of our text. We have to do here solely with the duty of the accoucheur to the child already born. It is, perhaps, a great deal to ask of the tired doctor, who, after hours of strenuous exertion, hears at last that wailing cry which brings joy to all but its utterer, to be alert to the thought that in his hands he holds embodied the future of a soul, who, whatever may be its intrinsic worth, has as yet so feeble a hold on material things as to be more helpless than any other living creature. And yet upon his wise foresight hang all the issues of that life, and upon him is laid, therefore, a grave responsibility which he may not shirk nor neglect, upon his honour, no matter how tired or worn he may himself be.

It is obvious that the less a newborn child is handled, the less likely it is to be injured. The experiments which have been made by Dr. Louis Robinson, of London, and detailed in his articles, "Are Babies Like Monkeys" and "Darwinism in the Nursery," in which the attempt is made to prove that young human infants have certain simian qualities, are interesting, but they hardly improved the chances of health of those upon whom the experiments were tried. Every one knows that a human being, of any age, can stand a certain, indeterminable amount of exposure without evincing any immediate evil results. But that the sinister quality of the effect of such exposure is not at once evident does not prove that the result is not evil. All surgeons know that the peculiar condition of the spinal cord known as "rail-road spine" is not proportionate to the apparent amount of injury at the time of the accident. The patient may have seemed to have escaped with only superficial lacerations of the peripheral tissues, and yet, months after, develop

a very serious spinal lesion. The experiments of Dr. Robinson on 150 babies, some of them born within an hour or two, some a few days old, consisted in inducing them to cling with their tiny hands to a stick or a branch of a tree until they fell from exhaustion. Some thus supported their entire weight for two minutes and a half, others gave up the struggle at the end of ten seconds. This seems to prove nothing but that the power of the newborn to sustain themselves by muscular exertion is a very variable quality, but we will let the doctor speak for himself: "The actual discoveries these experiments led to are these: that every newborn child, unless it is sickly or otherwise imperfectly developed, has a most wonderful power in the flexor muscles of the forearm, and will support the whole weight of its body, during the first few hours after birth, for a period varying from ten seconds to two minutes and a half. Now, everybody knows that in monkeys the power of grip is very fully developed; quadrumana can do anything with their hands and arms, and in case of danger this power is a chief means of self-preservation. It is curious that it never occurred to Darwin to try this experiment. But before I go further into the subject, let me say at once that my experiments were undertaken not to prove anything, but simply to get at a knowledge of the facts and to see where the facts led to. I have not much claim to call myself a scientist; I only appear as a witness, putting forward the facts and leaving them to be judged by those whose special knowledge of development, anthropology, and evolution fits them to judge of the value and bearing of the evidence I have gathered. The investigations have been my recreation only, and this must be my excuse for their very fragmentary and imperfect character." It is quite possible that all these 150 babies experimented upon by Dr. Robinson came through the ordeal without damage, but when we take into consideration the delicacy of the tissues of the newborn's body we cannot but feel that a grave responsibility was assumed, and that he had better have taken his recreation some other way. For, after all, the experimentation only proved what any old granny could have told him, that infants have considerable grip, and that it varies very greatly in different children.

But there are more common sources of danger to the newborn than the jejune curiosity of the amateur evolutionist. The absurd habit of making an elaborate toilet

and dressing the babe in flounced and embroidered dresses is, I hope, somewhat declining. The child has just been through one of the severest conflicts of life and needs repose, not washing. To trick it out with all the arts of millinery, and hand it about for inspection among its forbears, its sisters, cousins, and aunts, is not only folly, but a refinement of cruelty, or perhaps I had better say a cruelty of refinement, which no doctor should permit.

A proper course of procedure may thus be described: The cord should not be cut until it is pulseless and cold; this is to save every drop of blood to the child possible; it needs it all—it has only twelve ounces of it at best. The child should meanwhile be protected from the air as much as possible by being covered by a small blanket, as the air of the parturient chamber at 70° F. is as cold to it as one at 35° would be to us; and none of us would find it pleasant to remain nude in a room at this latter temperature. Although every means should be used to prevent loss of body temperature, the child should be encouraged to cry vigorously. Many infants will give two or three feeble cries and then doze off, but this should not be permitted. It is of the greatest importance that the whole lung tissue should be brought into the fullest possible action, and if the infant shows any indisposition to do this, I quickly wrap the cord in a heated flannel, which has been previously provided against such an accident, so as to maintain the circulation (sometimes for fifteen to twenty minutes), and, at the same time, encourage respiration by tickling the child on the sides of the chest under the arms; this usually sets up reflex action and vigorous inspiration. If this does not cause a quick response, gentle friction at the base of the brain will help, or the hand, held in cold water and then applied along the anterior edge of the diaphragm will, as far as my experience extends, always produce the desired response.

When the cord is cut the babe is gently lifted into a receptacle which has been prepared for it, on a table, or lounge, or crib, near by. This consists of sheets of cotton-wool—usually three bundles will be required—laid out smoothly on a flannel blanket or eider-down quilt. These have all previously been thoroughly baked, and if there is plenty of service, are kept warm (about 110° F.) until needed. Laid nude on this soft couch, the edges of which are brought up deftly about the little form, and tucked in,

enveloping it completely, including the head, an aperture for breathing being alone left, the babe is comfortable and safe. A small, soft napkin, generally an old table napkin, is to be preferred—this also having been made hot—is placed under the buttocks to catch the discharges. The crib, or whatever the child may be lying upon—I prefer a small table, if possible—is then drawn to the warmest part of the room, and the child is allowed to sleep for twelve hours. If the child is born during the afternoon or evening, it is not washed until the next morning; if born during the night or early morning, it is washed in the evening; and I always endeavour to be present at the first bath, which I consider a very important ceremony. It is preceded by a thorough inunction with warm lard—usually from one-half to one pound is used *pro re nata*—rubbed slowly into the tissues, the nurse, if possible, sitting facing a good grate fire, and holding the child in her lap. The child is then immersed in warm suds made from Ivory soap, and rubbed gently, but sufficiently to free all the pores; then into a clear warm bath at a temperature of about 115° F. to remove the suds; and then back to the nurse's lap, on which is spread a dry blanket, in which the babe is enveloped; it is then dressed, simply and warmly.

The mother does not usually see the child until after its bath, and under no circumstances which can be anticipated is any one allowed to disturb the child during sleep. If it awakens, simply turning it on the other side, the nurse holding her hand softly on the upturned shoulder, is sufficient to cause the baby to resume its sleep. The head should always be turned fully on to one side or the other, the weight resting on the ear, never on the occiput. To allow the head to rest on the occiput is to invite tetanus. After the bath the child is put to the breast, being, during the process of suckling, and at all times, diligently shielded from the cold, and after a few minutes is returned to its crib. Under no circumstances is it allowed to remain in the bed with the mother: if no better contrivance is available, it is snugly wrapped and laid on a table drawn up near the fire. A baby so treated will, on the average, wake up once in two and a half hours, and may then be put to the breast for a few minutes. As a rule, the baby will sleep ninety-two hours out of the first one hundred. It will generally be wakeful, and somewhat fretful, at the recurring hour of the day at which it was born; that is, a babe whose

birth occurred at 2 o'clock, a.m., will be likely to give more trouble to the nurse in the hour two to three than at any other part of the twenty-four. This is more certain if the child is born during a rising tide, or at its culmination; a child born at ebb-tide will be quieter, but also more feeble. Children born during the last quarter of the moon are more prone to little ailments than if born three or four days after new moon. These facts I record as a matter of personal experience and observation.

How much of the actual success I have had in these cases is due to the careful provision I make for the enforcement of this regimen immediately after birth, and how much is due to prevision by carefully meeting every abnormal symptom in the mother, by its drug-similar, before the birth, I am unable to determine. I believe that very much can be done for the child, while yet it is in the mother's womb, to insure a healthy and vigorous constitution; that every tendency toward abnormality will be prefigured in symptoms, usually subjective, in the mother, and that the physician, if watchful enough, can, will, and ought to discover these and rectify them by the forces which lie latent in his medicine case. But he cannot do this unless he has a deep insight into general pathology, and can interpret the warnings nature always gives, but gives often in an evanescent, subtle way. He must also possess a broad knowledge of the *materia medica*, and be able to apply that knowledge deftly.

Whatever proportional credit may appertain to the pre-natal or to the post-partum care I give my babies, I will say for them that they are very good babies indeed. They rarely have the colic, they sleep with such conspicuous pertinacity as to alarm their guardians, and they grow up to be healthy little men and women. In seventeen years I have never seen—I am speaking now of my own immediate obstetrical cases—but one baby die during its first month (October, 1883), but one in the second month (October, 1887, of septic poisoning from its feeding-bottle; this case I reported in the *American Homeopathist*, in January, 1888), and none in the third month. Only one child has had infantile pneumonia (September, 1886, recovered, and is now a robust boy of five and a half years); but one has had ophthalmia neonatorum (March, 1888, recovered, eyesight normal, but died at one year of age from whooping cough). Out of several syphilitic mothers treated during

pregnancy, I have had only one child die, and that in its tenth month, at the evolution of the first teeth. I have had no case of sprue for four years; no cases of umbilical disease (septic infection, omphalitis, omphalorrhagia) at any time; and but three cases of umbilical rupture; these were all cured. No malformations, not even slight ones such as birthmarks, cephalo-hematoma, etc., have occurred in children born of women who have been treated homeopathically during pregnancy. The above statistics apply only to my own 651 cases; I have, of course, seen many varieties of all the above conditions in consultation, in midwife, in spontaneous delivery, and "old-school" cases. Where they have occurred in my practice, as above, it was because my rules, which are always extremely precise and explicit, were knowingly violated by the nurse or mother.

I hope no one to whom these words may come will think for one moment that I plume myself on these successes, or that I mention them for any purpose but to show what homeopathy, with a modicum of common sense, can do. What I have done anybody could do. It does not require any particular ability, except the ability to grasp details, and a conscientious determination to let no woman suffer the pangs of parturition, and then lose her child through the neglect or ignorance of the doctor.

(To be concluded.)

LETTERS OF HAHNEMANN.*

Translated by Dr. Dudgeon.

DEAR MR. APOTHECARY LAPPE,—I received the two medicine chests all right and have dispatched them. I do not delay also to forward what I owe you.

I wish you to send me the pretty little domestic medicine chest as soon as possible, as I have again been reminded of it.

Now I have to ask you a great favour. There are now in various places others—physicians and apothecaries—who profess to prepare homeopathic medicines. But as these persons are of very various and, for the most part, of not the best kinds, and as I consider it important for the well-being of the art that the medicines should be of the best quality and prepared in the best way, I wish that you would spare enough time from your

* I am indebted to the courtesy of M. Sauter of Geneva, for facsimiles of these two letters. The second one was published in facsimile in Sauter's *Annals of Electro-Homeopathy*, No. 2.

occupations in order to publish a special book upon the mode of preparing all the homeopathic medicines up to the 30th potentized dilution, which we will call the *Homeopathic Pharmacy*, and for which I will write a short preface. I will get a publisher for this book of yours, and he shall give you a good honorarium.

This shall be a permanent authoritative guide for all; and in future (even after we are dead) it will and must serve as the standard method of making the medicinal preparations. Your business will not lose by such a work: on the contrary, it will thereby become more known and renowned.

In the third edition of the second volume of my *Materia Medica Pura*, which will appear at the jubilee fair of the present year, you will find general directions for the preparation of the homeopathic medicines from the dry medicinal substances, as also from the vegetable juices. These general directions are already known, but you must give in addition, as completely as possible, all requisite and best technical operations and precautions.

A work of this sort will be of immense use for posterity.

Whilst you live you are equalled or surpassed by none in the accuracy and the quality of your preparations.

If you will do what I desire, you will render a great service to our art.

Yours very truly,
SAM. HAHNEMANN.

Cöthen, February 11, 1833.

DEAR MR. APOTHECARY LAPPE,—After sending off my complaining letter (which I beg you to forgive), the little medicine chest arrived in good order and was sent to its destination the same day. I have found here a couple of fellows who write very distinctly on the smooth cut cork the abbreviated name printed on the slip stuck on the vial, which greatly facilitates the owner's search for the medicine. Perhaps you may be able to find some one who can do this for you, and this will give you a great pull over the others. The slovenly Leipzig cases of pretended homeopathic medicines—especially those of Dr. Haubold—are distinguished for the untrustworthiness of their contents and the elegance of their appearance, but they have not the names on the corks alluded to above, which is better than any amount of showy ornament, that could very well be dispensed with.

I wish from my heart that you would write a book on homeopathic pharmacy. I would see about a publisher and the remuneration, and if you would let the manuscript pass through my hands I would write a few words of recommendation by way of preface.

I am sure that a work by you would be greatly superior, in regard to accuracy of description of all the methods whereby confusion and mistakes may be avoided, as also in regard to the plans that would be familiar to an experienced apothecary for facilitating the pharmaceutical processes, to all the existing treatises, which were merely booksellers' speculations. Should you find that the latter offer anything very good in the way of setting forth the subject, you may make use of it. The precautions to be used in choosing the crude material will only be found in your work, as also the means for maintaining the purity of the potencies during their preparation. I wish, moreover, that you would point out the special characteristics of the different medicines. You might give, *in an appendix*, a short account of the best mode of treating the most important of the unproved substances which have been recommended (rather prematurely, I think) to be potentized; for example, the preparation of boracic acid (*sal sedativum Hombergii*), which will probably prove of great value as a medicine. The plants mentioned by you are of little importance and need hardly be referred to. As regards *Rhamnus frangula*, the berries only deserve to be noticed.

Should you be in my neighbourhood, I should be *very* pleased to have a visit from you.

I enclose the eleven thalers I owe you, with my best thanks.

Yours,

SAM. HAHNEMANN.

Cöthen, March 25, 1833.

A FEW WORDS ABOUT CARLSBAD.

By DR. THEODORE KAFKA, CARLSBAD.

It would be called carrying owls to Athens, if I should give a long discourse on the composition of the Carlsbad springs or thermæ to my honoured colleagues. I will therefore only cite the Sprudel as the principal representative of the Carlsbad springs.

Every 100,000 parts of water contain :—

0,010	parts of	Carbonate Oxide of Iron (Ferrum Carbonate).
0,002	„	Manganum Carbonate.
1,665	„	Magnesium Carbonate.
3,214	„	Calcium Carbonate.
0,004	„	Strontium Carbonate.
0,123	„	Lithium Carbonate.
12,980	„	Sodium Carbonate.
1,862	„	Potassium Sulphate.

24,058	parts of Sodium Sulphate.
10,418	„ Sodium Chloride.
0,051	„ Sodium Fluoride.
0,040	„ Sodium Borate.
0,007	„ Phosphate of Lime.
0,004	„ Aluminium Oxide.
0,715	„ Silicea.
7,761	„ Carbonic Acid, semi-free.
1,898	„ Free Carbonic Acid.

There are also traces of Cæsium, Rubidium, Bromine, Iodine, Arsenic, Antimony, Zinc, Thallium, Selenium, Formic Acid (last analysis by Prof. Ludwig in 1879). The springs have, according to the last measuring of the 8th and 12th of April, 1892, a temperature from 93° F. (Russian Crown and Emperor Charles spring) to 162·5° F. (Sprudel).

I have proved the springs of Carlsbad on myself and on other healthy individuals, and I have published the result of these provings in my little English pamphlet of the year 1885, "Carlsbad, its Springs, their Physiological Action and Indications" (Gould and Son, Moorgate Street, London).

Which of the chemical elements of the Carlsbad springs plays the principal roll in the effect is very difficult to decide. We must not conceive the Carlsbad springs as a *mixtum compositum* prepared at the apothecary's shop, but we must consider them as a whole.

Haas has already said: "It is not the number and arithmetical proportions of the various contents of the springs that is to be considered, but their whole force and total effect is what decides."

The so-called imponderables participate certainly in the effect, and therefore artificial Carlsbad waters will never develop the effect like the natural water which one drinks at the spring itself; we find also, on each new analysis, according to the progress of chemistry, new elements. Therefore we cannot be contented with the title "alkaline thermæ of Glauber's salt" (sulphate of sodium), for, as we have seen above, Carlsbad contains also a considerable quantity of common salt (chloride of sodium) and many other constituents existing in smaller quantities.

Carlsbad has been examined physiologically, and occupies therefore also a convenient place in the newer pharmacologies, as, for instance, in Allen's *Encyclopædia*,—that masterpiece of scientific industry of collecting,—and no homeopathic physician has any longer the right to reject

Carlsbad as not being homeopathic. As proof, that this has become recognised it may serve to mention, that in almost all European watering-places there are now homeopathic physicians practising, and that well-nigh all homeopathic practitioners now direct patients appropriate for them to the respective health resorts (bathing places). Although the Carlsbad springs are almost alike according to the sum of their constituting medical elements, and differ only in the degree of temperature, they show notwithstanding in their effects several variations, differing from one another.

The Schlossbrunn, for instance, and the Marksbrunn act decidedly more upon the mucous membranes, and both are well supported by the feeblest and most sensitive stomachs, while the Telsenquelle shows its effects more upon the region of the bowels. The Sprudel on the contrary serves for the deeper action upon the mass of blood in dyscrasic affections, and especially gout and lithiasis, and shows also an excellent influence upon the secretion of bile. It is therefore very unreasonable if patients do not consult a physician, but drink of the springs *ad libitum* instead of asking a physician, who is *au fait* on the effects and action of the different springs; alas! repentance comes too late to many persons.

According to the physiological examinations, analyses, and the experiences of sick or diseased people, Carlsbad is indicated—

1. *In derangements of the organs of digestion*, as acidity of the stomach, chronic catarrh of the stomach and bowels, with habitual constipation and diarrhea, dilation of the stomach, nervous cardialgia, chronic ulcers of stomach, hemorrhoidal disease, chronic inflammation of the liver, the so-called nutmeg liver, and fatty liver (*hepar adiposum*), catarrhal jaundice, gall-stones, malarious affections of the liver and the spleen.

2. *In derangements of the organs of breathing*, in chronic catarrh of the nose, chronic catarrh of the larynx and bronchi, chronic emphysema of the lungs of plethoric and adipose individuals.

3. *In derangements of the circulation*, congestion to the various organs, plethora, hypertrophy of the heart, fatty heart (*cor adiposum*), varices and varicose ulcerations.

- 4 *In derangements of the nervous system*, of passive venous hyperemia of the brain, migraine, hemicrania, hysteria,

hypochondria, and neurosis, which depend on plethoric habits.

(*To be continued.*)

"ORME" AND HIS TROUBLES.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THOSE who take a practical interest in veterinary homeopathy may find food for reflection in the unfortunate turn of events, especially so far as His Grace the Duke of Westminster is concerned, affecting the erstwhile favourite for the two first classic races of 1892, namely, the Two Thousand Guineas and the Derby.

Among all classes of the community who claim to take any interest in our national pastime, it was deemed a well-nigh foregone conclusion that both these important events in the racing world lay at the mercy of "Orme," so far superior among his compeers is he assumed to be; hence great was the consternation that prevailed when it became known that something was wrong with the Duke of Westminster's magnificent colt, and that in all human probability he would be unable to compete for the first classic race of the season. Various reports as to the real cause were spread abroad, and after a few days of almost unexampled anxiety the public was informed, through the medium of the press, His Grace of Westminster had come to the conclusion that the noble animal had been tampered with and foully poisoned; at the same time it was stated, on what appeared very good authority, that the colt was the subject of dental difficulties, and, bearing in mind his age, to those who were not really in "the know" there appeared some amount of plausibility in this theory.

In the issue of May 4th of the leading sporting daily, the special commissioner gave an interesting account of an interview he had with the dental specialist, who had been called in consultation with the veterinary surgeon who was attending the case. It was found that one of the temporary molars was split, and the edges of this tooth were sharp and jagged; a portion of this tooth was removed and the edges of the remaining portion were rasped down; under this temporary tooth was observable the permanent molar in, so far as one can learn from the report, a carious condition, from which proceeded a most offensive odour. Upon

this fact a theory has been advanced, which I do not for one moment presume to question, that the abrasion on the under portion of the tongue was produced by the sharp edges of this temporary molar, and the wound became septic in consequence of the carious condition of the permanent molar now exposed. The argument is a very plausible one. I, however, hold another theory, but, having no information other than such as is obtainable from the sporting papers to assist me in my diagnosis, my opinion cannot be said to be worth much; but I base it on an experience of a somewhat similar character of disease to that which I glean from the papers is affecting "Orme," gained from several patients that on different occasions have been under my care, and successfully treated; and I seem somewhat confirmed at the time in this opinion, as, the papers of the day (May 5th) state that "Orme" is not so well: it therefore looks to me as though "Orme" was the subject of something more serious than a mere local disease; in other words that it is a disease which is affecting him constitutionally. The disease which I have observed in several cases, and which in certain characteristics resembles that of "Orme," develops in the following manner: viz., the first evidence of there being something wrong is observable in a very decided listlessness and a repugnance to ordinary solid food, though at the same time the animal frequently displays an eagerness for gruel or very liquid mashes and would drink frequently; fever generally supervenes within twelve hours of the horse showing signs of dulness; when the fever is fully established, constipation supervenes.

As a rule, the secretion of saliva is very profuse, while the parotid and sublingual glands are very much swollen.

The saliva in the first instance is limpid and clear, but very shortly becomes thick and stringy, having pus and blood intermingled, giving rise to a very offensive fœtor; the tongue is very much swollen, being covered on the margin and under-surface with vesicles of various sizes and hues, varying from bright red to blue; these vesicles, if not opened, expand and ultimately burst, exposing deep and ugly looking ulcers. Unless properly treated, typhoid symptoms may supervene, and death result; but this is not at all a necessary sequel, as homeopathically selected drugs are quite equal to combat the disease when taken in the early stages. The pathological condition I have thus

crudely described is styled by American practitioners "Blain." I assume that in England it would be termed "Septic glossitis," but this does not properly describe the serious condition of affairs, as my own view of the matter is that the symptoms indicate something of a far more virulent type than septic glossitis, and I believe them to be of an anthracoid character.

As I have already stated, I am guided in my views from newspaper reports, and not personal investigation; perhaps time will show how nearly I may be correct.

Now, assuming that the colt's teeth were really responsible for all this disturbance of a healthy equilibrium, it is worthy of special note that in homeopathy we have means at our disposal whereby this carious condition of the permanent molar tooth, which the dental specialist asserts is probably to be a source of frequent trouble to "Orme" in the future, may be arrested. I have had quite a number of cases among dogs, and a few in horses, where, by proper internal and local treatment, well-established caries has been arrested, and the remnants of the teeth preserved for future masticatory purposes; moreover, in my own person, together with several members of my own family, to say nothing of numerous intimate friends, I have had ample confirmatory proof that a similar course of treatment is equally effectual in the human subject. But inasmuch as the gentleman, who is said to be the most renowned veterinary dentist living, who has the horse under his care for these dental troubles, in all probability knows nothing of the truth and value of Hahnemann's principle in medicine, and would at the same time consider it far beneath his dignity to investigate the much maligned system of therapeutics, there is little hope of "Orme" ever reaping the advantages he might otherwise enjoy from the system.

Before closing, it may be interesting to review the poisoning theory to which the Duke of Westminster and Mr. George Lewis, the eminent solicitor who has the case to investigate, seem to pin their faith with undeviating pertinacity, if one may accept the statements appearing in *The Sportsman* of May 6th as representing the views held by the Duke and his legal adviser.

Assuming that "Orme" had in some mysterious manner been drugged, how is it that the vesicles were all on the under surface of the tongue, and that none appeared on the dorsum or upper surface? Surely the latter is the part

of the organ that would first and most easily be affected by the corrosive action of the drug ?

If a poison capable of raising blisters or vesicles had been administered, how is it that so long a period elapsed between the supposed date of administration and that when the stomach troubles supervened ?

If poison was administered, or the illness was due to poison, how is it that the colt is better one day and worse another ? As a rule, in cases of poisoning, when the drug commences to act, the pathogenetic influence proceeds on through a definite course, either fatally or to well-established amelioration. "Orme," however, appears to have been the subject of more than one or even two relapses after being reported as "*much better.*"

If the illness was due to a misdirected, but none the less malevolent, attempt to poison the colt, how is it that the inflammation of the stomach, said to be brought on by the action of the drug, whatever it may have been, took so many days to develop ?

These are questions which those who uphold the poisoning theory, provided their knowledge of drug action qualifies them to give an opinion, will find it difficult to answer. All the symptoms, however, including those of the stomach, which have developed since I commenced writing these lines, are quite in consonance with the presence of the disease indicated in the earlier portion of this communication, and which, so far as one can be guided who has not had the privilege of carefully examining the colt, appear to receive confirmation day by day. Having allowed some time to elapse in order to watch the turn of events, I see nothing to cause me to alter my opinion that "Orme" was not poisoned, at all events by drugs, and that he has been the subject of the disease known in America as "Blain."

Sussex Villas, Cornwall Gardens,
South Kensington, May 16, 1892.

THOUGHTS FROM THE ORGANON.

POPULAR PAPERS.

By EDWARD MAHONY, M.R.C.S., L.S.A.

No. II.*

WE come now to the body of the work, where the first

* *Erratum.*—In Paper I., last line but one, for "trial" read "triad."

statement that meets us is—"The first and *sole* duty of the physician is, to restore health to the sick." This statement may be presumed to speak so forcibly to the mind of the public as to need no comment, so I pass to the next.

"The physician ought to search after what is to be cured in disease, and be acquainted with the curative virtues of medicines, in order to adapt the medicine to the disease. He must also be acquainted with the means of preserving health." Commenting on this, Hahnemann says: "When, guided by evident reasons, he knows how to make such an application of that which is curative in medicine to that which is indubitably diseased in the patient . . . that a cure may necessarily follow. . . ." Here again is the application of *law*, and that *in correspondence* between the symptoms of disease and the symptoms of a medicine; not try so and so, but such a medicine is given because it has been known to produce in a healthy person symptoms very like those found in this case.

We next read: "When a cure is to be performed, the physician must avail himself of all the particulars he can learn, both respecting the probable *origin* of the acute malady and the most significant points in the history of the chronic disease, to aid him in the discovery of their *fundamental cause*, which is commonly due to some chronic *miasm*."

Two points should be noted here. 1. That in treating an acute disease such as pleurisy, whooping-cough, &c., the follower of Hahnemann seeks, while noting the active symptoms present, to bear in mind also the constitutional tendencies of the patient, which is what is meant by the words "chronic disease." The truth of this, in a sense, is practically recognised by everybody, as we all know that an ordinary cold will affect even the different members of the same family very differently. Some have a cold on the chest, others a nasal catarrh, and so with almost any acute disease there are variations, though evidently it is the same complaint varying according to what are called often the idiosyncrasies of individuals. All may thus recognise this, but where save under true homeopathy is it a distinct factor in treatment? If it were, why the endless remedies advertised both in medical and non-medical journals and newspapers, each one of which is declared to be *the* specific for its particular complaint? Hence the endless disappointments and gradually increasing want of confidence in all

treatment in the minds of so many of the public, and the blame thrown upon even the most valuable medicines because they would not do what they were never intended to do.

2. We now find the expression, "chronic miasm." This may familiarly be spoken of as brother to "dynamic origin," but both these expressions we shall learn more about later, but it will be useful to remember both, and as intimately connected together.

"For the physician, the totality of the symptoms alone constitutes the disease." "The unprejudiced observer . . . perceives in each individual affection nothing but changes of the state of the body and mind. . . . The *ensemble* of these available signs represents, in its full extent, the disease itself. When all the symptoms are extinguished, the disease is, at the same time, internally cured." We can note here, "totality of the symptoms," and "all the symptoms are extinguished." It is plain that this is the opposite of what is so current in the present day, when one is asked to put something in for the cough, not to forget the sleeplessness, or the pain in the back, or that heaving after food, as though each of these were a separate disease requiring each to receive its quietus, instead of being parts of a whole, namely, the disturbed vitality. Take, for example, the effects of shock to the nervous system, and suppose this has caused pallor, faintness, cold perspiration, and tremor of the limbs. According to popular thought, four medicines are needed: (a) for pallor, (b) for faintness, (c) cold perspirations, and (d) for tremors. Homeopathy would inquire, first, the cause, as fright, sorrow, overstrain, bad air and other unhealthy surroundings long continued; loss of fluids, as blood, &c., &c.; then which medicine would best produce all four of the symptoms above named. Which is the simplest and at the same time most rational course to take?

The next great thought is expressed in three sentences, which are—

1. During health, the system is animated by a spiritual, self-moved, vital power, which preserves it in harmonious order.

2. Without this vital, dynamic power, the organism is dead.

3. In disease, the vital power only is primarily disturbed, and expresses its sufferings (internal changes) by abnormal alterations in the sensations and actions of the system.

The thought (for it is, after all, only one thought with its varieties) contained in these sentences has caused as much if not more difficulty to many minds than even the small dose. Some reject it entirely as theory; but as my object here is not controversy, I shall simply make as plain as I can what I understand our author to mean here, merely remarking that those who leave this out as untenable, *cannot* practice homeopathy as taught by Hahnemann, for what he has expressed here clearly underlies his entire teaching both in the *Organon*, the *Chronic Diseases*, and the *Materia Medica Pura*.

Taking the first sentence, he remarks, "The immaterial vital principle, which animates the material body, exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may freely employ these living healthy organs for the superior purpose of our existence."

It must be plain that the doctrine here taught is the furthest removed possible from that materialistic teaching of the present day, which seeks to make the human body a sort of superior machine, subject to the same laws only as mere mechanical matter, and which therefore can be acted upon by chemical laws, the laws of light, heat, or motion, and its different parts as gases, solids, fluids, can be treated in the same way as these can be treated in inanimate matter; for it is self-evident that "immaterial vital principle" and "rational spirit" are something different in nature and properties to material substance and palpable body tissue, and he must be as far out at least in his calculations who overlooks the presence of what is "immaterial" and "spiritual," or who seeks to bind these to the laws affecting material bodies as he who overlooks the presence of the material. What that is, commonly called life, which makes the difference between the living body and the corpse, and how life and materiality are blended together, is a question that certainly science has not solved yet, and which we do not need to go into; but that this immaterial something, by whatever name called, as animating the human body and controlling it with "absolute sway" when in health, is an integral part of the homeopathy taught by Hahnemann, is plain from all his writings.

The second sentence of this great proposition, as to

the nature of death, need not detain us; but the third is of the most vital importance, namely, that "in disease the vital power only is primarily disturbed," &c. It would be well to remark, in the first instance, the consistency of this statement with that contained in the first sentence, and to say that in order to judge fairly of what is taught in this work we must take the *whole* both as to the nature of man in health and in disease and the preparation and administration of medicines, and not begin by deciding for ourselves that part is to be refused but the other part may be taken; for, like all truth, the different parts hang together and form one grand chain in which every link is needed, and he who omits one thereby damages the working of the whole as well as suffers the loss of that particular link. Who would like to go in a steamer worked by an engineer who, not believing altogether in the peculiarities of the machinery of that particular kind, substituted his own ideas where it pleased him, though manifestly different in nature from those of the originator, and then complained that the engine would not work? Would any one consider himself fairly treated under these circumstances? In case of failure, who is to blame? The sentence under consideration, then, teaches that a primary disturbance of sensations, that is, what is *immaterial*, precedes what is *material*. This is logical deduction from the statement as to vital principle in health, for surely what is *immaterial* in health it is logical to conclude will be *immaterial* in the first place in disease. The contrary view to this or that of allopathy is thus stated: "Disease, therefore (those forms of it not belonging to manual surgery), considered as it is by allopathists as *something* separate from the living organism and the vital principle which animates it, as something hidden internally, and material, how subtle soever its nature may be supposed, is a non-entity which could only be conceived by minds of a material mould and which for ages, hitherto, has given to medicine all those pernicious deviations which constitute it a mischievous art."

The above sentence is quite enough to prove what has been previously stated, namely, that the nature of *disease* is as new in these teachings as the treatment, and it may now further be added that the inquirer into medical arcana has before him the alternative of accepting vital principle healthy or diseased, or *something* separate from the living

organism. That this view of allopathy is not unfair to its teachers in the present day is sufficiently proved by the earnestness with which the most eminent and advanced surgeons advise early extirpation of suspicious or cancerous tumours before, as they say, the system is infected, justifying thereby to the letter this sagacious and far-seeing observation and criticism of the sage of Coethen.

We now read: "The sufferings of the deranged vital power, and the morbid symptoms produced thereby, as an invisible whole, one and the same." The importance of this remark is in its clear teaching of the unity of the body, and the comprehension of the whole condition produced by disease both immaterial and material.

As to the first, the fever set up by, say, a foreign body introduced under the toe-nail, or the paroxysms of wrenching pain in a gouty toe, or any localised neuralgia, as the common tic, are sufficient proofs: in none of these instances do the sufferers doubt that their whole body is affected, nor that the mental and moral symptoms are in the foreground. Is equanimity of mind a mark of the gout? How many sufferers from neuralgia find temporary relief in perpetual movements? The symptoms are referred to as "externally manifested"; that is, they were preceded by an internal cause. The old definition of an inflammation was, "redness and swelling with heat and pain." So far so good, but before these external manifestations there was an internal disturbance of vitality differing so largely in different cases that while one produced simple abscess, another caused a boil, yet another a carbuncle, yet another erysipelas, and so forth. Why is the *dénouement* so different unless there be a previous difference in nature of an immaterial property?

The next proposition reads: "It is only by means of the spiritual influence of a morbid agent that our spiritual vital power can be diseased; and in like manner only by the spiritual (dynamic) operation of medicine that health can be restored."

With regard to these two words, "spiritual" and "dynamic," it is pretty plain that they are used in the above paragraph as synonymous in meaning; and as the word "spiritual" would convey to many minds a different sense to that in which Hahnemann and the earlier homeopaths used it, and the Greek-derived word "dynamis" will be understood by all in its equivalent English word "force," let us substitute this

latter word, only bearing carefully in mind what we have already seen, namely, that the force in question is an impalpable one, called in the case of the body vital force, and the proposition will read something as follows:—It is only by means of the (impalpable) force of a morbid agent that our vital force can be diseased; and; in like manner, only by the operation of (impalpable) force in medicine can health be restored.

Now I am bold to say that in this short sentence is contained the key to the whole difficulty of the small dose, and if objectors, instead of making up their minds *à priori* that the thing cannot be true, that it is an insult to common sense, and so forth, would simply ask themselves, What is impalpable force? they would at least see this, that to judge of what is impalpable by what is palpable, of what is invisible by what is visible, of what is inaudible by what is audible, in a word to apply the tests of our five material senses, namely, sight, hearing, feeling, tasting, and smelling, to something which in itself in its abstract nature is beyond the ken of these senses, is, to say the least of it, irrational. It would also follow that the various tests proposed and tried in order to settle this profound question thus simply raised, such as the microscope, chemical action, the action of light, or what not, do not any one of them touch or even approach the matter, for they all depend on the capacity of one of our five senses above named to see, hear, &c., the object presented, whereas here is something intangible to any one of these. The question may very properly arise here, But where is the proof of the existence of this kind of force or property in the matter which constitutes the medicines taken from, say, the mineral kingdom? This brings us to the question of potentiation which is dealt with elsewhere, but meanwhile we have unmistakably the announcement that intangible force in disease can only be met by intangible force in medicine; and is not this logical? Is it not consistent with what has been already advanced? Do not the two statements, as to the *nature* of life and disease on the one hand, and the necessary nature of that which heals on the other, fully bear out the statement that these teachings are as new as regards the nature of disease as they are as to treatment? And further, is there not unmistakably here further evidence of logical harmony in the various parts of a complete whole, the various workings of the

grand natural law—*similia similibus curantur*? Finally, is it not most deficient to accept the law, and then seek to carry it out on material grounds, viewing disease only in its gross materiality, and then applying medicines in most material and tangible doses, though stated to be selected according to the law, and passing this off as homeopathy? The action of medicines in curing is further enlarged upon in the following sentence: "Changes in the general state, in disease (symptoms of disease) can be cured in no other way, by medicines, than in so far as the latter possess the power likewise of effecting changes in the system."

Further on, the question *how* medicines act, that is on what principle, in thus curing is elaborately reasoned out, as I trust we shall see and understand. Here the important point is insisted on that it is by the possession of this power alone that they thus act, and he having previously insisted upon it that dynamics (force) in disease must be met by dynamics (force) in medicine, it is now further emphasised that this quality alone in medicine avails for the purpose of cure.

This may perhaps seem to some unnecessary repetition, but at any rate Hahnemann did not think so, for in various ways the thought is repeated as we advance in the work, thus again showing that he regarded it as a vital part of the truth he was promulgating.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., &c.

THE SOUTHERN HOMEOPATHIC COLLEGE AND HOSPITAL OF
BALTIMORE.

THIS College is, I believe, the youngest of the homeopathic schools of America. It was incorporated under the laws of the State of Maryland in May, 1890. It started with the highest standard of acquirements, as decided upon by the American Institute of Homeopathy.

It is the aim of the faculty, who are all men of skill and wide repute, to make the instruction as thoroughly practical as possible.

The Maryland Homeopathic Hospital and Dispensary is in a flourishing condition, and contains, besides a number of private rooms, free male and female and children's wards, which will furnish valuable clinical advantages to students.

The city of Baltimore contains 400,000 inhabitants, and is rapidly increasing in size; it is said to have the greatest university in the United States, and the Johns Hopkins Hospital is the finest in the world.

A candidate for graduation must be at least twenty-one years of age, and must have studied medicine for four years, the first of which must be with a doctor as preceptor, who will be required to certify to this; the last three years must be at the school, in attendance on lectures, &c., &c. This College is open to women, as well as men.

Students are admitted to the lying-in rooms of the Maternity Hospital, to witness the process of labour.

A candidate who fails to pass the final examination will be required to attend another annual course of lectures, for which no charge is made, before applying for re-examination.

The library of the State Homeopathic Medical Society is accessible to students at all times.

The Dean of this school is Professor F. C. Drane, M.D., Professor of, and Lecturer on, Obstetrics, a gentleman of great experience and repute.

Professor Eldridge C. Price, M.D., takes the Chair of *Materia Medica* and Therapeutics, of which subjects he is a master.

The Registrar is Professor Henry Chandler, M.D., Professor of, and Lecturer on, Physiology and Neurology.

P.S.—It will be interesting to homeopaths to hear that the medical Bill which the "Homeopathic Medical Society of Maryland" presented to the Legislature of that State in lieu of the allopathic Bill has become law. It provides for *two* State examining boards—one for each school, whilst the allopathic Bill provided for a single State board entirely composed of allopaths.

CLINICAL CASES: *SULPHUR*.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of International Hahnemannian Association.)

CASE XX.—*Sulphur*. Mr. M. B., aged 16. Was telegraphed to visit him in the country on Dec. 21, 1891. On Dec. 15th he was attacked with mumps, which was very prevalent at a seaside town from which he had just returned. There were no special symptoms, except that on Dec. 18th he had pain in right side of throat on swallowing anything, as if a pin were running into it, and the right tonsil was swollen and red. His symptoms were all subsiding satisfactorily by keeping him in a warm room, without any medicine being given: when on Dec. 20th he remained some time in a cold water-closet, which resulted in the subsequent trouble. I saw him at 5 p.m. Pulse 120, very full. Skin hot to touch, though not excessively so; but the temperature was 105°8. Since yesterday afternoon he had been drowsy. Jerking of limbs. Vertigo, feels as if the bed were revolving. Extremely weak since yesterday. No stool for five days, with ineffectual desire. Yesterday evening the left testis became painful to touch, and hung down, though he was lying in bed; to-day the right testis is similarly affected, and they are both swollen. Tongue white and moist.

His history showed a decided psoric diathesis. He had been subject to catarrhal obstruction of the nostrils for many years. In 1885 an allopath burnt his nostrils with caustic, for supposed indications of polypus. In spring of 1888 had left-sided diphtheria, treated by a homeopath with two strong medicines in alternation and a gargle; later in the same year he twice had a recurrence of sorethroat. Had enteric fever at age of 5 or 6. Since the attack of diphtheria, he has been myopic, and his teeth have decayed much, some of them close to gums. Was re-vaccinated in 1887. Had rickets in infancy.

His mother had suffered from ague since childhood; also from severe headaches when at school; since the birth of this (her eldest) child, has suffered much from gall-stones, hepatitis, and hay-fever; and has had three still-born, decomposed children. Her parents and a maternal aunt all suffered from liver disease; and a cousin nearly died of

gall-stone. His father has suffered from catarrh and gastric troubles.

Diagnosis of the remedy. The most characteristic symptoms were the pain as of a pin in right side of throat on swallowing, and the testicular affection passing from left to right; but unfortunately they had not been recorded.

The choice of the remedy, therefore, had to be made from the more general symptoms. The Repertory gave the following:

Testes tender. *Adel., Arn., Asaf., Cimicif., Clem., Coloc.* (right and left), *Eriod.* (left), *Kali-bichr.* (left), *Kali-nitr., Merc-iod.-rub.* (right), *Merc.-sol., Nitr.-ac., Ocim.*

Testes swollen. *Acon., Agn., Alum* (left), *Ant.-t., Apis, Arg.* (also right), *Arg.-nit.* (right), *Arn., Ars., Aur.* (also right), *Aur.-s., Bar.-c., Bar.-m., Bartf., Bell., Brom.* (also left), *Canth., Carlsb., Cinchon., Clem.,* (also right), *Con., Cop.* (also left), *Cub., Dig., Elaps., Graph.* (also right), *Indium. Iod.* (also right), *Jacar., Kali-brom., Kali-c., Magnes.-austr., Merc., Merc.-c., Merc.-sol., Merc.-sulph., Mezer* (also left), *Mill., Natr.-c., Nitr.-ac., Nux, Ocim.* (also left), *Ol.-an., Phos.-ac.* (also left), *Plumb., Podoph.* (left), *Psor., Puls.* (also right), *Rhod.* (also left), *Ruta (Selen.), Spong., Strychn.* (left), *Sulph., Tarent.* (right), *Tepl., Thuja, Zinc.*

Testes hang down. *Amm.-c., Arn.* (in bed), *Bell., Camph., Cinchon., Chinin.-s.* (right), *Clem.* (also right), *Croton* (right), *Gels., Hep., Iod., Lycop., Magn.-m., Nitr.-ac., Phos.-ac., Puls., Sanic., Silic., Staph., Sulph.* (also in bed), *Sulph.-ac., Tarent.*

Shooting in throat on swallowing. *Alumen., Bar.-c., Boris, Bry., Calc., Cinchon., Cinch.-s., Chlorum., Clem., Con., Elæis., Gamb., Graph., Hep., Kali-c., Lach., Led. Lobel.-infl., Lycop., Nitr.-ac., Petr., Phos.-ac., Plectr., Rhus Silic., Stram., Sulph.*

Swelling of parotid gland. *Ailanth., Amm.-c., Arsen., Aur., Bar.-c., Bell., Brom., Bry., Calc., Carb-an, Carb.-v., Cham., Cinchon., Cist., Cocc., Con., Dig., Dulc., Fagop., Graph., Hyos., Ign., Kali-c., Lach., Merc., Merc.-sol.* (right), *Nitr.-ac., Nux, Phosph., Plumb.* (right), *Puls., Rhus, Sant.* (left), *Sep.* (also right), *Silic., Sulph., Sulph.-ac., Sumb.* (left), *Viper.*

This reduces the list to *Nitr.-ac.*, which has five symptoms; and *Cinchon., Clem.,* and *Sulph.*, each of which has four. Of these four remedies, only *Sulph.* has inflamed tonsils; thus limiting the choice to *Nitr.-ac.* and *Sulph.*

The existing symptoms of the patient failed to differentiate further; but I selected the latter remedy, not only as being the principal antipsoric, but also because clinical experience has shown it to be one of the chief remedies for the effects of the suppression of symptoms. I gave one dose of *Sulphur* mm (F. C.); diet of milk and barley-water; and an enema of warm water.

Dec. 22nd.—The enema last evening removed some masses of feces like walnuts. Slept from midnight to 2 a.m.; otherwise was restless and jerky. Testes very large and tender. This morning seems brighter and less drowsy. Had an evacuation this morning, after which he felt faint and very weak. Tongue cleaning towards tip. Temperature at 10 a.m. 103°. Pulse 120. Teeth feel elongated, and as if they pressed into gums on biting on them. To take beef-tea.

Dec. 23rd.—Temperature yesterday at 8 p.m. was 101.4; at 8 a.m. to-day 98.8. Testes much better. Brain quite clear, but still giddy. Has taken more food. Pulse 72. Slept well last night from 11.30 p.m. to 2.35 a.m.; afterwards restless, only dozing for a few minutes at a time. Talks a little in sleep. No pain.

Dec. 24th.—Temperature yesterday at 8 p.m. was 98.4; to-day at 8 a.m. 97.2. Testes nearly well. No vertigo or teeth symptoms. Tongue cleaning. Mumps have subsided much. Temperature in evening 97.4.

Dec. 26th.—On 25th, morning, temperature 97.2; evening, 98. This morning, 97. Testes a little swollen, but not tender. Tongue nearly clean. Stronger, and has partaken of the Christmas turkey. Still constipated, and has had to use enema again.

Dec. 28th.—(Letter.) Patient is going on all right: temperature normal morning and evening; pulse very good; appetite good, but bowels will not act.

Dec. 31st.—Was again telegraphed to visit him. Patient seemed quite well yesterday; bowels natural for last three days, and appetite good. Two days ago was able to go downstairs. To-day about 11.30 a.m. felt a sudden pain in right testis, which made him feel faint and look white. The pain was as if it had been squeezed; and it had lasted ever since at intervals, making him groan, which he says relieves it. The pain extends up course of spermatic cord into inguinal canal. The testis looks rather red, but is not swollen. Mumps quite subsided. Tongue natural. Tem-

perature 98.2. Has gone back to bed on account of the severity of the pain. No exciting cause for this second attack could be discovered.

Diagnosis of the remedy.—The symptom “pain as if testis had been squeezed” not being recorded in the *Materia Medica*, I took the most analogous symptom.

Contractive pain in testis.—*Alum.*, *Berb.*, *Bufo.*, *Camph.*, *Cinchon.*, *Merc.-ac.*, *Nux.*, *Plumb.*, *Scill.*, *Silic.* (left), *Spong.*, *Sulph.*, *Thug.*

Contractive pain in spermatic cord.—*Alum.* (also right), *Berb.*, *Calc.* (*Chinin.s.*), *Kali-c.*, *Nux.*, *Teucr.*

This reduces the list to *Alum.*, *Berb.*, and *Nux.*; and as *Nux.*, alone of these three, has swelling of parotid gland, I selected it as the *simillimum*, and gave one dose of *Nux* 50 m (F.C.) at 5.10 p.m.

Jan. 1, 1892.—Pain improved much after two or three hours. He had a good night, and this morning the pain is very slight.

Jan. 12th.—Reports that he has remained quite well, and went skating to-day.

April 12th.—Still remains in good health.

Comments.—(1) This was undoubtedly a case of metastasis to the testes and brain, arising from exposure to cold; and the very high temperature (105°8) showed extreme danger. It illustrates in a marked degree the necessity for the use of the clinical thermometer; which, though it affords no special indication for the remedy, yet often records the existence of danger, which otherwise would be undetected till too late. The evidence of temperature afforded by the touch is never a reliable guide; I have seen cases where the thermometer did not show any very abnormal rise of temperature, though the skin was painfully hot to the touch; and, conversely, as in the present case, the touch sometimes shows but a faint indication of the existing fever.

(2) Though the fever was high, I did not give *Aconite*, for the all-sufficient reason that it was not indicated by the totality of the symptoms. Probably there is no remedy in our *Materia Medica* which has been more abused than this drug. It is often stated to be *par excellence* the remedy for fever, and even “the back-bone of the *Materia Medica*”; hence it has often been improperly given for this symptom alone, irrespective of the remainder of the symptoms, for

which, perhaps, some other remedy has been alternated with it. This practice is both unscientific and unsatisfactory. Almost every remedy in the *Materia Medica* produces some form of fever, and therefore any one of these may be indicated where there is rise of temperature. *Aconite* should only be given where the fever is characterized by *Aconite* symptoms (e.g., extreme restlessness, fear of death, &c.); and these did not exist in the present case.

(3) Here again is shown the value of clinical symptoms, to supply the deficiency of our provings. The transference of the disease from the left to the right testis has not yet been recorded; and if verified, will prove a characteristic symptom: also the pain as from a pin in the right side of throat on swallowing ought not to be overlooked, as it was a symptom of the attack, though it had improved before the *Sulphur* was given.

(4) The necessity of always relying upon our *Materia Medica* and not being restricted to the list of medicines nosologically arranged in works on Therapeutics, is also evident. Raue (*Special Pathology and Therapeutics*, 1867, p. 106) mentions sixteen remedies, including *Sulphur*, under *Parotitis*; but he only mentions *Carb.-veg.* and *Arsen.* for metastasis to testes, and none for metastasis to brain, which latter phenomenon he ignores altogether. Guernsey, also (*Obstetrics*, 1879, p. 891), though he alludes to the metastasis to the brain, only mentions *Bellad.* as suitable to these cerebral conditions, and does not refer to *Sulphur* at all. As Hering used to say, "any disease may require any remedy," if the symptoms of the individual patient indicate it. As homeopathic physicians, we treat patients, not diseases.

(5) The mechanical, and therefore unscientific, manner in which some of our Repertories are arranged, is again exposed by a critical study of them in relation to this case. Allen's *Symptom Register* (p. 870), under "Parotid Glands," give "sensation as if mumps were coming on, *Trif.-p.*"; but at p. 795, under "Mumps," he records, "sensation as if she would have mumps, *Hydrophob.*" Thus two identical symptoms are given under different rubrics, merely on account of a slight verbal difference of expression. The very best Repertory, both for arrangement and completeness, is Dr. E. J. Lee's *Repertory of Characteristics*.

(6) It may be noticed that after the unscientific treat-

ment of the diphtheria by two strong medicines in alternation and a gargle, troublesome sequelæ resulted. After homeopathic treatment there should be no such sequelæ.

48, Sussex Gardens, Hyde Park, W.

MATERIA MEDICA.

PROVING OF *SABAL SERRULATA* (SAW PALMETTO).

By E. W. BERRIDGE, M.D.

WHENEVER a medicine has been used empirically with advantage, it is the duty of homeopathic physicians to prove it, that it may be used scientifically. Having read the accounts of this remedy in the *Homeopathic Recorder*, I procured some of the tincture for proving. The preparation I used is Bœricke and Tafel's, prepared from the *fresh* root, and I obtained it from Messrs. Butcher & Co., 315, Regent Street, W. Each dose was taken in about two wineglassfuls of water.

Proving:

1st day. 7 drops.

2nd day. 5 drops. Craving for claret.

3rd day. 7 drops in morning and 10 drops in evening. Craving for Madeira wine and brandy.

4th day. 10 drops. Felt no need of my usual sound siesta on Sunday afternoon, but read without sleepiness.

5th day. 10 drops.

6th day. Two doses of 10 drops each.

7th and 8th days. 10 drops.

9th day. Two doses of 10 drops each.

10th day. 10 drops.

11th day. For last three or four nights, woke between 4 and 5 a.m., and kept awake an hour or more, thinking.

12th day. Slept much better last night. Took 10 drops in morning. In one hour and a quarter feeling in head as from want of sleep, or as from too much coffee.

13th and 14th days. 10 drops each day. On 14th day, woke about 5 a.m. from a curious sad dream.

15th to 17th days. 10 drops each day. The last two days, craving for wine, chiefly claret.

18th day. 10 drops. To-day, twice when walking in street, and once when going upstairs, nearly fell backwards.

19th to 23rd days. 10 drops each day.

24th to 26th days. 15 drops each day. Evening of 26th day, urinated five times, the normal amount each time; and on each occasion a tingling aching in right hand when urinating.

27th day. 15 drops. In morning, the same sensation in right hand when urinating; not subsequently.

28th day. 15 drops.

29th to 34th days. 20 drops each day, but no more symptoms.

After eleven days resumed proving with daily doses six days; 20 drops each day, except on first, when I took 30 drops, and on fourth, when I took two doses of 20 drops each. On 3rd day, thirty minutes after dose, feeling in head as from want of sleep; this occurred also in 1½ hours after last dose.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

EIGHTH ordinary meeting of the session, was held on Thursday, May 5, 1892, Mr. KNOX SHAW, President, in the chair.

THE LATE DR. DRURY.

On the motion of Dr. DUDGEON, seconded by Dr. HUGHES, it was decided to send a letter of condolence to the widow and family of the late Dr. Drury. Dr. Drury was a past president and secretary of the Society, and both Dr. Dudgeon and Dr. Hughes spoke feelingly of the loss the Society has sustained in his death.

Dr. BURFORD described four cases in which he had operated and showed the specimens removed.

In the unavoidable absence of Dr. Purdom Mr. Knox Shaw read for him his paper on *The use of other Pathies than Homeopathy in the Practice of Medicine*.

Dr. PURDOM mentioned the various measures he has resorted to in practice that were not strictly homeopathic.

DISCUSSION.

Dr. DUDGEON said no doubt all homeopaths occasionally employed measures that were not distinctly homeopathic, but few would go so far as Dr. Purdom in his resort to allopathic measures. He thought the terminations of Dr. Purdom's cases did not speak very well for his methods; and that if Dr. Purdom had displayed more patience in the homeopathic treatment of his cases he would have had more success.

Dr. HUGHES said all must respect Dr. Purdom's candour in telling what his practice was; and all would sympathize with him in

having felt the temptation to supplement homeopathic practice, if they have not yielded to the temptation so frequently. In Dr. Purdom's case it seemed the supplementaries overbalanced the homeopathy. The tendency to fall into this habit was one to be strenuously resisted. The more strictly homeopathy was stuck to the better would be the practice. He believed that at the present day wholesale drugging was more rife than ever it was. The amount of narcotics and specifics poured into patients was alarming. He believed it would be better to let patients lie in bed a few days longer than attempt to cut short their illness by drugging. One great attraction of homeopathy was that it did away with drugging, but if allopathic palliatives were to be constantly resorted to this credit would be lost. Dr. Hughes criticised the treatment of the peritonitis cases reported by Dr. Purdom, and he did not think the use of *Opium* was of any curative value in them. Dr. Hughes' experience of *Bismuth* in gastralgia in young slender delicate women was that it is very valuable given in three-grain doses of the first centesimal. He had never had to give it in the crude form.

Dr. GOLDSBROUGH thought Dr. Purdom had collected all his cases treated by other 'pathies and given them in his paper, which did not therefore represent accurately his ordinary practice. In peritonitis and whooping-cough he (Dr. Goldsbrough) relied more and more on strict homeopathy. He did not look to lose a case of whooping-cough. He usually employed the mother tincture of *Drosera* and *Belladonna* and the lowest preparations of *Phos.* and *Ant.-tart.* He mentioned several cases in point. With regard to diarrhea homeopathic practice gave the best results. He named a very severe case controlled by *Puls.* which was decided upon after consulting Bell's work on diarrhea. Two or three drop doses of *Gelsem.* during a paroxysm of asthma, he gave on the recommendation of Dr. Burwood. In acute rheumatism he used *Acon.* and *Bryon.* alternately in the mother tincture, and it was usually a question of progress from beginning to end of the case. When the temperature comes to 99°, and will not come lower, three or four grains of salicylate of soda will bring it to normal. The diet is of great importance. Milk and oranges he allowed *ad libitum.* He gave soda-water with the milk usually. He believed the administration of *narcotics* in the passing of calculi was justified.

Dr. CURTON (of Northampton) suggested that a proper answer to the question by Dr. Purdom, of how far other men were obliged to resort to adjuncts, depended largely on the meaning attached to the word "obliged" by different individuals, inasmuch as he knew many able homeopathic practitioners who said they scarcely ever resorted to such measures, and saw no need for the same; but here a further question came to the

front, viz., whether there was loss or gain to the patients by not adopting the said adjuncts. For his own part, he freely admitted that occasionally he resorted to aperients, narcotics, and other adjuncts, and with great advantage; at the same time he contended they should be avoided so far as possible. It appeared to him that there was great danger in broadening out of knowledge of becoming less definite. The earlier practitioners of homeopathy had fewer remedies, but they more distinctly knew their action than some at the present time appear to do. He had seen cases of asthma that had not benefited by strictly homeopathic treatment largely relieved by five-grain doses three times a day of *Iodide of Potash*, and although this treatment developed acute attacks of gout, subsequent doses of one grain of the drug cured the asthma and gout alike.

In gastralgia *Bismuth* 1x trituration, five-grain doses, he had frequently found most curative. In diarrhea he had reason to be highly satisfied with homeopathic treatment, although a symptom of various forms of disease rather than a disease *per se*; while in peritonitis, whether tubercular or otherwise, and however severe, he had the great majority of his cases yield to *Aconite*, *Bryonia*, *Gelseminum*, *Hydrastis*, *Mercurius Corrosivus*, and *Veratrum Viride*, and the more hard and wiry the pulse in such cases, *Belladonna*, and more especially *Veratrum Viride*, was called for and largely curative.

Dr. W. S. Cox said that with regard to the action of salicylates in rheumatism he came to the conclusion that the salicylates relieved pain more, but the cases were more apt to relapse. He thought occasionally a dose did well for the pain, but on the whole he much preferred *Aconite* and *Bryonia*. He had known the salicylates do good in pains of influenza.

Dr. COOPER held that the bedside ought to be sacred from all theories, and we ought to go with all the knowledge that we could acquire. As far as drugs are concerned, there is no system that holds out the promise that homeopathy does. He had worked out several medicines from other standpoints, and invariably found in the end that they were homeopathic. He thought the paper was wanting in concentration; it bore the stamp of overwork. At the same time he was glad to hear such papers as this. Homeopathy has had its stages. Now it is passing through a stage of scientific scepticism, and he thought it would do good. He thought we should observe the rule laid down by Dr. Hughes—we should avoid risking injuring patients in the endeavour to score a point. This applied to surgical measures. He often found bad results follow operations on tonsils, ear affections following. As for rheumatic fever he thought the salicylates left the patient in a very much worse state than did homeopathy. In some cases where the symptoms do not readily subside, he had found one remedy of

great value, namely, *Pyrethrum Roseum*. It is especially valuable in subacute rheumatism, also in subacute gout or rheumatic gout. The 1x tincture of the root of *Pyrethrum Roseum* two or three times a day. He first gave it because of its action on the kidneys. He gave it where there was not much fever.

Dr. BURFORD said that his own personal experience was that in proportion to his work at the materia medica had been his success. He thought the recurrence to *Opium* in the treatment of peritonitis was a very bad practice. The best practitioners of the old school join in condemning the use of *Opium* as tending to produce peritonitis rather than to cure it. He criticised the treatment of Dr. Purdom's peritonitis cases, and mentioned where the use of surgery came in.

Mr. KNOX SHAW (in the chair) said there was much in Dr. Purdom's paper that was true. He agreed with Dr. Goldsbrough that Dr. Purdom had collected the cases in which he had used adjuvants.

There is one point Dr. Purdom has mentioned, that by diluting some of our medicines (e.g., *Ignatia*) with *Spirit of Chloroform* (e.g., for making the 1x), instead of Spirit of Wine he made their action more powerful. In this Mr. Shaw sympathized. He thought it possible that operative treatment might have saved the peritonitis case. He objected to the use of *Opium* in peritonitis. He complained of the cheap notoriety gained by consultants, through the use of *Opium* in coughs, which gave relief—but the patient died. *Hyoscyamus* he used with success in cough. Also *Belladonna* ϕ , three drops on a lump of sugar. He had seen two or three grains of *Iodide of Potassium* of great value in asthma. He seldom gave narcotics, though much engaged in operations which entailed pain. He thought diarrhea was one of the things most successfully dealt with by homeopathy. If salicylates are to do any good the patient must be kept saturated with them, and he will be left very ill. Often severe hemorrhage has been the result. If he had rheumatism he would prefer to be treated without salicylates.

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. MURRAY.—*Dover*. We are pleased to announce that Dr. Murray, of 15, Trinity Gardens, Folkestone, has opened a consulting-room at Dover. He is at 10, Cannon Street, Dover, every Tuesday at 3.30, and at other times by arrangement.

Obituary.

DR. WILLIAM VALLANCY DRURY.

THE subject of this memoir was born near Dublin in 1821. His father was a military officer, and his grandfather an admiral. Most of his relatives belonged to one or other of the services. His inclinations were not that way. His tender, benevolent nature disposed him towards the saving rather than the destruction of human life. He therefore chose medicine as his profession and the University of Edinburgh as his *alma mater*. Probably he was led to select Edinburgh, not only on account of its high reputation as a medical school, but also because Professor Alison was his near relative. He took his degree there in 1842, and became President of the Royal Physical and Hunterian Societies of the northern metropolis. He then set up in practice in Dublin, and was appointed Lecturer on *Materia Medica* and Therapeutics in the Park Street School of Medicine. He removed thence to Darlington, where he acquired a considerable practice; but was compelled to leave that northern town, as the climate did not suit his rather delicate constitution. He next settled in London, at first in Maida Hill, and subsequently in Harley Street. Here he was led to inquire into homeopathy, of which he became an ardent adherent. He joined the British Homeopathic Society, of which he became a Fellow, and afterwards President. When the Society resolved on publishing the *British Homeopathic Pharmacopœia*, he was appointed editor of the work, for which his previous acquirements in *Materia Medica* eminently qualified him. He also held the position of Physician in charge of Diseases of Children in the London Homeopathic Hospital. He retired from practice in 1878, and took a house in Bournemouth, where he died on the 26th April last, after nine weeks' illness. He was first attacked by pulmonary congestion, with great weakness of heart. On rallying from this, gastric symptoms made their appearance, which assumed the form of ulceration of the cardiac extremity of the stomach, attended by regurgitation of food, vomiting of blood, pus, mucus, and bile, which resisted all remedial means, and he passed away at the age of 71.

Dr. Drury was a thoroughly good practitioner of the old Hahnemannian sort. He was not a voluminous writer, but he published several works, which are distinguished by their scientific character and great practical value. His *Lectures on Eruptive Fevers* are best known; but he also wrote a work on *Constipation, Diarrhea, and Cholera*, and another on *Fatty Diseases of the Heart*, which are also excellent. He was greatly beloved by a large circle of patients, and he endeared himself to

his colleagues by his genial and sympathetic manners and ready help as consultant in cases of difficulty. His loss will be deeply mourned by all who had the privilege of knowing him.

It was not only in the field of medical practice that Dr. Drury was distinguished. He had deep religious convictions, and devoted much of his time to missionary objects. He was affiliated to the evangelical denomination of Moravian Brethren, and was associated with many of their philanthropic enterprises. On retiring to Bournemouth he was indefatigable in promoting and aiding all the evangelistic operations in that town and neighbourhood. His funeral was attended not only by his homeopathic colleagues, Drs. Nankivell, Hardy, and Frost, of Bournemouth, and Dr. Mackechnie, of Bath, but also by some allopathic colleagues, and representatives from the numerous religious and philanthropic societies with which he had been connected. He has left a widow and a large family to deplore his loss.

WILLIAM CLARE, M.R.C.S., L.R.C.P.

We much regret to learn of the death of an eminent northern representative of homeopathy—Mr. William Clare, of Leeds. The following notice of the death of our colleague appeared in *The Yorkshire Post* of May 2nd:—

“The death took place at Morecambe, on Friday night, of Mr. William Clare, M.R.C.S., L.R.C.P., who up to a few years ago was very widely known in Leeds. After passing a distinguished course at the Manchester Medical School, where many of the prizes offered for competition in each year fell to him, Mr. Clare commenced practice in Ashton-under Lyne in the year 1856 as a homeopathic physician. About ten years afterwards he removed to Leeds, where he remained in active practice, in Park Square, until about six years ago, when he retired, and was succeeded by his son-in-law, Dr. Stacey. Mr. Clare, who had a very extensive practice in Leeds and the West Riding, for many years had the reputation of being in Yorkshire one of the most noted followers of Hahnemann, and his advice was extensively sought. He was a man of a quiet, retiring disposition, genial in company, well read, and intellectually accomplished, patient and persevering in his profession, and of a benevolent nature. For many years he was associated with the temperance party, and took a prominent part in the introduction and furtherance of the Blue Ribbon movement in Leeds. Mr. Clare, who was 68 years of age, had been in indifferent health for some few years back, and had passed his time largely in seeking change of air and scene. He was seized with a serious illness on Thursday, and, as already stated, died at a late hour on Friday night. The funeral has been fixed to take place at Lawns Wood Cemetery on Wednesday morning.”

GENERAL CORRESPONDENCE.

THE PERIODIC LAW.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The remarks which your correspondent "Ferrum" makes about *chemical affinity* and the *chemical action* of poisonous drugs, in the May number of the *WORLD*, induce me to suggest to him a special study of what is now known as the Periodic Law, as likely to lead him directly to the physical truth of which he appears to be in quest.

According to Herbert Spencer, and other acknowledged leaders of scientific and philosophical thought, the discovery of the Periodic Law renders it more than questionable whether such phrases as "chemical affinity," "cohesive force," &c., need be used at all; indeed, there are not wanting indications that such terminology, as expressive of superficial science and incorrect deductions, will soon be excluded from scientific currency by advanced chemists and others.

Your readers in general are not specially interested in the question of the genesis of the elements; but to make the foregoing intelligible to all, it may be well to add that quite recently Mr. Crooks and Mr. Lockyer have, by different methods of research, come to the same conclusion about this subject—namely, that in the genesis of the elements it is temperature which governs all; that the so-called elements are very complex things, which may be broken up at certain higher temperatures into simpler things. As Dr. Gore puts it, "every substance becomes a more or less different substance at every different temperature."

Now, variation of temperature means variation of molecular and atomic motion, and thus is derived variations of "affinity." We all know how deadly the ordinary electric current is when the circuit is completed through the animal body; and we have lately learned, with general surprise, that the power of the electric current can be *increased* till it is perfectly harmless in the same circumstances. The bearing of these late developments of science on homeopathic therapeutics is evident.—Yours very truly,

W. BUIST PICKEN.

West Hampstead,
London, N.W.

HIGH POTENCIES.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In the number of *THE HOMEOPATHIC WORLD* of May 2, 1892, at page 238, I have read a letter signed "E. W. Berridge,

M.D.," in which E. W. B. takes an exceeding great liberty with my F.C. attenuations. I gave Dr. Berridge every one of my F.C.'s (*which he possesses*) as a present, to be used by him in his own practice, and on no account was he to use them for mercenary purposes; and certainly, before handing them over to Mr. Pearce, *my consent might have been asked.*

Dr. Berridge can do what he pleases with Jenichen's, Finckè's, or Swan's attenuations, but he has, and could have, no right to dispose of mine.

Further, *for many years* my F.C. attenuations have been placed in the hands of two West End firms, namely, Messrs. Alfred Heath and Co., of 114, Ebury Street, S.W., and Messrs. Keene and Ashwell, of 74, New Bond Street, W., who have all my F.C. attenuations; and if any new ones are turned out, they have simply to ask for a graft of any they want. Let me add that, directly or indirectly, I have never had, and do not have, the slightest pecuniary interest in the sale of my F.C.'s from either of these firms.

Lastly, Dr. Berridge does not possess one-third of my F.C.'s, and what is more, he is never likely to receive another through me.

It lies with the profession and the public to decide whether they will patronise my own appointed agents or those of Dr. Berridge. Mr. A. J. Pearce may be all that Dr. Berridge states of him, but he once said the same to me of Dr. Alfred Heath, of 114, Ebury Street, S.W.—Yours truly,

THOS. SKINNER, M.D.

25, Somerset Street, W., May 5, 1892.

THE LEPROSY QUESTION IN SOUTH AFRICA.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The question of the serious increase of leprosy in South Africa has for some time excited public attention, and is still a burning question in Cape Colony and Natal. Ten years ago the facts of such increase were reported from various parts of the country, and in 1883 a Select Committee was appointed by the Legislative Assembly of Cape Colony to take evidence on the subject, under the presidency of Thomas Louw, Esq., M.P. Numerous medical witnesses were heard, and two important points were established—(1) That leprosy is a communicable disease, spread by inoculation and in other ways; (2) that leprosy had increased and was increasing in South Africa. Amongst other testimonies is that of Dr. William R. Turner, dated Vredenburg, September 1, 1883, who writes that "Leprosy in parts of Saldanha Bay is spreading so rapidly that, if some measures are not at once taken by Government, all the sur-

rounding districts will probably become infected. I know of more than twenty cases in one place alone in every stage of the disease, and am sorry to say it is not confined to the coloured portion of the inhabitants."

It would occupy too much of your valuable space to quote the numerous testimonies, but the conclusion, as stated in Appendix E. in the official report, is "That leprosy prevails extensively in this colony, and is steadily spreading among both white and coloured classes." Inasmuch as the scourge continued to make progress, a second Select Committee was appointed in 1889, under the presidency of the Chief Justice, Sir J. H. de Villiers. The Hon. Dr. Atherstone, who has practised as a physician in the colonies for fifty years, testified that the disease was communicated by direct contact with any abraded or absorbent surface of the skin, or mucous membrane, as in wounds, sores, pricks, &c. No interrogatories in either of these inquiries appear to have been submitted regarding vaccination as a possible or probable source of the disease, and much valuable evidence on this point, as we now know, was excluded; but Dr. Henry Anderson Ebdon, President of the Medical Board, who had resided many years in India, voluntarily pointed out the danger of spreading leprosy by means of arm-to-arm vaccination. The belief, due to much bitter experience, prevails in the colonies that the disease has been disseminated in this way—hence the widespread repugnance which exists to vaccination in South Africa. Medical practitioners, however, for reasons not difficult to understand, are reluctant to trace the recrudescence of such a terrible affliction as leprosy to a pet medical process, and the testimony of parents and other relatives, who clearly see the connection between vaccination and leprosy, counts for but little in official scales, and so the mischief is perpetuated. Nevertheless, out of many cases of invaccinated leprosy which are known and now acknowledged at the Cape, two are reported by Dr. Daubler in the *Monatshefte für Praktische Dermatologie*, February 1, 1889, p. 123. One such case was related to me by one of the district surgeons of the colony, another by one of the Government officials, and I have heard of many others since. Vaccination was made compulsory in Cape Colony in 1862, and the law was rendered more stringent by the provisions of the Public Health Act, dated September 6, 1883. Under pressure of a new-born zeal thousands were vaccinated, both in Cape Colony and in Natal, and Sir John Bisset, then member of the Legislative Council at Pietermaritzburg, reported that many were "blood-poisoned, presenting a horrible sight, and dying masses of corruption." After these wholesale vaccinations leprosy began to increase in a remarkable manner, as was observed under similar circumstances by Dr. Edward Arning, the well-known bacteri-

ologist, in the Sandwich Islands, and detailed in the official report of his painstaking investigations. This terrible disease, as I have discovered by much personal inquiry in South Africa, is still making insidious and deadly progress. The *Port Elizabeth Telegraph*, November 10, 1891, in an article referring to the supineness of the Government in dealing with lepers, observes: "It is well known that the disease is more prevalent now than ever." A few weeks ago the sheriff of the electoral division of Uitenhage informed me that leprosy was seriously increasing in the neighbourhood. In February last fifty-four lepers were hunted up by the mounted police in the Thaba 'Nehu district, parents being forcibly separated from their children and husbands torn from their wives, amidst the cries of unspeakable distress and the agony of despair, and sent to consort with lunatics, convicts, and lepers on the settlement at Robben Island, Cape Colony. The Rev. Canon Baker, of Kalk Bay, who received a medical training in England, and was for nine years chaplain at Robben Island, and has probably devoted more attention to the cause and prevention of leprosy than any one in South Africa, informed me that his personal researches and experience had led him to the conclusion that arm-to-arm vaccination was a *prolific* source of the spread of this fearful disease in South Africa.—
Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London, April 16, 1892.

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.

- Abbott (A.C.). *The Principles of Bacteriology: A Practical Manual for Students and Physicians. Illustrated.* Cr. 8vo. (H. K. Lewis. 7s. 6d.)
- Allingham (H. W.). *Colotomy: Inguinal, Lumbar and Transverse, for Cancer or Stricture, with Ulceration of the large Intestine.* 8vo, pp. 206. (Bailliére. 6s.)
- Basset (A. B.). *A Treatise on Physical Optics.* 8vo, pp. 430. (Bell and Sons. 16s.)
- Besant (W. H.). *Elementary Hydrostatics.* 15th edit., rewritten. Cr. 8vo, pp. 258. (Bell and Sons. 4s. 6d.)
- Blanford (G. F.). *Insanity and its Treatment.* 4th ed., cr. 8vo, pp. 508. (Edinburgh: Oliver and Boyd; Simpkin. 10s. 6d.)
- Boyce (R.). *A Text-book of Morbid Histology for Students and Practitioners.* 180 Coloured Illustrations. Roy. 8vo. (H. K. Lewis. 31s. 6d.)
- Curgeven (J. B.). *The Disinfection of Scarlet Fever and other Infectious Diseases, by Antiseptic Inunction.* 8vo. (H. K. Lewis. 1s. 6d.)
- Davis (H.). *Guide to the Administration of Anesthetics.* 2nd edit., 12mo. (H. K. Lewis. 2s. 6d.)
- Hunt (E.). *Colour Vision. An Essay Discussing Existing Theories, Explaining Views hitherto Incompletely Published,*

- and comprising Illustrated Descriptions of Important New Experiments. With Three Plates. 4to, pp. 124. (Glasgow: Smith; Simpkin. net, 5s.)
- Jahr** (G. H. G.). The Clinical Guide, or, Pocket Repertory for the Treatment of Acute and Chronic Diseases. Translated by Charles J. Hempel. 2nd American Revised and Enlarged ed., from the 3rd German ed. Enriched by the Addition of the New Remedies by Samuel Lilienthal. 8vo, pp. 623. (Homeopathic Publishing Company. 15s.)
- Lane** (Hugh). Differentiation in Rheumatic Diseases (so-called). Based upon Communications read before the Royal Medico-Chirurgical Association, 1892. (Bristol Medico-Chirurgical Association, 1890.) 2nd ed. Cr. 8vo, pp. 110. (Churchill. 8s. 6d.)
- Medical Register.** Roy. 8vo. (Spottiswoode. 6s.)
- Ormerod** (J. A.). The Diseases of the Nervous System. 12mo, pp. 840. (Churchill. 8s. 6d.)
- Osler** (W.). The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicine. Roy. 8vo, pp. 1,092. (Pentland. 24s.)
- Quinby** (Henry C.). Notes on Dental Practice. With Illustrations. 8vo, pp. 202. (Churchill. 9s.)
- Roberts** (R. L.). Illustrated Lectures on Nursing and Hygiene. 2nd ed., with Illustrations. Cr. 8vo, pp. 224. (H. K. Lewis. 2s. 6d.)
- Russell** (R.). Epidemics, Plagues and Fevers. Their Causes and Prevention. 8vo. (Stanford. 16s.)
- Transactions of the Obstetrical Society of London.** Vol. 88 for the year 1891. 8vo. (Longman. £1.)
- Treves** (F.). The Student's Handbook of Surgical Operations. With 24 Illustrations. Abridged from the Author's Manual of Operative Surgery. Cr. 8vo, pp. 486. (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, 30, *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 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 Malted Milk Co., London; W. Tebb, Esq., London; Dr. Dudgeon, London; Dr. Molson, London; Dr. Skinner, London; Mr. W. B. Picken, London; Dr. Murray, Folkestone and Dover; Dr. Clifton, Northampton; Dr. Goldsbrough, London; Dr. Theodore Kafka, Carlsbad; Mr. Hurdall, London; Mr. R. Metcalfe, London; Dr. Heath, London; Dr. Ussher, Wandsworth; Dr. Berridge, London; Mr. E. A. Cross, London.

BOOKS AND JOURNALS

RECEIVED.

American Homeopathist.—Allg. Hom. Zeit.—Hom. Monatsblätter.—Zoophilist.—Chemist and Druggist.—Chironian.—Annals of Electro Homeopathy.—Southern Journal of Homeopathy.—California Homeopath.—Homeopatisch Maandblad.—New Remedies.—Homeopathic News.—Vaccination Inquirer.—Minneapolis Magazine.—North American Journal of Homeopathy.—Medical Advance.—Archive für Homoeopathie.—Homeopathic Physician.—Medical Argus.—The Future.—L'Art Médical.—Modern Medicine.—Revue Homeopathique Belge.—Hahnemannian Monthly.—New England Medical Gazette.—The Nine Circles, by E. M. Rhodes, with Preface by Frances Power Cobbe.—Hydropathy and Influenza, by Mr. Metcalfe.—Medical Essays, vol. iv., by Dr. Allinson.—A Lecture on Homeopathy, by Dr. Guinness.—“Incurable Diseases” of Beast and Fowl, Boericke and Tafel.

THE
HOMEOPATHIC WORLD.

JULY 1, 1892.

OLD-SCHOOL METHODS AND THE REPUTATION
OF DRUGS.

In the *British Medical Journal* of June 11, 1892, occurs a little paragraph which well exemplifies the fruitlessness of the old-school methods of studying drug-action. The usual course of things is this: Some practitioner "happens" to cure a number of cases of a particular disease with a certain drug. At once he writes to the journals and lauds it as a "specific." Then there is a general rush for the drug; everybody uses it for this disease—and of course everybody *doesn't* cure, and soon its reputation dies. The original recommender of the drug cured his cases because they happened to correspond to the sphere of the drug. But cases of any disease differ widely from other cases of the same disease, and require different treatment. Hence, of course, treatment according to the name of the disease can never lead to any permanently useful result, and can never advance our knowledge of the *materia medica*.

The paragraph which has led us to make the above observations is the following:—

"Pilocarpin in Epilepsy.—Féré (*Sem. Méd.*, May 18, 1892) says that he has long since given up using injections of nitrate of pilocarpin in epilepsy, as he found that, so far from preventing the attacks, *it appeared sometimes to bring them on*. One of his patients, who had not had a single attack for several months, had *four seizures in one day, almost immediately after an injection of the drug.*"

The italics are ours. This old-school observer, from a lack of knowledge of the law of similars, throws away

a drug which, when properly and scientifically used, may prove most valuable, for the very reasons which will show a homeopathist its specific power. The drug has the power to provoke epileptic attacks: this leads an allopath to abandon it; but to a homeopath the observation explains the reason why it has cured some cases, and prophesies that it will cure others when its range has been properly defined.

It is the height of absurdity to expect one drug to cure all cases of a certain disease. We often hear people say, "What a blessing it would be if some one discovered a cure for cancer!" To which the reply is: Many cases of cancer are curable and have been cured, but there will never be a drug found that will cure *anybody's* cancer. Cancers differ, and the cures will have to differ also.

A RUSSIAN physician says that the electric light relieves pain in many cases almost instantaneously. For the cure of neuralgia he throws a beam from a bright arc light on to the painful area by means of a powerful reflector, or uses direct illumination by means of a condenser. In this way, it is claimed, the most intense pain, provided it be superficially located, may often be relieved at once without the use of anodynes.—*Medical Reprints*.

ARISTOL FOR BED SORES.—Dr. Squire (*Ec. Med. Jour.*) writes: "Nothing that I have ever tried begins to compare with a fifteen per cent. ointment of aristol for bed sores. The aristol should be thoroughly incorporated with the proper proportion of vaseline. It acts like a charm."—*New York Medical Times*.

HOT WATER IN RHUS POISONING.—Dr. Silas Hubbard (*Med. Summary*) says that in cases of poisoning by rhus toxicodendron hot-water bathing will ordinarily perform a cure in forty-eight hours. After trying everything that has been lauded, he finds that bathing the parts affected much and long with hot water affords more relief and performs the cure sooner than anything which has been recommended.—*New York Medical Times*.

A NEW DANGER.—A young woman residing at Ganges, Hérault, was poisoned last week by eating strawberries grown near a vineyard treated with sulphate of copper. Her state is serious, and this new danger has occasioned considerable misgivings as to the effects of certain poisonous chemicals used as a protection against phylloxera, on the vine itself. The local authorities in the wine-growing districts are likely to take rigorous measures against allowing fruit and vegetables to be grown near vines that have been treated chemically.—*Chemist and Druggist*, May 28th.

NEWS AND NOTES.

A HOMEOPATHIC LEAGUE FOR FRANCE.

THE following from the Paris letter of *The Chemist and Druggist* (April 30th) shows that our friends in France are following our example in establishing a movement analogous to that of the *Homeopathic League*.

“A HOMEOPATHIC CRUSADE.—At the annual Hahnemann banquet, held on Friday last at Marguery's Restaurant, Dr. Jousset, who presided, spoke of a Society for the propagation of homeopathy which has been recently established, and has for its objects the increase of the number of homeopathic hospitals and dispensaries, encouragement of young doctors in commencing practice, and opening special pharmacies in localities where none exist, &c. ‘It is necessary,’ said he, ‘that this Society be formed amongst our *clientèle*, because we are considered as sectarians and intruders. The schools and administrations are closed to us; the professors terrify students and prejudice them against our cause.’ He added, ‘In France nothing is sacred that is not official—and homeopathy is not official.’ Dr. Wright, of Chicago, gave some information concerning homeopathy in the United States. According to him, it is legally recognised in New York State, and students pass their examinations before seven allopathic and seven homeopathic doctors. He mentioned that there are more than 20,000 of the latter practitioners in America, against 350 in France.”

LEDUM PALUSTRE.

THE *Lancet* of March 19 has the following interesting note on *Ledum* :—

“DIAPHORETIC PROPERTIES OF WILD ROSEMARY.

“Dr. Schnabl, writing in a Polish medical journal, mentions as a valuable sudorific the wild rosemary, *Ledum palustre*, or *Rosmarinum sylvestre*, which is used in some parts of the country as a household remedy. The herb must be gathered when flowering. It is then dried and kept in sealed boxes. The leaves contain, according to Meissner, a volatile oil, from which, after long standing, a kind of camphor separates out; the other constituents found in the leaves are tannin, a gum resin, citric acid with traces of acetic, formic, and valerianic acids, a bitter extractive matter, and ericoline. An infusion of from a drachm and a half to three drachms is sufficient to produce perspiration. A century ago this drug was prescribed by physicians as an expectorant. It is also considered as an astringent by some, and has at various times enjoyed a reputation in many different maladies.”

SALICYLATE OF SODA—POISONOUS EFFECTS.

THE danger of giving this much lauded and fashionable drug are exemplified in the following from the *Lancet* of March 19 :—

“EFFECTS OF SALICYLATE OF SODA IN EXCESSIVE DOSES.

“Dr. Frederick W. Mann, in a recent number of the *New York Medical Record*, records an instance of the serious and alarming effects produced by this drug in large quantity. He had prescribed for a patient suffering from acute rheumatism salicylate of soda in four-grain doses every two hours. The patient, however, finished the contents of his bottle—amounting, in all, to two drachms of the drug—within the space of four hours. He soon began to suffer from hallucinations, and finally became quite maniacal. After spending a night in a police cell he was removed to a hospital, and during the next few days he suffered from a condition closely resembling delirium tremens. When spoken to he responded pleasantly, and showed no coarseness of speech or action; his violence arose simply from his attempts to elude his imaginary pursuers. At the end of five days the hallucinations disappeared, and recovery was complete.”

PROVERS WANTED.—A POISONOUS FISH.

THERE must be great medicinal virtue in this Japanese fish; and now the communication with Japan is so easy there should be no difficulty in procuring a supply of the poison :

“In the waters about Japan there is constantly taken a fish called fugu (*Tetrodon hystrix*). It is of two kinds, large and small. The former is highly poisonous, and its sale is consequently interdicted, but the latter, if properly prepared for cooking, is safe enough, and has the reputation of being highly palatable. Among the middle and upper classes, however, a prejudice exists against eating fugu in any shape, and since the fish consequently commands a low price in the market, it is consumed in considerable quantities by labouring folks. The coachman of the Russian Legation and his wife dined off these ‘shosai’ fugu on April 19th, and apparently the little fish had not been properly cooked, or else they were of exceptionally poisonous character, for by four o’clock in the same afternoon the man was dead, and thirty minutes later his wife expired. An investigation made by the police showed that the fishmonger had sold the fish as fugu, so that the unfortunate people could not have been in any doubt as to the nature of what they were about to eat, and the necessity of removing a certain portion before cooking.”—*British Medical Journal*, May 14, 1892.

CHIAN TURPENTINE FOR CANCER.

MR. JOHN CLAY, of Birmingham, communicates to *The*

Medical Press a number of cases of cancer cured by Southall's Chian Turpentine Mixture. The cases were all of the epitheliomatous nature, and were all in advanced stages before treatment was commenced. Mr. Clay remarks that when Chian Turpentine cures it eradicates the disease, and there is no return. Improvement is not always immediate, and three or more weeks may elapse before any signs of it appear.

ORIGINAL COMMUNICATIONS.

A RARE CASE OF MUMPS.

By E. M. HALE, M.D.

I HAVE recently treated a case of mumps which possessed peculiar interest.

A well-developed girl of 12 had a not large swelling of the right parotid, which subsided on the fifth day. On the seventh she was attacked with intense nausea, vomiting and headache, with swelling of the sub-maxillary glands on both sides. This lasted for four days, when she complained of aching pains in the lower abdomen, not specially located in the uterine or ovarian region. Pressure on the ovaries caused no pain. Two days after, the menses appeared (for the first time), scanty on the first day, and natural after, both in quantity and duration. As soon as the flow appeared all the other symptoms subsided.

The left parotid was not affected. The medicines used were *Phytolacca* 1x and *Pulsatilla* 1x.

Chicago, U.S.A.

THE FIRST HOURS OF LIFE.*

By GEORGE WILLIAM WINTERBURN, M.D., New York.

(Concluded from p. 255.)

It might seem desirable to make somewhat more clear the lines of procedure adopted during these first hours of life to prevent the occurrence of those accidents to the newborn which are so prejudicial to its welfare. I have

* Read before the New York State Homeopathic Medical Society, at the annual meeting, Albany, February 9, 1892.

already indicated, both here and elsewhere,* how much faith I have in prenatal medication. As a matter of practical experience I feel that I have now the right to the assured belief that the fetus can be acted upon through the mother's system; and that it only requires knowledge, patience, and intuition on the part of the doctor, and confidence, ability to interpret subjective feelings into spoken language, and frankness on the part of the patient to insure the obliteration of all faults of construction. Alfred Russel Wallace, in an article entitled "Human Progress: Past and Future," in the January (1892) *Arena*, adopting the theories of Galton and of Weismann, which are included in the term "the continuity of the germ plasm," sets forth with charming lucidity, the means by which continued advancement in moral and spiritual development may be secured for the race. But these depend upon, and are in fact indissolubly connected with, physical health and perfection. While there are seeming exceptions to the rule, and sharpness of mind and elevation of soul are occasionally associated with deformity of body, we know that these are so rare that they but accentuate the force of the old saying in regard to healthy minds in healthy bodies. Dr. Wallace shows how these may be, nay, will be secured. Society has always, in one way or another, interfered with those beneficent processes of selection which have tended, and do tend, to eliminate the gross, the vicious, the unhealthy, and has thus retarded the general advance. But society is not to be reformed except through the units of which it is composed. The methods of this reformation are already known.

In other words, I believe here and now, in this year of grace, A.D. 1892, we can have children born *mens sana in corpore sano* if we use the power placed in our hands by Hahnemann and the brains placed in our heads by God. To be sure, this requires co-operation between parents and physician of the most intimate kind. It means a capacity for self-sacrifice, for altruistic living, on the part of all three—father, mother, doctor—which, to say the least, is unusual. But there are, doubtless, very many women and not a few men who, if they could realise their opportunity, would gladly embrace it. It is for you, brother practitioners of medicine, to realise *your* opportunity, to awake to the

* *Commonplace Midwifery*, p. 13, and *On the Relation of Therapeutics to Midwifery*, p. 9.

knowledge that the secret of human progress is your problem, and must be solved by you. The medical profession has replaced the ancient priesthood. Unfortunately, like it, we are too often false to our opportunity and negligent of the dignity of our calling. It is only the man who himself leads a clean life that can hope to aspire to a work so glorious, so beneficent, so wide-reaching. The dram-drinking, tobacco-chewing, self-indulging doctor is "not in it" at all; and unfortunately too many of us are very human. The opportunity exists nevertheless, gentlemen; shirk it, or rise to it.

It is, then, on prenatal medication that I mainly rely to prevent disorders in the newborn, hampered in the practical application of the purpose by the gross prejudices and the crass ignorance of the community at large. During the progress of labour I discard all so-called antiseptic procedure, and depend upon lard. The hog may be a very objectionable article of diet, but if he existed for no other purpose than to furnish lard for obstetrical work he would not have lived, nor died, in vain. Just how many grains of lard it takes to kill a microbe I do not know. It is possible that the microbe laughs and grows fat on it; if so, then so much the better for the microbe, and none the worse for our baby. For it is to the unstinted use of lard during the whole progress of labour that I ascribe much of the gratifying success which I have had in obstetrical work. But then I am very particular about my lard. "Store" lard is my abomination; it is full of water and all manner of filthiness. It may do to fry doughnuts in, but it will not do for obstetrical work. In arranging the preliminaries of a labour case I always request that four or five pounds of leaf lard be purchased, and tried out at home. Then we have an article that can be relied upon, and which never fails to justify expectation. Liberally used in the vagina, within the cervix, and upon the child's advancing head, it not only acts as a lubricant, but it greatly increases the elasticity of the maternal parts, and neutralises all septic germs. I don't like to deal with dirty people. I admit to a certain fastidiousness. But as far as danger of inoculation is concerned, give me plenty of lard, and I'll run the risk; it is minimum. It is to the credit of lard that I have had so few "interesting" cases. The babe slips easily into the world, without rending its mother's tissues, and with no likelihood of septic pneumonia, ophthalmia neonatorum,

icterus, nor omphalitis. In fact, as a result, the whole process seems so uncomplicated and obvious that, in the present state of communal knowledge, the doctor gets very little credit indeed. The family say, "What an easy time she had." And as for the baby, why, "It's all right." And the usual fee is looked upon as an almost needless expense; a midwife, at ten dollars, would have done quite as well! Now, if we had only had a bad laceration to be neatly silver-wired, or a violent ophthalmia, or a pneumonia, and the patients had finally recovered, the chorus would have been, "What a clever doctor we have got!" But do not blame the laity for this lack of appreciation. The medical profession has taught the public to accept bad work for good through centuries of blundering. Can we expect them to know really good work, which consists in preventing trouble rather than in curing it?

I have mentioned the absence of sprue in all my newborn during recent years, probably 150 consecutive cases. This, if I may judge from what I hear and read, is a somewhat unusual experience, and at variance with commonly accepted belief. It, therefore, may seem to demand explanation. I may say here that experiences differ so completely that even when two men endeavour to carry out the same regimen with equal conscientiousness the results may be antipodal. Of course the differences in results are explainable when the minutiae of the operation are made known. Nature works according to rule, and always arrives at the same resultant when the forces are precisely alike. In no manner is this better illustrated than in the infant's mouth during the first hours of life. Now this very question of the desirability of cleansing the mouth of the newborn recently agitated the obstetric mind of Berlin.* As is well known, oval, yellowish-white patches are frequently found in newborn children immediately behind the alveolar arch of the upper jaw, just where the oral mucous membrane covers the hamular process of the pterygoid. It has been generally taught that these patches arise mechanically from the friction exerted during the act of suckling by the tongue on the mucous membrane, which is quite thin just over the hamular process. Dr. Baumm, however, states † that he found in forty consecutive cases in which the nurse wiped

* *Homeopathic Journal of Obstetrics, Gynecology, and Pedology*, January, 1892, Editor's Table, p. 87.

† *Berlin klinisc. Wochenschr.*, August 24, 1891.

out the infant's mouth after feeding, this particular form of aphthæ showed itself in thirty, while such aphthæ were not once found in fifty other cases where the nurse was forbidden to wipe or rub the mouth at any time before or after feeding. From this Baumm draws the lesson that the mouth of the infant should not be cleansed, and that the usual practice, intended as a preventive of aphthæ is, on the contrary, a measure predisposing to these conditions.

From all this I most earnestly dissent. Bednar's aphthæ, as this form of buccal soreness is called, are occasioned by the drying of extraneous particles upon the surface of the mucous membrane, and the consequent irritation; this will be most evident in those parts of the mouth where the mucous membrane is the thinnest. Absolute cleanliness will prevent its occurrence. A child's mouth may be wiped out by the nurse and left dirtier than before; and the irritation caused by rubbing roughly over the tender mucous surface may set up serious mischief—something much more serious than Bednar's aphthæ. After each nursing the infant's mouth should be gently wiped out with a soft handkerchief dipped in pure cold water, using plenty of water. After being so used, the handkerchief should be thoroughly washed in boiling hot water and hung up to dry, but not in the sick room. With this precaution my experience leads me to believe aphthæ will never occur.

The value of cold water to the newborn, as a beverage, has been preached with some persistency in recent years, but its real worth is not understood by many in the profession. Simple cold water will allay irritation, induce sleep, and prevent wear on the nervous system during the first hours of life better than anything else. Of course, if there is a pathological condition present, this must be met by the appropriate remedy. But it will sometimes happen that the newborn will be wakeful simply from the effects upon it of extraneous forces, light, cold, noise. These, if disturbing to the child, must be modified, and then a spoonful or two of pure cold water will remove their effects and act like an anodyne. Many times I have seen a child, who had been wakeful and fretful for hours, drop off instantly into a quiet, peaceful sleep on being given a few spoonfuls of water. To a newborn it must, of course, be fed slowly, a few drops at a time. The importance of that first long sleep immediately after birth cannot, it seems to me, be overestimated. To secure this, however, I would

be unwilling to give, and never find it necessary to give, any of the ordinary anodynes, anise-seed tea, catnip tea, etc. Later, after the first weeks, I yield so far as to allow a little anise-seed tea, when the child is fretful and the mother seems bent on using it. It is sometimes desirable to let a woman have her own way, especially when you know she will take it as soon as your back is turned. But while she is still in bed, unless the nurse is one of those creatures who thinks she has forgotten more than I ever knew, I can generally manage things to please myself; even here I find things don't go quite to my taste sometimes. I remember some dozen or so years ago, before I had learned the deviousness and mental obliquity of the Sairey Gamps and Mrs. Harrises, leaving a case, after all was over, somewhat hurriedly, as I was called elsewhere, and coming back some three or four hours after to find that the baby had had five different kinds of medicine poured down its throat. Not that there was anything the matter with it particularly, but on the general principle that "castor oil and sich" was good for infants!

I have thus indicated what I consider the sources of success in midwifery practice, if we would have the best results in the fruit of the womb. It would be perceived that it may be all summed up in the brief phrase—attention to details. The treatment, to be really scientific, must fit the case, and this not in any perfunctory way, but in the sense of being made for it, of being conjoined with it, so that case and treatment form a unit without interstice, and this, again, not at some one stage of the case, but from its inception to its close, from the moment of conception to the conclusion of the lying-in.

A FEW WORDS ABOUT CARLSBAD.*

By DR. THEODORE KAFKA, CARLSBAD.

(Concluded from p. 260.)

5. *In derangements of the organs of sense, in inclination to the formation of hordeolum, in chronic conjunctivitis, in impending glaucoma, in weakness of the senses of taste,*

* Errata in previous article. For "Marksbrunn" (p. 259, line 11 from top), read "Marktbrunn," and for "Telsenquelle" (line 17 from top), read "Felsenquelle."

smell and hearing, humming in the ears, chronic catarrh of the Eustachian tubes.

6. *In derangements of the sexual organs*, in difficulties of menstruation connected with venous stases, and irregularities of the period at the time of the climacteric; chronic catarrh and inflammation of the uterus and mucous membrane of the vagina; in Parametritis and in chronic infarct of uterus and fatty degeneration of the womb.

7. *In derangements of the organs of motion*—gout, rheumatism, anchyloses, neuroses.

8. *In cutaneous diseases*—torpid ulcerations, chronic eczema, freckles, in psoriasis connected with venous stases.

9. *In constitutional diseases*—adiposity, cachexia of malaria and metallic poisoning (principally the cachexia of lead). Carlsbad is contraindicated in constitutional syphilis, tuberculosis and carcinomatosis.

The *cure* at Carlsbad is the combination of the internal and external use of the springs of Carlsbad with a diet suitable to the effect of the springs, to the speciality of the disease, to the individuality of the sick, special attention being paid to all hygienic factors, as for instance, exercise, &c. The fact of being distant from home, from the office, from business, is of great importance during a cure at Carlsbad.

I allow patients to begin the *cure*, according to their constitution, with the hotter springs (Sprudel), or the more tepid (for instance, the Marktbrunn); if the patients are more constipated and inclined to congestions I order them to take the cooler springs, like the Elisabeth spring, the Emperor Charles spring, or the Park spring, the Marktbrunn, or the Schlossbrunn, or the Mühlbrunn, or the Kaiserbrunn; if they are more inclined to diarrhœa, or to colic of the bile duct or of the bowels, or of the kidneys, I order them to take the warmer springs, as the Theresienbrunn, the Felsenquelle, the Neubrunn, the Bernard spring, or the Sprudel. The quantity I order to drink ranges between one half cup (105 grammes = 3 ounces), to four or five cups (840 or 1050 grammes = 12 to 15 ounces), with an interval of one quarter of an hour to twenty minutes between every cup. All the details depend on the physician, to whom each patient should apply as soon as he arrives at Carlsbad. I allow also smaller quantities to be taken if the patients are very delicate and feeble, and order them to begin with a tablespoonful of the spring.

I order also almost to all my patients baths of Sprudel, excepting the diabetics. The adipose or fatty, and the patients suffering from neuralgia or gout, or chronic rheumatism, I sometimes order mud baths or moor baths. To the anemic or chlorotic I order iron baths.

The diet. I give here only the principal laws of diet which are necessary to be followed at Carlsbad. For all patients—excepting the diabetics—it is the rule to abstain from all food which is acid, too spiced or greasy. It is forbidden to those who have stomach ailments to eat cabbage or cauliflower. To patients who are complaining of a little too much embonpoint it is forbidden to either drink beer or eat soups, or gravy, or pickles, or burgoos, puddings or sweetmeats. The meat of pork is forbidden to all patients, the same is the case with all kinds of salad. Smoking cigars or pipes is in a moderate degree permitted to patients who possess a good digestion. Exercise is always useful for the digestion, the circulation and the respiration. How many hours of exercise are necessary depends on the decision of the physician, who must be consulted.

I may remark in conclusion, that it is better for physicians when they send patients to Carlsbad to give them a letter to the physician they wish them to consult and not leave the choice to the patients themselves.

NOTES BY THE WAY.

By DR. USSHER.

Petroleum.

SOME skins are so full of poison that it needs but little provocation to set mischief going. The subject of this notice constantly has lichenous patches on her fingers, eczema of face; and her brother is the subject of the latter on his legs. She put on a bodice of some rough material, which irritated her neck so much that it produced herpes of the neck on the spine, pretty much over the cervical spine, and looking like empty honey-comb—pleasant to the medical eye, torture to the wearer of such an adornment. You will find herpes all through *Petroleum* proving. It is a grand medicine in itchy vesicles, and in eczema of legs it has done me good service. In the lady's case I gave it in

pilules 2x, and a few days saw the end of all the trouble. I fancy that something of this kind comes from the garments, and flannelettes especially, which, moreover, are very inflammable.

Jonathan Hutchinson, great in many things, has found the itching of skin relieved by *Tar. Mercury, Lead,* and *Tar* go a long way with him. Painful cracks in the fingers, worse in winter, are quickly cured by *Petrol*. If our good friend Hutchinson, who has a respect for those who are homeopaths, would use *Arsenic* in the 12th potency he would find it of value in eczemas. I have a patient who has it badly on the face, and again and again it is relieved by *Ars. 12*.

I was gulled into using an ointment that its worthy maker charged 21s. per lb., and it has gulled me many times since. Nothing annoys me more with *impatient* patients than to hear them say, "We had better have a specialist." We do not need those gentlemen. Or we should not if we kept up to the mark.

A Prognostic Sign.

I have observed a sign in chest diseases which is always a fatal precursor: a day, or it may be a few hours, before death, always at the posterior chest, the costal and pulmonary pleura seems to adhere like a boy's leather sucker to the pavement; and you get this and a few places as big as a threepenny piece when the patient sits up. I have noticed it in only a few cases, but it is always the beginning of the end, just as if tuberculous patches had stuck the pleuras together, as a viscid substance might do.

Cysts

between the breasts in the female—and seemingly the same kind over the bridge of the nose—as well as tumour over and under the eye, yield to prolonged medication, *Bar.-carb. 12* or *200*—that is what they call *200*; for there must be a vast difference in a remedy of this sort shaken by hand, and made by dilution from bottle to bottle. *Baryta* in the 6x upsets children with headache and bodily uneasiness, restlessness: for these tumours, and the sebaceous ones on the scalp, it is pretty sure.

Ranula.

For the third time this trouble has been cured by *Thuja* 1x, the last as big as a hazel nut. I don't find that those

things go of themselves, neither in my hands or in the allopath's. *Thuja* is a very convincing remedy. Don't get your remedies through an allopathic chemist. I was charged for 6oz. *Chimaphila* 8s., and the same chemist tells me he is charged 9d. for two-drachm tinctures!

Wandsworth.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., &c., London, England.

CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

THIS fine Hospital and Medical School was established sixteen years ago. Its success has been great, the Alumni up to 1891 reaching the number of 550. The same year there were 114 matriculants, out of which number 34 graduated. A student must have studied medicine and attended lectures for four years before he can graduate at this college.

In the State of Illinois, after 1891, all applicants, of whatever school, for license to practice medicine who graduate after that date, and have not studied four years and attended full courses of lectures, will be obliged to pass a rigid examination before the State Board of Examiners before being admitted to practice. The same law is in force in the States of Iowa, Minnesota, North Dakota, Montana, Florida, Alabama, Virginia, North Carolina, New Jersey, New York and other States. The Central Homeopathic Hospital and Free Dispensary is in connection with this school.

The College Dispensary is full to overflowing with patients, affording valuable clinical experience to students. The Cook County Hospital, the Illinois State Charitable Eye and Ear Infirmary, and the Foundlings' Home, open their doors to students from this college.

The Cook County Hospital is an allopathic hospital, containing eighteen large hospital wards, and has 550 beds. It is one of the largest and best equipped general hospital, in the country, and over 7,000 patients are treated at this hospital during the year. The homeopathic department of this splendid hospital was organised over eight years

ago, and has resident physicians and surgeons, as well as attending staff, all homeopaths. In 1890 there were 1,600 patients treated in the medical and surgical wards of the homeopathic department.

The Dean of this college is Professor J. S. Mitchell, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest, and one of the contributors to Arndt's *System of Medicine*. The Registrar and Secretary is Professor J. R. Kippax, M.D., LL.B., Professor of Principles and Practice of Medicine and Medical Jurisprudence, and a well-known contributor to homeopathic literature.

Another of the college staff is Professor Clifford Mitchell, A.M., M.D., Professor of Chemistry, Toxicology and Renal Disease. His work on diseases of the kidneys and examination of urine should be in the hands of every physician. I have found it most useful.

THOUGHTS FROM THE *ORGANON*.

POPULAR PAPERS.

By EDWARD MAHONY, M.R.C.S., L.S.A.

No. III.

TURNING now to the action of medicines we are told: "The faculty which medicines have of producing changes in the system can only be known by observing their effects upon healthy individuals."

"The morbid symptoms which medicines produce in healthy persons are the sole indications of their curative virtues in disease."

Some points here arrest attention. We may note the words "observing," "healthy persons," and "sole indications." The first confirms what we have seen before, namely, that homeopathy is founded on the recognised motto of the profession, and thus claims attentive and earnest hearing, and invites investigation, not only in its main teachings, but in its details to the smallest fragment. Everything that comes in under the head of observation, such as variety in colour, sensation, movement, position, time of day or night, seasons, climate, age, becomes of use even to the saving of life, it may be—*e.g.*, in that most mortal disease, true diphtheria, other symptoms agreeing, the deposit having commenced on the right or the left

side, *may* make the difference between good recovery and death, according to the selection of the medicine. A colleague mentioned to me once that *Berberis* given on the indication "nausea before breakfast" had aborted what gave every appearance of proving an external cancer. I have given it several times since, guided by that observation, with the happiest results. Of course, other symptoms of *Berberis* must be present also, but all is founded on observation—hence safe ground.

"Healthy persons." I shall not here touch the burning question of vivisection, but merely remark that it surely commends itself to every thoughtful mind that experiments on man and woman are more likely to prove beneficial in giving practical knowledge of the action of medicines on man and woman than corresponding experiments on the brute creation, and there is, further, this merciful circumstance, that so-called heroic experiments are quite unnecessary. There is no occasion to produce toxicological (poisonous) effects, or even violent physiological ones, such as vomiting, violent purging, neuralgias, bleedings, ulcerations, &c. If any one has any curiosity on this point they have only to take a few doses of some medicine, and better if they don't know what, and repeat it two or three times a day, or oftener if they like, until they feel or see something, and then stop. The effects will pass off sooner or later, and leave them *better* in health, and having learned something of the nature of medicinal action which can be learned in no other way. *Experientia docet* is true here as everywhere else, and I may say here in passing, and for the encouragement of all zealous persons, that one of the peculiarities of the homeopathic *materia medica* is that the symptoms experienced are described as far as possible in the very words of the provers; this certainly was Hahnemann's teaching, and the majority of the provers were necessarily non-medical. Far from injuring their health, too, frequent remarks occur proving the disappearance of old-standing weaknesses, such as glandular swellings, slight dyspeptic troubles, discolourations, or slight eruptions of skin, combined with a feeling of increased vigour.

"*Sole indications.*"—This is of the greatest moment, as it disposes at one blow of all imaginations, *à priori* reasonings, suppositions from other properties possessed by the medicinal agents whether animal, vegetable, or mineral. The importance comes in here of divesting the mind of all

other properties more or less known to be possessed by each medicine in order to concentrate it on the one point, and to be able to answer the one question, What has this drug been known to cause when given as a proving to healthy persons? Who, *e.g.*, from the known properties, chemical, toxicological, physiological, material (as weight, specific gravity), optic, as transparent or opaque colour, &c., of any substance could predict that, say, *Aurum* (gold) should produce intense loathing of life, with disposition to suicide? *Plumbum* (lead) the well-known painter's colic? *Belladonna*, sudden neuralgias, with a flushed face? *Cannabis Indica* (Indian hemp, *Hashish* of the Arabians), a sense of indefinite prolongation of time, a moment seeming almost an eternity, the smallest objects of gigantic size? Indeed, the provings of this drug surpass in both delight and horror the wildest romances, proving once more that truth is stranger than fiction. *Lachesis* (American viper), bleeding of the nose, in a man of forty-five, for the first time in his life, and this in the thirtieth potency. I produced this once in a young lady from one dose. *Tarentula* (a species of tropical spider), great excitement caused by music; one hour after it general and copious perspiration. Examples might of course be multiplied *ad infinitum*, sufficient again to show that in this as in each aspect of homeopathy we are proceeding under the action of law.

Hahnemann next proceeds to reason that there can be but one way in which therapeutic agents cure. He first shows that there are only three possible; namely, the *similar*, the *directly opposite*, and the *allopathic*, *i.e.*, some other, and he again insists upon experience as the only way to settle the question. In order to prove the impossibility of *cure* (mark the word) by the two latter methods, he appeals to nature and experience, and makes the first general proposition.

1. A disease, existing in the human body, prevents the accession of a new and dissimilar one if the former be of equal intensity to or greater than the latter. As illustrations he quotes Larry, the great French surgeon, who accompanied the *grande armee* into Egypt, as saying that the plague peculiar to the Levant never breaks out in places where scurvy prevails, nor does it ever infect those who labour under herpetic disorders. Jenner, again, states that the rickets *prevents* vaccination taking effect; and Hildebrand informs us that persons suffering under

phthisis are never attacked with epidemic fevers, except when the latter are extremely violent. Thus, non-homeopathic treatment which is not violent leaves the chronic disease unaltered, but

2. A new and more intense disease suspends a prior and dissimilar one, already existing in the body, only so long as the former continues, but it never cures it. As illustrations: two children with epilepsy having contracted tinea (an eruption of the scalp), the epilepsy ceased until the eruption was cured, when it again returned. Itch has disappeared when scurvy manifested itself, returning after the latter was cured; other illustrations follow.

In the same manner violent treatment with allopathic remedies never cures a chronic disease, but merely suspends it during the continuance of the powerful action of a medicine incapable of exciting symptoms similar to those of the disease; but afterwards the latter reappears, even more intense than before.

3. The new disease . . . joins itself finally to the old one, which is dissimilar . . . much more frequently than a superadded natural disease, an artificial one, which is occasioned by the long-continued use of violent and unsuitable allopathic remedies is combined with the dissimilar prior and natural disease. . . . In contrast to all these cases are quoted of *diseases homeopathically curing one another*, such as small-pox curing chronic ophthalmia (small-pox is well known to cause ophthalmia); also deafness and dysentery for the same reason. Vaccination has cured after its eruption the swelling of a half-paralysed arm. Its power to produce such a swelling the public does not need to be informed of! The vaccine fever has been known to cure intermittent fever. Measles and whooping cough *partially* resemble each, namely, in the fever and character of the cough—hence *partially* cure each other. "These cures," he remarks, "are performed solely by means of homeopathy, which we have at length attained to by consulting reason and taking experience for our guide. By this method alone can we cure disease in the most speedy, certain, and permanent manner, because it is grounded upon an eternal and unerring law of nature." The above, as a matter of reasoning, is surely the old Euclidean argument of the *reductio ad absurdum*, and if this be so, we have the two-fold demonstration of mathematical certainty and the experience of the observation,

not of one man or even one nation, but of all men and all nations, at least civilised ones; for as to the facts above mentioned none will deny them, and if there be a more rational and practical mode of explanation, let it be produced.

Instances are given of the injuriousness of the two latter modes of treatment (opposites and allopathic); the first (treatment by contraries) is really directed against a single symptom, such as opium against pain, or diarrhea, or sleeplessness. Every one knows that in these cases the dose has to be increased, from which at least two evil results ensue—namely, the action of the medicine becomes what is known as cumulative, that is, there is a kind of storage of it in the system, which may act when least expected to produce any of its own effects violently; *e.g.*, obstinate constipation, or exhausting diarrhea, or the truly horrible effects of Bromides in the present day, blasting the brain powers and nervous energies, often for life; secondly, there may be produced a more or less chronic poisoning by the drug: witness the frightful effects of Mercury of some years ago, or the blue discolouration of the skin by Nitrate of Silver. One might write indefinitely on this point, being quite convinced that a large portion of the public have been for many years, and are still being, scientifically (?), but none the less truly, poisoned in body, mind, and spirit, by the reckless administration of drugs, but will only here further refer to the important subject of so-called tonics, which are referred to under this subject, first as bitters and spices; second as Valerian.

We are reminded as to the first that if they did warm and strengthen the cold and inactive stomach, the secondary effect is to increase the inactivity of the gastric viscera, and as to the Valerian, that being administered on account of its powerful excitant action where the moral and physical powers are inactive and half-paralysed, in the reaction the stupor and incapability of motion increase. It will be observed that in both the cases mentioned the drugs are given for the production of one symptom only, namely, heat or excitation, and not homeopathically, that is to say, because they will produce, when given to the healthy, a combination of symptoms similar to those presented in the patient by the action of disease. There is another fallacy underlying this administration of so-called tonics, namely, that all weakness is the same, at any rate, if two or three

main symptoms, such as languor, want of appetite, too easy perspiration, indifferent sleep, are present. It must be plain, however, that such different diseases as scarlet fever, typhus, pleurisy, peritonitis, and a host of others that might be mentioned, differing in their effects in the strongest way while present, cannot leave the *same kind of weakness*, requiring at most only two or three fashionable medicines to put all to rout; but that this weakness is as real a diseased condition as the previous active disease, and requires as careful individual discrimination, and consequently individual treatment. How far such weakness would be found in cases subjected to genuine homeopathic treatment throughout is another question altogether, and one can only say that investigation in this direction has quite confirmed the desire of the discoverer and pioneers of homeopathy that the most searching inquiries should be instituted.

After further reasonings and elucidations on the above points we reach the important point of the nature of diseases regarded curatively. They are of two kinds: *Acute*, which are rapid operations of the vital power departed from its natural condition, which terminate in a shorter or longer period of time, but are always of moderate duration. *Chronic*, "less distinct, and often almost imperceptible on their first appearance," and "the vital power not being potent enough to extinguish them herself, she is compelled to allow them to grow, until in the end they destroy the organism. They are produced by infection from a chronic miasm." The further divisions of acute diseases into isolated, sporadic (arising from occasional causes, as heat, fatigue, cold, &c.), epidemic (spreading), need not detain us; but one remark is of the greatest importance if we are to understand and profit by Hahnemann's philosophy—viz., for the most part they depend upon the occasional aggravation of a latent psoric affection, which returns to its former sleep and insensibility when the acute affection is not too violent, or when it has been cured in a prompt manner. Explaining for the moment that psoric is the adjective of psora, and that psora means the most frequent and important of the chronic miasms, the truth conveyed in the above sentence is both pregnant with meaning, and one that appears to have been almost constantly overlooked. To put it in another way: were there no latent chronic disease there would be very little acute disease; or

yet again, a person may have been the subject of latent chronic disease for years, and only discover this owing to the severity of the illness which has followed some trifling cause, such as an indiscreet supper, *slight* exposure to cold or heat, *slight* overstrain, and so forth; or once more, a person is subject to some *slight* ailment, as neuralgias, colds, headaches, dyspeptic attacks, or, it may be, more severe ones, as gout, asthma, bronchitis, all of which come with more or less regularity, and though repeatedly treated, and successfully, persist in returning. "The weather," says one; "worry," says another; "the time of year," says another; "this abominable climate," says yet another; *latent psora*, says Hahnemann, and unless treatment is undertaken with that distinct thought in view, and practically adhered to throughout, you will continue to be subject to your affliction. In speaking of chronic diseases we are warned that the worst species, and those most difficult of cure, are such as are produced by the unskilful treatment of allopathic physicians; next come a few remarks on diseases improperly termed chronic, such, namely, as have been caused by long exposure to baneful influences, whether of unsuitable food, drink, unwholesome countries, cellars, deprivation of air and exercise, &c., &c. And now we are introduced to chronic diseases, which all arise from chronic miasms; these latter, namely, miasms, he divides into three, syphilis, sycosis, and psora. The two former are often spoken of in medical writings as venereal, but the latter psora, which is also non-venereal, is a term which has been so misunderstood and abused that it becomes the more necessary to say something about it, and endeavour to have a clear perception of what is meant by it. First, to clear the ground, it may be remarked that the popular thought that by psora is meant the common itch is simply a delusion, though one to which some medical authors who ought to have known better have lent themselves, thereby proving their animus, and losing all claim to respect on the part of any who have taken the trouble, unprejudicedly, to study Hahnemann's teachings on this point. This much in passing for the negative; now for the positive.

"Psora is the parent of all chronic diseases, properly so called, with the exception of the syphilitic and sycosis. This psora is the sole, true, and fundamental cause that produces all the other countless forms of disease which,

under the names of [here follow forty-one *names*, followed by &c.], appear in our pathology as so many peculiar, distinct, and independent diseases." In a note he adds, "It has cost me twelve years of study and research to trace out the source of this incredible number of chronic affections—to establish the basis of its demonstration, and find out at the same time the principal antipsoric remedies that were fit to combat this hydra in all its different forms. Until I had examined the depths of this important matter it was impossible for me to teach the mode of subduing all chronic diseases but as isolated and individual affections." It would be well to remark here, as further showing the importance attached by Hahnemann to this view of disease, that he deliberately divided the articles of the *materia medica* into antipsorics and non-antipsorics; the former, about forty-eight in number, are contained in four volumes of his *Chronic Diseases*, and the latter principally in the four volumes of the *Materia Medica Pura*. The antipsorics also contain substances from both the vegetable and mineral kingdoms, such as *Agaricus Anacardium* and *Digitalis* from the former, and *Arsenicum*, *Calcarea*, *Zincum*, from the latter. These two facts of the number of the antipsorics and their different origin are quite sufficient to show the contemptible character of the charge that the principal cause of disease, according to the founder of homeopathy, was the itch insect. I must defer, however, further remarks on this matter to a future paper, as it is too important to be hurried over.

ECZEMA CURED WITH *LYCOPODIUM*.

I HAVE been subject to the disease all my life. Inherited from gouty progenitors. Three years ago it appeared on the backs of my hands, and although I tried a whole battalion of medicines, I got no better. Then tried a voyage to New York, with this result: that when I came home again the disease appeared on both arms from shoulder to wrist, and on both legs from haunch to ankle, also on my neck. I thought I would try *Lyc.* in a high potency. Began with 30x, which did some good, but, as I found whilst taking it the disease kept on disappearing and reappearing, I decided to go on to a higher potency, and ordered from Mr. Foster, of Plymouth, 200x. I went on with

this, improving steadily, until I had taken 1 dr., then, noticing a slight re-appearance on my arms, I stopped all medicine for a week, and then took 500x. This I have taken in two-drop doses once a day for three days, then stop three days, continuing this for a fortnight; and I may now report myself cured. I took 30x and 200x in two-drop doses thrice daily. I was led to try *Lyc.* because it covered other symptoms: cloudiness of urine, with sometimes a pink stain in the urinal, costiveness, occasional attacks of indigestion, and drowsiness after meals.

T. G. C.

SOCIETIES' MEETINGS.

BRITISH HOMEOPATHIC SOCIETY.

NINTH ordinary meeting of the session, Thursday, June 2, 1892, Mr. KNOX SHAW, President, in the chair.

Dr. BURFORD showed a uterine fibroid tumour removed from a patient, and mentioned another case in which he proposed to operate.

Dr. EDWARD BLAKE read his paper entitled *Sapraemia and Lead-poisoning.*

Dr. BLAKE referred to the Gulstonian Lectures of Dr. Thomas Oliver on lead-poisoning, in which the analogy between blood-poisoning and lead-poisoning was pointed out.

Dr. Blake referred to the local sweats that occur in blood-poisoning and also in plumbism. Like arsenic, lead has the power of producing fibrillary tremors of the tongue and lips. In order to get the blue-line on the gum it is necessary to have suppuration as well.

Dr. Blake maintained that the actual pain of lead colic was in the abdominal wall, more especially the left rectus, and not in the intestines.

Dr. Blake had used *Plumbum* with advantage in the colic of old age. Night aggravation was an indication. He referred to the connection between lead-poisoning and gout, and he mentioned the various ways in which lead-poisoning might be brought about.

DISCUSSION.

Dr. DUDGEON was rather astonished to hear it said that lead colic was in the abdominal muscles. In the cases he had treated the pain seemed to him much deeper than the muscles, and the constipation seemed to point to the affection being in the bowels.

He differed from Dr. Blake in his statement that lead was a well-proved medicine. The majority of observations were made on workmen in poisoning cases, which generally gave not very pure effects. The salts of lead were the agents in most poisoning cases. He had seen very marked paralysis of the forearms in a compositor. It always came on after he had been handling type, and got better when he left it off. One case of lead-poisoning he traced to a dental plate made by an ingenious dentist. He had not observed suppuration with the blue-line. He suspected the reason why lead was not more used by homeopaths was the lack of provings.

Dr. CLARKE had greatly enjoyed Dr. Blake's paper. He was not before aware of the analogy that existed between lead-poisoning and blood-poisoning. Referring to the difference of action of lead on the sexes, his experience did not coincide with Dr. Blake's contention. He mentioned the case of a woman poisoned by drinking soup in which paint had accidentally been put, in whom an exquisite form of rheumatism developed. Lead was a very deeply-acting medicine, and he had seen it accomplish wonders in the constipation of phthisical children.

Dr. COOKE (of Richmond) said, in reference to Dr. Blake's statement that lead acted differently in the different sexes that there could be no reason why the drug should act on nerve in one sex and act on muscle in another. He thought it acted on the nerves—the vaso-motor nerves—in both cases, and the nerve which was the weakest in either case suffered first. In the case of abortion produced by working with bisulphide of carbon, the real cause was the deprivation of oxygen. He could quite understand brass-workers, who used "aprons" of lead, being poisoned by lead from the disintegration of the lead by the electric action between the metals. He explained how it was that iron door-mats did not rust, there being pieces of zinc in the corners which carried off the electric action of the oxygen. He said that Americans put into the syrups of their time a very much larger quantity of chloride of tin, which caused a much better colour to be retained. This, and not the tin dissolved by the syrup, was the cause of poisoning.

Dr. BURFORD thought there were more details than principles in the paper. He thought in septicæmia all tissues were affected. He did not think Dr. Blake had made out the analogy between plumbism and septicæmia. Dr. Burford referred to the presence of lead in linings of hats. He maintained there was a sequence in the symptoms in cases of blood-poisoning which did not appear in lead-poisoning. He wished there had been more of Dr. Blake's observations in the paper.

Dr. MOIR wished to thank Dr. Blake for his paper, which, as far as lead went, was most interesting, but it did not fulfil its

title of "Sapræmia, Plumbism, and Arsenication." As usual, there were several practical tips, such as Dr. Blake always brought forward, viz., the relations of the blue-line to suppuration, and the optic changes apart from kidney changes. With regard to the relation of lead to *Sepsin*, no mention was made of the distinguishing mark brought forward by Dr. Burdon Sanderson and afterwards by Dr. Drysdale when he introduced *Pyrogen*, that *Sepsin* was the only remedy which produced a definite fever.

Dr. STOFFORD (of Southport) said, in opposition to Dr. Burford, there was decided sequence in lead symptoms beginning in cases he had seen with digestive symptoms, going on to spasm and fibrillary twitching in the muscles of the forearm.

Dr. GALLEY BLACKLEY had enjoyed Dr. Blake's paper, though he could wish that the paper, with such an immense amount of detail, had been in the hands of members beforehand. He should have liked, too, more of Dr. Blake's own personal experience. He had seen many cases of lead-poisoning in Vienna. The colic was most common. The men (furniture-polishers) used to come in every ten months. They received *Opium*, and in a week went out cured. They had blue-line well marked.

Mr. KNOX SHAW (in the chair) thought, in spite of criticisms, he had heard a good deal of Dr. Blake's own observations in the paper, and more still in little asides. He thought the society was immensely indebted to members who brought before the society papers of this kind. He had never seen an eye case that was traceable to lead. He had expected an elaborate parallel between blood-poisoning and lead-poisoning which would show that *Sepsin* was indicated in the latter and *Plumbum* in the former.

Dr. BLAKE (in reply) said he had been thirty years working out the subject. He hoped his paper might lead to greater precision in diagnosis. He did not deny that the origin of the colic was in the small intestines. The only part of the large intestines affected by lead was the rectum. The stomach was much dilated and the pylorus contracted after death. It was not always that colic originated in the bowels. He alluded to the case of a boy in whom it was caused by scrofulous pleurisy. In relation to the difference between the action of lead on the two sexes, this was only during active sexual life. The same thing occurs in the case of other poisons, as uric acid. Lead-poisoning may become joint-poisoning in certain persons. In lead-poisoning the temperature is depressed. His best results with lead in medicine were with *Plumb. metal*. He mentioned a case in which collections of pus had given rise to neurosis (gastric), joint affection, and skin affection—all of which disappeared when the pus collections were got rid of.

INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL. FORTY-SECOND ANNUAL REPORT.

THE Annual Meeting of the Homeopathic Hospital took place on the 31st of May, Mr. J. Pakenham Stilwell occupying the chair in the absence of Lord Ebury. There was a fair representation of the Governors, Donors, Subscribers, and of the Medical Council and Staff. Many touching allusions were made to the loss of the late Chairman, Major William Vaughan Morgan. From the Report which was presented to the meeting we make the following extracts:—

“The Board in presenting their Forty-second Annual Report, have to record with the profoundest sorrow, that in the year just closed the Hospital has sustained an inestimable loss in the death of their much-valued friend and chairman, Major William Vaughan Morgan. The Governors, Donors, and Subscribers, with the records of many years of progress yet in their remembrance—progress far beyond the hopes or the possibilities of the earlier years of the Hospital, and largely due to the indefatigable interest of Major Vaughan Morgan—will need no words to deepen their sense of a loss which to human eyes may well appear irreparable. Major Vaughan Morgan’s connection with the Hospital began in the year 1858. He was appointed a member of its Board in 1866, and was elected Treasurer, on the retirement of Mr. Henry Rosher, in 1875, and became Chairman of the Board, in succession to Lord Ebury, in 1888. His association with the Hospital thus extends over many years, and during the larger portion of the time, from the moment when he became a member of the Board, he has devoted the impetus of a most unusual energy and the resources of a wide experience to the development of the Institution and the advancement of the Reformed Medicine, of which it is the representative, the exposition, and the proof. The educational value of the Hospital was as much present to his mind in every effort, as its beneficent work among the poor.

“In addition to his great sagacity and vigour in administration, he was a most ready and munificent donor to its funds, and headed the various Lists of Donations for various purposes with a generosity which materially influenced the results. The Hospital and the Convalescent Home associated with it—which he did so much to establish and organise, and which is not least of the successful branches of the Hospital—seemed to

be always in his mind. Whether travelling or at home, he was never without the means of spreading a knowledge of these Institutions. And even when, with health rapidly failing, he left England for the South of France, where he died, he was careful to take with him the means of advocating the cause of the Hospital and the Convalescent Home.

The following refers to the finances of the Hospital:—

“The year commencing with a deficit of £534 2s. 8d., and the expenditure continuing to exceed the income during the earlier part of 1891, the Board felt it their imperative duty to reduce the number of Patients in order to avoid debt, rather than to appeal to the friends of the Hospital who had already contributed so generously to the Building Fund. They are gratified to report that while this course has brought the financial year to an end without a further serious deficit on the year's account, the total of patients treated in the wards has been 792, or only 80 less than the highest total of any previous year.

“While this cause has prevented a deficit on the year itself, it has only reduced the deficit of £534 2s. 8d., with which the year began, by the amount of £57 8s. 1d., and a deficit of £472 4s. 9d. has still to be met.

“*In-Patients and Out-Patients.*—The following table shows the number of in-patients and out-patients during the past nine years:—

Year.	In-Patients.	Out-Patients.
1882-3	487	7,467
1883-4	543	8,404
1884-5	656	9,007
1885-6	675	8,844
1886-7	711	8,824
1887-8	712	8,822
1888-9	711	9,486
1889-90	830	10,363
1890-1	798	9,763
1891-2	792	9,924

Of the total 3,406 have been renewals, making the net total of new patients 6,518. During the year the practice of visiting patients too ill to attend the Hospital has been continued, and up to the 31st of March the number visited has been 393. Thus 792 in-patients, 9,924 out-patients, and 393 visited patients, make a total of 11,109 in the year.

“*Income and Expenditure.*—The income of the year has remained about the same as usual, with the exception of donations, which show a considerable decrease as compared with those of former years, due, no doubt, to the efforts made to complete the Building Fund. The expenditure is less on account of decrease of in-patients and special economies. The current income has been £6,183 1s. 2d., the current expenditure £6,159 2s. 5d.

“The statement of income and expenditure is presented in the form recommended by the Committee of Hospital Managers, who were requested by the Council of the Metropolitan Hospital Sunday Fund to prepare a form calculated to secure uniformity in the method of

publishing accounts by the Metropolitan Hospitals. Of this Committee, Mr. Cross, the Secretary-Superintendent of this Hospital, was a member, and the form recommended, and which is adopted by this Hospital, has received the approval of the Hospital Sunday Fund.

"Hospital Sunday and Saturday Funds.—The award to the Hospital from the Metropolitan Hospital Sunday Fund has been £157 1s. 8d., the receipts for the previous years having been as follows:—£120, 1884; £138 19s. 2d., 1885; £197 18s. 4d., 1886; £203 2s. 6d., 1887; £208 6s. 8d., 1888; £250, 1889; £234 7s. 6d., 1890. That of the Hospital Saturday Fund shows an increase, having been £117 15s., against £79 2s. in the previous year, £78 14s. in 1888-9, £94 8s. 10d. in 1887-8, £82 4s. 5d. in 1886-7, £75 10s. in 1885-6, and £51 7s. 4d. in 1884-5.

"Working Men's Church Parade.—The Third Demonstration and Church Parade by working men took place on Sunday, when a sermon was preached in aid of the Hospital, by the Rev. Dacre Craven, Rector of St. George the Martyr, and Chaplain to the Hospital. The proceeds, after payment of all expenses, amounted to £26, and our Board of Management take the present opportunity to again accord their warm thanks to the Lodge of the Loyal United Friends which organised the parade.

"Legacies.—The legacies received during the year have been the fourth instalment—£20—of the legacy left to the Hospital by the late Mr. George Sturge, also a legacy of £17 19s. 2d. from the late Mrs. Isabella Akers, and £270, a reversion of the estate of the late Miss Yerbury, which, with the consent of the administrators, has been transferred to the New Building Fund.

"Endowed and 'In Memoriam' Beds.—The Board have the gratification to report a further addition to the Endowed Beds, Mr. James Epps having endowed the 'James Epps Bed' by a donation of £1,000; they have been encouraged, late in the year, by receiving a proposition for the annual maintenance of a Memorial Bed for Women, and an Endowed Memorial Bed for the reception of young men suffering from Diseases of the Chest, to commence in the ensuing year.

"The Homeopathic Convalescent Home, Eastbourne.—The Convalescent Home at Eastbourne, which, though a separate institution, is associated with the Hospital, is still well occupied. Its third Annual Report shows a total of 180 persons resident during last year, including 107 women, 41 children, and 32 nurses of the Hospital. Not less than 580 persons have received the benefit of a residence in the Home since it has been opened. Its financial state is also satisfactory. But it is still without accommodation for men-patients.

"Nursing Institute.—The Nursing Institute, warmly appreciated by those members of the medical profession who send for nurses, and by their patients, shows an increased average of nurses employed in out-nursing duty.

"The receipts from nursing during the past few years have been:—

1885-6.	1886-7.	1887-8.	1888-9.
£1,171 9s.	£1,651 11s. 1d.	£1,481 11s. 6d.	£1,509 17s. 9d.
	1889-90.	1890-1.	1891-2.
	£1,667 13s.	£1,807 4s. 6d.	£2,507 4s.

“Medical and lay friends of the Hospital are asked to remember that a large staff of trained nurses is always kept in readiness for private cases.

EXECUTIVE AND MEDICAL STAFF.

The Board have, to their great regret, lost by resignation two members during the year—Mr. Eugene Collins and Mr. William Pite.

The Board has been strengthened by the addition to their members of Lord Deramore, Mr. Edwin Tate, Mr. James Epps, and Mr. William Legh of Lyme, M.P. These appointments the Governors, Donors, and Subscribers are invited to confirm.

“The Duke of Northumberland and the Earl of Wemyss and March have accepted the position of Vice-Presidents of the Hospital.

“The increase of surgical work has made necessary the creation of a new post—that of Assistant-Surgeon—to which the Board have appointed Mr. Dudley Wright. The increased activity of the Medical Officers, their skilful attention to the patients, and their constant efforts to make the Hospital second to no other hospital in efficiency, have merited the warm thanks of the Board and of the donors and subscribers. Dr. Carfrae having retired from the post of Physician for Diseases of Women, to which he was elected on the 4th of August, 1874, the Board have appointed Dr. Burford his successor. The Board take this opportunity of acknowledging the long and faithful services of Dr. Carfrae in his arduous post, but are glad to report that the Hospital will still have the great advantage of his experienced counsel in the post of Consulting Physician for Diseases of Women, to which office they have elected him. Dr. Thomas Skinner has also retired from the Medical Staff. Mr. Leo Rowse has been appointed Resident Medical Officer for the current year, on the retirement of Mr. H. W. J. Cook.

“The Board have to report the retirement of Mr. William Penfold from the post of Honorary Surgeon Dentist.

“The Board regret that the year has seen the retirement of a loyal and valuable officer, Mrs. Cockburn, the Lady Dispenser, who had served the Hospital faithfully for a period of nearly twenty years. So far as is known, this Hospital was the first to engage a lady for the duty of Dispensing, now so generally recognised as a proper vocation for ladies, and in this it has been followed by other Hospitals in various parts of the country. Mrs. Cockburn has retired on account of ill health, with the most cordial acknowledgments of her long and faithful services from the Board of Management, and with the sincere regrets

and warmest wishes of her fellow-officers and the Medical Staff.

"*Medical Council.*—The Board regret to record the death of two members of the Medical Council—Mr. W. E. Ayerst and Dr. John Moore—and have conveyed to their families the expressions of regret due at the loss of two such old friends of the Hospital.

"The Board regret to record the loss of a true friend to the Hospital in the death of Lady Ebury. Her ladyship was, until almost the last, a regular visitor to the patients, encouraging, consoling, and cheering them at each visit. Her presence was always welcome and helpful, alike to the sufferers in the wards and to the Nursing Staff, and her ladyship displayed at all opportunities the deepest interest in the welfare of the Institution.

"The Council has been strengthened by the appointment of Dr. E. T. Blake (London), Dr. Claudius Ker (Cheltenham), Dr. Bryce (Edinburgh), Dr. Buck (London), Dr. Cash, Dr. Guinness (Oxford), Dr. Hawkes (Ramsgate), Dr. Purdom (Croydon).

"During the winter lectures have been delivered in the Hospital by members of the Medical Staff—Dr. Blackley, Dr. Clarke, Dr. Burford, and Mr. Knox Shaw—which proved successful in attracting students and medical practitioners. These lectures afford to inquirers into the science of Homeopathy an excellent method of acquiring a knowledge of the principles and practice of that science.

"The arrangements for instruction remain in force, and all Students and Medical Practitioners are invited to attend and see the practice in the Wards and Out-Patient Department.

"*New Hospital Building.*—The effort to raise sufficient money to rebuild the Hospital in a manner worthy of Homeopathy, and on the latest principles of Hospital construction, had, at the date of the last Annual Report, resulted in an amount which left its early success no longer a matter of doubt.

"The Board in their last report referred to Major Vaughan Morgan's generous promise of £2,000 and Mrs. Vaughan Morgan's promise of £1,000, the gift of £2,000 from Mr. James Epps (per Dr. Washington Epps), and the promise of £2,000 from a Nobleman, £1,000 from Miss Isabella Barton, £500 from Miss Barton, £600 from Colonel James Clifton Brown, £800 from Mrs. Hargreaves Brown, £300 from Lord Ebury, and the munificent donation of £10,000 from 'A Friend Well-known to the Hospital.' These most generous gifts and promises, with many more generous gifts received through the medical friends of the Hospital and the Secretary-Superintendent, which are detailed in a list appended to this Report, brought the list to over £26,000. It was carried over £30,000, the amount originally suggested, at a banquet given to Major

Vaughan Morgan at the Hôtel Métropole, on July 13th, under the presidency of the Earl of Wemyss and March, when a list of donations amounting to £4,300, promised or given, was presented to Major Vaughan Morgan, as Treasurer of the Hospital, as a personal testimonial to him from many friends and admirers in recognition of his great services to the Hospital and Homeopathy, and to his personal generosity and unflinching energy in the cause.

"The Building Fund Account shows that during the year £7,667 12s. 9d. has been paid out of the amount promised, and that £292 18s. 1d. has been received in interest, and these sums added to £10,710 11s. 11d. received up to March 31st, 1891, made up a total of £18,671 2s. 9d., of which £16,349 2s. 8d. is invested, and £1,896 19s. 11d. remains in hand.

"The plans having been approved in principle by the Board after careful consideration by the Medical Staff, and receiving the recommendation of the Building Committee, their realisation will now go forward immediately on the settlement of an offer made by the Board for a most desirable extension of the site so as to allow the building operations to be actively carried on without interference with the current work of the Hospital. The Board feel sure that all the Governors, Donors, and Subscribers will concur in their view that during the months which must elapse before the new building is ready for occupation, the important and much-needed work of this Hospital should not be allowed to stop. The question of the extension of site approaches a settlement, and the Board may confidently state that active preparations for the long-desired new Homeopathic Hospital will commence at an early date.

"In the realisation of the Architect's plans, the Board have resolved that the work of rebuilding should proceed with careful regard to the number of In-patients which the Annual Income of the Hospital, and such additions as they can reasonably expect will allow, and that nothing should be undertaken which may involve a burden of financial difficulties in future years; and therefore they propose to erect the first portion of the new building so as to afford, when ready for occupation, a capacity for carrying on the full annual work of the Institution. But the construction is designed in such a manner as will allow the capacity to be ultimately carried to the total of 120 beds, as originally proposed. They have perfect confidence that as the work of the Hospital grows, so the annual support of the many friends and adherents of the Homeopathic system will increase, and that the larger Hospital will become, in due course, *un fait accompli* without danger to the financial stability of the Institution."

HOMEOPATHIC CONVALESCENT HOME.

THE annual meeting of the Committee and supporters of this Institution was held at the Home, 66, Enys Road, Upperton, Monday afternoon, May 23. Mr. J. Pakenham Stilwell (Vice-Chairman of the Board of Management of the London Homeopathic Hospital) presided, and there were also present the Mayor (Ald. W. E. Morrison), Dr. J. Walther, Dr. A. H. Croucher, the Rev. H. V. Shortland, Major and Mrs. Ross, Mr. J. R. Edmonds, Mr. F. C. S. Roper, Mr. Herman W. Tinne (London), Mr. J. Gibbs, Mr. and Mrs. Lampriel, Mrs. Stigand, Miss Lewis, Miss Pfeil, Miss Hamilton, Miss Wright, Mrs. and Miss Williams, Miss Florence Lewis (Matron), Miss M. Sutton (local Hon. Secretary), Mr. G. A. Cross (Secretary, London Homeopathic Hospital).

Miss Sutton read letters of apology for non-attendance from Mrs. Theodore Moilliet, the Rev. Canon Whelpton, Mr. Justice Pinhey, the Rev. J. Howard Palmer, and Mrs. Walther.

REPORT AND BALANCE SHEET.

Mr. Cross read the balance sheet for the year ending 31st of December last. The receipts were: Balance at bankers, January 1, 1891: Messrs. Stilwell and Sons, London, £235 14s. 10d., Messrs. Molineux and Co., Eastbourne, £50; petty cash, £9 10s. 11d.; £295 5s. 9d.; subscriptions, 258 1s. 6d.; donations, £19 4s. 6d.; interest and dividends, £47 8s.; patients' fees, £155 18s. 6d.; total, £775 13s. 3d. Expenditure: House (ground rents, rates, taxes, and insurance, repairs and furniture), £94 19s. 10d.; provisions, £225 12s. 5d.; domestic (washing and cleaning, coals and wood, gas, salaries and wages), £133 12s. 2d.; medical necessities, £2 17s. 1d.; travelling expenses (patients, nurses, &c.), £22 10s.; management (printing, stationery, advertising, postage and petty expenses), £51 0s. 5d.; total, £530 11s. 11d. Balance at bankers: Messrs. Stilwell and Sons, £180 15s. 5d., Messrs. Molineux and Co., £50; petty cash, £9 10s. 11d.; total balance, £775 13s. 3d. Mr. Cross also read the annual report, in which many touching references were made to the inestimable loss the Home has sustained in the death of its Chairman, Major William Vaughan Morgan.

Since the opening of the Institution on Saturday, August 25, 1888, a total of 580 persons have received its advantages. As each person has stayed, on a general average, for three weeks, the Home has been fairly well occupied, and during the summer months, when patients can be sent to an extremely bracing climate, the Home has seldom been less than full.

During the twelve months reviewed in the report 180 persons have been resident, including 107 women, 41 children, and 32 nurses of the London Homeopathic Hospital, showing a marked

increase in the numbers of nurses who have been sent to the Home for rest and change of air, which the trying nature of their work renders so necessary. These figures added to the number of 400 residents during the period covered by the first and second annual Reports, make the total number 580 residents since the opening of the Home.

The Annual Subscriptions have amounted, in 1891, to £258 1s. 6d. against £270 2s. 6d. last year, showing a decrease of £12 1s. As the Managers necessarily rely upon Annual Subscriptions, the main source of regular income, it is earnestly hoped that the subscription list will be largely increased.

The Donations have been £19 4s. 6d. against £71 17s. 11d. last year, being less by the amount of a handsome donation with which the year 1890 was commenced.

PROVISION REQUIRED FOR MEN-PATIENTS.

Mr. Cross moved the following motion :—“ That this meeting of the supporters of the Homeopathic Convalescent Home, Eastbourne, is of opinion that an earnest effort should be made at the earliest moment, approved by the Board of Management, to complete this Institution so as to provide for the admission of men-patients.” He said the Convalescent Home had been established three years, and it had received nearly 600 patients, and if it progressed at its present rate he thought that the total at the end of this year would be something like 800. While that was a very great satisfaction to himself, and he was sure it was also to the Board of Management in London, he had always felt that the Homeopathic Convalescent Home was at the present moment a one-sided Institution. When Major Vaughan Morgan set out to establish a Convalescent Home in Eastbourne—and he followed as closely as he could in his footsteps—they distinctly understood, and he was sure the Chairman would bear him out, that it was to be a Convalescent Home for men, women, and children. Their first announcement was made to that effect. In the circular in which they asked friends to contribute, that statement was made. It was not till they got this House that it was pointed out to them that the building was utterly unsuitable for the accommodation of men as well as women patients, and they were obliged to defer that part of the plan. Sooner or later—sooner, he hoped—the Home should be extended for the accommodation of men-patients. For that reason, he thought, in their feeling of sorrow at the death of Major Vaughan Morgan, that the best they could do was to give some practical effect to that feeling of grief by doing something to provide that which he wished to have had. Of course there were many Convalescent Homes for women. He should be the last to say there were too many, but he was perfectly convinced that for men

there were too few. After all there was hardly any branch of convalescent work to care for men after a period of sickness. If they could see, as he often did, men come out of the Hospital still feeble, and yet anxious to get back to their work, and then in a little time come back to the ward, they would feel that there was nothing more necessary and important, than that men treated in the Homeopathic Hospital in London should be received into a Homeopathic Convalescent Home and that it was essential that there should be in connection with that Institution a department in which men could be taken care of until they were completely restored. They received, and he hoped always would receive, a number of patients every year from allopathic Hospitals. There was no reason why it should not be so, and he hoped that this view, which he held to be a liberal one, would be taken up on the other side of the profession. He hoped the public would recognise the undoubted value of the Home and give that which was necessary for this deserving object.

THE SATURDAY AND SUNDAY HOSPITAL COLLECTIONS.

The Mayor proposed a vote of thanks to the Chairman.

Mr. Roper in seconding referred to Hospital Sunday, and pointed out that neither the Homeopathic Hospital, of which he was Treasurer, this Home, the Victoria Home, or the Dispensary shared in it. He thought if £30 or £40 was devoted to the smaller institutions it would give benefit, and he believed they would find that the Hospital that now had it would not suffer loss.

Mr. Cross again spoke of the necessity for men-patients' accommodation, and said he thought they should carry out the work as a memorial to their late Chairman. It was no use making a memorial to a man 20 years after he was gone. Having again pleaded for monetary support for this object, Mr. Cross said he thought they could safely say that if the £2,000 should be forthcoming to complete the Home they would have very little difficulty in keeping it going. As to the Hospital Sunday Fund in Eastbourne, it had been a matter of grievance to him. It seemed to him that it would be gracious on the part of another Institution—observing that this Home was a new one, and to say the least of it doing a good work—to come forward and offer a proportion of the Sunday or Saturday collections: £50 would be extremely welcome to their fund, and he could not feel that it would be any loss to any other Institution in the town. The more Institutions they appealed for, he believed the more the public would give. He believed that if an appeal was made on Hospital Saturday and Sunday for this as well as other homes and hospitals, that the public would see

that the money was to be divided among more Institutions, and would therefore give more. He hoped something would be done to approach their colleagues in the town with a view to some arrangement in regard to the Hospital Saturday and Sunday collections.

The motion having been carried, the Chairman briefly replied, and expressed his willingness to put his name on the list for the male accommodation for 20 guineas.

The meeting then terminated.

FOLKESTONE HOMEOPATHIC DISPENSARY.

SECOND ANNUAL REPORT, FOR THE YEAR 1891.

DURING the year 344 patients have been under treatment, an increase upon the first year of 136. 311 of these were attended at the Dispensary, showing a total of 1,856 consultations. 27 were attended in their own homes, and 6 being infectious cases, were attended at the Sanatorium. To these 33 cases 234 visits were paid.

The majority of these were medical cases, but there were also a few surgical, one being a fracture of the forearm.

The greater number were either cured or much improved. There have been four deaths—two children under one year from malnutrition, one from phthisis, and an aged female from "senile decay."

The income for the year shows a slight increase on the previous year:—

		£	s.	d.
1890.	Hon. Subscriptions amounted to	15	12	0
	Payments by patients	10	6	0
	Total	£25	18	0
1891.	Hon. Subscriptions	11	16	0
	Payments by patients	15	15	0
	Total	£27	11	0

MIGNONETTE FOR TAPEWORM.—In Russia the flowers of the mignonette are used as a sure cure for tapeworm. A decoction of the flowers is made and the liquid is drunk during fasting; it is then followed with a dose of castor-oil. The entire worm is rejected in a few hours.—*New York Medical Times.*

EXTRACTS.

ANTI-FAT.

THERE have been several "anti-fat" remedies put in the market at different times, but none of them have been successful—those that actually reduced the fat doing so by means of minerals that were bad for the health. During the past two or three years there has been considerable attention devoted to a remedy said to be a good anti-fat, which, as it is not a secret preparation, we propose giving here what is known concerning it. The remedy is the expressed juice of the common *Phytolacca* berries preserved and made into pills or tablets. The first mention of the remedy in this connection was by Dr. E. M. Hale, of Chicago, in the first edition of his *New Remedies*, published in 1858, where he made the observation that birds who feed on the berries lose all their fat, but seem to be otherwise in perfect health—birds, by the way, are passionately fond of the ripe berries. In a late communication to the *Homœopathic Recorder* the doctor says that he is using the remedy successfully.

The next mention of the remedy we can find is in an Allopathic journal, the *Medical Summary*, by Dr. M. M. Griffith. He says of the action of it: "The dose is two pills before each meal, sometimes increased to three or four. They diminish the appetite to some extent. In some cases the reduction of weight is remarkable, as much as fifteen to twenty pounds per month. Blondes are more especially affected by them; brunettes not so much so. The reduction is frequently apparent the first week; a feeling of lightness and comfort follows their administration. One patient lost forty pounds in three months, and suffered no inconvenience; the average is from ten to fifteen pounds per month. . . . I am somewhat surprised that this treatment has not received the attention it merits. In a large number of cases treated no symptoms of a dangerous character have been reported, and but few failures of a satisfactory result. The remedy seems analogous to *Iodide of Potash*, and acts in chronic rheumatism similarly. I have found it efficacious in that painful form of rheumatism of the arms and shoulder, of which so many complain.

"I have failed to notice many physiological symptoms. Some sleepiness and dulness for a few days, but this passes off soon. It does not constipate the bowels, but rather acts as an aperient. It seems to have the power of causing absorption of adipose tissue in a great degree."

The next mention of the remedy we find is by Dr. Boocock, in the *Homœopathic Recorder*.

"I have used this as an anti-fat remedy for several years, and know that it is good, having proved it upon myself. My grandfather was a great ale and beer drinker, and, of course, had a very large corporation—big belly. He used to tell me that grandfather would never be dead as long as I was alive, meaning that I would grow like him. This used to scare me as a child, but judge of my annoyance, as I grew to manhood, and found the prediction becoming true, and in late years I was very much troubled about it. In studying *Phytolacca* I saw the statement about birds, and began trying it, and always with much benefit. My own corporation is entirely gone. I can stand up straight and look down my body and see everything. . . . While I was taking these drops I felt as light and springing as a bouncing ball. Could run and jump with any boy. I am now fifty-eight years old, and took my Saturday half-holidays in the cricket field, playing that manly and scientific game.

"I have used it on others, and all with benefit. Some very fat women have been made comfortable. I have used it, medicating No. 35 pellets with this tincture which dyes them pink, and all have spoken highly of the pink pill. By actual measurement their fat (adipose) has been reduced by inches. It was easier to keep track by measure than by weight. In a few cases they have said they gained in weight, while they grew less in bulk, but all confessed to the elasticity they felt.

"Stiffness of the shoulders, difficulty in getting coats on and off, and difficulty to get hands up to head—it has done some splendid cures.

"I have one case in hand now of a chronic paralytic-rheumatism of the thighs I am trying it upon; it has done great good already, and I have a hope it will cure with the hot iron rubbed over the stiff cords daily."

There are also papers from Dr. Waterhouse and Dr. Standlee, Eclectic physicians, on the subject; but while praising the action of the remedy, they give no further information on the subject than is contained in the above extracts. The remedy may be obtained at any homeopathic pharmacy in the form of tablets, each tablet containing two drops of the berry juice. They are put up in glass-topped bottles, holding 1,000 tablets, and these sell for \$1.00, or are sent by mail for \$1.15.

All of the foregoing is given "for what it is worth." Like all other remedies, the *Phytolacca* anti-fat seems to be very beneficial in some cases, and of no use in others. As for dose, we should say one, two, or three tablets before each meal, to be stopped, or amount lowered, if any ill effect be noted. It is well enough to tell fat people to eat less, but many of the fat ones are small eaters, and when they lose flesh by eating less, lose strength at the same time. A remedy that will reduce fat and not affect

the health would be a blessing. Let us hope it is found in the *Phytolacca* berry. A word of caution is necessary here. There is an old remedy called *Phytolacca*, but it is made from the roots of the plant, and must not be confounded with the juice of the berry, from which the *Phytolacca* tablet is made. The colour of the tablets is a dark purplish red.—*Homeopathic Envoy*.

REVIEWS.

A PRIMER OF MATERIA MEDICA.*

In this portable volume of 400 pages Dr. Allen has carried the process of "boiling down" the *Materia Medica* to its ultimate possibilities. First came the *Encyclopedia of Pure Materia Medica*, and in spite of its dimensions, which still appal timid practitioners, this remains an indispensable work to all the students and practitioners of strict homeopathy. Dr. Allen had no sooner completed this great work than he commenced to "boil it down," and the result of these labours appeared a short time ago as the *Handbook of Materia Medica*—anything but a "hand-book" in size, but reducing the ten large volumes of the *Cyclopedia* to one larger one. Still Dr. Allen went on "boiling down" his material, and the result is before us as the *Primer*.

In his preface Dr. Allen says :

"This Primer aims to present the characteristic features of the most important drugs used by homeopathic physicians. It may serve to refresh the mind of a physician when away from his complete symptomatology. It will help him to discriminate when studying an unfamiliar pathogenesis. In its preparation comparisons are omitted; these must be looked for in Benninghausen's *Therapeutic Pocket-Book*. A word of caution to the would-be therapist must be uttered, namely, Do not use this book, nor the *Pocket-Book*, instead of a more complete symptomatology; these works are intended simply to be suggestive. Especially is this caution needed as regards the use of the *Pocket-Book*; it is not to be used for isolated symptoms, only to aid when a full picture of the patient is taken. Then only can the conditions be grouped or sifted, the sensations and localities taken into account, and the drugs which best cover all these points considered; even then a drug which fully agrees with all the features of the case should be studied in its original records before it is prescribed, unless the prescriber be familiar with it, which is rarely the case. Homeopaths are too ready to prescribe for single prominent symptoms, selecting sometimes a different drug for each symptom, when, in

* *A Primer of Materia Medica for Practitioners of Homeopathy*. By Dr. Timothy Field Allen. Philadelphia: Boericke and Tafel. 1892. London Homeopathic Publishing Company, 12, Warwick Lane, E.C.

reality, the patient's symptoms should all be taken as a unit, and a single drug selected to cover the whole; if not every peculiar sensation or locality, yet to cover the peculiar features of the case, ascertained by properly grouping all the conditions of the patient. . . . Let one always endeavour to take in the entire case and select the corresponding remedy. This Primer is designed to give the 'gist' of each drug rather than its symptomatology."

In our opinion Dr. Allen has succeeded best in the Primer with the smaller medicines in giving his readers their "gist." The first two paragraphs, for instance, sketching the two *Abies*—*Canadensis* and *Niger*—are very well done, and really give in a few sentences the essential features of the medicines. But when we come to the larger medicines, we find in place of any graphic delineation of the drug's power a kind of condensed symptomatology, differing little from the smaller works on materia medica by other writers, except that Dr. Allen has incorporated many very valuable clinical indications which serve to fix and precisionise the action of the medicine in the reader's mind. As a refresher of the practitioner's memory, Dr. Allen's *Primer* will do excellent service; and Dr. Allen evidently intends his book more for the practitioner than the student. We do not know why he has omitted a well-tried remedy like *Senega*.

DR. ALLINSON'S MEDICAL ESSAYS. VOL. IV.*

THIS small volume of essays consists like its predecessors of articles reprinted from *The Weekly Times and Echo*, and contains a great amount of wholesome, popular advice on the preservation of health and management of simple forms of disease. The titles of some of the chapters will indicate its scope. "Hardening," "Work and Overwork," "Sugar and its Abuse," "Macaroni," "Salads," "The Tomato," "Wholemeal Cookery," "Celeriac," "Porridge," "Against Stimulants in Disease," "Stays and their Substitutes," etc., etc. We have no hesitation in saying that Dr. Allinson is doing an excellent work in impressing his simple rules of hygiene and diet on the public mind. If the people were only a little less ignorant in some of the simplest facts of daily life there would be a very much smaller demand for doctors. Dr. Allinson's vigorous denunciation of "drugging" is very refreshing to the ear of a homeopath, whose medicines have all the objectionable qualities of "drugs" taken out of them. We think Dr. Allinson might with advantage modify some of his phraseology in speaking of the food he recommends. From his frequent recommendation of various

* *Medical Essays*, Vol. IV. By T. R. Allinson, L.R.C.P. London: F. Pitman, 20 & 21, Paternoster Row, E.C.

“relishes” to “get down” wholemeal bread, one would think that all wholesome food was naturally unpalatable. This is not the case. Food, if it is wholesome, is pleasant to the healthy palate, and needs no exercise of ingenuity to be “got down.”

GASTEIN.*

In this excellent little handbook Dr. Proell has given in convenient form all the information needed by any patient who may think of resorting to the famous Gastein Bath, or by any physician who may wish to know which of his patients it is likely to suit. The chemical analysis of the water shows an exceedingly small amount of solid matter—only 8·8 parts in 10,000. The contained salts are the following :

Sulphurate of Soda	2·088
Silica	0·495
Chloride of Sodium	0·466
Carbonate of Lime	0·195
Sulphate of Potash	0·184
Sulphate of Lithium	0·035
Carbonate of Magnesia	0·016
Phosphate of Alumina	0·006
Carbonate of Iron	0·004

Here are some interesting observations on the “Physiological and Pathogenetic properties of the Vapours.”

1. *Plants* grow and blossom much more quickly than usual.
2. *Wood* after a long time becomes black and decays.
3. *Miners* who worked in the mines where thermal waters exist lost their appetite and strength, suffered from giddiness, pressure in the stomach, weakness of sight, ulcers on the skin, from sleeplessness and general uneasiness, and could no longer bear their favourite greasy food, nor their beloved tobacco, nor brandy and water. But, on the contrary, none of them had catarrh or rheumatism, although they went from the mine (temperature + 98° F) to the air above ground (temperature in winter of + 8° F); therefore they do not feel a difference of 90 degrees, even in clothes, wet with water and perspiration, which they could not immediately change.

Dr. Proell mentions the great importance of securing suitable lodgings, and says that before any are taken permanently the advice of the physician in the place should be secured, as there are many considerations to be thought of. He advises spring or

* *Gastein: its Springs and Climate.* By Gustave Proell, M.D. Fifth edition, revised and improved. Vienna: Charles Gerold's Son. 1891.

autumn in preference to summer as the best seasons, and recommends visitors to drive straight to the doctor's villa—*Villa Hollandia*—and declare to the landlord that they will only stay one day previous to consulting the physician. Proprietors of other houses would insist on their paying for three weeks.

“INCURABLE” DISEASES OF BEAST AND FOWL.*

THIS brochure is a reprint of the pamphlet of Mr. James Moore on *Pleuro-pneumonia, or Pulmonary Murrain of Cattle*, eighth edition, with the addition of a short chapter on Texas fever or rinderpest, glanders, tuberculosis in cows, roup or roop of fowls and chickens, and hog-cholera. There is ample proof that many of the conditions regarded as “incurable” by allopathy, are perfectly curable by homeopathy, and the barbaric method of “curing” disease by “stamping it out” is as needless as it is expensive.

THE INFLUENZA.†

IN this little tract Mr. Oldfield gives a good deal of historic information on the subject of influenza, and lays down a number of useful rules for the guidance of those who may be and who are attacked. The rules for prevention are, according to the author—Breathe fresh air—keep the skin in good condition—take moderate exercise—and last, but not least important, live on vegetarian diet. For those who are attacked (if strong to begin with) the most original piece of advice on the part of our author is this—*Don't give up*. In many cases we have no doubt this advice has been wise; but the cases in which it is possible to give it must be carefully chosen. Whether vegetarianism is a cure or a prevention for influenza we have no means of judging, and Mr. Oldfield does not supply us with the necessary amount of evidence to decide.

* *Incurable Diseases of Beast and Fowl*. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co. 1892.

† *The Influenza*. By Josiah Oldfield, M.A., B.C.L. Published at the Memorial Hall, Farringdon Street, E.C.

OXYGEN AS A REMEDY.—Catlin (*Med Record*, Aug. 29, 1891) cites five cases from a great number in which oxygen has given the greatest satisfaction. He concludes: (1) That oxygen is the most sure and satisfactory stimulant we have. (2) Being exhibited through the lungs, its entrance into the circulation is certain and immediate. (3) Its effect, felt primarily on the heart, is almost as quickly seen on the nervous centres and in the digestive organs. (4) It is pre-eminently the remedy for profound shock, either for hemorrhage or nervous strain.—*New York Medical Times*.

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.

HOMEOPATHIC PRACTITIONERS IN THE RIVIERA.

A correspondent wishes to know of any homeopathic practitioners in any towns in the Riviera, other than Nice and Cannes. We shall be glad if any of our readers can give him the information, and we may mention the name of Dr. P. M. Balmoussières, of Hyères-les-Palmiers (Var.), Avenue Gambetta, 60.

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. BLACK NOBLE has removed from 57, Trinity Square, to 167, Kennington Park Road. His consultation hours are as before.

Dr. EUBULUS WILLIAMS, *Clifton*, has taken a temporary residence at 5, *Harley Place*, Clifton, as he finds it impossible to move into his new residence immediately on leaving "The Cottage."

VACANCIES.

WIGAN.—The sad death of the late Dr. Adie leaves an excellent opening at Wigan for an experienced practitioner.

LONDON HOMEOPATHIC HOSPITAL.—DEPARTMENT OF DISEASES OF THE THROAT.—The Board of Management, having sanctioned a new out-patient department for treatment of diseases of the throat and nose, are prepared to receive applications for candidates to fulfil its duties. Applicants must be legally qualified, and must be or become members of the British Homeopathic Society. Applications, with any testimonials, must be sent to the Secretary-Superintendent, not later than July 12th.

Obituary.

ALFRED ARTHUR ADIE, L.R.C.P., L.R.C.S. Edin.

It is with much regret we have to announce the death of Dr. Alfred Arthur Adie, of Wigan, who died very suddenly at his residence in Standishgate on Sunday morning, 12th ult. It appears that Dr. Adie had not been in good health for the last three or four days, and on Saturday, as he said, he remained at home the whole of the day. He retired early, and nothing unusual was noticed till the following morning. The housemaid knocked at the door, and receiving no answer went into the room. The doctor was lying in a natural position, and was to all appearances asleep; but he did not answer her call, and going downstairs the domestic asked Dr. White, whom Dr. Adie had engaged to act as his *locum tenens*, to go and see him. This he did, and was startled to find that Dr. Adie was dead. Communications were at once made with the friends of the deceased. What makes the occurrence more lamentable is the fact that Dr. Adie should have been married on the following Tuesday; all arrangements had been made for the event, which death rudely declared was not to be. At the time of his death none of the deceased's relatives were with him. The greatest sympathy has been expressed for the family and for the young lady in this sad bereavement, and sincere regret is felt that a life so promising should be so soon at an end. The deceased was about thirty years of age, and belonged to Voe, in the Shetland Islands, where his family are well known and highly respected. He was a student at St. Andrew's University, where he went through the arts examination, and afterwards studied for the medical profession. On receiving his diploma he came to Wigan, and acquired the practice of Dr. Abbot, who was leaving the town for the South of England. His genial manner and kindly disposition won him a large circle of friends, to whom the news of his death came as a shock. The remains were removed on Tuesday, and on Wednesday were interred in Shetland, where the other members of the family are buried.—*Wigan Observer*, June 18th.

GENERAL CORRESPONDENCE.

SABAL SERRULATA.

To the Editor of the HOMEOPATHIC WORLD.

DEAR DOCTOR,—I have your June issue of the WORLD, and note that Dr. Berridge says that tincture of Sabal (*Saw Palmetto*).

is made from the fresh *root*. This is probably a slip of the pen—but should be corrected. It is always made from the *fresh, ripe, berries*.

This Sabal is one of the most interesting of our indigenous remedies, and as the first one to introduce it to our school, I feel proud of it (see *Medical Era*, vol. i.). My report on Sabal, read before the Bureau of Materia Medica of the American Institute, now in session at Washington, contains several fine provings, and all the clinical experience up to this date. I think it will be found useful in the complications of mumps.

Berridge's narration of his case of mumps is very interesting, particularly his antiquated method of selecting the remedy.

I enclose a singularly interesting case of mumps, and its consequences.

Yours truly,

E. M. HALE.

P.S.—Permit me to call the attention of the readers of the *WORLD* to my use of *Hyosine*, in the reprint I enclose you.—H.

[We will present our readers with Dr. Hale's article in an early issue.—Ed. H. W.]

MEMORIAL TO MAJOR WILLIAM VAUGHAN MORGAN.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—By the death of Major William Vaughan Morgan, Chairman of the London Homeopathic Hospital, and the Eastbourne Homeopathic Convalescent Home, those institutions and the cause of homeopathy generally have sustained a loss which it would be impossible to overestimate. To those who have watched the extraordinary progress of the hospital during the many years in which it has had the impetus of Major Vaughan Morgan's direction, no attempt to estimate the value of his services, and no reminder of his great generosity can be necessary.

A committee has been formed to organise a suitable memorial of his great qualities, his liberality and his services to homeopathy and homeopathic institutions.

The committee have decided that a portrait bust in marble, from the studio of an eminent sculptor, shall be placed in a conspicuous position in the new hospital.

They regard this as the first step towards a suitable memorial; but, having regard to the practical views always entertained by Major Vaughan Morgan, they feel that the memorial most in accordance with his views would be one incorporated with the philanthropic work of the hospital, or its

convalescent home at Eastbourne, or both, and it is hoped that funds may be raised at a later date for such a practical commemoration of his services.

It is felt that all those who knew Major Vaughan Morgan will desire to be represented in the portrait bust for the new hospital, and the following first list of subscriptions will sufficiently show how sincere is the desire of Major Vaughan Morgan's friends that such a form of memorial should be created.

As I have no doubt that many of your readers who knew Major Vaughan Morgan would wish to participate in this form of memorial, I shall feel greatly obliged if you would kindly insert this letter, so that they may send their subscriptions to me.

Very faithfully yours,

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

G. A. Cross.

PRELIMINARY LIST OF SUBSCRIPTIONS.

	£	s.	d.		£	s.	d.
Miss Barton	5	5	0	Wm. Debenham, Esq. ...	5	5	0
Miss Isabella Barton ...	5	5	0	R. E. Dudgeon, Esq., M.D.	1	1	0
A. Ridley Bax, Esq.	3	3	0	James Epps, Esq. ...	21	0	0
Major W. M. Bell	1	1	0	Dr. Washington Epps ...	1	1	0
Dr. Galley Blackley ...	1	1	0	E. J. Hawkes, Esq., M.D.	2	2	0
Colonel Jas. Clifton Brown	5	5	0	Dr. Richard Hughes ...	0	10	6
D. Dyce Brown, Esq., M.D.	5	5	0	Dr. Byres Moir	1	1	0
Alfred H. Buck, Esq., M.D.	1	1	0	Dr. Edwin A. Neatby ...	1	1	0
Dr. Burford	1	1	0	Alfred Robt. Pite, Esq.	5	5	0
T. W. Burwood, Esq., M.D.	3	3	0	A. C. Pope, Esq., M.D. ...	1	1	0
A. Midgley Cash, Esq., M.D.	1	1	0	H. W. Prescott, Esq. ...	2	2	0
J. Say Clarke, Esq., M.D.	5	5	0	Dr. A. R. Shaw	2	2	0
Mrs. J. Say Clarke	5	5	0	James Slater, Esq. ...	5	5	0
Dr. Robert T. Cooper ...	2	2	0	Miss J. Durning Smith ...	5	5	0
G. A. Cross, Esq.	2	2	0	Henry Tate, Esq.	3	3	0
Dr. C. F. Fischer (Sydney, N. S. W.)	1	1	0	Stephen Yeldham, Esq., M.D.	1	1	0
Thos. D. Galpin, Esq. ...	5	5	0	Dr. John H. Clarke ...	1	1	0

ON THE CONTAMINATION OF GLYCERINE BY TIN VESSELS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—On removing the tin capsule from a bottle of Price's Glycerine, I observed a white substance on the edge of the bottle, where the tin had come in contact with it. It naturally occurred to me that this must have arisen from the action of the glycerine upon the tin. To decide this point I put a small piece of the capsule into a small bottle of glycerine and set it aside. On examining the bottle some months after, I found that the tin had entirely

disappeared, leaving only a slight cloudiness in the glycerine, showing unmistakably that it is a solvent of tin. Now, foreign glycerine is, I believe, sent to us in tin vessels, and I observe from one of Price's circulars that they also supply this article in tin vessels. The glycerine, therefore, when supplied in this manner, must become more or less contaminated with tin, and the more so the longer it is kept in such vessels; and if supplied to retailers in this way, we can imagine that in many cases it might be so kept for a long time and become much infected by the tin. This is of great importance to those who take glycerine internally as a strengthener, as I suppose many do. I myself have found it to be of great benefit in cases of debility; in one case, where appetite had wholly failed, and the child could take no food, I believe it was the means of saving life: it quickly restored appetite and strength.

There have been reported several remarkable instances of late of poisonings by tin—three children from chewing tinfoil were seized with violent symptoms of poisoning, two of them quickly succumbed, the third narrowly escaped. Two young women died from eating tinned salmon. In this case it is probable that the tin of the enclosing case united with the glycerine in the fat of the salmon, forming with it a poisonous compound. Tinned salmon, or tinned meats with fat, might not indeed be harmful in most cases, but only, perhaps, when they have been kept a very long time. But how can it be known how long they have been kept?

F. H. B.

ABDOMINAL MASSAGE IN THE TREATMENT OF CONSTIPATION IN CHILDREN.—Karnitzky's method of treatment (*Journ. de Méd.*) was used by him in twelve cases of chronic and twelve cases of acute constipation in children from eight to eleven years of age. The following are his conclusions:—1. Abdominal massage may produce effects upon the alimentary tract, in connection with digestion, which are not inferior to those produced by purgatives. 2. Habitual constipation may be easily cured by massage, without the aid of purgatives. 3. The younger a child is the more readily can the constipation be cured. 4. The younger a child is the milder should the manipulations be, and the shorter the *séances*. 5. The duration of the *séances* should be from three to ten minutes, according to the age of the patient. Longer *séances* are inadvisable, and may even be harmful, and aggravate the condition of the patient. 6. Abdominal massage may be regarded as the best means of treating constipation in children. Purgatives should only be used in exceptional cases.—*Medical Reprints.*

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- Wilson (S.). *A Handbook of Hygiene and Sanitary Science.* 7th ed. Cr. 8vo, pp. 720. (Churchill. 12s. 6d.)

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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 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.

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Communications received from Mr. Cross, London; Dr. Berridge, London; the Rev. Mr. Carew, Ivybridge; Agricola; the Rev. F. H. Brett, Carsington; Dr. E. Mahony, Liverpool; Dr. Kafka, Carlsbad; Mr. G. A. Cross, London; Mr. Tucker, Trinidad; Dr. Eubulus Williams, Clifton; Dr. Heath, London; Dr. Neatby, London; Dr. Noble, London; Colonel Lewis, St. Leonards.

BOOKS AND JOURNALS RECEIVED.

International Medical Magazine. — Hom. Journal of Obstetrics. — Homeopatisch Maandblad. — Allg. Hom. Zeit. — Zoophilist. — Chemist and Druggist. — Chironian. — California Homeopath. — Homeopathic Envoy. — Southern Journal of Homeopathy. — New Remedies. — Homeopathic News. — Clinique. — L'Omeopatié en Italia. — American Homeopathist. — New York Medical Journal. — North American Journal of Homeopathy. — Hom. Monatsblätter. — Monthly Homeopathic Review. — Maanedsskrift f. Hom. — South-Bend Daily Tribune. — Minneapolis Hom. Magazine. — Medical Visitor. — New York Medical Times. — Homeopathic Recorder. — Medical Advance. — Vaccination Inquirer. — Hahnemannian Monthly. — Medical Argus. — Homeopathic Physician. — Rainbow Series of Popular A. V. Leaflets. — Gastein: its Springs and Climate, by Dr. Proell. — Ueber die Gebräuchsmethode des versendeten Gasternen Thermal-Wassers besonders bei Bädern, by Dr. Proell.

THE HOMEOPATHIC WORLD.

AUGUST 1, 1892.

CHOLERA.

Now that cholera has undoubtedly made its way into Europe, and has approached as near to our own shores as Paris, it may be well for the reassurance of the public mind to say a word or two on the best methods of warding off an attack. The first and most important of all precautions is—*Don't be afraid of it.* There is much truth in the old Eastern story which says that fear kills twice as many as the epidemic. The next most important thing is—*Be sure of the water you drink.* If you are not absolutely satisfied with your water supply have all drinking-water boiled first and filtered afterwards, and see that your filters are in good order—the filtering material properly cleansed or changed at proper intervals. The third precaution is—*Eat no fruit but what is in perfect condition—neither under-ripe nor over-ripe.*

If these points are attended to there is very little chance of any one taking cholera. But if cholera should be actually in a town, it is well for residents to protect themselves still further by wearing a “cholera belt”—a plate of copper of from 6 in. × 4 in. to 4 in. by 2 in., according to the size of the individual, fastened by straps, which pass round the waist, to the front of the abdominal wall, touching the skin. Or, one drop of *Cuprum aceticum* 3x may be taken in a little water three times a day.

For the diarrhea prevalent in cholera times *Camphor* is the best remedy, and Rubini's tincture is the best prepara-

tion to use. Two or three drops on a lump of sugar given every hour to every quarter of an hour will generally soon put an end to an attack. If *Camphor* is not sufficient, and there should be violent pains in the body, especially vomiting and purging, *Veratrum Album* 1 every ten minutes should next be given. These two remedies will be sufficient to cure most cases of actual cholera, the patient to be kept warm and perfectly quiet, no solid food to be given. A little ice may be given to the patient to suck; and if milk is tolerated, that is the best food. Pure water may be taken *ad libitum*.

NEWS AND NOTES.

LEDUM AND CONDURANGO.

The following interesting note from Dr. Proell of Gastein will be read with interest:—

“DEAR SIR,—In No. 319 of your esteemed journal you published an interesting article (p. 291) on *Ledum*, to which I will add my own observations. Principally I found rapid relief after *stiches*, whether they come from insects, or instruments, of metal or wood or ivory needles, or metal pens. I applied one drop of the mother-tincture on the point of the stich and sometimes only *internally*. Also in blood-spitting from red gravel in the blood (microscopical crystals of uric acid or urates), say in gouty or rheumatic individuals.

“I must also praise the excellent action of a dilution of *Condurango* on the crack of the lip (upper or under lip, fissure or rhagades) after long-lasting suffering, having employed several remedies in vain.—
Yours truly,

“DR. GUSTAVUS PROELL,

“Bath-Physician.

“B. Gastein, July 16th, 1892.”

LEAGUE TRACT NO. 41.

Homeopathy the Rational System of Medicine is the appropriate title of Tract 41. The thesis of the writer is very forcibly and clearly worked out; the language is plain and popular; and altogether a very useful and telling tract is the result.

“THE HOMEOPATHIC JOURNAL OF OBSTETRICS AND PEDOLOGY”
—A CHILDREN’S NUMBER.

The Homeopathic Journal of Obstetrics, Gynecology, and Pedology for July contains discussions on nearly a score of topics, all of them of vital importance to every physician in general practice. In pursuance of the purpose to give each issue of the *Journal* a character of its own, Dr. Winterburn devotes this entire number to the consideration of the diseases of children. As will be remembered, the May number of the *Journal* contained a notable symposium on the repair of the lacerated perineum, in which thirty prominent gynecologists and surgeons took part. The July issue is increased to 128 pages, and contains contributions from thirty-four prominent physicians, including all the papers in pedology read at the recent meeting of the American Institute of Homeopathy at Washington and six papers read before the New York Pedological Society, beside others. Dr. Winterburn also contributes about fourteen thousand words in the form of editorials, therapeutic hints in the management of diseases of children, book reviews, and an address delivered at Albany last February, entitled “The First Hours of Life.”

The leading article of this number is by Dr. Talcott, of the Middletown Asylum, on “The Insane Diathesis,” in which he sets forth in glowingly eloquent words the causes of insanity. He says:—

“In all begetting there is either an increasing or a decreasing intensity of likeness. In all reproduction there is a tendency either toward improvement or toward retrogression. This is not true only as regards physical contour, but it also applies to mental symmetry or mental idiosyncrasy. Not only are the general thoughts and emotions of the parents impressed upon their children, but even the fitting passion of a moment may cast a cloud of darkness or a blaze of light over an entire life, just as the silvered sheet of the photograph receives its impressions of light and shade from a single momentary exposure. The mind of the unborn child will receive impressions of unhappy or unholy thoughts, and reproduce them with accuracy in the years to come—aye, even when the brain of the mother is but dust and her heart no longer responds to any emotion, and her guiding hand has been chilled by the icy touch of death. To this holy of holies, then, the sacred temple of procreation, should be brought only such offerings as are sure to prove acceptable to the Lord of Nature.”

Dr. Millie J. Chapman, in her bureau address on pedology before the American Institute of Homeopathy, makes a study of the three great H’s—Hygiene, Heredity,

and Homeopathy. President Nottingham, of the Michigan Homeopathic Medical Society, calls attention to the connection between croup, chronic enlargement of glands, and tuberculosis. This admirable thesis should be in the hands of every practitioner of medicine. He says :—

“ It is not enough for us that our patients recover from these affections, but we should recognise the later tendencies to relapse in adult life, if not with croup, with further lymphatic disease, with tuberculosis or an allied affection. Again, in failing to *cure*—that is, to restore to perfect health, with freedom from this morbid susceptibility, we permit an unnatural condition to exist in our patient; they will become subject to unnatural dispositions and characters to some extent. . . . A child passing into maturity with indurated tonsils will either recover by force of changed habits, with Nature's assistance, or will later be involved in the throes of an incurable phthisis or consumption.”

To mention only a few of the other good things in this number : Prof. Crank, of Cincinnati, discourses on coryza in childhood as a neurosis; Dr. Johnson, of Sullivan, Ill., deserves special praise for his interesting paper on the care of infants; Dr. Helena M. Cady has a thoughtful little essay on “The Needs of the Baby;” Editor Van Baun, of the *Hahnemannian Monthly*, has a thoroughly practical article on pneumonia in children; Dr. Ripley, of Minneapolis, in “Some Overlooked Causes of Disease in Children,” makes eloquent appeal against sexual vice; and Prof. Danforth, of New York, reports a case of acute parenchymatous nephritis in an infant six months old.

SUCCOUR FOR THE DROWNED.

YESTERDAY at the Academy of Medicine, M. Laborde communicated a novel process, which has twice been very successful in his hands, in cases of asphyxia from submersion. The process is easy of employment and ought to be generally known, for it is within reach of every one. The mouth of the drowned person is opened wide by the left hand with a spoon or two fingers; the mouth is kept open and the tongue depressed, whilst the tongue is seized by the right hand, drawn out, and made to execute rhythmic movements from before backwards, and from behind forwards. Then soon occurs a kind of hiccup, followed by return of the respiration. The first time M. Laborde practised this process was on a young man

whom two doctors had been treating for an hour, and on whom they had employed all the known methods in vain, so that they told M. Laborde that the man was dead. The hiccup came on almost as soon as the tongue was depressed and drawn strongly out of the mouth. (*French Paper.*)

CACTINA.

“An active principle of cactus has been presented to the profession by Mr. Sultan. Dr. Wilcox says that eminent chemists have informed him that it is neither a glucoside nor an alkaloid, and intimates that it may be a form of strychnine, because it affects the spinal cord, excites the reflexes, narrows the blood-vessels, and increases the blood pressure; but this is no reason why it is not the active principle of cactus, as experiments made in France with the tincture give the same results, and an allied species, anhalonium, produces similar effects. The so-called cactina may be the inspissated juice of the cactus, or the residue from an evaporated tincture, as has been suggested. It matters not how it is prepared; it is an active principle, and possesses all the toxic and medicinal properties of the plant. In my practice, in which I have a large proportion of cardiac cases, I have used cactina with better results than I have gained from the tincture. One reason is, I suppose, that much of the cactus tincture sold is not trustworthy, owing to the fact that it is not always rightly prepared. I have tried to ascertain the relative strength of cactina as compared with the tincture. Mr. Sultan courteously answered my inquiries, and informed me that $\frac{1}{3}$ of a grain of cactina is equal to two drops of a saturated tincture. Fluid extracts do not differ much from saturated tinctures.”*

“CHILDREN.”

UNDER the above title Dr. Winterburn of New York, who is laudably bent on reforming the human race *ab origine*, contemplates issuing a monthly periodical for parents, about children. A more useful and more necessary undertaking

* From an article by Dr. Hale in the *Hahnemannian Monthly*, July, 1892.

we cannot conceive, and no one is so well qualified for the task as Dr. Winterburn. We hope to publish a full prospectus of the journal next month, and in the meantime we prophesy for it a large circulation on both sides of the Atlantic.

ORIGINAL COMMUNICATIONS.
THE HOMEOPATHIC MEDICAL SCHOOLS OF THE
UNITED STATES.

(Continued.)

By ALFRED HEATH, M.D., F.L.S., &c., London, England.

THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF
PHILADELPHIA.

THIS magnificent Hospital and Medical School, plates of which are given on pages 346, 347 (the Medical School with the steeple in the front facing east into Broad or 14th Street, and the Hospital fronting west into 15th Street), is the oldest Homeopathic Medical College in the United States, having been established in 1848, nearly half a century ago. During its existence up to 1891 it has graduated 1,922 physicians. Before commencing the college curriculum each student must be twelve months with a medical man as preceptor, who certifies to the fact. The Hahnemann College was the *first medical school in America* which adopted the three years' graded course. This was in 1869, and up to 1890 a three years' course has been the rule. It has now, in conjunction with the principal homeopathic schools of America, increased the term to four years, making it the same as the English curriculum up to this year. Students who have attended a similar course of lectures, &c., in other accredited legal schools may join the senior graduating class of six months at this school for their last term.

The hospital contains 125 beds. There have been treated at the hospital up to 1891 352,977 out-patients from all parts of the State, whilst 7,437 in-patients from all parts of the State have also been received and treated. At the present time it treats 1,000 surgical cases per month. During the last year 46,672 patients were treated, or about an average of 3,900 per month.

The Hahnemann Medical College and Hospital has raised £100,000 for building purposes and for the treatment of patients.

It has received £10,000 from the State for building purposes. According to the *Public Ledger*, one of the leading daily papers of Philadelphia. The Hahnemann Hospital is receiving in its accident wards more emergency cases than all the other college hospitals of Philadelphia combined. Most of these cases are brought in by the police.

When we consider that Philadelphia has such college hospitals as the Jefferson, Pennsylvania, &c., some of which have 200 beds, it must be a matter of astonishment that the Hahnemann has more accident cases than all the others combined. It surely must be that the people find the treatment at the latter hospital to be more successful and much quicker in its results. I have myself seen many magnificent operations successfully performed at the Hahnemann hospital.

The Blockley Hospital (allopathic) is the great hospital charity of Philadelphia, and is under the charge of the City Government. It has 1,200 beds, all of which are, in the winter season, almost constantly occupied. Two surgical and two medical clinics are given each week, and to these *all medical students of whatsoever creed are admitted free.*

The Pennsylvania Hospital, a large allopathic institution supported by private contributions, gives two medical and two surgical clinics per week, to which the students of the Hahnemann College have access free on the same terms as other students. To me these hospital clinics were a sight such as I had never seen; as many as eight hundred or more students from the various medical schools were assembled at one time in an immense amphitheatre to hear demonstrations from the leading allopathic physicians and surgeons, and to witness operations. The Hahnemann College has one of the most complete and extensive museums in the country. It embraces the accumulations of more than forty years, and covers the whole field of anatomy, physiology, *materia medica*, pathology, surgery, obstetrics, &c. It contains 600 osteological specimens, 250 dried preparations, arterial, venous, nervous, muscular, visceral, &c.; 250 wet preparations, anatomical and pathological; 15 skeletons of inferior animals; 128 specimens of comparative anatomy and natural history; 97 French elastic anatomical preparations; 160 models in wood, wax, and papier maché; 1,000 dried

plants and other *materia medica* specimens; nearly 1,000 charts, diagrams, plates, &c. Recently the collection has been enriched by a generous donation from Professor A. R. Thomas of 27 models of all the important organs of the body, manufactured by the eminent firm of Bock and Steger of Leipzig. During the past year many valuable additions have been made to the anatomical and pathological departments.

The dissection of the *entire* sympathetic and cerebro-spinal nervous system by Dr. R. B. Weaver, demonstrator of anatomy to the college, the preparation and mounting of which consumed fully six months of industrious labour, is a marvel of patience and *skill* in dissection, the like of which has never before been seen. Photogravures of this wonderful work, bearing Dr. Weaver's name as demonstrator of anatomy of the Hahnemann Medical College of Philadelphia, were accepted from me with pleasure by the Royal College of Surgeons, London, and the Council of Medical Registration of Great Britain. To be so received by these allopathic institutions was an indication of its value as a work of art and skill. Such a work *entire* has never before been done.

Dr. Weaver's mounted preparations of the brain are also of great beauty and interest, so also are his injected preparations of the colon, showing the arteries injected red side by side with the veins injected blue, running into the finest ramifications, and mounted or suspended in turpentine have a very fine effect.

The College Library contains 7,000 volumes, available for daily use. It contains also the late Dr. Constantine Hering's celebrated Paracelsian collection, the largest in existence, for which the United States Government offered a large sum.

The lecture and operating theatres are the best I have ever seen. They are fitted with every convenience both for the lecturer and student; each student has a separate numbered fixed chair, which he always occupies when present. The whole building is elaborately heated with hot-water pipes.

The dissecting-room is supplied with abundance of material, but the effect is peculiar, as most of the "subjects" for dissection are negroes.

The Dean of the College is Professor A. R. Thomas, M.D., one of the finest living anatomists and surgeons. His

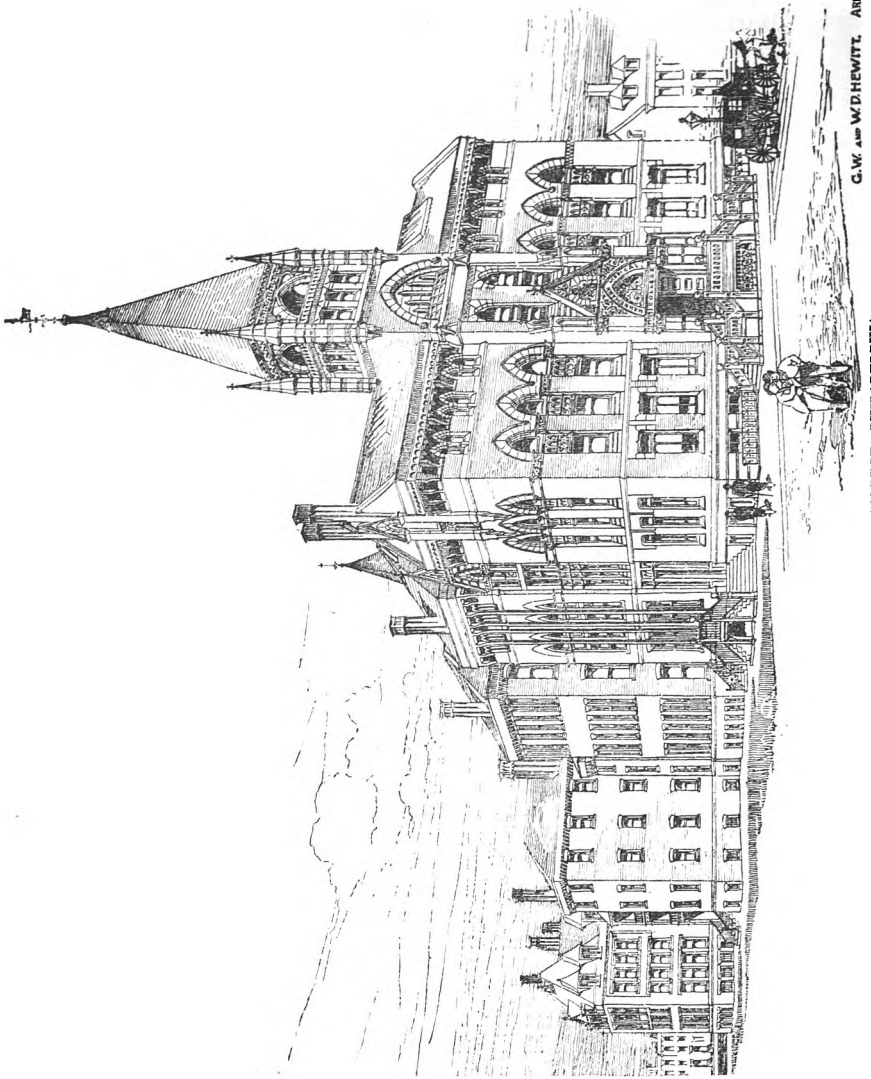
skill in operating and his knowledge of every part of the human frame is marvellous; his memory is phenomenal. During his term of office the school has greatly increased in numbers, efficient teaching in every branch has been the order, and the new hospital has been built. Professor C. M. Thomas, M.D., the son of the dean, is a worthy son of his father; he is said to be the finest surgeon in America, he is also a "specialist" in eye diseases and eye surgery. The late Professor Agnew (allopath), the greatest American surgeon of his time, is reported to have told his class that Professor C. M. Thomas would one day be the finest surgeon in the world.

The important branch of medical education for a homeopathic Materia Medica (the basis of homeopathic treatment must be *pure* Materia Medica, or the effects of drugs on *healthy* people, because in every case of disease, in order to cure, we *must* find its counterpart in a medicine able to produce *similar* symptoms—this *alone* is the homeopathic law) is well represented by Professor Charles Mohr, M.D., one of the editors of *Hering's Guiding Symptoms* of our Materia Medica, a work that has made many allopathic physicians ponder. I once showed this work to the house physician of a London allopathic hospital. He said, "Heath, you astonish me; I had no idea you did things like this!" "Not all humbug," I replied. His answer was, "No, indeed; *you are far before us.*"

Obstetrics also is magnificently taught by Professor J. N. Mitchell, M.D. His manner of teaching, and his skill and knowledge, cannot be excelled; his lectures must be a labour of love, for his practice is very large and influential, and it must be difficult for him to give the time.

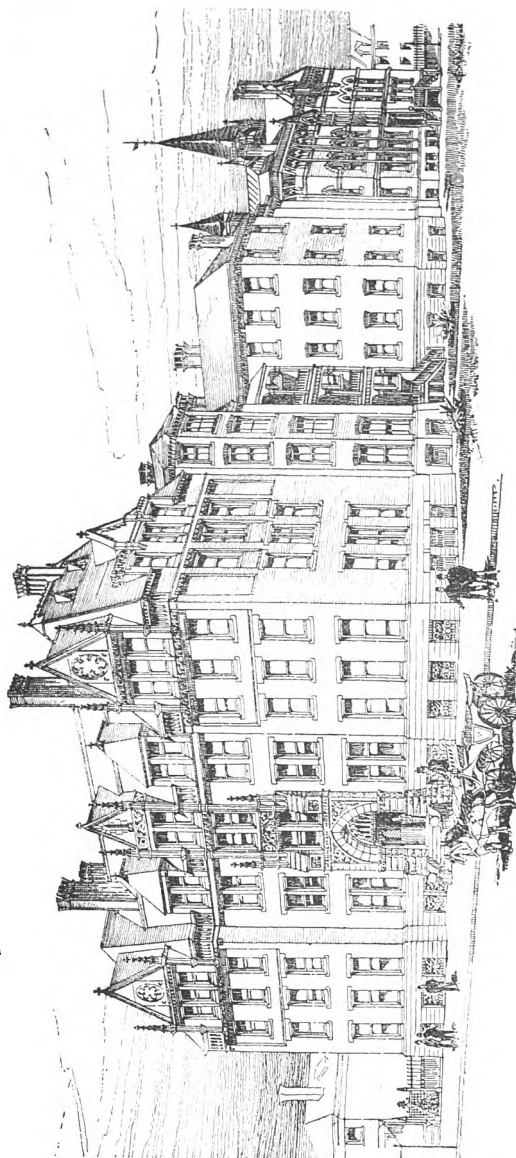
I have already made this paper too long, but it is difficult, where all are excellent, to leave any out, which I am obliged to do much against my inclination; yet I must not forget the Registrar, Professor J. E. James, M.D. He is the life and soul of the school, and no one works harder than he, in spite of a very extensive general practice. He is a distinguished surgeon, and takes the chair of general surgery, osteology, &c. I believe he is beloved by every student in the school, and they listen to his well-given lectures with great attention.

The Hahnemann Medical College of Philadelphia has taught and graduated some of the first American surgeons, and on the splendid roll of its graduates such surgeons as



G. W. AND W. D. HEWITT, ARCHITECTS
PHILADELPHIA

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.



HAHNEMANN HOSPITAL, PHILADELPHIA.

Professors C. M. Thomas, William Tod Helmuth, Van Lennap, and a host of others well known in our ranks, call the "Old Hahnemann" "Alma Mater"; so also do such physicians as Farrington, Guernsey, James, Wilson, Cowperthwait, Bell, and others.

Honorary degrees of this old and celebrated school have been given to such physicians as T. F. Allen, Carrol Dunham, Constantine Hering, Richard Hughes (England), Chevalier Jahr, J. E. James, Rubini (Naples), A. R. Thomas, R. B. Weaver, and other noted followers of Hahnemann.

THE BETTER WAY.*

By GEORGE WILLIAM WINTERBURN, PHAR.D., M.D. New York.

THE history of obstetrics shows that our art has been an evolution from crude methods toward more exact ones. This we know is true of all arts, but in one which deals so directly with life as does ours, the manner of its development, and the probability of the still further refinement in its methods, interests, not alone its practitioners, as in other arts, but every woman who hopes to be a mother. The art of midwifery is indeed the one universal art upon which all others depend. The warrior, the statesman, and the scholar have all to be born; this is the indispensable prelude to all their achievements; and upon the skill of the obstetrician, to a larger extent than is usually recognised, depends the whole outcome of the life now just being essayed. I have called attention elsewhere† to the fact that, from a biological point of view, the art of obstetrics is the art of bringing into the world a race of sturdy children who shall have better control of their physical forces than their fathers and mothers had. It is not enough that the child be born alive, and that the woman arise from her bed after the period of lying-in, and resume her daily routine. The accoucheur who has that conception of his duties, who merely separates mother and child, and who is satisfied if they only both live, is just a mechanic and nothing more. To a man of such low ideals it is useless to speak of art, he will not understand.

* Read before the American Institute of Homeopathy, at the annual meeting in Washington, D.C., June 14, 1892.

† *On the Relation of Therapeutics to Midwifery.* New York: A. L. Chatterton & Co. 1891.

The art of obstetrics had its crude beginnings among the most primitive races. In fact, it had its origin doubtless among the simianoid ancestry of the human race, as even the more intelligent anthropoid apes give an aimless sort of help to the parturient female. In the rude beginnings of primitive races, when man was just emerging from a state of simple animality, it was the female who gave aid to her suffering fellow, and this continued to be the rule until about two centuries ago, as indeed it still is among a vast majority of mankind. It was looked upon as woman's work, and, being a mere manual function, as beneath the dignity of man. It was not only derogatory to man, except as priest he was called in to give advice and lend the sanctity of his presence in a case of peculiar difficulty, but it was actually indecent for a man to be present at the birth of a child. Dr. Wertt of Hamburg, in 1522, assumed the dress of woman to attend a case of labour, in order to study the process, and was burned alive in consequence. This somewhat discouraged would-be investigators, and it was not until a century and a half later that certain men came to be known as man-midwives.

The modern art of midwifery is the growth of the two past centuries. Not that there is anything really new in the world of obstetrics, for all our discoveries, even anti-sepsis, are only recoveries of lost arts. It is somewhat startling to find that even such apparently modern ideas as the Credé method of expressing the placenta was in its essentials known to the ancient priesthood and practised by them. With the decay of the priestly influence the practice became less intelligent, and indeed sunk again into barbaric rudeness. The men who are advocating the popular obstetrical practices of the day, are walking side by side with those grim priests of the Nile, who thought all our thoughts, and lived an intellectual life to which we can only aspire, five thousand years ago. If the high-priest of Karnac, he who was high-priest when Thuban (Alpha Draconis) was pole star to our earth,* could stand in this hall to-day, there could be little of practical value in the obstetrical art that we could tell him—little, that is, save the application of homeopathy to midwifery. And it is to homeopathic midwifery that I would apply the designation, "the better way," which forms the title of this thesis.

* B. C. 2,800.

I believe there is no department of medicine in which homeopathy is so useful as in midwifery. It is more useful here than anywhere else because we have through it the power to control the physical and moral destiny of the unborn child. Medicine will do more for an unborn child than for a sensate one. This large field of therapeutics has remained almost unexplored. Neither the laity nor the medical profession, except here and there some solitary "crank," realise the importance of prenatal medication, and the immense advance the human race will make towards *mens sana in corpore sano* when homeopathy is properly applied to the child yet in the mother's womb. Every characteristic of the child is prefigured in the mother's condition. In this formative stage it appeals to us through its mother's mind and heart. These appeals are vague, elusive, transitory. It speaks to us in faint whispers which only strained attention can hear. It requires keen insight into the hidden springs of motive and desire, on the part of the physician, in order for him to discern these subjective, chameleon-like appeals, and broad knowledge in general pathology to read their meaning. But it can be done. If to this problem was brought the intellectual enthusiasm and patient heroism which has been applied to many fields of knowledge, as for instance to the development of spectrum analysis, the human race would be elevated by it to a plateau of living as superior to what it now knows as its present existence is higher than that of the anthropoid ape.

This is the true field of the homeopathic obstetrician ; but it is a somewhat narrower one that we are called upon to discuss to-day. The question before us ignores this larger duty of the obstetrician, and confines our attention to the parturient chamber and its occupants. I do not wish to be understood as belittling the importance of this subject, to which attention has been directed by the chairman of this Bureau. It is a very important one, and I am glad to be privileged to take part in its discussion. Broadly speaking, it is this: Shall we adopt the expedients of the allopathist, who, without any certain guide to his feet, seeks here and there, in honest but misguided endeavours, to find the better way? Or have we in homeopathy the better way? Can homeopathy do as much for the parturient woman as it can for the man with pneumonia or the child with diphtheria? This is a

very proper question to be discussed before the American Institute.

The great trouble about homeopathic obstetrics is that it is a straight and narrow path which each must walk alone. It admits of no generalities. It is suited to neither the lame nor the lazy. It is impossible of reduction to routine. The author, or the professor, cannot say to the student, "When you are called to a case of labour, do so and so." He can only say, if he himself is a true disciple of the Master—which, alas! is not always nor frequently the case—"Treat the case as you would any other, with the remedy homeopathic to the symptoms then present." To which the neophyte will probably answer, "But supposing I have a severe hemorrhage to treat, shall I give the homeopathic remedy, and let the woman bleed to death while the medicine is having time to act?" We have heard that query repeated and again repeated, until it has become a very musty chestnut indeed. If the homeopathic remedy is given at the proper time and in the proper dose, it will do its proper work. In instant emergencies the homeopathic remedy acts instantly. The trouble is that some remedy is given, in potency, which is not the true similitum. It fails to act instantly. The doctor blames the medicine, and not his own ignorance. Of course, if he does not know how to practise homeopathically, he must resort to allopathic expedients. Life is short and art is long. If he spends his energies in acquiring facility in the use of allopathic expedients, he will have neither time nor strength to learn how to apply homeopathy. Homeopathy is a stern mistress, who imparts not her secrets to him who coquettes with other 'pathies. There are a class of men, and their faith in medicine is usually inversely to its remoteness from the tincture form, who are never tired of saying that they care nothing for homeopathy, that they want to cure their patients, and are willing to use anything that will do this. The lack of confidence is mutual. The homeopathic muse cares nothing for such men. This spurious eclecticism is based partly on natural incapacity to apprehend spiritual truth, partly on laziness, which makes a man take the road that seems easiest, notwithstanding it leads down rather than up, and partly on the necessities of a large practice. Only a man of phenomenal brain-power, thoroughly trained, can do a large practice along homeopathic lines. The ordinary practitioner cannot make

a score of calls in the course of an afternoon, and make a score of homeopathic prescriptions, unless he has had years of careful study in the *materia medica*; by which time he will have ceased to be an ordinary practitioner.

On the other hand, the allopathic road is broad and easy. It does not require much brains to learn to keep clean; even the gilded youths who breakfast at noon at Delmonico's do that. To one who has spent so much of his life on tenement-house stairs, who has attended women in every degree of poverty and degradation, who has passed from the home of opulence, where a day-nurse and a night-nurse and a nurse for the baby was considered ordinary comfort, directly to the dark closet into which sunlight and pure air had never penetrated since the roof went on, in which lay a parturient woman, who probably had never had on a really clean chemise during her whole pregnancy, and who now lay on a bed which could only be accurately described as a mass of filthy rags spread on a dirty floor, and has seen the power of the homeopathic remedy to remove or prevent complications disastrous to the health of mother or babe, with equal celerity in these extremes of the social scale, and in all the several degrees between this drear poverty and that enveloping luxury, the assertion of a prominent allopathic authority,* that "the efforts of the obstetric teacher must now be directed to the introduction of antiseptic methods into private practice, as they have been into the maternity hospitals," seems particularly ludicrous.

In the latest authoritative work on obstetrics, in which is set forth in two royal volumes the opinions and practice of the day from an allopathic standpoint, it is calmly asserted "that the terrors of childbed have been but little mitigated for the young mother confined in her own home, even when under the most fortunate circumstances," † provided she employs an allopathic doctor. So completely hypnotised has the medical profession become under the influence in the air that one of the most prominent obstetricians in this fair city of Washington ‡ gravely remarks that the "neglect or inefficient administration of obstetrical antiseptics must, in view of its admitted value, be regarded as criminal."

Men must have fads, and this antiseptic business is

* George J. Engleman, M.D., in Hirst's *System of Obstetrics*, p. 65.

† Hirst's *System of Obstetrics*, p. 65.

‡ Samuel C. Busey, M.D., *ibid.*, p. 497.

perhaps no worse than another. It is a very much easier practice than homeopathy; but homeopathy will do all that is claimed for antiseptics and something more. The overdone, meddling, and dangerous antiseptic practice has no attractions for one who thoroughly understands homeopathy, and is able to apply it to midwifery emergencies. There are cycles in therapeutics. We are at present passing through the antiseptic cycle in midwifery. Notwithstanding that the application of antiseptics has been fraught with misfortune, and that thousands of women have been injured through the misapplication of carbolic acid, the bichloride of mercury, and numberless other poisons, which have been so freely administered by persons who have but the most vague and unsettled opinions as to their direct value, but who are always willing to experiment on somebody else's wife, we yet find men who consider themselves homeopaths, and who have access to all the splendid achievements of scientific therapeutics, who will stand up here, and ask us to embark with them on this treacherous sea of antiseptics.

Our attention has been challenged to witness the glories of this sublimated folly. Glowing accounts of its wonders and its triumphs appear in our journals, in hospital reports, and in the Transactions of our societies. Tables of cases are ingeniously arranged, wherein is shown the awful mortality in childbed before antiseptics was introduced, and the almost complete reduction to zero of the death-rate afterward. Men are found willing to stand up and say that they were formerly so ignorant as to how properly to care for the parturient that many died, but that now, having accepted this universal panacea, death has been banished from the lying-in room wherein they perform this mystic rite. But those whose memories are not too fatally defective may, without very strenuous effort, recall Lister and Listerism, the carbolic spray, and the rest of that paraphernalia. Where are these things now? And yet it is not so many years ago. Well may it be said, "In memoriam" of these, and of antipyrin, and of Koch's lymph, &c., there be fads in medicine.

The disciples of antiseptics appeal to the *post hoc* argument. The woman lived through it, *ergo* it was good for the woman. If the argument is good, let those who believe there is a better way than antiseptics record their experiences also. If the argument is good sauce for the anti-

septic goose, it is good sauce for the homeopathic gander. Therefore I record one case as an ensample; and I select this one because it is recent, and because, if there ever was a case where the antiseptic procedure was demanded by the surrounding conditions under which labour took place, this was that case. The environment was all that could be undesired, and the case itself one which under any circumstances the accoucheur would approach with apprehension as to the outcome of both mother and babe.

On the first day of December, last year, I was asked to take charge of a young woman, then about five months pregnant with her first child. The expectant mother was about twenty-three years of age, and I had known her from girlhood. She had gone out of the State to live upon marriage, but had returned to New York in order to be under my care during her approaching confinement. She was the grand-daughter of a physician, who in his day had been a prominent figure in New York life; but the family had gone down in the world, as so often happens when fathers are prosperous and sons brought up to luxury, and the doctor's son was now the janitor in a twenty-family apartment-house of no social pretensions, and lived in an underground set of rooms; and it was to this basement that the daughter came home. The girl herself had been gently nurtured and well educated, being college-bred; but she was brought into the world at a time when the father and mother were deep in financial anxieties, and was consequently of a delicate organisation, beautiful but fragile. Her health, on the whole, had been very good, but she was a slight, Dresden-china-like sort of a girl, as sensitive as a flower.

She passed through her pregnancy in fair comfort. During the four months which preceded her confinement, which occurred March 26-27, I visited her nearly every day, and prescribed for such symptoms as arose. By this means, apparently, she was saved from those minor ills which are usually concomitant to pregnancy, and to which, from temperature and surroundings, she seemed peculiarly liable. When a person has taken cold, and has pains in the chest, fever, thirst, restlessness, apprehensiveness, &c., and is given *Aconitum*, if the pathological condition dissolves away, and the person returns to usual health, we may well claim that an incipient pneumonia has been aborted. And so, when the mental and physical symptoms

during pregnancy are carefully met by the simillimum, and disappear under treatment, we can reasonably hope we have saved our patient unnecessary suffering, and prepared her, in the best possible way, to sustain the shock of her coming ordeal.

I have said that the janitor and his family lived in a set of underground rooms. This is hardly a correct designation, as they were not rooms in the ordinary acceptation of the word; but wooden partitions, or screens, had been run up, separating parts of this otherwise open cellar into box-like receptacles, in which the family disposed themselves at night. There were open doorways, but these had no doors. The floor was concrete. Through what the family called their sitting-room, and also through the kitchen, passed the grocer, the butcher, and the baker, with the supplies for the families overhead. All the coal and wood passed in, and the ashes and garbage of twenty families passed out, the same way. And in the midst of these heterogeneous and necessarily odorous surroundings, from almost actual contact with which it was impossible to isolate her, she gave birth to her child.

During the two weeks of lying-in, and the two subsequent weeks before she went to her husband, she was constantly exposed to any evil influence which the milkman from his stables, the butcher from the shambles, the grocer from his not over-fresh stock of vegetables, the pedlar who had just come out of some reeking tenement, and the other one hundred and one persons who from one motive or another had business with the tenants upstairs, might bring. Scarlet fever, diphtheria, and whooping-cough were epidemic upon the block, and if microbes ever had an opportunity at a defenceless woman, now was their time. I will admit to having suffered considerable anxiety on her account. Her parents did not expect her to live through parturition; but she did. Our good friends, to whom antisepsis seems such a transcendental blessing, would have expected her to have septic fever; but she didn't.

What happened was this. She was brought to bed in the best possible condition of health, both mental and physical. Perfect mutual confidence had been established between doctor and patient. She believed he knew exactly what to do and what was for the best, and he knew that he could depend upon her to do exactly as she was told. The

labour came on naturally and gradually, and lasted about eight hours. The child in O.D.P. position was born without so much as nicking the fourchette. It is claimed that this cannot be done. But some things can be done as well as others, if we go about them in the right manner. The child weighed eight and a half pounds; the mother's normal weight is one hundred and five pounds. Immediately after the birth of the placenta, the mother received a dose of *Arnica*; this was repeated in the course of the night twice. She had no other medicine during the entire period of lying-in, as she had no symptoms upon which to hang a prescription. The lochia was normal and without a particle of odour at any time; she had no fever, not even on the proverbial third day; the milk came naturally and without any soreness or discomfort in the breasts; she had no pain of any kind during the entire period, not even a headache; her appetite was good, and her bowels moved naturally and easily on the fifth day.

I kept her in bed sixteen days, and fed her on abundance of food, in fact carrying it almost to the proportion of enforced feeding toward the end of the period, in the manner of Dr. Weir Mitchell in cases of neurasthenia, the result being that on the day after getting up she went out and walked a mile, and came home with the appetite of a schoolboy.

This is an extreme case, and would be hard to duplicate in its entirety. It illustrates the power of ante-parturient medication to put the woman in such a healthy condition that she resists the influences about her, no matter how malign these may be, and furnishes, as it seems to me, an unanswerable rejoinder to those who claim that the physician is recreant to his duty who omits to enforce, in the ordinary lying-in room, the paraphernalia of antiseptis. This case exemplifies what homeopathy will do, properly applied, and is my answer to antiseptis. There is no doubt but that this allopathic expedient is useful in the hands of those who know no better way of treating their parturient cases; but the man who practises homeopathy has no use for it.

THOUGHTS FROM THE ORGANON.

POPULAR PAPERS.

By EDWARD MAHONY, M.R.C.S., L.S.A.

No. IV.

It is evident, from the above quotations, that Hahnemann regarded all non-venereal chronic diseases as having a root or source in common—a common source of origin called by him chronic miasm, or, as we have already seen, disordered vital force, this disordered vital force being caused by the infection of the chronic miasm. It is also hereditary in the fullest sense, and through countless generations. Let us try and see how this thought works practically. From the list of names referred to above, I will take six—namely, madness, epilepsy, softening of the bones, epistaxis (nose bleed), cataract, paralysis.

These are names with which all are familiar, and are sufficiently varied to include the most sensitive as well as the hardest parts of our corporeal frame. As to their hereditary nature, this I take to be admitted, as all schools of medicine teach it; but regarding such cases for treatment, how does Hahnemann's doctrine work? Take madness, whether under the form of wild excitement, involving the greatest danger personally and to those around—or its opposite, melancholia and dementia—what is the first thought of treatment according to the orthodox school? Nothing less than restraint in an asylum will meet the case, with due administration of tonics, sedatives, and careful hygiene (this last no one objects to).

But what says the follower of Hahnemann? 1. Chronic miasm was the original cause of all this trouble, and that chronic miasm showed itself probably by a few small symptoms of irregularity in natural functions, which, however, was habitual; but on account of the slight disturbance it was overlooked, or worse still (and this was safe to have been done if there were the slightest eruption); the slight symptoms were suppressed, when worse appeared: again, local symptoms were suppressed, and finally the mind gave way. The origin, therefore, was bodily disease. Therefore get the history of this, and, above all, of the suppressions, whether by internal or external medications; antidote these, and we are on the high road to cure. 2. The present symptoms—moral, mental and bodily—must be combined

together to form a totality expressing the present entire condition of the sufferer, and that must be prescribed for in the first instance: the medicine may be an antipsoric or a non-antipsoric; if the latter, after the acute symptoms have been cured, an antipsoric, discovered, as above indicated, from the past medical history of the patient, *must* be administered, or there will be no cure, but, on the contrary, a painful relapse. Such is the practical working of this doctrine, and the truth of it is confirmed by all who have tried it in the way taught in the *Organon*. These are the two main points in the treatment of chronic disease—namely, that whilst you take the symptoms which together cover the immediately present acute condition, unless the medicine indicated happens to be an antipsoric, and one which therefore will reach the root of the disease—even though twenty, forty, eighty, or, for the matter of that, one hundred years past, should a centenarian present himself or herself—you will have afterwards to find the indicated antipsoric remedy or remedies, or there will be no permanent cure.

Some object to all this as theory: be it theory, it is most practical, and has already saved one cannot say how many unhappy sufferers from the pain and humiliation (most undeserved) of the lunatic asylum.

Epilepsy.—The same principle applies here exactly; but I should like to make one remark which it seems the public have a difficulty in grasping, and it is this: that inasmuch as the convulsive movements of an epileptic fit are but an external expression of a much deeper inward irritation, it will follow, according to another recognised law, that the internal part of the affection being touched curatively, the external (convulsive muscular movements) may be expected for a time to be more severe, and this is therefore no cause for alarm in itself, but, on the contrary, of congratulation, provided always the mental condition is clearer during the intervals between the paroxysms. On the other hand, it strongly intimates how injurious must that treatment be which suppresses the external phenomena at the expense of stunning the delicate internal organisation of the brain and spinal cord. That such an intimation is no case of "crying wolf," the really awful effects of *Bromides*, *Quinine*, and a host of other medicines so grievously abused, only too forcibly prove.

Softening of bones (rickets).—The doctrine is proved

in these cases by the rapid improvement in general health and strength, as well as the striking improvement in the shape of the limbs, where the case is carefully studied with a view to ascertain what psoric symptoms—*e.g.*, night perspirations, on the head especially, fetid stools, bloated abdomen, &c.—are present, and medicines, always one at a time, are selected accordingly.

Epistaxis.—I select this rather than other hemorrhages which might be given, because here even many professing homeopathy seem led away by the notion that the nostrils must be plugged; “woe the day to the patient,” is all I can say.

The first point is here, as previously, if hemorrhage recurs there is a cause for it inwardly—a root, chronic miasm as before—and all the plugging in the world by the first surgeons living will *not touch*, far less remove, this cause. It is further to be noted that a little careful inquiry—and there is no danger of the patient dying, or even taking harm while this is going on—will elicit the fact that there are conditions—such as position; time of day or night; character of the blood, as dark or bright; mode of exit, as oozing or gushing; accompaniments, as pale or flushed face; nausea, and many others—which will point again to a combination, and this again to a medicine, which, curative in its action, will arrest by natural healing processes far superior even in time to the most skilful manipulations of the most accomplished surgeons. I speak thus decidedly on this point, not merely on account of having read it in the *Organon*, but from having put it to the proof at the bed-side and found it answer.

Cataract.—Here again is a disease constantly regarded as only local, and I believe I am right in saying that the entire dominant school of doctors teach and practise that nothing can be done until, as it is said, the cataract is ripe, and then it must be removed by an operation; in other words, sight must be taken from that eye for ever, though it is true a lens can be worn outside in the shape of cataract glasses. Which, however, is most scientific, and appeals most forcibly to the invalid: to allow the disease to grow unarrested until it has destroyed the lens, as far as seeing is concerned, for ever; or to say, with Hahnemann, previous constitutional disease preceded this local manifestation. Let us get at that and the root will be reached, and, in reaching the root, the fruit will be at least aborted?

I have at the present moment under treatment a lady some years over seventy, and whom I treated, not for cataract directly, but for the combination of past and present symptoms, with so far the happy result of great improvement in general health, making flesh considerably, and improvement in the cataractous condition of both eyes, accompanied by corresponding improvement in sight.

Paralysis.—This may be of various kinds, such as sensory, motory, and general or local; often, unfortunately, largely induced by over-drugging of various sorts. The same principle guides here: what general condition preceded the development of the paralytic symptoms, and what antipsoric medicine do they point to? The theory proves itself true in practice here as elsewhere. The same reasoning can be applied, and proves true in practice, to all disease properly so called which is of a chronic nature, except such as arises from accident or untoward surroundings or circumstances, in which case, of course, whatever is keeping up the morbid condition must be removed; just as in injuries what is necessary mechanically must be done; but even in all these cases the advantage is decidedly in favour of those who adopt and adhere to strictly homeopathic treatment—*e.g.*, the same injury will require different local treatment according as the tendons, the muscles, or the bones are principally implicated. And for a familiar illustration in disease, take the case of seasickness. In one, raising the head, sitting up, movement, at once induces vomiting and nausea; in another, the only hope is in activity and keeping up. The sight of the ripple of the water will be enough for one; the only hope of avoiding catastrophe in another is to keep the eyes fixed on the waves.

It is recorded of the late Lord Nelson that he was always sick on first going to sea, and the same fact is stated to be true of many sailors. Familiarity in these cases has not bred contempt. There is another *cause* besides the motion for *mal de mer*. So much will suffice as illustration of proof of chronic miasm as root or source of chronic disease. Next we read, "The progress of this ancient miasm through the organisms of millions of individuals, in the course of some hundreds of generations, and the extraordinary degree of development which it has by these means acquired, will explain, to a certain extent, why it is able at present to make its appearance beneath so many different forms,

especially if we contemplate the multiplicity of circumstances that usually contribute to the manifestation of this great diversity of chronic affections (secondary symptoms of psora), besides the infinite variety of their individual constitution." Then in a note he adds, "Some of these causes . . . evidently depend, in a certain degree, either on climate and the natural situation of the dwelling, or on the diversities of the physical and moral education of youth, which has, in some instances, been either neglected or too long delayed, and in others carried to excess, or on the abuse of it in respect to regimen, passions, morals, customs, and habits." Then follows another long note on the mischief of giving a name which really covers a variety of morbid conditions, *e.g.*, "ague, yellow fever, jaundice, dropsy, phthisis, leucorrhœa, hemorrhoids, rheumatism, apoplexy, spasms, hysteria, hypochondriasis, melancholy, insanity, angina, paralysis," &c., and inasmuch as every case of each one of these can't be exactly alike, arising from the same cause, and so forth, and therefore does not require the name of one medicine for that particular name of disease—as we hear nowadays, such a medicine is *the* remedy for rheumatism, such another is what doctors give now for asthma, and so on; he suggests the wisdom of saying, "the patient has a species of chorea, a species of dropsy, a species of nervous fever; a species of ague, because there certainly do not exist any diseases that are permanent and always retaining their identity, which deserve these denominations or others that are analogous."

All this I apprehend will be seen to be further amplification of the previous instruction, and I will merely suggest that if the same infection as ague, yellow fever, &c., attacking numbers of individuals of both sexes, and all ages, under exactly similar conditions of climate, habits of life, such as soldiers in barracks, nevertheless produces such varieties of febrile and other conditions, is not this another proof of latent *something* previously existing in these individuals, which the new circumstances manifest? Is not this further teaching strictly consonant with what had preceded? We now reach the very important point of treatment, and the first proposition is, "Every case of chronic disease demands the careful selection of a remedy from among the specifics that have been discovered against chronic miasms, particularly against psora." He at once insists upon the important point that

“the discovery of this great source of chronic affections” will not make it less important in every case to seize upon “the perceptible symptoms, and everything that is connected with them.” All, however, that the physician needs is “an unprejudiced mind, sound understanding, attention, and fidelity in observing and tracing the image of the disease.” In personal interview the patient is to be allowed what may be summarised as a fair hearing, only interrupted if uselessly digressing, because “every interruption breaks the chain of ideas of the person who speaks.” When the patient and those around him have finished, the physician seeks the further detailed information he himself requires as to time, circumstance, previous medication, kind of pain, location, duration, intermittency, or continuousness, and, always pre-eminently, the state of mind and feelings. In a note giving detailed typical questions the number is forty-six! All is to be committed to writing.

Cautions follow with regard to symptoms during or soon after the use of medicines, and some special remarks with regard to acute diseases, and then returning to chronic diseases comes the important remark . . . “the lesser symptoms, which are often very characteristic of the disease and decisive in regard to the choice of the remedy.” This remark is worthy of being printed in letters of gold and displayed in every homeopathic consulting room; but as this cannot be, and I am writing for the public, I will give one or two illustrations as they occur to my memory, as there is no doubt a very great number of failures in homeopathic prescribing arise from misunderstanding of the value of this remark.

1. A young woman, engaged in a restaurant, saw me one evening, and described a number of symptoms more or less characteristic of a variety of medicines. She complained principally of headaches. Among the motley group was the curious one, *felt as if floating in air*, and this enabled me at the first prescription to dispose of headaches of several years' standing.

2. An ordinary catarrh, in which there was perpetual dropping of a perfectly *bland* fluid from both nostrils. One dose cured, and that kind of catarrh has never recurred in that individual since—now more than seventeen years ago.

3. Neuralgia of the right side of the head of two or

three years' standing : *this side of the head warmer than the other*. One dose stopped it at once, and symptoms appeared of gout in the right great toe, promptly relieved by the indicated medicine.

4. In a woman of 78, two hard nodules in the right breast, with retracted nipple (symptoms very suspicious of cancer), *a cold feeling in the breasts*. The indicated medicine removed this feeling and gave general relief for a month.

The lesser symptoms mentioned may have no apparent connection with the more severe symptoms which are occupying and disturbing the patient's mind, and often the most casual remark leads to their being mentioned. All this shows the importance of mentioning everything that is not health, even if it seems ridiculous.

In some special instructions with regard to the "Investigation of epidemic diseases in particular" the first statement is—"It is wholly indifferent whether anything similar ever existed before in the world or not, under any name whatever." We see once more in this remark the conscious possession of a law, a guiding star, as sure and worthy of reliance as that which led Columbus to the discovery of America, or any of the pioneers of modern or ancient times, and the comfort of this to both doctor and patient is something difficult to express. To be able to say, "I *know* I am treating rightly, although I never saw such a case before in my life, and to be able to give demonstration such as would satisfy all who were competent to judge of the nature of such evidence, that it was no empty boast, nor vain conceit, nor self-laudation, but the calm following out of the three elements of the homeopathic equation, namely, *similarity* of medicinal symptoms to symptoms of disease; *simplicity*, *i.e.*, one medicine at a time; and *minimum* amount of medicine—no waste; and given these three points, the result is as certain as an equation in arithmetic or a proposition in Euclid. Other causes may be present preventing success, but this is equally true of all known subjects—the amount of iron in a vessel will divert the compass when near the north pole; but granted the removal of such contingencies, and we are acting on a natural certainty—on order instead of in chaos.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of International Hahnemannian Association.)

CASE XXI.—*Natr.-mur.*, *Caustr.*, *Laches.*, *Verat.*, *Pulsat.*
January 16, 1883, Mrs. S., an American lady, wrote to me respecting her daughter Mrs. B. She had recently consulted the late Dr. David Wilson, but by the advice of her New York physician, the late Dr. Edward Bayard, she now consulted myself. Mrs. B. had been married two months, and was probably pregnant. The symptoms reported were as follows:—dull constant pain, indicating *prolapsus uteri*; for the last week headache, dizziness, loss of appetite, and chilliness; though naturally playful, now seems very desponding. These symptoms were not very definite; but taking as the characteristics her despondency and probably pregnant condition, I prescribed *Pulsatilla* Cm (F. C.) a few dry pellets every morning for seven days.

Jan. 23.—Her mother wrote that the uterine pains were much relieved; but that the nausea (which she had omitted in her former report) grew worse; little appetite, headache over eyes, coated tongue, skin looking bilious, much depressed in spirits; nothing remained long in stomach, and the nausea sometimes continued all night. As the indications were still far from clear, I prescribed no medicine, but told her to come up to London and see me.

Feb. 4.—I saw her in London, and took the following *photo*. Nausea soon after waking. If she can vomit white froth before any meal, she can retain the meal, but not otherwise. Nausea comes on at any time. Yesterday had longing for peas or beans; for a week or two has had at times craving for vegetables. Is more cheerful since seeing her friends in London. Thirst for a little at a time, but cold water causes nausea. Likes warm drinks better than cold. Always has had frequent desire to urinate, which is now much worse, coming on continually, but sometimes without result. Dull pain in lower abdomen before urinating (she used to have this symptom even when in ordinary health, if she was compelled to refrain from urinating); after urination shooting in left abdomen from behind forwards, on the same level as the dull pain, lasting from three to four minutes, and followed by the dull pain again. If she lies on left side she feels a sore spot in left abdomen;

it is better if she lies on right side, and especially better if something is then placed between knees. Last menses commenced on December 13th, but were much less than usual. Hands and feet cold. Constipated for over two weeks, has to use an enema of cold water daily. Dreams much about robbers and wild animals; the dreams are very vivid, and the impression of them lasts after waking. Any movement makes her feel chilly between scapulæ with creeping there; followed by chilliness in stomach going backwards into her. Is subject to sore throat if she gets her feet wet. About five or six years ago had backaches, and consulted Dr. Samuel Swan of New York, and also the late Dr. Bayard, both of whom diagnosed kidney mischief. When a girl, went to a school in Germany where she was half-starved, and had loss of mental power in consequence; this, however, was only temporary, as she subsequently graduated at a university.

Diagnosis of the remedy.—I took the peculiar dreams as the keynote of the case.

Dreams of robbers.—*Alum., Aur., Bell., Calc.-ph., Castoreum., Ferr.-iod., Jacarand., Kali.-c., Lil.-sup., Magn.-c., Magn.-m., Magn.-s., Merc., Merc.-ac., Merc.-iod.-rub., Merc.-sol., Natr.-c., Natr.-m., Petr., Phell., Phosph., Plumb., Psor., Ptel., Puls., Rumex., Sanic., Silic., Verat., Zinc.*

Dreams of wild animals.—*Alum., Am.-c., Am.-m., Arn., Bell., Bovis., Eupion., Daph.-in., Hippom., Hydrast., Hyos., Indium., Lycop., Magn.-m., Magnes.-austr., Merc., Nux., Phos., Puls., Ran.-sc., Silic., Sulph., Sulph.-ac., Tarent., Verat., Zinc.*

Dreams continuing after waking.—*Acon., Anac., Arn., Bry., Calc., Cinchon, Euphorb., Graph., Ign., Merc., Natr.-c., Natr.-m., Puls., Sep., Silic., Zinc.*

This reduces the list to *Merc., Puls., Silic., Zinc* which have all three symptoms; and *Alum., Bell., Magn.-m., Natr.-c., Natr.-m., Phosph., Verat.* which have two of them. Of these, *Bell., Merc., Natr.-c., Natr.-m., Phosph., Puls., Silic., Zinc* have vivid dreams. Pain in abdomen after urinating belongs to *Arsen., Chelid., Cinchon, Clem., Magn.-c., Natr.-m., Staph., Sulph.-ac.*

Thus the list is reduced to *Natr.-mur.*, which has also chilliness when moving; nausea from drinking and in morning; and frequent desire to urinate, sometimes ineffectual. The remaining symptoms have not yet been recorded under this remedy; but it corresponded to the

greatest number and also to the most characteristic. I ordered her to leave off eating raw salt with her food; and prescribed *Natr.-mur.* 1m (Jenichen), a few pellets dissolved in water, and a spoonful of the solution twice daily for six days.

Feb. 6.—Sends the following report by letter. Urinary symptoms have materially abated, but the pain in left side seems worse; this latter pain is in left ovarian region, as if something had become attached to abdominal walls, and the extension of any muscle there gives a pain as if stitches were being ripped. The constant pain is a pulling, ripping pain; and yesterday it was so much worse, that the whole left leg as far as the knee felt numb. A year ago had the same pain in a less degree, and was examined by a lady physician in U.S.A., who diagnosed slight enlargement of left ovary. Yesterday a new pain appeared; when she had been for some time allowing her left side to sustain its equal share of the weight of the body, a pain comes on parallel with the vagina, but quite to the left; it is sharp, but not shooting; it does not move, but seems to come at once into its entire course as if it were wedge-shaped, the point of the wedge being in left ovarian region, and the base quite to the left of the vaginal orifice: this pain was very frequent yesterday. Also yesterday, when walking, constant feeling as if she was going to fall: no giddiness, but it seemed as if at any moment her heels would rise off the ground and that she would fall stiffly on her forehead. Yesterday it was only once, before breakfast, necessary to relieve the stomach of the froth. Languid yesterday, and did not sleep well last night. This morning vomited pure bile instead of the white froth, before breakfast. Yesterday severe headache; it seemed to be in the very bones, increased by cold air and ameliorated by any warm applications to forehead; to-day it has quite gone. She never had such headaches in the United States. *Continue the medicine.*

Feb. 13.—Her mother writes that patient has been much better till this morning. Has had no medicine since Feb. 10. Has not been sick at stomach till to-day, except morning and evening; but now has nausea almost always, and feels very languid in mind and body. The pains are better, but the wedge-shaped pain comes on at times, especially at night, so severe as to affect the left leg. Headache, with general feeling of enlarging and pressure on vertex. Sight dim after using eyes a short time. Constant desire to have occiput supported. *No medicine.*

Feb. 17.—Patient visited me again, and gave the following report. Sickness much better, only before breakfast, and one day it did not occur at all. Feels better. The pulling, ripping, adhesive-feeling pains are quite gone. The wedge pain is only a little better; it is worse at night, especially when lying on left side, and it causes cramp in back of left thigh especially at night, and worse then if lying on left side. Still some headache. Constant desire to have occiput supported, which relieves the pressure in occiput and down back. Feeling of falling is gone. More constipation. Less dreaming; no dreams of robbers or animals, and the impression no longer lasts after waking. Chilliness gone; but feet are still cold. No unnatural thirst. Urination quite normal. Sore pain in abdomen gone. Eats no raw salt now. Bruised pain in left natis; burning and sharp pain going about an inch upward and inward when sitting on that side.

Diagnosis of the remedy.—As the action of the *Natr.-mur.* seemed to have ceased, and a new symptom of importance had arisen, I took it as the keynote for the next prescription. *Causticum* is the only remedy which has this symptom—1171, "Pain in nates when sitting, as if bruised or numb." The wedge-pain and the desire to support the occiput I could not find under this or any other remedy; but Hering's *Guiding Symptoms* gives under *Causticum* an analogous symptom, "without violent pain, disagreeable sensation as though a foreign body were in teeth," which is probably a clinical experience, as it is not recorded in the *Encyclopedia*. As *Causticum* was clearly the *simillimum*, I gave a few dry pellets of Cm (Finckè) every morning for seven days.

March 6.—Wrote to say she was feeling quite well, with great improvement in all her symptoms, till she took a bad cold, which now had confined her to bed for two days. Has now dry hollow cough, sounding like croup; pain in the left lung while coughing; throat very sore, most inflamed on left side. Skin hot and dry. Eats well, and retains her food. Last night great dyspnea, and choking in throat. Has taken *Aconite*, on her own account, but with only slight relief. I prescribed *Lachesis* Cm (F. C.), a few pellets dissolved in water, and a spoonful of the solution every three hours for four days; the keynote being the strongly-marked left-sided symptoms, both present and past.

March 14.—Reports that the *Lachesis* did some good,

but the catarrh has brought back some of the former symptoms. Bruised pain in left natis has returned, though not so sharp as formerly, on sitting; worse by coughing, especially if she is standing at the time. Bowels more regular, but stools are too large and painful. No urinary trouble. Every morning vomits froth, but not food, and very seldom does nausea accompany it. Not much dreaming now. Chilliness gone. Pain in left ovary had ceased, but has returned a little; no wedge-pain now. No feeling of falling. Cough caused by feeling of a ball in throat, with sputa like white of egg; cough worse in cold air, but better by eating and by talking. Feels mentally and physically fatigued. Hiccough troublesome at times.

Diagnosis of the remedy.—The former keynote of *Causticum*, "bruised pain in nates on sitting," had returned. The wedge-pain, which the *Causticum* had formerly relieved, had not returned. *Causticum* also has cough from cold air, though the relief from eating and talking is not recorded in its symptoms. I concluded that this remedy had not exhausted its curative power, though its action had been interrupted by the catarrhal attack and the wrong prescription of *Aconite*; and accordingly prescribed *Causticum* Cm (Swan), a few pellets dissolved in water, and a spoonful of the solution every four hours for a week.

April 14.—Writes that all the old pains have gone, though once or twice after over-fatigue they returned with some severity, but passed off in a day or two. Has now vomiting every morning, with occasional exceptions, but no nausea; it still consists of white froth, seldom any bile, and there are now four or five greyish spots in it. Often troubled after eating, and also when she has been sometimes without a meal, with a burning extending from roof of mouth to stomach. At times burning sour taste in mouth. Constipation; stools very painful. After rising in morning and moving about, sensation of an ice-cold wind blowing against her in region of stomach, and extending over the breast; the pain at times is excruciating, and reaches its climax at the nipple: during the past week this pain has been somewhat relieved by wearing a piece of flannel: these sensations occur at times from change of motion, but are never so exquisitely painful as in the morning, and they never occur at night. Irritability, which she controls with effort, and a longing to tear or break something; this last symptom she has often had before, but it is now peculiarly

strong; the motive is not spiteful. Her younger brother has this symptom, and says it relieves him to break things.

Diagnosis of the remedy.—

Destroys things.—*Agar.*, *Ananth.*, *Bell.*, *Bufo*, *Camph.*, *Canth.*, *Carbon-s.*, *Cubebs*, *Cupr.*, *Hura.*, *Hyos.*, *Lach.*, *Laur.*, *Merc-i-fl.*, *Mosch.*, *Op.*, *Phosph.*, *Plumb.*, *Solan-t-ægr.*, *Staph.*, *Stram.*, *Stront.*, *Sulph.*, *Tarent.*, *Verat.*

Breaks things.—*Hura.*, *Solan-t-ægr.*

Tears things.—*Bell.*, *Camph.*, *Hyos.*, *Op.*, *Phos.*, *Stram.*, *Sulph.*, *Verat.*

Frothy vomit.—*Acon.*, *Æth.*, *Alcoh.*, *Ant-t.*, *Arsen.*, *Arund-m.*, *Canth.*, *Cepa*, *Cic-m.*, *Croton*, *Cupr.*, *Ferr.*, *Glon.*, *Kali-brom.*, *Kali-oxal.*, *Kali-sulphuratum*, *Lycop.*, *Merc-corr.*, *Morph.*, *Mur-ac.*, *Natr-c.*, *Op.*, *Oxal-ac.*, *Phosph.*, *Pod.*, *Verat.*, *Verat-vir.*, *Zinc-mur.*

Taking the principal rubrics of "Frothy vomit," and "Destroying things" (the varieties of the latter symptom "Breaking" and "Tearing" being reserved for later differentiation if necessary), the list was reduced to *Canth.*, *Cupr.*, *Op.*, *Phosph.*, *Verat.* Of these five remedies *Phosph.* and *Verat.* have both burning and coldness in stomach, *Canth.* and *Cupr.* having only burning in stomach, and *Op.* having coldness only; none of them have feeling of a cold wind there. (*Coccus cacti* has 983, "Coldness of stomach, with a sensation as if cold air were blowing in it." *Crotal-casc.* has 120, "Sensation as of an opening in pit of stomach, through which air passes." But the "cold air" sensation of *Coccus* is internal, not external as in the patient's case; while that of *Crotal-casc.* is not only internal, but is not cold. *Medorrhinum* has breasts cold as ice to touch, especially nipples; and *Merc-sol.* has cured subjective coldness of breasts. *Cimicifuga* has 433, "Cold chills and prickings in female mamma," but these five remedies do not agree with the other symptoms.) Lastly, of these two remedies only *Veratrum* has "white vomit." *Veratrum* has also 298, "Burning heat in mouth, especially in fauces and pharynx"; 337, "Violent burning in throat, esophagus, and stomach"; also 312, "Constant sour taste in mouth, with collection of much watery saliva." This last is one of HAHNEMANN'S own symptoms; it is bracketed by him as doubtful, but is partly verified by this case. I prescribed a daily dose (two dry globules) of *Veratrum album* mm (Finckè) for one week, unless previously relieved.

May 30.—Reports that she took the first dose about

noon of April 16th. No sickness next day, nor any other symptom. Took no medicine till April 18th, when the coldness and sickness returned about 3 p.m.; she then repeated the dose, and in about half an hour all symptoms had gone. She then (unnecessarily) finished the medicine, taking a dose every morning, and has felt perfectly well ever since.

Sept. 30.—Was safely delivered of a fine girl, the labour being short and easy. As I had not practised as an obstetrician for many years, except in a few cases where my services were specially requested, the patient was delivered by another physician. On Sept. 6th my colleague wrote to me—"The child has exchanged kicks for rolling itself into knobs; patient finds herself moaning, apparently from this condition."

The remedies having reference to this symptom are as follows:—

Fœtus, violent motions of—*Lycop.*, *Nux*, *Op.* (worse towards night, preventing sleep), *Puls.*

„ painful „ —*Arnica*, *Silic.*

„ seems continually turning somersaults—*Lycop.*

Of these six remedies, all except *Lycop.* have either "moaning" or "groaning." As the written report gave no further details, I selected *Puls.*, from its especial action on symptoms arising from pregnancy, and sent her one dose of *Puls. Cm.* (F.C.), which removed this sensation at once.

Comments.—(1) The first point of interest is the development of morbid symptoms during pregnancy. There are three epochs in a woman's life in which symptoms of a latent dyscrasia are especially apt to be developed, viz., puberty, pregnancy, and the menopause. At these periods the psoric or other constitutional taint is, as it were, focussed in a more or less acute form. If, then, these symptoms are treated homeopathically, they are not only removed, but the health of the patient subsequently becomes much better than before; as was the case with the present patient.

(2) On two occasions the condition of pregnancy was taken as the keynote for the selection of the remedy. But the neophyte should carefully guard himself from the slightest approach to routine practice, such as prescribing *Pulsatilla* simply because the patient is pregnant. Any remedy may be indicated in the pregnant condition; but if

the symptoms are too few or too vague to point unmistakably to any one remedy, then the selection must be further differentiated by choosing that remedy which clinical or pathogenetic experience has shown to have most specific relationship to the organic lesion, or the physiological condition of the patient; in which laborious study Bœnninghausen's *Pocket-book*, with its grading of medicines by different types, is invaluable. The keynote for the selection of the remedy is not always of the same *genus*. The symptoms of a patient may be mathematically compared to a cube, which has six sides. The six sides of the diseased condition are—(1) the cause (*e.g.*, *Acon.* for symptoms arising from cold dry air); (2) the character (*e.g.*, *Apis.* in burning-stinging pains); (3) the conditions (*e.g.*, *Lycop.* when there is aggravation from 4 to 7 p.m.); (4) the concomitants (*e.g.*, *Castoreum* when there is yawning in connection with diarrhea or other abdominal troubles); (5) the chronological order of symptoms (*e.g.*, the latest symptoms are, *cæteris paribus*, of more value than the earlier ones); and (6) the anatomical region, as here illustrated. Each of these sides of the cube needs to be considered in every case, and any of them may be the keynote, or starting-point, in the selection of the remedy. But to base a system of therapeutics on one of these sides only, which has been done in the present day as well as in the past, is as absurd as to imagine that one side of the mathematical figure constitutes the entire cube.

(3) The peculiar dreams of the patient were of great value in the selection of one of the remedies. Dreams, when well-marked and peculiar, must necessarily be of importance, because they are akin to mental symptoms, which HAHNEMANN declares to be of the utmost importance. This statement is in full harmony with his other statement respecting the especial value of the most recent symptoms; for as the organism repels the disease from the mind as long as possible, endeavouring to confine it to less important functions, and if possible to drive it to the skin, so in a progressively increasing disease the mind would be the last to be affected. The *Phosph.* dream-symptom previously quoted I have verified. Miss S. H. for five consecutive nights dreamed of being pursued by wild animals, waking her in a fright. After one dose of *Phosph.* 19m. (Jenichen) the dreams ceased at once and did not return.

(4) It may be noted that though *Caust.* has not the wedge-shaped pain in the ovarian region, it has an analogous symptom in the teeth. This again illustrates the fact that a very peculiar symptom appearing in one region may be an indication for the remedy which has produced or cured it in another. Hence the necessity of collectives of sensations, as is given in Hering's *Guiding Symptoms*.

(5) The uselessness, not to say danger, of routine treatment is also illustrated by this case. The patient took *Aconite* for a cold. *Aconite* is especially indicated in the earliest stages of a cold, produced by exposure to cold dry air. In 1868, while accompanying a colleague to his home late one evening, I found the air so cold that I could hardly converse with him from chattering of the teeth. The next morning I woke with a catarrh in my head, which continued till about noon. I then inhaled some of the 30th potency (in alcoholic tincture) of *Aconite*, and in a few minutes the symptoms had all disappeared, and did not return. On a subsequent occasion, having caught cold from getting wet, I tried the same remedy to test the result, but it was "like so much water on a duck's back."

(6) As clinical symptoms worth noting for future verification may be mentioned the cough relieved by eating and talking, and increasing the pain in natis, which disappeared after *Causticum*; and the feeling of an icy-cold wind removed by *Veratrum*. With this latter may be compared the following:—Jan. 13, 1874. Mrs. —, after a miscarriage, complained that her breasts were swelled, hard, and felt cold unless covered up warmly. I dissolved a few globules of *Merc.-Sol.* 1m. (Jenichen) in water, and gave a spoonful of the solution every four hours till relieved. This soon cured her.

(7) The bruised pain cured by *Causticum* was later verified in the following case:—May 1, 1885. Mrs. D., aged about 55, had sudden pain at 4 p.m. in inner side of right thigh where it joins the body, as if a bruise were pressed on, worse when throwing left foot forward in walking, and so bearing all the weight of the body on right foot. At 8.30 p.m., the pain having continued all the time, I gave her one dose of *Causticum* Cm. (Swan). In two hours she was better, and next day only a little pain was felt. On May 27th she reported that there had been no return.

(8) The selection of a remedy on the keynote of the pregnant condition is also illustrated by the following

case:—In 1875 Mrs. S., in the ninth month of pregnancy, complained of troublesome uterine pains of a vague character. She had suffered from them in a former pregnancy, but her previous homeopathic physician had failed to relieve her. There was absolutely nothing characteristic in the symptoms themselves. I therefore selected the anatomical region and the physiological conditions as the keynote; and as *Puls.* has a special action on the uterus, particularly the pregnant uterus, I prescribed a very high potency thereof, and promptly removed the pains. In another case, of false pregnancy, I quickly removed vague but troublesome pains with a very high potency of the same remedy. With these cases may be compared a case of false pregnancy cured with *Puls.* 30, reported in *The Organon*, iii. 270.

48, Sussex Gardens, Hyde Park, W.

FACIAL NEURALGIA CURED BY MAGNESIA PHOSPHORICA.—Mrs. E.: Neuralgia of the face, mostly the right side; began soon after becoming pregnant; pain of a very severe character; the attacks would come on toward evening nearly every day and last for several hours unabated. The following remedies were used with little or no benefit: aconite, belladonna, colocynth, spigelia, and finally magnesia-phos., which was used with the most gratifying results, as the neuralgia ceased very soon and there has been no return after a lapse of six weeks.—*M. L. English, M.D., in Medical Era, May.*

THE NUTMEG GENUS.—Ten years ago, less than a hundred species of *Myristica* were described, but Dr. Warburg, who is at present at Kew engaged on a monograph of the order, estimates the number now in herbaria at about two hundred. This great augmentation is almost wholly from discoveries in the Malayan Peninsula and Archipelago, New Guinea, and Eastern Polynesia. Dr. King, in his *Annals of the Calcutta Botanic Garden*, abstains from any attempt to trace the geographical distribution of the species, on the ground that he believes many yet remained to be discovered. But on running through his work we find (says Mr. Botting Hemsley in *Nature*) that about fifty-four of his sixty-eight species are from the Malayan region, eight from the Deccan and Ceylon, and about six from the Assam and Chittagong region, only two apparently being found as far westward as Sikkim in North India. Most of the new species are from Perak, a country exceedingly rich in endemic trees. Beyond the distribution indicated, there is one species in North Australia, and four each in Madagascar and Tropical Africa, and perhaps about forty or fifty in America, extending from South Brazil through the West Indies and Venezuela to Central America and South Mexico.—*Chemist and Druggist.*

MATERIA MEDICA.

FERRIC SULPHATE—RHEUMATISM, Etc.

By AGRICOLA.

“Just look at my tongue, sir! he's black as any ink,” said a poor fellow (55) to me as I was passing through a large tin-works. He had been recently often “on the club”—laid up for weeks by a most painful *Rheumatic* (so said that luminary the “works” doctor), semi-paralysed condition of the right arm and shoulder, a leading symptom in which was total loss of power to raise the arm level with the shoulder.

Upon desiring to *see* what was his occupation, I was conducted to a series of wooden tanks around the sides of which *Ferric Sulphate* (FeSO_4) + the water of combination, commonly known as green vitriol, was crystallising. After the precipitation of the bulk of the salt in solution had taken place, the man set in motion, by suction *with his mouth*, a syphon, in order to empty the tank of the water, etc., so that he may dig out the crystals.

Now I knew the cause of the poor man's sufferings. Upon inquiry I found that from time immemorial similar disordered conditions of health had been observed amongst the men who had that job. As to remedies—well, of course medicine was powerless in the face of a continued absorption of that most powerful drug; but this experience ('tis ten years ago) added to my mind, if such were possible, still greater veneration for the grand old German savant, Hahnemann; for on consulting his record of *Ferrum*, the very condition which *Ferric Sulphate* invariably causes to the *employé* above described, appears.

In a married woman whose love of work led to her being so situated as to be able by her industry as a Board school teacher to materially add to her husband's income, the persistent use of so-called steel pills, but which were made of *Ferric sulphate*, with a view to prevent her hitherto annual conception, caused every symptom of acute pulmonary consumption, hemoptysis being a leading one.

In a poor boy of 14, whose face was, and had been for years, a mass of eczematous crusts, this powerful medication, size of a pea dissolved in a teacup of water, teaspoon doses after meals, effected in a few weeks a radical cure where hospitals and parish doctors failed. Now can

homeopathy be said to be a—well, do nothing? and this, too, in the hands of a—Husbandman.

BRYONIA.

Extracted from Langham's *Herbal*, circa the 16th century

By AGRICOLA.

1. THE Root doth mightily purge tough phlegm; provoketh urine; cleanseth brain, breath, and inward parts.

2. The Root, 1 dram taken daily a whole year together, helpeth the falling sickness, apoplexy, vertigo.

3. It is good against venomous bitings; half a dram being drunk with vinegar for thirty days, doth help the milt that is stopt and hard.

4. An electuary made with honey is good against shortness of breath; *the old cough*; pain in the sides, and inward burstings; and the congealed blood of bruises.

5. The Root used as a pessary bringeth down the terms; the seconds; and the dead child; and so doth a bath of the decoction thereof and also cleanseth the matrix of all unclean filth if they sit over it.

6. The Root stampd with salt and applied is good for noughty fretting sores that are corrupt, specially the Legs: The Leaves and Fruit are good applied in like sort.

7. It cleanseth the skin from freckles, spots, and scars—and so doth the Oil in which the Root hath been sodden.

8. The Root stampd and mixed with Wine dissolveth clotted Blood, all scars, bruises and new swellings; also aposthumes—it draweth out splints and broken bones, and openeth noughty ulcers, and agnayles that grow about the root of the nayles.

9. The fruit is good against the itch, Leprie, and noughty scab.

10. The first springs are very good to be eaten in salads for the stomach; they purge, open the belly, and provoke urine.

11. The Black Bryony is as good as the white for all the aforesaid Griefs; but not so strong; yet it prevaileth much against the Falling Evil and giddiness and turnings of the head; to provoke urine and terms, to open and waste the stopt and swollen milt.

12. And the tender springs thereof are very good to be

eaten in salads to purge matrix humours and superfluities and to open the belly, neither more nor less than the White Bryony.

14. Bryony doth gently loosen the belly without peril, and provoketh urine.

15. The juice of the Root gathered in the spring-time, and drunk with honied water bringeth forth gross phlegm.

16. An ointment made thereof with oil, wine, and swine's grease, is good for the Palsie.

17. The Oil thereof helpeth all manner of deformities of the skin.

18. The Berries broken do cleanse the skin, from Scurf and Leprie.

19. The juice of the Root gathered in April and May is good for the sinews.

20. Powder of the berries is good for the Stone. For all manner of Gouts take in winter the root of bryony and . . . mix with tallow and apply it to sooth the pains.

(Then follows a lot of absurd mixtures with other medicinal herbs, etc.)

Aches	Fever, quartern	Seconds
Agnayles	Flowers, stopt	Side pains
Aposthumes	Frenzy	Sinews, cut
Apoplexie	Giddy	Skin, foul
Back ache	Gout	Sleep, to cause
Belly ache	Kernels, glandular	Sores
Belly bound	Leapy	Stomach, bad
Breast sores	Leg sores	Stone
Breath, short	Madness	Strangury
Bruised	Milt griefts	Swellings
Burstem	Mother's risings	Throat griefs
Colour, bad	Palsy	Toothache
Cough	Purgation	Uleers
Cramps	Scab	Urine, stopt
Dead child	Scurf	Warts
Dropsy	Scrophules	Wounds
Falling evil		

FLAME OF BURNING NITROGEN.—Mr. W. Crookes explains in *The Chemical News* that in the spectroscope the flame of nitrogen shows no lines, the spectrum being faint and continuous. The temperature is a little higher than that of a good blowpipe-flame, easily melting fine platinum wire. The hot gases rising from a flame have a strong odour of nitrous acid, and when it is produced in a closed globe, the interior rapidly fills with red gases.—*Chemist and Druggist**

EXTRACTS.

HYOSCYAMINE AND HYOSCINE IN NERVOUS AND MENTAL DISORDERS.*

By E. M. HALE, M.D., Chicago.

THE cases I shall narrate will show that while *Hyoscyamine* is valuable, *Hyoscine* is without doubt the active principle of *Hyoscyamus*, which we should use, when we do not use the crude drug itself. It is pleasanter in its action than *Hyoscyamine*, and less likely to cause pathogenetic symptoms.

I cannot forbear calling attention here to the singular tactics of our colleagues of the so-called regular school, particularly in relation to their use of this drug. Not one of them is now ignorant of the fact that the law of *similia* is a therapeutic law, but it galls him to admit it.

They prefer to stultify themselves by calling it by some other name. A prominent physician, who has charge of one of our largest insane asylums, in reporting his experiences with *Hyoscyamine*, says: "This drug seems to possess the singular power of *substituting* its cerebral symptoms for those existing in the insane to whom it is administered. He goes on to say that when the patient comes under the action of this drug, his previous hallucinations pass away. But when he comes to describe the illusions and symptoms cured by *Hyoscyamine*, they can all be found in our pathogenesis of *Hyoscyamus*."

Another English alienist says of *Hyoscyamine*: "It has undoubtedly an alterative influence in cerebral affections, and certain insane illusions and hallucinations, especially when the patients are destructive, jealous, and suspicious."

Hahnemann himself could not have better described the indications for *Hyoscyamus*.

Now the above quoted authorities, as well as others whom I might quote, know well enough that they are guilty of evasion, and a contemptible "dodging the truth." Why cannot they in such cases adopt a manly and honourable course, and frankly admit that the drug acts in such cases in accordance with the law of *similia*, even if they do not believe in the general application of that law?

Several years ago, when *Hyoscyamine* was first introduced, a patient was brought to me from a distance, in the hopes that she might get some benefit from medicine. If not, her relatives were resolved to place her in some insane asylum. She was a woman of middle age, of robust physique, and in apparent good physical health. A year previously, she had become suspicious of her husband's fidelity and of his affection. This suspicion

* *Hahnemannian Monthly*, May, 1892.

extended to many of his and her own relatives. She lost all interest in her domestic affairs, and became morose, with occasional attacks of destructive mania. For these and other symptoms I suggested *Hyoscyamine*, although Dr. Whitman, her medical adviser, had given her *Hyoscyamus* 3rd and 6th. I advised 3rd trituration of the alkaloid one grain three times a day. In a few weeks Dr. Whitman reported by letter that the patient was herself again, having lost all of her insane delusions.

I have on record several similar cases which were cured with this alkaloid.

During the winter of 1892, a physician who was not then in practice brought his wife to me for consultation. They had been married but a year, which had been a happy one, until a few weeks previous to the date of consultation, when she began to have suspicion of a conspiracy among his friends to alienate her husband's affections from her. She had no doubt of his fidelity, or of his affection for her, but she believed that certain persons were conspiring against their domestic happiness. If she found any one or more of those persons had been with her husband, she would become enraged to such extent that she would bite, scratch, and attack her husband with violence and use abusive language. Such attacks would end in a hysterical paroxysm, followed by prostration and stupor, after which she would be very penitent.

I found her uncle had been an inmate of an insane asylum, and that her two sisters had had symptoms similar to her own. There were no symptoms of any physical disease whatever except scanty menses, but her symptoms were not aggravated at the menstrual periods. My prescription was: A dose of the $\frac{1}{500}$ of a grain of *Hyoscine* three times a day.

After she had taken it a week, she called and reported that all her hallucinations had disappeared, and that she felt very happy and buoyant. Two months have elapsed, and her symptoms have not returned. She only continued the medicine a few days. I omitted to say that in both cases, the first symptom of improvement was a removal of a *sleeplessness*, which was a prominent symptom.

As a remedy for insomnia, it has lately come into high favour with the allopathic school. But here, again, they are very careful to prescribe it according to the law of *similia*.

Dr. Kuy, of Strasburg, reports the results of the administration of the muriate of *Hyoscine* in eighty-eight different cases occurring in the Strasburg clinic for nervous diseases. In 82.2 per cent. the result was successful, sleep lasting from six to eight hours, occurring within an hour after the dose was given.

The majority of failures occurred in cases where the insomnia was *not* accompanied by any *motor disturbances*; while, on the other hand, where there were marked motor symptoms, as in mania, with great excitement and paralysis, the result was most favourable.

This is in accordance with our leading indications for *Hyoscyamus*, which are "insomnia, with great mental and physical excitement, hallucinations, illusions, jerkings, twitchings, &c." Now, if the drug was *antipathic* to insomnia, it would cause just the opposite of these symptoms in healthy persons, which it does not and never can unless a lethal dose is given.

In a case reported by Dr. Gibb, $\frac{1}{50}$ part of a grain caused "mild and active delirium, of a loquacious character. He would grasp imaginary objects, talked incessantly, and was with difficulty kept in bed." This does not look antipathic!

In another case, after the $\frac{1}{15}$ part of a grain, reported by Dr. Morton, there were "clonic convulsions of arms and legs, followed by a tetanic condition," which does not seem antipathic to "insomnia, with great mental and physical excitement."

It is a case reported by Dr. Prentiss (*Therapeutic Gazette*), a woman was given $\frac{1}{100}$ grain. In three minutes there was great dryness of mouth and throat; flushed face; a nervous, quivering sensation all over the body; delirium; crying bitterly; very nervous!

Without further citations, it is the testimony of the old school that *Hyosine* is most successful in insomnia, insanity, paralysis agitans, delirium, &c., the nearer the symptom of the patient approaches to the symptom of the drug.

We know that one of the chief indications for *Hyos.* is aggravation of the mental and nervous symptoms at *night*.

Scheussner (allopath) reports that in his clinic, "attempts to calm excited patients *in the daytime* were failures."

This is a decided confirmation or verification of that indication. H. C. Wood (*Therapeutic Gazette*) says: "The *insomnia* which is especially relieved by *Hyosine* is that which is connected with cerebral excitement when sleep is banished by a continual whirl of thoughts and mental images." Just so. Hahnemann says the same.

I have for nearly two years used the hydrobromate of *Hyosine* instead of *Hyoscyamus* in all cases of nervous and mental disease, and I am more sure to get curative effects.

The tincture of *Hyoscyamus* is liable to be of uncertain strength, and sometimes almost inert. Method of administration: Continental physicians at first gave it hypodermatically, but soon discovered that the internal administration gave better results. The effects lasted longer, and many unpleasant symptoms were avoided.

The maximum dose used by the regular school is $\frac{1}{30}$ grain, but this is considered too large; by those who use it most the $\frac{1}{100}$ is considered safe, yet cases of poisoning have occurred from $\frac{1}{100}$, and even from the $\frac{1}{30}$ grain.

It is never necessary nor proper to cause a single pathogenetic symptom. I consider the $\frac{1}{30}$ grain of any of the salts of *Hyoscine* to be the true maximum dose. The minimum dose—the dose which cures best—is only to be ascertained by careful observations. I usually begin with $\frac{1}{1000}$ grain, i.e., 1 grain or 1 drop of the 2c attenuation, and increase the dose until I get curative effects, or fail to relieve the patient. The dose need only be a single one for insomnia; or every 4 to 6 hours in insanity.

NEW PREPARATIONS.

HORLICK'S MALTED MILK.

Among the numerous food preparations now appealing for public favour the dry milk food known as Horlick's Malted Milk must take a high place. It has three great points to recommend it: It contains all the solid contents of milk in a dry powdered form; it completely dissolves in water; and it requires no cooking. It may even be taken dissolved in cold water; and one consumptive patient for whom we prescribed it found that the addition of one-third of fine oatmeal to the dry malted milk before mixing with water made it more palatable, and more suitable for her digestion. The formula of *Malted Milk* is as follows:—

Solid Constituents of Sterilized Fresh Cow's Milk	...	...	50.00
Wheat—Rich in Gluten...	...	...	26.25
Barley Malt	...	...	23.00
Bicarb. of Soda and Bicarb. of Potass	...	...	00.75

We have no hesitation in recommending this preparation. We have known it of especial value in sea-sickness, and also in the sickness of pregnancy, and in many forms of delicate digestion and delicate health. An American lady, who had for years suffered extremely from dyspepsia, was able to make a very tolerable voyage across the ocean taking *Malted Milk* as an exclusive diet. It may be taken in place of tea or coffee, and either hot or iced. On some patients it has a decidedly stimulating effect, and these should not take it immediately before going to bed. As a form of nourishment to be taken in exhausted states after prolonged fatigue nothing could exceed its suitability.

Horlick's Malted Milk is an American preparation, the London headquarters of the *Malted Milk Company* being 89, Snow Hill, E.C.

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 HOT BATH FOR THE NEW-BORN.

F. E. D. writes: "In this month's issue of the HOMEOPATHIC WORLD there is a very interesting article on "The First Hours of Life," by G. W. Winterburn, M.D. At page 253 he advises a bath at a temperature of about 115° Fah. Surely this is a mistake. I passed the journal on as is my custom. It has been returned with a remark that such a statement is likely to cast a reflection."

[We have referred to Dr. Winterburn on this point, and have no doubt he will be able to throw some light upon it.—Ed. H. W.]

HARROGATE WATERS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Could you or any of your readers kindly give me any information on the Harrogate waters, and a list of books, either allopathic or homeopathic, which have been written upon them?

Also if any book has been written on the homeopathic action of any mineral waters, and, if so, which, and where could I get them?—I am, your obedient servant,
ARTHUR ROBERTS, M.D.

NEWSPAPERS.

If correspondents who kindly send us newspapers would see that any passage they wish to be taken note of is well marked we should be good enough to oblige them. The other day we received a paper of 16 pages from the Antipodes without any mark whatever, and we were unable to find anything of particular interest in it. The best plan is to mark on the front page, "See p. —," and mark the article on the page on which it occurs.

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.

CHANGE OF ADDRESS, ETC.

DR. TH. KAFKA, *Carlsbad*.—Since last year the address of Dr. Th. Kafka at Carlsbad is at the house, ANNABERG, No. 385, MARKTPLATZ, to which he removed from Hotel Hannover.

DR. BURNETT has changed his West End address from Holles Street to 86, Wimpole Street, Cavendish Square, W.—Tuesdays and Thursdays.

GENERAL CORRESPONDENCE.

TRINIDAD AS A FIELD FOR PRACTICE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Permit me as a believer in Homeopathy, and as one who has special means of knowing the demand that exists in this Colony for that treatment, to call attention of practitioners to the splendid field which awaits, not only one, but half a dozen, here. There is no homeopathic doctor in the colony, and several might earn handsome incomes, but they must have an English diploma, or the regular practitioners will prevent them practising.

There was one homeopathic doctor here some years ago, and had a large practice, but he became unsteady in his habits and died.

A practitioner to succeed here must possess a thorough knowledge of homeopathy, have an English diploma, be an industrious and steady man, of gentlemanly address, and in a few years he will have attained a competency.

I remain, Sir,

Your obedient servant,

(Mrs.) A. TUCKER.

Tranquility Square, Port of Spain, Trinidad, B.W.I.

May 21, 1892.

VARIETIES.

WHAT IS THE BEST NUTRITIVE ENEMA?—Ewald, as a result of experiments, found that eggs, even though not peptonised, were to a considerable extent absorbed by the rectal mucous membrane. According to the *Mercure Médical* for April 1st, Huber, of Zurich, has recently repeated Ewald's experiments in Prof. Eichhorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt. The salt is well borne, and causes, as a rule, no irritation of the bowel. He considers that eggs beaten up with salt, in the proportion of fifteen grains to each egg, are the best for nutritive enema. His method of procedure is as follows: Two or three eggs are taken, and thirty to forty-five grains of salt are added. They are slowly injected by means of a soft rubber tube, carried as high up the bowel as possible. Three such enemata are given daily. An hour before each enema the rectum is cleared out by means of a large injection of warm water.—*New York Medical Times.*

THE PREVENTION OF MERCURIAL POISONING.—The prevention and treatment of mercurial poisoning amongst electrical workers is a problem that must have forced itself on a large number of employers of late years, and not, we are glad to find, altogether in vain. In a late number of *The Electrical Review* Mr. Legh Powell described the plan which M. Triquet, a member of a firm of incandescence lamp manufacturers, has found in practice very successful. Having become salivated whilst experimenting with mercury pumps, he cured himself completely by means of small doses of iodide of potassium dissolved in milk. He then administered similar doses to some workmen in his factory who were also affected with mercury, with the result that they all recovered. Since then for more than a year doses of the same salt have been continuously administered to the men engaged in the pump room, and no case of salivation occurred amongst them during the whole period, and men who came to this department from other factories with symptoms of poisoning completely recovered under the treatment. Such results speak for themselves and fully justify the routine administration of iodide of potassium. The daily dose was 0.25 gramme dissolved in about 400 cubic centimetres of milk.—*British Medical Journal*, June 11.

THE OWNERSHIP OF AMPUTATED LIMBS.—A singular case has recently been tried before his Honour Judge Jones in the Bolton county court. The plaintiff, Ellis Housley, sued the junior house surgeon at the Bolton Infirmary for £10, the value of one of the arms of his son, who had been injured in an accident at his work. The limb was amputated at the infirmary, and after the operation the plaintiff asked for the arm, but the house surgeon refused to allow him to take it away. A day or two later the boy died, and the father again demanded his son's arm along with the body for burial. It was argued for the plaintiff that he had a right to the limb, whilst for the defendant that there was no cause of action. His Honour said the plaintiff had no property in his son or his son's body, and even a guardian was only a guardian during lifetime and not of the dead body, and there was no obligation to bury. After further argument the solicitor for the plaintiff stated that if his Honour was against him on the common law, he could go no further, and there was a verdict for the defendant, with costs.—*Lancet*, May 28.

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.

- Barton (J. K.). *The Diagnosis of Syphilis.* 16mo, pp. 28. (Farran, Dublin; Bailière, Tindall and Cox. Net, 1s. 6d.)
- Braithwaite (J.). *The Retrospect of Medicine: a Half-yearly Journal.* Vol. 106, 12mo, pp. 440. (Simpkin. 6s. 6d.)
- Coffin (R. J. M.). *Obstetric Hints for the Use of Midwives.* 2nd ed. 16mo. (Baithby, Lawrence and Co., Leicester; Bailière, Tindall and Cox. 2s.)
- Dutton (Thomas). *Digestion and Diet Rationally Discussed.* Cr. 8vo, pp. vii., 124. (Hirschfeld Bros. 2s.)
- Hilton (J.). *Rest and Pain: a Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases.* Edited by W. H. A. Jacobson. 5th ed. 8vo, pp. 510. (Bell and Sons. 9s.)
- Meninger (Dr. Allard). *Diagnosis by the Urine.* 12mo, pp. 85. (Blakiston, Philadelphia. 5s.)
- Maplegr (Dr. G. H.). *Modern Therapeutics.* 2 vols. 8vo, half-russ., pp. 2,000. (Blakiston, Philadelphia. Net. 60s.)
- Phillips (Dr. R. J.). *Spectacles and Eye-glasses.* 12mo, pp. 100. (Blakiston, Philadelphia. 5s.)
- Ridge (J. J.). *Alcohol and Public Health.* Cr. 8vo, pp. 90. (Lewis. 2s.)
- Roosa (D. B. St. J.). *A Practical Treatise on Diseases of the Ear.* 7th revised ed. 8vo. (H. K. Lewis. 25s.)
- Treatise on Hygiene* (A.). Edit. by Thomas Stevenson and Shirley F. Murphy. 2 vols. Vol. I. Illust. Roy. 8vo. (Churchill. 28s.)
- Woodhead (G. S.). *Practical Pathology: a Manual for Students and Practitioners.* 3rd ed. 8vo, pp. 672. (Pentland. 25s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *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. Dudgeon, London; Dr. Winterburn, New York; Dr. Heath, London; Dr. Arthur Roberts, Harrogate; Mr. J. Meredith, Lydney; Dr. Proell, Gastein; Dr. Lamb, Dunedin, New Zealand; Birkbeck Building Society; Dr. Berridge, London.

BOOKS AND JOURNALS RECEIVED.

H. Monatsblätter.—Allg. Hom. Zeit.—Chemist and Druggist.—Zoophilist.—Medical Advance.—California Homeopath.—Sydney Morning Herald, May 21.—Australian Star, April 27.—Revue Hom. Belge, March and April.—North American Journal of Homeopathy.—Southern Journal of Homeopathy.—Medical Visitor.—Minneapolis Hom. Magazine.—Medical Argus.—Hom. Envoy.—L'Art Medical.—Homeopathic Physician.—American Homeopathist.—New York Medical Times.—Medical Era.—New Eng. Med. Gazette.—Vaccination Inquirer.—Clinique.—Homeopathic News.—Hom. Maandblad.—Hahnemannian Monthly.—An Analytical Symptomology of the Homeopathic Materia Medica, by Raper L. Thurston, M.D., and Samuel A. Kemball, M.D.—Science and Art of Obstetrics, by Dr. Scavitt.—Antivivisection Evidences, by Benj. Bryan.—Yingling's Suggestions to Patients.

THE HOMEOPATHIC WORLD.

SEPTEMBER 1, 1892.

MEDICAL DEFENCE—NO HOMEOPATH NEED APPLY.

A NORTHERN correspondent has sent us a circular which he has received from the divisional secretary of an association styling itself "The London and Counties Medical Protection Society, Limited," Mr. JONATHAN HUTCHINSON being its president. The first object of the Society is—"To support and safeguard the character and interests of legally qualified medical and dental practitioners; and to advise and defend members of the Society when they are attacked."

Medical practitioners, perhaps more frequently than any other professional class, find themselves, without any fault of their own, in situations of difficulty which expose them to the attacks of malicious or mistaken individuals, to clear themselves from which may be a matter of great trouble and expense.

A society which is designed to protect its members from wrongful attacks of this kind is one with which any one may sympathise. But the "L. & C. M. P. S., Limited," does not stop there. It benevolently undertakes to settle quarrels among its members:—"The Society constitutes an admirable"—it is pleasant to find so much self-appreciation in the Society—"court of arbitration for all those disputes with professional brethren which are unfortunately too common, and which, for want of authoritative intervention, lead sometimes to life-long and groundless animosities." Nor is this the limit of its charitable intentions—it undertakes the protection of the public as well:—"This Society

will exert its influence to discourage and suppress all unprofessional practices among medical men and dentists; and to abolish the practice of medicine and surgery by ignorant quacks who endanger the lives of their dupes and defraud them." This is a large undertaking. Surely the Society which undertakes to protect the public from quackery should call itself the "*Public and Medical Protection Society*;"—unless we are to conclude that it is more the fees of its members than the "lives" and pockets of the public that the Society is so sensitive about. We rather fancy the Society has a little overstepped the mark here. The best protection it can give the public from quackery is by gaining the confidence of the public through improving its own methods of practice. Until this happens Holloway's Pills and Mother Siegel's Syrup will continue to flourish in spite of this charitable and ambitious association.

That the temper of the association is not one of universal benevolence is clear from one paragraph, the appearance of which was the reason of our correspondent's sending us the circular. There is a party among the ranks of the homeopaths who fondly delude themselves with the notion that allopathic animosity against the new system is dying out; and that if homeopaths are only careful to do nothing to offend members of the Old School—if they will imitate them as far as possible, and try to please and flatter them in every way, the animosity will be turned into brotherly love. Let all homeopaths of this way of thinking peruse the following paragraph:—

"Attention is directed to a resolution unanimously passed by the Council on June 21, 1892, to the following effect:— 'That no medical man professing homeopathy be eligible for election to the membership of this Society.' Public advertising, and unprofessional practices generally, will be considered to disqualify for membership."

With all its lofty and benevolent professions, this Society is a mere trades-union of allopathy, with all the worst features of trades unionism in its composition. There is no reason why it should exclude homeopaths from the pro-

tection it professes to extend. Homeopaths are duly qualified men, and are as liable to be wrongfully attacked as others; and there is nothing whatever in the objects of the Society which brings therapeutic systems into consideration at all. This paragraph is the pure outcome of professional jealousy and spite, and is all the more unworthy as it was passed unanimously by the Council of which Mr. JONATHAN HUTCHINSON is president. Not many years ago Mr. HUTCHINSON publicly professed that he saw no reason why homeopaths and allopaths should not consult together, as they were both in the same position, professionally and socially; but since then Mr. HUTCHINSON has suffered himself to be coerced from ways of justice by the baser spirits who surround him.

We do not allude to this paragraph because it is of the slightest consequence to homeopathy, but merely to show those who think the two schools are drawing together that they are living in a fool's paradise. Homeopaths are very well able to take care of themselves and of one another, without the aid of any "L. & C. M. P. S., Limited"; and as for homeopathy, the paragraph in the circular is the best evidence that it is very much alive, and is taking care of *itself*. If the old-school therapeutics had anything like the same organic vitality in it that homeopathy has, the public would not need any charitable trades-union of doctors to protect them from quacks. So long as the majority of the profession refuse to learn of HAHNEMANN the proper method of treating patients, so long will they fail to secure and keep the confidence of the public.

POTASSIUM IODIDE FOR MUSCÆ VOLITANTES.—This annoying phenomenon, so frequent in myopia and in conditions affecting the inner coats of the eye, is happily relieved, says the *Gazette des Hôpitaux* for November 6, 1890, by the following treatment, that must be persisted in for some time. It consists in the daily instillation into the eyes of a solution of one part of potassium iodide in two hundred parts of distilled water.—*New York Medical Times*.

NEWS AND NOTES.

DEATH OF DR. DRYSDALE.

OUR readers will learn with profound regret that Dr. Drysdale has at last succumbed to his long illness. Though he rallied in a marvellous way from his attack of influenza in the early part of the year, and so far recovered as to be able to take a journey into Egypt, he did not there gain as much strength as had been hoped; and though he was able to see a few of his old patients on his return, his health has never been re-established. He passed away on Saturday morning, August 20th. The following notice appeared in *The Pall Mall Gazette* of that date:—

“We regret to have to announce the death of Dr. John James Drysdale, the great homeopathic physician, which occurred early this morning. The deceased, who was seventy-five years of age, had been in failing health for some time, and death took place at his residence, Beach Lawn, Waterloo. Dr. Drysdale was the son of Sir William Drysdale, formerly Lord Provost of Edinburgh, and practised in Liverpool for forty-five years. He was the author of several scientific works, and president of numerous scientific societies.

A HOMEOPATHIC DISPENSARY FOR SYDNEY, N.S.W.

It is high time that the capital city of New South Wales should have a public Institution representative of Homeopathy, and, therefore, it is with great pleasure that we have read the following announcement in *The Sydney Morning Herald* of June 27th:—

THE SYDNEY HOMEOPATHIC DISPENSARY.

President, the Hon. Mr. Justice WINDEYER, LL.D.

Vice-presidents, { AUGUSTUS MORRIS, Esq.
 { Dr. BROUGHTON KYNGDON.

Hon. Treasurer,
B. BACKHOUSE, Esq., Hon. Associate R.I.B.A.

Committee:
Mrs. W. Curnow | J. Malbon Thompson, Esq.
Mrs. Geo. Lord | R. C. Walsh, Esq.
Dr. H. Payne-Scott
Dr. Simmons.

NOTICE is hereby given that the above-named DISPENSARY will be OPENED for the treatment of patients, at the Rooms, 167, Liverpool-street, City, on FRIDAY Next, 1st July, 1892, at 4 o'clock in the afternoon, and for the future, DAILY, at the hours given below for the attendance of the Honorary Medical Staff :—

MONDAY, 3 to 4 p.m., Dr. H. Payne-Scott.
TUESDAY, 3 to 4 p.m., Dr. Simmons.
WEDNESDAY, 2 to 3 p.m., Dr. Mathias.
THURSDAY, 3 to 4 p.m., Dr. Kyngdon.
FRIDAY, 4 to 5 p.m., Dr. Maffey.
SATURDAY, 2 to 3 p.m., Dr. W. G. Watson.

Honorary Dispensers :

Messrs. E. C. ELLIOTT and CO.,
805, George-street.
Messrs. FISHER, and CO.,
337, George-street.
Messrs. J. T. OSMOND and CO.,
798, George-street.

By order of the Committee.

JOHN MAFFEY, L.R.C.P., &c.,
Honorary Secretary.

We wish the institution all prosperity, and trust ere long it may develop into a Hospital, and then into a Hospital and Medical School.

ANNUAL HOMEOPATHIC CONGRESS.

As will be seen from a circular we publish elsewhere, the Homeopathic Congress is to be held this year on Thursday, September 22nd, at Southport, under the presidency of Dr. Ramsbotham, of Leeds. Dr. Blumberg, of Southport, is the vice-president, and Dr. Stopford is the local Hon. Secretary.

COPPERED PEAS—THE LIMIT AT LAST.

SEVERAL judicial decisions having recently settled the question that copper in peas is good to eat, tradesmen with artistic instincts would not unnaturally conclude that they might use as much of the edible metal as they liked to bring up their goods to the proper tint. But it seems that this is not the case, as the following paragraph from the *Chemist and Druggist* of July 23rd will show :—

"COPPER IN PEAS.

"The Liverpool Stipendiary Magistrate some time since dismissed a summons under the Sale of Food and Drugs Act, in which it was alleged that certain preserved peas had been bought which contained $1\frac{1}{2}$ grains of sulphate of copper to the bottle.

"Another case was brought before the magistrate on July 13th, and this time the certificate asserted that the proportion of sulphate of copper was $2\frac{1}{2}$ grains to the pound.

"In the course of his evidence, Dr. Campbell Brown, the city analyst, said that since the previous case he had examined numbers of tins and bottles of preserved peas, and though their colour was green and fresh, they were absolutely free from any injurious colouring matter. It was evident they were kept green-looking by some new process of which he knew nothing at present. He considered that the effect of the use of sulphate of copper was to injure the digestive power of the stomach. Of course, it depended entirely on the strength or the weakness of the stomach; but he himself had frequently at public banquets tasted sulphate of copper in the peas which were served at table, and he invariably put them on one side of his plate.

"Dr. Hope, assistant medical officer of health, corroborated Dr. Campbell Brown as to the effects of sulphate of copper on the stomach. Peas, when preserved in their natural state, were more yellowish and less attractive than when they were treated with sulphate of copper. He found that, in order to give a natural greening or pigment to peas, the minimum quantity of sulphate of copper ranged between $\frac{1}{2}$ grain and $1\frac{1}{2}$ grains.

"The magistrate remarked that in the former case the packers of preserved peas said that $1\frac{1}{2}$ grains of sulphate of copper was sufficient to retain the natural colour of a pound bottle of preserved peas. He imposed a fine of 20s. and costs.

"A case of adulteration of preserved French beans was next investigated. The proportion of sulphate of copper was again $2\frac{1}{2}$ grains to the pound. A fine of 10s. and costs was imposed."

DEAD SEA WATER AS AN ANTISEPTIC.—The Paris correspondent of *The Daily News* states that a well-known French chemist has promulgated the idea of exporting water from the Dead Sea as an antiseptic for use in hospitals, it being reputed mortal to every kind of animal life, and necessarily, as he supposed, to microbes. But a savant whom he consulted said: "Take care, there is hardly a fluid in nature in which a virulent microbe of some sort may not find a good soil." He therefore turned them into the densest Dead Sea water that had ever been fetched to his laboratory. The diphtheria, measles, scarlatina, small-pox, and other fell creatures of the animal world were experimented upon. All died but two, with which in forty-eight hours the fluid was alive. The one shaped like the clapper of a bell, and the other like a tack nail with a round head, were the microbes of tetanus and of gangrene.—*New York Medical Times*.

ORIGINAL COMMUNICATIONS.

THOUGHTS FROM THE ORGANON.

POPULAR PAPERS.

By EDWARD MAHONY, M.R.C.S., L.S.A.

No. V.

To return to our text—"In fact, we ought to regard the pure image of each prevailing disease as a thing that is new and unknown, and study the same from its foundation . . . we ought never to substitute the hypothesis (*i.e.*, supposition) in the room of the observation, never regard any given case of disease as already known, either in part or wholly, without having first carefully examined all its appearances."

I note in the above sentence the words "never" and "all," as indicating from their connections the care with which mere routine is guarded against on the one hand, and insufficient observation on the other, and at the same time how there is perfect confidence in undertaking the treatment of a hitherto unknown malady. The recent epidemics of the so-called "Influenza" are good examples which are sufficiently fresh in the memory of all. In the first case I saw (and every doctor necessarily had his first case) the first glance at the patient satisfied me that a case of the prevailing epidemic was before me: the patient, a young girl of sanguine temperament, lay as if felled by a blow which had stunned her yet left her acutely sensitive to every movement, at once suggesting a particular medicine, and every further question elicited further symptoms of that medicine, which therefore she received in the 200th potency every two hours, until there was relief. On entering the room next morning—"I need not ask how you are," I said: in fact, she was laughing: Other cases as clearly called for other medicines, and with as satisfactory results; in other words, treating persons, not names, though the disease was the same, verified once more the truth of Hahnemannian teachings as being those of natural law and order. The same care is insisted on for the treatment of chronic psoric disease, and the importance of keeping notes during the progress of the treatment as well as at the commencement, and then we come to the

important point of "the instruments destined to cure natural diseases," in other words, medicines; and here the first point insisted on is "trying them separately and simply, in moderate doses, upon *healthy* individuals, and observing what changes they create in the moral and physical state." Hahnemann's fairness again appears in remarking, "In the course of twenty-five centuries (note the time) no physician that I know of, except the immortal Haller, has ever thought of a method so natural—so absolutely necessary and so perfectly true—as that of observing the pure effects of each medicine individually, in order to discover, by that means, the diseases they were capable of curing"; then he adds, "I am the first who has pursued this path with a perseverance that could alone result from, and be supported by, the intimate conviction of this great truth, so valuable to the human race, that the homeopathic administration of medicines is the sole certain method of curing disease." In marked contrast to the above sentiments, and as illustrating where the Profession as a Profession is in this matter at the present moment, it is both interesting and instructive to learn from the pages of the *Lancet*, of Aug. 6, 1892, that at the sixtieth annual meeting of the British Medical Association, held at Nottingham in the month just passed (this Association, it must be understood, represents in medicine what the British Association does in general science), Mr. Hutchinson moved a resolution in the following terms: "That this general meeting of the British Association records its opinion that the results of experiments on living animals have been of inestimable service to man *and to the lower animals*, and that the continuance and extension of such investigation is *essential* to the progress of knowledge, the relief of suffering, and the saving of life" (*italics mine*). The resolution, it is added, was carried unanimously. Clearly another, or at any rate nearly another, century may be added to the twenty-five enumerated by Hahnemann. The above resolution also, in the word "*essential*," levels a would-be death-blow at the whole of this part of the science of homeopathy; our author, on the other hand, further says "it is as impossible that there should be any other true method of curing dynamic diseases (*i.e.*, those not surgical) besides homeopathy, as that more than one straight line can be described between two given points." In this pillar, therefore, of homeopathic science we learn

that it and the dominant school of medicine are at antipodes of thought and action. Every true homeopathic physician can tell his patients, "I have tried our medicines as provings when in health, and in any ailment my first thought in treatment is, What medicine is indicated?" Can our allopathic *confrères* say the same, or do they refer to their cats, dogs, horses, rabbits, &c.? Referring to authors on *Materia Medica*, and their most varied explanations, we are told, "A science which, from its origin down to the present time, has consisted of a mass of false conjectures and fictions, or which, in other terms, never yet had any real existence." This language is strong, but not beyond the truth, for the simple reason that there never had been science in this department, nor is there now; in the above-referred-to meeting of the British Medical Association, no less a leading light than Professor Gairdner, of Glasgow, gives utterance to a plaintive protest that, having been appointed chairman of the therapeutic (N.B.—This word means healing) committee, the branches did not, as it were, come to the rescue, and he accordingly found himself "in the position of a defeated minister," and therefore resigned. In other words, medical science of to-day is active and progressive in all *except healing*.

To go back to the first proposition, it will be remembered medicines were to be taken in order to ascertain their healing properties, by the healthy, separately and singly, in moderate doses, and their changes noted on the moral and physical state. Observe the consistency of this with the previous teaching as to disease, that the *immaterial* (moral) *precedes* the material (physical), and hence, as is found by clinical experience to be true, it is not necessary to push the proving to the extent of injury to the prover; in fact, if this is done, it complicates and interferes with the homeopathicity of the proving, by bringing in other elements which are not wanted, such as the physiological, *e.g.*, urgent dyspnoea, or the toxicological, *e.g.*, the corrosive action of acids; not that anything is without its uses, but simply the more prominent one symptom is, as in the last two cases instanced, the more does it disguise the other symptoms present, and so prevent the attainment of the homeopathic equation, namely, the correspondence between the *totality* of the symptoms of the disease, and the *totality* of those which the medicine has been known to produce.

This order, then, of (1) Moral, (2) Physical, is always to be observed, whether in studying the actions of medicines or the phenomena of disease, and hence in either whatever is felt by either prover or patient is never pooh-poohed, nor treated as foolish, but observed and acted upon. This does not prevent the exercise of judgment on the part of the doctor as to the significance of the various sensations: they are, in fact, so many voices, and he is wise who listens to them and avails himself of their diverse information. We are also told the medicines must be tried "separately and singly." This speaks for itself: if you wished to apply the material sense to any object, you would separate it, isolate it from all others, and is it not consistent with reason and analogy to do the same with that wonderful immaterial vital force which we all possess; and is it not most inconsistent and unreasonable to mingle various medicinal ingredients under no law whatever, and call this rational medicine? It will be observed, too, that this first short proposition at one blow demolishes the giant polypharmacy, and had it only been adhered to from the hour it was propounded to the present, what incalculable mischief would have been saved to suffering humanity! The necessity of carefully individualising each medicine according to the symptoms it is proved to produce is also pointed out, and the necessary care in their preparation as also the regulation of diet, exercise, and general hygiene in the person who is proving; as also that "medicines should be tried on the persons of women as well as men, in order that those changes in the economy which are referable to difference of sex may be clearly ascertained," and then comes the pregnant remark that "the most recent experience has taught that medicinal substances, when taken by the experimenter in their crude state, for the purpose of testing their peculiar effects, do not for a long time display the full extent of those virtues which lie concealed within them, as is the case when they are taken in higher developments, *i.e.*, exalted in power by due trituration and agitation." Let us remark here that this is stated to be the result of "experience" and that, too, "the most recent"; in other words, *after* a different mode had been tried, and that this is analogous to the doctrine of disordered vital force as the commencement of disease; *i.e.*, that the virtue of medicines consists in an inherent impalpable power, call it by whatever name you will, and

which power is "aroused into activity" by the above-named processes, and which processes, it may be remarked, have the necessary effect of removing all other properties, in order to give full play to this particular one of homeopathicity to the image of the disease.

Further cautions follow of details to be observed by the experimenter, and then comes the remark—

"It is by investigating the pure effects of medicines in the healthy subject only that a true *Materia Medica* can be framed," and "A *materia medica* of this nature shall be free from all conjecture, fiction, or gratuitous assertion—it shall contain nothing but the pure language of nature, the results of a careful and faithful research." Such is the *beau ideal* of homeopathy—"nothing but the pure language of nature"—and its study possesses a fascination in vain sought for amid the "*tot homines tot sententiæ*" of the results of research for healing power among bacilli, bacteriæ, asepsis, antiseptis, and any and all theories combined. The conviction that in every case of suffering, moral or physical, one is dealing in treatment with facts, the facts of suffering humanity, gives a charm to the investigation of every case whatever, and the miserable dulness of routine has disappeared for ever. The names of many pioneers in this department follow, together with the medicines introduced by them, and "at the same time, while making trials, they mutually assisted each other, and had help from many others . . . and a great many individuals participated, more or less, some handing in their names, and others contributing anonymously." This last information is in a note by Dr. C. Hering, afterwards a foremost pioneer in America, and one who openly declared that he made the *Materia Medica* his principal study for life, from choice, thus proving that he found this pursuit no chimera; his name was a household word in homeopathic circles—in America, at least.

Some remarks follow: "Intimation how a homeopathic cure is probably effected"; but as this is theory, and its acceptance or rejection does not in the least affect the practical application of the law of cure, I pass it over. Then, returning to the question of treatment, "What kind of symptoms ought chiefly to be regarded in selecting the remedy? we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar* (characteristic): *for it is to these*

latter that similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the cure" (italics Hahnemann's). "On the other hand, the more vague and general symptoms, such as loss of appetite, headache, weakness, disturbed sleep, uncomfotableness, &c., merit little attention, because almost all diseases and medicines produce something of such general nature."

In the above we see once more the careful individualisation of homeopathy, for if the question be asked, What are the "characteristic" symptoms of any complaint? to answer this we must say, they may lie in any direction whatever. Sensations, *e.g.*, in the form of stitching pains, have been shown by the late Dr. R. Gregg, "few or none of them to pass along the lines of nerves or the fibres of other tissues." This is a nut for the anatomists and physiologists to crack; but we pass on with our facts, and say, direction of pains, character of ditto, conditions, concomitants, locality, time, duration, mode of onset and subsidence, together with others too numerous to mention: in any or all of these may be found the characteristics of any series of symptoms whatever. Take, *e.g.*, cholera, with which we are said to be at present threatened. Hahnemann's four leading medicines were—*Camphor*, *Cuprum*, *Arsenicum*, and *Veratrum album*, and corresponding prominent (characteristic) symptoms in corresponding order are: chills, convulsions (writhing colic), cramping burning pains, and cold sweats, especially on the forehead. These are clean-cut indications, and I venture to say that any layman using them would show a better return in any epidemic of Cholera Asiatica than could be done by any other recognised treatment whatever. Next we have, "The medicinal disease, closely resembling, but rather more intense than, the primitive one, called also homeopathic aggravation. This trifling *homeopathic aggravation* of the malady during the first few hours—this happy omen which announces that the acute disease will soon be cured, and that it will, for the most part, yield to a first dose—is perfectly as it ought to be"; then, "In chronic (psoric) diseases, the aggravation produced by homeopathic remedies (anti-psorics) occurs from time to time for several days." This statement has not found favour, with some, at least, who in many respects admire the homeopathic doctrine. I am not aware, however, of any *proofs* of its unsoundness, and surely

a priori there is nothing inconsistent in it, but rather what, from analogy, we might be led to expect, for—1. Considering it is of the very essence of homeopathy that it attacks the parts affected, and leaves the sound ones alone (the opposite here of allopathy), it is presumable that increased sensation should be easily aroused. 2. The fact that we are entirely on the ground of *resemblance*, makes it easy to see that it should appear as though the *disease* were aggravated, instead of its being as remarked “a *medicinal disease*.” 3. As to time, we expect changes in a few hours in acute disease, and chronic affections, on the other hand, are known to have exacerbations, remissions, and intermissions, at intervals of days and even weeks, and, in some cases, months.

Some instructions follow in cases of difficulty on account of the limited number of known medicines or diseases with too few symptoms, and one remark is made of general interest, which may be mentioned as again illustrating how different is the use of the same medicine in the hand of the allopath or the homeopath. “A case . . . sometimes met with in acute diseases is that where, notwithstanding the indistinctness of symptoms, the patient feels himself very ill, which may be ascribed to the depressed state of the sensibility that does not permit him to have a clear conception of the sufferings and symptoms. In a case of this nature *Opium* (in a high potency) will remove the torpor of the nervous system, and then the symptoms of the disease develop themselves plainly in the reaction of the organism.”

“The treatment of diseases with local symptoms” which follows next, had better be reserved for another paper.

CLINICAL CASES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of International Hahnemannian Association.)

CASE XXII.—*Belladonna*. On February 6, 1892, I was consulted by a colleague concerning Mrs. H., a lady of 73, who was suffering from bronchitis and weak heart. The most characteristic symptom was a very marked Cheyne-Stokes respiration; the respiration gradually increasing in strength, then gradually decreasing, with an

interval of complete cessation before it recommenced. This peculiar symptom is very rare, but of very grave import, and seems to be connected with cardiac disease. The late Dr. David Wilson informed me in 1889 that he had only seen five cases thereof, of which only one recovered. I have seen only two (including the present), and of these only one recovered. My prognosis was therefore very unfavourable.

Diagnosis of the remedy.—This symptom belongs to *Bellad.*, *Cocaine*, *Op.* (*Sulph.*, *Sulph.-Ac.*). The remaining symptoms of the patient, the notes of which I did not preserve as the case was not under my own care, pointed to *Belladonna* as the *simillimum*; a few pellets of the 200th potency were dissolved in water, and a spoonful given every four hours. The remedy acted most satisfactorily; and my colleague informed me later that the patient completely recovered.

Comments.—(1) The *Bellad.* symptom appears in the following case of poisoning, recorded by Dr. W. Oliver in *The Lancet*, October 24, 1891, p. 929:—

“B. S., aged 48, married, was admitted into the infirmary in a semi-comatose condition, having swallowed about an ounce of equal parts of extract of *Belladonna* and *Glycerine*. The patient was pale and cold, retching, but not vomiting; respiration sonorous; pulse 130, weak, and compressible; no delirium. The pupils were widely dilated, and the lower extremities in a condition of tetanic spasm, which was aggravated by touching the conjunctiva, passing the tube of the stomach-pump, and at every withdrawal of fluid from the stomach. The jaws were firmly clenched, so much so that they had to be forced open by a wedge. The tongue and throat were hot and dry. After various attempts to get the patient to swallow emetics without avail, the stomach was washed out with a solution of tannic acid. The contents had a distinct odour of *Belladonna*. The patient gradually passed into a condition of unconsciousness, with *Cheyne-Stokes breathing*, and extension of the spasms to the upper extremities. This continued for two hours. One-fifth of a grain of *Pilocarpine* was given hypodermically on admission, and one-tenth of a grain repeated at intervals of two hours with decided effect. The respiration became quiet, pulse slower and stronger, and the spasms gradually disappeared. The bowels did not respond to purgatives or enemata for five days; there was also retention of urine. The patient was discharged cured at the end of ten days.”

The *Cocaine* symptom of “*Cheyne-Stokes respiration*” is recorded by Dr. Boldt, in the *New York Medical Record*, December 24, 1885; it occurred in a cat from the fatal injection of 11 minims of a 33 per cent. solution.

The *Opium* symptom is a clinical experience of the late Dr. D. Wilson in a case of permanent mitral regurgitation; the olfaction of *Op.* 200th, for five days, whenever the breathing stopped, saved the patient's life.

Besides these three remedies, *Bryon.*, *Sulph.*, and *Sulph.-Ac.* should be studied. Dr. D. Wilson informed me that he had verified clinically, with *Bry.*, *Op.*, and *Sulph.*, the analogous symptom "stoppage of respiration"; and that in a fatal case of Cheyne-Stokes respiration *Sulph.-Ac.* 200th had somewhat ameliorated this symptom, and removed the up-and-down movement of the larynx.

On February 6, 1890, I prescribed one dose of *Sulphur* 2 c.m. (F.C.) for Mr. G., aged 67, who was suffering from Cheyne-Stokes respiration. The remedy removed the symptom at once, producing general improvement, and it did not return for some time. On November 15, 1890, he caught cold by imprudently taking a long drive in cold weather, and pneumonia followed. He improved greatly under my treatment, but early one bitterly cold morning his nurses let the fire go out, and on my next visit I found him much worse, with increased pneumonia, weak action of heart, and a return of the Cheyne-Stokes respiration in a marked degree; and he died in a few days.

(2) This symptom, like the fan-like action of the nostrils, and the up-and-down movement of the larynx, is of great value in the selection of the remedy, because it belongs to the class of automatic movements (compare Cases 2, 3, 11); and so is akin to the class of mental symptoms, being, so to speak, the involuntary expression of the state of the nervous system. The experience of observant physicians with regard to these symptoms is greatly to be desired, as it is possible that there are other remedies besides these five which can produce and cure this symptom.

(3) A symptom produced by a poisonous dose of *Bell.* was cured in a patient by the 200th potency thereof. This demonstrates that no guide to the selection of the potency in the cure of the sick can be deduced from the potency used in the proving.

48, Sussex Gardens, Hyde Park, W.

MATERIA MEDICA.

STANNUM—ITS VAPOUR.

By AGRICOLA.

OWING to the enormous development of the use of foods, &c., retailed in canisters hermetically sealed made of tin plate—a form of packing perishable food originally, I believe, introduced as a commercial comestible by my later relative Mr. Crosse (Crosse and Blackwell), and to the consequent stimulus to the manufacture of tinned iron plate, originally established by the Romans in the Forest of Dean, whence it ultimately extended up the Severn to the banks of its tributary the Stour (Bewdley Forest being its source for charcoal), and down Channel to Monmouthshire and South Wales; to the division of labour, rapidity of out-put and the modern use of fluxes,—these items have, I conclude, had their influence in increasing, if not actually causing the existence, more or less, of certain morbid results to appear amongst those employés in the tinned plate works whose sole occupation is now confined to dipping, one by one, the sheets 20 + 14 in. of chemically-cleaned iron into a bath of melted tin. As the sheet is lifted out by the dipper it is seized by rollers which remove all, save an extremely thin film, of the melted tin from off the iron's surfaces; the number of sheets which pass through the dipper's hands averages some 5,000 during his day's work of eight hours.

The metal tin fuses at (below) 500° F. according to Thomson, burns (oxidises) at a red heat, and *volatilises* at a (more or less) white heat: hence the morbid symptoms which arise in those who *happen to be* specially sensitive in one or other organ, system or part to the pathogenetic action of this powerful agent.

I conclude that with the utmost care on the part of the furnaceman and the dipper, it is impossible to regulate and equalise the combustion of the fuel, &c., so as to wholly prevent the said volatile condition; but a remedy is at hand as adopted by Morewood in his zinc-on-iron depositing furnace, known as the galvanised iron process, in which an exhaust or suction current of air draws off the vapours as they ascend from off the melted metal's surface.

Neuralgias, most intense, persistent and *periodic*, capricious as to locality, &c.

Headache. Physical depression profound, and often with suicidal impulses.

Anorexia accompanies the above conditions. Others seem to have a special tendency to Thoracic (pulmonary) affections, hemoptysis, hematemesis, *cough à la phthisie pulmonaire*. Sternum from throat to umbilicus feels raw and sore. Pain through chest from sternum to below scapulas, which causes an habitual stoop.

Expectoration profuse and of various description, often as much as a pint during the night.

Night sweats. Hectic flush in the evening. Fever. Insomnia.

Dyspnea. Pulse rapid, small, feeble.

Emaciation. Terrified aspect, &c.

In some of the men the nervous system seems chiefly affected; in others the digestive, vegetative process; in others the pulmonary thoracic tract.

Bryonia seems to benefit each and every case, the profound depression, &c., vanishing as if by magic, and enabling the sufferer not only to resume his work but to continue the same.

Phosphorus Amorphous 10x trituration diluted in water gives most satisfactory evidence of its curative action in the pulmonary thoracic subjects.

Arsenicum seems preferable in the neuralgic subjects.

From Charge's admirable work "On Maladies of the Respiration," I extract from the item *Stannum* under "Phthisie Pulmonaire":—

Cough day and night with scrapings in the trachea, and hoarse voice.

Cough violent, which shakes the whole body; now dry with expectoration painful and difficult, now thick (*grasse*) with spittings abundant.

Cough fatiguing, especially in the mornings when the erect position is assumed; it is then that the expectoration is very profuse, viscous, yellow, consistent, of repulsive taste sweet or salt, very easily detached, floats on the water.

In coughing, chest feels sore, raw, flayed (especially under the sternum; extending through chest to back under shoulder blades).

Respiration quick, painful (can't get breath enough).

Tension of chest.

Râle mucous, very sonorous.

Fever (hectic) every evening.

Shiverings alternating with flushes of heat.

Chills down the back with burnings in the palm of the hands.

Pulse small, frequent during the fever.

Cough incessant and aqueous spittings.

Great lassitude. Nocturnal sweats. Agitation. Apprehension of the future. Despair as to cure.

Troubles digestive. The least exertion causes palpitations, &c.

SABAL SERRULATA.*

By E. M. HALE, M.D., Chicago.

SYNONYMS: *Serenoa serrulata*, *chamaerops serrulata*, saw palmetto. Botanical description: Stem creeping, branching; leaves circular in outline, fan-shaped, bright green, shorter than the slender plano-convex, more or less spiny-edged petiole; the numerous (15-30) erect divisions slightly cleft at the apex, and without thread-like filaments in the sinuses; spadix densely tomentose, much shorter than the leaves; petals scarcely united, style slender; drupe, ovoid-oblong, black, eight to nine inches long. Stem four to eight feet long, leaves two to four feet high.

This remarkable palm which forms the palmetto scrub of the sea coasts of Georgia, South Carolina and Florida, has from time to time received considerable attention on account of the economic uses to which the various parts of the plant have been applied. The leaves are said to afford a very fair stock for paper manufacturers, and are used for a variety of purposes in their locality, such as thatching, making of straw hats and mattresses. The root contains 17 per cent. of *Tannin*, and is used in tanning leather. The fruit has a sweet, aromatic, pungent taste, but it cannot be called palatable, although in time of scarcity of food it is eaten by the Indians and fishermen. It is on record that several crews of shipwrecked men have subsisted on this fruit, and fish, for a considerable time. It contains a fixed and volatile oil which is the part used in medicine. They ripen in October and November, and may be found until the middle of December. They are about the size of the olive, dark purple in colour, and contain a large quantity of juice,

* Read before American Institute, Washington, June, 1892; published in *Southern Journal of Homeopathy*.

and a pit shaped like that of the olive. The ripe berries are at first sweet to the taste, but in a few seconds this is followed by an acrid, pungent sensation that spreads to the fauces, pharynx, nose and larynx. This is succeeded by a sensation of smoothness in all those parts, as if they had been coated with oil. This would indicate that the volatile oil was acrid, and the fixed sedative. The seeds are enveloped in a tough fibrous membrane, are very hard, and when cut open present a white, oily, glistening substance which burns readily with a blue flame and gives off the odour of roasted coffee.

The oil, or rather oils—for there are two—a volatile oil, soluble in *Alcohol*, and a fixed oil, are obtained from the expressed juice by allowing it to stand for some time. In a few days the oils rise to the surface and the liquid is resolved into three layers. First, a yellow volatile oil; next, a thicker, grayish brown, fixed oil, and then a yellowish, watery fluid, containing a large percentage of saccharine matter, richer, in fact, than cane juice itself. By evaporation this fluid yields a rich golden syrup, which neither ferments or candies, slightly retaining the peculiar taste of the fruit. When the berries are boiled in water the volatile oil is dissipated, filling the atmosphere for a great distance with its pungent vapour, and producing dizziness and headache in those in the immediate neighbourhood.

From the above account of some of the properties of this plant, its application as a remedial agent seems warranted in all cases where a highly nutritive agent is needed; it seems to apply well and to fulfil the indications. By its peculiar soothing power on the mucous membrane it induces sleep, relieves the most troublesome coughs, promotes expectoration, improves digestion and increases fat, flesh, and strength. Its sedative and diuretic properties and powers are remarkable. It has been used with benefit in cardiac asthma, phthisis (especially laryngeal phthisis), chronic bronchitis and dilatation of the bronchial tubes. Its action in catarrhal affections is rapid and permanent. A cold in the head may be abated by two or three doses. Mixed in boiling water and used by inhalation, it has been found very beneficial in chronic ozena.

Considering the great and diversified power of the saw palmetto as a therapeutic agent, it seems strange that it should have so long escaped the notice of the medical profession. Several years ago while on a hunting trip through

the wilds of Florida, my attention was drawn to the great fattening properties of the berries, and the peculiar quality of the fat of the animals that feed on them. Most animals of the palmetto region are very fond of the fruit. During the summer months in these parts the supply of food is scanty for such animals as bears, raccoons, opossums and hogs, and they have to work hard to eke out a living from roots and such animal food as they can find on the sea-coast, as turtle eggs and dead fish, and they consequently become very thin. As soon, however, as the palmetto berries begin to ripen, they improve rapidly, and in a few weeks have acquired an enormous quantity of fat, so as to become so unwieldy that they are an easy prey to the hunter. This fat, like that of mast-eating animals, consists principally of olein, and will not make lard. The berries, when dropped into water, are seized and eaten with avidity by the fishes. Even the natives frequently acquire a taste for the berries, and eat them freely.

CLINICAL OBSERVATIONS.

My attention was first attracted to the saw palmetto by reading the statements and hearing the testimony of people in Florida relating to the surprising fattening properties of the berries. But when we consider the large proportion of uncrystallised saccharine matter, united to the fixed and volatile oils, it no longer becomes surprising that the ingestion of them should produce a rapid increase of fat. It is as a substitute for cod liver oil that this remedy bids fair to attain popularity in medicine. But it possesses other effects beside the nutritive. The symptoms caused by the action of some of the oily constituents are similar to those of our most approved catarrhal remedies, *e.g.*, *Arum*, *Arsenicum iod.*, *Cubeb*, *Causticum*, *Eucalyptus* (*Eucalyptol*), *Hepar sulph.*, *Sanguinaria* (*Sang. nit.*), *Weythia*, &c. My own experience has not been extensive, but I have prescribed the saccharated oil, according to the empirical experience of Dr. I. B. Reid, who was the first to use it in medicine. Dr. Reid has charge of the St. Joseph's infirmary, of Savannah, Georgia, and has had extensive opportunities of testing its value, and he asserts its usefulness in catarrhs, pharyngitis, laryngitis, asthma, whooping cough, and as a nutritive tonic. Dr. Myers, of the Georgia Infirmary, claims to have used it successfully in the above-named disorders. My

prescriptions were based as much upon its local symptoms as upon its clinical indications. I selected it as I would *Arum*, or any of its analogues, and I have found it to act admirably, when indicated. At the risk of repetition, I name the following symptoms as indicating it: Vertigo, headache, an acrid, pungent feeling in the fauces spreading to the posterior nares, pharynx and larynx, causing lachrymation, salivation, and an irritating cough attended with gagging and retching. Smoothness of the mucous membranes is a secondary effect. I have observed these symptoms upon myself after large doses of the saccharated oil.

Dr. Reid prescribes a teaspoonful of this preparation dry on the tongue, every four hours, but the dose is unusually large. I have only prescribed a few grains of the preparation, every five hours. A tincture has been prepared of the ripe berries, which should contain all the medicinal powers of the drug in addition to the nutritive. This is the preparation which should be proven and prescribed in attenuations, when we wish to apply it strictly according to its pathogenetic symptoms. I would advise that both preparations be tested, in the hosts of catarrhal troubles which are prevalent, also as a substitute for cod oil in marasmus and phthisis. It ought to act admirably in combination with malt extracts.

There is another sphere of action in which *Sabal* has lately been used with gratifying results. A tincture from the berries seems to possess a power which the oil was not supposed to possess. It is claimed that it has a profound influence over all the organs of reproduction in both sexes. Physicians of all schools who have prescribed to any extent assert that it has a special vitalising action on the testes, ovaries, uterus and mammæ. It is said to increase their activity, promote their secreting function, and increase their size when atrophic. It is also said to reduce the size of the prostate gland when hypertrophic. It ought to reduce the enlargement of the thyroid, for that gland has some direct sympathy with the reproductive. It may seem contradictory that it should cause atrophied glands to grow, and restore hypertrophied glands to their normal size. This faculty is possessed by many remedies, *Iodine* for example. A normal vitality in any organ will remove its atrophy or hypertrophy.

Cases have been reported by many physicians, which seem to prove that *Sabal* has cured varicocele, chronic

epididymitis, impotence—the consequence of masturbation ; sexual perversion in the male ; and atrophy or enlargement of the uterus and ovaries in the female ; also sterility and miscarriage from atony of the reproductive organs. It is alleged to increase the growth of the breasts, when shrunken and flabby from ovarian diseases. The oil should be rubbed into the glands, as well as given internally. Its greatest reputation has been gained in diseases of the prostate glands, especially those enlargements due to irritation and congestion in youth and middle age, as well as enlargements which appear after the age of fifty. All doses have been used successfully from the tincture or fluid extract to the low dilutions.

Dr. W. S. Mullins, who has had a large experience with *Sabal*, writes :—“ Its indications gathered from a clinical standpoint are : In the male, enlarged prostate with throbbing, aching, dull pains, discharge of prostatic fluid, at times discharge of mucus ; also a yellowish watery fluid ; weakened sexual power, loss of thrill ; orchialgia, epididymitis. In women, weakened sexual activity, ovarian enlargement, with tenderness, and dull, aching pains, small undeveloped mammæ.” “ In chronic bronchitis, with a wheezing, hard cough, worse on lying down, till six a.m. ; worse in damp, cool, cloudy weather.”

I would suggest a trial of *Sabal* in deficiency of milk in nursing women. It ought to rival *Galega*, for its physiological action should make it a good galactagogue.

SUCCINIC ACID.—A NEW REMEDY AGAINST HAY FEVER.

ABOUT twelve years ago I decided to prove *Succinic acid* (*Acidum succinicum*). *Agricola* mentions this acid, 1546, as *Salt of Amber*. *Boyle*, towards the close of the seventeenth century, was the first who pronounced it to be acid, and *Stecker de Neuforn* confirmed this statement ; after repeated investigations, calling it a *true acid*. *Berzelius* published its elemental composition, $C_7H_6O_3$.

This acid was long ago laid aside as obsolete, and not without good reason, because since the puritans in chemistry commenced to rule over every laboratory of pharmacy, by trying to redistil this crude acid and changing its yellowish colour to snowy whiteness, they drove out every trace of the *oily matter* which alone constitutes its medical action. The whiter this acid becomes the larger doses can be taken without any action on the human system. Knowing that this *Oil of Amber* is driven

out totally by redistillation I was compelled to prepare the crude acid myself.

The expense is considerable. One pound of amber yields about half an ounce of crude acid, and the glass retort, after dry distillation, must be broken to collect the acid.

The fumes of *Acidum succinicum crudum* are inflammable, producing asthma, cough, sneezing, weeping, dropping of watery mucus from nostrils, pain in chest and headache.

None of our remedies gives a truer picture of hay fever, and since the *Oil of Amber* must be securely enclosed in the amber itself, it was but natural to conclude that by trituration I may receive all the virtue of the remedy.

At the same time I remembered that necklaces and earrings of amber are considered a popular protective agent against neuralgia, colds, and even hay fever.

Since that time I prescribed in cases of hay fever the third decimal trituration, one or two grains dissolved in twelve teaspoonfuls of distilled water, one teaspoonful every two hours, with the best results, and have cured more than thirty persons, who were formerly obliged to go to the mountains to get temporary relief. Already after the first week most of them experienced decided relief.—*Morris Wiener, M.D., Baltimore, Md., in Homeopathic Recorder.*

This remedy in trituration may be had at the pharmacies under the name of *Acidum succinicum crudum*.—*Homeopathic Envoy.*

APPLES AS MEDICINE.—Chemically, the apple is composed of vegetable fibre, albumen, sugar, gum, chlorophyl, malic acid, gallic acid, lime, and much water. Furthermore, the German analysts say that the apple contains a larger percentage of phosphorus than any other fruit or vegetable. The phosphorus is admirably adapted for renewing the essential nervous matter, lecithin, of the brain and spinal cord. It is, perhaps, for the same reason, rudely understood, that old Scandinavian traditions represent the apple as the food of the gods, who, when they felt themselves to be growing feeble and infirm, resorted to this fruit for renewing their powers of mind and body. Also, the acids of the apple are of signal use for men of sedentary habits, whose livers are sluggish in action, those acids serving to eliminate from the body noxious matters, which, if retained, would make the brain heavy and dull, or bring about jaundice or skin eruptions, and other allied troubles. Some such an experience must have had led to our custom of taking apple sauce with roast pork, rich goose, and like dishes. The malic acid of ripe apples, either raw or cooked, will neutralise any excess of chalky matter engendered by eating too much meat. It is also the fact that such fresh fruits as the apple, the pear, and the plum, when taken ripe and without sugar, diminish acidity in the stomach, rather than provoke it. Their vegetable sauces and juices are converted into alkaline carbonates, which tend to counteract acidity.—*New York Medical Times.*

INSTITUTIONS.

ANNUAL HOMEOPATHIC CONGRESS.

THE following circular has been issued :—

DEAR SIR,—The Annual Congress of homeopathic practitioners will be held this year in Southport, at the Queen's Hotel, on Thursday, September 22nd, at 10 o'clock punctually. The business of the Congress will be opened by an address from the President, Dr. Ramsbotham, of Leeds. 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 Dr. John W. Hayward, of Liverpool, entitled "The Homeopathic Physician and Books of Reference." Discussion is invited on this and the other papers.

The Congress will adjourn at 1 o'clock for luncheon.

At 2 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. Burford, of London, on "Fifteen Successful Cases of Abdominal Section in the Current Year (January to July), with Especial Reference to the Therapeutics of Preparation and of Convalescence." The paper will be well illustrated by diagrams and temperature charts; and a series of lantern demonstrations will be conducted by Dr. J. Roberson Day, of London, on the more interesting cases. In order to give the members time to see places of interest in Southport, only one other very short paper will be read, by Dr. J. Roberson Day, of London, on "Anæsthetics as Administered at the London Homeopathic Hospital." The members and their friends, ladies as well as gentlemen, will dine together at the Queen's Hotel, at 7 p.m.

A synopsis of the three papers is subjoined, in accordance with a rule of Congress.

The Vice-President is Dr. Blumberg, and the Hon. Local Secretary is Dr. Stopford, of Southport. A meeting of the Hahnemann Publishing Society will be held at the Hotel at 9 a.m., on the 22nd of September. The subscription to the Congress is ten shillings, which includes the dinner ticket. The dinner ticket alone, for guests, will be seven shillings. Bedrooms will be secured at the hotels by Dr. Stopford (the local secretary), 75, Houghton Street, Southport, for any members who may desire it, if they will communicate with him. If you know of 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 September 10th.—I am, dear Sir, yours faithfully,

D. DYCE BROWN, *Hon. Sec.*

29, Seymour Street, Portman Square, W.

July, 1892.

SYNOPSIS OF PAPERS.

I.—The book of ultimate reference is the *Materia Medica*.

- (1) Forms or Presentations of the *Materia Medica*:—Hahnemann's own Works; Hempel's Translations; T. F. Allen's *Encyclopædia of Pure Materia Medica*; T. F. Allen's *Handbook*; *Cyclopædia of Drug Pathogenesis*; *Materia Medica—Physiological and Applied*.
- (2) Expositions or Aids:—Hughes' *Pharmacodynamics*; Hempel's *Lectures*; Dunham's *Lectures*; Farrington's *Lectures*; Teste's, Hering's *Condensed and Characteristics*; Burt's, Lippe's, Hale's, Cowperthwaite's, T. F. Allen's *Materia Medica Primer*.

II.—Indices or Repertories:—Jahr's, Bönninghausen's, Allen's *Symptom Register*, The *British*, Berridge's, Gentry's, Cigliano's, Winterburn's, Worcester's, Ruddock's, Bryant's, Hart's and Neidhard's, Lee's, Simmons', Eggert's, and other topical repertories.

III.—Therapeutic Guides:—Bähr's *Science of Therapeutics*; Rückert's *Guide to Practice*; Hughes' *Manual of Therapeutics*; Marcy and Hunt's *Theory and Practice*; Arndt's *System of Medicine*; Lilienthal's *Therapeutics*; *British Manual of Therapeutics*; Jahr's *Forty Years' Practice*; Hempel's *Manual*; Johnson's *Key*; Rane's *Record*; and the various *Treatises on Special Diseases*.

DR. BURFORD'S PAPER.

Case 1.—(Dr. Dyce Brown.)—Ovarian Fibroma: Operation: Recovery.

Case 2.—(Dr. F. Neild.)—Strangulated Ovarian Cyst: Operation: Recovery.

Case 3.—(Dr. E. A. Neatby.)—Strangulated Ovarian Cyst: Operation: Recovery.

Case 4.—(Dr. Goldsbrough.)—Ovarian Sarcoma: Operation: Recovery, with recurrence later.

Case 5.—(Dr. Washington Epps.)—Ovarian Cyst: Operation: Recovery.

Case 6.—(Dr. E. A. Cook.)—Tubercular Peritonitis: Operation: Recovery and great relief.

Case 7.—(Dr. Galley Blackley.)—Cystic Disease of Ovaries: Operation: Recovery.

Case 8.—(Dr. Edgar Hall.)—Large Uterine Fibroid: Hysterectomy: Recovery.

Case 9.—(Dr. E. A. Neatby.)—Intestinal Tumours: Exploratory Section: Recovery and Cure.

Case 10.—(Dr. Burford.)—Cystic Disease of Appendages, with Procentia Uteri: Exploratory Section: Recovery.

Case 11.—(Dr. Burford.)—Mammoth Ovarian Tumour: Ovariectomy and Hysterectomy: Recovery.

Case 12.—(Dr. F. Shaw.)—Uterine Fibroid with Pyo-Salpinx: Hysterectomy with Salpingotomy: Recovery.

Case 13.—(Dr. Madden.)—Cystic Hypertrophy of Ovaries: Operation: Recovery.

Case 14.—(Dr. Gilbert.)—

The Therapeutics of each case, both before and after Abdominal Section, and the course of convalescence, will be given separately and in detail.

DR. ROBERSON DAY'S PAPER.

1. Preparation of Patient beforehand.
2. Selection of Anæsthetic.
3. Method of Administration.
4. Duration and depth of Anæsthesia.
6. Sequelæ.
6. Practical Demonstration of Apparatus used.

THE HOMEOPATHIC LEAGUE.

SIXTH ANNUAL REPORT, *July, 1892.*

The Committee have to report the continued prosperity and popularity of the Homeopathic League.

Since last Report a new volume of the tracts has been commenced, and the following numbers have been distributed to members, and are for sale to the public:—

37. Twenty Years of Homeopathy.
38. The Superiority of Homeopathy in Chronic Diseases.
39. The Two 'Pathies—a Dialogue.
40. The Treatment of Pneumonia, Allopathic *v.* Homeopathic.
41. Homeopathy, the Rational System of Medicine.

Though No. 39 contains about double the number of pages of an ordinary tract, it has not been thought advisable to charge more for it than for a smaller tract.

The past year has not been fruitful in incidents bearing on homeopathy. The third invasion of influenza has again borne testimony to the efficacy of the homeopathic treatment of that disease.

No controversial articles or attacks on homeopathy have appeared in the medical periodicals, nor have we to record any instances of attempted persecution of homeopathic practitioners as has been too frequently the case in past years.

A popular lecture on homeopathy was delivered at Oxford this year, which has been reproduced in tract 41. Application has been received from some of the public libraries for the publications of the Homeopathic League, and the Committee again call attention to the fact that they are prepared to supply gratuitously to all such institutions the two volumes of the tracts.

CROYDON HOMEOPATHIC DISPENSARY.

REPORT FOR 1891.

THE Dispensary has been open as usual four mornings in the week.

There were 1,245 patients under treatment and 4,202 attendances, as compared with 1,098 names entered in the book for 1890, with 3,173 attendances.

T. E. PURDOUR, M.D., C.M.
J. DELEPINE, M.B., C.M.

TORQUAY HOMEOPATHIC DISPENSARY, 76, FLEET STREET. 1891.

THE FORTY-FOURTH REPORT OF THE COMMITTEE OF THE ABOVE INSTITUTION.

At the Forty-fourth Annual Meeting of the Torquay Homeopathic Dispensary Committee, held at the above Institute, on March 16, 1892. Present: W. B. Fortescue, Esq., J.P., in the Chair, Capt. Coulson, J.P., W. Waterfall, Esq., Dr. Edgelow, J. Slade, Esq., and H. Schuster, Esq.

The minutes of the previous year were read and confirmed.

It was unanimously agreed that the best thanks of the Committee and Subscribers be given to the Medical Officers Dr. Midgley Cash and Dr. Ford Edgelow for their unremitting attention and skilful treatment of the large and increasing number of poor, who have been under their care during the past year.

That the thanks of the Committee be given to the Rev. H. W. Majendie, Rev. B. R. Airy, Rev. A. B. Wrey, and the scholars of St. Winifred's School, for their contributions.

MEDICAL REPORT FOR 1891.

Patients remaining from 1890	...	...	...	130
Admitted during 1891...	...	...	...	733
				863
Cured	...	...	...	369
Relieved	...	...	...	205
No Change	...	...	...	52
No Report	...	...	...	110
Deaths	...	...	...	4
On Books	...	...	...	123
				863
Number of Attendances during the Year	...	...	...	5,304
Average per Dispensary Day	...	...	...	51

EXTRACTS.

THE SCIENCE OF HOMEOPATHY.

In reply to the editor's criticism in the *New England Medical Gazette* for April on his pamphlet bearing the above title, Mr. Picken further elucidates his position in a letter published in the *Gazette* of July. Those of our readers who have been interested in this subject will, we have no doubt, be glad to be further enlightened. We have pleasure, therefore, in subjoining extracts from Mr. Picken's letter, putting over them our own headings.

POSITIVE AND NEGATIVE RELATIONS OF DRUGS TO THE ORGANISM, AND OF THE ORGANISM TO DRUGS: THE PATHOGENETIC, THE PHYSIOLOGICAL, AND THE DYNAMIC DOSE.

"I do not participate in the common confusion of thought about the homeopathic rule and 'infinitesimalism.' My own differentiation takes this form: *Contraria contrariis curantur* is a method of treatment with drugs in their *positive* relation to the organism; while *similia similibus curantur* is the complementary method of treatment with the same forces in their *negative* relation to the organism. A positively related drug is an external force, working inwardly (as disease works), and producing its specific effects by domination of organic states and tendencies. A negatively related drug is an interior force, working outwardly (as the *vis medicatrix nature* works), and inducing organic ends through restoration of dynamic equilibrium. Hence reaction in the one case, and the absence of it in the other.

"That the *positive* state is the ideal relation of the *organism to drugs*, is manifest; antipathic action, therefore, implies an inversion of the ideal relation. The antipathic dose must be large enough to produce its own specific effects in spite of organic resistance, the dose varying with the resistance to be overcome. And as antipathic treatment is the great hereditary feature of 'allopathy,' a characteristic 'allopathic dose' inverts the ideal (or best or right) relation of drug to organism, and through compulsory function effects arbitrary ends—it may be said to attack the organism on 'the good old rule, the simple plan,

that he should take who has the power, and he should keep who can.' Homeopathic action, on the contrary, is secured only by having the dose small enough to keep it in the negative relation, the dose varying with the organic impressibility. If the dose be 'too strong,' then the drug becomes positive, and 'an aggravation' results. The homeopathic remedy, as such, is absolutely dependent; firstly, on its qualitative relation of similarity, and, secondly, on its quantitative relation of negativeness. Hence it can never effect arbitrary ends, having of itself no compulsory tendencies. It is thus in the ideal relation to the organism, 'renouncing self,' that the organism may attain to its own salutary ends, under the divine law of *right is might*. In ethical language, we may say that the homeopathic remedy dies to itself, and thus saves.

"There is, therefore, in the most philosophical sense, an 'allopathic dose' and a 'homeopathic dose.' The former is the positive, independent, compulsory force of autocratic chemistry, and is arbitrary, self-seeking, 'prone to do evil'; the latter is the negative, dependent, persuasive power of republican medicine, and is constitutional, self-denying, instinctively altruistic in action. In technical phraseology, I should term the characteristic dose of allopathy *the pathogenetic dose*; the ideal or typical dose of *contraria contrariis curantur*, *the physiological dose*; and the dose of homeopathy, *the dynamic dose*. These are the three species in posology under which all varieties may be scientifically classified: the positive, the passive, and the negative."

INTERFERENCE.

Mr. Picken had maintained that the phenomena of homeopathic cures were identical with the phenomena of interference in the physical world, where, one wave interfering with another like wave, both are extinguished, one ray of light extinguishes another like it, one sound another like sound, and so on. The *Gazette* maintained that the latter were instantaneous in their results, and that homeopathic cures should be likewise if the action were the same in both.

"The fifth point of criticism a little surprises me. It is objected that the interference theory implies instantaneous

curative action, since the illustrations of interference in light, sound, &c., notably exhibit this quality of action.

“In dealing with two wave-series of sound or light, we have two relatively simple forces to do with, under the control which is rendered possible to us by the nature of inorganic laws. The powers of any two drugs in complementary relation are quite fixed, and may be controlled by the experimenter with practical precision, *in their own sphere, i.e.*, in relation to inorganic bodies or forms of force. But all this is necessarily changed vastly when a relatively simple inorganic force is brought into relation with an organic force of comparatively infinite complexity and scope of action—into a veritable world of forces, which the human organism certainly is. Surely it is not necessary to state the difference between the chemist’s power over the inorganic things of his laboratory and that in his dealings with animal-spiritual organisms.

“When a drug is administered, in any dose, to a human being, a relatively simple force is brought into relation with a whole world of forces which, in their several powers and unified equivalence, is never even approximately known; hence the always varied effects from similar use of the same agent. Moreover, *this world of forces exists under conditions of Space and Time*, like the stellar worlds, which are objective to us all. And, bearing the foregoing in mind, I affirm that this very quality of instantaneousness of action which characterises interference in the inorganic relations *I am accustomed to observe in the interferential action of remedies in disease*. Let it be remembered that in disease a world of forces are, more or less, disordered, and, therefore, that the phenomena of therapeutic interference must be looked for as it progressively occurs in the curative processes taking place throughout this immeasurable world.”

TWO KINDS OF DEMONSTRATIONS.

“The third and first items of criticism may be taken together. *En passant*, permit me to make a single remark with reference to the second point, in which it is stated that my argument ‘assumes an hypothesis to be an established and demonstrable scientific certainty.’ There are, I take it, two general classes of demonstrations, namely, demonstrations directly through the senses, and demonstrations directly through the reason. Now, certain matters

are naturally demonstrable after the one manner, and other matters after the other manner. And I am unable to see how the hypothesis in question can, from the very nature of things, be demonstrated to be either false or true except directly through the reason."

ISOPATHY AND HOMEOPATHY.

"The cardinal objection to my argument is, that 'it is an argument for isopathy, but not at all for homeopathy.' Well, I'm pleased that this question has arisen, for it seems to me quite time that the cloudy thought in solution about isopathy and homeopathy should be shaken up and then properly crystallised. I cannot pretend to do this in a letter; but if nobody else gives the subject the attention due to it, what lies in my power that way will be done, as opportunity is found. In the meantime I offer some useful data.

"The fatally weak point of the argument from inorganic phenomena of interference is asserted to be, that these phenomena do not result from similar, but from *identical* forces. It is conceded that the phenomena of interference do occur as described; but it is said that they are manifestations of 'force counteracted by *identical* force.' The phenomena of interference being acknowledged to follow from natural law, the question is of similarity *versus* identity. But if the law of interference related to identical forces, we should expect the repeated doses of daily medical practice to cancel each other. How, then, comes it that the phenomena of two consecutive doses of the same drug are not those of interference, but the opposite? They do not counteract, but augment each other. If the argument from interference be 'for isopathy and not at all for homeopathy,' because interference relates to *identical* forces, then the identical forces should exhibit the phenomena of interference, which, as just observed in the case of medicine, we see that they do not. Does not the dissimilarity of effect suggest that the causal forces, called identical, are in reality *similar* forces? That the forces which evoke the phenomena of interference are not scientifically identical, but similar, can be clearly shown. The *forces* inherent to substances which exhibit the phenomena of interference may appear to be as truly identical as their names are, but, *regarded as specifically related forces*, they

will be seen to be similars. Strictly identical forces must be identical in *all* respects; in which case they become one. If two streams of force from the same kind of substance be merely differentiated as positive and negative, they are no longer identical forces, but are necessarily similar.

“From the editorial of the HOMEOPATHIC WORLD, of the current month, here is a small extract which is peculiarly apropos; ‘In his *History and Heroes of the Art of Medicine*, Dr. Rutherford Russell gives a story of Galen’s art, which bears on this. The philosopher Eudemius had brought on an illness by the excessive use of theriacum. Galen cured him by giving small doses of the very same medicine! This is analogous to the cure of coarse drug effects by the same drug in high potencies. It may be isopathy rather than homeopathy; but it is by no means easy to draw a sharp line between the two.’ As ‘rough examples of possibilities of cure on the like-to-like principle,’ in the same article are mentioned ‘powdered snakes for snake-bite, “a hair of the dog that bit him” for hydrophobia, and altered virus of consumption for consumptives.’ To which may be here appended our own classical illustrations of *similia* in the cure of frost-bite by application of snow-water or friction with snow, the cure of burns by the identical fire which caused the injury, the cure of bruises and the like by further gentle bruising, &c.

The varied phenomena which are superficially classified under the terminology of homeopathy and isopathy all occur under the same dual law. Homeopathy has regard, particularly, to *quality*, and isopathy to *quantity*, in the relationship of forces directed to therapeutic ends.”

REVIEWS.

“CHILDHOOD”—PROSPECTUS.*

WE have much pleasure in drawing the attention of our readers to this forthcoming periodical. We subjoin Dr. Winterburn’s prospectus:

The need of a monthly journal whose dignified and scholarly

* *Childhood: a Monthly Magazine of all that concerns the Welfare of the Child.* Conducted by George William Winterburn, M.D., Editor, Florence Hull, Associate. Price, one dollar a year; ten cents a number. New York: A. L. Chatterton & Co., 78, Maiden Lane. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C.

tone, liberal and comprehensive spirit, and practical, common sense teaching shall clearly reflect the best thought and work of the human mind in all that concerns the welfare of the child will be apparent to every one who has a personal interest in child culture, when attention is directed to the fact that in the overflowing field of periodical literature a vacancy exists which none have attempted to fill. Such a journal the editor proposes to furnish in *Childhood*. He realises the magnitude of the responsibility he thus assumes, but the urgent need that the work be undertaken by some one is his excuse, and he hopes that the magazine may be so conducted as to be gladly welcomed into every home to which it may come.

Until within the past two decades the interest and concern of readers has been directed chiefly to what relates to the affairs of an adult's life. It then entered into the consciousness of men that the large silent majority of unrepresented youth, heretofore ignored, should receive some consideration, and in consequence a new literature has sprung up devoted to the entertainment and instruction of the juvenile population. Succeeding this there has come into existence many departments of domestic journals, and one or two magazines whose title-pages evidence their exclusive devotion to the subject of the care and guidance of infancy. So far, so good. But physical existence is not all of life; and between the periods of infancy and maturity is a long hiatus. It is the aim of the editor of *Childhood* to fill this hiatus, and not only that, but to supply, as far as may be possible, all that has been lacking up to this time in the lore of infantile training and development. Not confining itself to the departments of either physical welfare or intellectual development, it will cover both these, and extend beyond either, in considering everything that bears directly and indirectly upon the symmetrical and healthy growth of the child from the indefiniteness of fetal existence into the positive character of an independent individual. Science, constantly becoming more exact as well as more far-reaching in its experiments, now asserts the fact that to understand the position and destiny of any organism you must study its origin, and consider its relations with all other organisms. Nothing can be taken by itself. So, to understand the child, it must be considered from the point of view of heredity, as well as from that of its present condition. Furthermore, to understand the child it is necessary to have sympathy with him; to be able to put ourselves back again into the mental attitude toward the world which we ourselves occupied as children. This is as difficult as it is for the civilised man to sympathise with and understand the savage. Its difficulties do not, however, lessen the obligation.

But although specialists in psychology and biology will be

engaged to give the results of their study and research upon these important topics, *Childhood* will not be by any means a *technical* magazine. The intention of the editor is to make it a bright and spirited exposition of the most living subject in the world, and sketches and incidents of the daily life of children will be welcome to its pages, as well as more complete papers upon the cause and use of the least comprehended expressions of their existence. It will appeal to every mother and father in the land; to every teacher who desires to be more than a routinist and dogmatist, and to every man and woman interested in the development and highest welfare of the child.

Each number of the magazine will contain sixty-four quarto pages, and will be made up, for the most part, of contributions from writers of known ability with original views. Without desiring at this time to make definite promises as to the actual contents of future numbers, the editor may be permitted to say that the list of those whose aid has either been secured or promised comprises many notable and representative names.

All important articles bearing upon this subject appearing in current English, French, German, Italian, or Spanish literature will be carefully read, and when of sufficient merit will be reproduced, in condensed form, in this magazine, or commented upon in a crisp and concise manner. And all books, published either in Europe or this country, relating to the psychical or physical development, and the moral or intellectual training of the young, will be carefully reviewed, in such a way as to convey to our readers a just idea of their merits, and the scope of the thought expressed.

GEORGE WILLIAM WINTERBURN.

MORAL INFLUENCE OF PHYSICAL SCIENCE.*

THIS deeply interesting pamphlet contains "the substance of a lecture delivered at the Town Hall, on January 7, 1891, under the presidency of his Honour the Lieutenant-Governor," and has been published, Dr. Sircar tells us in his preface, at the request of friends. We cannot better give our readers an idea of the lecture than by quoting freely from the text.

"'Do unto others what ye would they should do unto you,' is the righteous rule formulated by sages of old for the regulation of our conduct towards our neighbours, and this rule has been transmuted by the heavenly alchemy of one, who verily spake as never man has yet spoken, into the purest golden maxim of universal love. Now the very first, the most essential, requisites

* *Moral Influence of Physical Science.* By Mahendra Lal Sircar, M.D., C.I.E. Calcutta: Anglo-Sanskrit Press, 51, Sankaritola Lane. 1892.

for the carrying out of this holy injunction are sincerity and honesty—in one word, truthfulness.

“If the student of the physical sciences is impressed with any one fact more than another, it is that there is no lie in Creation. Countless are the objects he meets with in his survey of the universe around him, he receives the same answer from the same object whenever and wherever he interrogates it as to its relations with other objects. There is no whim, no caprice, no ambiguity. The behaviour of one substance with another is invariably the same to-day, yesterday, and for ever, under the same circumstances. So firmly does this conviction become rooted in the mind of the student of physical science in the course of even a short study, that all apparent deviations are not only not looked upon as real deviations from nature's laws, but are believed to be due to the intervention of some fresh, unforeseen agency, and are therefore most narrowly watched and made the turning-points of fresh discovery. Such a student, if he is not radically perverse, if he is not altogether devoid of a moral nature, cannot fail to see the moral bearing of this universal fact, cannot but feel and acknowledge the irresistible force of this preaching of truthfulness in one accordant voice by every object small and great in every region near and far of the universe of God, and cannot but shape his conduct accordingly towards his fellow-creatures.

“There is another fact, as universal as the one just mentioned, which indeed is its necessary outcome, but which science has revealed in its full significance only in these latter days. This is known as the Law of Conservation of Energy. There is nothing occult or mysterious in the expression. It simply means that nothing is lost. Not only is matter indestructible, but every particle, however minute, is so intimately linked with all the rest in the universe, that there cannot be a disturbance in it, however slight, but will be communicated to its immediate neighbour, and will thus travel from particle to particle, till it pervades the whole universe. The original disturbance may not be, and generally is not, communicated in its original form, but is transformed in a variety of ways, and thus becomes permanently registered not only at the place where the disturbance first occurred, but everywhere and for all time. What a deep, what a terrible significance has this fact for every rational and responsible being! Not a thought, not a feeling, not a sentiment can arise in the hidden recesses of the soul, not a sigh can escape the troubled heart, not a word can be uttered, not a deed can be done, but will be felt and recorded throughout the whole length and breadth and depth of the universe, in characters which cannot be effaced without annihilating the universe itself.

“The words of Babbage in this connection will thus be seen

to represent but sober measured truth: 'If the Almighty,' says he, 'stamped on the brow of the earliest murderer the indelible and visible mark of his guilt, He has also established laws by which every succeeding criminal is not less irrevocably chained to the testimony of his crime; for every atom of his mortal frame, through whatever changes its severed particles may migrate, will still retain, adhering to it through every combination, some movement derived from that very muscular effort by which the crime itself was perpetrated. The soul of the negro, whose fettered body surviving the living charnel-house of his infected prison was thrown into the sea to lighten the ship, that his Christian master might escape the limited justice at length assigned by civilised man to crimes whose profit had long gilded their atrocity,—will need, at the last great day of human account, no living witness of his earthly agony. When man and all his race shall have disappeared from the face of our planet, ask every particle of air still floating over the unpeopled earth, and it will record the cruel mandate of the tyrant. Interrogate every wave which breaks unimpeded on ten thousand desolate shores, and it will give evidence of the last gurgle of the waters which closed over the head of his dying victim: confront the murderer with every corporeal atom of his immolated slave, and in its still quivering movements he will read the prophet's denunciation of the prophet king'—'THOU ART THE MAN!' (pp. 10-12).

* * * * *

"Take the case of the heavens. Reflect for a moment upon the order which modern astronomy has introduced into that chaos of shining orbs and points which the darkness of night discloses to our view, how she has discovered the one universal law which controls their movements, how with the aid of the properties of light and the laws of chemical affinities discovered in our laboratories here, she has revealed the constitution not only of our own sun but even of those distant suns which from their very distance appear to us as twinkling points, thus uniting them all by the ties of family with our own earth; reflect on all this, and then say, if the heavens declare less the glory and the righteousness of God now than they did in the days of the Psalmist" (p. 16).

* * * * *

"So far, therefore, as we can arrive at any conclusion from available data, we have no other alternative than to believe as in the highest degree probable that the mind has its genesis in the material organisation, through and by which it manifests itself. But because so, it does not necessarily follow that it must cease to exist with the dissolution of that organisation. In my humble

opinion it is only a superficial reading of the facts of biology which seems to lend countenance to the fear that with death ends all conscious and personal existence. We know that though the child is dependent upon the mother for its development and growth up to a certain point of its existence, it becomes independent of her after that; and we do not see any reason why the same may not be the case with the mind or the subtler essence which thinks and feels, which is the true man, the inner man as it has been happily called, with reference to the grosser body, whose function it is to rear up the spirit enclosed within it" (pp. 26, 27).

* * * * *

"A future life, in other words the continuity of the life begun here, removes all the anomaly that would otherwise mar the harmony of the universe. 'The denial of a future life,' as has been very truly said by Alger, 'introduces discord, grief, and despair in every direction, and, by making each step of advanced culture the ascent to a wider survey of tantalising glory and experienced sorrow, as well as the preparation for a greater fall and a sadder loss, turns faithful affection and heroic thought into "blind furies slinging flame." Unless immortality be true,' continues he, 'man appears a dark riddle, not made for that of which he is made capable and desirous: everything is begun, nothing ended; * the facts of the present scene are unintelligible; the plainest analogies are violated; the delicately-rising scale of existence is broken off abrupt; our best reasonings concerning the character and designs of God, also concerning the implications of our own being and experience, are futile; and the soul's proud faculties tell glorious lies as thick as stars'" (pp. 28, 29).

* * * * *

"The words of an able reviewer of the Positive Philosophy of M. Comte—a philosophy which has gone far beyond agnosticism, and audaciously taken up the position of an emphatic protest against all belief in a creative intelligence as opposed to all progress; these words of the reviewer appear to me so applicable and appropriate to our present argument, and present such a masterly refutation in a condensed form of atheistic sophisms, that I cannot resist the temptation of quoting them:

"'Had the opinions,' says he, 'we have been combating been maintained by those rash speculators, who are permitted at dis-

* "Cuvier said on his death-bed: 'I had great things still to do. All was ready in my head.' What man of science, what man of action in any line of life is there of whom this might not be said? What man, not absolutely thoughtless, is there who will not feel, when about to take his departure from this world, that he had many great and good things still to do? No man, unless an idiot, can say at the time of death that he has done all that could be done, that is, has left nothing undone."

tant intervals to disturb the tranquillity of the religious world, we should not have allowed them to interfere with ours. But when a work of profound science, marked with great acuteness of reasoning, and conspicuous for the highest attributes of intellectual power—when such a work records the dread sentiment, that the universe displays no proofs of an all-directing mind, and records it too as the deduction of unbiased reason, the appalling note falls upon the ear as like the sounds of desolation and death. The life-blood of the affections stands frozen in its strongest and most genial current, and reason and feeling but resume their ascendancy, when they have pictured the consequences of so frightful a delusion. If a man is thus an orphan at his birth, and an outcast in his destiny; if knowledge is to be his punishment and not his pride; if all his intellectual achievements are to perish with him in the dust: if the brief tenure of his being is to be renounced amid the wreck of vain desires, of blighted hopes, and of bleeding affections—then in reality, as well as in metaphor, is life a dream” (pp. 30, 31).

* * * * *

“The study of the physical universe, therefore, is, in point of fact, the study of the Divine Mind in certain of its manifestations. These manifestations serve a purpose, the purpose of educating a certain order of rational creatures of which man forms perhaps the lowest type. Whether there are beings, Pure Intelligences, who are independent of the physical universe for their origin and development and growth, we cannot tell. But that creatures like man are so dependent, there is ample evidence to prove. For such creatures, the study of the physical universe must be essential. The fact of physical laws being verifiable, the fact of physical phenomena being reproducible by a due arrangement of their causal conditions, or at least predictable by calculation, affords the unchangeable basis on which the human mind can take its stand for positive certainty in all its investigations. Thus physical science strengthens the faith that is in us in the uniformity of nature, which, being rightly interpreted, means the faithfulness of the Creator to His creatures, by furnishing it with the evidence of things not seen, and thus physical science teaches that that faith has been implanted in us to give us assurance of the realisation of things hoped for” (pp. 32, 33).

HOMEOPATHIC THERAPEUTICS OF HEMORRHOIDS.*

In this handy little volume Dr. W. J. Guernsey gives the characteristic features of 114 remedies as they relate to hemor-

* *Homeopathic Therapeutics of Hemorrhoids.* By Wm. Jefferson Guernsey, M.D. Second edition. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1892.

hoidal conditions. The work is on the same plan as the other classic monographs of homeopathy, such as Allen on Intermittent Fever, King on Headache, and Bell on Diarrhea: the first part of the work is devoted to a description of the remedies, and the latter part is a repertory. Dr. W. J. Guernsey's reputation as a strict and skilful homeopathist is sufficient guarantee that the work is well done, and the call for a second edition of his book is additional evidence of its merit. In his interesting Preface he says:—

“Pathology is not within the scope of this work, but that method of therapeutics which will produce a cure in the surest and easiest manner, with absolute safety to the patient, shall claim our attention.

“As homeopathists we believe that our tenets are based on a law of nature, and that we are the possessors of the only positive *system* of cure in existence. That it is so true in its action; so universal in its application; that it alone meets nearly all the requirements for general practice; and it should be able to cure all curable ailments, and must be the *best* treatment for the disease in question.

“But it is, alas! so easy to sway from this great law of cure, and to resort to empiricism; and to lay that flattering unction to your soul that our provings are yet incomplete, and that the *materia medica* of to-day does not warrant a rigid reliance upon principle.

“Indeed, one hardly realises the magnitude of fund of medical provings until he begins to collate from it matter bearing directly upon some one disease. And it is to present in a convenient and accessible manner the ‘Homeopathic Therapeutics of Hemorrhoids’ that the following pages will be devoted. And the writer begs to repeat with emphasis what he intimated in the First Edition, ten years ago, that we *have* proven remedies enough to easily, surely, and safely restore to health all patients suffering with uncomplicated piles. And, indeed, the complicated cases should not be too quickly turned over to the surgeon simply because they are such. Fissure is one of these; and when we consider the curability of rhagades elsewhere, and of healing ulcers where the excavation has been deep and the loss of tissue considerable, we should renew the search for the homeopathic remedy with very great hope of success.

“Fistula, however, is less promising, but the writer would not, personally, permit operative treatment in the face of statistics which show a possibility of pulmonic sequelæ.

“Prolapsus requires the internal remedy alone.

“But cancer! the less said of any treatment for it the better for our pride. Syphilitic complications do not disturb this locality more seriously than elsewhere, and are remediable.”

Most practitioners will be ready to echo Dr. Guernsey's lament over the treatment of cancer of the rectum. At the same time there is much to be done by homeopathy for the treatment of this. We cannot recall a case of actual cure of cancer of the rectum, but we have seen much astonishing alleviation of the sufferings caused by it from homeopathic remedies, notably *Nitric Acid*. Among subsidiary measures, Dr. Guernsey is not averse to anointing with "cold cream," and the use of glycerine suppositories and warm water enemata in cases that may seem to require them. Of the 114 remedies he describes, he names as the "big four," *Æsculus*, *Aloe*, *Muriatic Acid*, and *Sulphur*. The medicines are described as to the symptoms under the following headings: (1) Subjective; (2) objective; (3) aggravation; (4) amelioration; and (5) concomitant. The Repertory part is arranged on the same plan. We could have wished the repertory had been a little fuller. For instance, in the "Subjective" part of the Repertory, under "Itching," seventy-one remedies are given, and there is nothing to distinguish the peculiar kinds of itching of each. These might easily have been shown, we think; but be that as it may, the book remains the best on its subject in our literature.

ANALYTICAL SYMPTOMATOLOGY.*

We have received the first fascicle of this very promising work, containing *Abrotanum*, *Absinthum*, *Acetic Acid*, and the greater part of *Aconite*. A very good start has been made, and we have no doubt the work will prove a valuable addition to our literature. We miss the two *Abies*, which we think ought to have been included.

SUGGESTIONS TO PATIENTS.†

This is a little pamphlet for the use of patients who consult their doctor by letter, and if its directions are strictly carried out by the patient a great amount of trouble will be saved to the doctor. It is in fact a device, and a very good one, for making the patient take his own case.

* *Analytical Symptomatology of the Homeopathic Materia Medica*. By Rupert L. Thurston, M.D., and Samuel H. Kemball, M.D. Boston, Mass.: Printed by W. Libby, 16, Arlington Street. London: Homeopathic Publishing Co. 1892.

† *Suggestions to Patients*. By W. H. Yingling, M.D., Ph.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co.

WHAT IS HOMEOPATHY? *

In this pamphlet of twenty-eight pages, Dr. Holcombe answers the commonest objections raised by the old school against homeopathy. The "newness" of the exposition relates principally, so far as we can see, to time and not to matter. The essence of it is to be found in his definition of a homeopathic physician :

"A homeopathic physician is one who uses the surgical, obstetrical, mechanical, and chemical measures of the old school; who, in the vital or dynamic sphere, is guided by the homeopathic law; and who, beyond its natural and necessary limitations, is an empiric and eclectic in the most liberal and enlightened sense of these words."

Dr. Holcombe's homeopathic physician seems to us a rather back-bone-less individual. The homeopathic physician of our ideal is one who renders obsolete ninety per cent. of allopathic measures; who proves the homeopathic law of such wide and universal applicability that he is scarcely conscious of its limitations.

A LECTURE ON HOMEOPATHY.†

This very bright and interesting lecture was delivered by Dr. Guinness in the hall of the Oxford Young Men's Christian Association, on Tuesday, March 29, 1892. It contains many interesting reminiscences of the lecturer and his times. Dr. Guinness' medical career dates as far back as 1830, and his practice of homeopathy from 1847, when he established himself at Exeter. We are glad to learn from an appendix that the lecture was the means of converting two doctors to homeopathy.

OCCASIONAL PAPERS—No. 2.‡

This paper on influenza was originally delivered in the form of a popular lecture. Dr. Morrisson is a microscopist, and consequently has much that is interesting to say about the germs of influenza. Altogether he gives a very interesting sketch of the disease, its character, and its management.

* *What is Homeopathy? A New Exposition of a Great Truth.* By William H. Holcombe, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co.

† *A Lecture on Homeopathy.* By Arthur Guinness, M.D. Oxford: Printed by the Chronicle Company, Limited.

‡ *Occasional Papers—No. 2.—Malarial Influenza: its History, Symptoms, and Treatment.* By Dr. Morrisson. London: E. Gould & Son, 59, Moorgate Street, E.C.

HYDROPATHY IN INFLUENZA AND FEVER CASES.*

IN this pamphlet Mr. Metcalfe gives his views of influenza, and describes how this disease and other fevers may be successfully treated by hydropathy. In competent hands, water is undoubtedly one of the most potent therapeutic agencies we possess.

ESSENTIALS OF BACTERIOLOGY.†

THE descriptive title of this work as being "a concise and systematic introduction to the study of micro-organisms" exactly defines its character. Those who wish to know all about the different bacteria which have been identified with various diseased conditions, and how they may be discovered and cultivated cannot do better than possess themselves of this volume. Happily only a small amount of space is devoted to the experimental study on animals, but we regret that the author has thought it necessary to describe how animals may be inoculated in the eye, the windpipe, &c. Bacteriology may be studied without cruelty.

ESSENTIALS OF MEDICAL ELECTRICITY.‡

THIS is a very convenient handbook, giving very complete information about the different forms of electricity, and how they may be obtained and applied in therapeutics. The different kinds of batteries are fully described. The book is divided into two parts, the first relating to *general*, and the second to *special* electro-therapeutics. The subject of the surgical uses of electricity (*e.g.*, the place of galvano-cautery) does not appear to be dealt with. The work would be greatly improved by the addition of a contents table.

* *Hydropathy in Influenza and Fever Cases.* By Richard Metcalfe. London: Thomas Murby, 3, Ludgate Circus Buildings, E.C.

† *Essentials of Bacteriology: being a Concise and Systematic Introduction to the Study of Micro-organisms for the use of Students and Practitioners* (Saunders' Question Compends No. 20). By M. V. Ball, M.D. Philadelphia: W. B. Saunders, 913, Walnut Street. London: Homeopathic Publishing Company, 1891.

‡ *Essentials of Medical Electricity* (Saunders' Question Compends No. 23). By D. D. Stewart, M.D., and E. S. Lawrance, M.D. Philadelphia: W. B. Saunders, 913, Walnut Street. London: Homeopathic Publishing Company, 1892.

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.

HOMEOPATHY AND PUBLIC OFFICES.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—I wish to know if there is anything to prevent a homeopathic practitioner being a District Medical Officer to a Poor Law Board. If it were known that a practitioner practised exclusively on homeopathic lines, has any Board of Guardians power to suspend him, or has the Local Government Board power to confirm such suspension? The only qualifications set forth by the General Orders of the Poor Law Board are that the person holding such office shall possess a legal qualification in medicine and surgery, and that he shall be registered as a medical practitioner. The case in question is one where the holder of the appointment was practising exclusively as a homeopath at the time of his admission to the office as District Medical Officer, but was not known to the Guardians as anything but a "regular" practitioner.

"NEMO."

CONSTANT READER.

Your query shall be attended to if you will send the editor your name and address. Anonymous communications cannot be answered.

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.

CARDIFF.

A correspondent writes :—

I regret that Dr. W. Morgan, of Edwards Terrace, died some months ago, and there is now no homeopathic doctor in Cardiff. He might have done very well, and there is, I think, a good opening at Cardiff for a really clever man.

P.S.—I have Dr. Morgan's books, and might be able to assist any new-comer.

DR. ABBOTT, WIGAN.—As will be seen by the subjoined extract from a Wigan newspaper, Dr. Abbott has returned to Wigan, the early scene of his labours, the practice having been rendered vacant by the recent sad death of Dr. Adie.

WELCOME TO DR. ABBOTT.—On it becoming known that Dr. George Abbott, who for many years practised in Wigan, but who was com-

pelled to leave the town some three and a half years ago in consequence of ill-health, had once again decided to take up his residence in the borough, many of his friends determined to mark the occasion by entertaining him to dinner, and so welcoming him back to the scene of his former labours. The event took place on Monday evening, August 8, at the Victoria Hotel. The Rev. Canon Fergie, B.D., vicar of Ince, presided, and Mr. Councillor C. B. Holmes, J.P., occupied the vice-chair. The toast of the evening was given by the worthy Canon, who alluded to the circumstances which necessitated Dr. Abbott relinquishing his important practice in the town, and to the painful event which had caused him to once more come amongst them. He referred to Dr. Abbott's universal kindness and popularity when he was with them before, and said how pleased they all were to find that his health had so far recovered as to enable him to return to the place where he had won his spurs, and to which he had always had a deep affection. He extended to him a very cordial welcome, and trusted he might be long spared to attend to their physical infirmities. He paid a high compliment to the medical profession generally, and said it was a pleasant feature in the life of the town to find that all sections worked so amicably together. Dr. Abbott feelingly acknowledged the toast of his health, and thanked all most heartily for their happy and pleasant welcome. When he was reluctantly compelled to leave the neighbourhood in 1888 he was deeply touched by the many expressions of good will from all classes of the community, and had ever had the kindest remembrances of his Wigan friends. It was gratifying to find that his successor had so firmly established himself as a favourite with the public, and he deeply deplored the sad event which had occasioned such general expressions of sympathy. In coming back to the scene of his first labours in the profession he was pleased to receive so hearty and enthusiastic a welcome; in Wigan, however, he always felt he was amongst true friends, and that evening's proceedings simply tended to confirm his deeply-rooted conviction. He thanked them most sincerely for the happy welcome. The health of the chairman was given by Mr. R. Lea, J.P., and was supported by Mr. Councillor Richard Johnson, who wished the reverend gentleman *bon voyage* on his visit to Canada, and hoped the trip would give him renewed health and vigour. The Vicar suitably replied, and a very enjoyable evening, which was enlivened by contributions from the musical members of the company, shortly afterwards was brought to a close.—*Wigan Observer*, Aug. 12.

Obituary.

DR. DRYSDALE.

EARLY on Saturday morning, August 20th, at his house at Waterloo near Liverpool, the foremost of British homeopaths passed away. The long struggle with death, which began with his illness in the spring, and which has been borne with much patience and fortitude, has ended at last. Only a few days

before, we had received intimation from Dr. Simpson, who has been his devoted attendant from first to last, that the condition was hopeless. Our readers will doubtless like to see Dr. Simpson's letter :—

“The homeopathic world and the medical profession generally will be deeply moved by the knowledge of the grave condition of Dr. Drysdale, who lies at his residence at Waterloo near Liverpool suffering from progressive pernicious anemia, daily growing weaker, with beclouded mind, but perfect calmness. He expresses himself free from all pain and distress, and his one regret seems to be that he is to be prevented from prosecuting some great literary work on which he had set his mind. When reminded of the great amount of valuable material he has already contributed to the world of medical science, he said to me, ‘Oh, this is as nothing compared with the vastness of the demand.’ The deepest sympathy is manifested by those who have known this unobtrusive savant for the longest period.

“THOMAS SIMPSON.

“Waterloo, Liverpool.”

The loss of Dr. Drysdale will be felt far outside the limits of homeopathy. His labours in the scientific world have put him in the first rank of modern observers. But those who will feel the loss most keenly outside the circle of his relatives and personal friends are his patients. In spite of a somewhat undemonstrative almost shy manner, Dr. Drysdale's sterling qualities made a powerful impression on all who came into close contact with him; it is rare for a medical man to inspire such intense affection as Dr. Drysdale's patients manifested for him. Though he has been laid aside from active practice now for some months his death will none the less be keenly felt.

With the removal of Dr. Drysdale another of the links with the early history of homeopathy in Great Britain is severed. Dr. Drysdale took his M.D. degree at the Edinburgh University in 1838. He was one of the band of students which included the late Drs. Black and Rutherford Russell, who were led to study homeopathy from the liberal views of their instructor in physiology, the celebrated Dr. Fletcher. They then repaired to Vienna after taking their degree in Edinburgh to complete their medical studies in its famous school. At this time the Homeopathic Hospital, under Fleischmann's superintendence, was in the height of its fame, and there their instruction in homeopathy began. After the completion of their study in Vienna they returned to Edinburgh and founded a homeopathic dispensary there. Dr. Drysdale did not long remain in his native city, but established himself in Liverpool where he practised for forty-five years, during a large part of which time his services as a consultant were in great request in Lancashire and the neighbouring counties. It will not be forgotten that he was the consultant

who attended with Dr. Hayle and Rochdale the late Mr. John Bright in his last illness.

Dr. Drysdale contributed much to scientific and medical literature. He edited the text-book on Physiology by his friend and teacher Dr. Fletcher, after the death of the latter. Among his other works perhaps the best known is his *Protoplasmic Theory of Life* and his *Life and the Equivalence of Force* and the *Life History of Monads*. The last mentioned contained the most wonderful microscopic observations. Much of this work was carried on in concert with his friend Dr. Dallinger. That Dr. Drysdale was one of those who could be a man of science without losing his religious faith, his *Scientific Materialism compatible with Dogmatic Theology* will show. He also wrote on the *Germ Theory of Infectious Diseases*, on *Health and Comfort in House Building*, and contributed innumerable articles to the *British Journal of Homeopathy* during the years of his association with the editorship. He was one of the founders of the *Journal* with Drs. Russell and Black in 1849, and continued one of the editors for many years. With Dr. Dudgeon and Dr. Hughes he was honoured at the banquet and presentation given in their honour when the *Journal* completed its forty-second year and brought its existence to a close. Dr. Drysdale's chief contributions to homeopathic literature are his *Kali Bichromium* in the Hahnemann *Materia Medica*; his share in the *Cypher Repertory*, and his pamphlet on *Pyrogen*. The greatest sympathy will be felt for Dr. Drysdale's widow and daughters who survive him. During his life Dr. Drysdale had many severe domestic afflictions, among which may be mentioned the loss of one of his sons by drowning just on the threshold of manhood, and more recently the death of his son Dr. Alfred Drysdale from phthisis at Cannes.

Appended is the obituary notice which appeared in *The Times* of Monday, August 22nd:—

"The death is announced from Liverpool of John James Drysdale, M.D., one of the foremost of homeopathic practitioners, who died on Saturday at his residence, Beech Lawn, Waterloo. He was born in Aberdeen in March, 1817, and studied at Edinburgh University, taking his M.D. degree in 1838, in which year also he became a licentiate of the Royal College of Surgeons, and subsequently F.R.M.S. The whole of his professional career may be said to have been spent in Liverpool, though his services as lecturer as well as practitioner were in wide request; and it may be recollected that he was physician to the late Mr. John Bright, whom he attended in his last illness at One Ash, Rochdale. He was one of the founders (in 1841) of the Liverpool Homeopathic Dispensary. Besides contributing largely to scientific literature, Dr. Drysdale was editor of the *British Journal of Homeopathy* from its commencement. His widow is a sister of Mr. Justice North."

GENERAL CORRESPONDENCE.

THE FIRST BATH.

To the Editor of the HOMEOPATHIC WORLD.

DEAR DR. CLARKE,—You say that a correspondent expresses some astonishment at the temperature I prescribe for the babe's first bath in my address on "The First Hours of Life," and ask if I have anything further to say on the point. The temperature mentioned (115° Fahr.) is quite warm, and is meant to be so. It should produce a decided tingling sensation to the hand when immersed in it and moved about. Even if prepared at the temperature mentioned, it will usually fall to 110° or below by the time the babe is put in it. It is not to be kept in this bath longer than just sufficient to wash off the suds and leave the skin perfectly clean. The object of using the high temperature is to completely flush the arterioles in the skin, and thus ensure healthy action therein. For the same reason that I want the lungs expanded to their fullest capacity during the first few minutes of life, so now the peripheral blood vessels should be excited to their highest degree of physiological action. It is so important to start right, and the impulse towards health thus given will be felt as long as life lasts. The reflex action will cause the baby to scream lustily, but this is only for a moment or two, and does no harm.

Besides, as I have elsewhere remarked, I have no cast-iron rules in midwifery, even in this matter of the temperature of the bath, but use my judgment and adapt the treatment to the circumstances of the case. Only in this way can the best results be attained.

GEORGE WILLIAM WINTERBURN.

328, West 21st Street, New York, July 20, 1892.

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; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Arlidge (J. T.).** The Hygiene Diseases and Mortality of Occupations. 8vo. (Pecival. Net, 21s.)
- Browne (O.).** Some Thoughts on Nursing: a Lecture given to the Nurses of the Metropolitan Hospital. Cr. 8vo. (Griffith, Farran & Co. Net, 6d.)
- Buxton (D. W.).** Anesthetics: their Uses and Administration. 2nd edit. Cr. 8vo, pp. 222. (H. K. Lewis. 6s.)
- Darwin (G. H.).** Ambulance Lectures. Illustrated. Feap. 8vo, pp. 97. (Cornish, Manchester; Griffin & Co. 1s. 4d.)
- Dowse (S.).** A Primer of the Art of Massage (for Learners). Illustrated. 82mo, 168 pp. (Wright, Bristol; Simpkin. 2s.)
- Ewart (W.).** Cardiac Outlines for Clinical Clerks and Practitioners, and First Principles in the Physical Examination of the Heart for the Beginner. 62 Illustrations. Roy. 16mo, pp. 175. (Baillière. 5s. 6d.)
- Hedley (W. S.).** The Hydro-Electric Methods in Medicine. 8vo. (H. K. Lewis. 4s. 6d.)
- Horsley (V.).** The Structure and Functions of the Brain and Spinal Cord: being the Fullerton Lectures for 1891. With numerous Illustrations. 8vo, pp. 222. (Griffin. 10s. 6d.)
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- Vintras (A.).** Medical Guide to the Mineral Waters of France, and its Wintering Stations. 2nd edit. Cr. 8vo, pp. 362. (Churchill. 8s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *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. Purdom, Croydon; Mr. Laurie, London; Dr. E. M. Hall, Chicago; Messrs. Dowdall Bros., Manchester; Dr. Rennie, Sunderland; Mr. G. A. Cross, London; Mr. J. Meredith, Lydney; Dr. Winterburn, New York; Dr. Mahony, Liverpool; Dr. Berridge, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Homeopathic Review.—Allg. Hom. Zeit.—Maanedskrift f. Hom.—Monatsblätter f. v. H.—Medical Visitor.—New Remedies.—California Homeopath.—Southern Journal of Homeopathy.—Minneapolis Homeopathic Magazine.—Jamaica Post.—Homeopathic Recorder.—Export Journal.—Medical Advance.—L'Art Médical.—Wigan Observer.—Sydney Morning Herald.—Medical Argus.—Vaccination Inquirer.—Hahnemannian Monthly.—Clinique.—New York Medical Times.—Catalogue of MM. Baillière et Fils, Paris.—Report of Torquay Homeopathic Dispensary.—Report of Croydon Homeopathic Dispensary.—Sixth Annual Report of Homeopathic League.—Asepsis and its Influence on Gynecology, by Dr. E. A. Cooke.

THE HOMEOPATHIC WORLD.

OCTOBER 1, 1892.

OLD-SCHOOL THERAPEUTICS.

If anything were wanted to show the futility of old-school methods of studying medicine, it would be found in the proceedings of the late meeting of the British Medical Association at Nottingham. Professor GAIRDNER, of Glasgow, who had been appointed chairman of a Therapeutic Committee, devised for the purpose of collecting the therapeutic evidence from the various branches of the Association and their individual members, had to confess that absolutely nothing had been done. All he could do was to utter a lament that pushing manufacturing chemists were carrying all before them, and that the sheep in the British medical fold were lending their names in the shape of testimonials for the double purpose of advertising themselves and the productions of the aforesaid chemists.

Dr. GAIRDNER had, of course, a few words to say of Dr. LAUDER BRUNTON and his fellow-vivisectors for their "scientific" work, but he could not say that any good had come of it. Dr. BRUNTON's "Pharmacology and Therapeutics," which the now defunct *Medical Times and Gazette* with its expiring breath said some few years ago was "a work which marks a distinct epoch, a turning-point in the history of medicine," is now as dead as the journal which praised it as far as any useful influence on old-school therapeutics is concerned. Professor GAIRDNER's lament at Nottingham proves this beyond dispute.

In a leading article on the incident in *The Medical Press* of August 17th, the methods and aims of old-school thera-

peutics are set forth with a great degree of frankness, and, summed up in a few words, they amount to this: experiments on animals and experiments on patients.

“Therapeutics and pharmacology are two entirely distinct departments of curative medicine,” says *The Medical Press*. “Medicine,” in the language of allopaths, is a very large word; so far from meaning, necessarily, “curing,” as its etymology would seem to suggest, the adjective “curative” has to be added when that sense is implied. The principal part of “medicine” nowadays is vivisection in some form or another—vivisection of animals or experiments on patients. *The Medical Press* begs the question in prefixing “curative” to “medicine” in the sentence above quoted: “therapeutics” may have to do with curing; but “pharmacology” certainly has not. The two things are quite distinct, as the journal itself says:—

“Pharmacology can be studied in the laboratory by means of pre-arranged experiments to compass the object of the investigation; but this is by no means the case in respect of therapeutics, which is essentially a matter of clinical observation.”

Exactly—from the allopath’s standpoint. If the Hahnemannian method of proving and using medicines is ignored, there is nothing but clinical observation left to go by. The writer goes on to enlarge on the difficulty of making good clinical observations, and of providing a field of observation. “It is here,” he says, “that the difficulty arises of reconciling the duties of the physician with those of the therapeutic investigator.” In plain English, it comes to this: that the allopath has no means of advancing his art except by making experiments on his patients. The writer guards this by adding that under no circumstances must the interest of the patient be sacrificed to the desire to advance knowledge; but he contradicts himself lower down by stating that, “if this very high ethical standard were rigidly adhered to, if all investigators sternly subordinated their scientific curiosity to the imperious mandate of professional duty, no addition to our medical armamentarium could by any possibility take place.”

In a previous column the editor has been praising Mr. JONATHAN HUTCHINSON for the speech in which he glorified vivisection. There is no department of the medical sciences which has been guilty of more cruel experiments than that of pharmacology—a department which, on the journal's own showing, is quite distinct from the therapeutic or healing department, and which, again, he deliberately states, can add nothing to advance it. "No addition to our medical armamentarium could by any possibility take place," he says, by pharmacology, but only by experiments on patients.

To those who live in a reign of law in therapeutics, what a pitiable state of chaos all this appears! Well might OLIVER WENDELL HOLMES (one of themselves) exclaim that if all (allopathic) medicines were thrown into the sea, it would be all the better for mankind and all the worse for the fishes!

NEWS AND NOTES.

THE ROYAL COLLEGE OF PHYSICIANS AND THE TREATMENT OF CHOLERA.

THE Local Government Board having asked the Royal College of Physicians to be good enough to mention the medicines best adapted to the immediate medical treatment of patients suffering from cholera, choleraic diarrhoea, and diarrhoea, the College replies that it "proposes no instructions for the *treatment* of cholera," but it gives "instructions for the *prevention* of diarrhoea and of cholera," which might possibly be followed by the richer classes, but which are quite useless for the poor people, who are the chief victims to the epidemic. It adds some directions for the *treatment* of diarrhoea, viz., two teaspoonfuls of castor oil, the repeated injection of a quart or more of hot water containing two drachms of benzoate of soda, or thirty grains of tannin, and fifteen to thirty drops of laudanum, "until medical assistance has been procured." Then, apparently, should no medical aid be procurable, an extremely complex mixture of the good old sort is to be given every three or four hours, and should this disagree, or fail to relieve in twenty-four

hours, another mixture of the same composite character is recommended. Of course alcoholic stimulants are not omitted. "If pain persists, with depression or faintness, take a tablespoonful of brandy or of whisky in a small claret glassful of hot water after meal time, three or four times in the course of twenty-four hours."

It is hardly likely that the Local Government Board will derive much satisfaction from the reply of the Royal College of Physicians to their urgent request. Had they applied to the British Homeopathic Society, or the staff of the London Homeopathic Hospital, they would have found that homeopathy possesses a method of treating and preventing cholera, the efficacy of which has been thoroughly proved in the various epidemics that have visited Europe since 1831.

CALCIUM SULPHIDE IN TONSILLITIS.

HERE is another remarkable allopathic "find." It is taken from the "Epitome of Current Medical Literature" of *The British Medical Journal* of July 16.

"F. P. Norbury (*Therap. Gaz.*, May, 1892) has been very pleased with the effects of small doses of *Calcium Sulphide* in acute parenchymatous inflammation of the tonsils. These cases, especially if the subject be strumous, very generally tend to rapid suppuration. He has found that small doses ($\frac{1}{4}$ to $\frac{1}{2}$ gr.) of the sulphide, frequently repeated, are most valuable, both in preventing this suppuration, or in hastening convalescence when the mischief is already advanced. Febrile symptoms and pain are both greatly modified under its influence. In abscess of the mouth and throat Norbury prefers to apply a solution of hydrogen peroxide to which has been added a little oil of cassia, which he finds a thorough and most efficient antiseptic."

DR. GEORGE CLIFTON, J.P.

WE are pleased to learn that our colleague, Dr. George Clifton, of Leicester, who occupies a prominent position as a representative of homeopathy in the Midlands, and who is, at the same time, an active member of the Leicester Town Council, and Secretary of the local branch of the Society for the Prevention of Cruelty to Children, has had his social qualities recognised by the Lord Chancellor, who has placed him on the borough magisterial Bench. We heartily congratulate Dr. Clifton on this well-merited

honour. Homeopaths who distinguish themselves by public services do no small service to homeopathy at the same time.

A CONVALESCENT BOYCOTTED.

Will our readers believe that an allopathic medical man would carry a senseless prejudice to the extent of refusing to certify (for a patient going to the excellent Convalescent Home at Eastbourne, in connection with our London Homeopathic Hospital) the nature of the complaint for which he had been treating his patient? This has actually happened, but, we are glad to say, is the first instance brought to our notice. Of course it does not damage the Home, on which the demands are constantly increasing. And equally of course it cannot damage homeopathy. But it has prevented the poor patient from having three or even six weeks much needed rest and change at one of the most pleasant little homes at one of the most healthy and beautiful seaside resorts. It would be difficult to characterise this incident, as we are informed that a very large number of patients go to the Eastbourne Home on certificates signed by our allopathic brethren, at allopathic hospitals, or in private practice.

ORIGINAL COMMUNICATIONS.

HAMAMELIS—A PROVING.

By JOHN H. CLARKE, M.D.

Miss —, 35, tall, slender, consulted me on July 20th for varicose veins of right limb. She had had them four or five years, but they had not given any trouble till recently. They extended from below the knee up the inner and posterior aspect of thigh. They were worse in the monthly period. The accompaniments were: Dull, aching, neuralgic pains in the inner aspect of the limb; violent itching in the thigh; and in cold, wet weather there was burning.

I gave *Hamam.* 1 in pilules, one pilule every three hours. This she took till the 31st, with the following result:—

The pain began at once to lessen, and by the fourth day was gone.

The irritation was greatly aggravated, the aggravations lasting as long as the medicine was continued, disappearing entirely when it was left off.

The following new symptoms occurred :—

Marked loss of appetite continuing all the time.

The day after commencing the medicine she had :—

Pain all round lower abdomen.

Dreadful, aching, rheumatic pain at the top of the left shoulder and under the right shoulder blade, also right side of the chest under the arm.

There was also a stupid feeling in the head.

The pains were < during the day, < when at rest ; but she did not have them at all during the night.

THE DOSE QUESTION.

WE propose to collect from homeopathic literature such cases as illustrate the comparative action of different doses of homeopathic medicines ; and at the same time we invite our readers to send in any facts they may possess bearing on the point. The dose question cannot yet be considered as satisfactorily settled either way. In some cases high potencies do better and in some the low. We are yet in need of a rule for dose selection, and it has occurred to us that it may help towards the finding of one if we bring together well-observed cases in which a drug in one potency is found to have a more powerful effect than the same drug in a different potency.

We will commence with the following case from *The California Homeopath* of April, 1892 ; and we may refer our readers to a case reported in *THE HOMEOPATHIC WORLD* of July, 1892 (p. 310), for an example of the opposite kind.

KALI-PHOS.

By A LAYMAN.

A very interesting case came under my treatment. A lady, fifty-five years old, had such excruciating headache that she was partially insane ; she claimed her brain was ruptured and running out of her eyes ; a yellow-grey curd was exuding from her eyes. She had been suffering for some days. I gave her *Kali-phos.* 3x, which acted like a charm. In two hours the dose was repeated, and the result was perfect relief. Some four weeks later she had another attack, but not so bad. I gave her *Kali-phos.* 6x, and wishing to watch the case, I called in two hours.

She said, "That was not the same medicine you gave me before ; the action is barely perceptible." I then gave 3x, and in two hours she was well. Now, I have always been in favour of high potencies, but this experience seems to indicate that *quantity* comes in as a factor ; if so, it should be noticed that one dose of 3x is equal to one thousand of 6x.

HOMEOPATHY AND POOR-LAW APPOINTMENTS.

By DR. POPE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Your correspondent, "Nemo," asks whether there is anything to prevent a homeopathic practitioner being a District Medical Officer to a Poor-Law Board. Every precedent, excepting that of Mr. Newman, which occurred more than forty years ago, shows that there is none. In this instance, Mr. Newman was deprived of his office by the Poor Law Board acting under the advice of the College of Physicians, for which they had applied at the instigation of the Rev. Lord J. Thynne, the rector of one of the parishes in Mr. Newman's district, who was desirous of obtaining Mr. Newman's appointment for a *protégé*—a Mr. Malton. The Guardians of the Union protested to the central authority against Mr. Newman's dismissal, and the poor of the district, to the number of 838, memorialised that body for permission to retain Mr. Newman as their medical officer—but in vain. The Board of Guardians, however, showed their sense of the value of Mr. Newman's seven or eight years' services (during the latter half of which he had practised homeopathically) by presenting him with a strongly worded resolution of thanks for them, and of Lord J. Thynne's uncalled-for interference by rejecting his nominee, and appointing a total stranger to the office *by a vote* of 22 to 7 (Vide *Brit. Jl. Hom.*, vol. ii.). One of the earliest cases in point is that of Dr. Harmar Smith, and is reported in the third volume of the *Hom. Review*. In this instance some one wrote to the Board of Guardians of Sheffield to the effect that Mr. Smith was practising homeopathically. The Clerk to the Guardians wrote for advice to the Poor-Law Board. In reply, the secretary (Lord Courtney) said that the Board had received a letter from Mr. Smith, stating that, "If in any case homeopathy, according to my knowledge of its resources,

did not yield a remedy adequate to the requirements of the case in hand, I should undoubtedly resort to one which I had found available in the practice of the old school.' Having regard to this assurance," he continued, "the Board do not feel that it is necessary to require Mr. Smith to resign his office."

The next case was that of Dr. Wilde, then of Winchester (*Monthly Hom: Review*, vol. vii. p. 391). He, when well known as a homeopathist, was elected to a district by twenty-five to five. One guardian said that his being a homeopathist rendered him objectionable; the Chairman at once replied, "We have nothing to do with that; we have nothing to do with the method of treatment." Dr. Wilde, in an article published in the *Review*, for January, 1865, states the position with perfect accuracy when he says, "A registered homeopathist can legally hold any appointment, whether hospital, union, or club, provided he can get elected by the Board, Council, or other body who have the power to elect him."

A year and a half later an attempt was made to oust Dr. Wilde from his post, and the *Lancet* was written to for help. All that the *Lancet* could do was to quote from some official circular, to the effect that the Poor-Law Commissioners would not consent to any arrangement by which the sick poor of any district would be confided to the care of a medical officer who adopted the homeopathic system *exclusively*. As no man can confine his remedial measures to drugs alone, so no one can practise homeopathically *exclusively*. Surgical cases, cases of poisoning, cases where, from the advanced and organic nature of the disease, palliatives, and palliatives only, are of any use, represent conditions which cannot be treated *exclusively* through homeopathically selected remedies.

In another case, that occurred in Southampton in 1871, a medical man, a recent arrival in the town, was preferred to a surgeon who had long resided there, and was much his senior, *because* he was believed to be a homeopathist. Here an attempt was made by the disappointed candidate and his medical friends to get the appointment cancelled by the, then, recently established Local Government Board, and they failed to do so.

The foremost homeopathist of this country, whose death we are all deploring, said at the Birmingham Congress, in 1870, "The homeopathic body are no sectarians who

blindly follow a mere dogma, irrespective of the claims of all other results of scientific experiment. . . . They are simply medical men who seek the improvement of the art of healing by studying the action of medicines on the healthy body, and applying the knowledge so gained to the treatment of disease by the law of specific relationship. This law applies exclusively to the vital actions of medicines, when they correspond to the purely vital actions deranged in disease. There is, therefore, a certain field where the principle is not applicable, and therefore we use, and must use, and do use, exactly the same remedies as other medical men. Among them are all dietetic and chemical means, evacuants, stimulants, &c., which may be needed for removing exciting causes and restoring nutrition. The boundary line between specific and other medication has not been, and is not yet, fixed. . . . We are exactly, I hope, in the position of men of true science—seeking to apply the homeopathic law wherever experience shows it to be applicable; not bound together by a sectarian dogma to be followed blindly, though we can accept no contradiction not backed by experiment.”

A man who practises medicine on these lines is as eligible for a Poor-Law appointment as any one. All the Local Government Board bargain for is, that a man should not be a homeopathic fanatic—but a homeopathic physician.
Grantham, September 1, 1892.

BARIUM CHLORIDE IN LLANGAMMARCH SPA— BRECONSHIRE (CENTRAL WALES RAILWAY).

By AGRICOLA.

THIS mineral water (see *Homeopathic Review*, 1884, page 573), of which a specimen was sent me some eight years ago in a Winchester quart stoppered bottle, one half being then used clinically, the remainder was on August 1 last found to be equally as fresh, &c., as when received eight years ago; it is equivalent to 4x.

I have put it to the test curative in half-ounce doses for Tinnitus Aurium chronic (thirty years), hereditary in for four generations, of varying character and degree, but which under *Acid Nitric* 2x had become intensified and aggravated to such a degree as to resemble now the dying groans of a woman's voice upstairs, now the sharp crack here and

there of the *irregular* discharge of a rifle corps squad, the poor sufferer often jumping up in the air *as if shot*, now the rat-a-tat-tat of a fashionable lady who prided herself on her accomplished manipulation of the door-knocker, each concussion being accompanied by some contractive movement in the inner ear. This powerful medicament (prescribed at the Spa in some 10-ounce doses) seems now, after some ten days' use, to have brought the tinnitus to its usual character of *bourdonnement* only; and the result is encouraging for a now-and-then recurrence to Barium either as this mineral water, or as one or other of its various salts.

This patient's *thorough* conversion to homeopathy happened through an unique clinical proof of the power curative in chronic disease of *Barium* as carbonate. For many years he had been tortured by a loud crackling noise of the jaws when masticating, and which was often a source of annoyance to those who sat next him at the dinner-table.

Strolling down Edgeware Road one day in 1875, accident drew his attention to an American copy of the *Materia Medica* of homeopathy; it happened to open at *Baryta Carbonate*; his eye caught the line, "a loud crackling noise in the jaws when eating." Leath and Ross, of Vere Street, close at hand, suggested 3x trituration, one-grain doses three times daily, a week's use of which removed this trouble, never again to return. By a remarkable coincidence the owner of the estate on which is situated the Barium Chloride Spa (see Duprè's analysis) is a homeopath, and still more remarkable, two of the brothers of the late Major Morgan are or were trustees to the said estate. Alderman Walter Vaughan Morgan being now resident Treasurer at Christ's Hospital, London.

Chloride of Sodium	... ..	189.56
" Calcium	... ..	84.56
" Magnesium	... ..	24.31
" <i>Barium</i>	... ..	6.26
" Calcium	... ..	2.80
Carbonate of Silica...	... ..	1.40
Protoxide of Iron	... ..	Trace
Potassium	} numerous traces	
Strontium		
Lithium		
Bromine		

It seems that no other Spa in the British Isles contains Barium Chloride.

To my mind the presence of *Potassium* is suggestive, an element almost ignored by the homeopaths of the present day. Clinical evidence of its unique power will, I hope, follow this item; but as *Potassium Meta Sulphide*, the beautiful salt known as Boaké's patent.

MYXŒDEMA—A CASE CURED.

By JOHN H. CLARKE, M.D.

In October of 1889, I was sent for to see a lady, aged fifty-five, a widow, who presented the following appearances:—

She looked like a very stout lady. The face was full, eyes prominent, eyelids puffed, cheeks fat-looking, all wrinkles obliterated, throat full. The limbs were full, firm, and rounded, skin everywhere tense, hands looking fat and plump. The skin of the hands was rough and warty-looking, with brown spots like exaggerated freckles. Speech was impeded by swelling of the throat; the voice was unnatural. She had a strained and tired feeling on talking. There was a numb and cold feeling in the feet. There was hardness of hearing; sight was not quite clear, and there was a thickness in the nose. She could take her food, but had no appetite. The bowels were natural. Very sensitive to damp and draughts; she could feel draughts in all directions where she would not have been conscious of them before. She had what she termed a "creepy feeling in the blood." She had noticed an oily odour about the skin. In usual health there was free perspiration; now skin was very inactive; but there was some perspiration in bed. Loss of interest in affairs. Very easily fatigued. On many occasions she had fainted.

What made the appearance of this patient so striking was the fact that in her normal condition she was so exceedingly spare. The bones of the face were quite prominent, the cheeks rather sunken, and the eyes very deep set. So great was the change, that her friends had difficulty in recognising her, and the feeling among them was pretty unanimous that her days were numbered.

The history of her illness was this. Two years previously she had had an attack of herpes of the left brow. This was followed by neuralgia of the left side of the head, and afterwards the swelling commenced—eyes, face, and

throat first, gradually spreading all over the body, with numbness and discomfort, and loss of power. The patient imagined she was afflicted with "creeping paralysis." Some weeks before she had been in Liverpool, and was there seen by my friend the late Dr. Drysdale, who advised her to put herself under my care on her return to town. The patient was of a rheumatic tendency, subject to bronchitis and aphonia every spring, and came of a family in which both cancer and consumption had shown themselves.

Dr. Drysdale gave her *Apis* and *Rhus*, and these she continued to take when, on leaving Liverpool, she went to stay in the Isle of Wight. While there she experienced, on one occasion, whilst walking, violent pains in the legs. She persisted in walking, and the pains diminished. From that time she had more feeling in the legs. The following day she had the pains again, and this time fainted (formerly she had been liable to faint). The faint lasted some time, and when she came to herself she was in profuse perspiration. Her sight had improved much since the time she was in Liverpool; but the general condition had been stationary since her return to London, a week or two before I saw her.

The choice of medicine in this case was not very difficult. Dr. Drysdale's prescription had apparently aroused some wholesome organic reaction, and I am inclined to think the *Rhus* had the principal share in this. But now a change seemed called for. The whole appearance of the patient suggested arsenical plethora, and the numbness, chilliness, and sensitiveness to damp and draughts, the debility, and the fainting, confirmed the indications for that drug. I gave it in the 30th attenuation. My general directions were—to eat any ordinary kinds of food she could at the usual meal times, and nothing between meals; to keep herself warm and free from chilliness, no matter how many wraps and screens were required to effect this—she was not to be afraid of "coddling." I allowed her to go out for a walk when the weather was dry, but she was not to fatigue herself, and not to make calls—simply to go out and return. I forbade washing the body—only the exposed parts; the under-clothing might be changed as often as desired, but the body was not to be touched with water.

Within a week there was distinct improvement. The hands were more mobile, throat less swollen, speech easier. The legs were much better, and she was less chilly. From

this time forward there was steady, though fluctuating, improvement. The swelling grew less and less, disappearing in the inverse direction to that in which it appeared—as all good cures should take place, according to Hahnemann—that is, from the extremities first, and from the throat and face last. The “laziness” of which she complained (and which was very unusual with her) gradually left her, and also the sensitiveness to cold. Sight and hearing became perfect, and appetite and interest in life returned. She passed through the winter and spring of 1889-90 without further trouble than a slight passing cold, though for years previous she had never escaped an attack of bronchitis in February, and she has remained perfectly well ever since. But she was not completely delivered from the—not water-logged, but—“mucus-logged” condition in which I found her in October until June, 1890—that is, eight months after the treatment began.

The only noteworthy incidents in the way to cure were the occurrence of desquamation, the slight temporary return of old rheumatic pains, and, in June, when the cure was complete, a momentary sensation in the spot where the herpes appeared two years before, which was the beginning of the trouble. This slight recurrence of old pains is a frequent incident in homeopathic cures, and is to be regarded as a favourable sign—that the medicine has reached the root of the disorder. It does not call for a change in the treatment unless the pains should be something more than slight. The desquamation I regarded as also a favourable sign that the under-nourished mucus-logged skin was returning to activity, and I told the patient that it would cease as soon as the skin became quite normal, and this is what actually occurred. For a long time this desquamation was excessive, but always in very fine particles. On undressing there would be quite a shower. The weakly condition of the skin, and the great sensitiveness to cold and damp, were the reasons for my forbidding the application of water. In such conditions, water increases the chilliness, being such an active conductor of electricity; and washing also deprives the skin of some of its protective secretions, a loss which this patient was in no way able to bear.

From the first the *Arsenic* I gave made a good impression. It was not given continuously, but when omitted for a few days the patient felt the want of it at the early period of the treatment, though later she could go longer

without missing it. After a few weeks, I substituted the 1 m. (F.C.) potency for the 30th without the patient's knowing what I had done. This change was marked by a return of appetite, and the patient volunteered that she had felt better generally since I had given this (though she herself did not know what I had given). No other medicine was given by me from the beginning to the end of the case. In this instance repetition of the medicine was evidently beneficial, but I did not repeat constantly, though I omitted the medicine every few days, and then resumed it.

30, Clarges Street, W.

THOUGHTS FROM THE *ORGANON*.

POPULAR PAPERS.

By EDWARD MARONY, M.R.C.S., L.S.A.

No. VI.

“THE treatment of diseases with local symptoms; their cure by means of external applications is always injurious.” The fallacy of the theory “that the external parts only were affected in such a case” is first denounced, then the mechanical aid of surgery is referred to, as in injuries to joints, bones, the opening of cavities to relieve pressure, &c., but with the important remark that “when such injuries occur, the entire organism *always* requires active *dynamic* aid.” Instances of the above may be given, such as the value of *Arnica* administered internally in all cases where bruised wounds have been received, *Rhus*. where joints have been injured, *Symphytum* where bones and their covering of periosteum have been injured, *Bryonia* where serous cavities have been opened, *Hypericum* where the nervous system as such has principally sustained the shock, the so-called concussions—and so we might go on indefinitely; for to the extent of our knowledge of *materia medica* is our power of treating each kind of injury, and each tissue, joint, membrane, &c., affected, individually according to known individual action of the various drugs. I will instance two: one a case reported by the late Dr. H. N. Guernsey, of America, of an officer who, years before, had received serious injuries from a bullet (necessarily a bruised and contused wound), and knowing there must be the *dynamic* action of *Arnica* needed to meet this condition, Dr. Guernsey gave him this medicine in a high potency—if memory

serve me, twice a week ; in a few weeks he was cured. The second was a case of hernia, under my own observation, in a woman of upwards of fifty ; and, on opening the sac, the intestine was found *black*, that is, next door at least to mortified. This patient received no internal treatment whatever except *Arnica* 200, and her own statement was that the pain got less every hour, and the only difficulty was to keep her in bed until the wound healed. It should be observed that the above-mentioned *black* condition of the intestine was the result of strong pressure of the parts, or in other words, bruising ; this, combined with the fact that she was a muscular woman, accustomed to physical exercise, was no doubt the reason of the *dynamic* action of the *Arnica*. How different is all this to the mechanical administration of *Opium* or other so-called anodyne to relieve the pain ; this calm and scientific consideration of each case on its own merits—*never* lumping them all together as though every one's nervous system, digestive condition, and so forth—were all alike, and they must all therefore take the same kind of soothing draught, only varying the dose and ingredients, as outraged Nature occasionally compels. Yet at the same time that which is common to all in each kind of injury, carefully provided for : *e.g.*, take persons congregated on a large scale—schools, public institutions, and especially the army and navy—suppose all muscular injuries receive *Arnica*, all strained joints *Rhus-tox.*, and so on through the list. How different the results one can only predict from the splendid results when tried, as they must at present be, on individuals in private life.

Hahnemann next considers "changes and maladies which occur on the surface of the body, not originating from any external violence, or merely from the consequences of some slight external injury. *These owe their source to an internal affection* (italics mine). . . . No eruption of the lips, no whitlow can take place without some internal derangement having been previously and simultaneously effected. . . . All medical treatment of external diseases, that have arisen almost without any violence . . . ought, consequently, to have for its object the annihilation and cure of the general malady under which the organism suffers, by internal remedies." He further adds, "It is not proper . . . to make any topical application whatever to the diseased part, not even a substance which would be homeopathic or specific if taken internally, or to administer it simultaneously with

the medicinal agent." Then lower down, "If the disease is not wholly removed, then the acute local affection was (what happens very frequently) the product of psora which had till then been latent in the interior of the organism." . . . To perform a radical cure in these cases . . . it is necessary, after a tolerable abatement of the acute state, to direct an appropriate antipsoric treatment against the symptoms which continue to exist, together with those which the patient had been subject to previously."

A case that came under my observation the winter before last illustrates both these points beautifully, with the addition that following suppressive treatment did not prevent the action of the homeopathic remedies. An elderly woman attending my out-patient department was seized with erysipelas of the face, and her relatives and neighbours concluded that so dangerous a disease must have stronger treatment than "little pills." Accordingly a gentleman of the regular (?) school was called in, with the result that the patient was shortly considered by those most concerned to be at death's door. At this juncture I was implored by the son, who meanwhile arrived from another town, to undertake the case. Having arranged that they should first inform the gentleman in attendance, I went, and found the usual inflammatory fever, *vesicular* erysipelas of the face, and a decidedly depressed state of the nervous system. Some powerful lotion was being applied, besides a "tonic" being given internally. The lotion was immediately stopped, the affected part well bathed, to remove as far as possible what yet obstructed the pores of the skin, dried, and then covered with cotton-wool, and *Rhus-tox.* 200 given internally. From the first day improvement set in, and, as was to be expected, *the vesicular eruption for two or three days increased*, then steadily subsided, and in a week the patient was convalescent. But now occurred a recurrence of some *old* pimples, which, with two or three accompanying symptoms, called for *Sulphur*, and a few doses of *Sulph.* 200 shortly completed the cure. There was no difficulty throughout in diagnosing either the disease or the medicine, and local treatment was entirely uncalled for. How different all this from the heavy artillery poured in and on, so to speak, the unfortunate patient, with the result of nearly killing her! Yet, from all I could make out, the treatment was *secundum artem*, and such as the very heads of the profession would have justified.

Referring further to external local treatment, the very important remark is made that if it be applied, "the external affection usually disappears faster than the internal malady, which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult and sometimes impossible to judge whether the entire disease has been destroyed or not by the internal remedy." Let us pause a little and consider the importance of this in both acute and chronic diseases. Looking at the former, it is pretty well recognised now that in markedly eruptive ones, such as measles, scarlet fever, small-pox, typhus and typhoid, if from any cause the eruption will not come out, or worse still, has from any cause been driven in after partially coming out, the case is likely to assume grave and even the gravest forms, spoken of as metastasis to the brain or the internal bodily organs. Now, by analogy, if this be so with this particular class, why not with *all* acute diseases having external manifestations, such as erysipelas, rheumatic fever, erythema, the simple redness of inflammation. What, then, can the endless *medicinal* applications, whether dignified by the name of embrocations, stupes, douches, gargles, and a perfect possé of such-like scientific (?) applications do but, as far as they act, drive in what the vital force is seeking to drive out? In chronic diseases it is equally according to analogy to hold that local *medicinal* applications in, *e.g.*, the multitudinous forms of eczema, psoriasis, impetigo, or the various varieties of ulcers, even corns and bunions and warts, is not only useless, but decidedly injurious. If corns are purely local malformations, why are they so distinctly affected by the weather, and also by varying states of health? If warts are local only, why does internal treatment remove them? Recently a patient came to me with a wart more than half an inch long projecting above the right eye. She complained of a few slight ailments, which were soon removed, but the wart held its own. Happily, she knew external treatment, even by removal, was a mistake, and was willing to exercise patience. Reflecting over her case, suddenly some peculiarity in her father's constitution occurred to my mind, and suggested a remedy, which, given in high potencies, so loosened the wart in about fifteen weeks, that quite a slight touch caused it to come right out, leaving only one small piece at one side. That patient is benefited for life! Local destruction of the growth would have damaged her for life. It is an old

saying—*ex uno disce omnes*—and it is well for all of us to apply this simple maxim to the treatment of all disease, both acute and chronic, and not believe that natural law acts in one way in some diseases and in quite another in others, and yet another and another. With regard to the removal of the local symptom causing a difficulty both in diagnosis and also in misleading as to the progress of the case, how constantly does it happen that patients come with the story of some slight eruption to which something had been applied, and then it went away, and as a result of this there is on the one hand the impossibility now of judging what the nature of said eruption was, and also on the other an undefined, confused state of the sensations has been brought about which defies being arranged under any known rubrics, and the only thing to be done is to antidote, if possible, the previous maltreatment, and reproduce the suppressed eruption.

The next proposition is: "All diseases properly chronic, and not arising from or being supported merely by bad modes of living, ought to be treated by homeopathic remedies appropriate to their originating miasm, and solely by the internal administration of those remedies." This is strictly in accord with what has been previously advanced, and is a point-blank refusal of the so-called pathological basis of treatment, which latter occupies itself primarily and essentially with the present material symptoms, as tubercles on the lungs or in other organs, the character of any growth, whether simple as a glandular swelling, or malignant, as cancer, the nature of an effusion, whether purulent, serous, mucous, and so forth. Hahnemann, on the contrary, while making use of any present symptom, as the colour of an excretion, smell, general appearance, nevertheless teaches that for successful *treatment* we must go back and ascertain if possible "the originating miasm," and cure that by its corresponding antipsoric or antipsorics. I will illustrate once more from dispensary practice. Several years ago a colleague asked me to see a woman, a patient at the dispensary, confined to bed with bronchitis, heart disease, and dropsy of the abdomen and cedema (puffy swelling) of the legs. She was about fifty, and of drunken habits, and of course poor and in unfavourable surroundings. She had had, it was reported, several attacks of pleurisy, much allopathic treatment, and latterly what I will call mixed homeopathy, that is, medicines alternated

and supplemented by various so-called *adjuvantia*, in the way of poultices, fomentations, and so forth. A very short examination elicited the fact that when menstrual function commenced it was accompanied by a headache, waking her from sleep, continuing during the forenoon, and accompanied by depression of spirits; there was also palpitation. Though menstruation had ceased some years, headaches of the above character continued. Here, then, was, according to Hahnemannian doctrine, a psoric condition accompanying this woman through life, and holding its ground, although the natural function, with whose commencement it had developed, had ceased. Clearly no treatment had touched it, and as clearly this was the oldest root in her now much-damaged constitution, and *this*, and not the present above-enumerated pathological symptoms, called for cure. She received the much-despised (by some) *Natr.-mur.* (table-salt), a dose of the 30th potency. The headaches ceased for nine days, the dropsy greatly diminished, an inflammatory redness also went, and she felt strikingly better in all respects. The dose was repeated in nine days, and some few more followed. Then *Lycopodium* was indicated, and given in a similar potency, and in some two months that woman was up and about, and ceased all treatment. There was some amount of irretrievable damage to both lungs and heart, and this of course remained. How many medicines, according to pathology, ought to have been given? There were *Ascites* and *Anasarca*, then as originating pathological causes, organic lesion of the heart, kidney affection, and some, at any rate, unnatural condition of the liver, due to the drinking habits. There was some chest dullness due to the previous pleurisies and bronchitis active at the time. We are next warned by our author that one, two, or even all three of the previously-mentioned miasms, namely, psora, syphilis, and sycosis, may be present in the same individual, and this, of course, may produce a complicated state of matters most difficult to deal with: however, psora, he maintains, is the *most frequent fundamental cause of chronic diseases*, and where there are complications we have to seek gradually to eliminate one or the other miasm by its corresponding anti-miasmatic, selected according to the symptoms varyingly presented. An important factor also is "Inquiries to be made respecting the treatment previously adopted." Here will, of course, come in the question of antidotes, no small matter in these days, and also of

what medicines follow best those previously administered. A small but most important section follows on "Treatment of mental diseases." He insists that these "do not form a distinct and wholly separate class from the others, for the state of the mind and temper varies in all other so-called bodily diseases, and it ought to be comprised as one of the principal symptoms."

I take this opportunity of saying here that those commencing homeopathy often have a very natural but false shame in expressing their feelings, and on the other hand often seem annoyed at being asked what their disposition and feelings are under any given circumstances. This is quite a mistake, and often a very great obstacle in treatment. Feelings are of the greatest importance, as they indicate in what direction the complaint, if neglected or maltreated, would affect the higher powers of the mind and the brain, and are of the greatest possible value when rightly estimated.

A gentleman once told his doctor, "A friend borrowed my gun, and because he did not return it the day he promised I went to his house, and felt all the way that I could have shot him without any compunction of conscience." This frank admission directed that doctor to an antipsoric, which has that symptom of the mind characteristically, and this medicine was administered with the happiest results. A caution is given us that "if the ordinary calm and tranquil state of the patient has been suddenly changed by the influence of fear, grief, &c., to one of madness or furor," a medicine symptomatically indicated must be selected from among the non-antipsorics, as *Acon.*, *Bel.*, *Stram.*, &c. Thus we see in treatment the difference between acute and chronic miasms is maintained as pertinaciously as in the teaching of the nature of the respective diseases. He refers in a note to "the hard-hearted and imprudent treatment adopted in several mad-houses, not only in England, but in Germany." This no doubt is happily altered now, but has Hahnemann ever been credited as a pioneer in this matter? I will add only one sentence, as it gives a good instance of his judgment. "*The physician, and those who guard the patient, ought always to appear as if they believed him to be possessed of reason.*" Those who have had to do with the insane can appreciate this remark. The subject that will next come before us will be—"Intermittent and alternating diseases." The importance of these, and the danger of

suppressing the type, will suitably commence another paper.

CLINICAL CASES.

By E. W. BERRIDGE, M.D.

(Member and Corresponding Secretary of International Hahnemannian Association.)

CASE XXIII.—*Comocladia Dentata*. December 25, 1891. Miss L., aged about 48, caught cold on December 20th, resulting in a cough. The cough has now decreased, though it is aggravated as soon as she lies down in bed; no sputa. But for the last two days, on coughing, she has pain at apex of left scapula, in chest at region of inner border of left mamma about level of centre, and in left temple; the pain is as if something were tied in a knot; in the back and chest it feels like one pain going right through, and is felt more in the back if she is lying on back when coughing; at other times, the left temple feels bruised. Left lung feels as if it would not work. I found pneumonic crepitation at the seat of the thoracic pain. Feels weak.

Diagnosis of the remedy.—The characteristic symptom was, undoubtedly, the peculiar constrictive pain affecting simultaneously the chest, back, and temple. Several medicines have constriction of chest when coughing, but none are recorded as possessing the same symptom in back or temple, either in conjunction with a similar thoracic pain or separately. But in Lee's *Cough Repertory* I found the following: "Cough with pain under left mamma through to left scapula, *Comoclad*." This symptom is taken from Dr. H. N. Guernsey's "Cough Characteristics" (*Hahnemannian Monthly*, VIII. 322), though it is there given as "under left nipple"; and as it is not recorded in the *Materia Medica*, it is probably a clinical symptom. On referring to the latter work, we also find the following analogous symptoms:—106, "Feeling of fulness and tightness across lower part of chest and upper part of abdomen, as if nothing could move, and causing great difficulty of breathing; the prover said she swelled in those parts": 241, "Drawing crampy sensation in right anterior of chest and axilla, extending down arm to fingers, and terminating in a jerking of the little finger." As this remedy was evidently the *simillimum*, I gave one dose of *Comocladia Dentata* 10m 7c (F. A.) at 10.30 a.m.

Dec. 26.—Reports that yesterday, about 45 minutes after the dose, a marked improvement commenced; the left lung felt working nearly as well as the right; none of the knotted pains in the temple, back, or chest, but only a little pain all over chest; to-day, no trouble in these regions at all, not even the bruised pain in temple. The crepitation in left chest is larger in quality. Last night cough was more troublesome, more frequent, but without expectoration, and causing no pain. This morning, a little fluent coryza. Not quite so strong to-day; the weather, which had been very cold and foggy since December 21st, having suddenly become milder.

Dec. 27.—Altogether much better. Cough much less, and looser. No pain. Lung feels quite well.

Dec. 28.—Much less cough last night. Auscultation showed lung to be normal.

Dec. 31.—Has been quite well for last two days, and remained so.

Comments.—(1) This case illustrates the value of minutely-defined anatomical regions as a keynote for the selection of the remedy. Through the deficiency of our *Materia Medica*, the peculiar character of the pain proved of little value; but the exact location of the pain in the lung was emphatically a “guiding symptom.” It is this fact, only perverted to an unscientific use by being enlarged beyond its due proportions, and relied on to the exclusion of other indications, which has led to the erroneous system of organopathy. To claim that “the anatomical basis of therapeutics” is equivalent to the homeopathy of Hahnemann, or even superior to it, is as fallacious an argument as to assert that one side of a cube represents the cube itself.

(2) The value of carefully observed clinical symptoms is again demonstrated. It was a clinical keynote which led to the selection of the remedy; and the cure effected again adds additional clinical symptoms, which will prove of great value if verified.

(3) Before I prescribed the *Comocladia*, the cough had decreased; yet new symptoms indicating pneumonia had arisen, the patient's condition being really worse. Conversely, after the pneumonic symptoms had been relieved by the remedy, the cough increased for a time. The severity of the cough in pneumonia is by no means a necessary indication of the severity of the inflammation itself, and hence

of the danger to the patient. Sometimes the diminution of the cough signifies that the minute air-tubes are becoming choked; and, on the other hand, a more free cough is often an effort of nature to clear them. Hence, an increase of the cough with a diminution of the inflammation, is really a favourable symptom, and the remedy should be allowed to act without interference (compare Case 11).

(4) As the pulmonary symptoms improved, fluent coryza supervened. This is always a favourable sign, and here also the remedy should always be allowed to act without interference, and the catarrh will generally pass away without trouble. To select a fresh remedy for the catarrh, unless the symptoms become acute and persistent, would probably check the progressive improvement, and tend to drive the disease back to the lungs. If a catarrh descends from the nostrils to the chest, it is always a sign of the exacerbation of the disease; if it passes from the lungs to the nostrils, it is always a sign of improvement. Patients frequently think that the coryza means that they "have caught a fresh cold," and take some medicine on their own account, thereby thwarting the treatment of the physician, and sometimes necessitating much of the curative work to be done over again.

(5) This case illustrates the assertion of C. Hering, that "any disease may require any remedy." Two methods of selecting the supposed homeopathic remedy have been taught: one is that of Hahnemann, and the other that of the pathological section of our school. The first enjoins the selection of the semeiological *simillimum*; the symptoms stand in the first part, pathological indications being entirely subservient, even if they are ever of use at all, which is doubtful. The pathological school, on the contrary, teaches that we should first select the (pathological) *simile*, and then out of this small list of similars select the (semeiological) *simillimum*. A writer has recently stated, "When we have to treat a case of pneumonia, we limit our choice of a remedy among those drugs which have shown a power to cause the pathological appearances observed in pneumonia—*Bryonia*, *Phosphorus*, *Tartar Emetic*, and some others—and seek for our similia among them." Were we to act thus, we should indeed be narrowed in our choice of a remedy; for we could use no remedies which had not been proved either on men or

animals to the extent of actual poisoning. This case is a refutation of such teaching. That it was a cure and not merely a recovery will hardly be questioned, seeing the marked improvement that took place within one hour. But *Comocladia* has not yet produced "the pathological appearances observed in pneumonia." That it has the power to do so I have no doubt; were it otherwise, it could not have cured this case in a single dose of a high potency; and, moreover, it has produced the significant symptom, 234, "Soreness in left lung, such as is felt during the convalescence from pneumonia." But the fact remains, that up to the present time it has not produced pneumonia, and hence, according to the above *dictum*, I ought not to have prescribed it, neither ought it to have cured the patient; but it did.

48, Sussex Gardens, Hyde Park, W.

ANNUAL CONGRESS OF HOMEOPATHIC PRACTITIONERS.*

THE annual congress of homeopathic practitioners of Great Britain was held in the Queen's Hotel, Southport, on Thursday, Dr. S. H. Ramsbotham, of Leeds, presiding. Among those present were:—Dr. Blumberg, Southport, vice-president; Dr. Stopford, Southport, local secretary; Dr. D. Dyce Brown, London, hon. sec.; Dr. Storrar, Southport; Dr. Burford, London; Dr. J. W. Hayward, Liverpool; Dr. J. Roberson Day, London; Dr. H. d'Arnim Blumberg, Southport; Dr. Simpson, Waterloo; Dr. Hughes, Brighton; Dr. W. D. Hayward, Liverpool; Dr. A. C. Clifton, Northampton; Dr. Shaw, sen., St. Leonard's; Dr. Madden, London, hon. treasurer; Dr. Harris, London; Dr. Hayle, Rochdale; Dr. Thomson, Liverpool; Dr. Hawkes, Liverpool; Dr. Pincott, Tunbridge Wells; Dr. Wilde, Weston-super-Mare; Dr. Finlay, Rawtenstall; Dr. Douglas Moir, Manchester; Dr. Craig, Birmingham; Dr. Burwood, Ealing; Dr. Capper, Liverpool; Dr. Thomas, Liverpool; Dr. Gilbert, Reigate; Dr. Luther, Belfast; Dr. Byres Moir, London; Dr. G. Clifton, Leicester; Dr. Moore, Liverpool; Dr. Gordon, Liverpool; Dr. Ridpath, Huddersfield; Dr. J. D. Hayward, sen., Liverpool; Dr. Cash Reed, Plymouth; Dr. C. W. Hayward, Liverpool; Dr. Green, Birkenhead; Dr. Ellis, Liverpool; Dr. Wilkinson, Bolton; Dr. Blackley, Manchester; Mr. Knox Shaw, London; Dr. Pope, Grantham; Dr. Eubulus Williams, Clifton;

* From *The Southport Guardian*.

Dr. Dudgeon, London ; Dr. Wolston, Edinburgh ; Dr. Bennett, London ; and a fair number of ladies. Letters and telegrams of apology for non-attendance were received from Dr. Gibbs Blake, Birmingham ; Dr. Roberts, Scarboro' ; Dr. Nicholson, Clifton ; Dr. Murray, Folkestone ; Dr. Proctor, Birkenhead ; Dr. Percy Wilde, Bath ; Dr. Steinthall, Rochdale ; and Dr. Guinness, Oxford.

THE PRESIDENTIAL ADDRESS.

"OUR PROGRESS AND OUR AIMS."

THE President in his address sincerely thanked the members of the congress for the honour conferred upon him in electing him to the presidency. They met that day under the shadow of a heavy cloud through the deaths of Dr. Drysdale, one of their oldest and most trusted leaders, and a man whose acute intellect, varied knowledge, and clear judgment must have brought him to the front of whatever profession he might have adopted ; Dr. Drury, Dr. Roth, Dr. Blyth, Dr. Clare, and Major Vaughan Morgan. Notwithstanding constant changes in the constituent parts, the corporate no less than the individual body, had a continuous life. Those changes ought to be associated with growth and progress, for once the changes of development ceased the changes of degeneration speedily appeared. It was important, therefore, that they should from time to time submit themselves to a process of self-examination and investigate intelligently the evidences of progress, scan closely its path, and note carefully whither it was leading them. For such examination their annual congress afforded an excellent opportunity, and as he could not claim to address them as one of their leaders he must bespeak their patience while he endeavoured to trace the evidences of progress which the year afforded, and ascertain in which direction their aims for the future should tend. In doing so he said he did not desire merely to refer to the recruits who were coming in to fill the vacant places, or simply to the counting of heads and ascertaining if their present *Directory* contained more or fewer names than that which preceded it. Those were important matters no doubt, but fluctuations in their number might from time to time occur without permanently affecting their position or progress. He passed by also the evidence which might be obtained from their current magazine literature, not because it was insufficient but because from its very nature it had an ephemeral character. He doubted if they accorded quite the same place in their estimation to those magazines which they gave to systematic treatises or to monographs on special subjects which appeared with more or less frequently recurring regularity. Two works of this latter class which had been published during the past year illustrated very pointedly alike

their position and their progress. They were the "Cyclopedia of Drug Pathogenesis," which had appeared in its completed form since their last congress, and the "Reports" of the Staff of the London Homeopathic Hospital. Regarding the last-named book he said the studies which it contained in *Materia Medica* fully and finally disposed of one reproach, at any rate which used to be levelled against them, namely, that in the ardour of their pursuit of medicinal therapeutics they were apt to neglect or to minimise the advantages of surgery. Indeed, it would almost seem as if the swing of the pendulum had gone to the other extreme, and allowed surgical enthusiasm to thrust into the background the one speciality their hospitals could claim, their systematic use of the therapeutics of homeopathy. He welcomed with great pleasure the appearance on their programme that day of a paper dealing with surgery in its relation to their therapeutic methods, because he had long thought that surgery afforded them a magnificent vantage ground whereon to lengthen their cords and strengthen their stakes. Its diagnosis needed not to wait for confirmation till the post-mortem table was reached; its procedure for dealing with the manifestations of disease was most direct, and its results were obvious to the unprofessional as well as to the professional eye. It had been shown in the past that it was possible for medicines, administered in accordance with what they deemed a rational system of therapeutics, to obviate in some instances the necessity of surgical interference; might they not now turn their attention to another portion of the same field of inquiry, and aim at demonstrating the power of medicines to influence favourably the result of cases in which recourse to operation had been a matter of necessity, and endeavour to remove that indifference to medical treatment which seemed so deeply rooted in the surgical mind? The publication of those works marked an epoch in their history. They would the more readily appreciate that statement if they would carry back their thoughts to the early days of homeopathy. Then each new convert was impelled to put on record the reason for his change of opinion, hoping that he might possibly induce others to follow his lead, not infrequently roundly abusing those who were unable to see as he did. Those early converts made great sacrifices for their faith; they lost the fellowship of those who could not follow them; they lost the help and advices from colleagues which they had previously obtained in matters of difficulty; and they very frequently lost at the outset alike their position and their patients. Those men must have been inspired by a very firm belief in the truth which led them to despise persecution, and go forth to revolutionise the world, animated by all the bright hope, the resistless energy, the boundless enthusiasm which characterises the period of youth. Compared

with those, did they not seem to have settled down into a decorous middle age, when they had laid aside schemes of conquest, had marked out the bounds of their habitation, and given themselves up to the tilling of their fields, content if they could gather a more plenteous harvest from the old soil, happy if they could add a rood on this side or an acre on that to the ground they had already gained? Possibly, too, they had learned a needful lesson, and realised that controversy would neither conciliate nor convert their opponents. But if his were true that they had arrived at a period of middle age to what further development could they look forward? Were they to expect that homeopathy would follow that uniform course of rise, progress, and decay which history taught them had hitherto been followed by systems of medicine no less than by nations, by single remedial measures no less than by individual men? Or was there something peculiar in homeopathy which would exempt it from the action of that hitherto invariable law? At present there were no signs that they were entering upon the third of those stages. One fact, indeed, the falling off in their numbers, had been adduced as evidence of decadence, but that diminution pointed not so much to the decadence of homeopathy as to a leavening of the general body of the profession with its principles. Signs of such a leavening were discernible. Who among them did not know some one or more men who were homeopaths in all but the name? Who could have failed to observe the frequency of the adoption by the old school of drugs which had either been introduced into the *Materia Medica*, or rescued from oblivion and undeserved neglect by homeopaths? Were they to fix their attention solely on signs such as those they might be tempted to imagine that the leaven was working rapidly, that the approximation of the discordant element was becoming very close, that the re-union of the two schools was near at hand. But when they saw that measure of free trade accompanied too often on the part of the consumer by a contemptuous ignoring of the producer, by a careful concealment of the source whence was derived the knowledge how to use the material thus "conveyed," or even by positive assurances that the source was not a tainted one, such imaginings were apt to receive a rude shock. It was only too evident that the prejudices entertained by the fathers had been transmitted to the children. Personal kindness and courtesy from individual members of the profession they might and did meet with, and he was glad publicly to acknowledge not only the kindness and courtesy, but the help extended to him by his brethren of the older school, more especially in cases requiring surgical aid, so far as that help could be given without infringing the letter of the law laid down in the rules of that

gigantic trades union—the British Medical Association. Nevertheless, the fact remained that the weight of professional opinion was against them, that the majority of medical men refused to-day, as they did in Hahnemann's day, to make any inquiry into the value or the worthlessness of the claims put forward on behalf of homeopathy. They simply ignored those claims, and if they did not openly rail at the homeopathy and homeopaths, they pooh-poohed them and passed by on the other side. But if the other side were holding aloof, what were they on their side doing to promote reunion? They had never taken any steps to separate themselves from the general body of the medical profession; they had not sought to set up rival schools, or to grant rival diplomas; they obtained their qualification to practise by passing the same examinations and by obtaining registration on the same terms as every other medical man in the kingdom; there was, therefore, no schism on their part which needed to be healed as a preliminary measure before reunion could be effected. But they were probably not prepared to abandon the principles they held, to admit that they had all along been in the wrong, and to sue for peace to those who by such an admission would at once be placed in the position of conquerors dictating terms of peace. And if they were not prepared thus to make submission, neither ought they to expect the other side to allow that they had been in the right, that their implacable opposition had not been justified, and leave them masters of the situation by asking them to return within the fold. But might it not be possible, without waiting the issue of a struggle in which neither party could expect to win a complete victory, to find some ground whereon both sides might meet for amicable parley, and, if possible, reconciliation? Compromise, indeed, was out of the question; it had been tried, and it had failed. They had been advised to abandon their small doses; they had even been advised to drop the title of homeopath altogether. He believed they did not adopt the name, it was bestowed upon them. But would they be any better off if they called themselves, say, scientific eclectics? Would that title bring them any nearer reconciliation and reunion? He thought not. Reunion through compromise was foredoomed to failure; if it was to be effected they must set themselves seriously to consider the means by which it was to be brought about, and not content themselves merely with a pious hope that at some unknown time, and in some unknown way, it might become an accomplished fact. There then was an object towards which it might well be their endeavour continually to advance. They must progress in that direction also; they must not stand still and satisfy themselves by simply reaffirming their old law, or merely bringing forward fresh evidence to prove it true. At that time of day there ought

to be no question about the fact that likes were cured by likes. The evidence was before the world; they themselves admitted the principle to its fullest extent, and it was partially admitted even by those who opposed it as a general law. But he was quite sure there were very few among them who, if they had thought about the matter at all, had not asked themselves, "Why is this so; how comes it about that likes are cured by likes?" If, indeed, they thus questioned with themselves they could no longer afford to pin their faith blindly to the motto, *similia similibus curantur*, or approach those whom they wished to influence merely with the assertion, "this fact was experimentally discovered by Hahnemann to be the great law of therapeutics; we have tested it and found it to be true, it has been proved true also in the experience of hundreds of medical men in all parts of the world, and its practical value is daily attested in thousands of instances; come with us and we will do you good." Neither could they invite them simply to put it to the test of a practical trial. That they refused to do. The warning given many years ago, albeit by a lay journal, *The Athenæum*, against any experimentation with homeopathy on the strange ground that the experimenter was sure in the end to adopt the delusion seemed to have been laid to heart, and men were shy of even glancing at the charms of so perniciously attractive a system. So the experiment had already ended in hundreds of cases, so it would ever end in the case of every man who was able to lay aside his preconceived prejudices, and dispassionately examine by practical experiment into the action upon disease of small doses administered in accordance with the principles laid down by Hahnemann. The great initial difficulty lay in overcoming those preconceived prejudices, in persuading men that there could by any possibility exist a reason why a method so contrary to all their previous experience should not from its very essence be condemned as unscientific, and therefore unsatisfactory or even absurd. It would seem as though many who were opposed to them were asking much the same questions. All the more then were they bound to try and find a reply to the questions why those things were so—a reply moreover which would not only satisfy themselves, but which might commend itself to the scientific sense of the profession at large. Dr. Ramsbotham went on to discuss the hypotheses propounded by physiologists which might be taken as the ground-work of such an explanation and particularly the law of the double and opposite action of small and large doses, which he hoped would prove the object of their search, viz., a means of overcoming antecedent objections. That doctrine harmonised two great conflicting principles: the qualitative action—that of the drug—was in accordance with the law of

similar; the quantitative action—that of the dose—obeyed the rule of contraries. It afforded a meeting-place for the two antagonistic schools of thought; it was not a compromise between the two; it went beyond, it embraced and developed both. In conclusion, Dr. Ramsbotham said he had faith in the future of homeopathy. It was not the decaying, effete, defunct organism which it was sometimes represented to be; its work was not yet accomplished, its age of progress and development was not yet past. On the direction which was given to that development and progress in the immediate future depended in great measure the success or failure of the work, because upon it depended whether the whole medical profession could be brought once more to stand together as a united body, recognising that a common truth underlies superficial difficulties; or whether the line of cleavage between the two sections should be widened and deepened till the lesser and weaker decayed and died as many another had done in former times.

Dr. POPE proposed a vote of thanks to the president for his address, and said he thought there were two men whose names were well known to them who would have listened to the address with the deepest possible interest; he referred to Dr. John Ramsbotham, of Leeds, who had done more to advance the principles of homeopathy than any one else, and Dr. Sharp, who was practically blind, but who was still full of desire for the promotion of what he believed to be the truth. He believed that the real indication of the progress of their principles was the good, solid work they had in literature.

Dr. CLIFTON seconded the motion, and congratulated the editors of the various journals for the immense amount of food for thought provided for them.

The motion was carried unanimously.

The PRESIDENT responded, and conveyed to the members of the congress an invitation from the local practitioners to luncheon at the hotel, and also an invitation from Dr. Blumberg to afternoon tea at his house.

Dr. J. W. HAYWARD, of Liverpool, read a paper on "The Homeopathic Physician and Books of Reference," which elicited an interesting discussion as to the best for consultation, the speakers being Dr. Moir, Dr. Hughes, Dr. Wolston, Dr. Pope, Dr. Madden, Dr. Bird, and the Chairman.

After luncheon Dr. HAYWARD read the report of the Hahnemann Publishing Society, which showed that good work had been done in connection with homeopathy, and on the proposition of Dr. HUGHES, seconded by Dr. MADDEN, the report was adopted.

THE NEXT CONGRESS.

Dr. DYCE BROWN read the minutes of the last meeting, and

these having been confirmed the meeting proceeded to the choice of a place where the congress should be held next year.

Dr. HUGHES proposed that Manchester be the place of meeting next year; they had not met there since 1876, and some six or seven years since it was agreed that the meetings should alternate between London, Manchester, Liverpool, and Birmingham, and while they had met twice at Liverpool and Birmingham they had not visited Manchester.

Dr. MOIR seconded.

Dr. CLIFTON (Leicester) proposed that Northampton be selected. It was one of the most central towns in the kingdom, within easy access from the chief towns of the country, and he found that congresses were always most successful when held at towns easily to be got at. He thought they were so near Manchester this year that it would be unnecessary to go there next year, but though they were in such close proximity there were few Manchester doctors present. At Northampton they had a representative who was one of the oldest and best homeopaths in the kingdom; he had given to homeopathy a standing not only in the town but in the whole district.

Dr. HARRIS seconded.

Dr. DUDGEON made a proposition that London should be the meeting place, remarking that all roads led to London, and he thought they would have a better meeting there.

Dr. MADEN seconded; remarking, however, that Dr. Clifton, of Northampton, had done so much for homeopathy that if he thought it would be of benefit to the cause that the congress should be held there they ought to select it.

The proposal with reference to Manchester having been withdrawn, the matter was put to the vote, with the result that Northampton was chosen by a large majority.

ELECTION OF OFFICERS.

The election of officers for the ensuing year was then proceeded with. Dr. Hawkes (Liverpool) was elected president; the announcement was received with loud applause.

On the proposition of Dr. HUGHES, seconded by Dr. HARRIS, Dr. A. Clifton was re-elected vice-president; Dr. Wilkinson was, on the motion of Dr. DYCE BROWN, seconded by Dr. G. CLIFTON, elected local secretary for the next congress; and the permanent secretary, Dr. Dyce Brown, and treasurer, Dr. Madden, were re-elected on the proposition of Dr. HUGHES, seconded by Dr. J. W. HAYWARD.

VOTE OF CONDOLENCE.

Dr. J. W. HAYWARD then referred to the death of the late Dr. Drysdale, of Liverpool, and proposed that a vote of condolence

with the widow should be passed by the congress. He thought as one of the originators of the homeopathic movement in this country—or rather as one of the original supporters of it—it would be very becoming of that congress if it authorised the secretary to transmit a letter of condolence to the family.

Dr. DUDGEON seconded, remarking that by the death of Dr. Drysdale he had lost his dearest friend. Dr. Drysdale had attended the congress for years, and did a very great deal of work in connection with it. The vote was carried unanimously.

Dr. BURFORD then read a paper on "Fifteen Successful Cases of Abdominal Section in the current year (January to July), with especial reference to the Therapeutics of Preparation and Convalescence." The paper was well illustrated by diagrams and temperature charts; and a series of lantern demonstrations were conducted by Dr. J. Roberson Day, of London, on the more interesting cases. The therapeutics of each case, both before and after abdominal section, and the course of convalescence, were given separately in each case. A somewhat lengthy technical discussion on the paper followed, in which Drs. Madden, Pope, Cash Reed, Murray Moore, J. W. Hayward, and Wolston took part.

Dr. ROBERSON DAY afterwards read a paper on "Anæsthetics as administered at the London Homeopathic Hospital," his paper dealing with the preparation of the patient beforehand, the selection of the anæsthetic, the method of administration, the duration and depth of anæsthesia, and the practical demonstration of apparatus used.

Drs. W. H. Hayward, Nicholson, Wolston, Cash Reed, Knox Shaw, Capper, and J. D. Hayward took part in the discussion which followed.

A vote of thanks to the chairman, proposed by Dr. WOLSTON, and accorded unanimously, brought the meeting to a close.

THE ANNUAL DINNER.

In the evening the annual dinner was held at the Queen's Hotel, the president, Dr. G. H. Ramsbotham, presiding. Dr. Blumberg occupied the vice-chair, and among the company present, in addition to the delegates who attended the congress, were the Rev. J. Chater, Messrs. J. J. Barlow, B. Boothroyd, G. H. Hyde, Alleyne Brown, J. H. Ormerod, and an unusually large number of ladies. A most elegant and *recherché* dinner having been discussed,

The CHAIRMAN proposed "The Queen and the Royal Family," and this having been loyally honoured, he gave "The Memory of Hahnemann," remarking that the homeopathic system had been attacked in every possible way, it had been spurned and

ridiculed, but it had never been disproved by the evidence of facts.

The toast was drunk in solemn silence, as is customary.

Dr. G. CLIFTON proposed "The Homeopathic Hospitals and Dispensaries," saying that he was glad to see such a large assembly, larger than they had had in the outside districts for many years, and he was very pleased also to see they had so many ladies there. He thought it was the beginning of better things for the society; he should have liked to see more ladies at former gatherings, and for his part he would be very glad to see very many more ladies in the profession. With regard to homeopathic hospitals he thought that they were indebted to many such men as their friend Dr. Blumberg, who had been the initiator of the homeopathic hospital in Southport. He had not had the pleasure that day of going round the hospital, but he remembered years ago going over it, and he wished they could get many such hospitals. However, they now had about twelve in different parts of Great Britain which were doing a great work to help on homeopathy. He coupled with the toast the name of Dr. Blumberg.

Dr. BLUMBERG, in responding, said that he had very great pleasure indeed in thanking them for the kind manner in which they had acknowledged the toast. Before going into the subject he would like to endorse a remark Dr. Clifton had made, and he was delighted to hear that he was of the same opinion as himself, that ladies were the fittest exponents of their doctrines. Coming to the subject of homeopathic hospitals and dispensaries, would they allow him to allude to three of them? The first was the London Homeopathic Hospital, which could be said to be the source from which the greatest benefit to homeopathy had been derived, it being, as it were, a school from which young men had passed to gradually develop the homeopathic world. He was sure all who had the interests of homeopathy at heart must try to do all they could for that original source of the system. He was very glad to hear that there was a probability of a beautiful new building being erected, and that ought to be a happy omen for the future. The second hospital which he knew was the Hahnemann Hospital in Liverpool: and no one who had ever entered it and witnessed the care and attentiveness of the staff could withhold their admiration for that institution. He alluded to the medical profession as embracing the greatest body of philanthropists; it was easy to be a philanthropist when to become one it was only necessary to sign a name, but the greatest philanthropists were those whom the world did not recognise—the doctors. Turning to the third hospital, his own, he thanked Dr. Clifton for the manner in which he had mentioned the Children's Sanatorium. He was

delighted that the medical men present had had an opportunity of seeing the institution, and he would mention a few facts connected with it. It was more than thirty years since the idea came into his head to found it, and the cause of it was not pure philanthropy. The fact was that a child was sent to the Convalescent Hospital whose parents were desirous that he should treat it homeopathically at that hospital, but the medical men there said that if he treated it they should strike. The consequence was that he was not allowed to treat the child, although the parents wished it, and then the idea came into his mind to found a sanatorium which could be conducted on purely homeopathic principles, and with the assistance of some of his medical brethren—of whom he mentioned Drs. Casanova, Stokes, and Harvey—the institution had become what it was. Since its foundation there had been treated there nearly 7,000 children. He concluded by again thanking them for the kind manner in which they had drunk the toast.

Dr. J. W. HAYWOOD, in proposing "Homeopathic literature," referred at length to the works on the subject which had been recently published and which were about to be produced, speaking highly at the same time of the excellent work which was being done for the society by the monthly *Homeopathic Review*, under the conduct of Dr. Pope, whose name he coupled with the toast.

Dr. POPE, in reply, reminded them that the *Review* was much more indebted to those who contributed the results of their experience to it than to the editor who simply conducted the arrangements. He urged them with great earnestness to do all they could in the way of contributing papers to the *Review*; by those means they would be doing much to forward the cause in which they were all so much interested.

Dr. DUDGEON then proposed "Southport; its prosperity." He said he had been asked to propose "Homeopathic literature," but he declined because he was so familiar with that subject, and familiarity, as they knew, bred contempt. He therefore selected the toast which he now submitted, and he thought he was admirably fitted to do it, because he knew absolutely nothing at all about Southport, and so he could approach the subject with an unprejudiced and unbiassed mind. But at the same time he thought he ought to know a little about the town and its industries before he proposed the toast, and so he had made a study of the subject. He went on to indulge in a little good-humoured banter on the lines always adopted when such pleasant chaff was indulged in. Alluding to the length of the pier, and the coyness of the sea, he said he had met a native who had told him that Southport was chiefly noted for S's—schools, steeples, spinsters, sands, and shrimps. But he after a while found another industry—he accompanied

Dr. Blumberg to his sanatorium, where he saw a number of happy children enjoying themselves at all kinds of games; and he thought, well, here is an industry which is a credit to the town, and which is worthy of all assistance and development. Referring to the president's address, he said it seemed strange that to find Southport he should have had to travel 200 miles north; but he would have gone twice 200 miles to hear such a splendid speech. He coupled with the toast the name of

The Rev. J. CHATER, who responded. He said he must confess he felt some measure of embarrassment at responding to that toast; it had fallen to his lot on many occasions to respond to toasts on occasions like that one, but they had almost invariably been in connection with his own profession, and it was rather a greater burden than he could possibly well discharge, and he wished it had fallen into better hands. He had been a long time in Southport, and had seen it grow in prosperity, and so he might with earnestness respond to the toast. And perhaps he might connect the prosperity of Southport with the profession so many members of which he saw around him there. They had a very charming town—he could not say its natural beauties were equal to those of some watering-places, and they were often met with the same kind of criticism which had been indulged in by Dr. Dudgeon with regard to the sea. They had not many industries, and he believed the prosperity of Southport was due in a great measure to its fine air, which had made it one of the most celebrated health resorts in the kingdom, and they knew where the carcass was there the eagles were gathered together. Year after year invalids came to Southport in search of health, and it would be a bad thing indeed for them if they did not find in the town well-qualified doctors, and he did say that he believed for skilful doctors and surgeons there was not a town in the kingdom which could eclipse Southport. He might say he could in a slight measure identify himself with the profession, for many years ago he was associated with an infirmary in the West of England, and he had among his papers testimonials from some physicians and surgeons which he valued very highly, and which, if he had not chosen another profession, might have helped him to attain a very high position in the profession which they exercised. He was also glad to be able to speak of the branch of the medical profession to which they belonged; theirs was the heresy of the profession and they were the heretics; but notwithstanding the scorn and ridicule to which they had been put, they had succeeded in lifting the branch to a high position in the country; and by experience he himself had for many years proved the truth of their system. He thanked them on behalf of Southport for the honour they

had done the town in selecting it as their meeting place that year.

Dr. HUGHES then gave "The President," alluding in eulogistic terms to the address which he had that afternoon delivered; and Dr. RAMSBOTHAM having replied, the toast of "The President-elect, Dr. Hawkes," was drunk with musical honours; and the toast of "The British Homeopathic Society and Kindred Societies," proposed by Dr. A. CLIFTON, and responded to by Mr. KNOX SHAW, concluded the proceedings.

REVIEWS.

SOME ANTIVIVISECTION WORKS.*

The Nine Circles. In this book, which forms a terrible indictment of the experimenters—English and foreign—compiled from their own accounts of what they have done, Miss Cobbe draws a parallel between the tortures imagined by Dante as inflicted on wicked human spirits, with the actual tortures inflicted by vivisectors, not on sinners, but on innocent animals.

"The imagination," says Miss Cobbe, "of one of the three supreme poets of the world exhausted itself in the effort to conceive of a variety and intensity of torment which should seem the fitting Divine punishment for human guilt. Six centuries after Dante we have become too humane to believe in the reality of any such wild world of agony as he depicted in his 'Divina Commedia,' and as his friend Giotto painted on the walls of the Arena Chapel. The idea that a good God should inflict such tortures, even on murderers, adulterers, perjurers, and parricides, on a Nero, or on a Judas, is in our eyes incredible. The *Inferno* was the nightmare of a dark and pitiless age, and has vanished with the dawn of brighter times.

* 1. *The Nine Circles of the Hell of the Innocents.* Described from the Reports of the Presiding Spirits. Compiled by G. M. Rhodes. With Preface by Frances Power Cobbe. London: Swan Sonnenschein and Co., Paternoster Square. 1892. 1s.

2. *Antivivisection Evidences.* A collection of antivivisection statements by competent witnesses as to the immorality, cruelty, and futility of experiments on living animals. By Benjamin Bryan. London: Society for the Protection of Animals from Vivisection, 20, Victoria Street, S.W. 1892. 6s.

3. *The Rainbow Series of popular Antivivisection Leaflets.* Being replies to what "My Doctor Tells Me." London: Society for the Protection of Animals from Vivisection, 20, Victoria Street, S.W. 1891-92. (Fifteen leaflets, 2d. per dozen each.)

4. *Experimental Physiology: What it is and what it Asks.* By Herbert J. Reid, F.S.A., F.R.S.L. Reprinted from *The Animals' Guardian*. London: Antivivisection Society, 32, Sackville Street. Twelve copies, 8d.

"But what explanation shall we offer for the fact that—not in poetic fiction, but in literal truth—the variety and extremity of tortures imagined by Dante are paralleled, if not undone, by those inflicted by men of our own age and country, *not* on guilty and condemned offenders against Divine and human law, but on beings absolutely incapable of incurring any guilt whatever."

The "Circles" consist of (1) Mangling experiments. (2) Production of artificial disease. (3) Poisonings. (4) Suffocation. (5) Burning and freezing. (6) Starvation. (7) Flaying and varnishing. (8) Sport for demons. (9) Moral experiments.

If any of our readers are not satisfied that vivisection is cruel and immoral, or if they suppose that the cruelty is only perpetuated by foreigners, we recommend them to peruse this book; and if they are themselves convinced, yet know of any friends who are not, we urge them to make a present of a copy to them.

2. *Antivivisection Evidences*. This is an exceedingly valuable compendium for ready reference by all workers in the antivivisection cause. In his short preface Mr. Bryan aptly describes the scope of the work.

"Scattered up and down in different places there are a great number of evidences against vivisection; but their value has hitherto been greatly diminished through their having been so scattered. This book represents an attempt to collect and arrange them in order for speedy reference. The collection is not and does not profess to be exhaustive; but even in its present form it is hoped it may be found useful. The whole of the extracts are authentic, and are verified by having their sources fully shown; an index to authors has also been added, which it is hoped will still further enhance the value of the book."

Mr. Bryan takes a very modest estimate of his work in collecting the "Evidences." No worker in the antivivisection movement can afford to be without the book at hand.

3. *Rainbow Leaflets—Replies to what "My Doctor tells Me."* This series of leaflets (distinguished by their different colours—hence their name) deals with the commonest arguments in favour of vivisection with which the objections of unprofessional persons are attempted to be silenced by their doctors. For instance, the first deals with the question of anesthetics, and answers this legend—"My doctor tells me that—'Experiments in England are only performed on animals under anesthetics.'" No. 6. answers "My Doctor" when he says that "Vivisection is not a cruel practice." The fifteen tracts constitute a very telling series.

4. *Experimental Physiology: What it is and what it Asks*. In this pamphlet Mr. Herbert Reid clearly traces the history of vivisection and the nature of the spirit which inspires it. He produces very powerful arguments against allowing physiologists

to have their own way. Among others is an anecdote from the life of Sir Astley Cooper about a certain Dr. Houghton—a rival of Sir Astley's—who mercilessly vivisected and, after a lapse of time, finally killed a pet spaniel, "the only animal," says the narrator, "I ever knew him to be attached to," merely to confute Sir Astley on a point of physiology.

GUIDING SYMPTOMS—VOLS. IX., X.*

WITH these two volumes the great work begun by Hering and completed from his MSS. by the loving labours of Drs. Raue, Knerr, and Mohr is brought to a close. Dr. Hering's widow, in a preface to the tenth volume, writing under date *Philadelphia*, October 31, 1891, says :

"At last the TENTH and final volume of *The Guiding Symptoms* is completed, and the promise made to Dr. Hering shortly before his death, and subsequently to the homeopathic profession, that the literary executors would finish the colossal work, is fulfilled. Too much cannot be said in praise of the assiduity and faithfulness of Drs. Raue, Knerr, and Mohr in the execution of their editorial labours, covering a period of nearly a dozen years. And to Walter E. Hering belongs the credit of furnishing the means for the mechanical execution of his father's *chef-d'œuvre*.

"It now remains for the homeopathic profession, for whose weal the genius and fifty years' labour of Dr. Constantine Hering were ungrudgingly given, to receive the completed work and use it, as intended by its projector, for the healing of the nations.

"THERESE HERING."

We heartily echo the sentiment of this touching preface. The work is indeed a gigantic one. The concluding volumes follow the same lines as the previous ones reviewed in our pages, and the whole work comprises a schematised clinical supplement and commentary to the whole *Materia Medica*. It does not replace Allen nor the *Cyclopedia of Drug Pathogenesis*, and it does not pretend to do it. But it is a necessary complement to both. And it is more. In excellence of arrangement of matter the work is unrivalled. There is nothing like it in homeopathic literature for the completeness with which those essential particulars for homeopathic practitioners—conditions:

* *The Guiding Symptoms of our Materia Medica*. By C. Hering, M.D. Vol. IX., *Ranunculus Bulbosus—Stannum*. Vol. X., *Staphisagria—Zizia*. Philadelphia: Published by the Estate of Constantine Hering, 112 and 114, North Twelfth Street. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C.

of times, localities, temperature, position, touch, motion, recurrence—are given, or in which they are so readily accessible. There is no work on our shelves more frequently consulted than *The Guiding Symptoms*, and none in which we more frequently find the help we seek.

RHEUMATISM AND SCIATICA.*

We must content ourselves with announcing the appearance of this work, for which we are responsible, and quoting the preface :

“I don't believe there is any cure for rheumatism.’ Such is the despairing cry of many a sufferer from ‘rheumatics,’ who has been the weary round of all the recognised rheumatic cures—in vain. The answer I make to the sad complaint, whenever I hear it, is this :—It all depends on *whose* rheumatism it is ; some people's rheumatism is curable, some people's rheumatism can only be alleviated, and there are some for whom no sort of treatment seems to be of much avail. In my experience these last are a small minority.

“Generally speaking, rheumatism *is* curable, and by a variety of means ; but the subtle powers of homeopathic medicines properly employed are, in my experience, by far the most efficacious agents in bringing about alleviation and cure in all varieties of the complaint.

“The welcome accorded to my former treatises has led me to think that a work dealing with this pest of our uncertain climate might prove of service. Rheumatism is no respecter of persons or of ages ; and as a little knowledge and care may prevent life-long suffering, it is desirable that such knowledge should be in the possession of all.

“Sciatica is more often than not of a rheumatic nature, and I have therefore included a special consideration of this malady in the present treatise.

“JOHN H. CLARKE.”

HOMEOPATHIC BIBLIOGRAPHY.†

Few persons will be prepared to find that such an enormous literature on the subject of Homeopathy has sprung up within sixty-six years, that a portly volume like that before us is required even to catalogue the names of the works that have been written in the United States alone. Dr. Bradford has executed a most useful and historically valuable work in compiling this record. Generally speaking, he has confined himself to works

* *Rheumatism and Sciatica*. By John H. Clarke, M.D. London: James Epps and Co., 48, Threadneedle Street, and 170, Piccadilly. 1892.

† *Homeopathic Bibliography of the United States, from the year 1825 to the year 1871, inclusive*. Compiled and Arranged by Thomas Lindsley Bradford, Philadelphia, Pa. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1892.

printed and published in America, for some that are published both in America and England when printed in England are not included. But the compiler has not kept strictly to this rule: an honourable exception is made in the instance of Hahnemann himself, a list of the whole of his works and translations appears, as well as those translated in America.

The arrangement of the material is under the names of the authors, the order being, of course, alphabetical. Following this, there is a list of homeopathic journals, a list of homeopathic directories, a list of libraries, and a list of publishers. The first part concludes with a record of previous American bibliographies.

The second part of the volume gives "condensed histories, dates, and bibliography of the homeopathic societies, colleges, hospitals, asylums, homes, sanatoriums, asylums for the insane, dispensaries, pharmacies, life insurance, legislation, now or at any time existent in the United States." A very complete index brings this most valuable work to a close.

The publishers have done their share of the work in an admirable manner. By way of frontispiece they have given a print of Allentown Academy. "Built for and occupied by the first Homeopathic College in the world. Allentown, Pa."

ASEPSIS AND ITS INFLUENCE ON GYNECOLOGY.*

In this interesting article Dr. Cook points out that the exclusion of germs of disease in practice is not a possible end. Further he observes that it is not necessary. A certain concentration of infectiveness is required to produce an effect; and if by securing a fresh supply of really fresh air, and especially of ozonised air, you can sufficiently dilute a poison, it will be rendered inoperative.

THE SCIENCE AND ART OF OBSTETRICS.†

THE first edition of this work, Dr. Leavitt tells us, was exhausted three years ago, and during all that time, urged by this importunacy of his students, he has been spending all his spare efforts on producing the second. And this is no mere reprint. The book has been to a very large extent re-written,

* *Asepsis and its Influence on Gynecology.* By Edward Alleyne Cook, L.R.C.P.Ed. Richmond, Surrey: Printed by R. W. Simpson, "Herald" Printing Works. 1892.

† *The Science and Art of Obstetrics.* By Sheldon Leavitt, M.D. Second Edition, Re-written and Enlarged. Chicago: Grove and Delbridge. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. 1892.

and the size of the volume is increased by over one hundred pages; and Dr. Leavitt has added to the therapeutic part of his work, which is very full of practically arranged gleanings from his later experience, thus materially increasing its value. Dr. Leavitt has produced an excellent text-book, and we have no doubt the present edition will be no less in demand than the first.

He has added in small print, in an appendix, what there is to be said about antiseptics in midwifery. We are glad he has put the subject in to such a modest position. The carrying out of the principles taught in the body of the work will render it unnecessary to put women to the risk of poisoning by corrosive sublimate. As Dr. Winterburn points out, Homeopathy has a "better way."

EXTRACTS.

EXPERIMENTS ON THE ALKALOIDS OF TEA.*

By ALFRED H. ALLEN, F.I.C., F.C.S.

It is scarcely possible in an abstract to do justice to this paper, which was a record of researches which the author has been carrying on for some time in regard to the properties of caffeine, and the best means of assaying tea. After referring to the recent change in English fiscal arrangements, whereby the manufacture of the alkaloid has been transferred from Germany to England, Mr. Allen spoke of the effect of heat upon caffeine, showing that the heat of a water-bath served to give a distinct sublimate of the alkaloid. The amount was small, but it was sufficient to warrant extended experiment, with the result that heating at 120° C. the volatilisation from dry caffeine amounted to 0.82 per cent. at the end of two hours, and steadily increased to 19.42 per cent. at the end of twenty-nine hours' heating. This re-sublimed (anhydrous) caffeine melted at 231.5° C., and resolidified at 223° C. This alone proved the identity of the sublimate with caffeine, and corroborative experiment sustained this conclusion. But although dry caffeine volatilises when heated, a solution of caffeine in water on evaporation was found not to lose any of its alkaloid.

The author proceeded to show that caffeine is very sensitive to the action of alkalies, decomposing into caffeidine and carbonic acid, the base produced suffering secondary decomposition. Lime

* A paper read and discussed at the British Pharmaceutical Conference, Edinburgh, August 22nd to 24th, and reported in the *Chemist and Druggist*, August 27th.

trimethylamine is found amongst the secondary products. The reactions which occur were in the paper traced with great minuteness, and all the factors influencing the opinions formed were quantitatively worked out with the general result as stated. Applying the knowledge gained of the behaviour of caffeine with alkalis to the isolation of the alkaloid, the author first pointed out that the great majority of published processes behave so in the hands of individual operators. It was necessary, before the author formulated an assay process of his own, that many other points should be taken into consideration. Thus the behaviour of aqueous solutions of caffeine on evaporation was studied, and it was found that the alkaloid cannot be completely crystallised out. The effects of solvents—chloroform, benzine, ether, alcohol, &c.—on tea and magnesia mixtures and the like were also studied, this branch necessitating an examination of all known processes of assay, and the results showed how very greatly the tannin in the leaf disturbs the operator. Paul and Cownley's process appeared to come out best: still, it was not perfect, and the following is the quintessence of the research:—

To assay tea, 6 grammes of the finely-powdered sample is boiled in 500 c.c. of water, contained in a flask with a reflux condenser, for six or eight hours. Filter, and wash the filtrate with water to 600 c.c. Heat to nearly boiling-point, and add 4 grammes of acetate of lead. Again boil in the reflux apparatus for ten minutes, whereby, on removing the heating-burner, the colouring-matter is precipitated in flocks. If the decoction is not colourless, add more acetate and repeat. Filter, take 500 c.c. of the filtrate (= 5 grammes of tea), evaporate to 50 c.c. precipitate lead with sodium phosphate. Again filter, evaporate to about 40 c.c., extract the caffeine with four—or, better, five—washings of chloroform, and evaporate the washings. The caffeine is obtained in snow-white crystals.

The following are some of Mr. Allen's results:—

Description of Tea.	Per cent. of Caffeine.
Assam whole leaf (Pekoe)	4·02
„ broken „	4·02
Ceylon whole leaf (Pekoe)	3·85
„ broken „	4·08
Java Pekoe	3·75
Moning black leaf	3·74
Moyune gunpowder	2·89
Natal Souchong	3·08

The last sample was the first imported into England from Natal. It contained 8·33 per cent. of tannin and 6·14 per cent. of ash. Moisture, 8·86 per cent. Mr. Allen acknowledged his indebtedness to Messrs. C. M. Caius, G. F. A. Caius, and G. E. Scott Smith for assistance in the research.

The PRESIDENT said Mr. Allen had given them a most interesting and complete paper, and had gone into the matter with his usual minuteness and care. He would like to ask Mr. Allen if he had any grounds whatever for the idea that the active principle of tea may be a glucoside, and, if so, whether the addition of a little acid might not increase the yield. Perhaps Dr. Paul would also make some remarks on the subject.

Dr. PAUL said that to some extent he could confirm the statements of Mr. Allen. With regard to the difference between the physiological action of caffeine and theine, Mr. Allen was mistaken as to what had taken place. The suggestion that there might be a difference between caffeine and theine was based upon a very slender observation made by Dr. Lauder Brunton and Prof. Cash, which was not at all followed up. The idea that there was any distinction between caffeine and theine in chemical or in physiological action was merely conjecture. Mr. Allen was quite right as to the chemical behaviour of caffeine or theine in stating that it might be dried at 100° C. with perfect safety. As to the action of lime or alkalies, and especially baryta, Mr. Allen was right in saying that caffeine might be decomposed by these. But in the analysis of tea no sane person would attempt to boil the tea with lime. He would use the lime in such a way as to do the work he wanted to be done, so as to extract the theine from the rest of the material without decomposing it. It could be done by mixing powdered tea with powdered lime, moistening with water, drying, and then submitting it to extraction. There was not a fraction of decomposition in that way of the caffeine or theine. The proper solvent, he thought, was alcohol; ether or chloroform would not do. The amount of theine obtained from different kinds of tea in that way was very considerably in excess of any of the previous published results. Mr. Allen also spoke of citrate of caffeine as a mixture. He thought that was in direct opposition to what had been established; it was a salt as much as any other salt. Mr. Allen had also referred to hydrolysis of caffeine when speaking of titration. To apply any method of titration to caffeine was out of the question altogether. His idea about the state in which caffeine existed in tea, and the state that determined the difficulty of extracting it, was not very definitely formed; but it was his conviction that some, at any rate, of the caffeine was so intimately associated either with colouring-matter or astringent substance that there was great difficulty in separating it. In the experiment that had been made on the table with sulphuric acid, in the charred deposit at the bottom of the glass there was practically the whole of the caffeine; they could not get it out. Of what Mr. Allen had laid before them, what was true was not new, and what was new was not true.

Mr. T. F. ABRAHAM asked, if caffeine was the active principle of tea, how did it happen that the universal verdict of users of tea throughout the world was that a few minutes sufficed to extract the virtue from the tea? Mr. Allen talked of the necessity of treating the tea for hours in order to extract the active principle. Were there not two principles? Was it the same principle which took two hours for extraction as that which required a minute or two.

Mr. T. M. CLAGUE had always understood that in making tea the short infusion was adopted in order that as little as possible of the offensive principles should be taken. He had taken the quantity of

caffeine that was supposed to be found in a given quantity of tea, and had found that he got no physiological effect with it commensurate with that obtained from the infusion made in a short time. It had occurred to him that it might be possible to split up that combination by something like a fermentation process, and so get out all the caffeine within a comparatively short time.

Mr. GERRARD said it was his experience with three samples of caffeine that if you took a piece of red litmus paper and just moistened it with water, and placed upon it a few crystals of caffeine, it would give a faintly alkaline reaction. Another point was the process Mr. Allen mentioned of using acetate of lead to precipitate colouring-matter, and adding phosphate of sodium afterwards to precipitate the lead. In this case he got, of course, some acetate of sodium formed in his solution, and he understood the author to say that acetate of sodium and similar salts were obstacles to the extraction of caffeine.

Mr. ALLEN: Obstacles to its crystallisation in water.

Mr. GERRARD: That, then, was satisfactory. There were some remarkable points about Mr. Allen's communication, and he was much interested in it.

The PRESIDENT said that Mr. Reynolds had just drawn his attention to the fact that caffeine was referred to in the Pharmacopœia as being neutral in action.

Mr. MARTINDALE protested against such a thing as citrate of caffeine being retained in the Pharmacopœia. It was a mere mixture of equal parts of caffeine and citric acid, and they wanted a definite salt, such as the hydrobromate.

Mr. ALLEN, in replying, said that his paper had suffered somewhat from the condensation necessary in reading it, hence some objections which had been raised would disappear when the paper was seen in full. He would not dispute Dr. Paul's assertion in regard to caffeine citrate being a separate salt, but he maintained that it was, and if Dr. Paul wanted more evidence on that point he would refer him to the *Pharmaceutical Journal*, ser. 3, vol. xix., p. 252, where it was stated: "The B.P. article [*i.e.*, the citrate] is generally regarded as an indefinite, unstable, inaccurately described, and superfluous preparation." After referring to the objections to the magnesia method, Mr. Allen maintained that Dr. Paul had given no proof that the caffeine could not be extracted from tea by boiling.

Dr. PAUL said the proof was that if, after extracting all the alkaloid from tea by boiling in water, the tea were dried, mixed with lime, and extracted with alcohol, more caffeine was extracted.

Mr. ALLEN, replying to the remarks by Mr. Abraham, said that in half an hour boiling water extracted 2.46 per cent. of caffeine, and about double that quantity in six hours. It took seventeen days to do the same with cold water. Paul and Cownley's process was good up to 90 per cent. After that no more caffeine was extracted.

SORE FEET.—Tramps, either amateur or professional, who suffer from sore feet after an unusually long walk will experience great relief from soaking the feet once or twice a week in a half-pailful of hot water to which a piece of nitrate of potassium (saltpetre) the size of a small walnut has been added.—*Medical Era*, August.

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. W. BELLERBY, York.—Your interesting paper on *Sepia* will appear next month.

APPOINTMENTS, VACANCIES, AND REMOVALS.

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

Dr. GEORGE WILLIAM WINTERBURN, editor of the *Homeopathic Journal of Obstetrics, Gynecology and Pedology*, has removed to his new house, No. 280, WEST 182ND STREET, New York.

Dr. WITHINSHAW has removed to 61, UPPER TOOTING ROAD, S.W. He still attends daily at his consulting rooms, 132, Kennington Park Road, S.E.

BAKING POWDER.—Is “baking powder” an article of food within the definition of the Adulteration Acts, and if so is it injurious to health to use alum and other chemical substances in its manufacture? These questions have given a good deal of trouble to the magistrates at Ilkeston in consequence of a local inspector having summoned a grocer in that town for selling baking powder comprising these ingredients. For the prosecution it was contended that baking powder is an article of food, because it is used in making bread, and is incorporated in the substance of the loaf. The public analyst deposed that he and his assistants had experimentally taken doses of this particular powder, and had felt, after doing so, as if they had “a lump of lead on the stomach,” symptoms that were confirmed by experiments in the laboratory, which showed that its effect was to retard digestion. On the other hand, it was urged that this was not a fair test, because baking powder is not made to be eaten, but only to lighten paste by generating a gas through the mixture of an acid with an alkali. Certain experts stated that after this process nothing was left but a minute quantity of alumina, which is practically harmless. In the end the Bench decided for the grocer on both points.—*Daily News*, August 27.

GENERAL CORRESPONDENCE.

APIS.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Perhaps the following case might be of interest to your readers to show the great advantage of homeopathy over allopathic treatment. Soon after I commenced to study homeopathy, I was called to a woman aged 63 years, who had smelt at a bottle containing ammonia and turpentine, which caused her to faint and tilt the contents of the bottle into her month. She also suffered from old heart disease. When I saw her, she could not swallow, and her tongue and throat were very much swollen. Now, I thought, what could homeopathy do for her? Her chief complaint was a burning pain, and swollen throat and tongue. I found these symptoms under *Apis*, and gave her four powders of *Apis* 6x, one dry on the tongue every two hours. After the second powder she was able to swallow, and next morning all her pain was gone, and in a week no sign of the swelling was left. I considered this a brilliant cure, and it established my faith in homeopathy.—I am, sir, your obedient servant,

ARTHUR ROBERTS, M.D.

Kingswood House, Harrogate, September 10, 1892.

WESTERN AUSTRALIA AS A FIELD FOR
HOMEOPATHIC PRACTICE.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—I am writing from the largest of the colonies of Australasia, but in point of population the smallest. Its extent is as great as France, Germany, Spain, Austro-Hungary, Belgium, Denmark, Bulgaria, Roumania, Turkey, and Greece combined. The population is now greatly on the increase from the eastern colonies on account of the recent find of gold in the Murchison district, and at the last census was about 60,000, principally located at Perth (the capital) and Fremantle, the port town (about twelve miles off), and in smaller communities along the coast line, which extends for a distance of over 3,000 miles.

The climate is conceded to be one of the most salubrious in the world. There is a considerable number of homeopaths in the colony, and would, I feel sure, be quite sufficient to induce a doctor to settle here. The homeopathic M.D.'s in the other colonies do well—many of them *rich* men and holding high positions.

The doctor who is first here would certainly have a splendid chance of success—he would not be without supporters, for Wigg and Co., of Adelaide, South Australia, have already started a homeopathic pharmacy here in Perth.

If you think fit, will you publish this in your widely-known monthly, or at any rate something to the effect? A homeopathic medical man is not nearer than Adelaide, which really means as bad as between New York, U.S.A., and Liverpool.—I am, dear sir, yours truly,

H. J. POOLE.

Howick Street, Perth, Western Australia,

Aug. 10, 1892.

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; Diseases of the Throat, Thursdays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Bell (J.). A Manual of the Operations of Surgery. 7th ed., Revised and Enlarged. Post 8vo, pp. 850. (Edinburgh: Oliver and Boyd; Simpkin. 6s.)

Cheadle (W. B.). Artificial Feeding of Infants. 2nd edit., Revised and Enlarged. Cr. 8vo, pp. 260. (Smith, Elder and Co. 5s.)

Cozzolino (V.). The Hygiene of the Ear. Translated by J. Erskine. 8vo, sd. (Baillière, Tindall and Cox. 1s.)

Dutton (Thomas). Sea-Sickness: Cause, Treatment and Prevention. Voyaging for Health. Health Resorts. A Concise Practical Treatise. 3rd edit. Cr. 8vo, (pp. x.—1-132. Hirschfeld. 2s.)

Health Resort of Franzensbad (The), Bohemia. With 47 Illustrations, by J. Weber, and a Map. (Illustrated Europe, 145, 146, 147.) 8vo, sd., pp. 78. (Zurich: Orell, Füssli and Co. 6d.)

Hoblyn (R. D.). A Dictionary of Terms Used in Medicine and the Collateral Sciences. 12th edit., Revised throughout, with Numerous Additions by John A. P.

Price. Cr. 8vo, pp. viii.—322. (Whittaker. 10s. 6d.)

Jones (H.). Guide to the Examinations in Sanitary Science and State Medicine. With Examination Questions, and Copious Explanatory Notes. 12mo, pp. 102. (Baillière, Tindall and Cox. 2s. 6d.)

Skene (A. J. C.). Treatise on the Diseases of Women. For the Use of Students and Practitioners. 2nd edit., Revised and Enlarged. 8vo. (H. K. Lewis. 28s.)

Smith (F. A. A.). Keep your Mouth Shut. A Popular Treatise on Mouth Breathing: its Causes, Effects, and Treatment. 8vo, pp. 50. (Baillière, Tindall and Cox. 2s. 6d.)

Tait (J.). Mind in Matter: an Argument on Theism. 3rd edit., Revised and Enlarged. Cr. 8vo pp. 340. (Griffin and Co. 6s.)

Thompson (C. T. S.). The Best Thing to Do: First-aid in Simple Ailments and Accidents for Travellers and Tourists at Home and Abroad. 12mo, pp. 50. ("Record" Press. 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, 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. Ridpath, Huddersfield; Mrs. Skirrow, London; Dr. Pope, Grantham; Dr. Dudgeon, London; Dr. Carman, London; Mr. G. A. Cross, London; Mr. Blair, Dublin; Dr. A. C. Clifton, Northampton; Dr. Berridge, London; Dr. George Clifton, Northampton; Dr. Arthur Roberts, Harrogate; Dr. Ross, Scarborough; Mr. W. Bellerly, York; Dr. Withinshaw, London; Mr. H. J. Poole, Perth, Western Australia; Sanitary Company, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Allg. Hom. Zeit.—Monthly Homeopathic Review.—Monatsblätter f. H.—Homeopathic Physician.—Homeopathic Journal of Obstetrics.—North American Journal of Homeopathy.—Homeopathic Envoy.—Revue Homeopathique.—New Remedies.—Homeopatisch Maandblad.—Minneapolis Homeopathic Magazine.—American Homeopathist.—Medical Advance.—California Homeopath.—Southern Journal of Homeopathy.—Medical Era.—Medical Argus.—New York Medical Times.—Hahnemannian Monthly.—La Reforma Medica.—Medical Visitor.—Vaccination Inquirer.—Seventh Annual Report of the Hamilton Association for finding Trained Male Nurses.—Rheumatism and Sciatica, by Dr. Clarke.—M. Pasteur's Double Hecatombs.—Ninth Annual Report of the Medical and Surgical and Maternity Hospitals of the Women's Homeopathic Association of Pennsylvania.—La Homeopatia ante las Ciencias Positivas.—Count Mattei of Bologne: His Science and His Glory. Revelations. By A. Santer.—Hygiene of the Ear, by Dr. Vincenzo Cozzolino. Translated from the Italian. Edited by James Erskine, M.A., M.B., Glasgow.

THE
HOMEOPATHIC WORLD.

NOVEMBER 1, 1892.

“THE EDUCATION OF A MEDICAL STUDENT.”

WITHOUT a doubt the most exciting medical event of the month has been the controversy raging around the vivisection question started at the Church Congress meeting on Thursday, October 6th. The defenders of the sacred right of the profession to torture animals have found some score or so of inaccuracies among the many thousands of instances of cruelty recorded in antivivisection works, and on the strength of these have exhausted the vocabulary of Billingsgate in belabouring the friends of their victims. To judge by the noise they have made, it might be supposed that vivisection was the most enjoyable pastime to the animals, that there were no such things as certificates empowering vivisectionists to dispense with anæsthetics when they liked, and that the use of curare was unknown.

It is not our intention to enter into the merits of the controversy on this occasion; but there are one or two lessons which may be profitably drawn from it and taken to heart by the profession.

The champion of the vivisectionists in the warfare has been Professor VICTOR HORSLEY, and what *The Times* calls his “most unfortunate excesses of language,” have disgusted pretty thoroughly all right-thinking people. But be it observed, Professor HORSLEY, with all his excesses, is accepted as a worthy representative by all the orthodox medical journals, and by all the leading men in the profession on his own side. No protest, so far as we have

seen, has been heard from the medical vivisectionists. What, then, must be the reflection cast on the whole faculty by a letter like this, which appeared in *The Times* of October 18th?

"Sir,—I believe I give expression to an all but universally prevailing sentiment amongst both parties in the vivisection controversy in protesting against the tone of Mr. Horsley's letters in answer to Miss Cobbe, and the language in which he expresses himself. 'You're a liar' is a favourite argument with ill-conditioned persons when engaging in a discussion, but when the opponent is a lady, it is an indication of cowardice as well as ill-breeding. So far as a layman may venture to pronounce judgment on the facts before him in a medical question, which is at the same time a question of humanity, I am disposed to uphold vivisection as it is practised in this country. For which reason my protest should be allowed the greater weight. Were I a rabbit, a cat, a rat, a mouse, or whatever other inferior animal may be doomed to vicarious punishment in the interests of the lords of all creation, I should object to being submitted to the knife of Mr. Victor Horsley.

"I am, Sir, your obedient servant,

"I. R. B."

In declining any longer to discuss the question with such an antagonist, Miss COBBE says in a letter published in *The Times* of October 20th:—

"Sir,—The peculiar characteristic—shall we call it manliness?—which enables a vivisector to mangle with 'joyful ardour' a dog or monkey tied down on a table, is illustrated by the behaviour of one who flings insults at an opponent naturally unable to wield the tool commonly employed by similarly affronted gentlemen, or even to retort in his own literary style, for the use of which the education of a medical student can alone afford sufficient preparation."

It is from the last clause of the above quotation that we have taken the heading of this article. What is the spirit of the education of a medical student of the present day? What are the aims that are put before him? and the methods he is instructed to admire and cultivate?

The answer to the above queries is to be found in the introductory addresses delivered to the students at the opening of the various medical schools. In almost all of these addresses this year vivisection was alluded to in terms

of praise ; and the Act which was passed to regulate the practice in this country was deplored and condemned. Thus at the threshold of their career the seeds of a merciless scientific cruelty were sown in students' minds, and at the same time a sense of professional pride inculcated, and resentment against criticism from without. But that is not all.

Take the address of Dr. W. H. BROADBENT, of London, delivered at the opening of the Medical Session at Owen's College, Manchester, and reported at some length in *The British Medical Journal* of October 3. The very title of this address, "On the Intellectual Interest of the Study and Practising of Medicine," is in our estimation sufficient to give an entirely wrong bent to a student's career. There is, no doubt, plenty of occupation for the intellect of the most intellectual in the doctor's life, but we make bold to say that the moment "the intellectual interest" of medical study and practice is looked upon as an object in itself, the degradation of the student or practitioner who so regards it has begun. "The high and only aim of the physician is to restore the sick to health," says the *Organon*. Any deviation from the straight line of this pathway into byways of self-seeking, whether of self or of "intellectual interest," is a departure from professional honour and virtue. Virtue is no longer virtue when it contains any taint of self-seeking, when it is practised for any selfish end.

But what meaning, we ask, could any youth, approaching medical studies for the first time, draw from the following words addressed to him by Dr. Broadbent? He has been speaking of the anxieties, pecuniary and other, which attend a doctor's calling, and he asks, "Wherein, then, lies our advantage?" Here is his reply:—

"Some would answer in the consciousness of doing good, the pleasure of relieving suffering, the satisfaction of saving life. I should be the last to underrate these. . . . But these privileges are too sacred to be cast into the balance. . . . Nor yet must we bring into account the gratitude of our patients, great and heartfelt as is the pleasure we sometimes experience from this. Both are imponderables."

[We confess the above passes our understanding, and we suspect it was not very comprehensible to Dr. BROADBENT'S hearers. The rest is all too clear.]

“What, then, is it which, to those who are mentally and morally fitted for it, and who enter it from genuine inclination, makes the medical profession the happiest career a man can choose? For such it really is. To this I answer, first and foremost, the opportunity for free and continuous exercise of the intellectual faculties. . . . With the elevation of the race have been developed intellectual appetites. There is a hunger and thirst after knowledge and a passionate desire for achievement, and the pleasure and satisfaction attending the attainment and employment of knowledge are as much higher and more durable than the gratification of the senses as mind is higher than body—as the intellectual operations are superior to sensation.”

Such is the passage. We have no hesitation in saying that the doctrine contained in the words we have quoted is sufficient, so far as it is adopted, to rob the profession of all the nobility it is credited with possessing. We have yet to be convinced that the medical profession is the “happiest,” in Dr. BROADBENT'S sense, that a man or woman can choose. So far as “happiness” means self-sacrifice—sharing suffering when it cannot be removed and removing it when it can—it is a happy calling: “It is more happiness to give than to receive.” But that is obviously not Dr. BROADBENT'S sense: his “happiness” consists in a sort of intellectual revel, not to say debauch; and this is the encouragement he holds out to candidates for medical degrees. When medical students are schooled in this way, and taught, as another passage* seems to teach, that animal suffering is not to be regarded when the race for precedence in discovery fires the ambition of young vivisectionists, is there any wonder that an example like that gibbeted in the letter of “I. R. B.” should be the outcome, and that

* “Protective inoculations against various diseases have been discovered, and had it not been for ill-judged restrictions in experiment which have deprived this country of the precedence in research which would have been secured for it by the zeal and insight of our young experimental pathologists, we might, perhaps” [and, also, perhaps *not*—Ed. H.W.], “already be in possession of protection against scarlet fever, diphtheria, and other diseases,” &c., &c.

the taunt of Miss COBBE should come home to the profession with peculiar force? Truly "the education of a medical student" is in much need of reform.

NEWS AND NOTES.

THE UNPROTECTED DOCTOR.

AN association has been got together in order, so says the circular addressed, we suppose, to every medical man, "to support and safeguard the character and interests of legally qualified medical and dental practitioners; and to advise and defend members of the Society when they are attacked." The title of this society with such excellent objects is "The London and Counties Medical Protection Society, Limited." But alas! the advantages of this society are limited like its title. They are not for us who practise according to the therapeutic rule discovered by Hahnemann, and who say they do so. For we read in this circular: "Attention is directed to a resolution unanimously passed by the Council, on June 21, 1892, to the following effect:—'That no medical man professing Homeopathy be eligible for election to the membership of the Society.'" A good many years ago this excluding resolution would have had instead of "professing" the word "practising." But that is no longer possible, for there hardly exists a single practitioner who does not in his daily practice employ homeopathic remedies occasionally; and in the face of Ringer's *Therapeutics* and Brunton's *Pharmacology* it would be impossible to ostracise homeopathy by excluding those who practise it more or less. But the unpardonable offence is to "profess" or say that you practise according to the only therapeutic rule known to medical science. If you are a hypocrite and practise any amount of homeopathy without acknowledging it—still better if, when accused of being a follower of Hahnemann, you, like St. Peter, "begin to curse and to swear, saying, I know not the man," there would be no difficulty about your enrolment in this society, which professes to offer its advantages to all "legally qualified medical and dental practitioners." Of course our legal qualifications are the same as those of the rest of the

medical profession, but the best legal qualifications are of no avail if you admit that you believe in homeopathy. Even a dentist is, in the opinion of this learned Council, more worthy of protection than a homeopath. We doubt not that a corn-cutter or a manicurer (is that the right word?) would sooner gain admission to this society than one of Hahnemann's school. It is all very absurd. If you admit with Hippocrates and Lauder Brunton that the homeopathic rule is of "partial application" you are quite eligible for membership of this society, but if you hold that it is of more general application this society will have nothing to do with you. So we must needs go about unprotected. We have managed to struggle on with considerable comfort without a protection society, and probably we shall not feel the want of it in the future.

"THE RECRUDESCENCE OF LEPROSY AND ITS CAUSATION."

UNDER this title Mr. Wm. Tebb (whose patient and laborious investigations into the causes and conditions of leprosy in all parts of the world are well known) has written a book, to be issued very shortly, embodying the results of his researches. From Mr. Tebb's letters which have appeared from time to time in our pages, our readers will be prepared to hear that one of the factors of the recent alarming spread of the disease is found in vaccination. It will be a matter of great importance to see how Mr. Tebb traces the connection.

THE ANTWERP HOMEOPATHIC DISPENSARY.

OUR readers will not have forgotten the splendid victory of the adherents of our school in the establishment of an official homeopathic dispensary in Antwerp in the teeth of the most strenuous opposition from the allopathic body. Dr. Lambrechts, *filis*, has given in the report of the work of the second three months of its existence. He says (*Revue Hom. Belge*, July):—

"I have pleasure in announcing that the success of the homeopathic dispensaries of the Board of Charity of Antwerp increases day by day. The number of the sick poor who avail themselves of homeopathic treatment has increased considerably during the second trimester of this year, as may be judged from the following table:—

	April.	May.	June.
Number of consultations at the dispensary	220	250	233
Number of visits at home	26	27	52
Number of deaths	0	1	3
Number of patients sent to hospital	2	3	1

"The cases of acute disease have been much more numerous than during the first trimester. I have had to attend, in short, several cases of measles with thoracic complications, of scarlet fever, of typhoid fever, of dysentery, of pneumonia, pleurisy, erysipelas, rheumatic fever, bronchitis, whooping-cough, hemoptysis, enteritis, convulsions, adenitis, menorrhagia, &c.

"As for chronic affections, those of the respiratory passages have been a little less frequent than during the first three months; on the other hand, there have been numerous cases of rheumatism, sciatica, neuralgia, enteritis, metritis, dyspepsia, anemia, chlorosis, varices, varicose ulcers, hysteria, endocarditis, &c.

"From which it may be seen that the homeopathic dispensary has afforded great help to the poor classes of Antwerp; for during the half-year there have been 1,000 consultations at the dispensary and 144 home visits."

DR. MACKECHNIE AND THE BATH MICROSCOPICAL SOCIETY.

THE *Bath Chronicle* of Oct. 13th gives a full and very interesting report of Dr. Mackechnie's presidential address delivered before the Microscopical Society of Bath. Dr. Mackechnie sketched the history of the microscope, and showed the large share it has played in the development of modern medicine. The address is interesting throughout, and evinces wide research on the part of the author. The society has every reason to congratulate itself on its choice of president.

DANGERS OF ANTISEPTICS.

THE Berlin letter in *The Medical Press* of Oct. 5th contains the following awful examples of orthodox allopathic antiseptic practice—all very "scientific," no doubt:—

"DEATH AFTER INTRA-UTERINE INJECTIONS.

"When injections into the cavity of the uterus are so notoriously dangerous it appears strange that many gynecologists still persist in making them. The *Deutsche Med. Zeitung*, of the 12th inst., reports a number of cases in which death has taken place under these distressing circumstances, more distressing to the operator from the fact that he knows he has been employing a double-edged weapon in his

fight with the disease. Tarnier reports three cases. Two patients died after intra-uterine injection of sublimate, and one some hours after an injection (0.5 per cent.) of sulphate of copper. After injections of two per cent. of carbolic solutions he has repeatedly seen syncope from entrance of the fluid into the blood. As a writer points out, certain authors give reports as to the innocuousness and good effects of such injections, but the great dangers attending them are not pointed out. Although scores of deaths have followed the injection of perchloride of iron in post-partum hæmorrhage, the introducer of this method of treatment has not yet, as far as your correspondent is aware, admitted that the treatment is in any way disastrous. In another case reported in the same journal two grm. of liq. ferr. sesquichlor. were injected drop by drop (hopfenweise) into the uterus by means of a Braun's syringe, and the return of the fluid through the sufficiently dilated cervix observed. The uterus was afterwards washed out with a two per. cent. solution of carbolic acid.

"Two hours and a quarter after the patient died. She had attended the clinic on account of retroversion of the uterus and chronic edematis. The autopsy revealed extensive thrombosis of the uterine veins which extended to the right internal iliac as far as the bifurcation of the common iliac."

"THE ABSURDITIES OF ALLOPATHY."

THE following from an American contemporary has been going the round of the journals, and is worth reproducing here:—

"The *Eclectic Medical Journal* perpetrates the following pungent paragraph at the expense of the *Medical News* of Philadelphia:—

"The editor of the *Medical News*, so-called because it never contains anything new, has offered one hundred dollars for the essay best exposing the fallacies of Homeopathy. Of course it is not necessary to offer a premium for a tract setting forth the absurdities of allopathy, for they are apparent to every one. He should, however, offer five hundred dollars for the best remedy for hide-bound bigotry and pedantic superciliousness—conditions from which he is evidently suffering greatly."—*Southern Journal of Homeopathy*.

THE USE OF FRUIT.—While fruit gives but little toward the nutriment of the body, it contributes materially toward keeping it in health. Bender found that fruit gives off a great deal of carbonic acid, while on the tree and when stored in the house; so that it is not well for persons to sleep in a room where fruit is kept in large quantity. Uffelmann praises the fruit diet in chronic indigestion, gastric catarrh, especially after alcoholic excess, hemorrhoids, cerebral fluxion, scurvy, and hepatic affections. Calculus is almost unknown in cider districts. The exclusive diet of grapes was highly commended by Niemeyer in plethoric conditions generally, and in obesity.—*New York Medical Times*.

ORIGINAL COMMUNICATIONS.

CHOLERA ITEMS.

THE reports of the infinitely varied methods of treating cholera by the "regular" school are anything but edifying; but there are some paragraphs of interest relating to the epidemic in *The British Medical Journal* of October 1, which are worth reproducing. First comes one on "Rubini's Tincture of Camphor," which has now found a place in the allopathic armamentarium. It is characteristic of the allopathic sect, that when robbing homeopathy, they generally contrive to stab as well as rob. That little sentence about the tincture being "often prescribed under the guise of 'homeopathy'" in excessive doses, betrays culpable ignorance, if the writer does not know that homeopathy is not merely a question of dose, and something worse than ignorance if he does. We should like to know where such a dose as ten to fifteen drops frequently repeated is recommended in any responsible homeopathic work, as we do not know of any such. No credit, of course, is given to homeopathy for discovering the use of the drug, or for the splendid work it has done with it in cholera.

"RUBINI'S TINCTURE OF CAMPHOR.

"Rubini's Tincture of Camphor, which is again being much recommended by letters to the daily papers as a safe preventive of cholera, is a preparation which should only be taken with caution. This solution is about five times stronger than the spiritus camphoræ of the British *Pharmacopœia*, and is a solution of camphor in absolute alcohol, containing nearly one grain in two minims. It is prepared by dissolving one ounce of camphor in one ounce by weight of absolute alcohol. A moderate dose of Rubini's solution is 2 to 5 drops on sugar, repeated according to the severity of the symptoms. It is, however, often prescribed under the guise of 'homeopathy' (!) in doses of 10 to 15 drops repeated every fifteen minutes until relief is obtained. There can be no doubt that this solution requires to be administered with great caution, since the camphor is in the most favourable condition for immediate absorption. It is a well-known fact that camphor as a solid in powder does not produce the same immediate results as when given in a saturated alcoholic solution. There are on record a number of cases where serious results have followed the administration of this strong tincture;

it is certainly a preparation which cannot be considered a perfectly safe one for general administration, especially in large doses, without medical supervision."

The next paragraph deals with an important point in the clinical features of the disease.

" VARIATION OF THE SYMPTOMS OF CHOLERA.

" Surgeon-General Sir William Moore, K.C.I.E., Q.H.P., writes : It has been too much the custom to regard cholera as a disease always characterised by certain definite symptoms. Cholera is protean in its manifestations. It may commence and terminate as a slight diarrhoea, or as a sudden paralysis of the vasomotor system, between which degrees there are very numerous phases. Horton endorses Pognanski's statement, that a slow pulse—sometimes as low as 45—for days or weeks is often pathognomonic of the approach of cholera. Very frequently there are premonitory symptoms of *malaise* and painless diarrhoea, extending from one to several days or longer. But such symptoms may be quite absent, or there may be *malaise* and no diarrhoea, extending from one to several days, or longer. But such symptoms may be quite absent, or there may be *malaise* and no diarrhoea, or diarrhoea and no *malaise*. In some epidemics preliminary diarrhoea has been so frequently absent that Surgeon-General Pringle considered there was usually no such stage. In most great outbreaks of cholera persons die—especially at first—suddenly from collapse without distinctive symptoms ; often without vomiting or purging, or after one or two loose motions. This was noticed in Bombay in 1888. Cases occurring at Poona assumed the form of " sweating sickness " of the sixteenth century, commencing with rigors, followed by purging and profuse perspirations. In instances when death occurs from sudden collapse without vomiting or purging, there may be violent cramps. Chevers mentions two epidemics in Bengal having all the symptoms of cholera, excepting that the stools were blood tinged. A somewhat similar outbreak has been described as hemorrhagic cholera, when the stools consisted of mucus or gelatinous fluid mixed with blood. C. A. Gordon mentions cases in which black vomit occurred, similar to that of yellow fever. Rice-water evacuations may be absent in the old and feeble, or rice water may be found in the intestines after death, none having been passed during life. Sometimes the stools are not turbid like rice water, but colourless like blood serum. While cramps may be absent, cramps and twitchings have been noticed without other symptoms ; a condition which has been described as " tetanic cholera." Sensations of pins and needles, or anæsthesia, or paralysis, are occasionally present.

Dickson, speaking from his experience, remarked on an occasional increased flow of urine during cholera. Sometimes instead of albumen, urine if passed, contains sugar. In the stage of reaction there has been noticed obstinate vomiting of thick greenish material. In one epidemic delirium occurred in most of the cases. In females there is sometimes a sanguineous vaginal discharge, when the person is not menstruating. Among the peculiar sequelæ of cholera are to be noted convulsions, especially in children, nettle rash, roseole choleraica, constipation, gastric affections, hemorrhages, bronchial and pulmonary attacks, sloughing of the cornea, sloughing of the scrotum, persistent and fatal hiccough, abscesses in different parts, a peculiar smell, considered by Surgeon-General Murray to be like that of *arum maculatum*; a condition exactly resembling typhoid fever; and abortion in females. Macpherson, Curran, Bellew, Green, Blanc, Macnamara, Waters, Smith, Sullivan, and others have all remarked on the resemblance of cholera to some forms of fever. As mentioned by Sir Joseph Fayrer, cases commencing as ague terminate as cholera, and the reverse. Surgeon-General Murray remarked on the cholera of Central India in 1860, that many of the cases assumed an intermittent type. Bellew said of Peshawar fever that it is "exactly like cholera." And C. A. Gordon observed that it was not always possible in the early stages to prognosticate whether the symptoms were those of cholera, or of the severe form of fever then prevalent. Summer diarrhœa is often associated with cramps. The summer diarrhœa of children is so severe as to have obtained the name of cholera infantum. Whenever cholera occurs there are usually more numerous cases of diarrhœa, and the question has yet to be answered, At what stage does the sufferer from diarrhœa become the victim of cholera? The late Dr. Norman Chevers said: 'Familiar as I was with the cholera of Calcutta, the disease which I treated in 1874 was of a type altogether new to me; no two cases were precisely similar.' Sir Guyer Hunter wrote: 'As there are many degrees of fever so there are varying degrees of cholera. All this is merely in accordance with what happens in the course of many other diseases of which there may be mild or severe cases, and which may present anomalous symptoms. Mere degree is not sufficient ground for considering a disease different in essential character; no one would deny a particular case to be one of diphtheria, or typhoid, or measles, because the symptoms were mild, or because all the symptoms of a typical case were not presented; and it is only reasonable that the same breadth of view should be accorded to cholera. Then it would be recognised as what it really is, namely, a disease occurring principally in hot climates, or in the warmest weather of temperate climates, although not always with the same degree of violence in the

latter. Then India would not be credited with originating all the cholera of the world. Then the necessity for continued sanitation in all senses of the word, instead of spasmodic sanitation during epidemics, would be the more universally understood, admitted, and practised."

AN INFINITESIMAL DOSE.

The inconsistency of allopaths who scoff at the power of infinitesimal quantities is not a little remarkable. The making of homeopathic dilutions has been stupidly compared to putting a drop of the medicine into the Thames at Windsor and taking a drink at London Bridge; but it is an allopath who writes the following alarming paragraph in *The British Medical Journal*:—

"LONDON DRINKING WATER.

"Dr. A. Royle writes from Albany Lodge, Esher: Supposing some one from Hamburg, St. Petersburg, Paris, Rouen, or Havre, were to reside at Staines and there to develop cholera, what chance would there be of four millions of the inhabitants of London escaping? Most of them drink the Thames water, into which the Staines people pour their sewage just above the intake of the chief water companies. Surely this subject is one of vast importance at all times, and now especially."

DISINFECTION AD ABSURDUM.

The following is from *The Daily News* of October 17:—

"VIENNA, Sunday Night.

"At Temesvar the town authorities, in their anxiety to hold off the cholera, some days ago disinfected the theatre. So much chloride of lime was used on the stage and behind the scenes that the entire staff was taken ill. The prima donna broke down in the middle of an air, and had to run off the stage, and it was found impossible to finish the performance."

The *Paris Journal de Médecine* of a week or two back gave an account of the experiences of a Parisian resident in Hamburg. In the house where he was boarding, none of the family ventured out into the streets. With great difficulty he obtained permission to take out their dog for a walk; but when he returned they carefully disinfected the dog's paws. He also tells an amusing story of a Hamburger who was taken ill in the streets after a too free indulgence in liquor. He was promptly carried off to a cholera

hospital, where it was discovered after a time that he was not suffering from cholera, but only from drink. On his return home, sober, he was astonished to find his whole wardrobe hanging out to dry. Supposing him to have had cholera, his neighbours had pounced on his effects and carefully disinfected them all!

ON THE RELATION OF HOMEOPATHY TO ANTI-SEPTIC MIDWIFERY.

By GEORGE WILLIAM WINTERBURN, Phar.D., M.D., New York.

THE discussion of antiseptics in midwifery practice was presented with the fulness which it deserves at the Washington meeting of the American Institute. Antiseptic midwifery is one of the live medical questions of the day. Whatever personal predilection we may each have, however, we ought to be willing to listen with open-mindedness to arguments advanced by the other side. It is only thus, by free discussion tempered by earnestness of purpose and charity in judgment, that we can hope to attain to the best possible practice of our art.

The able article by Professor Danforth presented with fulness and perspicuity the argument for antiseptics in midwifery, and the means by which this may be attained. Dr. Millsop, though pledging herself to a faith in antiseptics, admitted that it is impracticable of application in the ordinary cases that come to the country practitioner, and quaintly suggested that a special Providence watches over the poor and ignorant, while the rich and cultured are left to the antiseptic care of the accomplished obstetrice. Professor Pauly believes in the golden rule of cleanliness, and stated that no antiseptic is satisfactory, for one after another is taken up to be put aside for a successor, and as our idea of the subject becomes broader, the use of chemicals lessens, while attention to cleanliness increases. Professor Cogswell affirmed that if the use of injections was discontinued there would be fewer lives sacrificed and less work for the gynecologists. The writer said a few words for homeopathy, not doubting that antiseptics is a useful expedient in the hands of those who know no better way of treating their parturient cases, but asserting that the man who practises homeopathy has no use for it. In

the lively discussion which followed the reading of these papers, and which lasted for three hours, a number of well-known practitioners expressed their views. The opinions expressed were overwhelming in favour of antiseptis.

What, then, is antiseptis? This is a somewhat hard question to answer, for the devotees of antiseptis are by no means agreed as to what constitutes a proper procedure. What one declares to be the only safe and scientific manner of conducting a case, another denounces as meddling and dangerous; and yet both claim to be orthodox antiseptists. The carbolic spray, once thought the very essence of good practice, has doubtless everywhere been abandoned. It fortunately never had great vogue in American midwifery, but in Europe, and more particularly in Germany, it was practised upon thousands of women, to the permanent detriment of many; until at last even the most obtuse were convinced that however good it might be in theory, in practice it was costly in human life. The moisture-laden air which its use involved caused complications so serious in nature that they could not be ignored, and amid the outcries of the younger men, who openly rebelled against this death-dealing procedure, it went into innocuous desuetude. The same may be said of every other antiseptic expedient which has been in vogue long enough to reveal to unwilling eyes its power for mischief. I do not intend here to go through the long list of ways and means which have been devised, exploited, and abandoned, because, with the possible exception of the spray, each has still its adherents. One instance will suffice to illustrate my meaning; manifold others might be given if space permitted. Less than two years ago the following remarkable procedure was in vogue in the Paris hospitals, and may be yet for all I know to the contrary.* Beginning four weeks before the expected labour, the patient receives twice daily a vaginal injection of a 1:1000 sublimate solution, and in the intervening period between these injections wears an iodoform gauze tampon in the vagina. When the labour pains begin the tampon is removed, and an examination made. If everything proves normal, a new tampon is placed in the vagina and is allowed to remain there until pushed out by the advancing head. On the completion of labour the vagina is washed out with

* Verchere, *L'Abeille Medicin*, 1890, No. 9.

sublimate solution, and a tampon again inserted. This is changed daily, and in addition an iodoform or a sublimated compress kept over the vulva. Green of Boston, himself an ardent antiseptist, according to his own acceptance of the term, denounces this procedure as "antiseptis run mad,"* while Englemann of St. Louis speaks of the prophylactic douche, even when used but at the beginning of the case, and without all this rigmarole of iodoform tampons and sublimated pads, as meddlesome and dangerous, and gives special credit to Max Runge, assistant to Professor Gusserow, who in the face of opposition and ridicule (1880—mark the date) abandoned it and outlined a more reasonable practice. †

It is a somewhat interesting, but by no means exhilarating, occupation to watch the progress of a medical idea. Somebody proposes it. Then somebody in authority takes it up. It gradually gets whispered about that so-and-so says so-and-so. The more wide-awake portion of the profession stumble over themselves in the mad rush for something new, as witness the procession to Berlin two years ago. Gradually that large number of the profession who never read a medical journal, except an occasional sample copy, learn that something is going on. But meanwhile those on Olympus who were so fascinated with the new toy have come to the time when it makes them tired, and they cast it aside for the next novelty. The bulk of the profession do not read, and, consequently, the now worn-out sensation finds an ever-widening field as it descends from the heights of Olympus to the darker valleys below.

This is well illustrated by the history of the rise and progress of Liebig's preparation of beef. The older men in the profession can well remember when his *extractum carnis* was heralded as the ideal food for the sick. A few years passed, and Baron von Liebig himself repudiated as untenable the views which he had previously advanced with no little firmness and pertinacity. It was admitted that the extract was no better than urine as an article of diet, a statement which can be extended to include ordinary beef-tea. But has this put an end to the sale of the extract? By no means. The better men in the profession have discarded it, but it is still prescribed by a vast

* *Boston Medical and Surgical Journal*, January 22, 1891.

† George J. Englemann, *History of Obstetrics*, in Hirst's *American System of Obstetrics*, vol. i. p. 67, 1890.

majority of that class known as "the busy practitioner." This is an ensample of what has always constituted therapeutic progress from an allopathic standpoint. It is as true to-day as it was in any past age, heightened by a frantic attempt to find something which shall obstruct the triumphant march of the doctrine of similia. It is characteristic of this restless desire for novelty that every new thing is hailed as the acme of knowledge, and the pervading spirit is still the same as when, in the early part of the century, Boyer wrote: "Surgery, in our day, has made the greatest progress, and appears to have attained, or nearly so, the highest perfection of which it is capable." Boyer spoke as one having authority. There were those who spoke for antiseptis, at Washington, who were filled with the same flatus.

The antiseptists are not a bashful crowd. They claim the earth and the fulness thereof. Anything which seems good in their eyes, each man according to his own point of view, is—antiseptis. In fact, "antiseptis" is a sort of trademark, like "malaria" or "heart failure," and is as elastic of application as these. The chemical agents are all antiseptic—until they are found out to be otherwise. *Phenic acid* has been given for nearly a score of years in typhoid fever because of its microbicidic power, though now it is only too well known that *phenic acid* is an excellent culture medium in which the typhoid bacilli thrive. But it is not alone chemical forces which they invoke. Von Bergmann has said that a ligature is one of the most important antiseptic agents. Blood—simple blood, which Von Bergmann considers a most potent cause of sepsis, and it is to get rid of blood in the wound spaces that he lauds the ligature as an antiseptic by exclusion, on the same principle as the *iodoform tampon* is used by Verchere—is according to a recent writer one of the best antiseptic agents. Another writer goes so far as to class "gentle handling of the parts" among antiseptic agencies. Welch, of Johns Hopkins, inveighs against those who differentiate asepsis from antiseptis, and claims that ordinary cleanliness is antiseptis. When, in connection with all this, we take the statement of Geppert, corroborated by others, and during the past three months acknowledged by leading bacteriologists to be correct, that, in the presence of fatty matters, or albuminous substances, corrosive sublimate is no better as a disinfectant than an ordinary salt

solution, and that in such a situation as the vagina, while corrosive sublimate has powerful inhibitory power it does not actually destroy the pathogenetic bacteria, we may well ask: What is antiseptis?

The dogma of antiseptis is older than Karnac or the Pyramids. In its nineteenth-century revival it has assumed as kaleidoscopic a character as ever befell an attempt to improve on nature. In so far as antiseptis stands for that cleanliness which is akin to godliness, it is in accord with nature and deserves universal application to both the healthy and the sick; but chemical agents have not established themselves, either in reason or experience, as the necessary basis of cleanliness. Dirt has been wittily described as matter out of place. In the attempt to make living tissue clean it should not be forgotten that it has some power of its own in this direction; that nature kept things pretty tidy long before the obstetrician was evolved in the progress of civilisation; and that a vagina is not to be cleaned by the same methods as a dishpan.

We reach here the key to the whole situation. The ideas advanced by the antiseptists are badly material and mechanical. Because a bistoury can be made clean by scrubbing and polishing, they imagine the same ends may be accomplished by the same means in a vagina. They take it as a matter of course that because a bistoury would get dirty if left to itself, a vagina is equally incapable of self-protection. But a vagina is not inert. It is composed of a multitude of so-called cells, each of which is a living creature, and with a power of self-protection which seems little understood. The healthy vagina can and does keep itself clean. If it is not healthy it is within the province of the physician to make it so; and this not by means of chemical douches, which can act only in a mechanical and perfunctory manner, but through the forces which lie latent in his medicine case. The homeopathist who has to fall back on mechanical treatment is no homeopathist at all. And the man who essays to practice any specialty in medicine without homeopathy ignores the only law of cure which has yet been discovered and formulated.

Doederlein of Leipsic has made a very thorough study of the vaginal secretion. I commend his observations thereon to the attention of those who imagine antiseptic midwifery to be the culminating glory of the *fin de XIX siècle*. Those who cannot read the original can find an excellent *résumé*

thereof, by Dr. Whitridge Williams, in the *American Gynecological Journal*, May, 1892. Therein is shown that the vaginal secretion in healthy women, virgin or pregnant, is largely composed of a bacillus, which can be cultivated upon sugar bouillon or on ager-ager. It produces an acid, thought to be lactic acid, with great rapidity, and to this the normal acidity of the vaginal secretion is due. The products of the life of this bacillus are fatal to most of the pathogenetic organisms. Pus introduced in large quantities had entirely disappeared in four days. In young girls, virgins, as a rule, the vaginal secretion is more intensely acid than in married women. Of the latter, Doederlein examined the vaginal secretions from 195 pregnant women, of whom somewhat more than one-half had normal and the others abnormal secretion. The normal secretion contains no bacilli save the large vaginal one spoken of, thus disproving Garrigues' assertion that pathogenetic germs exist normally in the vagina.* The pathological secretion, however, possesses marked pathogenetic properties as proved by inoculating rabbits; microscopically, it consisted of epithelial cells, many pus-cells, and a mixture of all kinds of micro-organisms, including the streptococcus which bacteriologists consider the cause of puerperal fever. In cases where pathological secretion is found, a 1 per cent. solution of lactic acid favours the growth of vaginal bacillus, and a consequent destruction of the pus-cells and micro-organisms. This is corroborative of what has been long known, that an injection of simple syrup (i.e., sugar dissolved in water to the point of saturation) would change an abnormal vaginal secretion to a normal one; or, as Prof. John C. Morgan says, "sweeten the parts" by making the secretion acid, so that it gives an intense reaction to litmus paper. To those who know how to cure leucorrhœa homeopathically the proper course of procedure in Doederlein's 44.6 per cent. pathological cases need not be pointed out. If the vaginal secretion is abnormal the pregnant woman is a sick woman, she is a woman needing treatment, and if she fails to receive the appropriate treatment trouble may be expected during the puerperium. Few doctors realise the importance of watching with utmost solicitude their pregnant patients, and providing against puerperal accidents by strictly homeo-

* H. J. Garrigues, *Antiseptic Midwifery*, in Hirst's *American System of Obstetrics*, vol. ii. p. 305.

pathic treatment during gravidarum. When this becomes the rule of the profession, there will no longer be even the semblance of an excuse for chemical antiseptis.

There is, however, a still stronger argument against the validity of the claims put forward for chemical antiseptis. It is becoming every day clearer that the most valuable agent which the surgeon has, in his efforts to secure asepsis, is the capacity of the fluids and cells of the animal body to overcome invading micro-organisms. In the light of the knowledge which has dawned upon the bacteriological mind during the past twelve months, it seems plain that hitherto the efforts of the antiseptic surgeon have been directed too exclusively toward the attempt to keep bacteria out of wounds, and destroy micro-organisms which have found entrance into wounds, and not enough toward preserving the germicidal power of the tissues and fluids. The experiments of Nutall,* and of Buchner,† and of Nissen ‡ prove the germicidal action of fresh-blood serum, a power which it does not lose even by freezing and thawing. These conclusions have been re-enforced by the experiments of Prudden § on non-inflammatory transudations of the body. This germicidal power is associated with the albumenoid constituents of the fluids of the body, both those contained within the body and those excreted upon its surface. These discoveries will not be welcomed very warmly by some of those who have committed themselves to antiseptis, as it is usually understood. Even the medical journals are silent in the presence of these significant evidences of the marvellous power of the body to preserve its own integrity. And yet all this is only in the line of what was already known. The very occurrence of self-limiting diseases, such as typhoid fever, lobar pneumonia, &c., indicates that there is within the body some sort of adjustment of forces, by which, under ordinary conditions, the deleterious effects of pathogenetic micro-organisms are neutralised. I would not have it understood that these experiments amount to absolute

* "Experimente uber die bacterienfeindlichen Einflusse des thierischen Korpers." *Zeitschrift fur Hygiene*, bd. iv. p. 353.

† "Ueber die bakterientodtende Wirkung des zellenfreien Blutserums." *Centralblatt fur Bacteriologie, &c.*, bd. v. No. 25 and bd. vi. No. 1.

‡ "Zur Kenntniss der bacterienvernichtenden Eigenschaft des Blutes." *Zeitschrift fur Hygiene*, bd. vi. p. 487.

§ T. Mitchell Prudden. "On the Germicidal Action of Blood Serum and other Body Fluids." *Medical Record*, vol. xxxvii. No. 4.

demonstration ; the crust over chaos is not yet very solid ; but these facts are in accord with the general trend of evolution, and not contrary to it as the chemical theories of asepsis are. I therefore commend them to the closest scrutiny of the antiseptists. As Prudden naively says : " The significance of these new discoveries would seem to be very great and far-reaching in calling back the attention of therapeutical adventurers from germicidal warfare to what appears to be the natural defence of the organism against bacterial invaders ; namely, a healthy condition of the blood."

Wiser words were never uttered. *The natural defence of the organism is a healthy condition of the blood.* This is not to be secured by the obstetrician spending forty minutes washing his hands and making his toilet while the woman is lying in the throes of childbirth awaiting his attentions. This is not to be secured by precipitating the albumen in the normal vaginal secretion with mercuric chloride, and so destroying the natural protection elaborated by the system itself. This is not to be secured by occluding a natural opening of the body which in a state of health protects itself, and in a state of disease contains already the germs which the occlusion is intended to exclude ; and the bacteriologist knows that the micro-organisms grow most prolifically, in the culture medium, when the opening to the test tube is occluded by some impervious material. This is not to be secured by any amount of douching, or scrubbing, nor by any sort of chemical or mechanical treatment. Leave all those things to those who know no better way of treating their parturient cases. A healthy condition of the blood can be secured by the proper application of the homeopathic remedy at the proper time. The proper time to treat these cases is during the progress of pregnancy. The man who permits the women in his regular *clientele* to come to bed, without having had all the advantages which homeopathy can give them during the previous nine months, is shamefully negligent of his duty, and is responsible before God for every unnecessary pain they may suffer. There is no time in the life of woman when homeopathy can do so much for her as during pregnancy. I hope to show this in a forthcoming thesis on "The Mother in Pregnancy." During the gravid period, and especially during the earlier part of it, the woman's system is in a state of flux, which furnishes the physician an

opportunity of which he but rarely avails himself. The true line of progress in midwifery is not to be found in antiseptis, but in securing for the woman that natural defence of the organism, a healthy condition of the blood. Women do not know this. They look upon the obstetrician as a mere mechanic. And how should they know any better when the obstetrician himself considers midwifery practice as a mere separating of mother and babe, and ignores all its higher functions? It is alleged that the obstetrician does not and cannot know his cases thus early, that most frequently he only sees the case after the woman is taken with pains. Personal observation and experience lead me to affirm that he can have his cases, as a rule, from the earliest weeks of pregnancy, if he so desires. All he has to do is to educate his public, and he will do this just as soon as he realises the advantages to be derived from so doing—advantages which his patient, himself, and medicine in general alike share.

So far in this discussion I have seemed to coincide with those who look upon obstetrics as a department of surgery. I have done so because the surgeons practically assumed control of the discussion at the Institute meeting, and I have chosen to meet them on their own ground. Man after man got up and stated that he did little obstetrical work, and then proceed to talk about antiseptic midwifery. I was very glad to have them express their opinions. I have already expressed my opinion that the man who does midwifery practice should be an obstetrician. The more he is an obstetrician, and the less he is a surgeon, the better for his patients. One surgeon who took part in the discussion said, "My experience in obstetrics is limited . . . nine-tenths of the cases of childbirth are surgical cases . . . a doctor's hands, unless he is thoroughly alive to the matter, are the most dangerous thing on the face of the earth." This may be the experience of his unfortunate patients—he is certainly in a position to know—but no competent obstetrician would subscribe to such a statement as representing his own practice. On the contrary, labour is a physiological process, and never becomes a surgical one unless (1) the mother or child is markedly deformed or disproportioned, or (2) the case has failed to receive the medical treatment which the symptoms indicated. Doubtless, in the hands of an incompetent attendant, many cases become surgical which only required ordinary skill to have

been conducted to a more satisfactory conclusion. This is no reflection on the surgeon in question, who is of excellent repute in his own specialty, and a "jolly good fellow beside;" but a man may be a good orthopedic or aural surgeon, and be either by nature or inexperience an incompetent obstetrician. It seems to be considered that any graduate in medicine can do midwifery work, but it requires as much special natural aptitude to be a good obstetrician as it does to be a good surgeon, and the two are rarely united in the same person. The reason for this is a tendency of surgery more and more toward purely mechanical treatment, to the use of the bistoury rather than the medicine case, while obstetrics, properly studied, insists upon therapeutic measures as replacing mechanical ones. The crudest obstetrics is purely mechanical. As methods more refined, it is seen that it is wise to refrain from unnecessary interference. What formerly was thought proper is now considered officious and meddling. The highest ideal of normal labour is one in which extraneous assistance is not required, and this results from perfect health on the part of the mother and normal development on the part of the child. The methods by which this may be secured are known and will engage our attention in a subsequent issue of the Magazine.

Before closing the discussion I wish to make a prediction. And this I do with a full knowledge that a prophet is without honour in his own country, or, now-a-days, anywhere else. Nobody will remember the prediction when it comes true, and meanwhile it will form a subject of jest for the scornful. The wise man never prophesies, at least never except to affirm that what the popular opinion declares to-day to be true will always remain true for evermore. I was not born wise, but otherwise, and, therefore do not fear to rush in, etc. No one need be told that chemical antisepsis is the popular theory of the day in the medical world. The courteous professors of obstetrics, in a college not a thousand miles from New York, who told the writer on the conclusion of the reading of "The Better Way," that he was "not in it," that he "had better go home and read, and learn something," and that he "didn't know what he was talking about," was only voicing the sentiments of the bulk of the profession. Nevertheless I venture to record my dissent, and to repeat that homeopathy can do all that is claimed for antisepsis,

and more. Beyond this I further venture to put on record the assertion that, before the bells ring in the twentieth century, the leaders in chemical antiseptics in midwifery will have abandoned its use; that the men who make public opinion in medicine will have ceased to use on or within the person of the parturient woman, or in the room in which she is confined, any form of chemical disinfectant, and will rely exclusively upon—boiled water, used at such temperatures as may seem expedient. The use of boiled water before it has returned to its normal temperature, *pro re nata*; the careful avoidance of unnecessary interference with the natural course of mechanism in labour; and securing to the woman that natural defence of the organism, a healthy condition of the blood, seem to me the tripartite components of an ideal midwifery practice. I can hardly hope to see this accepted as the universal practice in my own day, but it will be, I hope, the ideal to which men's minds will be turning with the opening decade of the new century. So mote it be!

CANCER.

By J. REGINALD JONES, M.R.C.S. LOND., &c.

It is a well-recognised fact that one, or even two or three swallows, do not make a summer. And it is equally recognised that the cure of two or three cases of such a disease as cancer does not necessarily imply that *every* case is curable. But to cure even a few cases is proof positive that cancer is a curable disease, and it opens up a new vista of hope, joy, and confidence to the poor tortured creatures—tortured mentally as well as physically—who suffer from it, to know that even *one* case has been cured. The following, therefore, will be interesting, not only to those who are already the victims of this horrible disease but also to every one who has a heart that sympathises with suffering humanity. I was consulted by a woman, a cook, who suffered from cancer of the tongue. Now before I go further, let me say a few words in support of the diagnosis. I consider myself quite able to diagnose a case of cancer, although it is the common opinion amongst certain persons that once we give up allopathy and join the homeopathic school, we lose all the diagnostic power

which we once possessed, all the ability to perform surgical operations, or attend a case of midwifery, and it is often very amusing to hear the wiseacres say, "Why I never knew that homeopaths attended confinements!" Is it not funny how very ignorant some people are, and how ignorant they like to remain, when homeopathy is on the carpet? However, to return to the diagnosis of this case, and to silence the carping critic, let me say, that one of the foremost surgeons in Liverpool pronounced it a case of cancer, and acting on his diagnosis, removed a piece of the tongue. All went merry as a marriage-bell for some months, when, sad to tell, the disease reappeared, and the poor woman was told that the only chance for her was to have the tongue entirely removed. The patient refused to undergo the operation, and came to me for advice and treatment. I examined the tongue. It was cancer. In this I quite agreed with the Liverpool surgeon. He was right. I am always ready to admit the fact when they are right. I cured her. I kept my eye on her for some six years; she was then healthy and strong, and not a trace of the disease left except the cicatrix of the primary operation. Where she is now I know not, or whether she is alive or dead, but this I know, that that cancer went.

A few weeks ago I had a similar case, but not nearly so far advanced. Cancer for certain. *It* has gone, and the patient remains, strong and well. I have three other cases to report, two cured, and the third one on the high road to a cure. This last case is a very interesting one, and we have the "black and white" from a surgeon, whose claim to eminence no one will dispute, as to the nature of the disease, its hopelessness, and the utter uselessness of any operation.

"Give her *Morphia* to allay the pain, or rub in *Belladonna* ointment—that is all that can be done;" but she has not had any *Morphia*, any *Belladonna* ointment, only pure homeopathic treatment, and all pain has gone, and she is getting better. More anon.

Birkenhead, Oct. 13, 1892.

THOUGHTS FROM THE *ORGANON*.

POPULAR PAPERS.

By EDWARD MAHONY, M.R.C.S., L.S.A.

No. VII.

“INTERMITTENT and alternating diseases.” These are defined to be “such as return at stated periods, like the innumerable intermittent fevers, and the non-febrile affections assuming the same form, and also those which in certain morbid states alternate with others at indefinite intervals.” As to the latter, the “alternating” species; we are informed that they all belong to the number of chronic diseases, and consequently are developments of the before-mentioned chronic miasm of psora mostly, sometimes, but rarely, complicated with a syphilitic miasm; but for details of treatment we are referred to another of Hahnemann’s original and classical works, namely, the *Chronic Diseases*. He gives, however, in a note, illustrations of what he means by alternating states; *e.g.*, “certain pains may be produced in the lower extremities as soon as ophthalmia disappears, and the latter may return again immediately when the pains have ceased; or that spasms and convulsions may immediately succeed some other affection, either of the entire body or one of its parts,” again; and this is most important to remember: “sometimes there is no longer any trace whatever of the anterior state when the new one has established itself;” also, “the morbid states that succeed each other may be directly opposite, as, for example, melancholy and mirthful insanity, or furor, alternating periodically.”

One sees here, as before, the same careful observation of natural phenomena in disease, and the importance of recognising that symptoms which may be days and weeks apart, and even many months, some yearly, are nevertheless parts of a whole, and the whole cycle of the phenomena has to be taken into consideration, and the conditions and concomitants of both classes of symptoms taken into account if we are to have a proper estimate of the case before us.

Let us turn now to the consideration of “intermittent fevers.” And first let me remark, for the benefit of the non-medical public, that the term “intermittent” is used by the medical profession generally to distinguish

febrile affections, in which there is apparently an interval of entire freedom from febrile symptoms, called also apyrexia, from another class called remittent or continuous, in which the fever or pyrexia, though having gradations of heat, never entirely subsides until convalescence has set in. There are of course many other symptoms which distinguish the two classes of diseases, but these will not concern us just now. The intermittent fevers may occur "sporadically," *i.e.*, sparsely, or epidemically, *i.e.*, affecting large numbers of persons, and their paroxysms are "composed of two contrary morbid states of cold and heat, or heat and cold; but most frequently they consist of three—cold, heat, and perspiration!" There are many other points to be considered, such as the duration of the intervals, which has given rise to the nomenclature of quotidian (daily), tertian (every other day), quartan, &c., the *order* in which the symptoms of chill, heat, and sweat occur, as well as whether one, two, or all three of these are present, and lastly, but by no means least, the innumerable "accessory" symptoms, such as headache, sickness, vomiting, diarrhoea, thirst, pains, delirium, effect on the mind and feelings, spasms, &c. It will be sufficiently plain from all this that routine treatment, whether by the various preparations of Quinine, the Bromides, antipyretics, or what not, must be both unsuccessful and positively injurious to the patient. The usual practice where true homeopathy is neither understood nor valued, is to administer Quinine in some shape. On this point Hahnemann remarks, "It must be confessed that they may almost all be suppressed by large and enormous doses of Cinchona or Quinine—that is to say, Cinchona prevents their periodical return, and destroys the type; but . . . where it is inappropriate . . . the patient is still indisposed, *and often much more so than he was before* (italics mine); he suffers from a peculiar chronic Bark complaint, often incurable, and yet this is what physicians term a cure." We see in the above criticism of routine treatment, which every homeopathic physician can abundantly confirm to the present hour, the *deceptive* character of routine, "preventing the periodical return and destroying the type," and thereby doubly deceiving the unfortunate patient: for the next period, or several it may be, passing over without a return of pyrexia, he congratulates himself that he is cured, and then when symptoms do return, the

type being destroyed and therefore the characteristic symptoms of chill, heat, and sweat recurring either in a different order or in some other way different, he vainly supposes he has another disease, or has received a fresh infection of the original one. As he of course does not know what are the symptoms that Quinine will cause in a healthy man, the thought of attributing his present sufferings to the drug is furthest from his mind: he probably returns to it in increased doses, and so lays the foundation of enlarged and hardened spleen, "ague cake," in popular parlance, inflammation of the liver, dropsy, and many other most serious and even mortal diseases. The danger, then, of suppressing the *type* here, as indeed in all diseases, is—1. Deceptive improvement from removal of one or two symptoms. 2. The original disease remains unaffected in its nature and hold of the system. 3. Confusion occurs between the symptoms of the original disease, and the complication caused by what we may call the unused drug in the system. 4. Drugs administered in this way always require frequent repetition, and in increasingly massive doses—hence produce not only pathogenetic, *i.e.*, much suffering, but toxicological or poisonous results. Homeopathy, on the other hand, pure and simple, as taught by Hahnemann, avoids every one of these disasters, and gives direct or curative action with every dose, because here, as always, the remedy is selected according to the combination of symptoms presented by each case individually, and these, as we have seen above, vary in every sphere of vital action, such as digestion, respiration, the nervous condition, fever, &c., &c. Which course, once more I would ask, commends itself as just to suffering humanity and consistent with reason and science? Some further details as to treatment are most important to remember, such as: "the state of the patient, during the *apyrexia* especially, must indicate the choice of the most appropriate homeopathic remedy." Consistently with this is the remark that "the best, most appropriate, and serviceable method in these diseases is to administer the remedy immediately, or very shortly after the termination of the *paroxysm*."

The reason, or at least one reason, of the truth of this recommendation I believe to be the fact that we are giving what is homeopathic, *i.e.*, what in health would cause most similar sufferings, and therefore if possible should be given

when the system is less susceptible than it is during the raging of the disease which a paroxysm represents, and a further advantage is that such treatment is of the nature of prophylaxis, that is to say, anticipative, and arms, so to speak, the patient beforehand. Of course this cannot always be done, as he lower down points out, but it is a principle to be borne in mind in treatment generally, and is consistent with the instruction as to the advantage of minute doses and a not too frequent repetition.

In speaking of epidemic intermittent fevers we are told "each has a peculiar character, *per se*, that is shared in common by every patient affected by it, and which, when it is discovered in the totality of symptoms common to all, indicates the suitable homeopathic remedy for all the cases."

This may be spoken of as the synthetic element in medical treatment as distinct from the analytic, or individualisation of cases; both are needed and both are abundantly insisted upon by our author habitually. As an illustration of what is meant by the above remark, I will instance an experience of Dr. C. Bönninghausen, a colleague of Hahnemann's, and one whom many have delighted to speak of as the prince of prescribers. He says, "A malignant hooping cough was prevalent among the children in this neighbourhood. In its origin, the indications for the employment of *Drosera* were only exceptional, and none of those were developed which call for the other remedies ordinarily employed. However, in all the children affected, swelling and puffiness was remarked, not so much in the face as above the eyes, between the eyelids and eyebrows, where it frequently formed a thick little bag—a symptom which had never been observed amongst those of any other medicament except *Kali.-carb.*, and, in fact, this medicament was the only one that at the commencement of the epidemic effected a quick and lasting cure. It was only in the last stage that this malady took another form, characterised by cold perspiration on the forehead, and vomitings during the fit, symptoms which require the use of *Veratr.-alb.*"

Here again we see the importance of finding a medicine which controls, homeopathically, the morbid condition presented by the patient, and the same would be true of any epidemic whatever. In the concluding paragraphs of this section, the importance of recognising any *psoric*

symptoms that may come to the surface, and combating them by means of the corresponding antipsoric drug, by which alone this condition can be effectually *cured*, is emphatically pointed out, and then we come to "the mode of administering the remedies." And here the first great rule is, "Both in acute and chronic diseases, every perceptible amelioration that takes place making continual progress, though of ever so feeble a nature, is a state which, as long as it endures, formally forbids the repetition of any medicine whatever, because the one already taken by the patient has not yet produced all the good that may result from it. Every fresh dose of a remedy even of the one last administered, and which had till then proved salutary, would have no effect but that of disturbing the operation of the cure." In this rule we can observe at least five things: 1. It is applicable to every kind of disease, however rapid or, on the other hand, prolonged. 2. The improvement must be perceptible. 3. The question of how long is a matter of observation in each case. 4. The reason assigned, namely further good, commends itself. 5. Even the same remedy repeated may injure. It is surely plain to see here the underlying principle, and which calls for obedience, while there is the widest field and the greatest necessity for discriminating observation, and full play for all experience and judgment, while mere routine is as ever strictly forbidden. The circumstances most suitable for accelerating a cure by due repetition of the dose are stated to be—1. When it is strikingly homeopathic. 2. In the highest development. 3. When repeated at the most suitable intervals. Subject to these conditions the dose may be repeated at intervals varying from fourteen to seven days in chronic cases down to five minutes in the most acute. The same medicine is to be continued while the same symptoms continue. Then follow some important cautions as to how to estimate the value of symptoms following the administration of the medicine, but as this carries us beyond the sphere in which we should look for amateur responsibility in the treatment of cases, I will merely say that it is plain that symptoms arising after medicinal treatment has been commenced, may have at least three sources of origin—1. The original complaint. 2. The complaint modified by treatment. 3. The medicine being administered, and that it is an exceedingly fine point oftentimes, and calling for the greatest circumspection.

care, and also knowledge both of disease and of the *Materia Medica*, to distinguish which one or more of the above-mentioned sources are to be accredited with the result, and consequently whether what is called for is, in military parlance, a halt, or a repetition, or the selection of a fresh medicine. In the latter case we are taught that the symptoms remaining, whether medicinal or those of the dose, are to be all taken in order to comprise a new whole.

Some very long notes occur in this part of the work, giving Hahnemann's alterations in opinion as he went farther and learned more, and I refer to this here the more readily because in certain quarters efforts have been made to show that Hahnemann practically withdrew some of his strongest statements as to potencies, and diminution of quantities of medicines. As to the small dose he remarks, "I say the smallest dose, since it will stand good as a homeopathic rule of cure, refutable by no experience whatever, that the best dose of the rightly selected medicine is ever the smallest, and in one of the higher developments for chronic as well as acute diseases—a truth which is the invaluable property of pure homeopathy, and which, so long as allopathy (and, what is but little short of it, the practice of the new mongrel sect, consisting in a combination of allopathy and homeopathy) continues to gnaw like a cancer upon the vitals of diseased beings, and to destroy them with large doses of medicine, will separate these pretended arts by an immeasurable gulf from homeopathy." Then, referring to the temptation to try to assist the cure by more materiality of the dose, he cautions against—1. Too frequent repetition. 2. Enlarging the one dose. 3. Giving lower dilutions in larger doses. 4. Giving several small doses in rapid succession, and further states that "in order to discover the true medium path" it was necessary to consider—1. The nature of the different medicines. 2. The constitution of the patient, and—3. The magnitude of the disease. There are also remarks on the resistance that the vital power offers in certain cases to the action of certain medicines, and some also on the external application by rubbing in of an aqueous solution of the medicine with the caution that it must be a part "affected by no skindisease, pains, nor cramps"—the very *opposite*, therefore, of the inunctions and rubbings of the present day. Then he refers, or, rather, Dr. Croserio of Paris refers, to his employment of olfaction in the administration of medicines; and it

is interesting and instructive to read, "Hahnemann appeared, in the latter years of his practice, to employ his whole dexterity in diminishing the dose more and more. Hence he latterly employed olfaction very frequently. For this end he put *one* or *two* globules in a small medicine phial containing two drachms of alcohol, mixed with an equal quantity of water, which he caused to be inhaled once or twice with each nostril, never oftener. My own wife was cured by him in this manner of a violent pleurisy in the course of five hours." He adds, "In chronic diseases, happen what might, he never allowed this olfaction to be repeated oftener than once a week, . . . and in this manner he effected the most marvellous cures, even in cases in which the rest of us had been able to do nothing."

This testimony coming from a doctor whose own wife had been thus cured of so serious an acute disease as "a violent pleurisy" speaks for itself, and, coupled with the previous remarks referred to of Hahnemann himself, is a sufficient proof that he regarded the small dose and the dynamic property of medicines as integral parts of homeopathy; and it is also plain that both conclusions were arrived at as the result of prolonged searchings and the most varied experiences of disease treated under the action of a recognised law.

The next two sections are "on the signs of incipient amendment" and "blind predilection for favourite remedies, and unjust aversion to others." Under the former the importance of the moral and mental symptoms is again insisted on, and the danger of too strong a dose, even of the most homeopathic remedy, because it "plunges the moral and intellectual faculties into such disorder that it is impossible to discover quickly any amendment that takes place," and under the latter the physician will find himself guarded by remembering "that of all known remedies, there is but one that merits a preference before all others, viz., that whose symptoms bear the closest resemblance to the totality of those which characterise the malady." The regimen in disease and mode of procuring and preparing the medicines follow next.

POTASSIUM META SULPHITE. KSO_2 .

By AGRICOLA.

THE disease, its actual seat even, being unknown homeopathy, guided by the symptom of pain only, cures. A poor fellow, 35, having a wife and six small children to maintain, had for many years past been subject in the spring and autumn season to weeks of acute pain (called by various allopaths *colic*) in the lower abdomen, for which purgation and anodynes had hitherto been the routine of treatment, together with confinement to his bed. His trade occupation, that of a shoeing blacksmith, necessarily threw considerable strain on the abdominal muscles, and thinking that was the cause of his disorder, he was advised by his "club" doctor to give up this the only really paying part of his trade; but still the old trouble always appeared at the usual seasons. Experience curative of the power of the above medicament upon my own person in abdominal pains, profuse urination, prolapsus ani, stool of immense calibre, constipation &c., suggested this *Kali sulphite* to my mind as being likely to suit this chronic ten years' case; 6x trituration acted like magic itself, the first dose "going straight to the seat of pain like lightning," so said the poor sufferer.

For two years the man has been free from his old agony, one single dose being, when necessary, a veritable prophylaxis.

Let Hahnemann's *Kali carbonica* receive more study by his disciples generally.

GOUT AND FRUIT EATING.—In the last number of his *Archives of Surgery*, Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from the tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout, he has found on inquiry that the sufferer was a liberal fruit-eater. Fruits are, by no means, all equally deleterious; cooked fruits, especially if eaten hot with added sugar, are the most injurious; the addition of cane to grape sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instincts and dietetic tastes have already led the way in this direction; few wine-drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit sugar should never be taken together, and he believes that the children of those who in former generations have established a gouty constitution may, although themselves water-drinkers, excite active gout by the use of fruit and sugar.—*New York Medical Times*.

MATERIA MEDICA.

LINSEED—LINA FARINA.

IN Vol. XX. of our Journal, page 316 (July, 1885), will be found quoted from the *British Medical Journal* a case in which a Linseed poultice had produced virtual asthmatic symptoms. The patient was a woman aged 38, suffering from an ulcer on the right shin-bone, and this the doctor who reports the case had ordered to be poulticed with linseed. The woman objected on the ground that every time she had had a poultice for the last four years she had had an attack of asthma. This the doctor pooh-poohed, and insisted on the poultice, which was applied. Three hours later he was sent for, and found the patient in the worst fit of asthma he had ever seen in his life.

She was livid and struggling for breath. Her friends thought she was dying.

The poultice was removed, and the attack gradually subsided.

Afterwards there appeared on the spot where the poultice had been applied—

A crop of herpes ;
and over the back, chest, and arms—

An eruption of urticaria.

The reporter mentions that Trousseau relates a case in which the dust of linseed caused an attack of asthma ; but on his patient the dust had no effect whatever (the doctor tried her with it), but only a poultice: if she came even near one, she suffered from constriction of the chest. No other kind of poultice affected her in the same way.

We reproduce the facts of this case here as they are somewhat inaccurately narrated in the interesting article we quote below from the *Medical Era* of August, 1892. The writer, Dr. A. G. Towner, referring to it, says that either the meal or a poultice caused asthma in this patient ; but this is a mistake, for the meal had no effect whatever.

LINA FARINA.

By A. G. TOWNER, M.D.

PRINCETON, ILL.

(Read before the Illinois Homeopathic Medical Association, Chicago, May, 1892.)

“Flaxseed meal is, to my notion, the very finest substance

we have for making a poultice. Flaxseed meal tea is an old and much used demulcent in catarrhal states. The point I wish to bring out is a bit of very unpleasant personal experience, and involuntary proving of the substance. Never having heard of any proving of Lina Farina, and having seen only a very short reference to one case [the case referred to above] similar to my own, I will give my very unpleasant contact with flaxseed meal.

“One point seems strange to me, and that is, when I lived in the State of New York I could handle the flaxseed meal, feeding it to stock, use it as a poultice and have no unpleasant results, but since living in Illinois I am, as it were, poisoned with the meal if I am not very careful. The symptoms are these:—Once in preparing a poultice, and in rubbing my eyes, I felt an unpleasant heat, burning, dryness, and intense conjunctivitis, chemosis and so much infiltration of the cellular tissue about the eye that in one hour my eye was completely closed. The irritation rapidly extended through the lachrymal duct to the nose, and there the same heat, burning, dryness, with also an indescribable scraping, itching feeling, nearly driving me wild. The irritation continued down into the throat, and by that time the nasal passage was so closed as to oblige me to breathe through my mouth, but when the irritation reached my chest, there my ‘tale of woe’ begins, as I was a complete picture of an aggravated case of bronchial asthma. Looking in my throat, it was filled, as it were, with large white blisters, and by this time it was with the most extreme effort that I could breathe. Large doses of the tincture of Ipecac gave some relief, promoting expectoration of a tough white mucus. In about two hours the intense irritation in a measure subsided, to be followed by another change of programme in the shape of hives, and I was one complete blotch from the crown of my head to the end of my toes, a complete bodily eruption, smart, sting, burn. I will not narrate the colloquial pyrotechnics I used to help on the matter, but I used Apis internally. That night I slept sitting up in my chair, and by morning was free from the constriction of the chest, but the edema of the eyes persisted for three days.

“Since that experience I have been very cautious in my handling of flaxseed poultice. Of course I am obliged to use it, and although I do not handle it if I can possibly avoid it, still the steam will give me quite a violent coryza and itching, smarting of throat, nose and eyes. I have had, now, five of these attacks, and the meal was in some way directly applied to my eyes, nose or mouth by some carelessness or forgetfulness on my part, and with the same aggravated results. Once only did I make a martyr of myself differently, and that was by taking a lozenge in my mouth out of a glass jar in a drug store. At once feeling the peculiar sensation in my throat, I looked at the jar to see

what was the composition of the seductive medicament, and to my dismay saw I was in the toils of my enemy.

“Well, I had the same symptoms of nose, throat and chest. The eyes were exempt this time, but after I had the asthma and hives under control, then the stomach sent in its protest from the small part of meal swallowed in the lozenge, and I had a vomiting and purging time of it. You see, I am now quite afraid of flaxseed meal in my system, even to inhaling the fumes of a poultice. From such a very small part, as, with all my care, I have, since my first experience, taken by steam or direct application to any air passages, it is strange that such a mild, soothing application as is flaxseed, in the form of a poultice or as a demulcent drink, should in my economy set up such violent symptoms. I have asked a good many physicians if they had ever had any similar experience, and have always received a negative answer.”

(Here the case from the HOMEOPATHIC WORLD is referred to.)

“I have this to say as to my own case, and regarding my observation of hay fever, which is so prevalent in this country, and has been such a troublesome thing to treat, that it seems to me the potentised meal ought to prove a very valuable remedy in treating this annoying affection. This year I purpose to try it faithfully, and perhaps this seemingly simple and, so considered, harmless substance may develop into a great boon to asthma sufferers, and also give physicians credit as well. *Sabadilla* is very nearly akin in its effects to flaxseed as to symptoms, and has served me many a good turn. *Sabadilla* and *Euphrasia* have helped me many times and given me a good name in treating hay asthma, but I am inclined to have much faith in the flaxseed meal. I wish those that hear this paper would try the remedy from potencies 3x up to 30x, and report results. I should like some one to record their experience, as this is the way we are to learn accurately what we so much desire to know.”

COMMON ERRORS IN THE FEEDING OF CHILDREN.—Under this head *Cheadle (practitioner)* enumerates the following: 1. The sudden weaning of infants on to fresh cow's milk and water. 2. The feeding of children on a diet that is excessive or deficient, either in gross quantity, or in certain essential ingredients. (a) Insufficient gross amount of nutritive material. (b) Food deficient in fat: including most of the so-called artificial foods. (c) Food deficient in proteid. (d) Absence of antiscorbutic element in the diet. All farinaceous and dry artificial foods are deficient in this; even those containing milk or egg. (e) Prolonged use of artificially digested foods.—*New York Medical Times.*

INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL.

THE two following interesting letters by Mr. Cross appeared recently, the former in the *Evening News and Post* of September 28, and the latter in the *Hospital* of October 15:—

“HOSPITAL REFORM.

“To the EVENING NEWS AND POST.

“SIR,—I have read your able articles on the management of London hospitals with much interest, and cordially agree in the wide definition you give of the class who, needing medical relief, are affected by their mode of management. You are a little hard on St. Bartholomew's and the London, considering the grand services rendered for generations by both to suffering humanity and the cause of science, all without a penny from the State. But I feel confident that when you come to deal with the many hospitals, general or special, supported by voluntary contributions, you will gladly award your testimony to their general efficiency and trustworthiness. I trust that you will find an opportunity to point out that many of these well-managed hospitals suffer, not from boards of endowments, but from serious deficits, either occasional or annual.

“The London Homeopathic Hospital can hardly claim to be one of those, and yet the increasing demands made upon it (our in-patients having increased from 480 to nearly 800, and our out-patients from 7,000 to 10,000 yearly) necessarily lead to increasing expenditure. The great want of the metropolitan hospitals is money, and I have not yet heard how a Central Board will supply this need. I think also that credit should be given to the members of the boards of management, most of them busy and capable business or professional men, for the great amount of time and thought they devote to the management of these institutions. Any one reading the report of the Lords' Committee must discern their evident opinion that the majority of hospitals are well and carefully managed, the annual reports issued, the frequent visitations of the subscribers, and the constant presence and advice of the medical staff rendering any serious errors practically impossible. In this hospital, which in every ward and every detail is open to inspection and criticism, affairs are controlled by a board, meeting monthly, a house committee, meeting weekly, and assisted by constant advice from a very active medical staff; and it does not seem to me that any central board would so far interest themselves in a hospital as to

subscribe (as the board and medical staff and their friends lately did) in a little over twelve months more than £80,000 to build an entirely new hospital for the improved treatment of the sick poor of London and other parts of the country. I shall look forward to your succeeding articles with increased interest, and hope that among any necessary criticism and suggestions the metropolitan hospitals will get some expression of that approbation which is certainly their due.—I am, &c.

“ G. A. Cross, Secretary-Superintendent.

“ London Homeopathic Hospital,
“ Great Ormond Street, Bloomsbury.”

“THE LONDON HOMEOPATHIC HOSPITAL.

“ SIR,—On my return to town my attention has been called to a statement in *The Hospital* as to the percentage of cost of administration at this hospital. Will you allow me to correct that statement by saying that the actual percentage of our cost of administration, as shown by our last balance-sheet—enclosed herewith—was 9·598 per cent. only. This balance-sheet is in the form recommended by the Committee of Hospital Managers, meeting at the request of the Hospital Sunday Fund, is approved by the authorities of that Fund, and is certified, as you will see, by chartered accountants.

“ I have no knowledge of the method by which the computation you have quoted has been arrived at, but the enclosed balance-sheet will show the accuracy of my own figures.

“ You are also kind enough to suggest that the percentage of cost of administration which you have quoted may be due to circumstances under which our ‘struggle to live is far more severe than in the case of the larger and older general hospitals.’ The same balance-sheet will show at once, that while some activity may be practised at our hospital in obtaining funds from our supporters, the result can hardly be described as a ‘struggle to live.’ I, at least, know nothing of any such struggle. Neither do I think our financial position is more severe than that of the ‘larger and older general hospitals.’ For the first time during several years we have a deficit of £472 4s. 9d. on the yearly account—a deficit which is disappearing. The deficits of the ‘larger and older general hospitals’ range, I believe, from £15,000 to £5,000, and I once computed that five of them laboured under a total aggregate deficiency of £50,000, which was then the amount of the actual debt of all the hospitals—including the ‘larger and older’—showing that the deficit of the entire metropolitan hospital system really consisted of the deficits of five of the ‘larger and older general hospitals.’ But any one who will refer to my examination before my Lords of the Metro-

politan Hospitals Committee will see that their Lordships were clearly not of opinion that the 'struggle' at this hospital was essentially 'severe,' while a certain perceptible diminution of our Hospital Sunday Fund award this year is courteously explained by the authorities of the Fund on grounds which certainly do not comprise a 'struggle to live.'

"I must admit that there are 'larger' general hospitals, but as to the 'older,' may I point out that we have got beyond the stage of juvenescence. We are 48 years old. Charing Cross is only 58, University is only 59, St. Mary's is only 41, King's College is only 58, the Great Northern Central only 86 (all according to 'Burdett's Hospital Annual'), and consequently we cannot yield much seniority to any but the great historic hospitals, St. Bartholomew's, St. Thomas's, Guy's, Middlesex, and St. George's.—Your obedient servant,

"G. A. Cross, Secretary-Superintendent."

"October 8, 1892.

[“We congratulate Mr. Cross upon the prosperity of his hospital which he so eloquently proves. Our suggestion was made as a testimony of our appreciation of the zeal and energy displayed in the administration. The statement that the percentage of the cost of administration to that of maintenance, as determined by the Committee of Distribution of the Hospital Sunday Fund, for the three years ending March 31, 1891, is 18:16 is correct. The report Mr. Cross encloses is for the year ending March 31, 1892, whereas the Hospital Sunday Fund figures are for an average of three years ending 1891. Further Mr. Cross refers to the cost of administration only, which is wholly different from the cost of administration to maintenance which we gave in the article referred to.—ED. OF THE HOSPITAL.”]

SOCIETIES' MEETINGS.

NEW YORK STATE HOMEOPATHIC SOCIETY'S COUNCIL AND BANQUET.

SEVERAL hundred of the leading homeopathic physicians of the State closed their forty-first semi-annual council last night by a banquet at Sherry's. During the day the doctors discussed topics of interest to the profession in the ball-room at Jaeger's, Fifty-ninth Street and Madison Avenue. Dr. William M. D. Fiske, of Brooklyn, President of the New York State Homeopathic Society, was in the chair.

Papers were read during the council by the following New York physicians: J. M. Schley, Sidney F. Wilcox, J. T. O'Connor,

George W. Winterburn, Martin Deschere, A. Lenora White, J. Dowling. Brooklyn physicians on the programme were these: W. M. Butler, H. B. Minton, John L. Moffat, A. G. Warner, and H. Willis.

The first session was characterised by a lively discussion on the cholera epidemic and the quarantine measures taken to check it. Dr. Jenkins and President Wilson were complimented on their zeal and energy, but the doctors thought a different system of quarantine was necessary for the safety of the whole country. Dr. J. Montfort Schley, of Fifth Avenue and East Forty-second Street, considered the placing of quarantine under federal control as a department of the marine hospital the better plan.

Dr. J. W. Dowling wanted a homeopathic hospital for contagious diseases. He wanted this immediately in view of the visitation of cholera to this city next year, which he considered absolutely certain. He said the best result ever obtained by allopathic treatment in cholera is to reduce the death-rate to 93 per cent., while in the present cholera epidemic the death-rate in allopathic hospitals was 60 per cent. Homeopathic treatment in the European hospitals showed a death-rate of but 10 or 12 per cent., and in some 4 per cent. He contended that arrangements should be made at once in this city to prepare for the coming epidemic of cholera, so that the superior treatment could be within reach of homeopathic families. The wealthy and liberal homeopaths of the city were ready to contribute towards the establishment of such a hospital, but if one were established it would, of course, be under direction of the city Health Board and could be closed at the whim of that body. It was necessary, therefore, to get a law passed authorising such a hospital, that might be under direction of the city Health Board, but still independent.

The banquet at Sherry's was attended by the leading homeopathic physicians of the city with their wives and the visiting doctors. Many of the friends of homeopathy were present. Gov. Flower, who is an enthusiastic homeopathist, was to have attended, but was prevented by the duties of state. Dr. William Tod Helmuth was the toast-master, and after an elaborate menu he introduced the toasts of the evening with witty remarks.

One of the papers read at the closing session of the council by Dr. Paine, of Albany, brought out the fact that the Asylum for the Insane at Middletown was filled with patients by the State Board of Lunacy to the exclusion of homeopathic patients. The asylum was built twelve years ago by the homeopaths at a cost of \$200,000 and presented to the State to be used by the people as a homeopathic hospital for the insane.

Resolutions were adopted declaring that legislation that would restore the hospital to its original purpose and uses was needed

at once. The Committee on Legislature was requested to act.—
New York World, Oct. 6th.

EXTRACTS.

MR. LAWSON TAIT ON FEMALE INEBRIETY.

THE following letter appeared in *The British Medical Journal* of October 16th :—

SIR,—I trust you will forgive me saying that whatever may fall under your editorial eyes concerning the metropolis your picture of female inebriety is one that is overdrawn to a degree, against which I must enter a protest, so far as the country districts and one of our large towns of England are concerned. I have lived now in this hive of industry for twenty-two years, and as a medical practitioner, a hospital officer, and one of the city rulers I have been as familiar with the habits of its population as I think any one can well be, and I say unhesitatingly that a drunken woman is a rare object, and probably an object much rarer now than twenty years ago.

I move about the country to an extent that almost equals the work of a commercial traveller, and I have no reason to think that my own city is exceptionally sober, but that drunkenness is on the decrease all over the country is a conclusion which is being more and more firmly established in my mind.

I remember our local chancellor of the exchequer entering a joyous complaint at the diminution of one very objectionable source of civic revenue, namely, the contribution to the borough fund from fines of the "drunk and disorderly." If I remember rightly the fall was from £12,000 a year to £4,000, and that in less than ten years.

My practice lies exclusively amongst diseases of women and I am consulted about a large number of drunken women, especially, of course, amongst the middle and upper classes, and I have long since come to a conclusion, consistently supported by an ever-increasing experience, that women are not sots for the fun of the thing as men are, but that an intelligent and educated woman never becomes a drunkard but from some deep-rooted and often carefully-concealed cause.

It may be physical suffering or mental distress, but there always is a reason for it. Scores of my cases of suffering from chronic inflammatory disease of the appendages have come to me habitual drunkards or opium eaters, or both; and they have

been cured of their bad habits by the same proceedings as have cured their physical sufferings. I have no less than three such lying-in convalescents at the present moment. I always break their habits suddenly and at once, greatly to their distress but much to their welfare.

The climacteric sufferings are a fertile source of drunkenness in women, but when there is no more permanent cause for the vice than this the habit is nearly always given up when the troubles are over. I am, therefore, in a position to confirm absolutely your indication as to the influence of these special causes in the production of drunkenness in women, but I would greatly emphasise the extent of that influence. I would urge that the physical condition of every habitually drunken woman should be carefully determined.

I am in politics a strong individualist, and therefore have little sympathy with that perpetual craving after grandmotherly legislation of which the Habitual Drunkards Bill is an example; and for women I am not disposed to admit its necessity. In men habitual drunkenness is a serious crime and ought to be treated as such without mercy.—I am, &c.,

LAWSON TAIT.

Birmingham, October 3rd.

ICE CREAM AS A THERAPEUTIC AGENT.

A NUMBER of years ago, while treating a patient who was suffering from severe stomach trouble, this editor advised the use of ice cream in small doses to be as frequently repeated as the patient requested. The patient had previously refused food, and was bent on suicide by starvation. She consented to take the ice cream as a medicine, not realising its nutritious properties. This diet produced a rapid amelioration of the symptoms, and supplied nutrition until she could be persuaded to take food.

Da Costa treated a case of gastric ulcer successfully with ice cream *ad libitum*. Other authorities have had similar results. The ice cream must be made of pure, fresh cream, free from corn starch and other impurities. In the treatment of continued fevers, where ice is commonly advised to be held in the mouth, there is no one agent that conduces more largely to the gratification of the patient, subdues thirst, assists in the reduction of the temperature, and supplies nutrition at the same time equal to ice cream. In one case of violent diphtheria, where the swelling of the throat was intense, the patient demanded ice constantly, and was furnished with ice-cream. There are many conditions in which there can be no possible objection to its use.—*American Homeopathist*.

REVIEWS.

RINGWORM.*

IN this interesting little volume Dr. Burnett discusses the much-dreaded disease, ringworm. He has little difficulty in showing, principally by liberal quotations from Alder Smith's work, that the disease is of a constitutional nature and that the proper treatment is constitutional. From his success in curing the disease with *Bacillinum* or *Tuberculinum Heathii*, he concludes that ringworm is closely allied to consumption in its constitutional aspect. We will let Dr. Burnett speak for himself in his preface.

"Some years since I published a small volume under the title of *Diseases of the Skin from the Organismic Standpoint*, and in it I seek to show that the so-called diseases of the skin are for the most part diseases of the constitutions of the persons, and not diseases of their skins. Since that time I have had ample opportunities of making observations on the true nature of skin diseases, and these observations tend most uniformly to prove the correctness of the view.

"Gout in the big toe is not a disease of the said toe; acne on the shoulders of young persons is not a disease of the skin of the shoulders; neither is a yellow-coated tongue a disease of the tongue.

"The disease under consideration in this tiny treatise is one of the most characteristic, and its outward nature is indisputably parasitic; yet a careful survey of the young individuals that get it shows that they all have very peculiar characteristics—etiological, cutaneous, and glandular.

"Ringworm inspires disgust; more or less almost all skin diseases do that, and yet a perfectly clear skin may enclose a very diseased organism, and a skin-diseased person may have a relatively much better constitution, and have all his internal organs in a relatively much better state, his cutaneous manifestations notwithstanding.

"Indeed, I would almost go so far as to say that many cutaneous manifestations betoken, in a certain sense, constitutional power—in the sense, namely, that such organism has the power to determine its diseases to the periphery, to its outside. In other words, the disease being in the organism, it is a smaller evil to have it outside on the skin than to have it inside in a given organ. Gouty inflammation of the big toe is one thing; the same process in the stomach, quite another; therefore, the

* *Ringworm: Its Constitutional Nature and Cure.* By J. Compton Burnett, M.D. London: Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, E.C. 1892.

disease being given, it is the stronger person who throws said disease *into* his skin; but that does not make it a disease *of* the skin. Old physicians who used to set up issues in their patients' flesh, and maintain them there, knew well what they were about.

"In regard to ringworm I am of opinion that absolutely healthy children do not, and cannot, catch it. Before they can catch ringworm it is essential that they be in tainted health in some way, for otherwise they could not supply to the parasitic fungi the food which they need to live and thrive on, and to continue their propagation. On careful reflection, this I believe will have to be conceded, and this the following pages illustrate clinically.

"You cannot grow a common mushroom except under given conditions, neither can you the trichophyton of ringworm.

"The trichophyton is not the disease itself, but its organic scavenger. Cure the internal disease, and this scavenger dies."

The treatment by *Bacillinum* is practically the only treatment described to us in the book, if we except one case in which *Morbillinum* (wherefore given?) seemed to have some influence. We think this a pity; for *Tuberculinum* cannot be regarded as an universal specific in the disease. Guided by Dr. Burnett's *Cure of Consumption by its own Virus*, in which he first speaks of its use in ringworm, the present writer has tried the remedy in several cases with only limited success. However, no one can read Dr. Burnett's latest book without gaining much instruction and being charmed with the author's style.

SAFETY IN CHOLERA TIMES.*

This small work, issued by the publishers without the author's name, is a compilation, or, as the preface says, "a condensation of the best works on the treatment of cholera." It is intended for the public, and gives briefly a sketch of the history, characteristics, and causes of cholera; hygienic rules for its management and its homeopathic treatment. It also gives Hahnemann's article on the Cause and Prevention of Cholera (*Archiv. f. Hom. Heilk.*, Vol. XI.), and concludes with clinical experience and statistics.

Camphor is the remedy most recommended in the early stage, *Veratrum*, *Cuprum*, *Arsenicum*, and *Carbo. Veg.* also having their indications clearly defined.

The volume, though it lays no claim to originality, contains a great deal of information about cholera, useful and interesting for everybody to know.

* *Safety in Cholera Times*. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company.

Obituary.

HUGH WARREN HASTINGS, M.D.

WE regret to announce the death of Dr. Hugh Warren Hastings, which occurred at his residence, Melita, Merton Road, Southsea, on September 29th, at the age of 72. Dr. Hastings was for many years in practice in South London, from whence he removed to Ryde, in the Isle of Wight. There he had the misfortune to have his house burned, which occasioned the loss of his valuable library. For the last few years he had retired from practice. He was M.D. of the University of Jena; M.R.C.S. England, which qualification he took in 1845; and L.S.A. London (1847). He was a successful practitioner, and in his time contributed to the literature of homeopathy.

MRS. WILLIAM VAUGHAN MORGAN.

WITH great regret we announce the death, at the age of 80, of the widow of the late Major Vaughan Morgan. Mrs. Morgan, who did not long survive her husband, was, like him, a very generous friend to the London Homeopathic Hospital. She died at her residence, 5, The Boltons, South Kensington, on Tuesday Morning, October 25th.

CHARLES CATELLAN.

THE following short paragraph from the *Chemist and Druggist* of October 22nd announces the death of a famous Parisian homeopathic pharmacist:—"M. Charles Catellan, who in 1838, with his brother Antoine, established the first homeopathic pharmacy in Paris, has just died at Chaume at the age of 72.

AN EARLY SYMPTOM OF WHOOPING-COUGH.—Dr. Heguin, of Tournon, affirms (*Union Med. Du Nord-Est*) that photophobia with dilatation of the pupil is a useful diagnostic symptom of whooping-cough in the early stage, before the cough has become characteristic. He cites three cases in support of this position; two of the patients were children and one an adult, and in all of them the symptom referred to preceded any other manifestation of the disease.—*New York Medical Times*.

GENERAL CORRESPONDENCE.

BARIUM CHLORIDE IN HARROGATE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I see in this month's HOMEOPATHIC WORLD that Agricola says that no other Spa except the water at Llangammarch contains Barium Chloride. May I be allowed to draw the attention of the profession to the fact that Barium Chloride, Barium Sulphate, and Barium Carbonate are found in the following Harrogate Springs. Old Sulphur Well contains (in grains to the gallon) Barium Chloride 6·566; Strong Sulphur, Montpellier Gardens, Barium Sulphate 0·418; Magnesia Well, Barium Chloride 1·222; Mild Sulphur and Starbeck Spa both contain a trace. The Kissengen Water contains Ferrous Carbonate 9·590, Barium Sulphate 0·509, and Barium Carbonate 2·186. The Chloride of Iron Water, well known as Dr. Muspratt's Well, contains Ferrous Chloride 13·213, Ferrous Carbonate 11·050, Barium Sulphate 0·222, and Barium Chloride 5·204. I do not give the full analyses, as they would take up too much of your space, but I shall be very glad to send a copy of them to any one who will write to me. I have only been here three months, and therefore it is too early for me to say anything on the action of the waters from personal experience; but it is very interesting to find in Dr. Olliver's work on the Harrogate Waters that he speaks so highly of the use of Barium Salts in scrofulous diseases, in which diseases it has long been used by homeopaths. Again, Dr. Olliver recommends Barium Salts in debility or loss of tone of the muscular element of the whole circulatory apparatus, whilst Dr. Allen says that *Baryta Carb.* "is an extremely valuable remedy in degenerative changes in coats of arteries, aneurism, arterial fibrosis, in apoplexy as the result of senility," &c. Thus, again, Dr. Olliver teaches pure homeopathy. Again, he recommends it as having a stimulant action on the nervous system, and I find Dr. Copperthwaite advises its use in diseases of old people, but especially in paralysis and other affections arising from impaired brain function—senile dementia, &c.; and he agrees with Dr. Allen in recommending it in apoplexy. Dr. Olliver also advises the use of *Barium Chloride* in disease of the skin, and Dr. Allen says that there are "eruptions on and behind the ears," and that it is useful in eczema of nursing children. Thus Dr. Olliver recommends the Harrogate Waters which contain Barium in the same disease as homeopaths have used Barium for very many years. As to the doses, I vary this according to the condition of the patient; but as far as my experience has

gone, I find the small doses do very much better for the patients than the large quantities which I see drunk by numerous people.

I am, your obedient servant,

ARTHUR ROBERTS, M.D.

Kingswood House, Harrogate, October 7, 1892.

TRINIDAD AS A FIELD FOR THE PRACTICE OF HOMEOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—Having for many years regretted the loss of the only homeopathic doctor who practised in Trinidad, it was with much pleasure that I read the article in your valuable monthly journal, dated August, No. 320, on that subject, and can truthfully endorse all that it states,

I have for many years treated my own family with the assistance of a few homeopathic works, and know of many who are compelled to do the same. There are several of the leading families in this island, as well as others, who have long-suffering relatives for whose relief they would gladly avail themselves of the services of an experienced homeopathic practitioner.

Trusting that our efforts may speedily meet with success, I remain, sir, your obedient servant,

(Mrs.) A. WAINWRIGHT.

32, St. Vincent Street, Port of Spain, Trinidad, B.W.I.,

Sept. 22, 1892.

VARIETIES.

THE TEMPERATURE OF DRINKS.—A writer in a German paper gives the following as the proper temperatures for different sorts of beverages: Water, 54°; seltzer water and beer, 57° to 60°; red wine, 62° to 66°; white wine, 60°; champagne, 46° to 50°; coffee, 73° to 79°; beef-tea, 100° to 125°; milk, 60° to 64°; hot milk, 93° to 95°.—*New York Medical Times.*

THE OLD WAY.—An old medical work, published in 1747, contained the following: "The common practice of our modern doctors: A person is sick and sends for a doctor; the doctor comes and feels the pulse, inquires the complaints, then tells them they are threatened with a fever, and he will try to throw it off; then gives a puke, takes his hat and goes away. Next morning he returns, and tells them the fever is settled—it will run ten or twelve days: then deals out medicine; first calomel and rhubarb to be given; then takes camphor, magnesia, saltpetre, what the point of a penknife will hold of each put together. This to be given every hour for five hours. Then they

give rhubarb and calomel. If the patient should be full of pain or have pain at any time, they generally give opium in a fine powder, or paregoric drops, which is opium and rum. Thus they continue in that way till the patient lives or dies."—*Medical Era*, August.

"SALT SHIRT"—A CURIOUS REMEDY.—I read an article some time ago on the remedies for night sweats in which the writer omits one which I consider as, *par excellence*, the best of any I have ever tried, which is a "salt shirt," prepared by immersing the shirt in a saturated solution of common salt, drying it thoroughly and having it worn next to the skin on retiring for the night. I have succeeded with this remedy, after the failure of all others.—*Medical Era*, August.

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; Diseases of the Throat, Thursdays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Art of Feeding the Invalid: a Series of Chapters on the Nature of Certain Prevalent Diseases and Maladies; together with carefully selected Recipes for the Preparation of Food for Invalids. By a Medical Practitioner and a Lady Professor of Cookery. Cr. 8vo, pp. 260. (The Scientific Press, Ltd. 8s. 6d.)</p> <p>Bramwell (B.). Atlas of Clinical Medicine. 2nd yearly vol. in parts. Fol. (Constable. Net, 21s. 6d.)</p> <p>Bigg (G. Sherman). The Practical Treatment of Cholera. Cr. 8vo, pp. 80. (The Record Press, Ltd. 1s.)</p> <p>Calendar of the Royal College of Surgeons of England, 1892. Roy. 8vo. (Taylor and Francis. 1s.)</p> <p>Clarke (E.). Eyestrain (commonly called Asthenopia). With 22 Illustrations. 8vo, pp. 168. (Churchill. 5s.)</p> <p>Crudell (T.). The Climate of Rome and the Roman Malaria. Translated by C. C. Dick. Cr. 8vo. (Churchill. 5s.)</p> <p>Galton (F.). Hereditary Genius: an Inquiry into its Laws and Consequences. New ed. Cr. 8vo, pp. 388. (Macmillan. Net, 7s.)</p> <p>Harris (Mary). Fever Nursing: a Course of Lectures on the Nursing Required in</p> | <p>Cases of Ordinary Fever (The Record "Booklet" Series, No. 2). 8vo, pp. 67. (The Record Press, Ltd. 1s.)</p> <p>Haviland (A.). Geographical Distribution of Disease in Great Britain. 2nd ed. Roy. 8vo, pp. 400. (Swan Sonnenschein. 15s.)</p> <p>Health and Success in Business—How Lost, How Recovered: A Personal Experience Addressed to Business Men by a Business Man. 8vo, pp. 48. (Stimpkin. 1s.)</p> <p>Morlen (Honor). How to Become a Nurse, and How to Succeed. Illus. with Portraits. 8vo, pp. xviii.—1-200. (The Scientific Press, Ltd. 2s. 6d.)</p> <p>Newscholme (A.). Elements of Vital Statistics. 3rd ed. Cr. 8vo, pp. 850. (Swan Sonnenschein. 7s. 6d.)</p> <p>Pilcher (J. E.). First Aid in Illness and Injury. Comprised in a Series of Chapters on the Human Machine, its Structure, its Implements of Repair, and the Accidents and Emergencies to which it is liable. With 174 Illustrations. Cr. 8vo, pp. 290. (Paul Trübner and Co. 6s.)</p> <p>Sansom (A. E.). The Diagnosis of Diseases of the Heart and Thoracic Aorta, and the Pathology which serves for the Recognition of Morbid States of the Organs of</p> |
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- Circulation. With numerous Charts and Illustrations. 8vo, pp. 590. (Griffin. 28s.)
- Savill (T. D.). On an Epidemic Skin Disease Resembling Eczema and Pityriasis Rubra. Roy. 8vo. (H. K. Lewis. Net, 3s.)
- Starling (E. H.). Elements of Human Physiology (Student's Guide Series). 12mo, pp. 464. (Churchill. 6s. 6d.)
- Stokes (F. W.). Genito-Urinary Diseases; their Symptoms and Treatment. Cr. 8vo, pp. 180. (Kimpton. 3s. 6d.)
- Swanzy (H. R.). A Handbook of the Diseases of the Eye and their Treatment. 4th ed., with Illustrations. Cr. 8vo, pp. 528. (H. K. Lewis. 10s. 6d.)
- Targett (J. E.). Descriptive Catalogue of the Pathological Specimens contained in the Museum of the Royal College of Surgeons of England. Appendix V. to 2nd ed. Roy. 8vo. (Taylor and Francis. 2s.)
- Ditto. Appendix VI. Ditto.
- Thomson (John). On Congenital Obliteration of the Bile-Ducts. 8vo, pp. 48. (Oliver and Boyd, Edinburgh; Simpkin. 5s.)
- Thudichum (J. L. W.). On Polyps in the Nose. 7th ed., enlarged. 8vo. (Baillière, Tindall and Co. 2s. 6d.)
- Tunstall (John Ogle). Household Nursing. Sq. 12mo, pp. 116. (T. Fisher Unwin. 2s.)
- Walsham (W. J.). Surgery: its Theory and Practice. 4th ed. 12mo, pp. 892. (Churchill. 12s.)
- Wethered (F. J.). Medical Microscopy: a Guide to the Use of the Microscope in Medical Practice. Cr. 8vo, pp. 406. (Lewis. 9s.)
- Whitla (W.). Elements of Pharmacy, Materia Medica, and Therapeutics. 6th ed. 12mo, pp. 640. (Renshaw. 10s. 6d.)
- Wilson's Anatomist's Vade-Mecum: a System of Human Anatomy. Ed. by Henry Edward Clark. 11th ed. Cr. 8vo pp. 862. (Churchill. 18s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, 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. Gallavardin, Lyons; Dr. James, Philadelphia, U.S.A.; Messrs. Boericke and Tafel, Philadelphia; Dr. Reginald Jones, Birkenhead; Dr. Berridge, London; Dr. Arthur Roberts, Harrogate; Mrs. A. Wainwright, Trinidad; Mr. Wm. Tebb, Rede Hall, Burstow.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Monatsblätter f. H.—Allg. Hom. Zeit.—American Homeopathist.—Homeopathic Recorder.—Boletin de Homeopatia (July and September).—Minneapolis Homeopathic Magazine.—New Remedies.—Medical Visitor.—Homeopathic Journal of Obstetrics.—Medical Advance.—Revue Homeopathique Belge.—L'Art Medical.—Medical Era.—Homeopathic Envoy.—Vaccination Inquirer.—Homeopathic News.—The Pioneer, Sydney, N.S.W.—California Homeopath.—Homeopathic Physician.—Bath Chronicle.—Maanedskrift f. Hom.—Ophthalmic Diseases and Therapeutics, by Dr. Norton.—Sides of the Body and Kindred Remedies, by Benninghausen.—Weather Predictions, by Hugh Clements.—Safety in Cholera Times.—Ringworm, by Dr. Burnett.—Grasse Station Hivernale, by Dr. G. Peillon.—Our Progress and Aims, by Dr. Ramsbotham.

THE
HOMEOPATHIC WORLD.

DECEMBER 1, 1892.

HOMEOPATHIC POLICY.

WE have received from our esteemed *confrère*, Dr. RAMSBOTHAM, of Leeds, a copy of his interesting, able and eloquent presidential address* read at the recent Southport Congress, and already reported in abstract in our pages. The address in full is well worthy of careful perusal, for it contains an admirable and most readable presentation of the views which the author adopts, and though these may not be the views of the reader, the address loses none of its interest on that account.

Dr. RAMSBOTHAM concludes his address with these words: "I have ventured to-day to lay before you the opinion I have formed as to the lines on which our progress and development may best proceed; it may be that as yet you cannot all agree with me, nevertheless *liberavi animam meam*—'I believed, therefore have I spoken.'" We are sure Dr. RAMSBOTHAM will not take it ill that we find ourselves among those who cannot quite "agree with him" in some important points, though in his general aim in desiring the happy time when therapeutical truth shall hold sway in the land we are of course heartily at one with him.

Put in small compass, Dr. RAMSBOTHAM'S idea is that the leaven of homeopathy is at work in general medicine, and if Dr. SHARPE'S theory of "antipraxy," or of "the opposite action of large and small doses," should become universally adopted by homeopaths, the allopaths, who

* OUR PROGRESS AND AIMS. London: E. Gould and Son.

have to a certain extent accepted that view with regard to certain drugs, will no longer stand out against reunion.

Dr. RAMSBOTHAM likes to have a reason for everything: HAHNEMANN gave us a "reason" for selecting one drug in preference to another, and he gave "useful directions," gathered from experience, about the size of the dose; Dr. SHARPE, he thinks, has supplemented HAHNEMANN'S work by adding a *reason* for the dose. Dr. RAMSBOTHAM believes in the future progress and development of homeopathy; but he thinks it of great importance whether or not Dr. SHARPE'S view becomes widely accepted:—

"On the direction given to that development and progress in the immediate future depends in great measure the success or failure of the work, because upon it depends whether the whole medical profession can be brought once more to stand together in a united body, recognising that a common truth underlies superficial differences; or whether the line of cleavage between the two sections shall be widened and deepened till the lesser and weaker decays and dies as many another has died in former times."

There are, in our opinion, two fatal flaws in Dr. RAMSBOTHAM'S argument as contained in the passage just quoted: first, he seems to regard the allopathic majority of the profession, taken as a whole, as a reasonable sort of body; and in the second place he assumes that homeopaths constitute the "weaker" as well as the smaller section. Now, our faith in homeopathy is stronger than his: we believe that it is no more capable of being squashed (if the word may be excused) by an allopathic majority than is the force of gravity. It is bound one day to master them—though it may take a couple of centuries to do it. But when we consider the material we have to deal with, this is not so very wonderful. Dr. MITCHELL BANKS has just repeated what he has said before, that the English youth who is sent up to study medicine "is the worst educated lad in all Europe bar two—the Turk and the Spaniard." It is necessary to give him, Dr. BANKS thinks, fully five years of drill before he can safely be turned loose on a suffering world. Now when we consider that the bulk of the pro-

fession is manufactured out of such material, and that "the worst educated lad in all Europe bar two" is for five years diligently imbued with prejudices against homeopathy, and is taught at the same time to honour and respect men like RINGER, BRUNTON, and their kind, who do not scruple to cram their books with cribbings from homeopathic writers without acknowledgment, we cannot wonder that it is only the exceptionally gifted, or the exceptionally educated who have the wit to look into and see what there is in homeopathy.

And further it must be remembered that the allopathic medical profession is a creature which has this strange peculiarity in natural history—the tail wags the head instead of the head wagging the tail. Our readers will not have forgotten a meeting of the British Medical Association at Bournemouth at which the heads of the profession for once tried to wag the tail; but the effect was so astonishing that they have not repeated the attempt. Mr. BARROW, the president of the annual gathering, Dr. BRISTOWE, president in the section of medicine, and Mr. JONATHAN HUTCHINSON, president in the section of surgery, each, independently of the other, advocated the adoption of more just and reasonable relations with homeopaths. So fearful were the contortions of the "tail" that followed, that the subject has never been taken up again, and the head has thenceforth discreetly continued to wag as the tail has directed, according to the natural instincts of the creature.

In our opinion the only policy of homeopaths is this: First, let us make ourselves as perfect as possible in the practice of our art for the benefit of the public. Second, let us, after the manner of the Homeopathic League, do all we can to enlighten the public as to what homeopathy is: the public are the masters of the profession, and will one day have a good deal to say about the education of Dr. MITCHELL BANKS' "lad." Thirdly, let us, whilst admitting individual allopaths to even terms of professional intercourse, accept no patronage from one or any

of them, and take not the smallest trouble to bring about a reunion. To accept patronage from allopathy is to condone its stupidity; the only union possible is the union which must come when its education is sufficiently far advanced.

NEWS AND NOTES.

UNKNOWN DRUGS FOR UNKNOWN DISEASES.

Not long ago *The Medical Press* stated that there were only two ways of finding out the properties of drugs—by experiments on animals (which provided the “pharmacology”) and by experiments on patients (which gave the “therapeutics”). According to a review in *The Lancet* (October 15th) of a new work on *Materia Medica, Pharmacy, Pharmacology, and Therapeutics*, by Dr. W. Hale White, there is a curious sort of system in the latter method. The medicines are not given exactly haphazard. On page 214 of the work, speaking of a certain drug, the author says: “As its action is unknown, it has been given in numbers of diseases whose pathology is unknown, but without benefit.” This cannot be described as altogether a new system. If we mistake not, it was Voltaire who described the occupation of medical men as consisting of “pouring drugs of which they knew little into bodies of which they knew less to cure diseases of which they knew nothing.” According to Dr. Hale White, this is now adopted as the recognised allopathic system of procedure; for, considering the number of drugs whose exact properties are unknown to allopaths, and the number of diseases whose pathology is not definitely settled, there is hardly room left to them for any other sort of practice. No doubt this accounts for the common result, “without benefit,” which seems, curiously enough, to surprise Dr. White. It would be a fortunate thing for the patients if it could also be said “without harm.”

DR. GALLAVARDIN ON ALCOHOLISM.

In a footnote to the interesting article by Dr. Gallavardin, of Lyons, a translation of which appears in our present

issue, reference is made to the author's work on *Alcoholism and Criminality*, which we first reviewed in THE HOMEOPATHIC WORLD of June, 1889, p. 274, and again in its English translation in the number for August, 1890, p. 375. The latter is issued by the Hahnemann Publishing House, Philadelphia, and may be obtained of our own publishers.

TUBERCULINUM HEATHII.

THIS preparation, which is totally distinct from Dr. Koch's, was made by Dr. A. Heath in 1883. It is a purely pathological preparation, in which the *Bacillus Tuberculosis* was found. It is the *same* preparation with which Dr. Burnett made the celebrated cures mentioned in his book *Five Years' Experience with the New Cure for Consumption*. The remedy is called by him *Bacillinum*. Since the publication of this book the remedy has been used by allopathic and homeopathic physicians in all parts of the world, and its effects have been remarkable. Physicians requiring this remedy should ask for *Tuberculinum Heathii*. It may be obtained in powder in the 30th, 100th, and 200th potencies direct from Heath and Co., homeopathic chemists, 114, Ebury Street, London, S.W.

BARIUM CHLORIDE IN BRITISH SPAS.

"AGRICOLA" sends us the following note of his authority for the statement that *Barium Chloride* only occurred in the Welsh Spa:—

"With the exception of the Kreuznach spring in Germany, *Baric Chloride* does not enter into the composition of any other known mineral waters except that of the Llangammarch Wells, Breconshire.' So runs the report of Dr. Dupré as to his exhaustive analysis in the early part of 1884."

Like other learned people, it seems that analysts may sometimes make mistakes.

THE CREDIT DUE.

A STUDENT of a London hospital once said to a friend, by way of illustrating the liberal-mindedness of one of his teachers, now a well-known medical knight, that the latter

“did not mind where he got a remedy from: if it came from any old woman, he didn't care, he would use it, so long as he found it did good.” “Very well,” was the reply, “let him use it by all means; only, let him be honest and give the old woman the credit.” But that is just what allopaths lack the grace to do. Since the days of Liston there has not been one among them with the courage to stand up and acknowledge the real source of many of their remedies.

THE NEW MAYOR OF HASTINGS.

WE have much pleasure in announcing that Dr. Croucher, of Hastings, has been chosen by his fellow townsmen to be mayor of the borough for the coming year. Dr. Croucher is the first Mayor of Hastings who has been chosen from outside the Town Council. The office was accepted by Dr. Croucher only on the condition that he should receive more than the usual amount of assistance from the aldermen and councillors, so that his practice should in no way be interfered with.

POTTAGE'S KOLA PREPARATIONS.

OUR readers, who are well acquainted with the successful efforts of Mr. Pottage, of Edinburgh, to introduce preparations of kola-nut into general use as a substitute for coffee or tea, will be interested in the following item of Court intelligence taken from a Scottish paper:—

“During their visit to Edinburgh on Tuesday, the Princess Louise and the Marquis of Lorne paid a visit of nearly half an hour's duration to Mr. J. C. Pottage, 117, Princes' Street, and had the history and characteristics of kola explained to them by that gentleman.”

We understand that many planters who have found sugar, coffee, &c., to be ill-paying crops have turned their attention to the growing of kola with happy results. Among the arguments in favour of retaining Uganda we believe its suitability for the cultivation of kola is to be reckoned as one.

ALLOPATHIC INTOLERANCE FOILED.

THE *Bluefields Messenger* (Mosquito Reservation, Island of Jamaica) of October 14 contains a long letter from Dr.

Thos. Wildes, showing how an allopathic doctor, Paul Osterhout, had endeavoured to induce the Executive Council of the colony to pass a bill of his own devising, which would have had the effect of depriving homeopaths of any legal standing. Dr. Wildes reproduces two letters he had written to Dr. Osterhout, calling him to account for slanderous innuendos uttered against him to the Executive Council, to neither of which was any answer returned. Then follows an "Open Letter to Paul Osterhout, M.D.," in which there is some very plain speaking indeed, and a most powerful defence of homeopathic practice. At the close of Dr. Wildes' communication the editor appends the following satisfactory paragraph:—

[“The Medical Bill that was sent in by Dr. Osterhout would have excluded Dr. Wildes and other medical men from practising in the Mosquito Reservation; but the Bill as amended and passed by the Council in their wisdom gave full rights of practice to Dr. Wildes and other reputable practitioners.—Ed. *Bluefields Messenger*.”]

“MATERIAL” FOR VIVISECTION.

THE *Daily News* of November 10 has the following:—

“Our Odessa Correspondent gives an interesting instance of a dog's sagacity. During the early hours of the morning of the 5th the dvornik of a house in the Nyezhenkaia was awakened by the crash of window glass in the courtyard. Hastily arising, he found that a dog, owned by two ladies occupying apartments on the entresol, had sprung through a lower corridor window, and appeared to be in a frantic state of alarm and anxiety. The dvornik awoke the servant on the ground floor, who declared there was nothing wrong in the house, but the action of the dog led them upstairs, where the two ladies were found insensible and apparently asphyxiated by the fumes of a stove which the attendant had neglected to shut off. Two doctors were immediately summoned, and succeeded, after an hour and a half, in restoring one of the sufferers. The second case they declared to be hopeless. A third doctor who was then called in varied the restorative appliances by causing very hot water to be poured on the patient's head while ice was kept applied to the chest. After five hours' treatment the lady showed the first signs of recovery. The dog, to whose alarm the two ladies owe their lives, could not be ejected from the room during the process of restoration, and displayed unbounded joy when both his mistresses were again able to speak to him and reward him with their grateful caresses.”

With all their wonderful powers of heart and mind, the vivisectioners see in dogs nothing more than their favourite “material.” Once in their hands, they would find nothing

better to do with this canine hero than to cut away parts of his brain, or his liver or his spleen (as the case might be), just to see how long he could live, and how his functions could, or could not, be performed without them.

COPPER AND CHOLERA.

THE following memorandum in the *British Medical Journal* of October 22, gives a most pointed illustration of the homeopathicity of copper to cholera. As every homeopathist knows, copper is the best of all prophylactics against the disease, and one of the best of remedies, where the indications are present, for the disease when fully developed:—

“POISONING BY COPPER SIMULATING CHOLERA.

“At 5 a.m. on October 3 I was called to a patient suffering from severe diarrhoea, vomiting, and cramp in both legs. There was abdominal tenderness, thirst, rapid weak pulse, thin dirty watery motions, anxious expression of face, but not the bluish pinched face of cholera; the skin was cold and damp. There were two others in the house suffering from pain and vomiting only. On seeking for a cause I found all three had partaken of damson jam the evening before. On testing the jam I found copper in rather large quantity. Its presence was owing to defect in the tin plating of a copper preserving pan. The copper in this case is more easily acted upon than the ordinary copper pans.

“I have drawn attention to these cases as a possible cause of diarrhoea, &c., liable to be overlooked.

“J. BUNTING, M.R.C.S.

“Torquay.”

THE SOUTHERN JOURNAL OF HOMEOPATHY.

THE October number of *The Southern Journal of Homeopathy*, just come to hand, appears under the auspices of its new editor, Dr. Eldridge C. Price. Dr. Fisher, who founded the journal, and whose unwearied labours have raised it to the front rank among the journals of our school and made it a power in the Southern States, has now retired from the control, handing it over to Dr. Price, who has been for some months past connected with the journal as assistant editor. Dr. Price is well known to readers of homeopathic literature; he is Professor of *Materia Medica* in the Southern Homeopathic Medical College of Baltimore, and we have no doubt he will fulfil the best traditions of the editorial chair to which he has succeeded. For the future the home of the

journal will be Baltimore, where Dr. Price resides, instead of Austin, Texas, from which it was issued by Dr. Fisher.

TRACT No. 42—"THE CHOLERA."

THE last tract issued by the HOMEOPATHIC LEAGUE deals with that potent friend of homeopathy, the Cholera. Nothing has done more to open the eyes of the public (and of such of the profession as have not been absolutely blinded by prejudices of education) to the value of homeopathy, than the various epidemics of Asiatic cholera which have visited this and other European countries. Whenever homeopathy and allopathy have been tested side by side in the disease, the superiority of the former has been most marked. Tract 42 brings together in a very interesting and readable fashion the most important points in the medical history of cholera. The hon. sec. of the League, E. H. Laurie, Esq., 16, Blandford Square, N.W., will be pleased to supply information respecting this and any other of the League's publications.

CALORIC EPILEPSY.—Benedikt (*Intern. klin. Rundschau*, No. 46, 1891) communicates the following case. A slim lad, aged 15, was seized with rigors. For eight days his temperature ranged from 39° to 41° C., headache was severe, and on one occasion he had brief loss of consciousness. He then appeared to recover. In a week or two rigor, cephalalgia, and feverish sensation returned; the temperature quickly rose to 42.5°. This lasted about two hours; sudden crisis to 36° then followed, appetite returned, and the patient felt well. More or less similar attacks recurred once or several times daily, until the patient could tell with much precision what degree of pyrexia existed. Whenever the temperature reached 42.4° to 43°, the patient lost consciousness, had a staring expression, and invariably murmured "Raüber" (robber). This state usually lasted ten to thirty minutes, and was succeeded by crisis. The pulse rate never exceeded 104 per minute. As soon as consciousness returned, the patient complained of contraction in the nuchal muscles; he was prostrated, and for a short time experienced visual hallucinations. The fits never occurred at night or during sleep, but often came on at meal times. In the intervals there were no cerebral symptoms. Examination only showed moderate splenic enlargement, slight albuminuria, increase of white blood corpuscles, and numerous disintegrating red corpuscles. Quinine and arsenic had no therapeutical effect. Phenacetin for a short time was useful. Caustery points over the coronal suture, and sodium iodide were prescribed, after which the fits gradually ceased. As regards etiology, Benedikt thinks that the case was one of microbic or ptomaine intoxication.—*British Medical Journal*, May 14.

ORIGINAL COMMUNICATIONS.

THE ADMINISTRATION OF HOMEOPATHIC
MEDICINES IN FOODS AND DRINKS.

By Dr. GALLAVARDIN, of Lyons.

(Translated from *L'Homœopathie Populaire* of July, 1891,
by Dr. J. H. CLARKE.)

THE first generation of homeopathic doctors, following generally the example of Hahnemann, used to administer their medicines in the 6th, 12th, 18th, and 30th dilutions, and often did not repeat the remedies except in acute diseases.

Apprehending that the action of medicines given in such minute doses might be diminished or even destroyed by certain foods or drinks, they had come to prescribe a *régime* suitable, not for the disease of the subject treated, but for the medicine administered, in order that the latter might develop all its curative properties. Thus we see in the writings of the earliest homeopaths a list of foods and drinks allowed or forbidden, and the practitioners used to give this list to their patients.

The strictness of this list was founded on simple supposition and not on experiment. But the latter, gaining power by degrees, has shown the uselessness of this *régime* prescribed in view of the medicines, and the necessity of ordering another *régime* in view of the disease to be cured.

However, homeopaths, when they had reached this double solution, still continued to advise their patients to avoid medicinal influences (various perfumes, meddling with camphorated ointments, the neighbourhood of all scents, &c.) as capable of antidoting the action of the medicines administered. But these apprehensions, still founded on supposition, have disappeared before a much more careful observation: this has shown, in fact, that the attenuated remedy will cure even when the patients live in the midst of these hostile conditions.

There is another practice of homeopathic doctors which is about to disappear, thanks to the researches of a chemist of Lyons and to the persistent experiments of a Lyons doctor: I mean the habit of our *confrères* of directing their patients to take their medicines at a certain distance from their meals. This practice, which may be advan-

tageous in certain cases to be defined hereafter, is not indispensable, as the following facts go to prove.

In 1855, at the Homeopathic Congress of Paris, a professor of chemistry at the École de la Martinière of Lyons, who afterwards became a doctor, and finally a homeopathic pharmacist, the late Dr. L. L. Lambert, demonstrated by experiment,* before the members of the Congress, that homeopathic medicines from the fourth centesimal dilution no longer produce chemical reactions, and beyond that can be administered in water that has not been distilled. He does not dare to add that they could also be taken in foods and drinks; that was, however, a conclusion which followed logically from his chemical experiments. But in science, as in ordinary walking, we habitually make only one step at a time in the way of progress. If I have been able, on this road, to make the second step logically indicated above, it is because I have been constrained to it by my special practice, and in no other way.

From 1854 to 1870 I followed the routine of homeopathic practitioners, for they generally have a routine like the rest of practitioners of all schools. But after 1870 I followed more and more the advice which Hahnemann gives to let the totality of the symptoms, bodily, moral, and intellectual, be the guides in the selection of the remedy.

Clinical experimentation soon showed me that if some drugs could dissipate bodily or corporeal symptoms existing alone, other medicines could also dissipate psychical or moral and intellectual symptoms also existing alone. I was from this led, little by little, to treat the passions, vices, defects of character and intelligence, which constitute definite psychical symptoms. As a rule, for their cure I was not consulted by the patients presenting the symptoms, but rather by their relations or friends desirous of having all these vicious and very disagreeable persons treated, always unknown to themselves. And as these patients would not have been willing to take the medicines dry, in globules or in water, I was obliged to have them administered in their ordinary foods or drinks.

With this object, I used to direct that six to eight globules should be allowed to dissolve in three to four teaspoonfuls

* *Journal de la Société gallicane de médecine Homœopathique, 1855-6, pp. 712-729.*

of fresh water, and then stirred briskly for six to eight minutes, in order to thoroughly effect the mixing. Then the whole was to be poured into the soup, milk, coffee, chocolate, tea, wine, brandy, or rum. These aliments, or drinks, were to be taken at least ten minutes before or an hour after a meal; but sometimes, not having understood, or not being able to follow my directions, the persons charged with it administered the remedies in a cup of coffee taken immediately after a meal, or else in the wine drunk during the meal, or even in a glass of absinthe! And in spite of this, the remedies produced the desired effect very well and in a very persistent manner. This has been demonstrated to me by more than five thousand experiments, made in my practice or in my psychical dispensary.

Thereafter I was able to administer remedies diluted in this way to persons affected with bodily diseases, acute or chronic, who refused all treatment, or even who had a repulsion against homeopathy, and whom their relations or friends wished to treat unknown to themselves.

A professor has discovered a very ingenious move of administration which can also be used in like cases. He takes a ball of gum, makes a hole in it with a strong needle, and introduces six or seven globules of a remedy, and then offers as a bon-bon to each patient the ball of gum containing the medicine appropriate to his state.

We can administer medicines in the same way in a pastille of chocolate, or any other melting bon-bon, but not in fruits, in which the solution of the globules would be less easy to effect. Those who have read pages 126-150 of my last book will understand better how attenuated medicines can act very well although administered in foods and drinks.*

I have therein shown, in fact, that attenuated medicines are no longer in the state either of a solid, liquid, or gas, but in the *Radiant* state, a fourth state of substance discovered by the English men of science, Faraday and Crookes, and which the latter has said to be the "borderland where matter and force seem to blend."

Medicines thus brought to the radiant state are no longer subject to chemical reactions, and can then be

* *Alcoolisme et Criminalité. Traitement de l'ivrognerie et de l'ivresse*; an English translation of which has been published in Philadelphia.

administered effectively in foods and drinks, and at times in poisonous liqueurs such as absinthe.

However, this mode of administration should not constitute a general practice, but quite an exceptional one, applicable to people who must be treated without their knowing it.

When any one wishes to treat thus, unknown to himself, a relation or friend who repels all medication to his great loss, it is hardly possible to repeat the medicine as it is desirable when prescribed in the lower dilutions, such as the 3rd, 6th, 12th, or 20th centesimal. Necessity then compels the administration of the 200th *inalterable* dilution, which also has a duration of action much more persistent, since it can last during several weeks. Then, if you wish to cure a friend of a rebellious dyspepsia, for which he refuses to try anything, you will succeed in half the cases by administering a single dose of *Nux Vomica* 200 every two, three, four, five, or six weeks. With this remedy, in this attenuation, only twice in seven months, I have cured of dyspepsia and insomnia a woman treated without success for a year by a homeopath of great repute, but who had only prescribed the lower dilutions. With a single dose of *Arsenicum* 300 I have cured a young girl of 22, who from earliest infancy had lienteria, one diarrhetic stool immediately after each of the two chief meals.

I am reminded of a cure which astonished me very much at the time because of the manner in which the curative remedy was administered, although the following fact happened a dozen years ago.

A lady asked me for a remedy for her uncle, a bachelor of 75, very mistrustful, as people living alone frequently are. Not knowing how to administer the dose without his knowing, she took advantage of a two or three minutes' absence which he made during dinner, and in this moment she threw six to eight globules of *Lycopodium* 30 into his glassful of wine and water, without having time to stir it. Nevertheless, the drug produced perfectly the desired effect, which lasted three months. If the medicine had been given in the 200th dilution the effect would have lasted longer, and in the 10,000th it might have been definitive, as I have shown elsewhere (*Alcoolisme*, pp. 131-133, and 153-161).

A CANCER CASE.

By D. RIDPATH, M.D.

I was much interested by the short article entitled "Cancer," by Mr. Jones, in the HOMEOPATHIC WORLD for November, 1892. It brought to my mind a case which came under my care.

On August 24, 1887, I was asked to see, and visited, A., about 34 years of age, multipara. She had had the uterus removed for cancer some months previously. At the time of my visit there was cancerous infiltration of all the external parts of the abdomen. There were numerous indurated glands all over the abdomen and in the groins. The pain was most intense and exhausting.

I told her that I could not do anything to cure her, but that I would endeavour to relieve her sufferings without narcotising her. I accordingly gave her *Arsen. alb.* 3, three times a day. She was confined to bed.

On August 28th I saw her again in bed, when she said that she had been much more free from the agonising pain in the abdomen. I incidentally asked her to show me her tongue when I observed that about one inch from the tip it was puckered and indented, and she said she had severe pain there of a burning character. This part of the tongue was quite hard to the touch.

I therefore felt obliged to tell her that the disease had appeared in the tongue. This of course depressed her very much; but I said I would do what I could to effect a cure. I carefully considered all her symptoms, and selected *Silica* as the remedy called for. I gave her 24 powders of *Silica* 1x—one to be taken three times a day.

On visiting her, September 4th, she was out of bed and walking about the house. There was now no indentation, puckering, or hardness of the tongue, and no pain there; in fact the organ was restored to its normal condition.

Here, then, I think there was no room for doubt about the diagnosis—schirrus linguæ. The subjective and objective symptoms were well marked. There was also the history of past cancer of the uterus which had been removed, and the recurrence of the disease in the abdominal region.

The patient died a few weeks after of cancer of the abdomen, but there was no recurrence of the disease in the

tongue, and I think I may legitimately contend that this case was one of cancer of the tongue—cured.

In these days when quacks profess to cure cancer by secret nostrums I think it is well that true homeopaths should put on record cases of this disease cured by remedies carefully selected according to the totality of the symptoms in each individual case. There is no one remedy suitable for all cases of the same disease, but each case requires to be carefully individualised.

Huddersfield.

THOUGHTS FROM THE *ORGANON*.

POPULAR PAPERS.

By EDWARD MAHONY, M.R.C.S., L.S.A.

No. VIII.

“THE regimen proper in chronic diseases.” The remarks here are brief and general, and are summed up in two instructions:—

1. To remove everything which exercises a medicinal influence on the patient from his *regimen and mode of life*.

2. In bringing about an opposite state where necessary.

Under the first heading are mentioned coffee, teas, cordials, and many articles of diet, which are more or less admitted now to be injurious for invalids; but some things mentioned still reign supreme in many sick-rooms, and patients usually do not seem aware of their injurious influence; so I will mention “perfumery of all kinds, odorous flowers, preparations for the teeth wherein medicinal substances are included, perfumed bags,” and, on my own responsibility, I will add to this list those direful agents of mischief known in the present day as *medicinal soaps*. Under the impression of cleanliness and, above all, disinfection, many persons habitually make use of such deleterious compounds, and if they do not actually induce, certainly keep up and aggravate the worst forms of skin diseases. As regards flowers also, useful and refreshing as they are in many ways, their odour, however agreeable, also interferes with the action of the medicines, and hence when the one is in the room the other should be out. Preparations for the teeth also are a fruitful source of evil in this respect. General hygiene, both in exercise—as riding

driving—and the keeping of regular hours, proper reading, avoidance of excess of mental and bodily labour, and other such matters, are noted; and under 2, “exercise in the open air in almost all kinds of weather, aliments that are suitable, nourishing, and free from medicinal influence,” &c., &c. In a word, there is evidently the recognition that a movement towards cure was reckoned on from the commencement of the treatment, and that use should be made of such power, whether mental or physical, as was still there—a line of instruction which, though coming under the head of that remarkable quality named “common sense,” seems frequently ignored in what may be called the pedantry of science. “Some of my adherents,” says Hahnemann, “appear to exact too much from their patients, by unnecessarily and improperly excluding from their diet things indifferent.”

“Regimen in acute diseases.”

The first observation here is one, I believe, only appreciated by homeopaths, namely, that “in acute diseases (mental alienation excepted) the preservative instinct of the vital power speaks in so clear and precise a manner, that the physician has only to recommend to the family or nurses of the patient not to thwart nature by refusing the patient anything he may long for, or by trying to persuade him to take things that might do him injury.” The qualification is added, provided the gratification be *confined within proper limits*, and it will be found that the obstacles they present are trifling; and he instances that in pure inflammatory fever, where *Aco.* is indispensable, the patient has almost always a longing for pure cold water. This vital instinct, it may be observed, is so true, that it may be relied upon in the case of quite young children. A very interesting and instructive case has been recorded in one of the recent American homeopathic journals.

A young child became seriously ill in its digestive powers; there was no very assignable cause, and the symptoms generally were vague, but the child grew worse. A homeopathic practitioner called in, decided to ascertain, if possible, the predilections or otherwise in the gustatory sphere of his young patient—always an important point, whether in young, middle-aged, or old persons; and it is remarkable, one may say in passing, how undefined many persons are in likes and dislikes, whether of eating or drinking. After enumerating in vain many things, he at last suggested

grapes. At once there was a brightening of the countenance, an interest, and a decided "yes." It was in the depth of winter; but, by persevering inquiry, the doctor found the needed medicine, and himself administered the first few doses. From that first meal improvement set in, and a good recovery was the result.

"On the choice of the purest and most energetic medicines."

We shall not be surprised to learn that medicines must be procured in the *most pure and perfect state*; nor is it unreasonable that it should be added that the physician should be *capable of judging* of their purity. These two statements sufficiently prove that Hahnemann believed in the value of a practical knowledge of the sciences cognate to *Materia Medica*, such as botany, zoology, chemistry, mineralogy; for homeopathy, in the widest sense, uses all the products of nature, whether animal, vegetable, mineral, and in whatever combinations they may be found, such as natural springs, products of volcanoes; provided always their provings have been in this form, and that they are administered strictly under the law of similars.

The next instruction is as to "The mode of preparing the most energetic and durable medicines from fresh herbs." This is done by expressing the juice and mixing it immediately after with equal parts of alcohol, the alcohol being added to prevent fermentation. Some details, necessary on account of peculiarities in the nature of different plants, are mentioned; and then, with regard to "dry vegetable substances," the precaution of having them entire and unprepared; and then we come to one of the cruxes of homeopathy, namely, "The homeopathic method of preparing crude medicinal substances, in order to obtain their greatest medicinal power." He observes, "The homeopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and, to a degree previously unheard of, by means of a peculiar and hitherto untried process. By this process it is that they become penetrating, operative, and remedial—even those that, in a natural or crude state, betrayed not the least medicinal power upon the human system."

As my object in these papers is, as previously mentioned, to seek to inform the homeopathic public, as simply as I can, of what Hahnemann taught, and that, as nearly as circumstances will permit, in his own words, I will here

merely remark how many points he insists on in this short paragraph, by calling attention to the words "dynamic," "previously unheard of," "peculiar," "untried,"—"penetrative," "operative," "remedial," "crude."

Do not the first four suggest each a thought new to science—in other words, a discovery—and the next three a very distinct and comprehensive result claimed; while the last ("crude") gives a clue to the whole difficulty that many experience as to the acceptance of this part of homeopathic doctrine? Further, could any one *deny* this part of the teaching, and *consistently* claim to be practising according to the direct instructions of the author? He announces these points not as addenda which are of little importance, and leave the main issues unaffected, but he says, "the homeopathic healing art"—not a part of it, not something left for discriminating judgment, not a theory or suggestion, but an integral part of the art itself; and the pillar on which the whole revolves is dynamism, which in earlier papers we have seen means force—vital force, where what we understand as life exists—and in all cases immaterial force.

I only further notice the word "develops," as intimating that the force was there, but needed the peculiar conditions to bring it into action. How, then, is this force brought out? "If," we read, "two drops of a mixture of equal parts of alcohol and the recent juice of any medicinal plant be diluted with ninety-eight drops of alcohol in a vial capable of containing one hundred and thirty drops, and the whole twice shaken together, the medicine becomes exalted in energy (*potenzirt*) to the first development of power, or as it may be denominated, the first potency. . . . These manipulations are to be conducted thus through all the vials, from the first up to the thirtieth or decillionth development of power, which is the one in most general use." In a note extracted from the "Chronic Diseases" he says, "Homeopathic *dynamisations* are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in almost a spiritual manner upon our life—that is to say, on our percipient (sensible) and excitable (irritable) fibres. . . . These preparations, therefore, cannot have the term 'dilutions' applied to them, although every preparation of the sort, in order to potentise it higher—that is to say, in order to awaken and develop

still farther the medicinal properties that still lie latent in it—must first be again yet more attenuated, to allow the trituration or succussion (he is speaking, of course, here of mineral and such substances, but the principle applies equally to the potencies of vegetable preparations) to penetrate more deeply into the essential nature of the medicinal substance, and thus to liberate and bring to light the more subtle part of the medicinal power that lies still deeper, which were impossible to be effected by the greatest amount of trituration and succussion of substances *in a concentrated state*" (italics mine).

In commenting on these extracts, it cannot fail to be observed that potency, otherwise power, is what is distinctly taught to be the result of the before-mentioned "peculiar" and "hitherto untried process," and this power is distinctly affirmed to be already present, though in a latent condition. Take any drug, *e.g.*, *Sulphur*, which, according to the learned and scientific work known among us as "Allen's *Materia Medica*," in ten volumes, has produced over 4,080 symptoms, whose record occupies some 132 pages! What Hahnemann teaches is that every symptom that has been produced is the result of a power which is to be found in every drop of *Sulphur*—mother tincture, so called; but in order to get those symptoms, you must potentise *Sulphur* to a point very much beyond mother tincture, or you will be grievously disappointed in your results: and experience fully justifies this teaching. If, *e.g.*, we turn to the index in Allen's great work, at the head of "*Sulphur*" we find symptoms have been caused by potencies varying from mother tincture, or even one drachm of *Flowers of Sulphur*, to the 800th potency. The same criticism may be applied, and with the same result, to every known medicament; and it will be found that in proportion to the provings with different potencies will be the value at the bedside of each medicine.

Further than this, in one noted case—namely, that of *Natr. Mur.* (table salt)—certain gentlemen, doubtful of the accuracy of a previous proving, tried it over again in material doses, with little or no result; but trying once more with the potentised drug, results appeared. The next thing I would call careful attention to, is the objection raised by Hahnemann to the word "dilution" as applied to homeopathic potencies, although, as he observes, they are actually attenuated; but they must be attenuated in a

particular way, such a way as will ensure thorough admixture of every particle with the attenuating medium; so that, however attenuated—and our author is firm elsewhere in insisting that, however far the attenuating process is carried, there must be something left of the original material part of the medicament—it cannot have changed into spirit. In a word, whatever was in one drop of the mother tincture or grain, as the case may be, is to be found in its materiality in the potency, however far carried. In this place, one may refer to the ridiculous objection that some one apparently has recently again raised, by saying that homeopathic dilutions (objectors have a kind of fatality for using words which expose their ignorance of the very thing they are objecting to) were like putting one drop of medicine into the Lake of Geneva and expecting the whole lake to be medicated. As the original of this has probably been taken from the preface to vol. iv. of the “*Materia Medica pura*,” I will quote it verbatim, with Hahnemann’s reply:—

“If a drop of such a highly attenuated drug were capable of producing any effect upon the system,’ they object, ‘in that case every drop of the water of the Lake of Geneva, into which a drop of medicine has fallen ought to be more highly medicinal than homeopathic preparations, inasmuch as these contain proportionately much less medicine than the aforesaid drop would.’ I reply: In preparing homeopathic medicines, we do not simply add a small portion of medicine to an excessive quantity of an unmedicinal substance, mixing it but slightly, as must be the case in the simile above mentioned, which has been excogitated merely for the sake of derision; on the contrary, we add but a small portion of unmedicinal substance to a drop or a grain of medicine, and by means of the process of shaking and trituration, we not only succeed in impregnating gradually and most intimately every particle of the unmedicinal substance with the power of the medicine, but also in developing that power to an almost boundless extent. The fact that the inmost power of a medicinal agent can be infinitely developed by trituration and succussion had never been known heretofore.”

This answer also shows a very important point in this aspect of the homeopathic controversy, namely, that up to whatever point Hahnemann may himself have gone in his practice, he recognised that dynamisation was a law whose

limits were so far unknown that he speaks quite naturally of "developing that power to an almost boundless extent," and, again, "that the inmost power of a medicinal agent can be *infinitely* developed." Who, in the present day, would be rash enough to limit the extent of the developments of the powers of electricity or steam, or simple air? and who therefore will be rash enough to limit the extent of the law of dynamisation? One more remark may be mentioned. He says, "not to mention that such a mode of preparation develops *almost all*" (italics Hahnemann's) "the properties that lie hid in the essential nature of the medicinal substances, which thereby alone can attain any activity." What does this sentence mean, but that not only are new powers developed and brought into action which previously for healing purposes were useless, because latent, but that *almost all* the results which can be obtained from the mother tincture, or crude drug, which are of healing efficacy, are intensified in their action by each process of dynamisation? So that from these sentences we may understand that at least two advantages attend the use of high *versus* low potencies, which are: 1. A development of latent power, causing symptoms to be produced which would not otherwise appear. 2. An intensification of those found in the lower potencies. A third is distinctly taught in the same paragraph, in the words "not to produce too violent effects in sensitive patients." This last is a consideration which patients of this class at least will fully appreciate, and it is a recognised maxim in other domains besides that of science, not to use much when little will suffice; and surely still more is this wise if the overplus is a source of positive injury. Our author refers in the same pregnant paragraph to a higher potency than the 30th in the words, "thus we obtain, even in the 50th potency. . . ." I refer to this because much has been made of Hahnemann's personal use of the 30th, as though he taught and practised that we ought not to go beyond that power. Any one, however, who simply recognises that dynamisation is a law will have no difficulty as to stopping at some point as though we were arbiters of natural laws, but, on the contrary, will gladly seek in all suitable ways to develop and advance so vital a part of the only true scientific healing art.

THE HOMEOPATHIC MEDICAL SCHOOLS OF THE
UNITED STATES.*(Continued.)*

By ALFRED HEATH, M.D., F.L.S., &c., London, England.

THE CLEVELAND MEDICAL COLLEGE.

THIS fine Hospital and Medical School is a very important one. Formerly it was known as the Homeopathic Hospital College of Cleveland, which was re-organised in 1849 as the Western College of Homeopathic Medicine. In 1857 the name was changed to the Western Homeopathic College. In 1870 the Homeopathic College for Women was merged into this institution under the title of the Homeopathic Hospital College of Cleveland, Ohio.

The students (1891-92) numbered over 100, the graduates being 24, about 25 per cent. of which number were women.

The alumni number about 1,500.

The course of study is the same as in other American Homeopathic schools, namely, the standard adopted by the American Institute—the four years' course.

The Hospital is adjoining the Medical School, and contains 100 beds. Students can step from the lecture-room into the Hospital, and may get the benefit of seeing the large number of accident and emergency cases that are brought in.

The school-building itself, being new, has all the latest improvements. Every room is large, well-ventilated, and well-lighted. The laboratories are thoroughly and most conveniently supplied with water, gas, &c.

The building is three stories high and is said to be one of the most commodious and complete College buildings in America.

Graduates of this College may apply for positions as house physician, house surgeon, assistants, &c., in the Cleveland Homeopathic Hospital; Cleveland City Hospital (Allopathic); Ward's Island Homeopathic Hospital, New York; and the Homeopathic Hospitals of Buffalo, Pittsburgh, Rochester, and Detroit.

Clinics are held by Professor Miller of this College at the City Hospital (Allopathic), of which Hospital he is one of the consulting surgeons.

At the Maternity Hospital small divisions of the senior class students are entrusted, under the direction of a member of the staff with the care of lying-in cases.

The Dean of this College is Professor G. J. Jones, M.D., Professor of the Theory and Practice of Medicine, Pathology, and diagnosis.

The chair of *Materia Medica* is taken by Professor H. H. Baxter, M.D., Professor of *Materia Medica* and *The Organon*.

The Registrar is Professor Charles C. True, M.D., Professor of Anatomy and Practical Medicine.

ASIATIC CHOLERA.

By DR. MORRISSON.

THIS is a grim subject to talk about, but a few words, in popular language, on its causes, prevention, and cure, may prove of practical benefit. Probably the originating cause is the bringing into activity, by warmth, of some cholera-germs stowed away in some dirty spot in a hot country. Once started, it spreads by contagion, that is by some form of contact. The germs may be conveyed from one person to another through the agency of water, or other liquids, either running or stagnant; by infected clothing; and especially through the loose discharges from those suffering.

How, then, shall we prevent these effects? First, by attending to details concerning the personal health and personal cleanliness; by taking certain preventive precautions, such as using sulphur compounds or the salts of copper as disinfectants; by attending to the sanitary conditions of our houses and towns; and by keeping away from us the articles and people likely to bring contagion. Let me give you a few particulars concerning the Russian town of Nijni Novogorod, the place where the cholera epidemic of this year originated:—

“The celebrated fair at Nijni Novogorod, which lasts from the 27th of July to the 22nd of September every year, naturally affords the utmost facilities for the spread of any epidemic disease. Something like a quarter of a million strangers, largely recruited from some of the dirtiest races in Christendom and Heathenese, cannot be concentrated in one town—and that none of the wholesomest in its inherent sanitary qualities—without almost inviting pestilence. Russians, Germans, Armenians, Tartars, Chinese, Kirghis, and especially the

cosmopolitan Jew, herd together at this market, each bringing his own peculiar species of uncleanness, and all reckless of the most elementary conditions of care or hygiene.

"It is less remarkable, therefore, that the cholera should have appeared at Nijni Novogorod, than that every year this or some other pestilence fails to decimate the assembled traders. And, enormous as the number of deaths has been, the instructed observer will be less surprised at its vastness than at its moderation. There would have been no ground for surprise had the district been depopulated and become (as in fact it has done to a great extent) an effective centre for the whole remaining world.

"But there are some things which are certainly well managed even in Russia. The local authorities, having the fear of cholera before their eyes, in good season most wisely prepared floating hospitals, and with a forethought which, gruesome as it sounds, cannot be too highly commended, prepared a graveyard and erected a chapel on a sandy island in the river Volga, for the religious obsequies of such as might die, thus providing, as efficiently as circumstances allow, for the isolation of the sick and the disposal of the dead. The task of the Charons who officiate on these ghastly errands is as perilous as it is uncanny, but the work goes forward with the mechanical precision of military Russia, and there is no doubt that the energetic and enlightened action of the Governor, General Baranow, has saved his country from disasters incalculably worse, and his service to the world at large comes so near to our own doors that it hardly needs insisting upon."

To which we should add that the thanks of our own people are due to the present government of this country, for the effective measures so promptly taken to prevent the introduction of the disease here. That it may find an entrance next year is very possible, in spite of all precautions, but the energy shown by the authorities is a good augury for the future.

On the question of cure I will be brief. In this, as in other diseases, many theories have been advanced by many men. Of the majority of these theorists we might say, with the boys who are studying Greek :—

"O Plato, dear Plato, come back from the past,
And we'll forgive all that you e'er did to vex us,
If you'll only arrange for a truce that shall last,
And whisk these philosophers all off to Texas."

We don't want to be mystified by theories, but in addition to good nursing, and all its accessories, we want medicines that will really help. There is no actual need for the great fear so frequently evinced. I have twice passed through the thick of cholera epidemics, the second time

having two hospital cholera wards under my supervision. And this recent newspaper extract is reassuring to us:—

“Privy Councillor Pettenkofer, of Munich, will shortly publish the account of his experiences during this year’s cholera epidemic. They prove, he thinks, the absolute frailty of the contagion theory. It has been proved, he says, that local disposition is an indispensable condition to the spread of the epidemic; single persons may be disposed to cholera, but none are attacked who are not living in a place where the conditions are favourable to the disease. The public should be rendered proof against the disease, first, perhaps, by some such method as in the case of small-pox, and then by improving the sanitary conditions. This summer Dr. Pettenkofer and Herr Emerich, the bacteriologist, swallowed some comma bacilli without coming to any harm. Both had diarrhoea afterwards; the dejecta contained myriads of the comma bacillus, but the experimenters had good appetites, felt well, and their organisms were not otherwise disturbed.”

Let me say at once that these general inoculation theories are mere rubbish, and worse than that, because other forms of disease are spread by the process. But give us *Camphor*, to be taken frequently during the early stage; *Veratrum* for the loose actions, coldness, and vital depression; *Cuprum* for the cramps; and *Arsenicum* for the thirst and the after consequences, and we shall have a quartette of helpers capable of bringing many a sufferer safely back to shore. A selection may be made from other remedies in special cases, but these four are old friends whose merits have been fully tested. *Camphor*, in two or three drop doses frequently repeated (say every five to every fifteen minutes, according to the severity of the symptoms), will often stay the progress of the disease. It should be the initial remedy for home use. And when an attack is fully established, *Cuprum* and *Veratrum* form sheet anchors capable of holding many an “earthen vessel” to its moorings. It is impossible to imagine a more perfect picture of a living death than that of an advanced cholera patient, and it is impossible to describe a stronger feeling of satisfaction than that experienced by those in attendance when such a patient safely turns the corner and starts on the road for recovery. What is wanted in treatment is to act promptly, to use efficient means, and to take precautions against the disease spreading to those around.

Clapham Common, Nov. 1892.

HOMEOPATHIC MEDICINE *VERSUS* ALLOPATHIC
KNIFE.

By JOHN H. CLARKE, M.D.

ON the fourth of July last, I was consulted by Mr. —, aged 31, holding a responsible position in a London house of business, naturally of excellent physique, but at the time looking anything but well or happy. He gave the following history. Eighteen months before, he had had influenza badly. His eyes were affected, especially the right, and for a day or two he was blind. He became well enough to return to work, but his eyes had never got right, and he had never been anything like so well as he used to be formerly. Before the influenza he had never known what illness was.

In January of this year, after a week of unusual physical exertion, though without any definite strain that he is aware of, he noticed in the left groin a little painless lump, which gradually increased. This he showed to his usual medical attendant, who painted it with iodine, gradually increasing the strength of the paint until the patient rebelled on account of the pain it gave him. This treatment continued for a month. As things were getting worse, he was persuaded to consult an eminent surgeon connected with one of the metropolitan medical schools, who advised operation. Arrangements were made, and under ether the swelling was opened, the incision being made parallel with Poupart's ligament—for some inscrutable reason—and pus evacuated. This was in February. There followed a long, painful, and tedious convalescence. A gaping wound was left, and complete healing never took place up to the time I saw him.

Just prior to his coming to me he had been in the hands of an allopathic medical man, who, after diligently probing the wound in various directions for three weeks, finally informed the patient that there was no chance of its healing until it had been laid open again under an anesthetic. The patient's previous experience of an operation did not encourage him to face another; and before consenting, he resolved to try another system of treatment altogether, especially as he had been urged by friends to do so.

When he came to me, I found the following local

condition. There were two linear scars in the left groin, parallel to Poupart's ligament, with several fistulous openings discharging slightly. I told him that in my opinion it would be a piece of cruelty to operate; that no good could be done by it, but that it would have the result of making an invalid of him and laying him aside for some time.

The fistulous openings in themselves presented tolerably clear indications for one medicine, *Silica*. The constitutional symptoms were meagre, but a tendency to moist feet, and a preference for hot weather, and sensitiveness to chills, supported this selection.

I told him to take reasonable care of himself, especially to avoid colds and anything like over-exertion, and to be careful about his diet. He was to use no lotion or antiseptic, or any application except what was required for cleanliness, to the wound; and as a medicine I ordered him one tablet of *Silica* 30 three times a day. He was to return and report himself to me in a month.

This he did. In fourteen days from the time he came to me all discharge had ceased. The wound had healed perfectly, and he was himself in better health than he had been any time since the attack of influenza the year before. In addition to this, his mind was relieved of the haunting nightmare of a second operation.

There still remained the eye trouble, which had lasted ever since the influenza attack. After ten minutes reading he was obliged to desist from intense pain at the back of both eyes, with pain at the back of the head. For this I gave him *Conium* 30 and a lotion of *Ruta*. I have seen him to-day, but not professionally, and he tells me that the eyes soon became quite well, and he has remained perfectly well in other respects ever since.

30, Clarges Street, Nov. 15.

A WITNESS FOR GLONOIN.

By T. G. WOOTTON.

UNDER the above heading, I wish to draw attention to a case which lately came under my treatment, as it may be of interest to the readers of THE HOMEOPATHIC WORLD.

Two days following our arrival at Alexandria, Egypt, our storekeeper, aged 26, was compelled to resign his duties

and keep to his bunk, and I was called upon to go and see him. After an examination, I found him very feverish, temperature 102.8°, his pulse 98, very full and bounding and also slightly intermittent. He complained of a very bad throbbing headache, great thirst, and an entire absence of appetite. He said "he sickened at the thought of food." His tongue was a little dirty, and he had pains all through his body. Several times during our passage out he had complained of a headache and a feeling of general lassitude.

As a species of fever had been very prevalent in Alexandria a week or so before our arrival there, in view of the possibility of an attack I gave him *Acon.* 1, two pills every two hours, and sent him some toast and water to drink during the night. In the morning I went to his room and made another examination, and found his temperature 98.6, pulse about the same, headache a little better, thirst gone.

At this stage I had to leave him, and resign my treatment to a shore doctor, who regularly attends the vessels in port there. The latter went to see the man, and with the usual disinterestedness of his class, prescribed for him a black draught. The man took it, and was very little the better for it. However, he would not see the doctor again, and made up his mind to try to resume work, and see what further I could do for him.

So I again took him in hand, and found him still pretty much the same as when I had left him previously. His headache and state of pulse—which was now 108, together with his former temperature (his temperature now was 99.6°), and the fact that he also complained that his headache was throbbing continuously and was much worse when leaning forward, and that the pain also occasioned giddiness and dimness of vision—all seemed to point to *Glonoin*. At this point he told me he had suffered from a similar headache, more or less violent, since he was about 14 or 15 years old, which fact somewhat inclined me to think his state was of too long a standing for the sphere of *Glonoin*; but I was, however, resolved to try it, and so I gave it him in the third decimal dilution two drops every two hours. I did not see him again to ask results until two days after, when I found him wonderfully better, his temperature and pulse being normal, his headache entirely gone, his desire for food returned, and his system seemed generally im-

proved. He stated that "he scarcely remembered a time when he was so free from a headache."

It is now six weeks since the above improvement occurred, and I have just ascertained that he has continued in this satisfactory condition throughout the whole time.

As this appears to be somewhat beyond the ordinary received powers of *Glonoïn*, I have made bold to bring forward this witness to some effects, at least, of this valuable drug.

s.s. *Favonian*, Alexandria.

A CASE FROM LAY PRACTICE—*SEPIA*.

By W. BELLERBY.

Miss H. J. C., costumière, came to consult me last autumn for a severe neuralgia which had troubled her for two years. She is of a cheerful disposition, and very active and full of energy; has dark hair and a florid complexion:

The pain she described as a maddening *boring* pain, as if a screw were being driven slowly through the left temple. The exciting cause was *overwork* and mental strain, which could not be avoided. Indeed, business was daily increasing and she felt herself totally incapacitated to execute it, and the pain was thereby increased. She felt after the pain quite befogged and unable to comprehend her work, and became quite confused. If she could get only a *little sleep*, she felt a slight amelioration but all the pains were aggravated towards evening, so that sleep was very rarely possible. With the exception of habitual constipation she was in normal health otherwise.

I prescribed *Sepia* 1m F.C., a few globules in water and a spoonful to be taken at once. The second dose caused a serious aggravation, followed immediately by a marked relief and a cure which has remained permanent in spite of the *exciting cause* (*overwork*), which was, and still is, kept up.

Diagnosis of remedy, taken from Bœnninghausen's *Pocket Book*:—

Boring in temple—BELL., *K.-carb.*, *Phos.-ac.*, *Puls.*, SEP.

Befogged—BELL., *K.-carb.*, *Phos.-ac.*, *Puls.*, *Sep.*

Comprehension difficult, and confusion—BELL., *K.-carb.*, *Phos.-ac.*, *Puls.*, SEP.

Dark hair—*Phos.-ac.*, *Puls.*, *SEP.*

Aggravation from mental exertion—*Phos.-ac.*, *SEP.*

Amelioration from sleep—*SEP.*

Sepia, being in the highest rank in all the rubrics, and corresponding to the *totality* of the symptoms, was the remedy selected, and the speedy cure which resulted proved the thorough homeopathicity of the drug.

The above case shows the *reliability* of Bœninghausen's *Pocket Book*, which I have found superior to any other Repertory.

In Lee's *Repertory of Characteristics*, *Sepia* is included under boring pains and also under the other rubrics except under *temples*, and this exhibition of *Sepia* shows that, although the locality of the pains is important, yet the *totality* of the symptoms must decide the choice of the remedy.

It may be that *Sepia* is not recorded as producing boring pains in temples, but the above case illustrates that *Sepia* can cure such pains even in the *temples* (though not recorded in any Repertory) when it corresponds to the *totality* of the symptoms—as comparison with the various rubrics in Bœninghausen's *Pocket Book* most strikingly proves.

Formerly I used only lowest or medium dilutions, but I have since discarded them, and employ only m or cm, as I find the highest potencies more efficient and always more *permanent* than any other.

MATERIA MEDICA.

ACETATES.

By AGRICOLA.

It is now some three years since, as an experiment, I made acetic acid solutions from the freshly-dug root of Belladonna, from the whole plant of *Anemone Japonica*, from *Chelidonium*, from *Hyoscyamus*, from *Bryonia*, and from the honey bee *Apis*. All of these acetates, ϕ to 3x, are to-day as sound as when made. Now as, owing to the affinity of Alcohol for water, a precipitate often, if not invariably, follows the addition of Alcoholic tinctures to water and to an aqueous solution of Alcohol of a percentage differing from that of the tincture, etc.; and as no such precipitate follows any addition of water to

acetates, it occurs to me that this alone should cause acetates to be more generally used. But this is not all; for I find acetates to be far the more energetic, and to effect almost instant curative results where Alcoholic tinctures failed.

APIS ACETATE.

At the honey harvest, and after the expulsion of the drones, a brood was brought me, to one half of which I added an equal bulk of Alcohol, to the other half an equal bulk of acetic acid forte B.P. These formed my ϕ solutions.

With *Apis Acetate* 1x I obtained most prompt curative action on my own person, where all other remedies were inert in my influenza attack early in this year, and which extended from February to April. My notes run: "Intense vertigo, extending over six weeks, of various degrees, followed by nasal coryza, which migrated to upper pharynx; then dry, pharyngeal burning angina, painful beyond description, soft palate, thick and swelled; ulcerated throat, felt just like a *stiff* leathern tube, the attack of which was periodic. *Apis Acetate* 1x was my only relief."

The above condition was followed by a painful cough of the most hollow in sound, cavernous even. It seemed to be quite epidemic all around my locality. *Chelidonium Acetate* 3x acted most satisfactorily, and in every case which came under my notice. The beautiful deep orange colour peculiar to *Chelidonium* is retained in its integrity by the acetates ϕ and 1x.

Anemone Japonica Acetate as 2x has the most prompt action in setting into normal motion a host of dyspeptic troubles, especially those located in the right hypochondrium. The medicament is one worthy of an extended clinical trial.

BELLADONNA ROOT ACETATE.

A poor fellow, thirty-five, having six small children, a member of a so-called medical aid club, crawled with two sticks some two miles for my aid. "'Tis something in the kidneys, the doctor says, but I've been bad three months, and the missus gave me no peace till I started up to you, sir," he said. Scanty deposit, kidney secretion had changed under the club doctor's medication to a positive

drain of the system by profuse day and night urination, colourless and free from all reaction to tests both as to acid and alkali. The pain in the back and bladder had now extended down the legs inside the thighs. Ten days after my prescription of a few drops of *Bell. Acet.* 2x to a tumbler of water, teaspoon doses, six times during each twenty-four hours, I was astonished at seeing him running up the steps of the approach to my house, and in high glee. Now that man's occupation is such as to cause much strain on the muscles of the back and abdomen, yet he still (some eight months) continues free from relapse. As to the cure—well, is this a do-nothing?

INSTITUTIONS.

MEDICAL, SURGICAL, AND MATERNITY HOSPITALS OF THE WOMEN'S HOMEOPATHIC ASSOCIATIONS OF PHILADELPHIA.

THE Ninth Annual Report (for 1891) of the above Institutions, situated in Twentieth Street and Susquehanna Avenue, Philadelphia, has reached us, and we are glad to find continued progress in all departments of the work. A full and analytical report of the cases treated shows that the work of these hospitals is in all respects comparable in point of seriousness with that of similar institutions. The management is entirely in the hands of women, who form the executive board, and carry out all the details of the finance and management of the institutions. The resident and visiting physicians are women; the other medical and surgical posts on the staff are divided between medical men and medical women.

BRYONIA ALB. 3x.—In treating diseases of women I find them needlessly irritable, frontal dull or splitting headache, pains in liver, constipated, hard dry stools, cough, with desire to hold the chest during cough. For these symptoms *bryonia alb.* is invaluable. In nausea and vomiting of pregnancy, or fever, as malarial fever, and in malaria, it is worth its weight in gold. In pneumonia we cannot find its equal. In headaches of long standing I give the same remedy: three powders every ten days. In diarrhea of infants or adults it is a sheet anchor. In emphysema of the lungs, *bryonia* will cure if given early in the disease.—*Helena M. Cady, M.D. Louisville, Ky.—American Homeopathist.*

REVIEWS.

DR. FAULKNER'S VISITING-LIST AND REPERTORY.*

THIS well-known visiting-list, now in its second edition, is a visiting-list and a good deal more besides. It is prefaced by an admirable repertory of 89 closely but clearly printed pages, in which the feeblest memory may find the needful help in times of emergency; and in addition to the repertory there is provision made for a prescription-record, so that the visiting-list becomes a case-book in miniature as well. The left-hand page is devoted to the daily engagements of the week; and the page facing it is arranged so that the prescription of each patient on each day of the week may be entered. The diary is undated, so that it may be commenced at any date required. At the end of the book are a number of blank pages for the entry of notes of cases. Altogether "Faulkner's Visiting-List" is a most useful companion for the bedside.

KEENE AND ASHWELL'S "DIARY AND CASE-BOOK," 1893.†

THIS well-known Annual fully maintains the excellence of former years. The almanack part contains very complete information on many useful topics, and includes a table of times occupied in course of post from London to all the principal foreign ports in the world. The volume is large quarto size, the diary part is interleaved with blotting paper, and the case-book, consisting of 190 pages of ruled paper, is prefaced by a lettered index.

MISCELLANEA.

MEMORIAL TO THE LATE DR. DRYSDALE.

WE have much pleasure in calling the attention of our readers to the following from the *Liverpool Mercury*. No more fitting form of memorial could have been chosen for our departed chief.

"Many of the friends of the late Dr. Drysdale desire in some

* *The Homeopathic Physician's Visiting-List and Pocket Repertory*. By Robert Faulkner, M.D. New York and Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company.

† *The Physician's Diary and Case-Book for 1893*. London: Keene and Ashwell, 74, New Bond Street, W.

way to commemorate his services to homeopathy, and, taking into consideration that he was the pioneer homeopathic practitioner in Liverpool, the founder of the first Homeopathic Dispensary in this city—now fifty years old—and subsequently an earnest supporter of the Dispensary and the Hahnemann Hospital, have decided that the fittest way to do so, and the one that would have been most in accordance with his own sympathies, will be to establish a Free Bed in the Hahnemann Hospital, to be called “The Drysdale Bed.” The Committee of the Liverpool Hahnemann Hospital have been consulted, and have promised their hearty co-operation, and have offered to dedicate a bed as suggested, providing the proposal be sufficiently supported to enable them to do so. To endow a free bed the sum of £1,000 is necessary, and towards this amount the following sums have been promised:—

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Henry Tate, Esq., J.P., Streatham	50	0	0
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John Temple, Esq.	10	10	0
E. Shorroek Eccles, Esq.	10	10	0
Alfred Castellain, Esq.	10	10	0
H. J. Robinson, Esq., Woolton	5	5	0
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Miss Helen Ronald, Parkfield Road	5	5	0
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“ Friends who are desirous of evincing their sympathy in this undertaking will perhaps kindly at once communicate with the Chairman, Mr. Thomas Crosfield (of Twigge and Crosfield), 3, Fenwick Street; the Hon. Treasurer, Mr. H. J. Robinson, at the Hospital; or the Hon. Secretary, Mr. S. J. Capper, 55, Bold Street.”

A WORLD'S HOMEOPATHIC CONGRESS FOR 1898.

As the subjoined circular will show, our American *confrères* are not going to allow the Chicago Exhibition to pass by without utilising the opportunity it will afford for a great gathering of the representatives of our school :—

THE WORLD'S CONGRESS AUXILIARY OF THE WORLD'S COLUMBIAN EXPOSITION.

DEPARTMENT OF MEDICINE.

Preliminary Address of the Committees of the World's Congress Auxiliary on a Congress of Homeopathic Physicians and Surgeons in connection with the Columbian Exposition at Chicago, in 1893.

THE World's Columbian Exposition of 1893 will be made notable by a series of congresses to be held under the auspices of the World's Congress Auxiliary. This is an organisation authorised and supported by the Exposition management, and approved by the United States Government. Ample audience rooms, with special facilities for sectional as well as general meetings, will be provided by the Directory of the Fair in a magnificent Art building to be erected on the Lake Front. It is confidently expected that these congresses will add very greatly to the character and utility of the Exposition, and leave its most permanent impress upon the world. Those pertaining to medicine will be of the highest importance, as they will deal with questions essential to human welfare. The history of the epidemic which has so recently swept over the world teaches us that, great as has been the advancement in medical science in the last quarter century, we have still new problems to solve, and failures in therapeutic means to acknowledge. At the last Quinquennial Congress a prominent representative of our school stated that the proving of medicines had but just commenced. A gathering of representatives of our school, more cosmopolitan and numerically superior to any heretofore assembled, will afford opportunity for discussion of the leading medical questions of our time in a manner calculated to elicit the best medical thought of the age and secure the most practical results. It is proposed to make prominent the consideration of the questions specially pertaining to the position of homeopathy as an established school of medicine; to show that our work and influence in medical education has been commensurate with the dignity and importance of our school; to make manifest our aim to be associated with every worthy medical reform; to establish more definitely the relation in which we stand to other schools of medicine; to declare our willingness to remove every barrier to the co-operation of all schools in the general work of the medical profession, leaving in the hands of each full liberty to pursue its

special work ; to take steps to secure in all directions a candid consideration of our tenets and practical work ; and, while truly loyal to homeopathy, to demonstrate that nothing which concerns the health of humanity in its widest aspects, is foreign to our endeavour. In furtherance of these ends the following topics are suggested for the consideration of the Congress :—

- The history of the progress of homeopathic medicine to the date of the Congress of 1893.
- The temperate and careful estimation of the value of statistics of the result of homeopathic treatment, both public and private.
- Plans for the revision, simplification and improvement of our *materia medica*.
- Bacteriology, its relation to homeopathic practice.
- Methods for the establishment of drug-proving on a more uniform and scientific basis.
- The influence exerted by homeopathy on medical education and practice in general.
- The part to be sustained by homeopathy in the prevention and control of epidemics.
- The importance of uniformity of pharmaceutical preparations.
- Estimation of the value of efforts to enlighten the public on the true principles of homeopathy.
- The relation of adjuvants to our therapeutic methods, including the effect of morals, culture and music on the prevention and cure of disease.
- Modern surgery as exemplified by the labours of homeopathic surgeons.
- Specialties, including consideration of their necessity and benefits, and the part they play in the development of the homeopathic system.

It is the desire of the committee to secure the co-operation of all societies now organised for the promotion of these objects, national, state and local. All such are cordially invited to appoint committees to act in connection with those of the Congress. And in order that the great interests to be considered may be presented in the most scientific and comprehensive manner, it has been determined to appoint an Advisory Council of eminent members of our school in all lands where we have representatives. The committee earnestly request all these to offer suggestions and plans for the development of the Congress to a position worthy of homeopathy and the occasion. It is hoped that a large meeting of members of the Advisory Council can be secured at the next session of the American Institute at Washington, when final plans for the Congress can be arranged. The work of women in connection with the Columbian

Exposition has been such as to attract the favourable attention of the world. We have reason to expect a continuance of this earnest work on the part of the Woman's Committee on Homeopathic Medicine and Surgery, which will act jointly with our committee for a congress of both men and women, though a separate preliminary address on the part of the Woman's Committee may be issued.

J. S. MITCHELL, M.D., *Chairman.*

R. LUDLAM, M.D., *Vice-Chairman.*

W. A. DUNN, M.D., *Secretary.*

R. N. FOSTER, M.D., T. C. DUNCAN, M.D.,
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*Committee of the World's Congress Auxiliary on a Congress of
Homeopathic Physicians and Surgeons.*

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ISABELLA HOTCHKISS, M.D.,

Woman's Committee on Homeopathic Medicine and Surgery.

WORLD'S CONGRESS HEADQUARTERS,
CHICAGO, 1892.

THE HOTEL.

CHICAGO, July 20th, 1892.

MY DEAR DOCTOR:—The Committee on entertainment of the World's Congress of Homeopathic Physicians and Surgeons are pleased to inform you that they have made arrangements with the Great Northern Fire-Proof Hotel to receive the Physicians who will attend the meetings of the congress which convenes May 29th to June 3rd, 1893.

The hotel is one of the largest in the world, and has accommodations for 1800 people. It is fire-proof, new, contains eight large restaurants and is conducted on the European plan, so that one may sleep there and take his meals where he chooses. From advices already received by the Committee it is probable that twenty-five to thirty-five hundred physicians and members of their families will have to be provided for during that week, so that it will be necessary to file your application with the hotel at once. Such applications will receive consideration in the order in which they are received, and will be held subject to your disposal until May 19th. A uniform rate of \$2.50 per day for each person for sleeping accommodations has been made, and while of course it will be impossible to assign a room to each individual, the management

guarantees comfort and the best of care. The location of the Great Northern is within three blocks of the Art Institute where the meetings will be held, and its close proximity to all R. R. stations for the World's Fair makes it a perfect situation.

Yours fraternally,

J. H. BUFFUM, M.D.
A. K. CRAWFORD, M.D. } *Committee.*
T. S. HOYNE, M.D.

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.

"ORGANON" AND "CHRONIC DISEASES."

J. M. asks—

(1) What editions of the *Organon* and *Chronic Diseases* would you recommend for first study? and by whom published?

The best translation of the *Organon*, that by Dr. Dudgeon, has long been out of print, and can now only be obtained second-hand. The Hahnemann Publishing Society have, however, undertaken to publish a second edition, which Dr. Dudgeon has already prepared, and this may be expected to appear shortly. This is the edition that we recommend. Several translations have been produced in America, that by Dr. Wesselhoëft being the best known. This may be obtained through the Homeopathic Publishing Company.

The only translation of the *Chronic Diseases* is that by Hempel. It is long out of print, but may be obtained second-hand.

(2) DR. HAYWARD'S PAPER ON "BOOKS OF REFERENCE."

This appeared in *The Monthly Homeopathic Review* for November, and can be obtained from any homeopathic chemist, or from the publishers, E. Gould and Son, 59, Moorgate Street, E.C.

(3) "NEW MATERIA MEDICA," BY THURSTON AND KEMPELL.

If you apply to the Homeopathic Publishing Company, 12, Warwick Lane, E.C., they will be able to send you the first number.

POISON IN THE HAT.—The numerous cases of poisoning among hatmakers have induced M. Jungfleisch, the chemist, to endeavour to discover the cause. He traces it to the nitrate of mercury used in preparing rabbit-skins for manufacturing hats. He found half-a-gramme of mercury in a hat in use. Retail hatters are not exempt from the danger of poisoning by mercury in this way.—*Chemist and Druggist.*

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. Ross, *York*.—Dr. Ross, late of Norwich and Scarborough, has commenced practice at York. His present address is 53, BOOTHAM, YORK.

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; Diseases of the Throat, Thursdays, 2.30; Operations, Mondays, 2.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Burnett (Dr. J. Compton). Ringworm. Its Constitutional Nature and Cure. 12mo, pp. 132. (Homeopathic Publishing Company. 2s. 6d.)
- Ewald (C. A.). The Diseases of the Stomach. Authorised Translation from the second German edition, with special additions by the Author, by Morris Mangos. With 30 Illustrations. Royal 8vo, pp. 510. (Pentland. 16s.)
- Gardner (Augustus K.). The Conjugal Relationship as Regards Personal Health and Hereditary Well-Being, Practically Treated. 8vo, pp. 230. (Glasgow: Morison; Simpkin. 3s. 6d.)
- Hale (A. C.). The Art of Massage. Profusely Illustrated with Original Drawings. 8vo, pp. 166. (Scientific Press. 6s.)
- Hall (W. W.). Popular Cyclopaedia of Curative and Health Maxims, comprising about Five Thousand Counsels Alphabetically Arranged, regarding the Cure of Disease, the Maintenance of Health and the Increase of Strength. 8vo, pp. 242. (Glasgow: Morison; Simpkin. 3s. 6d.)
- Hartnett (J. J.). Antiseptic Dry Air Treatment of Consumption. 2nd ed. 12mo, pp. 104. (Churchill. 3s. 6d.)
- Hartridge (G.). The Refraction of the Eye: A Manual for Students. 6th ed. Cr. 8vo, pp. 350. (Churchill. 6s.)
- Health Lectures for the People; Edinburgh Health Society Special Selection for "National Home Reading Union." Post 8vo, pp. 148. (Edinburgh: Macniven; Simpkin. 1s.)
- Holbrook (M. L.). Liver Complaint, Nervous Dyspepsia and Headache; Their Causes, Prevention and Cure. From the 3rd American ed. 8vo, pp. 160. (Glasgow: Morison; Simpkin. 2s. 6d.)
- Holbrook (M. L.). The Hygienic Treatment of Consumption and Consumption Tendencies. 8vo, pp. 246. (Glasgow: Morison; Simpkin. 3s. 6d.)
- Keating (J. M.) and Hamilton (H.). A New Pronouncing Dictionary of Medicine: Being a Voluminous and Exhaustive Handbook of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, &c. By John M. Keating and Henry Hamilton, with the collaboration of J. Chalmers Da Costa and Frederick A. Pickard, with Appendix containing Important Tables of Bacilli, &c. 8vo, pp. 810. (Pentland. 18s.)
- Landale (E. J. R.). Points for Probationers. (Record Booklet Series.) 12mo, pp. 36. (Record Press. 1s.)
- Newman (D.). Malignant Disease of the Throat and Nose. 8vo, pp. 210. (Pentland. 8s. 6d.)
- Parkes (L. C.). Hygiene and Public Health. 3rd ed. With Illusts. Cr. 8vo, pp. 544. (Lewis. 10s. 6d.)
- Pharmacopœia of the Royal Infirmary.

- Edinburgh. Compiled by Charles Arthur. 82mo, pp. 142. (Edinburgh: Thin; Simpkin. 8s. 6d.)
- Roberts (Sir Wm.). On the Chemistry and Therapeutics of Uric Acid, Gravel and Gout. Being the Croonian Lectures for 1892 delivered before the Royal College of Physicians. With Additions. Cr. 8vo, pp. 140. (Smith, Elder and Co. 8s. 6d.)
- Ruddock (Dr. E. H.). Text Book of Modern Medicine and Surgery on Homeopathic Principles. New edition. 8vo, pp. 1082. (Homeopathic Publishing Company. 21s.)
- Sykes (John F. J.). Public Health Problems. Illust. (Contemporary Science Series.) Cr. 8vo, pp. 382. (W. Scott. 3s. 6d.)
- Transactions of the Medico-Chirurgical Society of Edinburgh. Vol. XI. New Series, Sessions 1891-92. 8vo, pp. 812. (Edinburgh: Oliver and Boyd; Simpkin. 8s. 6d.)
- Transactions of the Edinburgh Obstetrical Society. Vol. 17. 8vo, pp. 294. (Edinburgh: Oliver and Boyd; Simpkin. 8s. 6d.)
- Webster (J. C.). Researches in Female Pelvic Anatomy. Illust. 4to. (Pentland. 80s.)
- Webster (J. C.). Tubo-Peritoneal Ectopic Gestation. Illust. 4to. (Pentland. 16s.)
- Whitaker (J. R.). Anatomy of the Brain and Spinal Chord. 2nd ed. Post 8vo, pp. 172. (Edinburgh: Livingstone; Simpkin. Net, 5s.)
- Windle (B. C. A.). The Proportions of the Human Body. 8vo, pp. 82. (Baillière, Tindall and Cox. 2s.)
- Wills (G. S. V.). A Manual of Vegetable Materia Medica. With numerous Illust. and Woodcuts, 11th ed. Cr. 8vo, pp. 420. Simpkin. 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, 30, *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. E. M. Hale, Chicago, U.S.A.; Mr. Wootton, Alexandria; Dr. Heath, London; Dr. Galley Blackley, London; Dr. Ashley Bird, Penarth; Mr. Crispi, Whitby; Dr. Thos. Wildes, Jamaica; Dr. D. Ridpath, Huddersfield; Dr. Morrisson, London; Dr. Reginald

Jones, Birkenhead; Dr. Croucher, Hastings; Mr. Pottage, Edinburgh; Mrs. Lippe, Washington; Dr. Ross, York; Messrs. Keene and Ashwell, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Allg. Hom. Zeit.—Monatsblätter f. H.—Maanedskrift f. H.—New Remedies.—Boletín de Homeopatía.—Hahnemannian Monthly.—Clinique.—Southern Journal of Homeopathy.—Medical Argus.—New York Medical Times.—Homeopathic Envoy.—North American Journal of Homeopathy.—Minneapolis Homeopathic Magazine.—California Homeopath.—Revue Hom. Belge.—Medical Visitor.—Medical Advance.—American Homeopathist.—Vaccination Inquirer.—Homeopathic News.—Rectal Hygiene, by Dr. E. M. Hale.—Melbourne Homeopathic Hospital, Twenty-fourth Annual Report.

THE HOMEOPATHIC WORLD:

A Monthly Journal

OF

MEDICAL, SOCIAL, AND SANITARY SCIENCE

Edited by

JOHN H. CLARKE, M.D.,

Ext. Mem. Roy. Med. Soc. Edin.

CONTENTS.

	PAGE		PAGE
Homeopathic Policy	529	INSTITUTIONS:—	
NEWS AND NOTES:—		Medical, Surgical, and Maternity Hospi- tals of the Women's Homeopathic Associations of Philadelphia	560
Unknown Drugs for Unknown Diseases—Dr. Gallavardin on Alcoholism— <i>Tuberculinum</i> <i>Heathii</i> — <i>Barium Chloride</i> in British Spas— The Credit Due—The New Mayor of Hastings —Pottage's Kola Preparations—Allopathic Intolerance Foiled—"Material" for Vivisection —Copper and Cholera— <i>The Southern Journal</i> of Homeopathy—Tract No. 42, "The Cholera"	532-537	REVIEWS:—	
ORIGINAL COMMUNICATIONS:—		Dr. Faulkner's Visiting List and Re- pertory	561
The Administration of Homeopathic Medicines in Foods and Drinks. By Dr. GALLAVARDIN OF LYONS.....	538	Keene and Ashwell's "Diary and Case Book," 1893.....	561
A Cancer Case. By D. RIDPATH, M.D.	542	MISCELLANEA:—	
Thoughts from the <i>Organon</i> . By EDWARD MAHONY, M.R.C.S., L.S.A.	543	Memorial to the Late Dr. Drysdale ...	561
The Homeopathic Medical Schools of the United States. By ALFRED HEATH, M.D., F.L.S.	550	A World's Homeopathic Congress for 1893	563
Asiatic Cholera. By Dr. MORRISON.....	551	ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES:—	
Homeopathic Medicine <i>versus</i> Allo- pathic Knife. By JOHN H. CLARKE, M.D. 554	554	"Organon" and "Chronic Diseases"—Dr. Hayward's Paper on "Books of Reference"— "New Materia Medica," by Thurston and Kembell	556
A Witness for <i>Glonoin</i> . By T. G. WOOTTON 555	555	APPOINTMENTS, VACANCIES, AND RE- MOVALS:—	
A Case from Lay Practice— <i>Septia</i> . By W. BELLERBY	557	Dr. Ross, York	567
MATERIA MEDICA:—		VARIETIES:—	
Acetates. By AGRICOLA	558	Caloric Epilepsy (p. 537); Bryonia Alb. 3x (p. 560); Poison in the Hat (p. 566).	
		Medical and Surgical Works Published during the Past Month.....	567
		To Contributors and Correspondents.....	568
		Title-page and Index to Vol. XXVII.	

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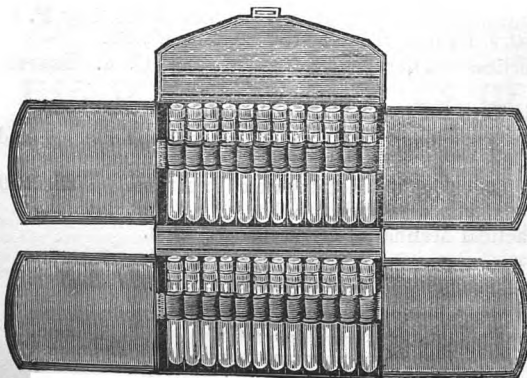
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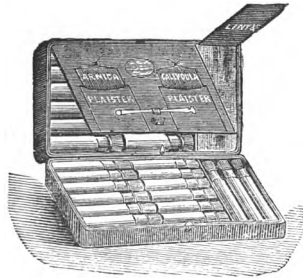
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