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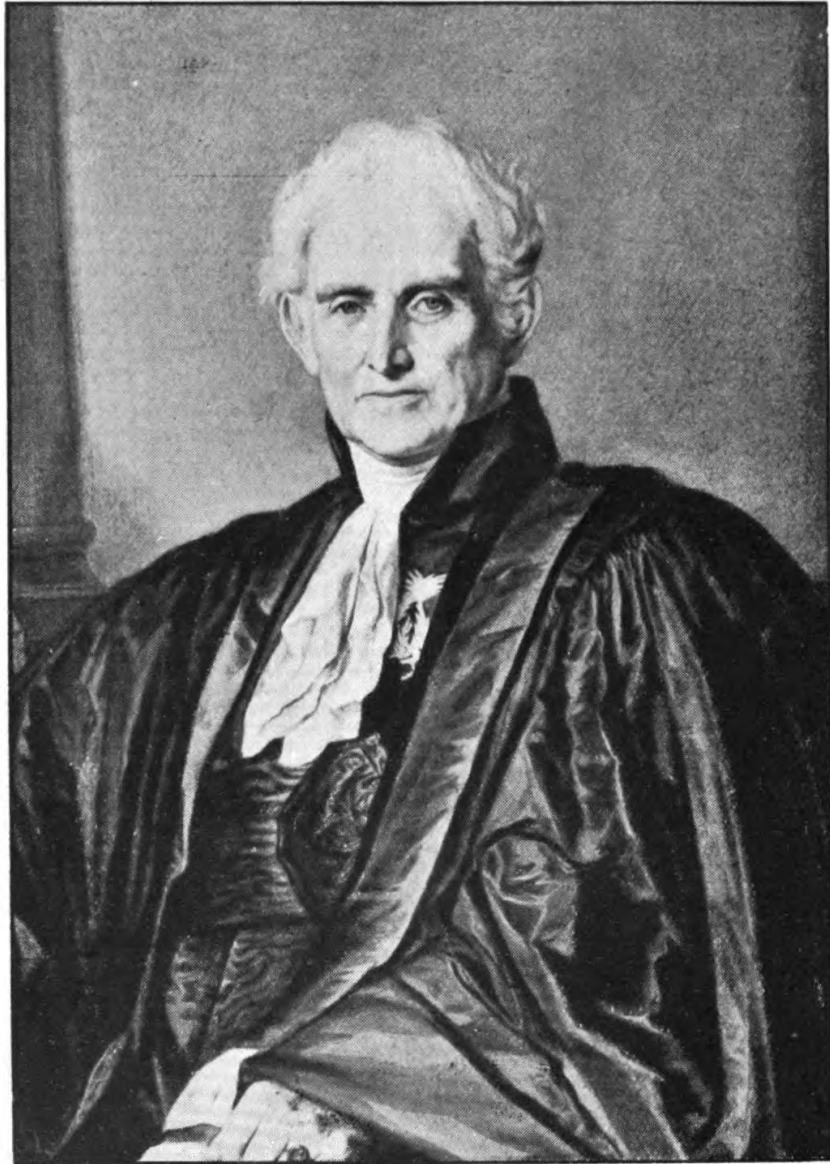
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COUNT SEBASTIAN DES GUIDI, M.D.

THE HOMŒOPATHIC WORLD.

JANUARY 1, 1909.

A FORWARD MOVEMENT.

WHEN it was realised among us that homœopathy was to be represented at the Mansion House this year, in the person of the Lord Mayor, we, knowing Sir GEORGE TRUSCOTT, knew also that his representation would be effective and practical. Nor have we had long to wait for the proof. Already steps have been taken in the matter, and in March a meeting will be held at the Mansion House to consider the raising of a fund to further the homœopathic cause, and to decide how best to utilise such sums as shall be obtained. Various objects, all worthy of the consideration of homœopaths, have been suggested, and their merits canvassed, more or less formally; as yet it is too early to decide finally; but if the result should be the formation of a Central Fund for the maintenance and extension of homœopathic institutions, it is certain that few better ways could be found of employing the gifts of the enthusiastic and the charitable. There are three points of fundamental importance to be remembered in formulating any scheme. First, it must make for the progress of homœopathy. The existing institutions of all kinds will all have the right to submit claims to the Central Fund, but extension must go hand in hand with maintenance. We need more and more dispensaries and hospitals and means to train more and more men to work them. Secondly, the fund must be national. It must be

for all homœopathy, not merely for London homœopathy, and as by extension we permeate a wider area, we shall make known more widely the benefits of our treatment. Thirdly, the fund must be, will be, one that can command the sympathies of all the charitable, not only of those who have a knowledge of the great things that homœopathy can do. In so far as it means relief of suffering and cure of disease and research for more weapons to fight sickness and death, it will have a claim on all. There is no fear that homœopathy will not give good value for any money that is entrusted to it. Finally, the fund, being universal, must be a common interest to all shades of homœopathic practice. We have had our small differences, and, like the independent people we are, have made the most of them; but let us now turn our thoughts towards co-operation, and let a Central Fund for homœopathy be a rallying-point for all who prefer union to disintegration.

LAST YEAR'S SNAKE VICTIMS.—The *Times of India* gives the "snake" statistics for 1907. The total mortality amongst human beings caused by snake-bite fell from 22,811 in 1906 to 21,418 in 1907. So low a figure has not been reached since 1897. The decrease is noticeable mainly in Bengal and Eastern Bengal and Assam, where the figures fell from 8,862 and 2,730 in 1906 to 8,276 and 1,900 respectively in 1907. The most important increases occurred in Madras and Burma, where the figures rose from 1,527 and 1,149 in 1906 to 1,977 and 1,348 respectively. The highest mortality in Bengal occurred, as usual, in the Patna division, the number of deaths being 3,393 as compared with 3,636 in 1906. The decrease in Eastern Bengal and Assam is attributed to the floods having been lower. The Central Provinces figure (996) is the lowest returned in any one of the last seven years. The Lauder-Brunton treatment of snake-bite by incision and application of permanganate of potash and the distribution of lancets continues. It is too early yet to pronounce with any certainty as to the result of the experiment, but a number of favourable reports have been received. Eight cases are reported from the United Provinces of the successful use of Dr. Calmette's anti-venene. In two of these cases the permanganate of potash treatment was also employed.—*Westminster Gazette*, September 28, 1908.

NEWS AND NOTES.

THE CURE OF TUMOURS BY MEDICINE.

A MOST important work on this subject from the pen of Dr. J. H. Clarke, the most indefatigable of physicians, has reached us. In the February number we hope to present a detailed review of it by Dr. M. le Hunte Cooper, himself a distinguished exponent of the art of treating tumours by other than surgical means. For the present it is enough to call attention to the volume, which must be read by all who are interested (and who is not?) in the subject.

THE DRUG SYMPOSIUM.

WE make a start this month with *Argentum nit.* The drug for February is *Phytolacca*, and for March *Ambra grisea*. Cases should be sent any time up to the 10th of each month for the month following.

SCIENTIFIC PIETY.

FROM the *Westminster Gazette* of October 9th:—

“THE DANGERS OF ‘HOLY WATER.’

“The sanitary dangers lurking in ‘holy water’ have recently been scientifically studied by a monk, Fr. Augustin Gemelli, who is himself a highly qualified medical man. He published his results in the *Scuola Cattolica*. Every cubic centimetre of holy water in the basins in the Church of Santo Croce, Turin, taken from the surface, contained 150,000 microbes, while a cubic centimetre taken from the bottom contained no less than 6,000,000 microbes. He injected this water into animals and found that it always killed them, the causes of death being tuberculosis, colitis, or diphtheria. He recommends a new form of holy water receptacle, so constructed that persons, instead of dipping their fingers into it, can obtain three drops of water by pressing a button.”

THE SOUTHPORT HOSPITAL.

THE appearance in the *Building News* of the plan chosen for this hospital reminds us that the work of building is actually begun, and Southport well on its way to add

another to the increasing group of homœopathic hospitals. Now, therefore, arises the all-important question of ways and means. £200 is still wanted to obtain the £500 generously promised by Mrs. Kissel if an equal sum were raised elsewhere. Dr. Lowe has already been very successful, and the Dispensary will soon need enlargement and more funds. Therefore, every friend of militant homœopathy, at this season when minds turn instinctively towards giving, should remember Southport and send a timely contribution. No part of homœopathic work is more important than the support and extension of our hospitals, and Southport has done so well that all homœopathists should try to help a town that has shown so obvious an intention to help itself. We hear the Southport homœopathists are starting a Book Club to spread a knowledge of homœopathy. It is an excellent scheme and demonstrates once more their fervour and ingenuity in propagandism. Therefore we beg every reader of the *WORLD* to help Southport to the best of his ability. Mrs. Van Stralendorff, 12, Lord Street West, Southport, will gladly receive donations and subscriptions. Give therefore, and give quickly! In Southport they return good value for money.

THE FIRST SOD.

ON Friday afternoon, December 18th, the first sod of the hospital site was cut in the presence of the members of the Hospital Committee. The *Building News* of December 11th contains some excellent drawings and plans of the hospital as it is to be.

THE CHILDREN'S SANATORIUM FOR THE TREATMENT OF PHTHISIS, HOLT, NORFOLK.

WE regret to learn that the funds of the Children's Sanatorium at Holt, Norfolk, for the open-air treatment of consumptive children are nearly exhausted; fifteen beds have been in full occupation since April 1st, and thirty-five cases have been received and dealt with this year with marked success. Donations or annual subscriptions are earnestly solicited. Treasurer, Alfred Hoare, Esq.; Hon. Sec., T. H. Wyatt, Esq., M.V.O., 68,

Denison House, Vauxhall Bridge Road, S.W.; Bankers, Messrs. Hoare & Co., 37, Fleet Street, E.C. Annual Report will be forwarded on application.

MR. WM. STRATTON.

OUR readers will be glad to learn that Mr. Wm. Stratton, on whose behalf we made an appeal to our readers, was successful in his application. He has been elected to an annuity of the Pharmaceutical Society's Benevolent Fund.

A PERUVIAN CURE FOR WARTS.

A CORRESPONDENT of the *Lancet* describes a remedy for warts used at Arequipa, Peru, and endorses the success claimed for it. It is a beetle of the genus *Melœ*, which lives on the plants *Lycopersicum Peruvianum* and *Encelin canescens*. The surface of the wart is scraped and the beetle squashed on to it. The active principle is in the blood, and the fresh blood seems more efficacious than extracts made with spirit, ether, or chloroform, although these latter retain some power. Triturations of the dried blood should certainly be proved. The local application to the scarified wart causes an inflammatory reaction.

THE LONDON HOMŒOPATHIC HOSPITAL.

This, the only hospital in London conducted on homœopathic principles, may well appeal to all interested in the care of the sick and suffering poor. Its doors are open freely for the reception of cases of accident or disease without any distinction as regards sect or nationality. Last year it treated 1,105 in-patients and the out-patients numbered 10,167. For some time past the accommodation has been inadequate to meet the increasing demands for admission, and its friends last year raised the magnificent sum of £30,000 for enlarging the Hospital to the extent of providing 170 beds as against the present 104. The extension work is now well in hand and when finished the Institution will be one of the most complete and up-

to-date hospitals in the kingdom. The board are now earnestly appealing for £2,500 to furnish the new wing extension and thus open same quite free from debt. The annual expenditure amounts to about £9,000, which will of course be increased when the enlarged hospital is in full operation. For nearly the whole of this expenditure the committee have to look to the generous public, and any help our readers can send either by way of subscriptions or donations will be thankfully received by MR. EDWARD A. ATTWOOD, the Secretary, at the Hospital, Great Ormond Street, W.C.

“ILLNESSES” OF THE ELEMENTS.

WE take the following from the *Lancet* of December 12th. These atomic changes are of much importance, and are not merely scientific curiosities. Atomic dissociation *may* give a clue to the action of potencies, and the study of elemental changes may be of profit to homœopathy:—

“There are abundant chemical phenomena indicating that stability can only be a relative term, and the truth is probably that no element is absolutely stable. The discovery of radium has introduced the doctrine of degradation, but whether that be definitely established or not, and radio-energy apart, spontaneous change would appear to be as true of inorganic materials as it is of organised entities. Yellow phosphorus gradually assumes a new complexion if left to the agencies of time, finishing a beautiful dark red. Is this a step in its retrograde movement towards becoming, that is, an element of a lower order? Why, again, does tin crumble to a grey powder if exposed for a long time to the cold? The change is known as ‘tin-plague’; the smooth surface of the metal, after an exposure to 16°–45° C. for two years, becomes brittle and crystalline. ‘Tin-plague’ is even ‘infectious,’ for on inoculating other masses of smooth polished tin with small portions of the crystalline metal the ‘disease’ spreads, the area affected increasing in diameter from three to five millimetres daily. Tinfoil succumbs to the infection in the same way, and becomes crystalline and brittle right through. Why, again, does the railway line snap except that it is attacked by the same ‘crystallising disease’? It would even appear that certain metals have their ‘illnesses,’ as though their activities were interfered with by a toxic process which may be pushed in many cases to such an extent that the metal ‘dies.’ Platinum, for example, in its colloidal form, in which it is very remarkably active, is positively ‘poisoned’ by prussic acid or corrosive sublimate, and its great energies cease to act: it is killed. The beautiful liquid, lustrous metal, mercury, gets ‘sick,’ non-mobile, dull, and streaky the moment that it absorbs impurities. Under

electrical stress glass gets 'fatigued,' as in the X-ray tube. Silver 'spits' just as it solidifies, having breathed in, so to speak, oxygen while it was in the liquid state. These incidents, and others which might be recalled, are almost startlingly human in their nature."

A CORRECTION.

IN a note in the October issue on the use of *Sod. chlorid.* in scorpion stings Mr. Ivan Middleton was referred to as Mr. Henry Middleton. We apologise for the error.

ORIGINAL COMMUNICATIONS.

COUNT SEBASTIAN DES GUIDI, M.D.

By DR. JULES GALLAVARDIN, of Lyons. Translated by DR. CLARKE.

[Dr. JULES GALLAVARDIN, of Lyons, is doing an admirable work in publishing in his journal, *Le Propagateur de L'Homœopathie*, biographies of notable homœopaths of days gone by. In the issue of May 31st of that journal appeared the first of the series from Dr. Gallavardin's own pen—that of Dr. Count Des Guidi, from whom Dr. Gallavardin's distinguished father himself learned homœopathy. It will be remembered by those who have read *The Enthusiasm of Homœopathy* that the hero of the book, Dr. Mure, owed his life to Dr. Des Guidi, and so it comes about that the world owes the fruits of Dr. Mure's amazing activities to Dr. Des Guidi also.

My readers will be horrified to learn that our hero, Nelson, was only saved by a miracle from making the terrible mistake of hanging young Des Guidi! But things are sadly mixed in this world, and it must be remembered that in Italy at that time things were very much more mixed than usual. England was then engaged in a life-and-death struggle with revolutionary France, and by a combination of circumstances the French had been called in to support the Neapolitan people against the lazzaroni, who had been armed by the Court. But the Court had not the courage of its own actions. The people had been deserted by their king and queen, who had made their escape from

Naples on board Nelson's ship. Later on they returned with an army, and it was then that the deplorable event took place. At this time our susceptible Nelson was under the influence of more than one lady. In later days it was reserved for another Englishman to repair Nelson's work and fire the mine which finally exploded Bourbon rule in Naples. I refer, of course, to Mr. Gladstone.

Through the kindness of Dr. Gallavardin I am able to give the readers of the HOMŒOPATHIC WORLD a reproduction of Auguste Flandrin's fine portrait of Des Guidi.—J. H. C.]

The history of homœopathy in France cannot be written without citing in the first rank Dr. Des Guidi. For Dr. Des Guidi was the first to introduce into France the therapeutic reform of Hahnemann.

Before 1830 a few journals and a few books had just mentioned homœopathy as a novelty, but it wanted the enthusiasm and the energy of Des Guidi to make it known in France.

Des Guidi had a life so full of movement that it is well worth while to repeat its principal events.

Born on August 5, 1769, at the Castle of Guardia Sanframondi, near Caserte, in the kingdom of Naples, Count Sebastian Des Guidi came of an old Florentine family which illuminated Italy during nine centuries. Sebastian and his three brothers received an education in which the exact sciences, physics, chemistry, and mathematics held an important place.

One of his biographers, Jules Forest, tells how he became involved in the troubles which at that time deluged his country with blood. "Already, in 1773," he writes, "a rising had taken place at Palermo under the rule of the ambitious Caroline, that avowed enemy of France, which her husband, the easy-going minor, Ferdinand IV., was quite unable to keep within bounds. Two parties—a Franco-Spanish party on the one hand and an Anglo-Austrian party on the other—contended for the Court of Naples.

"Sebastian Des Guidi had barely completed his twentieth year when the great revolution of 1789 burst forth to overturn everything and change the face of France, . . . The lively imagination of the young

Sebastian naturally felt the influence of it. He dreamed, like his brother, of securing the same liberty for his own country.

“To appreciate properly the part that Sebastian Des Guidi took in the revolution of Naples, it is indispensable to recall some of its principal features.

“When, in 1798, Championnet, the conqueror of Mack, on the banks of the Tiber, had driven from Rome the King of Naples and 40,000 Neapolitans, the lazzaroni cried out that they were betrayed. The Court, which had the weakness to arm them, was so terrified by the excesses committed by this ignorant populace that it was obliged to escape to Sicily on the 11th Nivôse (31st of December) on board the ship of the English Admiral Nelson.

“Eleven days later, when the people of Naples learned that the French general, who was steadily advancing, had signed on 22nd Nivôse (11th of January) an armistice with Mack, which ceded to him Capua, a large part of the kingdom of Naples, and a money indemnity of eight millions, they became so infuriated that Prince Pignatelli himself, who had replaced the king, had to flee, abandoning the beautiful capital to the lazzaroni.

“After eight days of tumult and anarchy, the fury of which redoubled with the approach of the French, the lazzaroni, who showed more courage than the soldiers, committed such unheard-of excesses against the nobility and the citizens that all the friends of order united with Prince Moliterni to second the entry of the French into Naples.

“Sebastian Des Guidi commanded a detachment of the Civil Guard. On the 4th Pluviôse, year vii. (January 23, 1799), General Championnet gave the assault. The citizen militia attacked at the same time; Sebastian Des Guidi was the thirteenth among the assailants who precipitated themselves upon the fort St. Elmo, the culminating point, courageously defended by the lazzaroni under the direction of a man named Branti. After a bloody fight the fort and posts were taken; one of the principal chiefs, made prisoner, consented to make all his men lay down their arms on condition that Saint Januarius was respected.

“From that time the kingdom of Naples took the name of the Parthenopean Republic until the 17th of July, when

Cardinal Ruffo, at the head of 25,000 men, brought back Ferdinand IV. and the queen. The conflict was bloody—reactions are the daughters of abuses—this one became a veritable butchery. Queen Caroline and Admiral Nelson approved of the cruelties only too much.

“Sebastian Des Guidi, wounded and made prisoner, was taken with seven hundred patriots on board an English ship to be hanged.

“The executions began with Carraciolo.

“Called before his turn, Des Guidi was going to undergo the same penalty, when the error in the name, which was discovered just in time for him, made them send him back and brought about his deliverance.

“The emotion which he experienced was so profound that it caused a nervous trembling in the legs, and imparted to his swaying gait that swinging motion which is noticeable particularly among Arabs of distinction, and which in later times occasioned him more than one fall. This weakness of the lower limbs formed all his life a singular contrast with the vigour of his intelligence.

“Miraculously saved but stripped of all resources, since his property had been confiscated, and compromised in the eyes of royalty, he came in 1799 to ask France for an asylum.

“His thirtieth year had just struck—the age of manhood when action succeeds dreams. Marseilles was his first resting-place, Lyons his second. The tower of Fourvières, that entirely Lyonnese building, which in 1792 had been sold as national property, and transformed by a Madame Besson into furnished chambers, served him as an asylum in the first instance. There he was sent in military fashion, in his capacity of refugee, conjointly with a Calabrian. His angelic face, his rare intelligence, and the air of misfortune which he carried interested the then proprietress of the chambers, and her brother introduced him to M. Vingtrinier, merchant, who received him at his house. They procured some pupils for him and he began to give private tuition; then, his talents and solid instruction being appreciated, a decree of 11 Thermidor, year xi., conferred on him the title of French citizen.

“His brother Philip, whose property had been confiscated like that of all his family, joined Sebastian at Lyons in 1800. Sebastian now discharged the functions of pro-

fessor of physics and chemistry at the central school of the Ardèche, when King Murat recalled the two brothers and reinstated them in their property which the revolution had deprived them of. Philip alone returned to Naples; Sebastian remained at Lyons, which became definitively his adopted city.

“He had obtained in a competition in 1801 the position of professor of mathematics at the college of Privas, where he remained two years. On his return to Lyons in 1803 he was admitted to the Lyceum of that city to teach mathematics and physics.

“By the introduction of his Lyons’ friends he made the acquaintance of one of the principal families of Dauphiné, and in 1804 he had the happiness to marry Mdle. L. Chion, of Crest.

“In 1810 he was called to the faculty of Marseilles to fill the post of professor of special mathematics.

“Three years later (1813) he was appointed inspector of the University of Grenoble.

“Promoted to the inspectorship of Metz, after the disasters of 1815, he was on the way to take up his post, leaving Madame Des Guidi at Grenoble, when, in consequence of some political remarks imprudently expressed, he was thrown into prison. His wife on receiving the news went to him at once; but it was with very great difficulty that she succeeded in delivering her husband after eight days of captivity.”

In spite of these absorbing occupations devoted to education, Des Guidi found time to utilise his prodigious activity for the benefit of the art of medicine, and after having obtained the degree of Doctor of Science on February 12, 1819, the Faculty of Strasbourg proclaimed him Doctor of Medicine on September 21, 1820. He was then 51 years of age.

Inspector of the University of Lyons in 1819, he was obliged to relinquish his functions in 1821, for family affairs had recalled him to Naples, where he remained for seven years.

“It was during this sojourn in Naples that he had occasion to become acquainted with homœopathy. Des Guidi has himself told in his *Letter to the Medical Men of France* the circumstances which led him to study this therapeutic method. His wife, for many years affected

by a serious disease, had exhausted in vain all the resources of medicine. Excellent practitioners of Lyons, Paris, Grenoble, and Montpellier had lavished on her, and with affection, all their able counsels, but nothing had had a permanent result. The waters of Pouzzoles had no result either. Dr. Simone spoke to Des Guidi about homœopathy, practised at that time with success by Dr. de Romani. The latter was called to see the patient, and had the good fortune to cure her.

(To be continued.)

SYMPOSIUM ON ARGENTUM NITRICUM.

Introduced by DR. CLARKE.

It was a happy idea on the part of the Editor to invite contributions centring round some particular remedy for each month of the year; and I have gladly complied with his request to perform the part of introducing the subjects. The value of bringing together experiences with a single drug observed by a number of different practitioners has proved so great in the meetings of the Cooper Club that there is every reason to follow the same plan in the journals. If the initiative now taken should prove successful, it will doubtless become a permanent institution. All that will be needed is for our medical readers to write out their experiences with each drug and send them promptly to Dr. Wheeler.

Argentum nitricum—Nitrate of Silver—is best known in old medicine for its caustic properties. Sticks of "Lunar Caustic" were an invariable part of the surgeon's armamentarium in olden days. The principal internal use to which the drug was put was as a remedy in epilepsy and in locomotor ataxy. In cases of epilepsy it was given in the form of pills, and the prolonged use of it in this connection gave rise to the cases of "argyria" in which the entire skin of the body became permanently lead-coloured. It was from observations of its effects recorded by observers who had given it in cases of epilepsy that Hahnemann collected the few symptoms of this drug which appear in his *Materia Medica Pura*. The proving of it he left to others; though he proved *Argentum metallicum*—Leaf Silver—very fully.

It is always possible to obtain some idea of a drug's action from its uses in old-school practice. Old-school practitioners often discover true indications, but come to grief in their methods of administration.

The symptoms of epilepsy and locomotor ataxy are paralleled in many symptoms of the provings. The use of lunar caustic as a remedy for warts indicates the antisycotic properties of the remedy. Used locally in eye-affections and in ulcers of the throat and elsewhere, we have indications for its internal use in the potencies. Further, we may obtain other knowledge of a drug from its antidotes and relations. The chief antidote to Nitrate of Silver, when taken in large doses or given homeopathically, is Salt. *Natrum muriaticum* and *Argentum nit.* cover a great deal of common ground. Another very close ally of *Argent. nit.* is *Pulsatilla*. *Pulsatilla* antidotes *Argent. nit.* and complements it. In cases of ophthalmia which are improving under *Argent. nit.* the cure will often be hastened by an occasional dose of *Puls.* Cases which have been liberally treated with local applications of *Argent. nit.* in allopathic hands are nearly always helped by *Nat. mur.* *Nat. mur.* should always be given before any other in such cases unless very definite symptoms call for some other. It matters not where the over-cauterising has been performed—eyes, throat, urethra—*Nat. mur.* will nearly always put the patient into a vastly improved condition and pave the way for future medication.

Now I have said a great deal about other remedies and very little about *Argent. nit.*, but I think for all that my readers will have gained some general idea of the scope of the remedy. For it is with drugs as with human beings—they are to be judged and considered by their friends and associates. But that is not sufficient. In homœopathy it is not sufficient to dub a drug as “a nervine” or “a tonic” and rank it with others of the same category, any one of which may serve our turn. In homœopathy each drug must be studied individually, and it is the business of the exponent of materia medica to bring out the individual characteristics of every remedy which singles it out above all others when they are met with in disease. These characteristics are of two kinds: First, those which are so striking and peculiar as to deserve the name of “keynotes”; and second, those which consist of

characteristic groups of symptoms. The latter constitute what is commonly called the totalities, and are often to be found only by patient use of the repertory and symptom-lists. In the scope of this article I shall be obliged to confine myself mainly to the former.

My friend Dr. Samuel Van den Berghe has very kindly sent me the advance proof of an article which appears in the current number of the *Journal Belge d'Homœopathie*, and of which I have the pleasure to subjoin a translation. The first of the cases brought out one of the great keynotes of *Argent. nit.* in the mental sphere—APPREHENSION. One of the symptoms reads: "He feels very much affected, bodily and mentally; he does not undertake anything lest he should not succeed." The patient dares not go to church or to the theatre, or before going anywhere or undertaking anything has an attack of diarrhœa. This is something like the fright of *Aconite*, and *Argent. nit.* rivals *Acon.* as a remedy for the *effects of fright*. I am again indebted to Dr. Van den Berghe for giving me a case illustrating this. The case was reported by Dr. Boniface Schmitz, of Antwerp, in *Journ. Belg. d'H.*, 1896 (vol. iii. p. 99). A girl became insane after witnessing the sudden death of her sister at a ball. Among the symptoms she manifested was "*visions of serpents*." This was the particular symptom which called attention to *Argent. nit.*, and the 3rd potency of the remedy cured her. Among the symptoms of the proving are: "On lying down for the purpose of relieving her head visions and distorted faces hover before her imagination, although her eyes are closed, even in daylight." These visions prevent the patient from falling asleep. "Horrid dreams" are very frequent. These dreams are often associated with flatulence and symptoms of disordered stomach. One symptom is, "He frequently wakes in the night from dreams about putrid water, fishes, and *serpents, filling him with horror*." This is the symptom which led to Dr. Schmitz's cure.

One of the later provings (Dr. E. P. Brewer, *Hahn. Monthly*, 1883) brought out some very useful symptoms referring to the prostate gland and to the condition of locomotor ataxy. I cured a very bad case of paraplegia following confinement with *Argent. nit.* 5. The same remedy has given great help in a case of the locomotor ataxy

type. The patient, aged about 55, fair and sanguine, who has suffered for many years with fulgurating pains, absence of patellar reflexes, and occasional numbness and weakness of the left leg, complained recently of dizziness, which was accompanied by nausea and was > *after lunch*. There was much sinking sensation and dreamful sleep. There was a tympanitic note in the right hypochondrium. The most peculiar symptom here was "giddiness > after lunch." *Argent. nit.* has > of many symptoms by eating, especially nausea. Kent's Repertory gives "vertigo > after dinner." *Argent. nit.* 12 gave prompt relief in this case. A friend has told me of a case of difficult micturition in a man of 63, sanguine temperament, auburn hair, light eyes, who had warts on left forehead at hair-margin, which was promptly relieved by *Argent. nit.* This case was prostatic. The symptoms were: "Too frequent desire to urinate; sensation as if there was too little space for urine to pass." Symptoms of the proving are: "Urethra feels swollen; inability to pass urine in projecting stream." The warts on forehead guided to the remedy. *Argent. nit.* 3x, twice daily, cured.

"Tremulous weakness," "Trembling and tremulous sensations" are leading indications for *Argent. nit.* A sense of expansion is also very characteristic. There may be painful swelling at pit of stomach, and it may be accompanied by excessive flatulence and disturbance of the intestines. Many symptoms of "mucous colitis" can be found under *Argent. nit.* The swollen feeling is met with in connection with the headaches, and there is also its counterpart in the sensations "as if the head were nipped in a vice," "as if something tight were drawn over the skull." The headache is relieved by tying something tightly round the head. Conversely, is the feeling as if the head were enlarged and the bones were separated, there is throbbing of the carotids and intolerance of tight neck-band (like *Lachesis*).

A very large number of the symptoms of *Argent. nit.* seem to originate in the gastric sphere, and there is a characteristic tongue which should not be forgotten—"Papillæ prominent, erect, feeling sore; tip of tongue red and painful." W. S. Searle (*N.A.J.H.*, April, 1871) relates a case which illustrates this. A young lady, very beautiful in spite of her disfigurement, had been married happily for four years. Soon after marriage she had

developed papular acne which terribly disfigured her face. Two years before the doctor saw her she had been delivered of a still-born infant. She was approaching her second confinement when she came under Dr. Searle's care, and it had been discovered that she was suffering from parenchymatous Bright's disease. Again a still-born child was the result. There was much inertia, post-partum hemorrhage, and the placenta was found diseased, one-half of it having been transformed into a fibrinous mass as a result of inflammation. Convalescence was slow. Later, subacute endometritis set in. Leucorrhœa followed; offensive, and at times bloody. Menses too frequent, too profuse, with some grinding, bursting pains in the ovarian region extending to back and down thighs. The patient was kept in bed, but in spite of this the pains ceased entirely during the night and recurred at a varying hour in the morning and continued throughout the day. Out of a labyrinth of symptoms Dr. Searle noted this: *Abundant prominent papillæ on the tongue, especially at the tip. Argent. nit. 3x* was given. "Pain, leucorrhœa, menorrhagia, acne," says Dr. Searle, "all vanished like mist." Albuminuria likewise disappeared to a mere trace.—I have no doubt syphilis was the active agent in this case, and *Argent. nit.* is a prominent anti-syphilitic. But the tongue was the keynote. Another keynote, the desperate craving for sugar and sweets of *Argent. nit.*, will be referred to in Dr. Van den Berghe's case.

Dr. E. H. Van Deusen, of Philadelphia (*Hahn. Monthly*, March, 1903), records a case of *Argent. nit.* cough. A child of 2 had nearly recovered from a laryngo-tracheitis. All there was left of it was a cough, convulsive, hoarse, and gagging, occurring at 1 a.m. and lasting one or two hours in frequently repeated paroxysms. Several remedies were given without result for a week. Then two drops of laudanum on sugar gave him a quiet night. Next night the same paroxysms commenced at 11 and lasted till 1. *Argent. nit. 3x gr.ii. in aq. ʒii. ʒii. 6 p.m., 8 p.m.,* and then further doses at twelve-hour intervals. Entire relief from first dose.

My limits are exhausted, but I must not omit the "fish-bone sensation"—as if a fish-bone were sticking in the throat. In this *Argent. nit.* ranks with *Nit. ac.* and *Hepar.* Among the "fears" of *Argent. nit.* are the fear of overhanging buildings, of sharp corners, of falling

from heights. Kent mentions a symptom in relation to palpitation which is characteristic—the patient cannot lie on his *right* side because it brings on palpitation.

TWO ARGENTUM NITRICUM CASES.

By DR. SAMUEL VAN DEN BERGHE.

Translated from *Journal Belge d'Homœopathie* of December 31, 1908,
by DR. CLARKE.

I.

THE first case is that of a boy of 7, having always enjoyed flourishing health up to the time in question. His only pathological antecedents were a mild attack of measles at the age of 4 and a rather severe attack of whooping-cough at 5.

In December, 1906, I was asked to see him. The boy had a complete loss of appetite and a diarrhea without thirst characterised first and foremost by a soft stool immediately on rising. *Bryonia* in no wise altered the condition. Having learned that the boy was very sedulous, a model student, the first of his class, had always the fear of not satisfying his masters (a zeal very rare at that age), and that his departure for his class was often accompanied by tears, I thought of *Ignatia*, but the remedy had no effect. The condition was getting worse; the stools occurred not later than 5 or 6 a.m., compelling the boy to leave his bed; they were followed by a second stool before his departure for his class. *Sulphur* had no effect.

The situation got worse and worse. The stools became more frequent, and were mixed with bloody mucosities of epithelial *débris*, sometimes greenish, always urgent and accompanied by noisy flatus driven out with force. The boy had colic before the stools, and intense tenesmus during the stool, with relief afterwards. During two consecutive nights he had not time to leave his bed, the stools were so urgent on waking in the night. *Cham.* 30 prevented the return of these involuntary stools, but in no way modified their general character. They came on chiefly at night and in the morning, and in a general

way during the day; at each time the boy had to do violence to himself to get over his natural timidity of which I have spoken above, and which always made him fear his insufficiency, when, on the contrary, he had no sort of effort to make to pass his fellow scholars.

Several months passed, during which the boy grew notably thinner.

He received in succession, and in this order, *Bryon.*, *Ign.*, *Sulph.*, *Ars.*, *Chi.*, *Oleander*, then *Carbo veg.*, when the involuntary stools at night occurred, *Cham.*, *Phos.*, *Calc. c.*, *Puls.*, *Merc. sol.* The strictest regimen was observed during the whole period of the treatment, the boy taking only milk, eggs, bread, meat, and sometimes a little wine and water. The disease seemed to defy all efforts, and at length the parents began to be alarmed, fearing that their boy's malady was incurable.

In the course of one of my visits a detail given by the mother, who was very careful to report to me all the details concerning her boy, happened to decide the lot of the patient. The boy had an extraordinary appetite for sweets before he became ill, but for the months of his illness he has had neither sugar nor sweets. This symptom was of the greatest importance to me, and I told the mother that very likely her observation would lead to her boy's cure.

At the beginning of May I ordered the boy twelve globules of *Argent. nit.* 6. The result surpassed all expectations; the stools took on a certain consistence from the first day; the boy slept peacefully without waking from the first night, and the next day, to the great satisfaction of us all, had a normally moulded stool intermingled with a few rare mucosities. The next day the stool was irreproachable, a thing which had not happened for close on six months. The remedy was continued for two or three days and then left off, the boy being apparently cured.

Ten days later the occurrence of one or two soft stools made us revert once more to a dose of *Argent. nit.* The effect was immediate; the cure was so far complete that the boy was able in the course of the summer and even soon after his cure to eat fruits without the least caution and without being in the slightest degree inconvenienced.

This cure has held good for more than a year and a half without the least tendency to a recurrence.

Most frequently our researches into the materia medica are provoked by the embarrassment which a difficult case causes us, and the object of the research is to find the remedy, but never have I failed, after a striking success, to give myself up to pathogenetic verifications, to materia medica studies *a posteriori*.

These researches have always brought me to the conclusion that if the characteristic symptom, the keynote, had determined the choice of the remedy, the remedy had proved curative because it answered also completely to the totality of the symptoms.

In the preceding case the researches to which I gave myself up on the subject of *Argent. nit.* in divers of our treatises led me to find in Kent's *Lectures on Materia Medica* a picture of my case so faithful, a description so adequate, that on reading it I thought at times it must be a description of the case I had just treated, and I cannot forbear to quote some passages verbatim in concluding the relation of my case:—

“Looking forward to events makes him anxious. Looking forward to something he is about to do, or has promised to do, or in the expectation of things, he is anxious. When about to meet an engagement he is anxious until the time comes. If he is about to take a railroad journey for a long distance he is anxious, full of fears and anxiety and tremulous nervousness until he is on the car and it is going, and then it passes away. If he is about to meet a certain person on a street corner he is anxious and in a turmoil and breaks out often in a sweat from the anxiety until it is over with. Not only is this particular symptom present, but the symptoms come on on account of his anxiety and confusion of mind. He is excitable, angered easily, and as a result of this fear comes.”

“When he becomes angry he becomes vehement, and pain in the head comes on; cough, pain in the chest, and weakness follow this anger. [Child coughs when angry, *Ant. t.*—J. H. C.] The anxiety that he has from these circumstances will bring on complaints—when he is going anywhere, going to a wedding or to the opera, or any unusual event, a thing not usually done, it is attended by anxiety, fear, and diarrhœa.”

[Dr. Kent then refers to the loss of appetite and refusal of drinks and an insatiable desire for sugar; < of symp-

toms during the catamenia; and the < of palpitation from lying on the *right* side.]

Dr. van den Berghe concludes by saying that if the keynote, "extraordinary craving for sugar," determined the choice of the remedy, *Argent. nit.* proved curative because it answered completely to the totality of the symptoms, to the ulcerative nature of the stools, to the emotional diarrhœa, and, above all, I think, because it corresponded in all points to the mentality of the patient.

II.

[The following case Dr. van den Berghe relates in his letter to me. It is not taken from the same source as the above.—J. H. C.]

About eight years ago I was called to see a case of nocturnal enuresis. The patient was a boy, aged 10 years, who was *very fond of sugar*. In order to be always certain to have a supply on hand he took some to bed with him and put it under his pillow—so his mother told me. The symptom, "insatiable desire for sugar," called attention to *Argent. nit.* The remedy was given in the 6th potency, and a wonderful and prompt cure followed.

ARGENTUM NITRICUM IN VETERINARY PRACTICE.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

IN veterinary practice this agent has proved very effectual in relieving gastric derangements, attended with *considerable flatulence*, especially when there was inability to retain food. The greater number of patients treated with this remedy have been among the canine order, though not exclusively; dogs are very liable to attacks of vomiting, more so than any other order of animal, and in cases where the food is rejected as soon as swallowed *Argentum nit.* proved an invaluable aid. Convulsions in young dogs *attended with flatulence* have been arrested in a very short time and complete relief has been assured.

In conjunctivitis and ophthalmia it has proved an unfailing remedy, used locally as well as internally; and in cases where the cornea has become decidedly hazy it rapidly cleared up under the internal treatment of *Argentum nitricum* 3x.

NOTES ON ARGENTUM NITRICUM.

By E. CRONIN LOWE, M.B., B.S. (Lond.), Southport.

MY practical experience of the remedial properties of *Argent. nit.* has not been great, yet among the few cases that I have had in which this drug was prescribed some interesting points may be noted.

Argent. nit. was administered in these cases because after repertorisation it was singled out as the indicated remedy, and in two of these instances proved to myself the great benefit of the use of the Repertory; for, as Farrington points out, *Argent. nit.* is symptomatologically closely allied to *Arsenicum*, *Plumbum*, *Cuprum*, and *Zincum*, and these generally better-known remedies were certainly more apt to be chosen if only keynote and leading symptoms are taken into account, while the careful "counting out" of the respective values of ALL the points of a case may lead to the sometimes surprising fact that an unthought-of remedy is really the most homœopathic to the condition.

In this way *Argent. nit.* was chosen as the remedy for a patient whose chief symptoms were those of a woman of impulsive nature and great activity, who for years suffered much from the effects of business strain, diarrhœa being frequently set up by the anticipation of any special event, these attacks being often of a sudden explosive character, and often lasting a day or two, during which time it was < directly after food. Her chief complaint, however, was an old and fairly constant sense of distension of left hypochondrium, with burning pains in left ovary, which felt enlarged, but was not really so, this being associated with the sense of abdominal constriction > by pressure.

Argent. nit., one dose night and morning, succeeded in causing a sharp aggravation by the end of the fourth day, which subsided on stopping the remedy; and the case continued to the complete relief of all symptoms in about six weeks on a similar dose given twice weekly and more latterly once a week only.

Another very similar case was that of a popular amateur musician, who invariably had a violent attack of retching while awaiting her turn in the stage-room. Accompanying the retching was a sense of distension of

the stomach or epigastrium. Such attacks might occur on the occasion of any special function, and had no connection with the taking of food or any apparent dyspepsia. In this case *Argent. nit.* 30, although greatly relieving the severity and distress of these attacks, being taken at short intervals for some hours beforehand, yet proved but temporary in effect, and *Ignatia*, which corresponded to the general nervous condition of the patient, made eventually the great and lasting improvement which was gained after some four months' treatment.

There are two among the general cases of summer diarrhœa recorded in the Southport Homœopathic Dispensary Case Book for 1908 in which *Argent. nit.* was prescribed with quickly curative result.

The sudden, explosive, flatulent motion, somewhat greenish, < immediately after taking anything solid or fluid by mouth, and associated with a shrunken appearance of the children in whom the trouble had been present several days, appear as the chief reasons for the prescription of *Argent. nit.*; and this stands in contradistinction to the more prevalent prescriptions of *Arsen. alb.*, *Colocynth*, and *Verat. alb.*, which are called for by the marked acuteness of onset, greater urgency and severity of diarrhœa symptoms, and the accompanying restlessness, thirst, and collapse.

One other case which is worthy of note is interesting in that it also showed the aggravating effect of over-frequency in dosage. A patient whose general nervous condition left the choice open between *Lilium Tig.*, *Ignatia*, and *Argent. nit.*, received the last-named remedy because of the prominent gastralgia, the pain being very sharp and severe, radiating from the left epigastrium into chest, with a sense of thoracic band-like constriction; this came on shortly after food, especially farinaceous, and was accompanied by much flatulency and distension of epigastrium, with nausea and occasionally vomiting.

Argent. nit. 12, given four hours p.c., caused obvious < in two days—but after stopping it a few days and then recommencing with the 30th potency once daily, and later less frequently, a permanent recovery has been so far gained.

The characteristic subjective symptom of *Argent. nit.*

appears to be that of a *sense of distension or enlargement*. It may occur in any organ or limb, or may be otherwise expressed as a feeling that external objects or adjacent organs feel too near, which simply means that the part under discussion feels too large. This sense of distension, which frequently is entirely subjective, but may also prove to be objective, forms a valuable reminder of this useful remedy.

Personally, I have not yet had sufficient opportunity to compare the relative value of the lower and high potencies of *Argent. nit.*, although both are vouched for as being efficient. The more medium potencies, such as 12, 30, and 200, I know practically to be certainly powerfully active, and in one other, beside the two cases mentioned above, to have been capable of markedly aggravating the symptoms for which they were homœopathically prescribed. This occurred, as is usually the case, from too frequent repetition of dose, which mistake, as a young prescriber, I find I very often make, and is gradually avoided as one's confidence in the action of remedies increases.

ARGENTUM NITRICUM.

By DR. SPENCER.

Dyspepsia.—Mr. K., cotton waste merchant, æt. about 35 years, tall, slim, and of active disposition, had been some time under allopathic treatment for attacks of fainting with loss of consciousness, and was told they were a kind of fit. The attacks most usually occurred in the street whilst returning from dinner to his office. He had much flatulence with copious loud belchings and occasionally vomited food, < sweets, especially rice pudding, of which he was taking fairly large quantities in the way of dieting himself. R̄ *Argent. nit.* 3 2h.

He was ordered to take less of the rice pudding, and to have it made less rich by adding boiling water during the process of cooking.

The heart was normal except that its action was very much upset by the flatulent distension of his stomach. He never had a severe attack after commencing the medicine, and was gradually restored to health.

Duodenal Ulcer.—Miss S., weaver, æt. 38 years, tall, thin, phlegmatic, had been under an eminent local allopath for some months.

April 25, 1907.—She complained of pain in epigastrium < four hours after food, pain doubles her up, some vomiting, loud belchings of wind, heartburn, and distension causing her to loosen her corsets. On examination she was very tender to pressure in epigastrium. R̄ *Argent. nit.* 4 and *Coloc.* 1x alt. 3h.

April 29th.—Vomited sour fluid on 27th; pain and weight in right side and back lumbar region > vomiting. Less heartburn and flatulence. B.c. R̄ *Argent. nit.* 4 and *Nux* 3x.

May 4th.—Better. No vomiting. Much urine after attacks of pain, and is high-coloured. No gravel. Sinking sensation > eating often. R̄ *Argent. nit.* 4 and *Sepia* 6.

May 10th.—No sickness, but has had three attacks of wind. Less sinking and is gaining flesh. Repeat.

May 15th.—No nausea but vomited a little last evening soon after tea. Much done feeling due to the heat. Flatulence. R̄ *Argent. nit.* 4 and *Ign.* 1x.

May 22nd.—>. No pain, and less wind. Has vomited. Repeat.

May 27th.—Vomits a little after food. No nausea or pain. R̄ *Argent. nit.* and *Ipec.* 1x.

June 3rd.—Vomits a little yet. Repeat.

June 12th.—More wind. Aching in epigastrium < when tired. Dyspnea on walking, especially if she tries to hurry. R̄ *Argent. nit.* 4 and *Cact.* 3x.

June 22nd.—Almost well. Repeat.

July 3rd.—All right. No pain or vomiting. Repeat.

May 8, 1908.—Goneness. Vomits food as soon as eaten, and pain when stomach is empty. R̄ *Anac.* 1 and *Argent nit.* 4.

October 14, 1908.—Neuralgia. Stomach has kept quite well.

Ophthalmia Neonatorum :—Mrs. S. gave birth to her second baby May 9, 1907, a fine, healthy-looking female child. The nurse engaged was unable to attend having just previously contracted septicemia, and sent as substitute an inexperienced nurse. On the third day baby was found to have developed ophthalmia neonatorum, pus gushing profusely from between the eyelids. The eyes were cleansed frequently and thrice daily a solution of *Silver nitrate* (1 per cent.) was instilled into each eye and washed out with salt solution and *Argent. nit.* 4 gtt. j. om.

2h. was prescribed. Slight improvement took place during a week, when *Rhus tox.* 3x was alternated with the *Argent. nit.* 4, the local treatment being continued religiously. This appeared to bring further relief, but the disease was far from cured. The baby next received *Argent. nit.* c.m. (which Dr. Tyler had kindly given me) the local use being persisted in, and *Lotio Ac. Boracis* was also used. Under this treatment the eyes speedily improved to a cure, the little patient being discharged June 20th. In spite of frequent warnings as to its contagiousness the mother unfortunately contracted the disease, but was speedily cured by taking some of baby's medicine (the c.m. potency) and observing the necessary hygienic and antiseptic treatment.

Mrs. C.'s baby was born on November 27, 1908, the nurse in attendance being an "old woman" of a midwife whose intelligence revealed itself by speaking of "pre-gate potash." I purposely insisted upon the nurse thoroughly cleansing baby's eyes, but notwithstanding on the second day there were signs of ophthalmia. *Lotio Ac. Boracis* and *Argent. nit.* c.m. were prescribed. By the eighth day the eyes were well.

Both these cases might have been prevented by prompt and thorough cleansing at birth. To neglect I believe are due 50 per cent. of the cases of blindness in infancy.

THE GASTRIC SPHERE OF THUJA.*

By DR. M. LE HUNTE COOPER.

THE only excuse I have for presenting to you the following fragmentary observations is that they may call forth a valuable discussion in which I trust our President may have much to say, seeing how wide is his experience in the employment of the drug with which I shall deal.

The action of this remedy over the psoric and warty diathesis is well known by most homeopaths, but I have not found that its remarkable powers over certain forms of dyspepsia are similarly appreciated. Indeed, there are many homeopaths for whom the word "*Thuja*" spells warts and nothing else, and to whom its much more widely extended sphere of action is a closed book.

The late Dr. Burnett and our President have brought

* Read before the Cooper Club.

out the remarkable powers this remedy has in the pathological states resulting from vaccination, and Dr. Clarke has especially laid stress upon its value in what one might term the "tea diathesis." I mention these two facts specially because I have had ample opportunity of personally confirming them, and also because they are undoubtedly the first and foremost keynotes to the use of the drug.

The following brief notes indicating its use in dyspepsia are for the most part picked out from cases which were under treatment for other conditions in which dyspeptic symptoms presented themselves, hence some of them are necessarily somewhat cursory.

1. A young, undersized, ill-nourished, and somewhat anæmic young man of 22 consulted me in March, 1904, for obstinate and intractable indigestion, which he had suffered from *for many years*. It was liable to periods of exacerbation and quiescence, but he was never absolutely free from it. His appearance was decidedly "psoric," with a dirty skin and defective dental enamel on the lower half of the superior incisors. He had been vaccinated once as a child, but was unaware if his general health had suffered in consequence. Tongue too red.

The dyspepsia took the form of epigastric pain coming on about half an hour after food, < morning and evening, and often keeping him awake at night for an hour or more. It was associated with marked flatulence and very occasional waterbrash, and it had been worse of late.

Coincidentally with this exacerbation all taste for food had been lost. *Thuja* φA.

April 18th (3 weeks later).—He told me he felt better in every way. No longer exhausted after bicycling, as he was before. Sleeping much better. *Digestion is decidedly better. Now only has occasional pain after food, when he eats a heavy meal; it is, however, much less severe. Appetite much better. Repeat Thuja* φA.

May 9th (3 weeks). *No indigestion at all for the last three weeks. Sleeping and working much better, and is in every way improved.*

Although it is a digression, I may mention (especially in view of Dr. Pullar's paper read at our last meeting) that I have it in the notes that on this particular day he complained that his eyes had been aching very much after reading for some time back; for this a dose

of *Ruta* ϕ A was given, with very great relief from this trouble, in spite of the fact that the disability was a refractive one, viz., myopic astigmatism, which I subsequently corrected with glasses.

2. My next case is a brief note on a domestic servant, aged 26, of neurasthenic type, who applied to me for assistance on

April 24, 1907, saying that she had lately been suffering from persistent fulness after food, with an empty, sinking feeling before meals and difficult eructation. Tongue not furred. *Thuja* ϕ A was given, and she later expressed herself as having experienced the greatest possible relief from the remedy. It, however, returned ten days later, on

May 3rd—*Thuja* ϕ A was again given, and proved still more effective, in that it was not again followed by any return of the trouble.

3. A lady, aged 65, under my treatment for cancer of the breast, in October, 1905, developed dyspepsia, which was sufficiently severe to cause her considerable distress. She described it on

October 8th as follows: Feeling of great distension from flatus, with temporary relief from eructations. It makes her feel very faint, and comes on shortly after food. One day recently there was severe pain almost immediately after food, which commenced in the epigastrium and shot downwards. The mouth and gums have been sore the last week. Tongue not furred.

On examination, the stomach was found distended, and pressure over this region elicited a sensation of faintness, but deep tenderness was not present, and the abdomen otherwise was normal. *Thuja* ϕ A.

November 7th (3 weeks).—The flatulence for the first two or three days was better, then it became worse again for two or three days, and since then there has been none to speak of, and the stomach feels altogether more comfortable. This improvement lasted, without any repetition of the remedy, no less than five months, when on

April 3, 1906, she again complained of these symptoms, though in a much less severe form, and I again gave *Thuja* ϕ A.

April 24th (3 weeks).—Digestion ever so much better, and no longer troubles her.

Since then these symptoms have returned, in slight

degree, on two occasions, and each time a similar dose has never failed to entirely restore the normal gastric functions. One of these doses, viz., that in August, 1906, was followed by a definite aggravation, for she said the flatulence was very bad for two or three days after the dose, but that from that time onward she had been practically entirely free from it.

4. A gardener, aged 55, well nourished, who was under me for constitutional treatment; astigmatism, neuralgia, and rheumatism being the most prominent features in his case. He complained to me on

August 2, 1906, that for some time past he had been troubled by flatulence and fulness after meals, which caused shortness of breath, and interfered with his manual work. Eructations gave temporary relief. Tongue clean. *Thuja* φA.

October 3rd (2 months later).—He reported that he had not suffered from the fulness after meals at all since the dose, and after this no trouble was again experienced for nine months, when on

July 24, 1907, he again complained of similar symptoms, together with sinking before food, I repeated the *Thuja* φA with complete success, for there has been no return since.

5. An asthmatical gentleman, of 74, had been under my treatment for some time for general constitutional debility, in the main due to chronic bronchitis and emphysema, with digestive and hepatic functional derangements. When I saw him on

May 4, 1906, I found him still complaining of particularly troublesome dyspepsia which had been in evidence several weeks. *Ammon. carb.*, *Nux.*, and *Bry.* in frequent doses had been given, but though they had relieved him in other ways, they had failed to touch the gastric symptoms. These were obstinate flatulence and discomfort after every meal, < towards evening, together with sinking before food, *i.e.*, about two to three hours after the previous meal. The sleep was much disturbed, and there was a good deal of wheezing in the chest, which was < by food. This wheezing was audible with the stethoscope over both lungs, though more noticeable over the left side. *Thuja* φA.

May 18th (a fortnight).—*Better in every way. Flatulence very much better. No longer any discomfort after*

food. Sleep very good now. Breathing better, and much less cough.

This was all excellent, but what gratified and, I may say, surprised me was that *auscultation now failed to detect any wheezing in the lungs*, though I never remembered having found it entirely absent before.

It must not be thought that from this time on the patient required no more treatment. His general condition was such that only prolonged treatment with various remedies, given as the indications arose, could hope to do permanent good, but the result of the unit dose of *Thuja* was so marked, and he made such a distinct step forward from this time, that it would have been positively criminal to omit to put such an observation on record.

I may say no case has served to drive home and consolidate the truths of homœopathy in my mind more than this particular one. When I first saw him some years ago, and regarded him with the weight of my allopathic experience behind me, his case appeared absolutely hopeless, and it seemed quite apparent that any slight chill or fever contracted when he was in such a deplorable state might carry him off at any moment. At that time his breathing was so shallow that he was incapable of any but the slowest and most restricted movements from one chair to another. Emphysema was so marked that the cardiac dulness was practically obliterated, and he had no power to properly expel the mucus which choked his lungs. In fact, he appeared to be a hopeless wreck. This was what his allopathic advisers had declared him to be, and it was the fact that they had quite given him up which induced him to clutch at, what he then considered, the very feeble straw, homœopathy.

Yet under steady, persistent treatment with homœopathic remedies, with many ups and downs, through frequent attacks of colds and influenza, he has at length arrived at such a state of health that when I last saw him, a short time ago, he presented no lung symptoms, except some breathlessness on ascending stairs, there being hardly any cough, and no mucus whatsoever. He is able to go for short walks, and gets up and down stairs with comparative ease; and examination shows that the lung has actually receded from the cardiac area.

To tell an allopath that chronic emphysema of such long duration could be cured would be to simply stamp oneself in his estimation a fatuous imbecile, yet this patient is another of the many examples of our science making possible the apparently impossible.

With apologies for digressing, I pass on to my final case, which came to me as recently as

September 30th last.—It was that of a lady 22 years of age, of nervous disposition and dark complexion, with a consumptive family history. Five years ago she had suffered from congestion of the lungs, and a year ago from “nervous breakdown,” due to overwork and much travelling. She said that for *many years* she had suffered from dyspepsia. It took the form of a knife-like pain through the epigastrium to between the shoulders, and a sensation of fulness, these being < after tea and dinner and coming on a few minutes after food.

Sinking is felt at times before food, and excessive sleepiness is present after meals, this particular symptom having been in evidence since the nervous breakdown. Questioning elicited a reluctant confession that tea was taken regularly no less than four times daily.

The catamenia were always very painful, the pain coming on three days prior to the flow, and being present in the lower abdomen and back, with occasional bearing down, and leucorrhœa is also present at times. I made no change in the diet, except to insist on the tea being stopped, cocoa and weak coffee being taken in place of it, and I gave *Thuja* ϕ A.

October 14th (fortnight later).—*Very much better. Less tired during the day. Knife-like pain* entirely gone, though she still has slight heaviness after the afternoon meal and dinner. *This time had no pain before the period*; it began twelve hours after the flow and *was very slight. Thuja* ϕ A.

October 28th (fortnight). No return of the knife-pain, and only occasional heavy feelings in epigastrium, directly after the afternoon and evening meals. Took two cups of tea and felt no ill-effects. The lady who brought this patient told me that her whole condition seemed to have changed. From being morose and prone to sit apart and not join in the conversation, she now is lively and bright, and takes an interest in her surroundings, and is much less nervous. I may mention that the two cups of

tea referred to above were given to her when she was paying a call, and were therefore an excellent test, in so far as such tea is almost invariably highly toxic from having stood too long on the leaves. I gave another dose of *Thuja* φA and saw this patient again yesterday, when she was able to inform me that *all pain and discomfort after food had entirely gone* now. Her appetite had greatly improved. There had again been no pain before the last period, and only trifling pain for an hour or so afterwards, that no leucorrhœa had been seen since she came under treatment, and in fact that she now considered herself perfectly well.

In presenting the above cases it is only fair to the remedy to say that no change was made in the diet coincidentally with its exhibition, except in the last case where the tea was stopped, so that the benefit may unhesitatingly be put down to its credit alone. The details also of the chief cases mentioned are sufficient to entirely eliminate "suggestion," seeing that in most of them the symptoms persisted in spite of other remedies given before. I may say I always avoid giving any hint to a patient as to what particular symptoms lead me to give any particular remedy. This I consider a very important point, if we are to get clear-cut and indisputable results, and it is no less important that the patient's imagination should not be allowed scope, as in cases where he knows the remedy taken, and is consequently on the look-out for results which he expects from its use.

I have found the typical form of dyspeptic trouble calling for *Thuja* is one associated with *sinking before and fulness shortly after meals, flatulence* is always a prominent feature, *and the tongue is not furred, and is often too red.*

I disclaim any suggestion that *Thuja* will not cure forms of dyspepsia in which the tongue is furred, but the cases in which I have found it remedial have invariably had the condition of tongue above described. Herein lies a valuable point for discussion.

It is quite superfluous for me to add that symptoms pointing to vaccinosis and to excessive tea-drinking add enormous weight in the choice of this remedy.

I well remember a question being raised after a certain lecture, in which *Thuja* was mentioned, as to whether the drug acted well in the lower potencies, and no answer was forthcoming from those present.

As the preceding observations deal entirely with the non-potentised remedy, they serve to provide an affirmative answer. The fact, however, must not be lost sight of, that considerable time elapsed in each case before the dose was repeated, and if others have been disappointed in the results obtained from the crude drug, I should say that such failure was due to too frequent repetition.

THE INORGANIC MATERIA MEDICA OF DR. HUGO SCHULZ.

(Continued from p. 546.)

By DR. C. E. WHEELER.

DR. SCHULZ'S third lecture is of the deepest interest to homœopaths in that it is devoted to a consideration of common salt, *Natrum mur.*, of our pharmacopœia. That an orthodox physician should find himself unable to do justice to this compound as a drug in less space than a complete lecture affords, is indeed a subject for comment. It is the more striking since Dr. Schulz does not use the drug in potency, but in small yet material doses. Hitherto homœopaths have inclined to regard the medicinal effects of *Natr. mur.* as potency effects, but it seems that the crude drug will give results in spite of the fact that most human beings partake of it freely in ordinary health.

Dr. Schulz regards the chlorine as the more potent element in this compound. He notes that the drug can be absorbed through the skin and the mucous membranes of the respiratory tract and that a certain quantity of it in the tissues is necessary for the preservation of life.

Applied externally (through the agency of sea-water and other baths), Dr. Schulz notes first a stimulation of sensory nerve endings. The sense of taste is sharpened. At a later stage definite inflammation may occur, erythema, urticaria, formation of pustules, cracking of the skin. This effect on the skin reacts on the inner organs. There is more energetic metabolism, which may aid in the absorption of undesirable waste products, or, if there is less power in the organism to react, may produce exhaustion.

The internal administration of salt is next considered.

Very large doses have been known to cause gastroenteritis and consequent death. Another case died with general symptoms of paralysis. Others, again, have shown joint lesions going on to fixation or œdematous swellings of the limbs.

Taking the regions of the body more in detail, Dr. Schulz notes as the effects of the drug upon the central nervous system, first, drowsiness (more rarely sleeplessness), depression, and anxiety. In the locomotor system weariness and a sense of lack of power is followed by pains in the muscles, then pains in the joints, swelling of the joints.

The digestive system reacts, with, first, increased appetite, subsequently anorexia, distension of the stomach, and pyrosis follow, with an evil taste in the mouth. Pains in the liver region are followed by swelling of that organ. The intestine becomes distended and abdominal pains follow. The stools are loose and fermenting, or else obstinate constipation supervenes. Mucous membranes swell up and may bleed. Hands and feet are cold and sense of shivering sets in. Palpitation is frequent. The secretion from the respiratory tract is thin and clear. Tickling cough and hoarseness are common.

Increased urination and burning in the urethra are frequently noted. Sexual desire is first stimulated, then impaired. The catamenia tend to irregularity and leucorrhœa often appears. The skin is sensitive, the hair tends to come out. Eczema or acne may appear, and sweating follows relatively slight exertion. Metabolism is increased and the number of red blood corpuscles increases in some cases as a result of taking salt.

Having stated these very definite effects of the drug, Dr. Schulz proceeds to consider its therapeutic value and deals shortly with those who consider that its use in dietetics precludes its use as a medicinal agent. He rightly lays stress upon the increased sensitiveness of diseased organs whereby they can be influenced by doses that in health would cause no symptoms. He then proceeds to outline the therapeutics of *Natrum mur.* He recommends it for digestive disorders, notably the constipation of infants (a granule or two of salt to the feed of milk), and also for many cases of the same complaint in women. Palpitation, pain in the hypochondria, dyspepsia, and hæmorrhoids are additional indications.

Dr. Schulz gives as much of the salt as will lie on a knife-point in a glass of warm water early in the morning. It is next recommended in the treatment of parasitic worms, a use which is of long standing. For coryza, laryngitis, and bronchitis Dr. Schulz finds the drug very useful. In hæmoptysis and hæmatemesis he finds a place for it, and in migraine and epilepsy. He believes that in all these cases its effect is on the blood-vessels.

In scrofula Dr. Schulz praises it, and mentions it as a popular remedy in intermittent fever, also as an injection (subcutaneous or intravenous) in cholera, although the results are often transitory only.

A brief reference to Rademacher, Schüssler, and homœopathy, as usual, closes the lecture. It will be readily seen that Dr. Schulz's uses of *Natrum mur.* are all homœopathic in conception, and he shows a tendency that is more or less marked in other lectures to value the finer indications. In any case the lecture is a notable achievement for an orthodox university.

(To be continued.)

HOMŒOPATHY IN RUSSIA.

By DR. J. MURRAY MOORE, F.R.G.S., President British Homœopathic Congress, 1908.

A RECENT visit to St. Petersburg and Moscow has enabled me to acquire some information about the *status* of our great Cause in Russia. In St. Petersburg, with a present population of one and a half millions, there is a well-equipped homœopathic hospital, built upon a healthy suburban site granted by the late Czar Alexander II.—a victim of Nihilist bombs—who alone of the Romanoffs was a convinced homœopathist.

In fact, he brought up the Imperial family, I am informed, as children, to be treated, when ill, solely by our method. An English governess, skilled in domestic homœopathy, often warded off serious attacks of illness by the timely administration of our remedies.

The Czar adopted this method personally, when the Court etiquette permitted him, my friend Dr. Léon Brasol being his private physician. Time did not permit of my visiting the hospital, for most of the five days during which our steamer, the *Viking*, lay in the Neva

was occupied by a visit to that fascinating mysterious "Heart of Russia," Moscow. On my return to the *Viking* a cordial invitation to dinner was awaiting me from Dr. Léon Brasol. He was known to me as editor of the Russian *Homeopathic Journal*, and the author of several valuable papers—notably one upon Lathyrism contributed to the *B.H.S. Journal* in 1896—and as a prominent figure in the last International Homeopathic Congress that met in London.

We had a delightful *causerie*, over a really Russian dinner, in his charming "flat" in the Troitskaia. Dr. Brasol is a typical Russian, born in Little Russia, (strictly Orthodox), and with that high, broad forehead, massive features, stiff black hair and beard which I remember so well in Prince Galitzin, the distinguished composer. Speaking our language perfectly, without accent, he told me many interesting matters concerning Russia—as, for example, that homœopathy finds ready acceptance among the educated classes and the nobles, that the Neva water is deleterious, that he obtains his domestic supply from Tsarskoe Selo; that the Jews are at the bottom of much of the revolutionary movement, that well-behaved servants are very scarce, and that there is still trouble ahead for his country, &c., &c.

His two sons have qualified as barristers.

Our colleague's library is rich in homœopathic literature. Complete series of our defunct *Journal* and *Review*, along with the *WORLD* and *B. H. Review*, are on its shelves.

He received with *empressement* a special copy of my Congress Address of 1908, and expressed his intention of soon visiting England and renewing his friendships with British colleagues. Dr. Brasol, a widower, is shortly to be married again.

There are fourteen homœopathic practitioners in St. Petersburg, four pharmacies, three dispensaries, and one hospital.

Dr. Flemming is now the editor of the *Homeopathic Journal*.

In Moscow, where I called upon Dr. Bojanus, whose father was well known as a homœopathic writer years ago, there are six homœopathic practitioners. Dr. Bojanus was out of town when I called, so that I could not obtain any definite information about homœopathic institutions, dispensaries, &c.

There is an excellent homœopathic pharmacy in one of the principal streets of the city.

In Odessa there are four homœopaths; in Warsaw four; in Wilna and Kief three each. According to our 1907 *International Directory* there are in all Russia sixty-one. There may be others, but these are all that Dr. Brasol was able to collect and contribute to our *International Directory*.

Dr. Vissokow, late of St. Petersburg, has removed to Kharkow.

I heard of the existence of female students of medicine in Russia, but could not ascertain whether medical degrees are open to them or not.

Viewed as an entire University, Moscow University is better attended, and has greater prestige than that of St. Petersburg. It is worth noting that Russians style their modern capital "Petersbourg" not "Saint Petersburg." Czar Peter was never canonised, the patron saint of the city on the Neva being "Saint Alexander Nevski," whose festival falls upon September 12th (New Style).

Even conservative Russia is largely leavened with the advanced therapeutics of homœopathy.

BRITISH HOMŒOPATHIC ASSOCIATION.

ON Wednesday, December 16th, Dr. John Clarke lectured at 43, Russell Square to a large and enthusiastic audience on the subject of "Homeopathy at Work." The lecture was eminently characteristic, that is to say, original, instructive, and entertaining, and was much appreciated. We hope to give it, or an abstract thereof, to our readers next month.

SUBSCRIPTIONS AND DONATIONS RECEIVED FROM NOV. 15 TO DEC. 14, 1908.

GENERAL FUND.

	Donations.			Subscriptions.		
	£	s.	d.	£	s.	d.
Mrs. H. Fowler	2	0	0
Geo. B. Postlethwaite, Esq.	1	1	0		

LADIES' BRANCH.

	Donations.			Subscriptions.		
	£	s.	d.	£	s.	d.
Mrs. Danson				1	1	0
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Mrs. Ada Bulmer				1	1	0
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Mrs. James Dixon				0	10	6
Mrs. Francis Sinker				1	1	0
Miss Capper				0	10	6
M. S. S. and J. K. v. S.				0	10	6
Mrs. Mills				0	10	0
Dr. E. Cronin Lowe				1	1	0
Mrs. Glover	1	1	0			
<i>Per Collecting Cards—</i>						
Mr. McLean	0	12	0			
Miss Lilian Blackwell	1	0	0			
The Misses Chambers	0	5	0			
Miss Cannell	0	10	0			
Miss Charlesworth	0	10	0			
Miss Ida Danson	0	14	0			
Mrs. Jesper	0	8	0			
Miss Lockhart... ..	0	11	3			
Mrs. Robinson... ..	0	7	0			
Miss van Stralendorff	1	7	0			
Miss Gladys van Stralendorff	1	6	0			

MEDICAL STUDENTS IN THE UNITED STATES.—The present state of medical education in the United States is exhibited in the statistics of the schools collected and published by the *Journal of the American Medical Association*. The total number of medical colleges is 152. The regular schools number 123, a decrease of eight since last year; the homœopathic schools number sixteen, a decrease of one; the eclectic colleges are eight in number. The increase of medical schools since 1880, or during a period of twenty-eight years, nearly a generation, is shown by the fact that at that date there were seventy-two regular, twelve homœopathic, and six eclectic schools. The total number of medical students (matriculants) in the United States for the year ending June 30, 1908, was 22,602, a decrease of 1,674 from 1907, and a decrease from 1906 of 2,602. Of the total number of students in 1908, 20,936 were in attendance at the regular schools, 891 at the homœopathic, 479 at the eclectic, ninety at the physio-medical, and 206 at the unclassified schools.—*Westminster Gazette*, September 11th.

SOCIETIES' MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the session was held on December 3rd, the President, Dr. Cash Reed, being in the chair.

Dr. E. Hawkes, of Liscard, was elected a member of the Society.

A vote of condolence to Dr. Hawkes, of Liverpool, on the death of his wife, was passed.

Dr. Percy Wilde then read a paper entitled "Chronic Diseases of the Hip Joint."

Dr. Wilde began by describing a chronic disease of the hip hitherto, he claimed, not differentiated. He named it atrophic disease of the hip, and noted that it typically affects a single joint, and suggested that its pathology consisted in atrophy of the tissues round the joint, probably of nervous origin and possibly brought about through long-continued pressure on the obturator nerve from constipation or other causes. He noted that there is never any ankylosis, nor is pain ever reflected to the knee-joint. The symptoms begin with sense of weakness relieved by walking. Pain in the back at night follows, especially after exercise during the day, then definite pain in the joint relieved by motion, without any limitation of movement. These symptoms tend to increase till after two or three years, definite lameness and sense of weakness in the muscles at the back of the thigh set in. A characteristic early symptom is a momentary pause observed before beginning to walk, and another is a slight limitation of the power of crossing one thigh over the other, attributed by Dr. Wilde to the partial failure of the obturator nerve supply to the adductors. It is a disease of middle life. In gouty subjects, urates tend to deposit in the joint. Rest is all-important in the treatment, and Dr. Wilde showed a crutch of his invention which is less obvious in use than the ordinary pattern.

Charcot's disease of the hip was briefly touched upon, and hypertrophic disease with its early ankylosis, swelling, and tenderness. The method of examining the joint was next demonstrated, and Dr. Wilde called attention to the frequency of injury to the nerves of the lumbar

plexus as the result of strains. Tenderness on either side of the spine at a point one inch below a line joining the summits of the iliac crests is found in these cases, and tender areas can often be found in the thigh at the inside of the knee-joint or the middle of the thigh externally. from implication respectively of the internal or external cutaneous nerves.

The place of baths, galvanism, massage, and graduated movements in treatment were discussed. Dr. Wilde mentioned *Calc. carb.* and *Pulsatilla* as two most important remedies, but described his paper as rather descriptive than therapeutical.

Dr. Jagielski, Dr. Dyce Brown, Dr. Moir, Mr. Knox-Shaw, Dr. Searson, Mr. Eadie, Dr. Hey, Dr. Cash Reed, and Dr. MacCulloch joined in the subsequent discussion, and Dr. Wilde replied.

REVIEWS.

DR. J. H. CLARKE ON VITAL ECONOMY.*

HUMAN nature is always a little resentful of individuals who refuse to accept formulas, however respectable by age or authority, and demand independent thought. But after the first sense of annoyance has passed at being asked to examine seriously a point we have hitherto taken for granted, then to our involuntary respect for the man who has roused us to the effort, is added gratitude for the feeling that now, at least, our opinions have a reasoned basis. Dr. Clarke is pre-eminently a man who not only thinks for himself, but will have us do the same, and none who has felt the stimulus of his thought can fail finally to be grateful to him. In this book he questions conclusion after conclusion that we have most of us accepted hitherto with little or no question, and agree or not as we may, he forces us to realise that he has a very definite case, one we can no longer afford to ignore. Of course Dr. Clarke could never rest content to be on the side of the majority, and therefore has a natural bias to question every accepted conclusion; but in so doing he is only

* *Vital Economy, or how to Preserve your Strength.* By John H. Clarke, M.D. T. Fisher Unwin. Cloth, 2s. net; paper covers, 1s. net.

following the track of every real pioneer, for though the minority is by no means always right, it is always difficult, in matters not absolutely demonstrable, for the majority to be other than wrong. Let us, therefore, look at his heresies a little more closely.

The book is addressed to those in whom vitality is not superabundant, and the various chapters are devoted each to the consideration of one of the ways in which Dr. Clarke believes vitality to be diminished. A preliminary chapter outlines the method of the book, and contains a paragraph upon the tyranny of words that should be memorised by every physician at least. For as a true homœopathist (though homœopathy is unmentioned in the book), Dr. Clarke treats every case as a special case, and will have none of the glib formulas by which we too often excuse our laziness of mind.

The second chapter deals with the subject of the Bath. Dr. Clarke is definitely of the opinion that delicate people err by too much washing rather than by too little. We have no doubt that he smiles sardonically as he notes in history that the decline of Rome began when the great baths were built, and he probably believes that the luxury that enervated the men of Hannibal at Capua (though the whole story of their degeneration is a legend of the moralist) was the luxury of soap and water. We must admit that we consider the average man or woman able to endure the daily bath without harm, and have known cases wherein nothing gives so much relief when over-tired as a warm bath. Possibly Dr. Clarke would think these persons make too much electricity, as he believes it is the power of water as an electric conductor to be the debilitating factor in its use. For the very weakly, however, we are at least willing to try the experiment of less bathing. With Dr. Clarke's dictum about the too great use of soap and scrubbing we are heartily in sympathy. We have heard a great bacteriologist maintain that it is possible to overdo the technique of preparation for a surgical operation, and the constant removal of the top layers of the skin by soap and rubbing can readily be carried too far. Little washing but plenty of clean clothing makes the Italian peasant a much sweeter person than the English poor man; but often the latter neither washes nor changes his clothes. So the comparison is not complete.

Chapter III. deals with Fresh Air. There can be no doubt that of late years we have tended to make a fetish of fresh air. It is possible to overdo it, or rather to lose the benefits of the air through the undue exposure to cold it so often entails. Here again, as in the case of the bath, and all the details of life, what suits one does not suit another, and Dr. Clarke does well to attack our idolatry, though we own to thinking this object of worship more worthy than some.

On exercise Chapter IV. has some sound things to say. It seems eminently reasonable that a brain worker will be more fatigued if he use his muscles much as well. Those, however, who have muscles well developed are probably the better for some regular use of them. This may well be a reason for protest against athleticism, but we do not think it can fairly be said that those who now worship athletics would otherwise pay homage to brain. With most it is a choice between muscle and sedentary fat, and we own to thinking muscle the nobler issue of the two. Let us say "nothing too much": muscle enough to enjoy the gladness of its use (a real happiness), but not so much that brain shall be starved. There is, unfortunately, no question to-day which way the scale inclines, so that our author's words are timely enough.

Stimulants, Tea, and Coffee, are the subjects of the next three chapters, and here Dr. Clarke will find (doubtless to his annoyance) most of the profession on his side. He can fairly claim, however, to have held these views when they were less widely appreciated. No one, lay or professional, should miss this section of the book. It is full of ripe wisdom and soundest advice. Chapters on Worry and Visiting the Sick give the book a most characteristic finish. Dr. Clarke is philosopher as well as physician, and worthy of our deepest respect in both capacities. His cheerful, sane optimism penetrates every line that he has here written. It is the work of one who loves life so well that he hates to see the waste of it. He is a lover of earth, as Meredith would put it, and "her mystic secret" is his. We doubt not that all readers of the WORLD have mastered this volume ere this, and at least it needs no recommending to them, but we should have deprived ourselves of too great a pleasure had we refrained from attempting to appreciate its value.

LE TRIOMPHE DE L'HOMŒOPATHIE.*

DR. FLASSCHOEN.

THIS is a large and imposing volume, the work of an enthusiast. It is conceived and executed with a thoroughness that must command respect, and withal with an almost flamboyant spirit that is refreshing in these rather Laodicean times, when to be really excited about a cause is considered almost "bad form."

Dr. Flasschoen leads off with several pages of effective aphorisms on the general aspects of Truth, Scientific Progress, and Homœopathy, in its relation to both. An elaborate introduction, treating of the scope of the book, then prepares the way for—

Chapter I.—A Glance over the History of Medicine—a useful summary.

Chapter II. is called, "The Allopaths judged and condemned by themselves," and contains useful polemic material.

Chapter III.—"The Homœopathic Doctrine." The title speaks for itself.

Chapter IV. is called, "Experiments with Drugs upon the healthy Subject."

Chapter V. deals with the origin, preparation, and modes of administration of drugs, with a discussion of pathology. We note in passing that Dr. Flasschoen has no love for high dilutions.

Chapter VI. treats of other dynamic agencies (Baths, Electricity, &c.), capable of aiding in the processes of cure. This chapter contains a discussion of Nosodes and their use.

Chapter VII. considers the constitution of man, and Dr. Flasschoen avows himself as a vitalist. He conceives man as a trinity of soul, vital principle, and body. He discusses vital force at length, and accepts the experiments of Reichenbach and quotes more modern experiments in support of his views. The existence of the soul is similarly considered proven by spiritualistic experiences.

Chapter VIII. discusses, further, auxiliary methods of cure—Hypnotism, Massage, Hydrotherapy, &c.

* *Le Triomphe de l'Homœopathie.* Par le Dr. Flasschoen. Published, L. Sauvaire, 72, Boulevard, Haussmann, Paris. London: Homœopathic Publishing Company, 12, Warwick Lane.

Chapter IX. is a philosophical discussion of Homœopathy on the basis of the arguments adduced.

Chapter X. contains Allopathic testimony to the value of Homœopathy.

Chapter XI. contains comparative statistics.

The book concludes with a *résumé* of the present position of homœopathic teaching, and a historical account of the various persecutions it has undergone.

Enough has been said, surely, to convince any one that, although he may find cause to differ from Dr. Flasschoen in certain details, the book is a veritable arsenal of information. The enthusiasm that inspires it justifies its length, and if the author at times seems to go far afield, he generally brings the reader back to his theme, with a sense of value obtained. The book is too big for easy circulation, but every homœopathic library should find it useful for reference.

CORRESPONDENCE.

HOMŒOPROPHYLAXIS OF SMALL-POX.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—My good friend General Phelps misses my point, which is that a homœopathic preparation of small-pox virus administered by the mouth affords an effectual protection against small-pox infection.

General Phelps is welcome to his own opinion as to the relation between cow-pox and other diseases, and also to his opinion as to what is a *simile* and what is an *idem*. I agree with Hahnemann, that the changes wrought in a virus by homœopathic attenuation convert it from an *idem* into a *simile*.

Yours, &c.,
JOHN H. CLARKE.

MR. W. STRATTON RETURNS THANKS.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—Permit me to offer my best thanks for your kind notice on my behalf in the November issue of the HOMŒOPATHIC WORLD, which resulted in many votes being recorded in my favour by homœopathic chemists, and also to thank those of your readers who are *subscribers* to the *Benevolent Fund* of the Pharmaceutical Society who have not only given but obtained votes on my behalf, resulting in placing me amongst the successful applicants for the annuity.

Again thanking you for your kind interest,

I am, sir, yours respectfully,

W. STRATTON.

77, Hazlebury Road, Fulham, S.W.

NOTIFICATION.

* * * Under this heading we shall be happy to insert notices of appointments, changes of addresses, &c., and holiday arrangements.

CHANGE OF ADDRESS.

DR. STIRLING SAUNDER has removed to 9, *Holland Road, Kensington Road, W.* (next to Addison Road).

Obituary.

DR. HAROLD SLADE.

WE regret to announce that Dr. Harold Slade, of Kobe, Japan, died on November 1st from heart failure, subsequent to an operation for calculus of the bladder. Homœopaths are none too many in the East, and the death of Dr. Slade at the early age of 48, leaves a gap in the ranks. The sympathy of our readers will go out, we well know, to his wife and family, thus unexpectedly bereaved.

VARIETIES.

MEDICAL ASPECTS OF NOISE.—Dr. Hyslop, of Bethlem Hospital, Southwark, dealt with noise at the Sanitary Inspectors' Conference, at Blackpool, yesterday. He said the question affected infantile mortality more than was dreamt of, whilst auditory perversions were more frequently met with in insanity than the perversions of any other sense. Legislation ought to be made against street cries, the use of horns, whistles, chimes, and signals, which were nothing but public nuisances, and in favour of street pavements suitable for rubber tyres, which should be compulsory on certain vehicles.

It was a curious anomaly that the tendency nowadays was to drive people underground, leaving the open air of the streets to the noise and smell of heavy traffic, instead of *vice versâ*.—*Daily Telegraph*, September 15, 1908.

LOCAL IRRITATION AND CANCER.—One of the most striking features of the report of the Imperial Cancer Research Fund is the further evidence as to the great importance of local irritation as a factor in producing cancer. Thus it is pointed out that cancer of the mouth, which occurs with comparative rarity in the women of Europe and America, is very common in certain parts of the East, notably India and Ceylon, where the women chew betel nut, and keep the chewed mass in the cheek for many hours at a time; it being at the place of greatest irritation of the lining membrane that the cancer usually starts. Again, cancer of the skin of the abdomen is remarkably common in Kashmir, where the native subject the abdominal skin to constant irritation by wearing hot charcoal round the waist; this form of cancer being of the greatest rarity in Europe.—*Daily Telegraph*, October 20, 1908.

SNAKE FARMS: AN AUSTRALIAN INDUSTRY.—Snake farming is not an attractive occupation, but it has more than one votary in the Commonwealth, and in the neighbourhood of Sydney the industry has been carried on for several years by an individual who, while disclaiming all knowledge of the snake-charming art, appears to have an extensive knowledge of the reptiles and their ways. In addition to the snakes, large numbers of frogs, and even toads, are carefully reared, partly as food for the reptiles, and partly for scientific purposes. The snakes are caught in the bush, a work frequently necessitating many miles of wandering and long hours of patient watching, for the snake is a suspicious creature, generally more alarmed at the sight of man, than is the man of it. The snake-hunter employs a couple of forked sticks as a means of capture. With one the reptile is pinned by any part of its body to the ground, after which it is fixed by the neck with the other. This done, the captor, with finger and thumb, grasps the head at the side of the jaws, and thus has the reptile safe and harmless. The snake is thus dropped, tail first, into a sugar bag. All that is really necessary is a steady nerve, a straight eye, and a firm hand.

A recent visitor was shown some large specimens of the tiger and diamond species, intended for the Sydney Board of Health, which is regularly supplied with venomous snakes from which the poison used in preparing "snake-antidotes" is obtained by "milking." This is

described as a most interesting performance. "Before milking time the snakes are well fed, afterwards becoming excited when a glass, similar to a watch glass, covered with the finest gutta-percha, is put into the cage. The infuriated reptiles bite viciously through the gutta-percha, leaving tiny drops of poison on the prepared glass." This "milking" is invariably performed during the summer months when the creatures are most active and fierce, and the poison most virulent. Numerous vicious specimens are kept in cages at the offices of the Sydney Health Department to be "milked," and when somewhat worn out are returned to the snake farm to recuperate. After the snakes have become useless for "milking" purposes they are sold to taxidermists or the Sydney Zoological Gardens. There is always a good market for new or rare specimens, as much as £6 being paid for a single snake. Several hundred snakes have been collected at one time on the farm, where they are kept in bags or boxes, the latter being covered at the top with small-mesh wire netting. At the bottom of each receptacle is a little bran or straw, and occasionally a few old rags.

When the snake farmer began to keep the reptiles he found himself periodically attacked by a mysterious kind of influenza, or hay fever, which he subsequently discovered to be due to a poison exuded from the bodies of the snakes. In one respect the creatures resemble human kind—they are great sticklers for caste. "The black snake is considered the gentleman of the snake fraternity and lives much alone, seldom associating with other members of the tribe. The carpet snake is the loafer of the reptile world, while the diamond snake is a positive larrikin, stealing the other snakes' wives and swallowing their children. The tiger species is hard to get on with, being vicious and deceitful, and, like the tiger and cat tribe generally, plays with its prey before devouring it." The question of food is an important one. It necessitates ample supplies of frogs, rats, bandicoots, rabbits, eggs, &c. This has caused frog-rearing to become one of the features of the farm. The reptiles are kept in large bottomless cages, placed on the grass, with some bush on one side, and a small pond in the centre. When in the open a bit of bush shelter is indispensable for snake and frog alike.

"In the hot weather," says the snake farmer, "when the frogs are sitting in the bushes, they are treated to a shower bath, an ordinary garden syringe being used for the purpose. Great seems their enjoyment, turning round and round, stretching out their legs and necks to the spray. But," he continued, "there's a fortune in frogs if we only had the French secret of feeding them. No matter how much water is about, in the dry weather they get together in crowds, and hop away for miles from their old homes, looking for fresh marshy places with plenty of cover. Frogs carry water in their pouches, and when they come across a suitable hollow in a shady spot they fill it and make a pond for themselves." The venom obtained from the snakes is understood to be of great value, the quantity being extremely limited, and rarely weighing more than a few grains. It rarely, if ever, loses any of its poisonous qualities, and has to be handled with the greatest care.—*Globe*, October 23, 1908.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Allen (R. W.).** Vaccine Therapy and the Oponic Method of Treatment. 2nd ed. 8vo, pp. 256. (H. K. Lewis. Net, 7s. 6d.)
- Ball (Sir Charles).** The Rectum, its Diseases and Developmental Defects. Illust. (Oxford Medical Publications.) Roy. 8vo, pp. 346. (H. Frowde. Net, 30s.)
- Edinburgh Obstetrical Society Transactions.** Vol. 33. Session 1907-1908. 8vo. (Oliver & Boyd. Net, 10s. 6d.)
- Emerson (C. P.).** Clinical Diagnosis. 2nd ed. 8vo. (Lippincott. Net, 21s.)
- Goodall (E. W.) and Washbourne (J. W.).** A Manual of Infectious Diseases. 2nd ed. Revised and enlarged. 8vo, pp. 438. (H. K. Lewis. Net, 14s.)
- Handbook for Attendants on the Insane.** 5th ed. Revised and enlarged. Cr. 8vo, pp. 406. (Bailliére. Net, 2s. 6d.)
- Heine (B.).** Operations on the Ear. The Operations for Suppurative Otitis Media and its Intracranial Complications. 8vo, pp. 218. (Bailliére. Net, 8s. 6d.)
- Mackenzie (James).** Diseases of the Heart. (Oxford Medical.) Roy. 8vo, pp. 406. (H. Frowde. Net, 25s.)
- Mann (J. Dixon).** Physiology and Pathology of the Urine. With Methods for its Examination. 2nd ed. Revised and enlarged. 8vo, pp. 338. (C. Griffin. Net, 10s. 6d.)
- Medico-Legal Society Transactions,** 1907-08. Vol. 5. 8vo. (Bailliére. Net, 7s. 6d.)
- Morris (Sir Malcolm).** Diseases of the Skin. New and enlarged ed. Cr. 8vo, pp. 702. (Cassell. 10s. 6d.)
- Owen (R. F.).** The Economic Open-Air Chalet. Cr. 8vo. (Bailliére. Net, 1s.)
- Pharmacopœia of the Royal Infirmary.** Edinburgh, &c. 3rd ed. Revised and enlarged by Thomas Alexander. 16mo, pp. 200. (Thin. Net, 2s. 6d.)
- Pope (Amy E.) and Carpenter (Mary L.).** Essentials of Dietetics in Health and Disease. A Text-Book for Nurses, &c. Cr. 8vo, pp. 262. (Putman's Sons. 5s.)
- Squire (Peter Wyatt).** Squire's Companion to the latest ed. of the British Pharmacopœia. 18th ed. 8vo, pp. 1460. (Churchill. Net, 14s.)
- Stoddart (W. H. B.).** Mind and its Disorders. A Text-Book for Students and Practitioners. 8vo, pp. 504. (H. K. Lewis. Net, 12s. 6d.)
- System of Diet and Dietetics (A).** Edit. by G. A. Sutherland. (Oxford Medical Publications.) Roy. 8vo, pp. 908. (H. Frowde. Net, 30s.)
- of Medicine (A). By many writers. Edit. by Sir Clifford Allbutt and Humphry Davy Rolleston. Vol. 4. Part 2. 8vo, pp. 584. (Macmillan. Net, 25s.)
- Text Book of operative Dentistry (A).** By Various Authors. Edit. By C. N. Johnson. 8vo. (Rebman. Net, 25s.)
- Watson (J. K.).** A Handbook for Nurses, with Examination Questions based on the Contents of the Chapters. 4th ed., revised. Cr. 8vo, pp. 448. (Scientific Press. Net, 5s.)
- Williams (H. A.) and Bolton (B. M.).** A Manual of Bacteriology. 5th ed. 8vo. (Rebman. Net, 9s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, *Devonshire Street, Portland Place, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

The True Temperance Association.—Mr. Hurndall, London.—Dr. Van den Berghe.—Dr. Spencer, Ashton-under-Lyne.—Dr. Cronin Lowe, Southport.—Mr. Ivatts, Birmingham.—Dr. Roberson Day, London.—Mr. Stratton, London.—Mr. Middleton, India.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Propaganda Homœopatica.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Hom. Jour. of Obst.—Annals de Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—The Family Doctor.—Hering Quarterly.—The Cure of Tumours by Medicines, Dr. J. H. Clarke.—Income Tax Simplified, A. Fieldhouse.—Die Krebs Krankheit, Dr. Schlegel.—Repertory, Dr. Kent.—Nervous Diseases, Dr. Wilson.

The Homœopathic World.

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ORIGINAL COMMUNICATIONS:

A Book of the Day—Luminaries of the Past. By Alfred Pullar, M.D.
The Inorganic Materia Medica of Dr. Hugo Schulz. By Dr. C. E. Wheeler.

EXTRACT:

The Therapeutic Action of Radium. By W. Deane Butcher, M.R.C.S.

BRITISH HOMŒOPATHIC ASSOCIATION: Honyman Gillespie Lectures and Clinical Demonstrations.

Subscriptions and Donations Received from October 15 to November 14, 1908.

SOCIETIES' MEETINGS:

British Homœopathic Society.

HOSPITALS AND INSTITUTIONS:

Launceston Homœopathic Hospital (Tasmania). Brighton.

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"New Doctrine." Hahnemann and the Repetition of the Dose. Vaccinum and Homœopathy.

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THE
HOMŒOPATHIC WORLD.

FEBRUARY 1, 1909.

A GREAT OCCASION—NATIONALISATION OF
HOMŒOPATHY.

LET no British homœopath forget the seventeenth day of March next, and the hour, 4 p.m., and let no British homœopath—lay or professional—who can possibly be there fail to respond to the Lord Mayor's invitation to be present at the Mansion House meeting. For on that day the Lord Mayor of London and the Lady Mayoress, Sir GEORGE and Lady TRUSCOTT, offer the hospitality of the Mansion House to the homœopathic cause. The highest civic dignitary of the Empire calls a national council on Homœopathy.

It will easily be seen that this is an opportunity which homœopaths must not let slip. It too often occurs when men rise to high office in the community or the State, that the duties of their office and the cares of state are allowed to outweigh the claims of causes which they have espoused in unofficial days. This is far from being the case with Lord Mayor TRUSCOTT. He has found in Homœopathy one of the best of friends, and he has nobly testified his gratitude to the system of HAHNEMANN in the time and money he has lavished on its institutions. And he is not the man to forget it when an opportunity comes of making

known to the nation and the Empire how greatly the Empire may benefit by advancing the cause of this great Imperial asset.

It will not be forgotten that it was Sir GEORGE WYATT TRUSCOTT who secured the hospitality of the Hall of the Stationers' Company for the inaugural meeting of the British Homœopathic Association, which took place on April 25, 1902, and was presided over by Earl CAWDOR. Ever since that day Sir GEORGE TRUSCOTT has taken the deepest interest in the work and progress of the Association, and now the opportunity has come he is determined to put the coping-stone on the Association's endeavour to nationalise Homœopathy.

This is why it is the duty of every homœopath to attend the advisory meeting and so rise to the situation which is thus created by the Lord Mayor's action. Besides Sir GEORGE TRUSCOTT, Earls CAWDOR and DONOUGHMORE are taking part in the proceedings, and representatives from every Homœopathic Centre will be officially summoned.

The *object* of the meeting—which is an advisory one—is to consider how Homœopathy can best be made an endowed State servant and established as a great State interest.

It is to this end that the British Homœopathic Association has been working since its formation, and on its efforts Sir GEORGE TRUSCOTT has determined to set the seal of his great office. We cannot believe that the homœopaths of Britain will fail to respond to his call. The British Homœopathic Association is now in a position such as it never before occupied to unite and co-ordinate the interests and aims of the homœopathic community. It has a home in Chalmers House. It has been

chosen along with the London Homœopathic Hospital to administer the teaching of Homœopathy by the Honyman Gillespie Trustees. It has organised lectures for the homœopathic public and the homœopathic profession, and with the support which the Mansion House Fund will doubtless supply it will be enabled to set in motion a complete and regular course of systematic instruction in the science and art of Homœopathy.

Homœopaths of Great Britain! Fail not to respond to the call of the Lord Mayor of London.

CANCER.

THERE is little reason for wonder that a disease still so mysterious and still so deadly as cancer is, should rouse interest among the profession and the public, but it is very significant how much more hopefulness is evident in the tone, at any rate, of homœopathic publications on the subject. The Congress of last year struck a note by no means pessimistic: in this month's issue we have a review of Dr. CLARKE's book on the cure of Tumours (the most important work on the subject in English since the works of Dr. BURNETT and Dr. COOPER, senr.); a large and important volume has reached us from Dr. SCHLEGEL, of Tübingen, who for thirty years has been a pioneer in this field with great success, as his book testifies; and last, but by no means least, at the B.H.S. meeting, in January, Dr. BURFORD read a paper on the same subject of the highest interest and value. It is briefly summarised elsewhere in this number, but we wish here to draw such attention to it as will make all who did not hear it anxious for its appearance in the Society's Proceedings.

The merit of Dr. BURFORD's work (the essence of six years' steady labour and thought) lies first in its suggestion of a working hypothesis. This, though merely the

extension to the cancer field of current theories of immunity, is wisely formulated, because it not only gives a starting-point for treatment but will suggest laboratory investigation. We want some kind of measure analogous to the "opsonic index" in dealing with cancer. The *Micrococcus neoformans*, though not the prime cause, may conceivably even now afford such an index (even as CO₂ in air is taken as a rough measure of impurities far more deadly), and we should like systematic curves constructed of this index under varying forms of treatment before it is abandoned as useless, because we still lack a guide to prognosis and can afford to neglect no avenue to possible success in this direction. But Dr. BURFORD gave us practical results far more important than theoretical considerations. They had the great merit not only of success, but of success in defining to some extent the sphere of action of a single remedy and its best mode of administration. *Arsenic*, as its pathogenesis at once suggests, has always been well in the front as a cancer remedy; *Arsenicum album* has achieved success in potencies (up to very high ones): but the *Cacodylate of Soda*, an organic compound of *Arsenic*, is used by Dr. BURFORD in material doses. The dose question we all know is distinct from the question of the homœopathicity of a remedy, and Dr. BURFORD's practice is none the less homœopathic because of his dosage. The important point here is a success so uniform in preventing recurrence after operation that Dr. BURFORD says that if a case remain free for six months (under *Cacodylate*) from the date of operation, his experience teaches that recurrence will not take place at all, provided the remedy is continued. Naturally, larger experience may prove this less absolute a rule than we hope, but Dr. BURFORD's experience of six years is enough to test his conclusion with some approach to fulness. While holding that surgery is only a means of dealing with the end product of a constitutional condition in cancer, Dr. BURFORD, nevertheless, advocates removal of the primary mass in

many cases. It seems to us there is room for investigation to make sure that in surgical operations there is not another factor of cure invoked beyond the mechanical removal of the tumour. It is conceivable that the sudden withdrawal from the system of a mass of new growth, with which undoubtedly the body has been endeavouring to cope, may itself act as a stimulus or even as a shock. If the result be an over-stimulus, almost a shock, we may do harm, and this may explain virulent recurrence after removal of a mass so small and seen so early that it is difficult to believe that operation has been incomplete. On the other hand, the stimulus may be a beneficial one; the difference in the effect of approximately equal operations on different subjects would depend on constitutional factors, which as homœopaths we believe in, but find it difficult to measure; but if it were beneficial we should get no recurrence, and thus, too, we could explain the cures that have been observed even after incomplete operations. We should like systematic estimates of the index to *M. neoformans* before and at intervals after operation; differential leucocyte estimations under the same circumstances, urinary analyses—in fact, systematic observations of all kinds that might throw light on this matter. However, we are wandering a little far from Dr. BURFORD. We offer him and the Society our congratulations upon a notable piece of work.

TOBACCO-SMOKING AND TUBERCULOSIS.—Accurate statistics have been drawn up by the Henry Phipps Institute on the relations between the use of tobacco and the incidence of pulmonary tuberculosis. The figures are so far available only for one year, but, the *Hospital* points out, they are already instructive. Altogether there were 443 male patients during the year, and of these 322 used tobacco in one form or another; 119 did not use tobacco at all, and in the remaining two no record was made upon the question. The disease was improved or arrested in 38 per cent. of those who used tobacco and in 47 per cent. of those who did not use it, while 62 per cent. of the tobacco-users did unfavourably against 53 per cent. of the others. The preponderance seems sufficient to disprove the claim which has been made that tobacco is a preventive of tuberculosis implantation. —*Westminster Gazette*, December 8, 1908.

NEWS AND NOTES.

A FESTIVAL DINNER FOR THE B.H.A.

THERE cannot be a more striking example of the advantages of Homœopathy and the enthusiasm that should inspire all its followers than the present Lord Mayor of London, for we learn that, in addition to presiding at the meeting at the Mansion House mentioned in our leader, he has consented to take the chair at a Festival Dinner to be held in London on June 14th on behalf of the funds of the British Homœopathic Association. The Lady Mayoress, the Earl of Donoughmore, and Earl Cawdor are, we understand, among those who have already expressed their intention of being present on that occasion. As it is nearly three years since the Association last made an appeal for funds on a large scale, having stayed its hands in view of the large amount of money required by the London Homœopathic Hospital, which has now been collected, we feel sure that all homœopaths will be at pains to make this Festival a great success.

THE BURNETT FUND: AN INTERESTING DONATION.

THERE have been several kind additions to the Burnett Fund during the past month, and one is of more than usual interest, coming, as it does, from Hahnemann's country. We think our readers will be interested in the following correspondence:—

“STUTTGART, 44 HEGELSTRASSE.
December 27, 1908.

“DEAR MRS. CLARKE,—I have ordered Messrs. H. Keller & Sons, my bankers, to send you £10 for the ‘Burnett Fund.’

“Yours truly,

“AUGUST ZÖPPRITZ.

“(One of the oldest homœopaths in Germany.)

“To Mrs. Helen Clarke.”

“8, BOLTON STREET, LONDON, W.
December 28, 1908.

“DEAR HERR ZÖPPRITZ,—By the same post which brought your kind letter I received from Messrs. H. Keller & Sons your most generous and welcome donation of £10 towards the Burnett Fund.

I think it exceedingly kind of you to give us this help. We hope by the end of the coming year to have the Fund completed and the work established.

"Dr. Burnett was a great German scholar and lover of Germany, and we are very happy to have the country of his Master, Hahnemann, united with us in doing him honour.

"Yours very truly,

"HELEN CLARKE.

"To Herr August Zöppez."

THE DRUG SYMPOSIA.

It seems that our readers find the pace too hard of dealing with a new drug each month. We have but few cases of *Phytolacca*, the next drug selected, and therefore propose to defer the next Symposium till the March issue, and thereafter hold them every alternate month. We beg contributors, therefore, to look up their records and send us some *Phytolacca* cases for March, *Ambra grisea* cases for May, and *Kali carb.* cases for July. Send them as they occur, while fresh in the memory; they shall be safely kept and duly recorded.

HOMŒOPATHY IN UTRECHT.

WE note with great interest that Dr. S. van Roijen, of the Utrecht Homœopathic Hospital, lectured last summer, on homœopathy, by request, before the Medical Faculty of the Utrecht Student Corps. Professor Talma, of Utrecht, approved of the arrangement and was present at the lecture. Dr. van Roijen delivered a clear and forcible statement, and answered many subsequent questions. The proceedings were pleasant and friendly throughout. Professor Talma, who has aforesaid looked somewhat with reprobation on homœopathy, congratulated the lecturer, and in a subsequent debate on therapeutics, at which Dr. van Roijen was present by invitation, expressed much agreement with him, though naturally differing in certain details.

LACHESIS.

THIS month we have not only Dr. Cairo's article on the subject, but print a letter from Messrs. Boericke and

Runyon, stating that they can now supply *Lachesis mutus* from a newly captured specimen. Messrs. Boericke and Runyon have been put to considerable trouble and expense in this matter, and we think the profession owes them a debt of gratitude for renewing our supplies of so valuable a remedy.

NUX VOMICA IN NASAL CATARRH.

A CORRESPONDENT has sent us the following :

“*Nux vom.* I find acts on me more powerfully in the 30th centesimal than in other dilutions, and in the 6th the most gently. The action of a drop of the 30th I have often observed continues beneficially for three days. I have found it act marvellously in acute aggravations of chronic nasal catarrh. Several members of my family object to taking the 30th, because of its excessive action, preferring 3 c.

“NUX VOM. AND NAT. MUR. IN HEART AFFECTIONS.

“In nervous palpitation of the heart, heavy shaking beat, < after a meal, I find *Nat. mur.* 6 the best; but for similar symptoms, milder, with aching in precordia, have frequently required *Nux vom.* 30. Either follows the other well; they each seem to me to be complementary to the other. They certainly may be noted in Clarke's *Repertory* as following well.

“GELSEMINUM IN NASAL CATARRH.

“Referring to the case reported in HOMŒOPATHIC WORLD, vol. 1903, p. 370, sudden, violent catarrh, profuse watery discharge, right eye severely affected, redness of conjunctiva, profuse lachrymation, dimness of vision, eye half-closed through lid drooping, I have found *Gelseminum* act equally well, recently, when the trouble was almost wholly confined to the *left* eye and left nostril. In this instance *Gels.* 1x answered promptly when *Nux vom.* 30 failed.

“It is noteworthy that *Gels.* again produced biting of bottom lip (right side) when eating.”

THE COLOUR-CURE.—One welcomes the colour-cure suggested by certain experiments on mice—which may be extended to men; simple colour, dissociated from the pill which may be blue or pink. It has been found that the lower animals lose their appetite when they see green, get irritated when they see red, and become quite cheerful when they are placed in a yellow room. Well, the mice are men in miniature, and the colour of things attracts—repels. One foresees a time when the Londoner will take his colour as a stimulant or corrective, knowing that the eye is the ego. And he will walk into such licensed premises as remain and order anything yellow with a dash of red—and not all the red, please! There will be no more worry about licensing reform when we have learned to drink colours.—*Westminster Gazette*, November 27, 1908.

ORIGINAL COMMUNICATIONS.

A BOOK OF THE DAY—*THE CURE OF TUMOURS BY MEDICINE*.*

By Dr. M. LE HUNTE COOPER.

It is easy to conjure up the snort of derision which will escape the allopathic practitioner as he picks up this book, *The Cure of Tumours by Medicines*.

One must admit that his self-complacent amusement is hardly surprising when it is considered how effectually he has been blinded to the true curative power of drugs by the old school investigations into the action of remedies by physiological experiments on animals, and polypharmaceutical dosing of human beings. Indeed, so effectual have been these methods in damping his belief in the efficacy of remedies beyond the temporary relief of symptoms, that the word "cure" itself has become for him a synonym for "quackery and vain pretension."

Oh, that thou who dost call thyself "physician" should have so lost faith in remedies as to regard those who attempt to medicinally cure chronic diseases, and above all "Tumours," with contempt, and that thy academic instruction should have been so barren that thy sole means of coping with a Tumour is to cut it away, in the comforting, but erroneous, belief that by so doing thou art removing the whole disease! The whole *visible* disease, yes, but what about the constitutional cause which produced the visible manifestation? Have you removed this, or have you—ah! there's the rub—actually aggravated this underlying constitutional condition so that the patient is far worse off than before?

Experience and results can alone answer this latter question, and it too plainly answers it in the affirmative when the disease is malignant in type. It is not sufficiently realised by the laity that the old school practitioner actually regards operation in cases of Tumour as a solemn *duty*, and he is often wrongfully accused of loving the knife for the extra fees it brings in, when in reality he flies to surgery in sheer despera-

* *The Cure of Tumours by Medicines, with Especial Reference to the Cancer Nosodes.* By John H. Clarke, M.D. London: James Epps & Co., Ltd. 2s. 6d. net.

tion, knowing how utterly powerless is his system of medicine to help him.'

The realisation of these facts makes it all the more lamentable that the budding physician should be denied instruction in scientific medicine simply because it has been considered unfashionable, and even positively immoral, to step outside the beaten and barren paths so carefully rolled down by a decadent ancestry.

But away with these dark musings, and let us to our pleasurable task, to see what food for thought Dr. Clarke has for us in this book; that it will be both palatable and nourishing goes without saying.

First and foremost, in the Preface we are cautioned against the danger which homœopaths run in allowing the "Orthodox" school to take credit to itself for the discovery that diseases can be successfully treated with their own viruses. That long before Pasteur developed his preventive remedy for hydrophobia, the nosode *Hydrophobinum* or *Lyssinum* had been employed by homœopaths, and that the late Dr. Compton Burnett had employed the nosode *Tuberculinum* long before Dr. Koch introduced his *Tuberculin*.

Dr. Clarke does not hold with the allopathic method of administering homœopathic remedies by potentising these in an animal. He says: "The injection of animal solutions, called serums, into a patient's blood-current is to my mind a violent proceeding. And it is quite unnecessary, since the use of homœopathic infinitesimals is open to all. The curative effects of the nosodes can be obtained without any violation of the organism treated, or the organisms from which they are obtained."

He further calls attention to a fact which I find most allopaths themselves are ignorant of, viz., that the methods of Pasteur, Koch, von Behring, and Roux have been acknowledged as really homœopathic by Professor von Behring, Dr. Roux, and others. Thus we see that the only success which the old school has obtained in genuine curative work turns out to be simply a re-discovery of homœopathy, but it behoves us all individually to take Dr. Clarke's warnings to heart, and never to lose an opportunity of impressing this fact on our erstwhile brethren. Dr. Clarke points out that the nosodes are only part of the homœopaths' armamentarium in the treatment of tumours, and that they have their own

individual indications. "I have," he says, "no cut and dried 'cure' for tumours in the abstract to offer," and further explains that the choice of remedies is a work of art dependent upon the faculties of judgment and discrimination of the physician.

The Introduction contains a plea for the medicinal treatment of tumours as being "by far the most pleasant and scientific way of dealing with them," nature showing the way by sometimes causing their decrease and disappearance unaided. No claim is made that "the cure of tumours by medicine is always easy. The method of the surgeon which removes the lump is far more expeditious and appeals with considerable force to the majority." The line between the province of the surgeon and physician is one which every physician and surgeon must draw for himself. Even the late Dr. Compton Burnett knew when to avail himself of the surgeon's art as an ancillary to medicine.

The paucity of finer symptoms in cases of tumour drove the late Dr. Compton Burnett to two classes of remedies—the organ-remedies and the nosodes, especially the cancer nosodes—he (Dr. Burnett) being almost the creator of these. It is Dr. Burnett's preparations that the author has chiefly used in his work of later years.

Dr. Clarke further testifies to the valuable work done by the late Dr. Cooper in treating cancer with arborivital doses of plant remedies. "Thus," he says, "we have four means at our disposal to find a remedy for any case:—

"1. Exact symptom-correspondence.

"2. Organ-homœopathy.

"3. Diathetic homœopathy, including (a) nosodes, especially nosodes of cancer; (b) constitutional homœopathic remedies; (c) specific taint remedies, like *Thuja*, in cases of vaccinosis.

"4. The 'arborivital' method of Cooper."

The cancer nosodes are not of use merely in malignant disease, but the undoubtedly innocent tumour is frequently amenable to their action. Here Dr. Clarke quotes from a paper by Mr. W. H. Clayton Greene, showing that no true border-line exists between malignancy and non-malignancy, so far as its detection microscopically is concerned. Tumours of the latter type may often exist for years before developing features

characteristic of the former. If, then, it is impossible to draw a line between malignant and non-malignant growths, the same applies to malignant and non-malignant remedies.

The futility of seeking remedies which shall cure cases of cancer is emphasised in the following word "If it is impossible to define cancer satisfactorily, or differentiate cancerous from non-cancerous growths, is absurd to expect to find 'specific' remedies for the 'indefinable.' A tumour represents 'instability of tissue,' hence 'all remedies which have an action on tissue-formation may act as remedies in cancer.'"

The author asserts his firm conviction that cancer is infectious in a low degree and very slowly, and he gives the following as proofs of this: the action of its own nosodes, its power to infect the patient himself, the infection of glands and surrounding tissues, and the transference of cancer from one animal to another, including human beings. Further proof lies in its frequent occurrence in married couples and the existence of "cancer houses," a striking example of the latter being given.

He regards tumour formation as the final chapter of a series, including heredity, contagion, and blood-poisoning of various kinds. The late Dr. Robert T. Cooper was the first to call attention to this latter factor, and insisted on the fact that cancer was much more readily acted on by remedies than many other less formidable maladies, the reason being its proneness to break down.

Precancerous phenomena are next dealt with, and an interesting case is quoted in which *Salicylate of Soda* was apparently responsible for changing rheumatism into cancer.

My own observations on this condition lead me to the belief that the rheumatic phenomena one so frequently meets with in cancer are part of the disease itself, being due to toxins circulating in the blood and not to the true rheumatic poison. I therefore diffidently suggest that this case was all along one of "cancerous rheumatism," if one may coin such a term.

An interesting point which Dr. Clarke calls attention to, and one which other observers cannot have failed to note, is the fact that the precancerous low vitality some

times clears up on the appearance of a tumour, and he says that in this lies some justification for surgery, in that the tumour is stored up disease.

Personally, I cannot but regard this as a very strong argument against surgery, seeing that if the tumour is relieving the system of the disease it is hardly justifiable or rational to suddenly deprive the system of this outlet.

However, the author qualifies his statement as follows :
 " But if the mass is excised without any attempt being made to correct the constitutional state which has led to the formation, the chances of recurrence are very great, and the actual condition is made worse instead of better." Here we have the whole kernel of the matter, cancer being a constitutional disease and not a local one, and therefore calling for remedies which attack the constitutional condition.

Dr. Clarke denies any assertion that cancer can be easily cured by medicines, though he emphatically states that it is easily influenced by them, large numbers of cases having been cured and many arrested in this way.

Reference is made to the microbial injection of Dr. Colley and the nosode used by Dr. Doyen, and the homœopathic nosodes are given—*Schirrhinum*, *Carcinosinum*, *Durum*, *Mamillinum*, *Epitheliominum*, and *Sarcominum*.

Finally, the Introduction winds up with this all-important observation : " There are more ways than one of curing cancer, but *there is no one way which is suitable for all cases*," and the declaration of the author's opinion that of all the remedies for cancer the nosodes form the most important class.

Despite the great values of these introductory remarks, the seeker after knowledge will be eager to get to the facts on which these are based, and he will not be disappointed in his quest, for in the cases which follow ample proof is given that they are based on something more substantial than mere theory.

The first two cases, respectively "Lipoma" and "Cyst," demonstrate the power of the nosodes to deal with non-malignant tumours, in that the first yielded to *Carcinosin* 100 and the latter to *Schirrh* 100, *Thuja* also being brought into requisition.

Next comes a case of "Breast Tumour" of cystic

character, which cleared up under *Con. Phytol. Lyc.* and *Silica*, all in the 30th potency, and this is followed by case of "pedunculated wart of the nipple," in which *Thuja* proved curative. Two other *Thuja* cases are then given, one being "tumour of right breast in a male," and the other "tumours of both breasts," the former being notable for the strong cancerous family history, and the latter occurring in a much vaccinated lady at the climacteric. Case VII. is quite unique, being one of "uterine cancer," cured by nothing less than our old friend *Kali. carb.*

In chapter iii. Dr. Clarke deals with Medicine *plus* Surgery in the treatment of tumours. He tells us that he considers it "absolutely inexcusable on the part of a homœopathic surgeon to neglect medicinal treatment from the time he first sees the case—that is before operation—and it is, if possible, even more inexcusable if he turns a patient adrift after operating, just to await events." He further says he does not deny that an operation may give a favourable impetus to an organism and so "shock" it, as it were, into absorbing a tumour but this cannot be relied on in any way.

If I might be allowed to comment on this statement I should say that I, personally, emphatically disbelieve in any such possibility, all my experience pointing to the other extreme, viz., that the effect of the shock of operation is to aggravate the constitutional state and to induce a far worse condition in the long run than that which previously existed. The author goes on to say that the course of treatment should be at least two years, unless operation has not been performed and the growth has disappeared under medicine in a shorter time than this.

In Case VIII. we are given one of inoperable "Intestinal Cancer" in a lady of 22, which yielded mainly to *Orinth um.*, assisted by *Thuja* and *Variolinum*. This case bears out in a striking way a point I have particularly called attention to, viz., the great significance of normal action of the bowels following on the exhibition of a remedy when persistent constipation has previously existed, this being a very valuable indication that the right remedy has been chosen.

Next we have a case of "Sarcoma of Small Intestine," which illustrates the late Dr. Cooper's assertion that short-circuiting the bowel is fatal to a permanent cure.

in these cases. However, in spite of this, the treatment in this particular case was so far successful that "during the five months he was under homœopathic treatment the pain he endured was nothing to be compared to what he had previously." It was a long and complicated case in which typhoid inoculation, intestinal-anastomosis, and injections of Coley's Fluid appear in his earlier history. The remedies employed were *Orinth um.*, *Natr. Cocodyl.*, *Ipec.*, *Rad. brom.*, and *Rhus ven.*

Case X. is one of "Intestinal Tumour and Cyst of Breast," in which exploratory operation revealed a malignant growth on the transverse colon. Paralysis of some of the ocular muscles was a feature in the early history. Under numerous remedies, in which *Thuja*, *Luet.*, *Carcinos.*, *Redor.*, *Orn.*, and *Cholesterin* figure largely, cure was ultimately achieved.

Another "Breast Tumour" case, with "Tumour of Intestine," &c., is given as Case XI. It illustrates vaccinal influence, and yielded to *Thuja*, aided by *Carcinosin*, *Tub. k.*, and *Cundurango*, with every appearance of recovery, till she finally succumbed to dropsy, brought on by overtaxing her strength.

The two following cases show how local recurrence after operation may be successfully dealt with, the first yielding to *Thuja* alone, and the other requiring, in addition to this, the nosodes and *Na. Cacodyl.*

Case XIII., "Cancer left Breast," recurring after removal of the right breast, is one in which prolonged treatment, in which the nosodes and other remedies were employed, was in the end completely successful in eradicating the disease.

In chapter V. we are given four striking cases of Breast Tumour cured without operation, in which the cancer nosodes and *Conium* chiefly figure.

"The Relation of Cancer to other Diseases" is next dealt with, that of breast tumour to uterine disease being cited, and the occurrence of mucous-colitis being noted as frequently occurring in cases of malignant disease. The author states that he has found the tubercular and cancerous diathesis closely allied, and considers gout a factor of no less importance in cases of cancer. He also mentions the influence of *Trauma* and X-rays in these cases.

I think enough has been said to show that this book

is one which must not only be added to the library of every homœopath, but must be carefully studied; for that it contains a mass of extremely valuable observations and information cannot be denied.

One point which stands out pre-eminently in this work is the way it lays bare that most characteristic feature of the author's mind, "breadth of outlook." This is not that narrow mind with which, alas! we are only too familiar, which cannot believe that remedies act in any but certain restricted potencies, or without a certain frequency of repetition, and therefore refuses to try the higher or lower potencies, as the case may be, and holds up its hands in horror at the idea of unit doses. Nor that other mind of equally narrowed outlook which rejects, and refuses to employ, all remedies not potentised beyond some arbitrary limit. Instead, we find each method investigated and its particular value and use determined, so that it may be brought into use when required.

Need we wonder, then, at the remarkable success these methods have attained? I trow not; and I venture to say that he who one day essays the herculean task of reviewing all the writings of this most earnest and indefatigable worker, will find that the secret of his success lay in this great capacity for appreciating and employing all means which promised to help in the attainment of that noblest of all endeavours—the cure of disease and the relief of human suffering.

COUNT SEBASTIAN DES GUIDI, M.D.

By DR. JULES GALLAVARDIN, of Lyons. Translated by DR. CLARKE.

(Continued from page 12.)

DES GUIDI, forgetting his first hesitations and doubts on the subject of a new method, succumbed to the evidence. "I was finally compelled to acknowledge," he wrote, "that a new fact, incredible to me, was nevertheless a fact, and that the measure of my ideas was a little too strait for the forces of nature and the discoveries of genius. I made experiments on myself and on others, and my conviction soon became unshakable. For two years in succession I joined the clinical course opened at Naples in the interval by Drs. Romani and Horatiis, that interesting course of which so many

journals have travestied the results. I studied, in short, with all my power, and with some good results, thanks above all to the writings, to the luminous lessons, and to the infinite kindnesses of M. de Romani, to whom my gratitude can never have any bounds.

“Circumstances brought me a year later to Crest, where my homœopathic treatments were received with interest and were justified by incontrovertible successes. (*vide Ef emeridi di medicine omeopatica*. Napoli, 1829, 1830).

“The same thing happened at Lyons, which gratitude itself made it my duty to select as the city in which to light the first beacon of homœopathy in France, and where for twenty years repeated cures, and those often among persons of the greatest enlightenment and highest social position, bear daily witness in a startling manner in favour of this doctrine. Facts like these could not escape the notice of a faculty so judicious and so learned as that of Lyons; many doctors of the city and neighbourhood, after an exhaustive examination of some of the cures I had effected, gave themselves up, with a steadily increasing interest, to a study of the new doctrine; several of them are now practising it with a success which does them honour. I have always made it a cheerful duty to put at the disposal of these gentlemen books, manuscripts, and medicines, and everything which my feeble counsels could offer that was likely to be useful to them. Often they have done me the honour of being present at my Sunday public consultations, and I congratulate myself on having been able, by means of these, to help to give to homeopathy some of the support of which it is so worthy.

“Being called upon to treat by correspondence serious and rebellious diseases in Paris and other distant cities, I soon found myself in relation with medical men scattered throughout the whole territory and in the neighbouring countries, where I have hastened to pass on to them all the information which they have asked of me. In this way it has come about that homœopathy can already count zealous friends, propagandists, and practitioners in Paris, Nîmes, Bordeaux, Bourg, Macon, Saint-Etienne, Besançon, Vevey, Lausanne, and, above all, at Geneva. Among many diseases that I treated with success in this last city, the most serious illnesses were cured under the

eyes of Dr. Dufresne, and in a manner which excited to the highest point his surprise and his interest. He did me the honour to write to me without delay, and I had the happiness to put him also in direct relation with Hahnemann himself. An able physician of the old school, and gifted with the most inquiring and the most independent spirit, Dr. Dufresne, after having established by a series of methodical and rigorous experiments the truth of homœopathy, took up the study of it with the ardour of his age and the vigour of his talents. His new practice is already one of the most successful and the most extensive, and he has just established with some friends a homœopathic journal of great interest. Thus Geneva, that noble city, which among so many titles to favour likes to number that of having taken so great a part in the establishment of vaccination on the Continent, will doubtless also have the honour of powerfully aiding the propagation of homœopathy in French-speaking Europe."

This letter to the doctors of France, from which we have just made a quotation, ran through four editions published—1832, 1836, 1852, and 1861. It was translated into German in 1832, into English at New York in 1834, twice into Spanish in 1835, and into Italian in 1850. The first two French editions had for their especial object to make known to medical men the resources of homœopathy in the treatment of cholera. The last two were published by Dr. E. Perrussel.

Des Guidi also wrote a "Letter to the Members of the Royal Society of Medicine on the Response which they addressed to the Minister of Public Instruction in April, 1835, on the Subject of Homœopathy." To the Academy, which professed to have judged homœopathy by reason and by facts, Des Guidi answered that in their letter, addressed by them to the Minister, there was nothing but empty assertions and experiments badly made. This Letter of Des Guidi to the Academy of Medicine is simply a little masterpiece of logic. If to-day, even, the members of that Academy had to re-read it they would find in it nothing to say in reply.

Des Guidi published further "Observations on the proposed Act relating to the practice of Medicine, presented to the Committee of the Chamber of Deputies," and on "The Homœopathic Treatment of Influenza."

His writings gave a wider reach to his words. " His house became the centre of a gathering of physicians and other men of learning which took the name of the Homœopathic Society of Lyons. This little society the success of which increased more and more, and whose influence soon spread outside, gave birth to the French Homœopathic Society, which met for the first time at Lyons in September, 1833, under his presidency. This first assembly, which counted more than sixty members, almost equally divided between French and foreigners, was extremely remarkable for the wide and deep friendships which were there developed. The session lasted three days, and before it dissolved the Society worthily crowned its labours by passing a vote that a medal should be struck to perpetuate the memory of the man of genius who was the first to introduce homœopathy into France. The patients cured by the doctor took upon themselves to materialise the vote, and very soon afterwards three hundred subscribers had a large gold medal struck bearing the portrait of their benefactor and the following characteristic legend: 'Mire sanati gratitudinis memores (' Those who have been wonderfully cured mindful of the gratitude they owe. ') "

This medal was presented to Dr. Des Guidi, and every subscriber kept as a souvenir a replica in bronze. Many others were distributed to learned societies, to authorities, and to admirers of the new doctrine and its propagator.

On the reverse of the medal was this inscription: " In the year 1830 Homœopathy was introduced to Lyons and propagated throughout France by C. Sebastian Des Guidi."

In 1834 he was appointed honorary inspector of the University of Lyons, and the Government bestowed on him the decoration of the Legion of Honour in 1835.

The portrait which appeared in our last issue is a reproduction of the painting by Auguste Flandrin, which may now be seen at Lyons in the museum of the Palace of St. Peter.

" In January, 1860, when the Emperor Napoleon III. and the Empress came to Lyons, Dr. Des Guidi had the honour of being presented to their Majesties by Senator Vaïsse, Administrator of the Department of the Rhone. The doyen of the homœopaths profited by the circum-

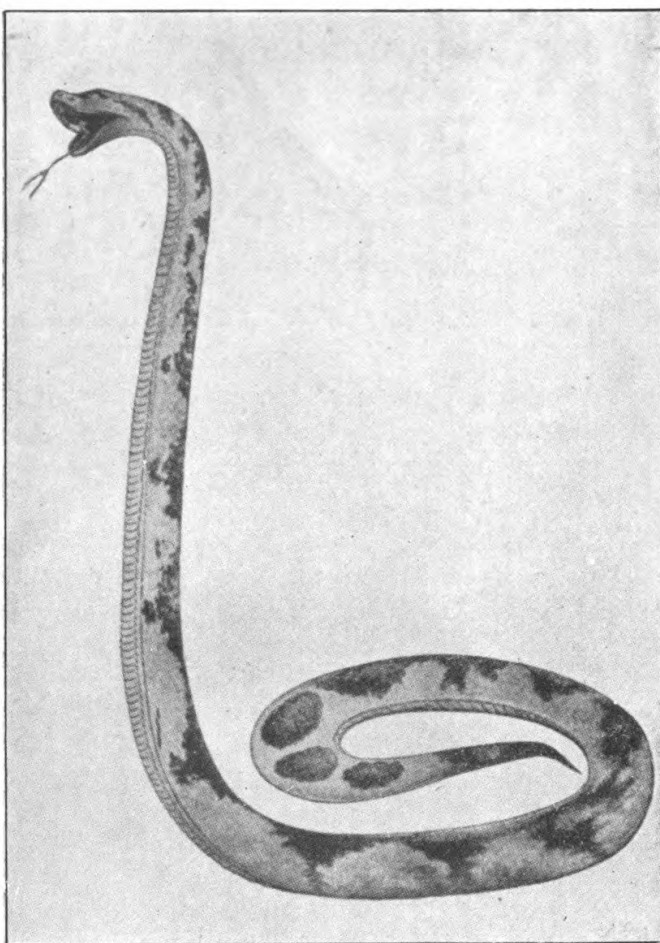
stance, and expressed to the Emperor how happy he would be to see instituted a Chair of Homœopathy in the University." The touching account of their interview was published in the *Revue des Lyonnaises* by M. Vingtrinier.

Dr. Des Guidi was in the 91st year of his age. He died in his 94th year, on May 27, 1863.

This life, so completely filled with a work of devotedness and disinterestedness, should be an example for modern homœopathic physicians. My father [Dr. Gallavardin, senior], who had the honour of learning homœopathy under this master, wrote of Des Guidi as follows: "One experienced a sentiment at once of astonishment and admiration when thinking of this man whose intelligence seconded so well his activity, and who throughout an existence so prolonged, completed, so to speak, three or four careers, beginning a new one at 32 years, another at 50, another at 51, and the last at 62. Was I not right to say that the energy of the intellectual life was, with him, always in perfect balance with the energy of his physical life? and he thus confirmed, as well as it is possible for this to be, the traditional axiom—*Mens sana in corpore sano*. And—can it be believed?—there were those who dared reproach this man, whose existence had been so prolonged and so laboriously filled, with trifles—his Neapolitan accent, the warmth and originality of his language, his gesticulation as expressive as his word, the ardour of his medical faith, his love of setting it first—all of these qualities inherent to his nationality! Would the superficial people who formulated these puerile accusations against him like to compare their lives with his? Which of them could offer us a like example of *intellectual longevity*?"

To these qualities and these little defects he united however, a sincere modesty. Witness the conclusion of his *Letter to the Physicians of France*: "I beg of you, messieurs, whilst pardoning this writing its many imperfections, try not to disdain the words of a physician whom a happy experience of the most profound conviction brings before you; of a man whose dearest hope is to see his own works effaced to-morrow by yours, in a career in which are growing for you palms of glorious triumph which it is so sweet to me to be able to point out to you."

At other times, as his biographer, Jules Forest, relates



LACHESIS MUTUS (Hering).
(*Surucucu bico de jaca*, *Surucutinga*.)

[By courtesy of Dr. J. Gallavardin.]

[To face p. 69.]

he used to say : " I have had no real merit at all ; it is the hand of Providence which has directed me : to Providence alone belongs all the glory."

THE DISTINCTION BETWEEN *LACHESIS LANCEOLATUS* AND *LACHESIS MUTUS*.

By Dr. NILO CAIRO.

(This article has reached us in the form of a letter from Dr. Cairo.—
Ed. H.W.)

To the Editor of THE HOMŒOPATHIC WORLD.

DEAR SIR,— I have read in your journal, issue of September, an editorial note on Runyon's *Lachesis*.

The new snake has been sent from Brazil ; then it is in Brazil that the doubt of classification may be resolved. The pictures of the Runyon's snake published by the *Recorder* and by Boericke and Runyon have been examined and discussed in my country, where we know all the species of Brazilian snakes ; and we have drawn the conclusion that the snake of Bronx Zoological Park is not a *Lachesis mutus* (*Surucucu*) of Hering and of our Pharmacopœia ; it is a *Lachesis lanceolatus* (a *jararaca*, also called the *Bothrops lanceolatus* in Martinica), a very common snake of Brazil.

This snake is marked along the back by two lateral rows of dark angles, which are opened to the side of the belly and have the vertex upon the middle dorsal line. This is the picture of Runyon's snake.

Besides, the only *lance-headed viper* known in Brazil is the *jararaca*, the *Lachesis lanceolatus*, which is of the same species of that known as the *Bothrops* of Martinique. The genus *bothrops* has disappeared from the modern classification used by the British Museum (Catalogue of Ophidia) and is replaced by the genus *Lachesis* ; therefore the *Lachesis lanceolatus* and the *Bothrops lanceolatus* are the same snake.

The name *Lachesis trigonocephalus* is not found to-day in any modern author of zoology ; it is an error of classification, because *Lachesis* is a genus and *Trigonocephalus* another (which, like the *bothrops*, has disappeared from the modern classification of snakes), and

a species is not named by two genera, but by the name of its genus followed by that of the species. Thus the name of *Lachesis trigonocephalus* is an error of zoological classification, unless the name *trigonocephalus* is applied as a synonym of *lanceolatus* (lance-headed). In Brazil there is not any species of snake known as *Lachesis trigonocephalus*; that *lance-headed* one which is found in this country, as you may see in the catalogue of Ophidia of the British Museum, is the *Lachesis lanceolatus*, the *lance-headed viper of Brazil*, popularly known as the *jararaca*.

I am sure that the snake of Boericke and Runyon is a *jararaca* (*Lachesis lanceolatus*, also known as the *Bothrops lanceolatus* of Martinique), marked with *dark angles in two lateral rows along the back*, and not a *surucucu* (*Lachesis mutus* of Hering), marked *along the back with large rhomboidal spots of a blackish-brown colour, each of which encloses two spots of the colour of the body*. Both are of the same genus *Lachesis*, but of different species.

This is important to know, because the venom of *Lachesis lanceolatus* (the Runyon's snake), as it has been verified in Brazil in poisoning, is like the *Crotalus horridus*—that is, it is a hæmorrhagic one; the local inflammation and the hæmorrhage are constant and intense in its pathogenesis: above all, the local gangrene and the gastric and intestinal hæmorrhage, while the venom of the *Lachesis mutus* of Hering, our old *Lachesis*, is, as we know, not a hæmorrhagic one, but a *neurotoxic* one. Therefore the new drug of Boericke and Runyon will not respond to the indications of the old *Lachesis* of our materia medica; it would respond better to the indications of the *Crotalus horridus*: *Prostration of vital force with hæmorrhagic diathesis (blood flows from eyes, ears, nose, and every orifice of the body) in malignant infectious diseases*.

This is the general indication of the *Lachesis lanceolatus* of Boericke and Runyon.

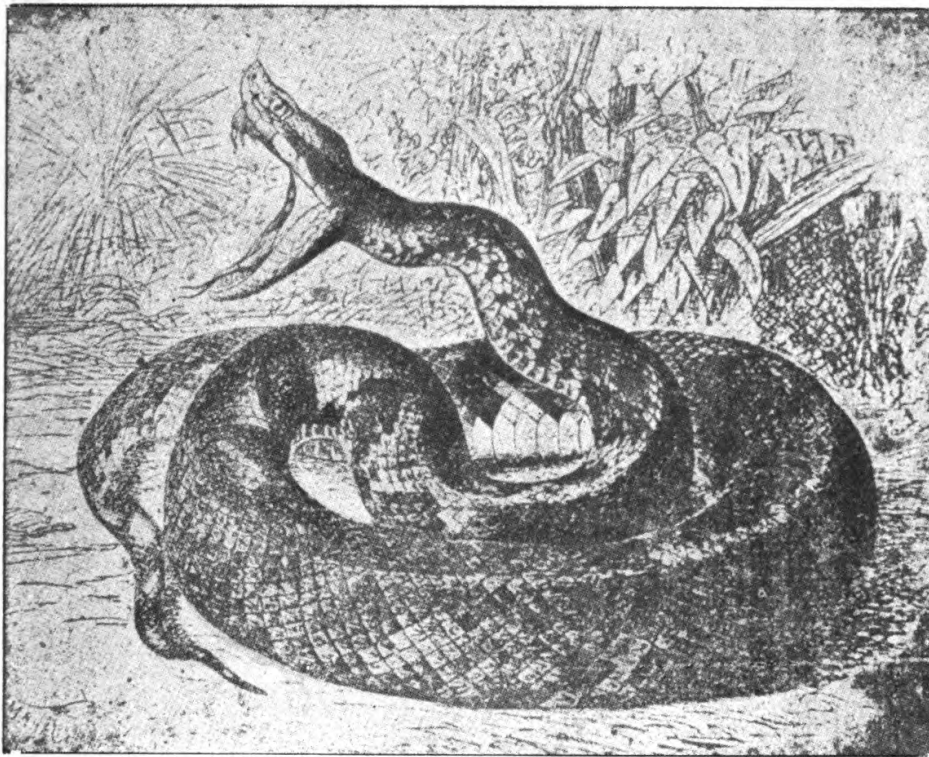
I am, yours faithfully,

NILO CAIRO, M.D.,

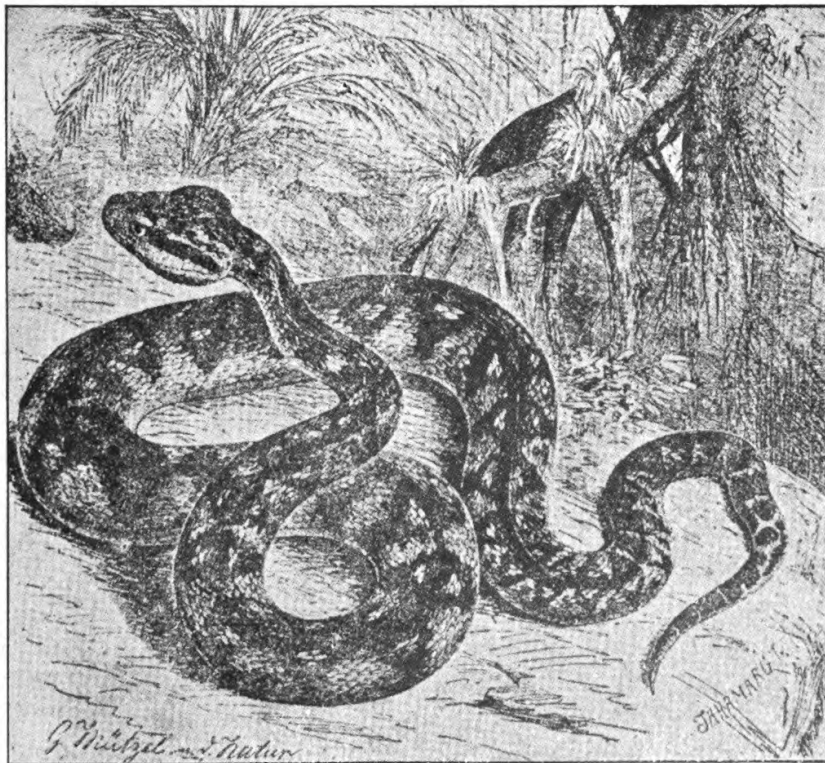
(Editor of the *Brazilian Homœopathic Review*.)

Curityba, Paraná, Brazil.

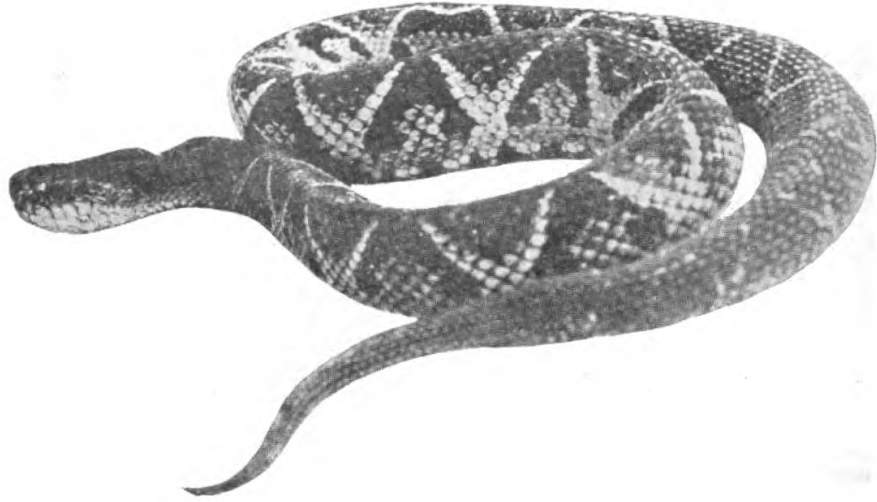
September 28, 1908.



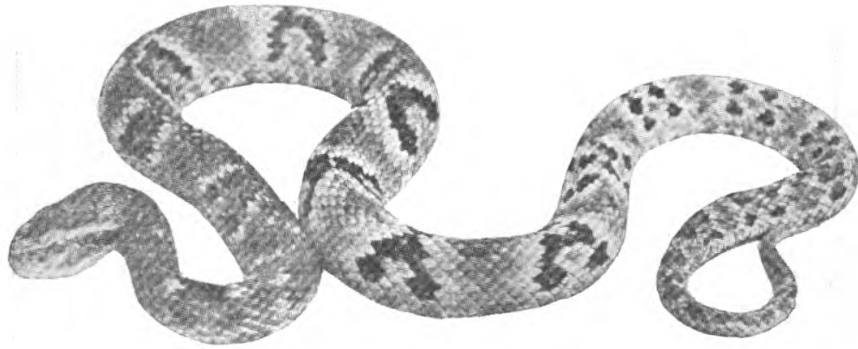
LACHESIS LANCEOLATUS (Brehm).



LACHESIS MUTUS (Brehm).
(*Surucucu.*)



LACHESIS JARARACUCU.
(*Jararacucu Urutu dourado Surucucu tapete.*)



LACHESIS LANCEOLATUS. BOTHROPS LANCEOLATUS.
(*Jararaca.*)
[By courtesy of Dr. J. Gallavardin.]

ONOSMODIUM VIRGINIANUM.

By ALFRED PULLAR, M.D.

(Abstract of Paper read before the Cooper Club.)

AMONGST comparatively recent additions to our pharmacopœia there are few medicinal agents more interesting than the American species of borage, which was thoroughly proved by W. E. Green in the year 1885. Since that date the indications set forth in the pathogenesis have been amply confirmed on clinical grounds.

In *The Dictionary of Materia Medica* there is an admirable summary of the proving of *Onosmodium*, and also a lucid presentment of its therapeutic sphere. The main symptoms point to involvement of the cervical and spinal nerves, loss of the power of co-ordination being the most prominent feature. In some cases the drug caused impairment of ability to stand or walk without help, tinnitus, loss of memory, vertigo, and sensations of numbness. The accommodative muscles of the eyes were affected in a marked degree, the vision being blurred. The prover felt "as if treading on cotton," and imagined the floor too close. Along with the paretic symptoms there are dull, heavy neuralgic pains, chiefly in the left frontal region, extending to the back of the head and neck; also dragging pains in lower part of back and in the legs. "Soreness and stiffness" in different parts were frequently mentioned by the provers. In several instances the symptoms indicated hyperæmia of the spinal cord; severe pain in lower dorsal or lumbar regions, coming on in night, associated with constant sexual irritation, and sometimes vesical tenesmus. In female provers there were distressing cramps in the uterus with pains in ovaries and menstrual disturbances.

As I have prescribed *Onosmodium* in a large number of cases during the past decade, it occurred to me that a few typical instances of its therapeutic utility might not be without interest, although no new points of clinical importance are therein revealed. In my own experience *Onosmodium* has proved more useful than any other remedy for headache associated with, or caused by, eye-strain. Whilst, of course, it cannot be claimed that errors of refraction are remediable without the use of suitable glasses, at the same time I have been convinced

that in most cases the medicinal treatment is of great value as an auxiliary. And there are other remedies which seem to me to supplement the action of *Onosmodium* on the eyes, *Natrum muriaticum* being the most notable in this category. We are all probably familiar with the eye symptoms of this polychrest, some of which, however, it may be useful to recapitulate as follows: Pressure in eyes on looking intently at anything. Cloudiness of sight in reading and writing; letters appear confused. Eyes give out on using them. Fiery zigzag appearance around things. Weakness of sight. Black specks and luminous marks before eyes. Sight confused as from down before eyes or looking through a veil. Headache following eye-strain. From the foregoing symptoms it is obvious that we have in *Natrum mur.* an important eye medicine which perhaps is not utilised as fully as it might be in this sphere. Another medicinal agent which has proved useful in similar conditions is *Ruta grav.*, the characteristic indication being a hot sensation in the eyes, especially when reading by artificial light. The sight becomes obscured after using the eyes for a time. *Ruta* seems to counteract the bad effects due to overworking the eyes, as we find in the pathogenesis many symptoms simulating fatigue of the accommodative apparatus.

The following case is typical of many that have come under my observation, the leading indication for *Onosmodium* being severe neuralgic pain located chiefly in the left temporal region.

October 13, 1908.—G. S., æt. 28, solicitor's clerk, complained of persistent headache which had greatly incapacitated him for a long period. Pain heavy, stabbing, worse from movement and towards the later part of the day, located in left temple, but radiating to the back of the head. Both eyes felt extremely tired and aching, after writing for a few hours. His employer had the impression that the patient's health was so seriously affected that he would have to give up his work. The young man certainly looked delicate, pale, and harassed; but I found no signs of organic mischief. His sight had not been tested, nor had the patient used spectacles. As the eye symptoms seemed due rather to general causes than to any important visual defect, and as the head pains pointed to *Onosmodium*, I decided to prescribe that

remedy before resorting to treatment by spectacles.
Onosmod 2x, 8 h.

October 25th.—Patient reported much relief, neuralgic pain yielding apparently after each dose of the medicine.
Continue.

November 4th.—Had steadily improved since last seen, better in every way. Expression less harassed. Temporal headache much less constant, and eyes also vastly improved; now able to work for several hours without feeling of strain or blurred vision.

November 15th.—Since last report free from the neuralgic pain over left eye, which had troubled him for some months. Eyes much stronger, almost normal, and patient felt quite up to his work in every respect. As far as I know to the contrary, the cure has been permanent.

The next case may serve to illustrate the benefit accruing from medicinal treatment even when distinct anomalies of refraction exist.

June 2, 1908.—Miss H., teacher of music, whom I had treated for other ailments, wrote to tell me that her eyes had been very troublesome, sight having been impaired to such an extent that she could not read music or sew for any length of time without feeling of eye-strain. She also had severe frontal headache, worse left side, increased by using the eyes, and towards evening. Patient told me that she had consulted an oculist, who prescribed glasses for astigmatism and also "prism exercises"; but although the visual defect was thus corrected, she still complained much of aching in the eyes and head. As her purpose in writing to me was to ask whether I could help by medicinal treatment, I sent her *Onosmodium* 2x, 8 h.

June 19th.—Patient wrote that since taking the remedy she had been much relieved of the headache, and that her eyes felt not nearly so strained.

July 12th.—Since last report the improvement had been steady both as regards the eyes and head.

July 30th.—Had been to the oculist, who stated that her sight was distinctly improved, also that he thought her looking better: he also advised her to continue the medicine. Her next report, two weeks later, was that since the great improvement that took place during the first month of medicinal treatment, there had not been any manifest change, the eyes having got to a certain

point without further betterment. Neuralgic pain gone. Considering, therefore, that the remedy (*Onosmodium*) had probably done all that one could expect, I now gave *Natrum mur.* instead, as there were some indications pointing to that medicine.

September 30th.—Miss H. wrote that since taking the last remedy (*Nat. mur.*) her general health seemed much better, and the eyes had “distinctly improved.” To discontinue all medicine unless there should be any retrograde change. As I have not had any report since that date, I think one may assume that the improvement has been permanent.

In the following case the neuralgic pain was centred on the right side, and therefore not so characteristic of *Onosmodium*, which, however, proved remedial.

March 5, 1907.—Miss G., æt. 58, for about a month past at short intervals had suffered from severe tearing or gnawing pain supra- and infraorbital, on right side. Pain occurring in paroxysms, not involving the eyeball, but extending to the nose and leaving the parts extremely sensitive to touch; patient was quite prostrated by the attacks. Pain always worse towards evening and rather relieved by heat. *Magnes. phos.* 3 gr., to be repeated every half-hour during paroxysm and every third hour in the intervals.

March 10th.—Reported considerable relief while repeating the medicine at short intervals, but pain still recurring. *To continue the same medicine.*

March 15th.—Reported persistent attacks of pain not so much influenced by the remedy as at first. *Onosmod.* 2x., 3 h.

March 25th.—Paroxysms much less frequent and less severe.

March 30th.—Patient practically free from the pain and able to leave town for change.

Under *Spigelia* we find neuralgic symptoms closely resembling those of *Onosmodium*, supraorbital pain being strongly marked on the left side, but associated usually with inflammatory conditions involving the eyeball itself with injection of the sclerotic and profuse lachrymation.

ON KALI MURIATICUM.

WITH ESPECIAL REFERENCE TO ITS ANTIDOTAL POWER
AGAINST SMALL-POX AND VACCINE POISONING, ETC.

By C. STIRLING SAUNDER, L.R.C.P., Lond.

THIS is the *chloride* of Potassium, and one of Schüssler's cell or tissue-salts, having been "proved," but the symptomatology has unfortunately been mixed up with that of the *chlorate* of Potassium, which, though having many similar symptoms, yet differs from it in other essential respects, and naturally so, considering that the *chlorate* has three atoms of oxygen attached to it, whereas the *chloride* has none. The chloride has, however, the peculiar (catalytic) property of splitting up ozone, and thus liberating one atom of oxygen, which it sets free for use in the system, especially for the lungs: hence its great value in all lung complaints (second stage in bronchitis, pneumonia, and pleurisy).

It is found in the blood cells in the proportion of nearly four parts in every 1,000, thus being present in greater quantity than any of the other inorganic salts of the blood, except its close relative, *Natrum muriaticum*, which is present (but chiefly in the intercellular fluid) in the proportion of $5\frac{1}{2}$ parts in every 1,000.

It is also found, in larger proportion, in the muscles, nerves, and brain cells, and without the presence of *Kali mur.* no new brain-cell formation would take place. According to Schüssler, if the cells of the epidermis, in consequence of any irritation, lose molecules of *Kali mur.*, fibrin in the form of a white or whitish-grey exudation is thrown off, which, in drying, becomes a mealy eruption, and if the irritation extends to the tissues beneath the epidermis, both fibrin and serum will exude, and the involved part of the skin will be pushed up in the form of blisters or papules.

This is exactly what takes place in the case of small-pox and also in vaccination, or cow-pox, *i.e.*, the formation, at first, of papules, which, if not arrested, become pustules.

Now, however, if these papules are formed (whether through a non-specific cause, such as a gastric irritation, or a specific one, as small-pox, or an artificial one, as vaccination), the integrity of the tissues may again be restored by the administration of *Kali mur.* in molecular doses (*i.e.*, from the 3x to the 12x trituration), when a re-absorp-

tion of the exudation (lymph or fibrin) will take place. This is said by Schüssler to be due to the production of hydrochloric acid, formed by one part of chlorine (from the KCl) with the hydrogen of H₂O in the tissues, the HCl dissolving the fibrin in its nascent, or formative state.

It is to the second stage of all inflammations of *serous* membranes that *Kali mur.* chiefly corresponds, when the exudation is of a *plastic* or *fibrinous* character, just as *Natrum mur.* corresponds to that of *mucous* membranes, when the exudation is a *watery* one. It has often been my experience (during the fourteen years I have studied the twelve tissue-remedies of Schüssler) that when *Kali mur.* has been clearly indicated by the symptomatology of the case, I got no definite result till I gave *Natrum mur.*, and *vice versa* in the case of the latter.

This would show (according to Schüssler) that Nature had "robbed Peter to pay Paul"—that is, the potassium element may be abundant in the cells and tissues of the body, but it is the *chlorine* element which is lacking, and so, in order to obtain it to form KCl, Nature robs the tissues of their *Natrum mur.*, and so eventually it occurs that that salt, and not *Kali mur.*, is required.

Now, should the second stage (of fibrinous exudation) not be arrested, in such papular diseases as small-pox, &c., the third stage (of pustules) would be reached in which leucocytes (in addition to fibrin) would exude.

This would require *Natrum phos.* and *Silicea*, in alternation, or should the pustules become confluent, *Natrum mur.* in place of *Natrum phos.*

Such, by way of parenthesis, is the form of treatment for small-pox in America by those physicians who use the Schüssler salts exclusively, the primary (fever) stage being combated by *Ferrum phos.*, generally in high potency.

To return to the subject of *Kali mur.*, it also restores the exudation of fibrin which occurs in croup, diphtheria, croupous pneumonia, and dysentery; as well as in lymphatic enlargements (such as mumps and adenoids, both of which I have often cured with it) and exudations in the interstitial connective tissues, such as the primary stage of alveolar and other abscesses and carbuncles, as well as infiltrated inflammations, such as occurs in vesicular erysipelas; also in lupus, herpes, measles, chicken-pox, and, as aforesaid, in small-pox and the bad effects of vaccination. In chronic ear diseases it is invaluable.

It is also a great remedy in certain forms of epilepsy and obstinate eczema; in choroido-retinitis, acne, and warts (hard), as well as for the effects of bruises, cuts, and burns;* in dropsy arising from heart, liver, and kidney disease or obstruction of the bile-ducts, and in puerperal septicæmia. It is as specific in syphilis as mercury, without any of the ill effects that may follow mercury when given in too low a potency—for instance, the 3x of *Mercurius corrosivus*. I have proved this several times by giving it in *soft* chancres (*hard* ones requiring *Calc. fluor.*) and healing them up entirely, the patient after some time coming back again *with a fresh inoculation*, to be cured of it again! The same has occurred in vaccinated cases, and I have never known vaccination to “take” when *Kali mur.* has been given either before or directly after it (in the 3x potency), and during the last small-pox epidemic in London none of the patients to whom I gave *Kali mur.* (and most of my patients asked for it) ever took it (small-pox), though in many cases friends, relatives, and even servants were attacked by it. One of the worst cases of bad vaccination I ever saw (the arm was a mass of horrible corruption!) in the person of a young lady, I managed to cure within a month with *Kali mur.* and *Silicea* in alternation.

Among the general characteristics of *Kali mur.* are a great sluggishness of the liver and hence of the system generally, causing a *sluggish* nature, the patient also getting worse from *motion* of all kinds.

There is an anxious expression of the face, with more or less protuding eyes, swollen cheeks, thickish lips, and white tongue. The patient generally looks well fed, and has blonde hair, though it *may* be dark sometimes.

The exudations are whitish, thick, and ropy. The ulcerations go deeper than those of *Natrum mur.*, but not so deep as those of *Calc. phos.*, and the swollen glands are somewhat less hard than those of *Calc. fluor.*, and granulations (in wounds) are particularly exuberant. Warts and condylomata are much harder than those of *Natrum sulph.*, those of the former being *sessile*, while those of the latter are *pedunculated*. Rheumatic and other *pains* are all made worse by *motion*, which is intolerable.

* *Kali mur.* 3x dissolved in a little water will *instantly* relieve the pain of the most severe *burn* as nothing else will, and prevents blistering, if applied at once on lint.

Altogether, *Kali muriaticum* is one of the most useful and invaluable of all the tissue-salts, and indeed of the generality of those in the whole materia medica ; but its action is *slow*, so slow that much patience is required in its administration, as a rule, otherwise it will be changed too soon. It is, in fact, a *sluggish* remedy for *sluggish* symptoms in *sluggish* constitutions, being anti-scrofulous anti-sycotic, and anti-syphilitic.

MATERIA MEDICA KEYNOTES.

By FREDERICK KOPP, GREENWICH, N.S.W.

THE RESULT OF TWENTY YEARS' OBSERVATION AND EXPERIENCE.

(Continued from p. 503, October, 1908.)

XI.

Eupatorium Perfoliatum: *Eye Symptoms*.—*Eupatorium perfoliatum* has for its eye symptoms: Intolerance of light and soreness of the eyeballs, increased lachrymation, redness of the margin of the eyelids, and profuse secretion.

Fagopyrum Esculentum (*Buckwheat*): *Its Fever Symptom*.—The fever symptoms of *Fagopyrum esculentum* are very marked. There is, first, a feeling of coldness all over the body, more especially of the feet and hands; a feeling of chilliness along the back. The patient feels hot and cold alternately. The hands and feet become cold, accompanied with a feverish heat in the head, especially in the morning on rising. Then we have a heat of an intense nature all through the body, most marked in the head (including neck) and hands; there is itching of the skin and much restlessness. On retiring at night the patient is very hot and restless, and soon afterwards a slight moisture breaks out all over the body. Occasionally a perspiration breaks out about three o'clock in the afternoon, which continues for seven or eight hours. There is an aggravation of the fever about four o'clock in the afternoon. There is heat, while there is a moisture over the hands, the pulse rises to 93 per minute, and the

carotids throb. The face and neck burn; the hands, though apparently cool, burn, and there is a feeling of chill. There is an itching all over the body, and the tongue and fauces are of a scarlet colour, and often swell. The symptoms are *aggravated in the afternoon and in the evening*, and *ameliorated in the open air, by eating, drinking coffee, and by motion*.

Asclepias Syrica in Urinary Troubles. — *Asclepias syrica* has for its primary symptoms great increase in the amount of urine secreted, amounting to from 2 to 6½ pints daily, its secondary symptoms being scanty urine, accompanied with headache. The urine is of a pale colour, and of a lighter specific gravity than usual, and there is a burning sensation at the urethra when urinating. The headache is of a *nervous* character, and is followed by profuse urine. The headache also is confined principally between the eyes, there being a sense of constriction across the forehead. There is also an unpleasant feeling, as if something sharp were being thrust through from one temple to the other. Vertigo is also sometimes present. *Asclepias syrica* is useful in dropsy, either from suppressed perspiration, renal disease, heart disease, or post-scarlatina. It is also a prime remedy in uræmia, which is preceded by profuse and afterwards by suppressed or scanty urine. *Asclepias syrica* has the power of increasing the solid matters in the urine. It has for its analogues *Asclepias tuberosa*, *Apocynum cannabinum*, *Dioscorea villosa*, *Eupatorium perfoliatum*, *Eupatorium purpureum*, and *Kali carbonicum*.

Cactus Grandiflorus in Heart Disease.—A symptom indicative of the administration of this remedy in heart disease is *œdema of the left hand*, which is a symptom characteristic of the drug.

Erigeron Canadensis in Hæmorrhage.—This remedy is an analogue of *Erechthites hieracifolius*. It has epistaxis of a bright red colour; profuse bleeding from the gums or cavity of a tooth; hæmatemesis from rupture of the blood-vessels or from ulceration; bloody and mucous stools; hæmorrhage from the bowels, or from hæmorrhoids; uterine hæmorrhage, accompanied with great irritation of the bladder and rectum; menorrhagia, accompanied with pains of a spasmodic character; incipient stage of phthisis pulmonalis, where there is bloody expectoration.

Oleum Jecoris aselli in Vertigo.—This remedy should be remembered in cases of vertigo, in which “everything turns *black*.”

(To be continued.)

BRITISH HOMŒOPATHIC ASSOCIATION.

PUBLIC LECTURE.

ON January 20th Mr. Dudley Wright, F.R.C.S., lectured to a large and appreciative audience upon “Sunlight in its Relation to Health and Disease.”

After some preliminary remarks the lecturer first pointed out that numerous streams of force emanated from the sun. These were of the nature of vibrations of the ether, and according to the effects produced on our senses, &c., they were called radiant heat, light, electric and chemical action.

Slides showing the spectrum and the relationship of the various portions of the spectrum to the tissues of the body, as well as plants and lower organisms, were exhibited, and the subject of the action of light in inhibiting growth, or its absence bringing about degeneration of the tissues, was dwelt upon.

Slides showing various forms of solaria were next shown, and a set illustrating what can be done in this way in a suburban garden evoked much interest, as did some specimens of plants grown under the influence of sunlight, ultra-violet light and darkness respectively.

Next the lecturer described the action of coloured light; first taking the subject of red light in the treatment of small-pox, and showed how the success of this treatment was not due to the red rays, but to the absence of the rays at the blue and violet end of the spectrum, which hastened the formation of pus in the small-pox vesicles. This was also the *rationale* of the action of red rays in preserving from the ill-effects of the sun those who were liable to sunstroke. It was the so-called actinic rays which did the harm in these cases, and if they were excluded by means of orange or red under-

clothing and red lining to the hats, there would be an immunity from the evil effects of the sun.

The principle of treatment of disease by means of coloured lights was contrasted with this, being opposite in character, viz., by using only certain rays whose action was antipathic. Thus blue rays were sedative in their action and might be used with benefit in cases of cerebral excitement, and red rays were excitant and would improve melancholic conditions. The surroundings of our patients could be made more cheerful by orange or pink-coloured papers or hangings, and in certain cases of neurasthenia with excited or over-sensitive conditions green colouration was beneficial.

The next lecture of the series will be given on February 17th, by Dr. R. Day.

SUBSCRIPTIONS AND DONATIONS RECEIVED
 FROM DEC. 15, 1908, TO JAN. 14, 1909.

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	<i>Donations.</i>			<i>Subscriptions.</i>		
	£	s.	d.	£	s.	d.
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6

		Donations.			Subscriptio		
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The Ladies' Branch of the British Homœopathic Association, having completed their Scholarship Endowment Fund, hopes to open a Dispensary in Kenley Street, Clements, Notting Dale, if sufficient funds can be collected. £100 is the estimated cost for the first (and heaviest) year's expenses. Towards this amount £18 1s. 6d. in annual subscriptions, and £25 6s. 6d., in donations have already been received or promised.

TUBERCULOUS MILK.—The recent discovery by the Public Health Committee of the London County Council that very nearly a quarter of the milk samples taken at random from the Metropolitan supply proves to be tuberculous will, it is to be hoped, impress a public opinion which, remarkable to relate, has hitherto been curiously indifferent on this subject. The *Lancet*, we see, makes this statement: "If medical men in family practice in London were to tell mothers under their charge that there were only three chances to one in favour of obtaining for their children milk free from the action of germs of a terrible disease, such a strong public opinion would be formed that members of Parliament for Metropolitan constituencies might find themselves being heckled with considerable vigour as to what they intended to do to prevent the children of the nation from being poisoned systematically. Future investigations by the Council's special inspector will, no doubt, confirm the facts already known, but the state of affairs so far disclosed is serious enough in conscience.—*Westminster Gazette*, December 8, 1908.

SOCIETIES' MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session was held on January 7th. In the absence of the President, Dr. Stonham took the chair. Dr. Watts and Dr. Beville were proposed for membership.

Specimens were shown by Drs. Burford, Wynne Thomas, and Watkins, many of them in illustration of the paper of the evening. Dr. Burford read a paper entitled "A General Review of the Defensive Powers of the Organism against Malignant Disease: a Working Hypothesis for its Therapeutic Treatment: Personal Experiences with *Cacodylate of Soda* as a Remedy." Cases were shown as well as specimens in illustration. Dr. Burford began by maintaining that the surgical removal of new growths can never be a complete treatment thereof, inasmuch as that is a means of attacking the end product of causes that are otherwise not dealt with. Therefore upon the physician must lie the main burden of the treatment of this disease. He pointed out that this is a growing belief in all medical circles, not only among homœopaths, and as a basis for treatment he formulated a hypothesis of the relation of new growths to the organism in terms of the modern doctrines of immunity. Thus he regarded the growth as a manifestation, first of a failure of constitutional resistance—a resistance that tends naturally to vary under the influence of trauma, mental shock, or anxiety, and normally with age, being at its maximum up to twenty-five years, diminishing thereafter up to fifty, and then again rising somewhat. He illustrated his point with diagrams, and brought forward clinical evidence in support of this theory. After a new growth has appeared Dr. Burford maintained that the organism still makes local defensive efforts—efforts which may confine the new growth within narrow limits, and may even under some circumstances cause its disintegration and absorption, but he was inclined to regard this mechanism as distinct from the mechanism that protects from the advent of new growth, or after removal prevents recurrence. Discussing the place of surgery, Dr. Burford maintained that, if rapid

growth pointed to a failure of local resistance, removal of the growth was desirable, but that it was absolutely *essential* that therapeutic treatment directed toward raising the general resistance, with a view to prevent recurrence, should be adopted from the moment of operation and continued for at least three years steadily. He thought that the use of X-rays, of *Radium*, perhaps of *Trypsin*, might help local resistance in some cases, to say nothing of the effects of drugs. Dr. Burford then detailed his experiences with *Cacodylate of Soda* (an organic compound of *Arsenic*) since the year 1902. He had found it successful in some cases without operation, in several cases of incomplete operation, and as a remedy after operation to prevent recurrence. He stated that if cases under its influence could go as long as six months without recurrence, their future by his present experience was assured; he gave the drug steadily, with occasional short intermissions, for three years, in doses of $\frac{1}{4}$ grain, three times daily. Speaking broadly, he had found it well borne, and the statements of Dr. Fraser and others as to the difficulties of administration he attributed to the much larger dosage employed. In rapidly growing inoperable cases he had found it aggravate, and if after operation there were recurrence within six months he had little hopes from this drug, which he therefore put forward not as a panacea but as one among various agents, yet one of the most trustworthy. The paper was followed with close attention and aroused a good discussion. The speakers were Dr. Clarke, Dr. Dyce Brown, Dr. Cooper, Dr. Moir, Mr. Johnstone, Dr. Neatby, Dr. Goldsbrough, Dr. Harris, Dr. Hey, Dr. Day, Dr. Watkins, and Dr. Stonham. Dr. Burford replied.

NORTHERN COUNTIES THERAPEUTIC ASSOCIATION.

THE first meeting of the session was held in the Board Room of the Leeds Homœopathic Dispensary on Thursday, January 7, 1909.

Dr. Mahony, of Liverpool, read a paper on "The Law of Similarity exclusive in Therapeutic Science." In introducing the subject Dr. Mahony stated that ther

were two mutual processes by which the human mind can reach truth—the synthetic and the analytic. Correlative with these is geometric reason as given us by Euclid. In addition to these was mentioned the motto of our profession, “Ars medico est tota in observationibus.” All these methods—synthesis, analysis, Euclidean reasoning and observation—were used by Hahnemann in the elucidation of the law of similars.

At this point Dr. Mahony pointed out that the law of potentiation was not a mere vagary of Hahnemann's later years, but was an actual scientific fact discovered after many years of patient investigation.

A careful study of the *Organon*, of the first volume of *Chronic Diseases*, and of the works of Bönninghausen having been recommended to those present, some of the essentials of Hahnemann's teachings were touched upon, special emphasis being given to the doctrine of the immaterial or dynamic essence of disease.

Some little time was devoted to extracts from Hahnemann's writings to demonstrate the gradual progress which took place in his mind as he proceeded with his investigations into the working of the law of similars, and especially to show how he came to prove that of the three methods of healing—by contraries, by allopathic, and by homœopathic means—the latter was the only true and scientific method.

Dr. Mahony did not claim that Hahnemann discovered the law of similars, but that he enunciated it. Hahnemann, however, did discover the law of potentiation.

The lecturer closed by stating that homœopaths should have their eyes open to the fact that at the present day the law of similarity and its corollary of potentiation are being rediscovered (?), and are being gradually instilled into the active brains of medical students.

In the discussion which followed several points of interest were raised. Objection was taken to the use of the word “dilution” instead of “potency” in modern journals. The law of potentiation gave rise to expressions of dissent from the views of the writer of the paper. Several members could not agree that it was on all-fours with the law of similars.

Section 153 of the *Organon* was read. As time was limited, there was very little discussion on the subject-matter of the section.

HOSPITALS AND INSTITUTIONS.

NEW HOMŒOPATHIC DISPENSARY.

FOR some time past several physicians and others in Glasgow have had under their consideration the desirability of re-establishing a homœopathic dispensary for outdoor patients, and with a view to constitute properly such an organisation a public meeting of the interested was held on December 16, 1908, in the director's room of the Merchants' House.

Mr. Paul Rottenburg, LL.D., who presided, explained that the object of this meeting was to try to extend the benefits of homœopathic treatment to a much wider circle of suffering by means of a dispensary. He did not know what the result of the former effort was, but he said it was a question of re-establishing a dispensary. He fancied one of the causes of its non-success was that in the olden days they had only one or two doctors practising homœopathic treatment. They must all be gratified to see that this number had been greatly increased and he hoped there were so many that they could overlook their own private work, and also devote a certain amount of time to consultation and management, so far as necessary, of the dispensary.

He warmly sympathised with the movement, and would certainly do what he could to bring about the desired effect.

Mr. Walter Currie, honorary secretary, then submitted a draft of the proposed constitution, the approval of which was moved by Dr. J. Gibson Miller. He referred to the homœopathic dispensary which existed in Glasgow ten or fifteen years ago. It was fully established, and, in fact, too prosperous, for they had not a sufficient number of doctors to carry it on. They were better off in that respect now, and the dispensary would not only be a charity, but it would give young doctors an opportunity of practising homœopathy.

Mr. Robert M. Patterson seconded, and the scheme was cordially approved.

On the motion of Mr. N. M'Whannell, seconded by Mr. R. Cumming, the following office-bearers were appointed: Chairman, Dr. Rottenburg; treasurer, I

David Murray; secretary, Mr. Walter Currie; committee—Mr. James A. Allan, Mr. Alexander Charteris, Mr. Andrew Eadie, Mrs. Greig, Mr. Richard Gunn, and Mr. R. M. Patterson.

SOUTHPORT.

THE report of the Southport Dispensary for 1908 has reached us. The work done has increased by 23 per cent.—a sufficiently striking result—and the budget shows a small surplus, though, in view of extending labours, there is naturally a desire to increase the income.

The Circulating Book Club which is being started will, we hope, spread a knowledge of homœopathy and a desire to forward its work.

THE WEIGHT OF AN EMOTION. — Science and Christian Science are not very reconcilable terms, but there is a suggestion contained in a tolerantly written article in the *Popular Science Monthly*, of which if Christian Scientists should take advantage they might be doing something to lessen the irreconcilability. The one thing about our bodies which it is beyond our nervous or muscular powers to control is the circulation of our blood. Some delicate experiments made by Dr. Angelo Mosso, of Turin, as well as by Dr. W. G. Anderson, of Yale, have shown that the blood is so responsive to emotions that an emotion can almost be weighed. Dr. Anderson places a student on a low legless table so delicately balanced that a breath will make it move, and draws an outline of the recumbent figure so that the attitude can be resumed by the student after leaving the "muscle bed" temporarily. Now every exertion, mental or physical, means that some blood must be supplied to the active part, thus increasing its weight. Consequently if the man on the bed rises and dances a jig, when he resumes his place on the balanced bed it will no longer balance. The man's feet being heavier for the blood attracted to them will sink, his head will rise. This is in no way startling. But what is a curious thing is that if the man does not leave the bed at all, but merely thinks of dancing a jig, mentally accomplishing hard the necessary movements, while taking care not to move a muscle, the delicately balanced bed will sink almost as though the jig had actually been performed. Now it is clear why the Christian Scientists say to a person with cold feet, "Hold hard to the belief that your feet are warm," because the thought might cause the blood to flow to them. It is reasonable to suppose that the feet of one of the mental believers would sink upon the muscle bed as rapidly as those of the jig dancer. Statistics, however, are still to seek, because so far it is unfortunately difficult to persuade the disciples of Mrs. Eddy to lend themselves to investigations of this sort.—*Morning Post*, March 16, 1908.

REVIEWS.

CONFESSIONS OF A BEACHCOMBER.*

By E. B. IVATTS.

THIS book describes the life of the author who purchased a farm on Dunk Island, an island of some thirty square miles area, and situated $2\frac{1}{2}$ miles off the coast of tropical North Queensland, Australia. He seems to be a naturalist chiefly of birds and fishes, and delighting in the simple life. It contains a few good things which follow:—

CARICA PAPYA (Papaw Tree).—The active principle of the juice known as papain is said to be capable of digesting two hundred times its weight of fibrin, and is used in many disorders and ailments from dyspepsia to ringworm and ichthyosis, or fish-skin disease. The milky juice softens or, in other words, hastens decomposition of flesh, and in twenty-four hours makes tough meat tender when wrapped in the leaves. The roots and also the extracted juice possess aphrodisiac powers. The ripe fruit rubbed over the skin is said to dissolve spots of flesh and remove any blemish.

PISONIA BRUNONIANA.—The Queensland upas-tree, ahmmoo of the natives. There is no exaggeration in the statement that the character of this tree is actually murderous, and that it counts its victims by the thousands every season, mostly birds. The seed vessels are produced on spreading leafless panicles and exude a remarkable viscid substance approaching bird-lime in consistency and of a most evil effect. If a bird comes in contact with these seeds, they cling to the feathers, the wings become fixed to the sides, and the bird falls to the ground, leaves and twigs become attached, and it dies. Flies, bees, beetles, moths, and mosquitos share the same fate. Dogs are also sometimes caught when taking up a bird.

EXCÆCARIA AGALLOCHA.—Milky mangrove or river poison tree, *alias* "blind-your-eyes." In India the sap of the tree is called tiger's milk. It issues from the slightest incision of bark, is so volatile that no one, however careful, can obtain even a small quantity without being affected by it. There is an acrid burning

* *Confessions of a Beachcomber*. By E. J. Banfield. London: T. Fisher Unwin,

sensation in the throat, inflamed eyes and headache, while a single drop falling into the eyes will, it is believed, cause loss of sight. Yet a good caoutchouc may be obtained from it, and it is applied with good effect to ulcerous sores, and by the natives of Queensland and New South Wales for the relief of certain ulcerous and chronic diseases. While in Fiji the patient is fumigated with the smoke of the burning wood.

GREEN ANT.—The poison that a single ant injects into the neck of a brawny man so affects his nervous system that he twists and writhes and stamps his feet with energy enough to destroy millions of the species. The ants make habitations of leaves of trees, and the theory is they eject the poison into the leaf and the leaf curls up, forming a cosy pocket.

FIGUS CUNNINGHAMII.—Begins life as a parasite, grows round and encircles large trees and causes them to decay.

Doubtless if any student desires to experiment with any of these substances Mr. Banfield, if written to, would supply some.

DISEASES OF THE NERVOUS SYSTEM.*

THIS volume by the professor of nervous diseases in New York Homœopathic College will be found very useful by practitioners who are anxious to be informed of the present state of knowledge regarding diseases of this class. It is not primarily a book for the expert, but for the general practitioner, and assumes no knowledge, but begins at the foundation and builds steadily upward from normal and pathological anatomy. There are many good illustrations. The great difficulty in systematic works of this kind is to deal satisfactorily with therapeutics. The author gives indications for many drugs, which might, we think, have been expanded with advantage; but therapeutics are so much better taught by the records of actual cases with the indications that led to various prescriptions, that we regret that this method of

* *Diseases of the Nervous System.* By John Eastman Wilson, A.B., M.D. A compendium of the diseases of the nervous system, based upon the author's conception of the needs of the student, and of the general practitioner of medicine. 500 pages. Price, cloth, 14s.; half morocco, 18s. New York and Philadelphia: Boericke and Runyon. London: Homœopathic Publishing Co., 12, Warwick Lane.

illustration has not been more employed. It is impossible, of course, thus to illustrate all the remedies, but it is better to realise a few thoroughly than have a smattering of many. We can never quite dispense with therapeutic dictionaries, and the author has given material of that kind in abundance. Some good case records would have strengthened and made precise the distinctively therapeutic side. The book is clear and practical, and can be recommended highly.

A NEW EDITION OF "KENT."*

PRELIMINARY NOTICE.

THIS, the greatest of our Repertories in every sense, has established itself in favour very quickly. Its worth has more than compensated for the preliminary difficulties of mastering its scheme, and the appearance of this second edition proclaims the extension of the demand for it. Dr. Kent has made various corrections of detail, but the scheme is unchanged. Our only complaint is against the issue of the work in one huge volume. It would be so much more easily handled if divided into, say, three parts. Whatever its form, however, no homœopathist can dispense with it.

UNQUALIFIED DOCTORS AND ANÆSTHETICS.—A verdict of "Death by misadventure" was returned at an inquest at the City Coroner's Court yesterday on the body of Henry William Rout, aged four years and eight months, who died on Tuesday while under chloroform at St. Bartholomew's Hospital. Mr. Spencer Phillips, resident anæsthetist at the hospital, said that he had administered anæsthetics in a number of cases before he became qualified and in three hundred since. Replying to Dr. Waldo, the Coroner, he said he thought it would be safer if every man had to prove his experience in anæsthetics before qualifying. Dr. Theodore Fisher, a special pathologist, said that death was largely due to chloroform, but it was considerably aided by the weak state of the child's lungs. The Coroner said that in seven years he had had to inquire into seventy-two deaths arising from the administration of anæsthetics, and he could not help thinking, in common with other coroners, that not all the deaths from this cause were reported to the coroners. He recommended that a Royal Commission should be appointed to inquire into the practice of the administration of anæsthetics, with a view to lessening the number of deaths from that cause.—*Daily Graphic*, November 7, 1908.

* *Repertory of the Homœopathic Materia Medica.* By J. T. Kent, M.D. London: Homœopathic Publishing Co., 12, Warwick Lane. Price, £4 4s.

CORRESPONDENCE.

AN OPEN LETTER.

To the Editor of THE HOMŒOPATHIC WORLD.

It gives us great pleasure to announce that we have secured another live snake, a *Lachesis mutus*, in fine condition, from which a quantity of venom has been extracted. This fact is attested by Professor Raymond L. Ditmars, Curator of the Reptile House, Zoological Gardens, in this city. We are, therefore, prepared to furnish the profession with fresh triturations and dilutions of the various potencies of the *Lachesis Mutus* (Bush-master), and *Lachesis Trionocephalus* (Lance-headed Viper), under seal, whichever the physician may desire. We have no inclination to enter into a discussion in regard to the statements which have been made in certain trade journals controlled by a competing house, as to the correctness of the facts given in their own publication, the *American Homœopathic Pharmacopœia*, and other works published by them, our one aim being to furnish the profession with fresh preparations of exactly the remedies called for.

Respectfully,

BOERICKE AND RUNYON,
Homœopathic Chemists,
11, West 42nd Street, N.Y.

November 12, 1908.

MEAT-POISONING.—Cases of meat poisoning are always mysterious, and one of the curiosities of them is that the symptoms often simulate those of typhoid. Hence the name paratyphoid. The bacilli causing these symptoms are of various kinds; the Gaertner bacillus being the one which is usually most prominent or most often found. Now a rather thorny question has arisen out of the use of some of the popular rat poisons, which kill vermin by means of a virus. They infect the animals with certain bacteria which it has been assumed are not harmful to man. It has been asserted that in certain conditions they may become harmful and that they bear a close resemblance to the Gaertner bacillus. That is a subject at which bacteriologists are now working. But the present state of the inquiry points to the conclusion that we may not always assume that conditions harmful to man are set up as soon as the Gaertner bacillus shows itself. Animals fed on perfectly sound food sometimes show that they are the hosts of this bacillus, and it is more probable that pathogenic or "poisonous" conditions depend not so much on the actual presence of the bacillus as on the quantity or numbers of it present.—*Morning Post*, December 25, 1908.

Obituary.

DEATH OF MRS. SUTHERLAND.

WE learn with profound regret of the death, under tragic circumstances, of Mrs. E. G. Sutherland, the gifted wife of Dr. John P. Sutherland, Dean of the University Medical School of Boston, U.S.A. We take the following account from the *New England Medical Gazette* of January :—

“Evelyn Greenleaf Sutherland, wife of Dr. Preston Sutherland, died December 24, 1908, from shock following accidental burns received the preceding morning. This tragic death of one who, although not a member of the medical profession, was in full sympathy with it and actively co-operated in her quiet but effective way with all that made for progress, has cast a shadow of sadness over all who knew her.

“In the long editorial management of the *Gazette* by Dr. Sutherland her facile pen and quick mind were always ready to supply leaders and correct proof when his exacting professional duties made it impossible for him to meet the demands of the printer.

“Her masterly originality, organising and executive ability in connection with the work of the New England Hahnemann Association in financing Boston University School of Medicine are known to all who had the pleasure and privilege of following her leadership.

“This co-operation in her husband’s literary and professional work was, however, but a side-issue. Her life-work was as a writer and dramatist. For years she was a regular correspondent and dramatic critic of the leading Boston papers under the *nom de plume* of Dorothy Lundt. In recent years her literary genius has been devoted to dramatisation. Her plays have found popular acceptance both in this country and England.

“Her work as a dramatic critic and dramatist brought her in close relation with the theatrical fraternity. Those who enjoyed the privilege of meeting her in her home life never failed to imbibe the intangible something that stimulates to higher ideals.

“To Dr. Sutherland in his bereavement over this shocking tragedy and loss of wife, companion, and helper the deepest sympathy of all his professional colleagues goes out.”

In this expression of sympathy Dr. Sutherland’s many friends in England most cordially unite. The London papers have all devoted notices to Mrs. Sutherland’s lamented death, for her literary and dramatic work was as familiar to Londoners as it was to Americans, though the plays acted in London were given under the authoress’s pen-name of “John Sutherland.”

VARIETIES.

DEATHS FROM RICE FUMES.—There arrived at Plymouth last evening on board the steamer *Victoria*, of the P. and O. Line, the crew of the steamer *Sir John Jackson*, who were wrecked whilst on a voyage from Moulmein to Marseilles with a cargo of rice valued at £50,000. The disaster occurred near Colombo in foggy weather. The crew remained on board and in the vicinity of the wreck for eleven days, during which the rice became sodden with water and burst the vessel asunder. A terrible odour being given off by the decomposing rice, eleven of the salvage workers were overcome and died from the fumes.—*Daily Telegraph*, November 7, 1908.

DEATH FROM A NEW DRUG.—At an inquest held last evening on Mrs. Isabella Hall, of Branksome Park, Poole, widow of Mr. James Hall, a shipowner of Tynemouth, it was stated that the lady had been suffering from sleeplessness and other complications, and the doctor prescribed medicine in half-ounce doses for injection. A chemist omitted to put the directions on the bottle, and the whole eight ounces were administered. Mrs. Hall fell into a profound sleep and never awoke. The medical evidence showed that death was due to coma, and that the medicine was a new drug, and its effects were not known. A verdict in accordance with the medical evidence was returned.—*Morning Post*, September 15, 1908.

THE MODERN CHILD.—The sad fate of the modern child is justly lamented by a Viennese paper, which points out that the up-to-date infant must not build sand castles, for fear of the microbes of "phthisis, typhoid, or tetanus," must not play with other children for fear of contagious diseases, and must not have its dinner till the food has been weighed. To this may be added the recent declaration of a medical man that it must not have its windows open at night for fear of adenoids. The Viennese complaint that a child must not kiss or be kissed will probably be regarded as a blessing in many nurseries. But, upon the whole, the wonder is that children exist at all. Life must really be the most unhealthy state in the world.—*Daily Telegraph*, April 11, 1908.

SIR OLIVER LODGE AND ELECTRIFIED PLANTS.—After a series of experiments at Evesham, Sir Oliver Lodge has come to the conclusion—so he announces in a paper which he has prepared on "Electricity and Agriculture"—that in our climate, at any rate, the artificial supply of electricity to plants increases the rapidity and assists the amount of growth. The greater part of the paper is devoted to the results of experiments conducted on a fairly large scale by Mr. J. E. Newman, of Gloucester, and Mr. R. Bomford, of Salford Priors, assisted by the Professor and his son, Mr Lionel Lodge, but at the beginning he gives an interesting summary of the early discoveries on the subject: It seems that some thirty years ago a Swedish professor named Lemström sought to elucidate the Aurora Borealis by trying to imitate its appearance by electrical experiments. For this purpose he produced high-tension discharges of various kinds, and sent them through vacuum tubes until he got an appearance very like those of the Northern Lights. Some of these experiments he conducted in his greenhouse, and he noted incidentally that

the plants seemed to thrive under the treatment, and that the electrification thus produced in their neighbourhood appeared to them good. He also noticed as remarkable the flourishing development of plants in Arctic regions, where the sunlight was very weak and he attributed part of this growth to the influence of electrical discharges. This rich development in Northern regions he found principally in the fresh and clear colours of the flowers, in the strong perfume, in the rapid development of the leaves on the trees and their scent, but particularly in the rich harvest which different seeds—such as rye, oats, and barley—will produce when they are not destroyed by the frosts. From a bushel of rye sown they will often produce 40 bushels and from barley 20 bushels, and so forth. It is the same with grass. From these and similar observations the Professor has little doubt that the electrification of the air has some effect on growing plants. "For it is found that, under the influence of sunshine electrified plants can give off electricity into the air from the leaves; and the fact that the air is electrified relatively to the soil requires that the plants shall be electrified too, so that in all probability they are in a constant state of slow electrical discharge which becomes more rapid when the sun is up. In what way the discharge of electricity from their growing tips and hair and surface generally really acts must be studied and reported on by physiologic botanists; but it is natural to suppose that it cannot be without influence, and reasonable to think that that influence must be beneficial—a hypothesis which direct experiment confirms." The method employed in the experiments was to stretch over a field a number of wires on posts, the wires being supported on the posts by elaborate high-tension insulators, and the system of conductors was then connected at one post with a generator supplying positive electricity at a potential force of something like a hundred thousand volts. "Leakage immediately begins, and the charge fizzes off from the wires with a sound which is sometimes audible, and with a glow which is visible in the dark. Any one walking about below the wires can sometimes feel the effect on the hair of the head, as of a comb on the face. They are then feeling the stimulating action of the electrification." The 1906 experiments showed that the number of bushels of Canadian (Red Fife) wheat produced per acre on the electrified plot was $35\frac{1}{2}$, on the non-electrified plot $25\frac{1}{2}$ —an increase of 40 per cent.; of English (White Queen) wheat, on the electrified plot 40, on the non-electrified plot 31—an increase of 30 per cent. Moreover, the electrified wheat sold at prices some $7\frac{1}{2}$ per cent. higher, several millers in baking tests finding that it produced better baking flour. The 1907 experiments showed that the bushels per acre of Head wheat was 41.4 on the electrified plot, 32 on the non-electrified—an increase of 29 per cent. The electrified wheat was again brighter and a better sample. Other electrical experiments brought about an increase of 25 per cent. in mangolds, an increase of 35 per cent. in strawberries and earlier ripening, a big crop of tomatoes, and a marked improvement in the growth of raspberry canes, though a curious point about the raspberries was that the old foliage and fruit on the old canes showed no difference, but that the new growth, particularly after the old wood was cut back, showed an enormous difference in favour of the electrified.—*Morning Post*, July 15, 1908.

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- Beddoes (T. P.).** Syphilis, its Diagnosis, &c. Cr. 8vo. (Rebman. Net, 5s.)
- Bradford (Thomas Lindsley, M.D.).** The Lesser Writings of C. M. F. von Bœnninghausen. Translated from the original German by Prof. L. H. Tafel. Roy. 8vo, pp. 350. (Homœopathic Publishing Co. Net, 7s. 6d.)
- Brown (J. J. G.) and Ritchie (W. T.).** Medical Diagnosis. 5th ed. Cr. 8vo. (W. Green. Advanced to net, 8s.)
- Charteris (M.).** The Practice of Medicine. 9th ed. Edit. by F. J. Charteris. 8vo, pp. 704. (Churchill. Net, 9s. 6d.)
- Freeman (A. C.).** The Planning of Fever Hospitals. 8vo. (Scientific Press. Net, 7s. 6d.)
- Gordon (Alfred).** Diseases of the Nervous System. For the General Practitioner and Student. 8vo, pp. 500. (H. K. Lewis. Net, 12s. 6d.)
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- Nursing Mirror Pocket-book and Calendar, 1909 (The).** 18mo, sd. (Scientific Press. Net, 6d.)
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- System of Medicine (A).** By Eminent Authorities in Great Britain, the United States, and the Continent. Edit. by William Osler and Thomas McCrae. Vol. 5: Diseases of the Alimentary Tract. (Oxford Medical Publications.) Roy. 8vo, pp. 904. (H. Frowde. Net, 30s.)
- Vacher (Francis).** The Food Inspector's Handbook. A Practical Guide for Medical Officers of Health, Meat Inspectors, Army Officers, Students, and others. 5th ed., thoroughly revised and greatly enlarged, the section on meat being practically re-written, new Illusts. from Original Specimens, and Coloured Frontispiece. Cr. 8vo, pp. xxiv-268. (Sanitary Pub. Co. Net, 7s. 6d.)
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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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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Dr. Stephenson, New Zealand.—Mr. Hurdall, London.—Dr. Collins, Chicago.—Dr. Pullar, Richmond.—Dr. Simpson, Birkdale.—Dr. Gilbert, Reigate.—Mr. Ivatts, Birmingham.—Mr. Dudley Wright, London.—Dr. Mattoli, Florence.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Propaganda Homœopatica.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Hom. Jour. of Obst.—Annals d Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Prospectus of th Calcutta Hom. College.—Homœo patients Seger.

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THE HOMŒOPATHIC WORLD.

MARCH 1, 1909.

A GREAT OPPORTUNITY.

MARCH 17, 1909, bids fair to be a red-letter day in the annals of English Homœopathy. Upon that date, at the invitation of the Lord Mayor of London, homœopathists from all parts of the United Kingdom will assemble at the Mansion House to lay well and truly the foundation-stone of a National Homœopathic Fund. This proposal is a new one in the history of Homœopathy. It aims at creating a new fund, a Central Fund, to aid all existing homœopathic institutions, to establish new ones, and to push forward education and research in the homœopathic field. It will supplant no existing ground of appeal to the homœopathic public, it will supplement all of them.

THE ORIGIN OF THE SCHEME.

The scheme was born in the brain of the Lord Mayor, Sir GEORGE WYATT TRUSCOTT. He long ago determined that if ever he became the chief civic dignitary of the Empire he would signalise his year of office by a great endeavour on behalf of Homœopathy, and the conception of the National Fund is the method he has chosen to redeem his self-made promise. Having conceived his

plan, he turned for aid in developing it to the British Homœopathic Association: very naturally, since the B.H.A. has for six years done to the best of its abilities and opportunities, work similar to that which can be achieved upon a larger scale by the Central Fund which Sir GEORGE TRUSCOTT will inaugurate. The B.H.A., however, rightly felt that so important a step must not appear to be taken under the auspices of one only of homœopathic institutions, however sympathetic and centrally placed, and therefore at once invited the co-operation of all shades of homœopathic opinion. It is quite true that the position and organisation of the B.H.A., its experience in similar work, and its relation to the provincial hospitals and dispensaries, has enabled it readily to deal with the machinery of collecting opinions and formulating plans, its value in this respect cannot be over-rated, but it cannot be too much emphasised that the Central Fund is for *all* Homœopathy and not for a section, however important. A preliminary meeting of medical men from all parts of the country was held to consider plans. Many things were suggested, all objects worthy of pursuit by homœopaths, but it was generally felt that the institution of a Central Fund was more universal in its appeal, and would, if the Fund were large enough, enable most of the smaller schemes suggested, to be financed. The decision, therefore finally made, is not only in accord with Sir GEORGE TRUSCOTT'S original idea, but has received the approval of homœopathic representatives from the whole United Kingdom; for not only was there a preliminary meeting of medical men, but a gathering of lay homœopaths, held in December at the Mansion House, emphatically endorsed the conclusions arrived at by the doctors, and in this way it was ensured that those attending the meeting

on the 17th shall be at one in their view of the best way to employ the generous enthusiasm of the Lord Mayor, and of all who have seconded him.

So far, therefore, we know that the Mansion House meeting will be agreed upon the main point, and the great aim now is to make the Fund as large as possible. The more that can be announced at the first assembly, the better the send-off the Fund will get. It is true that the meeting is only the beginning: we cannot expect to receive in a few days all that we have a right to anticipate; but if there ever was a time when to give quickly is to give twice, that time is now at hand. Every large sum announced on the 17th is a stimulant to other donors, an encouragement, an inducement to aid in a promising undertaking. This is an occasion of national importance. The trend of orthodox medicine is more and more towards Homœopathy. Exactly as Homœopathy can show itself strong and influential will it command respect and ensure that the influence it has exercised already shall go on and increase in the land. To all who have felt its benefits, who believe in its powers, we say, "Now is the time to testify to faith by more than words, by giving to the limit of your ability, that the sinews of war may not be lacking, and the faith you hold may receive acknowledgment." To those who know nothing of Homœopathy we appeal for power to prove on a wider scale that in it there is a safer, surer way of healing; even to the sceptical and opposing we say, "Give us at least fair play—give us our opportunity to make good our claims, so that it may not be said that you held back by power that which you could not meet in argument, and feared to test." Give then—give *now!* We want every penny we can get. We want large sums from those who can give them, but all, down

to the smallest sums, will be more than welcome. Who will strike a blow for Homœopathy? Here and now is the opportunity.

THE OPPORTUNITY.

What further stimulus do homœopaths require? Think for a moment of all that we can do if the appeal is responded to as it should be, and if the Lord Mayor's Fund is worthy of the greatness of our cause and his enthusiasm for it. Give us a real Fund—a sum to be measured in thousands of pounds, a sum that, invested, shall bring in an income that shall be a real power at the back of homœopathic institutions, supporting the struggling ones, extending the more fortunate, turning dispensaries into hospitals, and founding dispensaries where none exist. Think of it! Only one homœopathic hospital north of the Trent! Let that state of things at least be altered.

What can we do if the Lord Mayor's appeal rouses a real response? What can we not do if homœopaths will help with a will? We want a good start for the Fund, but also we want it to go on as a permanency, always extending and growing in influence. It will be administered by a special council; there will be no sectarianism, there need be no fear that one branch of the work shall unduly encroach on another, for all claims from all parts of the field will be impartially considered and as means permit help will be extended to all. Those who favour a special cause or institution, existing or to be founded, can ear-mark their contributions for the purpose. The Central Council can administer funds as well as allot money out of the General Fund; and what are the purposes which may be found worthy of support? Here are a few.

TO FOUND A HOSPITAL FOR INFECTIOUS DISEASES.

The homœopathic treatment of these gives results far in advance of any other. Give us the opportunity to demonstrate this once for all by the records of a special hospital.

TO FOUND ONE OR MORE SANATORIA FOR CONSUMPTION.

The open-air sanatoria have done much for this disease, but are still too few by far for national needs. Let us add to the number one or more wherein the ordinary treatment shall be supplemented by the use of homœopathic remedies, and the results that can be obtained, even in out-patient departments, warrant the belief that in sanatoria we can do even better.

TO ESTABLISH SPECIAL CONVALESCENT HOMES.

The importance and advantage of this line of advance are obvious at a glance.

TO FORWARD HOMŒOPATHIC TEACHING.

Good work has been done, and is being done, by the B.H.A. in all the departments of activity that come under this head, but they are woefully handicapped by lack of funds. We want systematic lectures and demonstrations in every large centre of population, and traveling lecturers to supply the intermediate places. We want materia medica researches on a bigger scale, and laboratory work of a kind that calls for time and money.

All these things organised homœopathy can do if the homœopaths of the United Kingdom will give it the opportunity—and the need is urgent. Bit by bit our old opponents are absorbing homœopathic ideas and practice. The process would be wholly salutary were it not that

failure to grasp the underlying principle makes success in their results less certain and extension of their education less rapid. We need a steady pressure from strongly organised Homœopathy to enforce the moral of recent advances and urge to further experiment. This steady pressure can be supplied if the Central Fund is as large as befits a great enthusiasm. Now is the time when every homœopathist can show how far he honours his flag by a determined effort to advance it. Give, then—give quickly, give generously! The hour has struck, the men are ready. Aid them in their endeavour.

NEWS AND NOTES.

THE MANSION HOUSE MEETING.

THE Lord Mayor's meeting is at the Mansion House at four o'clock on March 17th. Admission is by personal invitation of the Lord Mayor, but any friends of Homœopathy who would like to be present can secure invitations by writing betimes to H. Wood, Esq., British Homœopathic Association, Chalmers House, 43, Russell Square, W.C.

CICUTA VIROSA AND *SYMPHYTUM* IN PAIN FROM TOOTH-FILLING.

A CORRESPONDENT sends the following:—

“Miss B., in consequence of the filling having come out of a molar tooth in right side of bottom jaw, went to a dentist, who said there was pus at the root, and having taken out the root-filling, used a nerve-probe to give vent. This increased the irritation, and pain and throbbing supervened. Patient took *Silica* 5 without benefit; next *Bell.* 3, and later *Merc. sol.* 6 alt. with *Bell.*, which effected some improvement. *Symphytum* 3x, followed by *Arnica* 3x, finally removed the tenderness experienced on biting. Meantime there was only a temporary filling in the tooth. Permanent filling being inserted, felt to the patient as if pushed through the root into jaw; and six hours after the tooth felt too long and very tender to bite on.

Patient now received *Cicuta virosa* 3, one pilule, with gradual benefit continuing three days. The remedy caused sinking sensation in stomach half hour after food, and removed chronic constipation, which, however, returned in a week when patient ceased taking *Cicuta*. A half pilule taken the fourth day removed the sinking. Two more pilules at intervals of twenty-four hours completed the cure of the tooth trouble. *Laurie's Domestic Medicine* has '*Cicuta*. —Nervous toothache, the pain arising from the pressure of the gold in teeth which have been stopped. A dose every two or three hours.' In the above case the filling was a 'white stopping,' not gold. The dentist was astonished at the cure."

A NEW HOMŒOPATHIC JOURNAL.

DR. MATTÓLI, of Florence, informs us that at the meeting of the Italian Hahnemannian Association on January 18th it was decided to found a new homœopathic journal. Excellent as the existing journal is, we can never have too many, and we most cordially wish success to the new venture. Dr. Mattóli himself has been commissioned by the Association to translate for the use of students the pamphlet, *Why Students of Medicine should Select the Homœopathic School*. All over the world evidence accumulates of a new spirit of activity in Homœopathy. It is pleasant to see that Italy is keeping abreast of the times.

THE RADIUM INSTITUTE.

THE foundation of an Institute under Royal Patronage for the extension of the curative use of *Radium* has attracted much attention in the Press. Sir Frederick Treves' somewhat flamboyant statements have been questioned by some medical authorities, but at least we can all admit that the sooner the possibilities of *Radium* are defined the better, and further use will probably make more evident the homœopathicity of certain at least of its applications. We need more provings to supplement Dr. Clarke's, and no better contribution to the *Radium* problem could be made than by this path of research.

JOURNAL OF THE A.I.H.

THE *American Institute of Homœopathy* has at last a journal of its own, and we extend our heartiest congratulations to all concerned on its opening number. The arrangement whereby Dr. Dewey takes the editorship and sinks his own journal—*The Medical Century*—so ably conducted by him for many years past, in the new *Journal of the American Institute of Homœopathy* could not be bettered. The new *Journal* starts as a going concern, and not as a mere official presentment of papers read some months before. At the same time every issue of the *Journal* will present its readers with portions of the invaluable work presented at the meetings of the Institute, which might otherwise be forgotten in a volume of Transactions. In this way a constant interest in the Institute's work will be kept before its members, and these again will doubtless interest others, and swell the membership of the National Homœopathic Society of the United States. To the *Journal* of the Institute and its editor, Dr. Willis A. Dewey, the HOMŒOPATHIC WORLD extends its cordial good wishes and greetings.

THE DRUG SYMPOSIUM.

PHYTOLACCA is dealt with this month. In May we hope to present *Ambra grisea* and in July *Kali carb.* Will readers kindly look up cases and send in as early as possible?

THE PHARMACEUTICAL JOURNAL AND HOMŒOPATHY.

AN event of no small importance has occurred lately in the world of pharmacy. The *Pharmaceutical Journal*, the official organ of the Pharmaceutical Society of Great Britain, in its issue of January 30th published an admirable article on "Homœopathy," by Mr. C. F. Jesper, of Southport. This is the first time that such a thing has happened in the sixty-eight years of the journal's history. May the first official welcome given to the subject by the Pharmaceutical Society prove to be the beginning of a better state of things.

ORIGINAL COMMUNICATIONS.

PHYTOLACCA.

Introduced by DR. CLARKE.

PHYTOLACCA—by which name is always indicated, unless otherwise qualified, *Phytolacca decandra*—came into the homœopathic materia medica from the Eclectics, who in turn obtained their original knowledge of its virtues from the North American Indians. According to E. M. Hale, to whom homœopaths are indebted for converting *Phytolacca* into a fully proved homœopathic remedy, Rafinesque wrote of the drug in 1825 as follows: "A valuable active plant; root emetic and cathartic *without* spasms; dose 10 to 30 grains of dry powder, safe and powerful. Old leaves acrid, purgative. Stems and leaves contain more potash than any other plant, 67 per cent. by burning and 42 per cent. by lixiviation; has peculiar acid, *phytolaccic*, near malic. Fresh leaves and root escharotic, discutient, specific in poultices for cancerous or malignant ulcers, psora, tinea capitis. Berries—juice alterative specific for chronic and syphilitic rheumatism, fresh, or kept by adding one-third alcohol, a tablespoonful each four hours."

This is all very interesting and useful *as a basis* on which to commence observations, but much the same as the above may be said of many remedies. The thing that the practitioner wants to know is *when* to give the remedy for all the conditions it is said to be good for. In other words, it is exact indications which are needed to fill out the picture. These Dr. Hale's provings, backed by ample clinical experience, have admirably provided.

If any one will take the trouble to go to Kew Gardens and visit the beds of the natural orders he will find the Rhubarb tribe—Rheum and Rumex with other Polygonaceæ—in close proximity to the Phytolaccas. The same thick roots are a common characteristic and the same acrid purgative properties. But when we come to practical uses we do not find much difficulty in differentiating them. That this is so we owe to the method of Hahnemann.

The *Kalis* are very nearly related to *Phytolacca* in

action, as we should expect by the large amount of potash the plant contains. (Hale mentions that the berries of *P. Octandra* are used as a soap for washing in West Indies and Mexico—a further evidence of the potash element.) *Phytolacca* has the stringy secretions of *Kali bich.*, the stitching pains of *Kali carb.*, the diphtheritic action of *Kali permang.*, the wasting effect of *Kali iod.* Hale regards *Kali iod.* as its nearest analogue (in rheumatism, syphilis, wasting). There is one very characteristic symptom in both, affecting the root of the tongue. *Phyto.* has “great pain in root of tongue when swallowing.” *Kali iod.* has “spasmodic pain at root of tongue at night before sleep, extending to both sides of throat, causing fear of impending death, with sensation as if a spasm would close the pharynx.” With swallowing, in *Phytolacca*, excruciating pains shoot through both ears. It is in throat affections that *Phytol.* has won some of its chief triumphs. It has always had a prominent place in the treatment of diphtheria, and its paralytic symptoms have made it curative in the paralysis of diphtheria as well as the actual disease. Some of the characteristic throat symptoms are: Dryness and roughness of throat, provoking cough, with disposition to hawk and clear the throat.—Dark red congestion of fauces.—Roughness and rawness of throat, swelling of soft palate in morning, a thick white and yellow mucus about fauces.—Dryness and roughness make swallowing impossible.—Throat feels like a cavern.—Difficult swallowing; with every attempt excruciating shooting pains through both ears.—Sensations of apple core; of plug in throat; as if red-hot iron ball lodged in fauces and whole length of œsophagus.—Hardness of gland in right side of neck.—
< From hot drinks.

Many of these symptoms are present in that very painful type of sore throat named by Trousseau herpetic sore throat, and consisting, really, of a herpetic eruption on the fauces. In these cases I have found in *Phytolacca* one of the nearest things to a specific I know. I have generally given it in the 30th every hour or so, and used also a gargle consisting of five drops of the ϕ tinct. to an ounce of water.

This action of *Phyto.* on the throat may be taken as typical of its action on mucous membranes elsewhere. Particularly the eyes and the rectum and anus have felt

these effects. In the rectum there are bloody discharges with heat. With heat in rectum there is also burning in stomach. Symptoms of aggravated constipation with torpor of rectum; tenesmus; piles. Passage of blood and mucus or even scrapings of intestines. These symptoms point to the condition of mucous colitis, which again brings our remedy into line with the *Kalis*. The rectal symptoms have led to the cure of rectal cancer by the remedy.

There are few remedies in the materia medica which have had so many triumphs in the cure of tumours as *Phytolacca*, and more particularly in the breasts. But not by any means exclusively there. *Phytolacca* has a powerful action on tissue formation, and this has led to its use in effecting the absorption of fat in cases of obesity. But the action on tumours is vital and specific rather than physiological. The provings reveal this. Neuralgic pains; painful, sensitive breasts < at menstrual periods; burning in breasts; sensitive nipples; pain when nursing. A patient of mine, taking *Phytolacca* 30 for some other affection, had to stop the remedy on account of the pain it caused in both breasts and a lump actually developed in the upper segment of the left breast.

The action of *Phyto*. in rheumatic conditions is very marked, and will be illustrated in the articles of the present Symposium. Pains fly like electric shocks from one part to another. The pains are < at night and in damp weather. Motion < most symptoms.

P. C. Majumdar records a case in point in *Indian Homœopathic Review*, August, 1903. A robust, healthy-looking man, 25, had an attack of rheumatic pains in right shoulder-joint and along the whole length of the upper arm. Under allopathic treatment he grew worse. The pains were severe; could not move or raise arm. Copious perspiration with fever persisted. Pains *shooting like an electric shock*; < movement, < night, > warm applications and rest. Long ago he used *Mercury* for the cure of rheumatic pains in right hip and leg. [*Phytolacca* is an antidote to *Mercury*.—J. H. C.] Fever generally came on in the evening and subsided after an hour or two. Temperature between 99 and 200. *Phytolacca* 3x night and morning cured. A month later he complained that he could not raise his arm as high as he would like, and a dose of *Sulph.* 200 completed the cure.

Many symptoms are < after sleep. In the mental sphere there are some peculiar symptoms: Laziness; disgust for business on waking in morning.—Indifference to life; melancholy.—Shamelessness, like that of *Hyoscy.*—Over-sensitiveness (like that of *Acon.* and *Cham.*); pains intolerable.

Dulness is a great feature of the *Phyto.* headache, and giddiness is a frequent symptom. One patient to whom I gave it for a throat affection complained that she felt light-headed after each dose. Another patient had a violent pain at the back of the left eye and over the eyebrow, extending thence down the left side of the head. In the pathogenesis we find, "One-sided pain just above eyebrow with sickness in stomach," and "shooting pain from left eye to top of head." Many of the *Phyto.* head pains go from before backward. In general, pains go from within outward. Pains preponderate on the right side. A very peculiar headache of *Phyto.* is "slight pain in fore part of head *with increased sense of hearing.*" There are three remedies which are very closely recalled by *Phyto.*—*Actæa racemosa*, *Sanguinaria*, and *Baptisia*. I will give presently an experience sent me by a correspondent of the antidotal action of these remedies. My correspondent is very sensitive to drug action, and a very close observer. His experience, it will be noted, confirms one of the symptoms in the proving—"far-sightedness." This may be put alongside the "far-hearingness" that goes with the headache.

A number of symptoms refer to the bones and integument of the face, and a clinical observation of a specific effect on the lips has been well confirmed. The inspissated juice of the berries has been applied to cancerous ulcers of face and lips by eclectic practitioners. In the *Medical Advance* of October, 1902, Dr. Henry Neville, of Jamestown, N.Y., records the case of a young lady, 24, tall, well formed, vivacious, who had on the margin of the upper lip a sore of nine months' standing which nothing had availed to cure. Centre of sore depressed about two lines, dark in colour and glistening like pearl. A drop or two of thick greyish pus was discharged from the sore each day. Scab hard. Sore sensitive. The lip was swollen and hard, the sore being $\frac{3}{4}$ inch. long and $\frac{3}{8}$ inch broad. Sublingual glands of same side swollen

and hard. *Phyto.* 3x was given four times a day, and a cerate of *Phytolacca* applied every evening. In four months the sore had healed without leaving a scar, and the glands were disappearing.

Two curious symptoms of *Phyto.* are: "Chin drawn closely to sternum by convulsive action of muscles of face and neck;" and another is "Irresistible desire to clench teeth." These are both part of the tetanic action of the drug.

The antidotes of *Phytolacca* are Milk, Salt, Coffee, *Opium*, *Nit. Sp. dulc.*, *Bell.*, *Ign.*, *Merc.*, *Sulph.* In addition to these must be named *Act. r.*, *Sang.*, and *Bapt.* These both antidote *Phyto.*, and are antidoted by it, as the following experience shows:—

"*Actea r.* given me for rheumatism used to produce inflammation of tonsils. On several occasions I found *Phyto.* promptly antidote this.

"Clarke's *Dictionary of Materia Medica*, p. 1079, says under *Sanguinaria*: 'Fulness and tenderness behind angle of jaws is, according to Cooper, a keynote.' Same work, at p. 804, under *Phytolacca*, says: 'Swelling and tenderness of the glands externally at the angle of jaw.' I have myself experienced the removal of tenderness behind the angles of jaws by both *Sang.* and *Phyto.* Recently, while under *Sang.*, I had that tenderness, also the redness of centre of tongue which I have often found to indicate *Sang.*, and dimness of vision for several days, which often necessitated my using greater magnifying power for reading than my ordinary spectacles. *Phyto.*, one dose, removed the tenderness, the redness, and improved the vision, further use of the remedy increasing the improvement. *Phyto.* has (*Dictionary*, p. 807) 'Far-sighted.'

"*Phyto.*, taken during influenza, produced weak, faint feeling at heart, felt badly even in bed, so that I feared I might die in syncope during sleep. *Sang.* cured. *Phyto.* (*vide Dictionary*) has: 'Awoke with lameness near cardiac region'; *Sang.* (par. 24, p. 1085), 'Weakness and palpitation of heart; fainting weakness.' The *Phyto.* was taken on the above occasion in mistake for *Baptisia* (as was discovered) for pain in sacrum, legs, and (especially) heels. *Phyto.* antidotes *Bapt.* (*Clarke's Clinical Repertory*, 'Relationships' Section), and there is a striking similarity in the pains affecting

sacrum proceeding therefrom, and affecting legs and feet. The causation should clearly determine the choice—*i.e.*, rheumatic or primarily influenzal.”

—*Baptisia* meets the influenza poison more completely than *Phyto.*, unless the characteristic throat symptoms of *Phyto.* are present. *Phyto.* is more rheumatic than *Bapt.*

Dr. Burford (who supplies an excellent case for this Symposium) tells me that the late Dr. A. C. Clifton, who has probably cured more cases of tumours with this remedy alone than any other practitioner, has frequently employed the ϕ tincture made from the berries, in preference to, or in variation with, the ordinary tincture which is made from the root or fresh leaves. It would be well to obtain a tincture of the flowers, which the late Dr. Cooper found to possess the greatest dynamic power.

I will now leave others to follow up the theme. I hope the points given will be sufficient to send my readers to their *Materia Medicas*, and make them study the pathogenesis of this important remedy with avidity.

PHYTOLACCA IN VETERINARY PRACTICE.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THIS remedy has proved a veritable godsend to me in numerous cases of mammitis in cows, mares, bitches, and cats. It may prove of some interest if I relate one case: A cow belonging to a widow woman, who relied upon a dairy of four animals for a livelihood, was the subject of very acute mammitis. One teat had become indurated, and the milk ducts of the same were completely blocked; the other three teats were swollen, and from them only blood and pus could be drawn; the whole gland was excessively engorged, intensely hot, and extremely painful when handled. The constitutional symptoms were very marked: internal temperature, two degrees above normal; pulse rapid, full, and hard; respiration accelerated, and rumination suspended. The cow received a dose every three hours of *Phytolacca* ϕ , fifteen drops to the dose, and the whole of the mammary gland was suspended in a large poultice of boiled turnips and bran, freely medicated with the tincture of *Phytolacca*. In four days the in-

inflammation had subsided, the indurated teat had softened, milk recommenced to flow, and at the expiration of a week the morbid conditions were removed and the normal functions of the gland were restored. In large dairies mammitis is a frequent source of trouble, where this remedy should prove of untold benefit. Mares are not frequently troubled with mammitis, but it has been my lot to meet with several cases, in which internal administration sufficed to bring about speedy relief. In the bitch and in the cat the same splendid results have attended the use of this drug. I am not a believer in specifics in the ordinary acceptation of the term, but I have come to look upon *Phytolacca* as being as near to a specific for mammitis as anything can be, certainly such as are met with in veterinary practice.

In cases of old bitches that still retain their virginity, if after each period of œstrus they are not watched and properly treated, tumours very frequently form in the mammæ, suppuration takes place, and the abscess degenerates into fistulous ulcers; while in other cases the whole of the organ becomes scirrroid. I have seen several cases which I firmly believe were true carcinoma; in quite a number of instances I have found *Phytolacca* internally administered and locally applied afford marked relief and in not a few complete cure.

Some very satisfactory cures of persistently troublesome coughs have been achieved in dogs with this remedy; but I must confess that I cannot explain to my own satisfaction the symptoms that led to its adoption, except that I noted in several cases a sort of translucent condition of the fauces, a hawking up of mucus, and a constant effort to swallow; but in the first instance I fell back upon *Phytolacca* more as a *dernier resort*. The symptoms above mentioned are often present, however, without being influenced by the remedy. We often get in cats what is called a diphtheritic sore throat, but I cannot say that *Phytolacca* has done what I hoped it would do in such cases; this may possibly be accounted for on the ground that these were not cases of true diphtheria.

I have read somewhere that tincture of *Phytolacca* berries will reduce adipose tissue, but although I have tried it in a number of cases, especially pug dogs, I never found that any reduction followed its administration.

2, Cornwall Garden Stables, South Kensington.

January, 1909.

NOTES OF A *PHYTOLACCA* CASE.

BY DR. BURFORD.

SINGLE lady, æt. 38, two or three months ago, received a knock on left breast. There is now an adenomatous mass, tender to touch. Periods regular, painless; no leucorrhœa; no constipation. General health poor, physique below par. *Phytolacca* 1x t.d.s.

March 25th.—In *statu quo* as regards breast swelling, but now sleeps well, can move the arm freely; has had swollen glands in neck. *Phyto. φ* (Berries) m̄ij t.d.s.

In July.—Swelling in breast had entirely disappeared; now under treatment for generalised neurasthenia.

Prior to consulting me she had seen a lady doctor, who was urgent in advising the immediate removal of the breast.

NOTES ON *PHYTOLACCA*.

By CHAS. S. SPENCER, L.M.S.S.A. (Lond.), Ashton-under-Lyne.

MY experience in the use of *Phytolacca* has been limited mainly to diseases of the breasts and throat and rheumatism. I have had many cases of threatened abscess of the breasts in nursing women, but not one has gone on to suppuration. I have cured several bad gathered breasts after much poulticing and the use of the knife in other hands have left them tender, painful with debilitating sinuses. In one case three inches of indiarubber drainage tube was found at the bottom of a large sinus.

I have no fear of gathered breasts in my patients, first, because I have recognised that they are most often due to infection through the open door of a cracked nipple, and consequently I insist upon special care being taken of the nipples; secondly, because the indicated remedy very promptly relieves the engorgement and inflammatory symptoms of pain, redness, heat, and swelling which usually precede the stage of suppuration. If no other medicine is symptomatically indicated I give a few doses of *Bry. 1* and apply spongio-piline saturated with a lotion of *Phytolacca φ*, 20 drops to a half-pint of hot water. Frequently by the next day the danger is past, and the medicine may be suspended or given very infrequently.

In any case it is better not to continue the *Bry.* too long, as it inhibits the secretion of the milk and the flow may not be so readily re-established. If from the first the breasts are *very hard and "caked"* *Phytolacca* 1x. 2h. is given and the lotion used as above. Seldom have any other medicines been required.

SUB-ACUTE MASTITIS.

Mrs. E., schoolmistress, blonde, nervous, lymphatic temperament, climacteric age. Has subinvolution with prolapsus.

February 1, 1909.—Complaint: *Pain, tenderness, and swelling* of right breast, which she attributes to cold feet. As the uninitiated examine a breast there was an "apparent tumour," which she feared was cancer. A friend has recently had her breast removed on account of a malignant growth. On examination it was very evident there was no tumour, but a condition of sub-acute mastitis. R̄ *Bry.* 3 *ter die*.

February 5th.—Still fidgets and doubts my diagnosis. "Are you *sure* there is not cancer?" Much pain in breast and upper part of chest, also in lower abdomen on coughing.

R̄ *Phytolacca* 1x and *Sulph.* 6 3h. alt.

February 10th.—Breast practically well; pain, tenderness, and swelling almost gone. Left arm feels weak, intense pain under left scapula > rubbing. Cold and numb sensation in parts of hand supplied by left ulnar nerve, followed by burning.

R̄ *Phytolacca* 1x alt. *Cimic.* 3.

February 12th.—Breast well, other symptoms improving.

Phytolacca has proved a very trustworthy remedy in follicular tonsillitis and the so-called herpetic sore throats.

Here are some recent cases:—

Hannah C., æt. 8 years, very subject to colds in head and throat and has had otitis media.

February 6, 1909.—Feverish, *pain in forehead and limbs, sore throat < swallowing*. On examination the left *tonsil* was *dark red and swollen* and as well as the pharynx was dotted over with little yellow vesicles.

R̄ *Phytolacca* 3x 2h.

February 9th.—Very much better. Rep.

February 12th.—Quite well. Her younger sister presented similar symptoms on the 9th inst. and was given the same medicine, with similar beneficial results.

Sarah M., æt. 5 years, blue eyes, fair complexion, lymphatic temperament.

February 4th.—Temp. 101 F. Heavy about eyes and drowsy. Pain in head and throat. Tonsils red and swollen, with pus exuding from the follicles, < left side. Tongue thick yellow coat.

R̄ *Phytolacca* 1x 2h.

February 6th.—Almost all the follicles have cleared. Tonsils still swollen. Tongue cleaning at the tip. Rep.

February 8th.—Tongue slightly coated posteriorly. Throat better. Rep.

February 10th.—Quite well.

PHYTOLACCA IN RHEUMATISM.

By A. PULLAR, M.D.

As the remedy is not usually associated with rheumatism (except when there is a specific history) the following case may be worth recording. December 22, 1908, Miss R. N. came under treatment for severe rheumatic pain affecting the left shoulder down to attachment of deltoid, much worse during night and often preventing sleep, also during damp weather, the joint and surroundings being somewhat swollen and sensitive. Patient informed me that she had been in a hospital during the month of August last for "general rheumatism" (fever?), and since then had suffered with the pain as described; she had been treated ineffectually by several allopathic practitioners. When I saw her at the above date she had also a troublesome spasmodic cough aggravated on lying down; the pharynx appeared somewhat granular and irritable. The seat and modality of the rheumatic pain were the chief indications on which *Phytolacca* was given; and under this medicine patient has been entirely freed from the symptoms mentioned, and the cough has also practically ceased. *Phytolacca* was given in the 3rd decimal attenuation every three or four hours.

Richmond, February 2, 1909.

PHYTOLACCA.

By DR. SIMPSON.

I HAVE frequently seen the happiest results follow the use of *Phytolacca* when small white patches studded the fauces, when these were obviously caused by noxious emanations, either from sewer-gas, or decaying animal matter, when fever was present, with a soft small pulse, offensive breath, and great languor, with muscular pains in various parts.

It is very useful for hardness and suppuration of the female breast, with large gaping fistulous ulcers, discharging a watery fetid pus, with great sensitiveness; when nursing causes pain to radiate for some distance, down the arms and back. Rheumatic affections of the shoulder and arms, like electric shocks, are the pains which indicate its use, worse in the night and in damp weather. The feet burn, the middle of the long bones (humerus and thigh) are chiefly the centres of pains; the periosteum of the tibia becomes very tender and painful at night (suggesting its use in "secondary symptoms"). The glands about the neck become swollen and painful, as well as those in the axilla. It is reputed as an absorbent of redundant adipose tissue, and is perhaps as safe an expedient as any that have been suggested for that purpose, recommended in $\frac{1}{4}$ -grain doses of the powdered berry daily.

Hæmorrhoids, obstinate cases, with sanious discharge, heat, and urging are relieved by this drug, especially when they occur in rheumatic states or subjects, and are attended by pains which shoot to anus. The bladder is the seat of pain before and during micturition, the urine being dark red.

CLINICAL CASES.

By DR. M. TYLER.

AN ALUMINA CASE.

Mrs. L. (35) has three children; last confinement bad; *Chloroform* and instruments; never well since. Comes to Dispensary November 5, 1908. Says she has been ill for five years. Was treated at the Middlesex Hospital for two years—ring, &c.—and recently at the New Hos-

pital for Women for "erosion of uterus" for two months. Here she was getting local treatment, "painting," &c., and was not improving. Complains of sacral backache; a gathering, sore feeling to the left of navel; bearing-down sensation; feels as if she would be better if something came away; very frequent micturition; leucorrhœa, with pus and blood to-day—it sometimes makes her sore; periods regular, excessive—at that time the parts are sore; bowels troublesome—no power; feels as if the bowel bulged forward into vagina.

Examination.—Chest, nothing definite. Thin. First sound weak at base of heart; heart's action slow. P.V. cervix deeply torn; rugose interior felt. A small indurated patch ant. lip, and to left. *Alumina 30 discs jii alternate days.* No local treatment.

November 9th.—Bowels a little better; more power. Back better. Bearing down better.

November 23rd.—Feels much better. Walking better. Does not feel side the last few days. "Feels better for not syringing." Urine less frequent. *Alumina 200 P.R.N. only.*

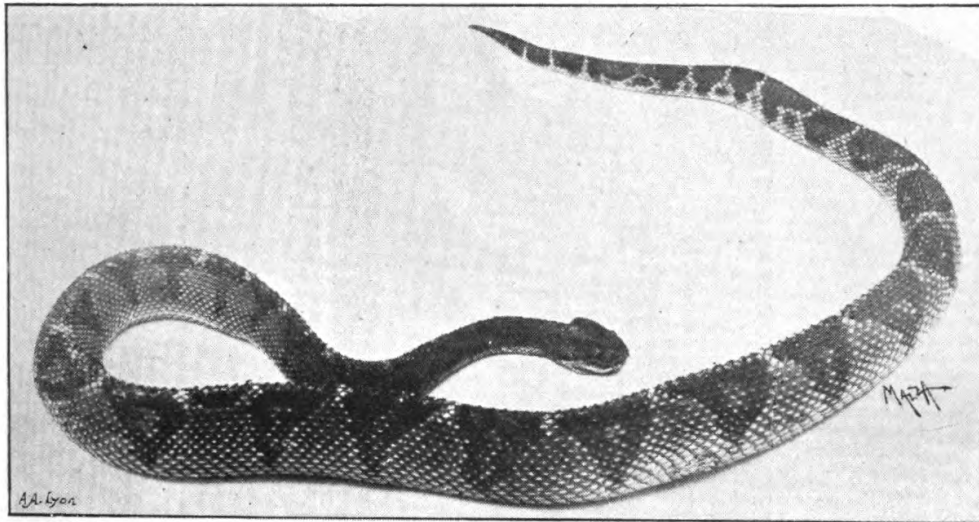
December 17th.—Very much better. Bowels very much better. Every symptom better. Feels no need of ring now. Till she came to me left leg used to swell; had to put it up on a chair when doing her washing; that also well now. Backache better; soreness at navel better; bearing down better; leucorrhœa better. Periods less, and less swelling. Looks quite healthy; much better colour, and less thin.

(Case shown by Dr. Searson at his class.)

A *CALCAREA CARBONICA* CASE.

October 12, 1908.—Asked to prescribe for Mrs. B. (65), suffering from a violent cough (of ten or twelve years' standing). The cough is from "a brush in the throat," or "a hair across the throat." She has the cough by day too, but it "starts up after she goes to bed." She jumps up in bed quickly, suffocating with the cough and the tickling, and her people have to get up at night to get her hot water to drink. This is the only thing that relieves the cough, and "she would choke without it," the paroxysms are so violent.

It is a neighbour who hears her coughing all night, and hears the disturbance through the wall, who asks



LACHESIS MUTUS OF HERING.

[By courtesy of Dr. J. Gallavardin.

[To face p. 116



DR. VITAL BRAZIL HOLDING THE
LACHESIS MUTUS.

[By courtesy of Dr Gallavardin.]

me to prescribe for her, and who furnishes particulars. She describes her as a stout woman, chilly, pale, with large abdomen. *Calc. c. c.m., discs ij weekly.*

October 15th.—Has slept each night since her dose of *Calc. c.* without disturbing cough.

October 20th.—Sends message: "Never had them up at night since first dose." Looking very much better; feels very much better. "Looks quite different; gets her night's rest now!"

November 5th.—Sends message: "Cough quite well; need she take any more medicine?" [Three doctors had treated her for the cough in vain.]

November 23rd.—Her husband, who comes on his own account, tells me the doctors never gave her any relief for her cough. She had had it ten or twelve years, always with this tickling at the bottom of the throat. One of them used to try painting her throat; now she feels and looks better than for years. "Better condition; more healthy appearance."

Now *Calc. c.* has *violent cough, from "a feather in the throat"*; worse from cold drinks; and it suits the chilly, stout, pallid patient that was described. But the first dose apparently did the trick. What a waste of three doses of *Calc. c. c.m.!*

LACHESIS MUTUS.

By the kindness of Dr. Gallavardin we are able to give our readers two more pictures of Hering's *Lachesis*. The specimen of which this is a picture is at present living in the Seropathic Institute of St. Paul, and one of the illustrations gives an excellent idea of its actual size as it is being held up by the Director of the Institute, Dr. Vital Brazil, whom Dr. Nilo Cairo justly styles "the illustrious master of antivenin therapy of Brazil."

There is not likely to be any dearth of *Lachesis* venom now, but we need not on that account lose any respect for the original source which Hering provided. Preparations made from that source act as well to-day as when he first used it. We have heard of certain homœopaths who would never prescribe *Lachesis* because they could not have it dispensed in the ϕ tincture! Perhaps Dr. Vital Brazil or Messrs. Boericke and Runyon will now be able to oblige them.

A BOOK OF THE DAY.*—ELEMENTAL
THINGS.

BY ALFRED PULLAR, M.D.

It has long been established by microscopic research that the cell is the ultimate constituent of all living organisms. Starting with the lowest forms, or protozoa, in which the vital functions are performed by a single cell, we meet with a gradually increasing specialisation of cells and organs as we ascend the scale until, in the highest, such as the human body, complexity of structure reaches its full development. The recognition of this aspect of the building of cellular tissues has profoundly influenced the study of structure, and directed scientific thought into its present channels. For new fields of research have been thus opened up concerning the problems of disease as well as those of life itself. The complex organisms have been found to take their origin in simpler forms, which permit of readier investigation of the elementary vital phenomena. The study of the individual cell reveals the mode of working of laws which also regulate aggregates of cells in highly developed and complex organisms. It is on this ground that the subject elaborated by the late Dr. Macfadyen in these lectures may be profitably studied by all who are interested in the problems of living structure.

In his opening lecture Dr. Macfadyen points out that "there is a solidarity in the essential phenomena of life which is shared not only by the simple amœba, but by the most highly specialised cell in a tissue of the human body"; and this passage may be said to comprise briefly the leading theme of the whole discourse. Treating of vital phenomena as a whole, it is made sufficiently clear that the highest and most complex manifestations have their counterparts in some more elementary living object, functional activity and structure being correlated. The simplest living cells, whether of vegetable or animal origin, always present the essential phenomena of nutrition, growth, reproduction, motion, and sensation. The author seems to regard what he calls comparative cellular physiology as the probable source of extended

* *The Cell as the Unit of Life, and other Lectures.* Delivered at the Royal Institution by the late Allan Macfadyen, M.D. Edited by R. Tanner Hewlett, M.D. London: J. and H. Churchill. 7s. 6d. net.

knowledge of the general phenomena on which all life processes are based. The same functional activities noted in the simple cell are going on in the cells of the human body—respiration, growth, metabolism, etc. In the one instance, however, as he remarks, “the apparatus is simple, while in the other it is complicated, but the processes are of a kindred nature, with the exception that each cell bears on it the impress of acquired and hereditary properties.” The different stages of organic life, too, are related, and the versatile aspects met with in higher types have been gradually evolved from simpler forms in the long process of development. In the minute isolated cells the power of digestion rests with the whole cell, and it is brought about by the secretory products of the cell contents. Further, it has been established that the choice or rejection of given elements of nutriment is a selective act on the part of the living protoplasm. The cell products in some cases are of the nature of ferments, which have the power of causing changes in other bodies, *e.g.*, in the instance of the yeast plant, of effecting the conversion of sugar into alcohol and carbonic acid. Experimental research has also demonstrated that the amœboid cell needs oxygen for its life as do the higher organisms, and that it dies if heated to a temperature of about 100° Fahrenheit. If the temperature be lowered, the cell movements cease, and if the cold be prolonged, death ensues. The ground substance or protoplasm is albumenoid matter, containing a nucleus, but without any differentiated cell wall or membrane (for the most part); and yet this speck of living jelly is a microcosm in itself, manifesting the complete cycle of assimilative and dissimilative changes which we recognise as metabolism. How much has been learned about complex processes in the human body by the study of the free cell will be found set forth in the present work.

After sketching in broad outline the character of protoplasm and its chemical relations, our author proceeds to the consideration of cell activities, observing that structure lies at the basis of function. The former may undergo various modifications with change of the physiological conditions, and also of the environment, life in its normal aspects being a “continual reaction of vital functions to external stimuli”; and it is here noted that sensitiveness on the part of the protoplasm is its

characteristic vital feature. This capacity for response to external agents is obvious in some form of motion on the part of the cell contents. But this does not refer to movements which are of a passive character such as those known as Brownian molecular movements. The active movements of the extensions of the protoplasm itself are seen in the unicellular organisms, *e.g.*, amœba, these movements being usually for the purpose of engulfing particles of food. Similar protoplasmic movements are also well marked in the wandering cells of the human body, known as phagocytes, the behaviour of these corpuscles in different circumstances being set forth in detail. Thus it is shown that these cells direct themselves to bacteria which have entered the system, absorb them into their body substance and digest them, just as the amœba absorbs algæ for food. The present view is that if the leucocytes are in a state of normal health and activity, and the bacteria are not too strong, the white corpuscles succeed in routing the invaders by eating them; but if, on the other hand, the leucocytes are weak and the bacteria are vigorous, the corpuscles may succumb. In inflammatory processes in the body tissues the white blood cells are found passing through the walls of the capillaries. The next form of motion is that exhibited by the fine extensions of the protoplasm called cilia. This can be observed in such minute cells as the bacteria, some of which have flagella ranged around them as in the case of the typhoid bacillus.

In treating of the effects of external conditions on the cell, Dr. Macfadyen observes that "at every moment in its life history it is being stimulated, and is emitting responses more or less adequate to such stimuli," and that these may not be obvious to us if they are phases of modified intracellular phenomena or the slow result of environment. But the responses can be at once noted in the case of artificially applied stimuli, the effects being usually manifested "in some form of motion of the cell, or of parts, or of tissues." Amongst such stimuli heat, light, electrical, chemical, and mechanical stimuli are mentioned. The response would seem to depend upon the nature of the cell acted upon, a stimulus to the eye cells calling forth the sensation of light, to those of a gland causing secretion, and to those of a muscle contraction. The effects are illustrated by Dr. Macfadyen in

the action of thermic stimuli, as it has been found that temperature is one of the most important conditions for the activity of living matter. But the effects are so varied that "the optimum temperature for one organism may be the thermal death-point for another." It would appear that up to a certain limit increased temperature produces more active cellular life. The variable effects of temperature on the different vegetable and animal organisms are recorded in order to confirm the foregoing observation. With reference to light, our author states that it is the chemical and not the thermic action of this external stimulus that has to be considered. The experiments regarding the effects of light on vegetable cells detailed by Dr. Macfadyen have brought out some significant data bearing upon photic stimuli, but our space will not admit of their being noticed here. It may suffice to quote the conclusion drawn by the author, namely, that "in the case of light stimuli the living cell exhibits a positive or a negative *phototaxis*," *i.e.*, attraction or repulsion. It is indubitable, from the observations recorded, that the action of sunlight on the low forms of life (*e.g.*, bacteria) is of vast importance, and that direct sunlight is especially valuable. This proves fatal to the typhoid bacillus in less than two hours, and to the diphtheria bacillus in less than an hour. Unfortunately, this action of light is not available for germs which are within the body, the rays of light being cut off by the superficial tissues; but the action of light is nevertheless very valuable, for it is proved that by its aid infected rivers become spontaneously purified, and in a lake this bactericidal action extends to a depth of six feet.

In considering the cell response to other stimuli our author notes that the chemical constitution of the surrounding medium will produce certain changes. Thus, in the case of the amoeba, a solution of salt will stop its movements, and in the absence of oxygen it contracts, expanding again when more of that agent is added. The action of narcotics is also found to influence cell activity, and this is illustrated by the example of the mimosa, which ceases to exhibit its spontaneous movements in the presence of chloroform. Under the same influence the yeast cell ceases to ferment, the ciliary movements of other cells are arrested, every kind of protoplasm being obviously narcotised. It is also shown that chemical

agents may stimulate cell activity, and responses of such a nature, therefore, play an important part in life processes. Moreover, it has been demonstrated that as a result of any form of stimulation a cell may show evidence of exhaustion, with consequent changes in its substance. Dr. Macfadyen remarks that "a stimulus may produce first an exaltation, and eventually a depression of functional activity, and if the stimulus is excessive death may result, or if it be normal a condition of tone prevail."

The whole subject of fermentation is next discussed, and its study brings us in contact with cellular problems of the most interesting nature, concerning both animal and vegetable life. In treating of the group of ferments known as enzymes, our author fully describes the intracellular activities resulting in these complex products by which the digestive function is accomplished, and also the assimilation of bacteria in the process of phagocytosis. It was, of course, the researches of Pasteur and others with regard to ferments in general which led indirectly to the establishment of the germ theory of disease and its far-reaching practical application. It is now beyond question that certain disease germs produce highly toxic substances which are in reality secretory products of the bacterial cells, and are in their properties closely allied to the unorganised ferments or enzymes, their toxic action being exhibited in the entire absence of the living cellular organism that produced them. These products are poisonous in extremely minute quantities, which, moreover, are potent enough to cause the grave general symptoms of such a disease as diphtheria. Just as certain cells produce specific enzymes, (*e.g.*, gastric cells the pepsin,) so the diphtheria and tetanus bacilli produce specific poisons to which the intoxication of the system in each instance is due.

Having thus attempted to epitomise some of the more important aspects of cellular physiology as presented in these lectures, I think it may be useful before closing this review to glance briefly at the general bearings of such research on medical theory and practice. And first, it seems to me clear that vital processes are not to be understood by any mechanical interpretation, the phenomena having their derivative seat in the cell and its content. As the life of this microcosm expresses

itself in building and breaking up the molecules which constitute its organic substratum, so it follows that the phenomena belong to the domain of molecular physics. Now we know the chemical elements of which the living protoplasm is composed, but we are still in the dark as to the mainsprings of cell activity resulting in metabolism. It would appear, indeed, that the ordinary conceptions of either physics or chemistry are inadequate to enable us to understand the actual nature and conditions of the cell response to stimuli of different kinds. The experimental researches set forth by Dr. Macfadyen doubtless illustrate the effects of what we might call the cruder forms of chemical and other stimuli, but there is, as we have proved, a region beyond such obvious tests of cellular activity. With a fuller appréciation of the dynamic relations between matter in its finest state of division and living tissues, new vistas have been opened up into the arcana of Nature, and more especially as to the *quantity of action* necessary to effect vital changes. In former times it had not entered into the scientific mind to conceive the things which are now commonly accepted with regard to the power of the Infinitesimal in causing disease, or in restoring the equilibrium of health. The morbid process being primarily a local one involving cells or groups of cells, it has been found possible to stimulate these into active resistance to noxious products or forces. As we know that assimilation is a molecular process, it follows that the proper condition of any agent administered remedially is the molecular one. And it is at this stage that modern investigation of the cell response to stimuli of various kinds most adequately confirms the principles of pharmacodynamics laid down by the founder of homœopathy. For it is thoroughly proved that by comminuting, rarefying, and finely subdividing crude drug-matter, certain molecular changes are brought about and remedial properties set free which were not available in the state of crudity. These agents, in short, represent molecular forces, and are found to be capable of modifying the cell aberrations (molecular) which constitute the beginnings of disease in the inner life of the tissues. We have assuredly reached a conception of the elemental world which is on a different level from the one erstwhile regarded as deep enough for practical aims from the medical standpoint ; and this forward movement

would seem at last to have influenced the views of the physiologist. It is clear that vital phenomena at the plane to which the molecular physicist descends have assumed new phases. What the ultimate results may be none can yet foresee, but the old things are passing away and vital issues are involved. To some of us, indeed, it is not in any sense a new revelation that the main factors in the living body are molecular activities, or that the critical moment in the poise of health or disease is always determined by a minimum quantity. It may, therefore, perhaps, seem futile here to reiterate what has long been obvious to those who have proved these things, or to dwell upon aspects of cell life now open to any investigator who cares to use the extended powers of vision bestowed by modern research. Whether there be any widespread interest in such problems or not, it is, at any rate, certain that illumination will have to come if the principles of medication are to keep pace with those of molecular physics. For our own part we may well be content to leave the issues to time, knowing that in the end it is truth that lasts: it lasts because it works and serves in the movement of science towards full confirmation of the significant data revealed by the study of the living cell and its ultimate activities.

A DRUG SEQUENCE.

By DR. E. MAHONY.

DR. BYROM BRAMWELL, in his *Clinical Studies*, January, 1909, speaking to students of a case of pernicious anæmia, says (p. 155 *et seq.*):—"The point that I chiefly wish to emphasise is that after very marked improvement had been effected, both in the condition of the blood and in the general state, by the administration of *Arsenic*, an arrest in the improvement occurred, and then for six weeks the blood remained in a stationary condition. Then under the administration of *Iron*, in the form of Blaud's pill capsules, a striking improvement in the condition of the blood immediately took place, notwithstanding the fact that when the *Iron* was prescribed the colour-index was considerably above the normal (1.2). Now, this is not the only case in

which I have seen the same result. During the past year another case of pernicious anæmia has come under my observation in which, after *Arsenic* had produced considerable improvement, a stationary condition of the blood developed, and in which, under the administration of *Iron*, most rapid improvement both in the condition of the blood and general symptoms then occurred. This is, I think, an important therapeutic fact; I wish to emphasise it. One of the most striking clinical features of severe cases of pernicious anæmia is the relatively large quantity of iron which the blood contains. The colour-index, which represents the percentage of iron in each individual red corpuscle, is above the normal. . . . In my experience there are cases in which a certain—it may be, as in this case, a very considerable—improvement has taken place under *Arsenic*, but in which that improvement, for some reason or another, stops, and appears to have reached its limit.

“As I have already stated, this seems to me to be a therapeutic fact of considerable importance, and one which should be known to the profession.”

Homœopaths could give a reasonable explanation of this, to Dr. B. incomprehensible, *fact*. He is very clear it is a fact, but what allopathic journal appealing to the profession would admit such a suggestion as the law of similarity, the *source* of the *Iron* being clearly different in the two cases (disease and medicinal action), thus explaining this interesting and frequently recurring therapeutic fact? Hahnemann is very clear: § 26, p. 59, Dudgeon's edition of the *Organon*, says: “A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations.” Again, referring to so-called isopathy, he says, in a note to § 56, p. 79, “Seeing that the virus is given to the patient highly potentised and thereby consequently to a certain degree in an altered condition, the cure is effected by opposing a simillimum to a simillimum.” Surely any one can see that the excessive iron present in pernicious anæmia and that administered medicinally are in different degrees of potentisation. *Ferrum*, also, is a remedy known by homœopaths to follow *Ars.* well (see Clarke's *Dictionary*), but these relations, therapeutic, of medicines one to another appear to

be a *terra incognita* to the scientific and rational school of medicine. Dr. Bramwell personally I admire. His clinical studies appear to me, apart from Homœopathy, both interesting and instructive.

MEDICAL ETIQUETTE EXPOSED. THE *LANCET* AND *ODIUM MEDICUM*.

IN the *Lancet* of January 23rd there appeared a letter which is not without interest as showing the anomalous state of things which exists in the world of Medical Etiquette, especially as regards Homœopathy and homœopaths. No wonder the bewildered "G. P." is compelled to exclaim, "What are we to do?" Here is his letter:—

CONSULTATIONS WITH HOMŒOPATHS: WHAT ARE WE TO DO?

To the Editor of The Lancet.

SIR,—Dr. Jukes de Styrap in his *Code of Medical Ethics*, p. 57, says: "For a legitimate or orthodox practitioner to meet a professor of Homœopathy in consultation is a dishonest and degrading act," and in the text following and in a footnote he goes on to explain the situation fully. There is one exception made, and that is in case of "acute perilous disease." When a homœopath is attending then an orthodox practitioner may meet the homœopath "provided it be distinctly understood and honourably assented to by all concerned that the immediate future should be in strict accord with the principles of legitimate orthodox medicine and honestly carried out by responsible trustworthy nurses, selected, if need be, by the consultant." Some years ago I was in practice in a country town in which was a family of homœopaths, consisting of father, mother, and grown-up sons and daughters. One of the sons practised Homœopathy gratuitously, to a slight extent among the poorer classes, but if a case became serious he generally sent them to me to be treated at his expense. The family when ill sometimes called me in to attend and sometimes sent to the county town (about sixteen miles away) for a qualified homœopathic practitioner to come over to see them. On one occasion—I had been in daily attendance upon the father for some time—I received a letter from one of the daughters, saying that "Dr. —, the homœopathic medical man from the county town, would be there at 12 noon, and would I meet and consult with him in the case?" I replied by letter that "it was against our rules of professional etiquette to meet a homœopathic in consultation: I was sorry I could not do so, but that I was quite willing to give up the case to him." She wrote again, saying that "the family did not at all wish me to give up the case, and would I come in and meet the homœopathic practitioner, who was a great friend of theirs, as a

friend." To this I assented, met him and had a chat, but we did not mention the case. In conversation a day or two afterwards the laughter said she was sorry I could not meet Dr. — in consultation, and she did not understand it, as Mr. —, one of the surgeons on the staff of the county hospital, frequently met Dr. — I remarked that if he did he was acting wrongly. I met Mr. — some time afterwards and put the case before him and he said he certainly had met Dr. — in surgical cases, but upon consideration he thought he had acted wrongly. I said I considered he had no right to meet him regularly in surgical cases, and if orthodox practitioners met homœopaths in surgical cases I could not see why they should not in medical cases. To this he agreed and there the matter ended for the time. The father and mother of the family have been dead some years. I attended both of them in their last illnesses. In the autumn of last year my wife and I were on a short visit to my old home. The homœopathic gentleman was seriously ill and being attended by my successor. One day my wife met the sister of the invalid, asked how he was, and hoped they liked Dr. — (my successor). The reply was they liked him very much, and he had none of that stupid nonsense about not meeting homœopaths in consultation; he had done it several times, and, moreover, all the doctors in — (county town) met him. (I do not believe this.)

"My successor was urgently called to see the patient and found that the homœopath was in attendance, but as he lived sixteen miles away and the case was a serious one, requiring frequent attendance, and the friends wished him (my successor) to watch over the case in conjunction with their own (homœopathic) doctor, he did so for a time as it was absolutely necessary for the patient to be seen at night. (I think he acted wrongly in this.) Finding, however, that the homœopath prescribed medicines without his knowledge or sanction he immediately wrote withdrawing from the case. Urgent symptoms again supervened, however, and he felt himself obliged to meet again the homœopath in consultation, when it was decided to call in a London surgeon (on the staff of one of the hospitals). An operation was performed and by the decision of the friends the after-treatment was left entirely in my successor's hands, and henceforth he carried on the case himself until the patient recovered, the homœopath coming down when he wished to see the patient, but taking no part in the treatment. The London surgeon advised my successor to work with Dr. — saying that he never refused to meet a homœopath except in the case of a quack, when he would have nothing to do with him. Now the question arises, Why should surgeons make a law unto themselves and violate the ethics of the medical profession as laid down in a standard work? And if they can meet homœopaths in consultation, surely general practitioners who are surgeons may do likewise, and if they do why may not physicians and surgeons, and if they do why not pure physicians? My own opinion is that surgeons have no right to take up a case (except in "acute perilous disease") until the homœopath has given up the case absolutely.

I hope some of the leaders of the profession (especially staff-surgeons) will discuss the question.

I am, Sir, yours faithfully,

January 17, 1909.

G. P.

In order to elucidate the matter and help "G. P." by going to the foundation of things, the following letter was sent to the editor of the *Lancet* :—

“CONSULTATIONS WITH HOMŒOPATHS.

“*To the Editor of The Lancet.*

“SIR,—Whilst thoroughly sympathising with ‘G. P.’ in the difficulties and anomalies of his position, I should like to ask him two questions :—

“First : On what authority does Dr. Jukes de Styrapp designate one set of legally qualified medical practitioners as ‘legitimate,’ and (by implication) another set of legally qualified medical practitioners as ‘illegitimate’?

“Second : Will he kindly define what is the ‘*δὸξα*’ of those whom Dr. de Styrapp terms ‘orthodox’?

“Yours, etc.,

“JOHN H. CLARKE.”

This letter was not inserted, from which it is apparent that the very last thing that the *Lancet* wants is to have the foundations of medical etiquette looked into. No doubt it is very wise in its generation, for these foundations only exist in the bedrock of prejudice, ignorance, and *odium medicum*. It does not pay the *Lancet* to insert letters which are likely to expose its dearest assets.

It may interest our readers to know that we are acquainted with the names of all the persons referred to by “G. P.”; and a piquant fact in the situation has especial reference to “G. P.” himself. Will it be believed that this fervent disciple of the venerable Jukes de Styrapp himself recently took charge of a homeopathic institution in the temporary absence of the principal, a well-known homeopathic practitioner? The “facts” of “G. P.’s” letter are nearly all challenged by those to whom he refers.

RECENT reports as to the uses of radium in the treatment of disease show that sufficient evidence has now been accumulated to warrant the more frequent use of that substance in cases of chronic eczema and certain other intensely irritating affections of the skin; also for rodent ulcer and small patches of lupus. Radium appears to be useless in cancer, even when the growth is quite superficial, except in cases of small cancers of the skin, which are brought under the influence of radio-activity at a very early stage of growth.—*Daily Telegraph*, September 22, 1908.

BRITISH HOMŒOPATHIC ASSOCIATION.

KENLEY STREET HOMŒOPATHIC DISPENSARY.

THANKS to the energy of the Committee of the Ladies' Branch, and in particular of their Hon. Sec., the Dispensary at 20, Kenley Street, Notting Dale, mentioned in our last issue, will, it is hoped, be opened on March 1st. We must congratulate all concerned on the success that has, in the short space of two months, crowned their efforts.

We regret that by an error £100 was stated, in our February number, as the amount estimated for the first year's expenses; £150 should have been the sum mentioned.

PUBLIC LECTURE.

ON February 17th Dr. R. Day delivered a public lecture, "Homœopathy among the children." The audience was large and enthusiastic.

Dr. Day began by pointing out that children have occupied much attention recently, and have their special protective legislation, hospitals, homes, and societies for child study. The vast importance to the nation of laying good foundations by rearing healthy children and the causes of unhealthy children was mentioned. Homœopathy was then compared with allopathy as a means of treatment for children. The dangers of drug administration were pointed out and illustrated from fatal cases. Nauseous medicines so often upset the child, and are difficult to administer. Homœopathy has none of these objections. The remedies are safe, pleasant to take, and give satisfactory results. The results of the treatment of croup, rheumatism, and broncho-pneumonia were compared under the two systems.

The lecture was illustrated with lantern slides—amongst others showing how the *Lachesis* poison was obtained from the snake. A cupping instrument was shown which the lecturer had been assured is still in vogue with the orthodox as a mode of treatment. A comparison was made of cases of adenoids treated

surgically and medically; the success of Homœopathy was emphasised as it goes to the root of the trouble by treating the constitutional diathesis, and the tubercular condition was maintained to be very successfully treated by Homœopathy, while under the old school for the most part the treatment is *surgical*, no *medicines* being given.

SUBSCRIPTIONS AND DONATIONS RECEIVED
FROM JAN. 15 TO FEB. 14, 1909.

GENERAL FUND.

	Donations.			Subscriptions.		
	£	s.	d.	£	s.	d.
Dr. J. Murray Moore				1	1	0
Dr. Ashton				1	1	0
Dr. J. H. Clarke				1	1	0
Mrs. Clarke				1	1	0
C. A. Russell, Esq., K.C.				1	1	0
Miss A. T. Laird				1	1	0

LADIES' NORTHERN BRANCH.

Miss Leigh				1	1	0
Dr. Thomas Simpson, J.P.				1	1	0
Mrs. Benson Rathbone				1	1	0

"COMPTON BURNETT" FUND.

F. Langham Hobart, Esq.	2	2	0
Henry Waldron, Esq.	1	17	0

LADIES' BRANCH.

Mrs. A. Luard				1	1	0
Mrs. M. E. Cator				1	1	0
Mrs. Kelly	0	5	0			
Stamps	0	0	6			
G. B. Leichman, Esq.	1	0	0			
"A.E.K."	5	0	0			
Mrs. Willis				0	5	0
Lady Ida Low				0	10	0
Rev. S. Holmes	0	5	0			
Miss M. Matheson	0	10	0			
Mrs. White	2	2	0			
Miss Shadwell	3	3	0			
Mrs. Robinson	0	10	6			
Miss Chalmers	5	0	0			
Mrs. Burford				5	5	0
Collected by Mrs. Burford	0	15	0			
Miss Pain				0	10	0

				<i>Donations.</i>			<i>Subscriptions.</i>		
				£	s.	d.	£	s.	d.
Mrs. Clarke	...	...	...				5	5	0
Mrs. Machell Smith	...	...	...				1	0	0
Miss Bourne	...	...	...				5	0	0
Mrs. Scott-Chad	...	...	...	0	5	0			
Mrs. Harvey	...	...	...	1	1	0			
Mrs. Medd	...	...	...	1	1	0			
Mrs. Smithers	...	...	...	0	2	6			

ANNOUNCEMENT.

FOUR LECTURES ON HAHNEMANN'S *ORGANON OF MEDICINE* TO MEDICAL PRACTITIONERS AND STUDENTS.

BY DR. J. H. CLARKE.

LECTURE I.—WEDNESDAY, MARCH 3, 8.30 P.M., AT CHALMERS HOUSE, 43, RUSSELL SQUARE, W.C.

Subject—GENESIS OF THE “*ORGANON*.”

Synopsis : The Approaching Centenary of the *Organon*—Place of the *Organon* in the History of Medicine—The English Translation of the *Organon*—Tribute to Dr. Dudgeon—Unpublished Sixth Edition of the *Organon*—Hahnemann's unique position and qualifications for the work—*Organon* published twenty years after the Homœopathic idea was conceived—Forerunners of the *Organon*—Title of the work—Bacon's *Novum Organon Scientiarum*—Hahnemann's Prefaces.

LECTURE II.—WEDNESDAY, MARCH 10, 8.30 P.M..

Subject—TEXT OF THE “*ORGANON*.”

Synopsis : The problem which confronted Hahnemann when once the Homœopathic idea was conceived—The Language of Drugs and the Language of Morbid Processes—What is Disease?—Text of the *Organon*—Introduction—Hahnemann's Style—Opening paragraphs of

the *Organon*—Individualisation—Difference between the Homœopathic and the Allopathic attitude towards patients.

LECTURE III.—WEDNESDAY, MARCH 24, 8.30 P.M.

Subject—TAKING THE CASE.

Synopsis : The *Organon* establishes the Homœopathic Principle—Also elaborates the Method of Practice—Importance of right attitude—*Organon* compels Students to adopt it—Hahnemann on “Mongrel” Homœopaths—Instructions on Case-taking—Writing down Notes of each Case essential—Sections 85 to 104 with Comments.

LECTURE IV.—WEDNESDAY, MARCH 31, 8.30 P.M.

Subject—FINDING THE REMEDY.

Synopsis : How to acquire a knowledge of the Instruments of Cure—How to employ Remedies—Hahnemann's Summary § 70—Paragraph 147—Value and Importance of Peculiar Symptoms—The Homœopathic Aggravation—Illustrative Cases from Hahnemann and Bœnninghausen.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the Session was held on February 4th. Dr. A. H. McCandlish was proposed for membership and Dr. W. H. Watts and Dr. F. W. Beville were elected to the Society. Mr. Dudley Wright, Dr. Frank Shaw, and Dr. Neatby showed specimens, and Dr. Day a case of paroxysmal hæmoglobinuria.

The meeting was devoted to the Section of Surgery and Gynæcology. Mr. Knox Shaw read a paper on “Some Points in the Diagnosis and Treatment of Perforated Gastric Ulcer,” and Mr. Dudley Wright a paper on “Pruritus Ani.” Both papers proved valuable practical contributions to their respective subjects, and were followed with interest and appreciation.

HOSPITALS AND INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

THE fifty-ninth Annual General Meeting of the London Homœopathic Hospital will take place in the Board Room of the Hospital on Friday, March 5th, at 3.30 p.m., the Right Hon. the Earl Cawdor presiding.

LEICESTER.

The annual meeting of the Leicester Dispensary and Cottage Hospital was held at the end of January in the Town Hall, under the presidency of the Lord Mayor. There was a good gathering of subscribers, and, after the report was adopted and formal business concluded, Dr. C. Wheeler gave a short lecture on "Modern Vaccination." The year's report is an excellent one. Many most serious cases, medical and surgical, have passed through the Hospital wards, but there has been no death, a result upon which the medical officers are much to be congratulated. The balance-sheet shows the institutions to be paying their way, but they need more funds to make their position sure and to extend their usefulness. Surely the money should be forthcoming with so excellent a report of work done to back the appeal.

FOLKESTONE.

The report of the Folkestone Dispensary shows a slight falling off in the numbers attending, but none in the results obtained, and there is a satisfactory balance on the right side of the financial statement. We wish Folkestone much more work and the same success in accomplishing it.

BRIGHTON.

Dr. Byres Moir presided at the annual meeting of the Sussex County Dispensary. Alterations have been made in the Dispensary which will result in greater efficiency, but at present leave a deficit of some £40 on the year. This, however, we have no doubt will be more than made good before the next annual meeting.

REVIEW.

KENT'S REPERTORY.*

By Dr. GIBSON MILLER.

IN the early days of Homœopathy, when the proven remedies were few, it was possible for the average man to carry in his memory the majority of the symptoms, but as remedy was added to remedy, until the number of symptoms became appalling, this became an impossibility, and resort had to be made to repertories or indices.

Many have tried their hand at the compilation of these repertories, and standing head and shoulders above them all was Bœnninghausen's *Pocket Book*, though it only covered a part of the field, viz., 125 remedies, and was not detailed enough for many of our requirements. The Lippes were the first to attempt to produce a repertory of all the then known remedies, but even they only claimed to have recorded the more characteristic symptoms.

Over twenty-five years ago James Tyler Kent, finding that even this repertory was very imperfect and full of errors, began for his personal use to expand and correct it, and while a student under him in St. Louis I had the privilege of copying his manuscript notes.

Being strongly urged by those who felt the necessity for a complete repertory, he reluctantly agreed to undertake the task, and the result of all these years' labours is now given to the world. Only those who have essayed to do similar work can realise the strain on brain and eye and body it involves, and it is little wonder that Kent's health several times broke down, but it was a labour of love, and nothing could alter his determination to complete the work.

The first edition appeared about ten years ago, and now we have the second, which is no mere republication, but a book revised from beginning to end, with

* *Repertory of the Homœopathic Materia Medica.* By James Tyler Kent, A.M., M.D. Second Edition, revised and improved. Pp. 1,383. Half morocco, £4 2s. 6d., postage extra. Philadelphia and Chicago: Bœricke & Tafel. London: Homœopathic Publishing Co., 12, Warwick Lane, E.C. 1908.

Obituary.

DR. ARTHUR CLIFTON.

A GREAT soldier of Homœopathy has passed away, and left our ranks the poorer for lack of his contagious enthusiasm, his unswerving courage, and his inspiring captainship. Dr. Arthur Clifton died on February 16th, at Northampton. He had fought the good fight through a long and strenuous life, and it is hard to think of that splendid vitality at last burnt out, but in the burning he has been a beacon fire to Homœopathy to illumine our struggle, a shining star to presage the dawn of full acceptance of the truth for which he lived. His memory remains to inspire us who are left to take up his work; our best homage is to fight better that his faith may prevail.

Next month we shall present a detailed memoir, to do such justice as may be done to a great man and a well-spent life. To-day we lay on his grave the tribute of sincerest admiration and warmest affection, and mourn as all Homœopathy must mourn.

There follows a brief note on the Funeral Service on February 20th, by an eye-witness. It testifies (if the testimony be needed) to the position the veteran held in the minds and hearts of us all.

THE FUNERAL OF DR. A. C. CLIFTON.

The body of our brother, A. C. Clifton, was laid to rest in the General Cemetery, Northampton, on Saturday, the 20th.

Owing to the serious illness of his wife, the funeral was as private as was possible. The chief mourners were his son, A. A. Clifton, of Bedford, and his grandson, Arthur C. Clifton; his two brothers, Dr. G. Clifton, J.P., of Leicester, and Mr. Edwin Clifton, homœopathic chemist of Ipswich; the Rev. A. Murcell, of London, brother-in-law of Mrs. Clifton; Mr. Joseph Harris, of Northampton, and Mr. Henry Harris, cousins; Dr. Chamberlain, a personal friend; his executor, Mr. Ryland Atkins, M.P.

The coffin was covered with a large number of wreaths—about forty—sent from all parts of the country, from old patients and friends, members of the Homœopathic Hospital Staff in London, and medical friends.

The funeral *cortège* was followed by many of his old *confrères* in the homœopathic world. Among them was Dr. D. Dyce Brown, Mr. Dudley Wright, Dr. Burford, Dr. Goldsbrough, Mr. James Johnstone, Dr. Neatby, Dr. Pullar (Richmond), Dr. Clifton Harris (Brighton), Dr. Hawkes (Liverpool), Dr. Mason (Leicester), Dr. Stonham (London), Dr. Ross and Mr. Wilkinson (Northampton), Mr. Attwood (Secretary London Homœopathic Hospital), Mr. Wood (Secretary British Homœopathic Association), also two of the staff of the Northampton General Infirmary, Dr. Percival Buzzard and Dr. Milligan. At the cemetery a large number of his old patients and friends had assembled to render homage to one they had loved so well. A message was received from the Lord Mayor of sympathy and condolence to the family.

H. C. ALLEN, M.D.

It is with the profoundest regret that we have to announce the death of Dr. H. C. Allen, of Chicago—one of the pivotal figures in Homœopathy, and for over two generations the chief standard-bearer of the Homœopathy of the *Organon* in the New World. At the time of writing we are without full details, but a Chicago paper gives the following: "Dr. Allen returned to his home from Hering College early in the afternoon of January 22nd. At three o'clock he called his wife and said he was feeling ill. A physician was summoned, but before he arrived Dr. Allen died. Heart disease was given as the cause of death."—Thus to the last day of his life Dr. Allen was on duty at his beloved Hering College.

H. C. Allen, in spite of his seventy-odd years, did not look his age. He was tall and erect and of an impressive, commanding appearance not readily forgotten. His frame was well-proportioned and spare. He was active and alert, and had apparently years of activity still before him. But the wear and tear of life had evidently left a weak spot somewhere in the mechanism, and the tireless labourer has entered into his well-earned rest.

It must be upwards of forty years since the *Medical Advance* first started on its grand mission of keeping the flag of *Organon* Homœopathy flying when easier methods of practice seemed likely to overwhelm it. The *Advance* must rank as one of the greatest of Dr. Allen's works. The *Therapeutics of Intermittent Fever* has long been

a standard classic among homœopathic handbooks, and the *Characteristic Symptoms of the Homœopathic Materia Medica* is no less well known. Only the other day there was issued Dr. Allen's latest—and in point of size his greatest—work—the Repertory of Bœnninghausen arranged after the method of Dr. W. Jefferson Guernsey in numbered slips, and brought up to the present date. This work must have entailed enormous labour of a very exacting kind, and will no doubt prove of immense service as a labour-saving method of finding the remedy.

But the crowning achievement of Dr. Allen is Hering Medical College, which he founded in 1892, and of which he has been the Dean ever since. When the giants of Old Philadelphia passed away—Hering, Lippe, H. N. Guernsey, and their colleagues—the enthusiasm for *Organon* Homœopathy somewhat cooled down in that centre. Allen determined that there should be a school where *Organon* Homœopathy should be taught in its purity, and Hering Medical College is the result. From this focus, year after year, graduates have been sent out to all parts of the world imbued with the enthusiasm of Homœopathy as taught in the *Organon* and the *Chronic Diseases*. In India and the Far East there are many who have reason to bless Hering College and the name of Dr. Allen. We have great faith in America and American Homœopathy, and we doubt not that from the ashes of the phoenix another will arise to carry on the tradition.

The name of Allen has been honourably and intimately connected with the principles and practice of Homœopathy in America, and time was when it was necessary, in mentioning the name, to indicate whether "T. F.," of *Encyclopædia* fame, or "H. C.," of the *Advance*, was referred to. Timothy Field Allen passed to the other side on December 5, 1902, after a lingering illness. Henry C. Allen has been more fortunate in being spared this. Both have left behind them work which will endure as long as Homœopathy endures, and have earned the gratitude of thousands of their contemporaries, and of thousands yet to be born.

The bodily mechanism is not built to endure for ever.

It is at once an instrument of many uses for man's spirit, and a means of confining it within bounds. When the uses are all served the doors must be opened and the prisoner set free to enter other fields of activity. Looked at from our side we call it death, but by whatever name we call it, it has no power to affect the bonds of gratitude and love. From these bonds with the Great Departed those who are left to grieve can never be, or wish to be, released.

RESOLUTION OF THE COOPER CLUB.

In pursuance of a resolution of the Cooper Club, the following letter was addressed to the Registrar of Hering Medical College :—

TO R. N. MORRIS, ESQ., M.D., REGISTRAR OF
HERING MEDICAL COLLEGE, CHICAGO.

8, BOLTON STREET, PICCADILLY, LONDON, W.,
February 13, 1909.

DEAR SIR,—At the last meeting of the Cooper Club, held on February 11, 1909, news having been received of the lamented death of Dr. H. C. Allen, it was proposed by Dr. Burford, and carried unanimously, that, as President of the Club, I should be deputed to ask you to convey to the Faculty and Students of Hering College the Club's profoundest sympathy in the loss that has overtaken them. The revered and beloved Dean of Hering had won the affection and gratitude of homœopaths all over the world, and not least of the members of the Cooper Club, which was proud to count him as its honorary Vice-President. The Cooper Club feels that it would be a dereliction of its duty if it failed to express to the Institution with which Dr. H. C. Allen was so intimately identified, and through this medium to the thousands of his friends and admirers all over the world, the Club's own share in the common grief at his loss.

If I may be permitted a word on my own behalf, I would add that I count as one of the greatest privileges of the Congress of 1906 the opportunity it afforded me of making Dr. Allen's personal acquaintance and friendship,

a privilege which has ever since been treasured by me as a most precious possession.

Believe me, dear Sir,

On behalf of the members of the Cooper Club,

Fraternally yours, JOHN H. CLARKE,
President.

DR. JAMES BLACK NOBLE.

A WELL-KNOWN figure in South London has recently passed away at the early age of fifty in the person of James Black Noble, M.R.C.S. Eng., L.R.C.P. Edin., of whom it may truly be said that he fell a martyr to duty. A neglected attack of influenza at the beginning of 1907 was followed by pneumonia and abscess of the lung, resulting in a condition of partial invalidism from which he never recovered, and the end came suddenly and unexpectedly on January 16th last from heart failure.

Dr. Noble was a son of the late Mr. John Noble, F.E.I., of Newcastle-on-Tyne, and nephew of the late Dr. Duncan Matheson, of London. His student days were passed in Newcastle, but almost immediately upon taking his M.R.C.S. diploma, his attention having been directed towards Homœopathy by his uncle, he migrated to London and became a diligent student at the London Homœopathic Hospital and Medical School, entering at the same time into partnership with the late Dr. Powell, of Newington Causeway, whom he very shortly afterwards succeeded. Dr. Noble first resided in Trinity Square, Borough, and afterwards, for nearly twenty years, in the Kennington Park Road, where his zeal for Homœopathy, added to a charming personality, gradually attracted a very large and widespread *clientèle*. For nearly twenty years past Dr. Noble had as partner Dr. C. W. Bedford, and the latter now succeeds him in the practice. Dr. Noble will be sadly missed in South London, where he was almost better known for his philanthropic than for his medical work.

The funeral took place at Norwood Cemetery on January 20th in presence of a very imposing assembly of old patients and friends.

VARIETIES.

THE USE OF RAT POISONS.—WHY CAUTION IS NECESSARY.—Can the much-advertised rat poison be used effectively and without risk of human beings by the ordinary purchaser? The question has been raised in a report recently issued by Dr. William Collingridge, the Medical Officer of Health for the City of London, in regard to an outbreak of infectious disease in a business establishment in the City, whereby twelve men became seriously ill. It was discovered that a virus for the destruction of rats had been placed in the dining-room used by the men, that a number of dead mice in various stages of decomposition lay beneath the boards of the room, and that the organism found in the patients was identical with the organisms of the virus. It will be remembered that Dr. Collingridge in his report stated that it was "extremely undesirable and even dangerous" that these preparations should be sold and purchased by any person, and that if they were to be used they should be placed about with the greatest precaution and under skilled supervision. That Dr. Collingridge's opinion can be justified on sound scientific grounds is evident from an interview which a representative of the *Morning Post* had yesterday with a prominent member of the committee of the Society for the Destruction of Vermin. "The case upon which Dr. Collingridge reports," he said, "proves the contention which nearly all members of this society hold—that an ordinary member of the public who uses such a virus is almost in the same category as the parent who would purchase vaccine and vaccinate his own child. In the first place, only the bacteriologist can tell from direct experiment whether or not such a virus would infect human beings; certainly the purchaser cannot prove it, and it is doubtful whether even the manufacturer can adduce scientific reasons for the truth of the advertisement which declares the innocuity to mankind of the preparation. Secondly, supposing the virus does not affect human beings, how does the general public know that it is efficacious against the rodent? At any rate, whether or not the preparation is effective and without danger to other animals, we hold that it should not be sold without restrictions, but that its use should be confined to trained men, who, for example, would never dream of placing it in an eating-room. "In fact, this City case," proceeded our informant, "opens up the whole question of the destruction of rodents by means of poison. You may obtain a virus so powerful that it may destroy 97 per cent. of the rats in a given area, but it will probably give immunity from the same disease to the remaining 3 per cent., and they will thrive and, what is worse, will breed prodigiously. Furthermore, it is the theory of many scientists that rats get to know a powerful virus, and are able to hand down the instinctive dread of it to many generations. You see how difficult it is after we have destroyed the owls, the kestrels, and the weasels to improve upon Nature's methods by human agency. I am sure that poisons alone will not solve the rat problem. We must all use agencies—the terrier, the cat, and the trap—and we must work not in restricted areas, but on a national scale, so that a cleared area may not become a land of promise to rodents in more congested districts."—*Morning Post*, November 3, 1908.

EVILS OF BOY LABOUR: WEIGHING "HALF-TIMERS."—The annual meetings of the Association of Technical Institutions were concluded on Saturday, the proceedings again taking place in the hall of the Grocers' Company, Princes Street, E.C. Dr. Beilby, Glasgow, the new president, occupied the chair. Principal Wilkinson (Bolton) stated that he had gone round with a weighing-machine and measuring-rod and compared the cases of 500 "half-timers" and 500 non-half-timers. At 12 they approximated in regard to height and weight; after the "half-timers" had been a month in the mill they lost an inch in height and were pounds lighter in weight. He carried the process of comparison up to 13, and the height continued to go down inches and the weight pounds.—*Daily Telegraph*, February 8, 1909.]

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Adams (J. George).** The Principles of Pathology. (Oxford Medical Publications. 8vo, pp. 948. (Froude & H. Net, 30s.)
- Bennett (Sir William).** Injuries and Diseases of the Knee-Joint, considered from the Clinical Aspect. Illust. Cr. 8vo, pp. 252. (Nisbet. Net, 5s.)
- Clayton (Edwy Godwin).** A Compendium of Food-Microscopy, with Sections on Drugs, Water, and Tobacco. Illust. 8vo, pp. 468. (Ballière. Net, 10s. 6d.)
- Combe (A.).** Intestinal Auto-Intoxication. 8vo. (Rebman. Net, 16s. 6d.)
- Fayrer (Sir J. and Others).** On the Poison of Venomous Snakes. Reprinted Papers. 8vo. (Macmillan. Net, 2s. 6d.)
- Herschell (George).** Soured Milk and Pure Cultures of Lactic Acid Bacilli in the Treatment of Disease. 2nd imp. 8vo, pp. 36. (H. J. Glaisher. Net, 1s. 6d.)
- Materia Mnemonics.** Aids to Materia Medica. 32mo, sd., pp. 24. (W. Bryce, Edinburgh.)
- Nisbet's Medical Directory, 1909.** 8vo. (Nisbet, 7s. 6d.)
- Prout (W. T.).** Lessons in Elementary Hygiene and Sanitation. 2nd ed. 8vo. (Churchill. Net, 2s. 6d.)
- Sluss (J. W.).** Emergency Surgery. Cr. 8vo. (Rebman. Net, 15s.)
- Throne (Leslie Throne).** The "Nauheim" Treatment of Diseases of the Heart and Circulation. 3rd ed. Cr. 8vo, pp. 94. (Ballière. Net, 10s. 6d.)
- Watson (F. S.) and Cunningham (J. H.).** Diseases and Surgery of the Genito-Urinary System. 2 vols. Roy. (H. Kimpton. Net, 63s.)
- Woolsey (G.).** Applied Surgical Anatomy. 2nd ed. Roy. 8vo. (H. Kimpton. Net, 21s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, *Devonshire Street, Portland Place, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

Mr. Steuart Richmond.—Dr. Wilson, U.S.A.—Dr. Pullar, Richmond.—Dr. Simpson, Birkdale.—Dr. Clarke, London.—Dr. Spencer, Ashton.—Dr. Withinshaw, London.—H. W. Cox & Co., London.—Dr. Capper, Leicester.—Mr. James Warrington, London.—Dr. G. Clifton, Leicester.—Dr. Van den Velde, Havre.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Propaganda Homœopatica.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de

Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—The Essentials of Hom. Mat. Med., Dr. Dewey.—Journal of Practical Dietetics.—Chaney's Sanitary Science.—Internal or Homœo. Vaccination, Dr. Clarke.—Journal B.H.S.—Annual Report Leicester Hosp. and Disp.

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Count Sebastian des Guidi, M.D. By Dr. Jules Gallavardin.

The Distinction between *Lachesis Lanceolatus* and *Lachesis Mutus*. By Dr. Nilo Cairo.

Onosmodium Virginianum. By Alfred Pullar, M.D.

On *Kali Muriatricum*. By C. Stirling Saunder, L.R.C.P., Lond.

Materia Medica Keynotes. By Fredk Kopp, Greenwich, N.S.W.

BRITISH HOMŒOPATHIC ASSOCIATION:

Public Lecture.
Subscriptions and Donations Received from December 15, 1908, to January 14, 1909.

SOCIETIES' MEETINGS:

British Homœopathic Society.
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HOSPITALS AND INSTITUTIONS:

New Homœopathic Dispensary, Southport.

REVIEWS:

Confessions of a Beachcomber.
Diseases of the Nervous System.
A New Edition of Kent.

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TO CONTRIBUTORS & CORRESPONDENTS



SIR GEORGE WYATT TRUSCOTT, LORD MAYOR OF LONDON.

THE
HOMŒOPATHIC WORLD.

APRIL 1, 1909.

THE LORD MAYOR'S CALL TO ARMS.

MARCH 17th has come and gone, but has made in its passage a mark on homœopathic history that may well deepen till it becomes the sign of a new era in medicine. Not in vain did Sir GEORGE TRUSCOTT, in his enthusiasm, appeal to the supporters of Homœopathy throughout the land. They gathered to his call from every part of the United Kingdom, filling the great historic hall of the Empire city's mayoral palace, and endorsed his appeal in the most striking and practical manner. Already in cash and promises the Fund totals £7,890, and if this can be done so soon, what may we not hope for as the months pass by and the wave generated at the Mansion House sends its vibrations far and wide! The need is great, the call is urgent, but there is no reason to doubt that the generous enthusiasm of Homœopathy is a force to be counted on, and the appeal to it will rouse no niggardly response. Homœopathy, through the mouth of the Lord Mayor, asks for a great effort in devotion and in money. The effort must be forthcoming, it *will* be forthcoming, and the results of it will spread and widen and deepen like a flowing tide that shall carry the law of Hahnemann to an assured position.

There was always only one thing to fear. Not the opposition of the established school: that has ever been to us a stimulus to greater efforts and the means of a wider spreading of our cause. Not even the apathy of ignorance: for that we can combat efficiently, as practical

application of our principles converts apathy to the enthusiasm born of experience—the enthusiasm that inspired so many of the speakers at the great meeting. But there was a fear lest the different localities might shun the effort to raise a Central Fund in the dread that it might draw money away from the local needs. That fear, we hold, must be set at rest now after the eloquent speech of Earl CAWDOR, which we print elsewhere in its entirety. He showed how all experience proves that the existence of a Central Fund, able and willing to contribute to local necessities, is a stimulus to the gathering of local funds. When a subscriber can feel that every subscription he or she gives will be matched by another from headquarters, there is every inducement to make that subscription as large as possible. The composition of the governing body, with its large representation of the provincial hospitals, is a guarantee that the Fund, though centralised in administration for economy's sake, shall be generalised in application for the sake of all Homœopathy. Let all then hasten to give to the utmost of their ability, confident that in so doing they will be serving in the most effective manner the cause we all have at heart. We have made a fine beginning. Let the continuation of our theme be worthy of its start, and the end will crown our endeavours with a success beyond even our hopes.

The cause of Homœopathy demands the active and loyal co-operation of both the medical and lay sections of the homœopathic body-politic. The Mansion House meeting has set its seal to this bond. Without the cordial backing of the laity the medical homœopaths are powerless to advance our cause, and without the direction of the medical homœopaths the laity are equally powerless. But there is nothing which can effectually resist the action of the two powers combined.

Homœopathy has one great advantage in the forward movement which must not be overlooked. Homœopathy has had its martyrs, and the divine truth inherent in it

MEDICAL BEE-STINGING AS A PROFESSION.

WE learn from a Birmingham correspondent that a keeper of bees has been using bee-stings for the relief of rheumatism, under the patronage of a medical man in that city. As many as six or eight are applied at a time once a week for several weeks—a rough application of the method of the unit dose, which may interest Dr. Cooper. Even so regarded, the dose seems unnecessarily large. The medical man surely might go a stage further and employ apis by the month, though if he uses it indiscriminately he is likely to have many disappointments.

DR. LUFF ON *CALCIUM*.

DR. A. LUFF praises *Calcium lactate* for headache, chilblains, boils, urticaria, hæmoglobinuria, œdema, and aneurysm. Homœopaths are very familiar with the powers of *Calcium* preparations over many cases of these diseases, and have no need either to follow Dr. Luff's dosage (45 grains of *Calcium lactate* daily) or to use the drug indiscriminately. When the symptoms correspond no drug acts more satisfactorily, but there is a good deal of homœopathy even about Dr. Luff's generalisations. In this connection we commend the following extract from *The Hospital* to our readers. The italics are our own :—

“*CALCIUM INCREASE IN BLOOD.*”

“There have been considerable differences of opinion as to the extent to which the percentage of *Calcium* salts in the blood can be increased by the therapeutic administration of *Calcium* compounds by the mouth. One of the chief causes why the question is so difficult of answer is that there is no easy method of estimating *Calcium* with any degree of accuracy in the comparatively small quantities of blood that are obtainable from patients. The experimental error is so great that hardly any conclusions can be drawn. Dr. T. R. Boggs, working in the Clinical Laboratory of the Johns Hopkins Hospital, took a great deal of pains to perfect a method of *Calcium* estimation—we need not give the details of it here—and then used it in analysing the blood of dogs before and after the administration of *Calcium* salts and other remedies. He concludes that beyond doubt the *Calcium* content of the blood in normal dogs may be very greatly increased by feeding on *Calcium* salts, and that this increase is maintained several days. He thinks it is probable that small therapeutic doses of certain simple fatty acids diminish the *Calcium* content of the blood, though to a less degree. The importance of this in practical medicine is obvious; the most common use of *Calcium* as a medicine is in cases—such as purpura, urticaria, aneurysm—in which it is desired to raise the *Calcium* content of the blood, and thus increase the coagulability of

the latter. The whole basis of *Calcium* therapeutics would crumble if it were proved that it is not possible to alter the percentage of it in the blood by administering it orally; apparently, however, it can be altered. The next thing we require to know is exactly how high a figure it is likely to reach upon a given dosage of *Calcium* by the mouth, *because up to a certain point increasing the Calcium in the blood increases the coagulability of the latter, but a further increase in the Calcium beyond that point has exactly the reverse action, diminishing the coagulability of the blood again as much as if the percentage of Calcium were below normal.*

THE LATE DR. C. T. PEARCE.

THE death of Dr. Arthur Clifton recalls the memory of Dr. C. T. Pearce, who preceded Dr. Clifton in Northampton. He edited there the *Homœopathic Record* from 1851 to 1860, and helped to make the town, as it was called, "a hotbed of Homœopathy." We can never exaggerate the debt we owe to the earlier pioneers of our cause, and it is well from time to time to remind ourselves of their careers and stimulate ourselves by their example.

B.H.S. GOLF.

WE are requested to ask all those who wish to enter for the Golf Tournament of 1909 to send in their names without delay to the Hon. Sec., Dr. H. Wynne Thomas.

A FATAL ALLOPATHIC DOSE OF QUININE.

From the *Daily Graphic*, March 22nd:—

"DEATH FROM QUININE.

"An inquest was held on Saturday on a Marylebone woman who died from an overdose of quinine, having taken twenty-five grains, instead of one to three grains. A juryman asked if quinine had ever been known to cause death before, and the doctor replied that there were three or four cases on record."

X-RAYS CAUSE CANCER—AND CURE CANCER.

THE *Daily Mail*, which has been rather busy with Homœopathy of late, gave a good example on the 18th inst. Side by side with the notice of the Lord Mayor's

meeting it inserted the following paragraph on X-ray cancer—X-rays being one of the most popular cancer-cures in the allopathic hospitals at present—together with a note on opposite actions of small and large quantities.

“ X-RAY CANCER.

“ Professor Cecil Rowntree, F.R.C.S., of Middlesex Hospital Cancer Research Laboratories, in a lecture yesterday before the Royal College of Surgeons, stated that there have been in England eleven cases of cancer arising in X-ray workers, and in a large proportion of cases more than one malignant growth has occurred. In several instances the patients were quite young men, whereas ordinary cancer is a disease of late adult life.

“ An investigation of the influence of X-rays on animals showed that in relatively large doses they have a destructive or paralysing action upon cell activity, whereas in small and oft-repeated doses they bring about exactly the opposite condition and stimulate the tissues to abnormal activity and increased growth.”

INTERNAL VACCINATION.

THE papers tell us there is something like an epidemic of small-pox at Bristol. Here is an opportunity for testing “ Internal Vaccination,” and our colleagues in Bristol should study carefully Dr. Clarke’s pamphlet on the subject. It is not to be expected that the authorities will accept this in lieu of scarification, but there are many intelligent people who wish to be protected without having their blood poisoned, and who are under no obligation to the authorities as to the method employed.

A TIMELY TRACT.

Now that British Homœopathy has at last determined to mobilise its forces, our Territorial Army will find a useful little weapon in a tract just issued by the Homœopathic Publishing Co., entitled *What do you know about Homœopathy? A Question for every one.* The tract is at once informing, practical, and readable. The price is one penny, or 3s. 6d. per 100. If any person, layman or medical, makes impertinent remarks about Homœopathy a complete answer will be found by putting this tract into his hand. No words need be wasted on such a person until he has mastered the contents of the tract, and qualified himself to answer intelligently the question, “ What do you know ? ”

ORIGINAL COMMUNICATIONS.

THE MANSION HOUSE MEETING.

THE meeting to inaugurate a National Homœopathic Fund was held at the Mansion House on March 17th. A body of 600 or 700 supporters of Homœopathy from all parts of the kingdom filled the Hall, when punctually at four o'clock Sir G. W. Truscott, the Lord Mayor, opened the proceedings. He began by mentioning the expressions of regret at inability to attend received from various distinguished ladies and gentlemen, and then proceeded as follows :—

Now, ladies and gentlemen, Let me first of all give you a very hearty welcome to the Mansion House. This hall has been the scene of many meetings connected with various subjects, but I believe it is the first time that subject has been connected with medical practice. We are indebted for the organisation of this meeting (a very large and influential one) to the British Homœopathic Association. It may be suggested, Why should the Lord Mayor have called together a meeting which might be considered to deal with a subject in antagonism to the accepted system of medical treatment?

I wish to say at once that we are not here to-day in a spirit of hostility to the orthodox medical practice, but rather the contrary. I consider we are met here to-day to help that practice. We are living in an age of inquiry and scepticism, and inquiry and scepticism have entered even into the ranks of the medical profession; and there are many medical men at the present day, of that which I will call for the moment the old school, who are getting very tired of their present use of drugs. In fact, there is a great disposition to set drugs on one side altogether. Well, now, it appears to me that, therefore, the field is ripe for calling the attention of the public to the practice of Homœopathy.

We have a motto over the doors of the court to which I have the honour to belong—our Court of Aldermen—which reads "*Audi alteram partem*," and that is the motto I wish you to write over the portals of the Mansion House to-day. We are desirous that the study of Homœopathy should have a hearing. The scheme of

medicine with which we are concerned has weathered the storm for over one hundred years, and there is an immense and growing vitality in it. If it had been capable of being killed, it certainly would have succumbed very many years ago. What we desire to-day is to bring a battering-ram against that wall of partition which—I cannot understand why or wherefore—has been built up and erected between the two great methods of medical practice. We want, if it is possible, to reduce that wall to such a height that we may be able to shake hands over it.

It is astonishing to me that still, here in the twentieth century, the practice of Homœopathy should be ostracised by the general profession and also by the State. Those who are qualified medical men practising in Homœopathy, it must be remembered, have been brought up in the usual curriculum of our general hospitals in the orthodox system; and they have only broken away from the old faith upon sincere conviction; and I think one of the strong points in favour of Homœopathy is this—that, so convinced are its practitioners, they voluntarily give up all chance of advancement in their profession in order to practise the system of medicine they consider the best for mankind. Now, why should there be any ostracism of homœopathists? They make no secret of their practice—they are not a secret society. They continually throw down the gauntlet—they tell you exactly their system; and, after all, it is something to work upon a system! I would call Homœopathy, in regard to medicine, the “system of precision,” in contradistinction to what I would call the “system of empiricism.” Curiously enough, modern research in medicine is tending to prove the accuracy of the homœopathic law. The best results obtained by those of the old school at the present time are obtained from using drugs prepared in a way which is distinctly in accordance with homœopathic law. I would go a little farther. If Homœopathy were no better—I think it is—than the old practice—mind, I think it is better and certainly pleasanter and more convenient, and, as I say, it has some system behind it—yet it is a practice which admits of dealing in a really curative way with disease. Now, I was saying just now there is a spirit of scepticism abroad. What we want to do is to call the attention, particularly of the rising generation of medical students in our hospitals,

to homœopathic law and practice. What is courted by homœopaths is investigation, and I am going to throw out a sort of challenge. I should like to see the medical staff of one of our great hospitals broad-minded enough to place at the disposal of certain homœopathic physicians a ward in that hospital where patients might be treated entirely under homœopathic conditions, and I cannot conceive why that should be denied to them. It is inquiry and investigation that is courted; and if, as a result, it be found—as I know it will not—that there is no truth at the foundation of Homœopathy, then let us do away with Homœopathy altogether! That is the proper thing to do, and not to ostracise those now practising it, and not to say, without investigation, that there is nothing at all in it, and it is all nonsense.

Two or three words more and I will finish, for we have a number of speakers this afternoon. We have some cousins—we are very pleased to call them cousins—on the other side of the Atlantic Ocean, and we look upon them as very intelligent cousins. What has been done in America? The doors have been thrown open to Homœopathy on the same basis as to allopathy. We find many positions of the highest order occupied by professors and physicians of Homœopathy. Why should not the same thing occur in this country? It is in the hope that, by this meeting, we may court inquiry into Homœopathy—for it is inquiry by the public that is required; because, if the public first demand to know of Homœopathy, there will soon be those who will supply the knowledge—it is in the hope that that will be the result of this meeting that I have called you together and very cordially welcome you.

Mr. W. WILLETT then proposed the first resolution, asserting the importance of Homœopathy to the State and welcoming the action of the Lord Mayor. He said:—

My Lord Mayor, my lords, ladies, and gentlemen,—I am asked to propose the first resolution, which reads—

“That this meeting regards Homœopathy as an important asset in the national health, deems its advancement to be an important interest of the State, and welcomes the action of the Lord Mayor in holding this Conference.”

You will observe that this resolution is put before you

in three parts. In the first we are asked to record our opinion that "Homœopathy is an important asset in the national health." We shall, very quickly, be asked why, and we shall, as rapidly, answer, because Homœopathy, being a practice of medicine founded on the knowledge of the truth that likes may be cured by likes, is certain to succeed. It is not a new truth. Glimmerings of it have been seen by many in all ages of the world; at any rate as far back as Hippocrates it was known that this method of healing sickness would hold good; and we know, from our own experience, it may bring relief to sufferers in mind and body most rapidly, certainly, and safely; in fact, more certainly than any other method revealed to us. Most of us, I suppose, are in the position, with regard to medicine, of the man who advised his son about honesty—we have tried both ways. At any rate, I have; and I speak very feelingly in regard to Homœopathy, for there is placed in the hands of every careful physician the power of magnifying constitutional advantages, eradicating defects, and warding off disease. Therefore, I say this may claim to be an important asset in the national health.

Secondly, we deem "its advancement to be an important interest of the State." Again the question "Why?" will be asked, and we shall say: Until the followers of any science find the road to truth there is little progress: they must be simply blind leaders of the blind. This is the condition in which we think the orthodox school now stands. I have even heard it stated, as a qualification, that a great doctor never gives you any medicine—an allopathic doctor, of course! To rest and be thankful is very comfortable, but it does not mean progress. Great Britain must wake up if she is to lead the nations. It is regrettable that resistance should be made, but it is not unusual. The orthodox, in all ages, have persecuted those to whom the divine truth of healing has been given. We can remember Harvey and others. Our method is to have courage to defy the orthodox and prove that through Homœopathy lies the path of progress in medicine, and that it is to the interest of the State to grant a formal recognition to Homœopathy.

Finally, we desire to place on record that this meeting "welcomes the action of the Lord Mayor in holding this

Conference." He has had the courage of his convictions, and recognised that only by harmonious co-operation can sufficient force be evolved, and that it is a disgrace to Englishmen to know practically nothing of Homœopathy, and that it is well worth their while to learn it. By this action of the Lord Mayor inquiry will be aroused and interest stimulated. Let him be assured by our heartiness that he has a solid phalanx of supporters to get Homœopathy recognised as practised by its most able exponents of the present day.

Mr. S. J. TENNANT, of Manchester, seconded as follows:—

My Lord Mayor,—I have been asked to second this resolution, and I need not say it gives me very great pleasure to do so. I suppose I stand on this platform somewhat of an object-lesson, for I never recollect being treated under any other system. I can go back and recollect what Homœopathy was more than fifty years ago, when I was comparatively young. At that time it was somewhat of an object of ridicule; and, I suppose, it was, later on, looked upon with scarcely veiled contempt. Now, I am afraid, when its power is becoming more fully recognised, we may find, I daresay, that there is something more than contempt; it has aroused a somewhat vindictive feeling in the minds of many of the old practitioners. I am thankful to it myself—from a recollection of its benefits to me in having brought up the whole of my family under this system, for none of them have had the misfortune during their lives to receive any drugs but those sanctioned by this system.

But we must progress; and, as the Lord Mayor has said, this subject is one worthy of inquiry. There can be no doubt, from this assemblage, that the State ought to wake up and look to it to see what is to become of what, I may say, is a very valuable asset to it. This audience thus forms a great asset to the State—to say nothing of the multitude it represents outside this city and in the provinces. I am delighted to see that London is so well represented, and is such a stronghold of the system. I wish I could say the same of the benighted part of the country from which I come—the North. There we fail, though the methods of Homœopathy are strongly recognised by many. All over the county of Lancashire and also of Yorkshire we have great difficulty in meeting with

properly qualified homœopathic practitioners—they are scattered far and wide. I feel this particularly.

I was mentioning to a gentleman the other day that my family had been brought up under this system; but had to tell him that, for medical assistance apart from what they themselves are able to impart, some of them have to rely upon doctors sixteen or seventeen miles distant. Now, that is a state of affairs that, I think, a vigorous propaganda in favour of the extension of Homœopathy would do a great deal to benefit. I was also told that round London there are settled a large number of young students. I think, as one result of this great meeting, some influence might be brought to bear on some of these young men—not only to extend the practice of Homœopathy, but to do a direct very great service to the system itself. Our great desire is that the world should benefit by this system, which we believe most sincerely is for the good of humanity, and will relieve a great deal of unnecessary suffering, especially in the early stages of life. I believe much infantile mortality arises from the old methods of dealing with their tender bodies.

My Lord Mayor, I have great pleasure in seconding this resolution, and in thanking you for the great thought of this meeting. You are doing an incalculable service to Homœopathy.

This resolution was carried unanimously.

Dr. WHEELER (London) then proposed the second resolution.

My Lord Mayor, my lords, ladies, and gentlemen,—I beg to propose the following resolution:—

“That this meeting urges the wider prosecution of original research into the problems of medicine on homœopathic lines, desires an ampler foundation for a teaching and examining medical school, and affirms the necessity for an immediate increase in the homœopathic hospital provision for the country.”

For my part, I would direct your attention principally to the question of research, without prejudice to the other important matters. I suggest to you that the matter of research in our own laboratories and by our own men is worthy of your consideration for a variety of reasons.

First, regarding them as educational institutions, we look forward to having in the future more men to train

than we have had in the past. It is very desirable to have laboratories to train them in.

Secondly, also to keep in touch with other laboratories. We cannot compete with them in the quantity of work they do. We are always ready to take advantage of and acknowledge the work they do; and, if we could make some small contributions to their fields of research, they might stand on our part as symbols of that fraternity in the medical profession that we, at least, have never denied. There is a more important point still—the methods of laboratory research have extended much in the last few years. Especially has there been a great increase in their subtlety and accuracy of measurement. I believe the time has come, or will soon come, when it will be possible in the laboratory to give demonstrations, that can be repeated by others, of the law in which we believe.

Our faith in that law is founded on the clinical method. We believe in the law because we have tried its effects on disease and it has not failed us; but, in their lack of belief in therapeutics, those who call themselves orthodox have come to lose all faith in drugs and make the laboratory into a court of final appeal, so that they hardly believe a patient is well or ill without the verdict of the laboratory. We want to show them some evidence in this final court. If we can do this we could perhaps later convince them by the clinical test, which every man can apply for himself, and we could thus establish the Law of Similia as a universal law.

There is one very important reason still. We need this opportunity for our own sakes—we want new weapons and means to perfect those we have. The application of our law depends on our knowledge of the effects produced by drugs—that is, on experiments. We must try these drugs on the human subject and record the results. One hundred years after Hahnemann we have a large knowledge of drugs, but we want to know more; and if we could double the number of drugs at our disposal, no doubt we could double our power of doing good. It might be a question of life or death to have knowledge of some drug at present unknown, because if we have powerful agents, there are very likely others more powerful. This wants time, devotion, and money. The British Homœopathic Association, in this

matter as in others, has traced the furrow that this meeting is to deepen. They will tell you what it costs, even to begin this work. But it is work that deserves support.

I commend this cause as one worthy of your support.

Dr. BURFORD (London) seconded. He said :—

My Lord Mayor, my lords, ladies, and gentlemen,—I believe it is not unknown for a skilled parliamentary draughtsman to crystallise the gist of his instructions in an illuminating phrase, to which the remaining clauses are actually auxiliary. Some skilled draughtsmen must have drawn up this agenda ; for its sections are the heads of our Homœopathic Bill ; and the inter-penetrating clause, captain and chief of them all, is the centre-piece of this resolution, setting forth our ideal educational establishment. The whole homœopathic edifice has this as its corner-stone, its foundation, nay, as its very bed-rock on which this fine structure is rooted.

Take research. My distinguished colleague has spoken of the educational value of research. Research capacity is the fine flower of professional culture—the capacity to see and interpret. That is the educational value of research.

Take hospitals. Homœopathy is what its hospitals have made it. Recall the enormous value of the sound opinion, the balanced judgment, in the saving of valuable lives, in the wide problem of State medicine, and see how the educative value of long hospital experience contributes weight and effectiveness.

Take the problem of the shortage of homœopathic physicians compared with the insistent demand for them. Note how definitely this is linked with an insufficiently wide educational portal, and an insufficiently provided homœopathic academic staff.

Take, finally, the ultimate warrant for Homœopathy—its value to the State—its utility to the whole commonwealth, in saving health and prolonging life, for by these will Homœopathy stand or fall. What has so largely hindered Homœopathy from taking its proper position as the inadequacy of its means of conveying accurate information about itself to allied professions ?

Research and hospital work and professional adherents and popular acceptance—all are transfused by the central influence of homœopathic education. Quite differently do they do things in the great Republic. There, with com-

mendable enterprise, wherever Homœopathy has established a footing in a new State, it founds a college, obtains State powers to train and examine, and the issue is that homœopathic physicians increase at a rate that speaks volumes for the intelligence of the American people. Do not think we have been idle or intellectually blind. Ever since British Homœopathy took root its leaders have grappled with this duty of providing effective homœopathic professional training. The London Homœopathic Hospital, ever since the cessation of the London School of Homœopathy, has borne the burden and heat of the day. As an institution for the clinical teaching of Homœopathy it stands unrivalled. The Liverpool Hospital, centre of a brilliant coterie of homœopathic personalities, has taken its educational part, down to those lectures by Dr. Hayward on Tropical Medicine which are reputed to have so interested Sir A. Jones. The British Homœopathic Association, founded, my Lord Mayor, under your own distinguished auspices, has striven to unify our educational powers, and has, in connection with the London Homœopathic Hospital, put through, for the first time this year, a really effective educational course, subsidised by the trustees of Mrs. Honyman Gillespie.

It is no longer necessary to expatriate any professional man desirous of acquiring a complete course of the theory and practice of Homœopathy, the arrangements are at our own doors. Well, what more do we want? We want not only to deserve success, but to achieve it. What has intervened like a restraining hand between our plans and their full fruition? It has been the aloofness of our educational plans from necessary supports, such as a provision for accurate information about ourselves for profession and public; from keeping homœopathic usefulness ever in the public eye by ever-increasing hospital establishments; from taking our part in those state medical problems like tubercle and cancer, in which his Majesty the King has signified so direct an interest. Let us work up our educational arrangements with the totality of homœopathic activities—the part is never healthy detached from the whole. I appeal to the princes of finance, to the dignitaries of commerce, to expedite the wheels of progress, and to provide a central building and equipment for research, for academic homœopathic

education, for the varieties of scientific work which our school requires as support. It would have a name and a place which would immortalise its founder and ever evoke the praise of a grateful humanity. It requires the idea of the statesman to link up our academic foundation, on the one part, with new hospital settlements on a second part, with the dissemination of accurate knowledge of what Homœopathy is and what it does, on another part, with the initiative for the foundation of infectious hospitals, for sanatoria, as they are required, and so maintain a balance of agencies for each and all.

Only by some such enterprise can an academic homœopathic foundation live and prosper; just such a many-sided whole as I note is to be submitted to you by my Lord Cawdor. It is for this extra hospital Homœopathy, national and charitable, that we require a local habitation and a name.

Let it be clearly understood that we are not setting out to do that for which we have no special fitness. The non-homœopathic parts of medical education are magnificently provided for already in those splendid establishments which are a credit to our country. But what experience has shown we can concentrate upon, is this Homœopathy which is ours, which we know, which we can teach, and which the existing medical establishments cannot and do not. That is our *rôle*—that is our sphere of action; in that we are on perfectly safe ground.

I confidently hope, in seconding this resolution, that this representative meeting, in this historic place, will give its *imprimatur* to this practicable and necessary work. Now's the time and now's the hour; and the successful issue, my Lord Mayor, will be one with which your personality and your inspiring spirit will be indissolubly blent.

Dr. PERCY WILDE (Bath) supported the resolution. He said:—

My Lord Mayor, my lords, ladies and gentlemen,—In rising to support this resolution, which refers to the necessity for an immediate increase in hospitals in this country, so ably proposed and seconded by Dr. Wheeler and Dr. Burford, I should like to speak of the very enormous importance of having more homœopathic hospitals in this kingdom. In London here you have a hospital

we are all proud of, which worthily represents the cause of Homœopathy. You have a staff of surgeons who are devoted to Homœopathy—no amount of trouble is too much for them. We honour them; but I think, ladies and gentlemen, that they receive a great stimulus from the very cordial way in which their efforts are met by subscribers to advance the institution.

Now, in the provinces our position is very different. We have, first of all, a much smaller number of subscribers to deal with. Our subscription list is almost a fixed amount, and we must cut down our work according to subscriptions. If you read the account of various hospitals you will find they say: "We could have done more work if we had more money." This sort of thing is not encouraging. The homœopathic hospitals and dispensaries are specially popular with the poorer classes, and you have to refuse them help because you have no funds. It is one of the most distressing parts of our work. There is a great pressing need for such hospitals now; and, if you had the money, even to lend, to start with, it would advance the interests of Homœopathy to an enormous extent. Everywhere that a hospital exists Homœopathy is held in respect.

The resolution was put to the meeting, and carried unanimously.

The Central resolution was then proposed by the Earl Cawdor, P.C. It called for the establishment of a National Central Fund, and indicated the uses that could be made of it. His lordship said:—

My Lord Mayor, my lords, ladies, and gentlemen,—may I, before proceeding to deal with the resolution in my hands, tender one word of thanks to your lordship for getting together this great gathering in this great hall. It was a happy inspiration of your lordship's, and I feel sure that you have at heart so keenly the interests of Homœopathy that it will be satisfaction to you to see that your appeal and your invitation has been answered with such alacrity. I think I am right in saying this gathering represents every part of the country—the town population and the country population—people from the north, the south, the east, and the west. I have, my lord, now to try to make good the institution of a National Fund. I feel rather tempted to say to any one who doubts the necessity of it, "Kindly look around and you have your

answer." We should not have a gathering of this kind here to-day if this necessity were not much in all our hearts; but I feel you will hardly exonerate me from saying many words beyond that in favour of the appeal you have made. The appeal we are making and the resolution I have to move is, "That a National Fund be raised to assist in the support of the homœopathic institutions in the United Kingdom, and in the foundation, maintenance, and endowment of new homœopathic hospitals, cottage hospitals, and dispensaries in the United Kingdom." Then follow five further heads, which I think I need not deal with specially. I am not here to argue the benefits of Homœopathy—I *know* them. There are many of those here who know them well. It is not a matter for argument or discussion. It is a matter that we know in our daily lives. There are many in this hall who owe life and activity to the benefits of Homœopathy; and, therefore, it is not a matter of argument with us—it is a matter of our everyday experience and comfort and knowledge. But these benefits, greatly as many of us have been blessed with them, are not extended as widely as we could wish. We, who have the benefit of living in the Metropolis, have the services of homœopathic practitioners of skill and eminence, and know the comfort and benefit of their advice and treatment.

The object of this National Fund is to extend and widen those benefits to those who have not got them. We have all been much struck by Dr. Wilde's speech. He seemed to me to strike the right keynote in his story of the needs of hospitals and of the different classes of hospitals we need: for the higher classes; for the middle classes, who can pay a certain amount but not all; and for the poorer classes, to whom we wish to extend the enormous benefits of homœopathic treatment. We wish to widen and extend those benefits; we know their great value, and we want to extend to our poorer brethren the blessings which we enjoy ourselves. Are we doing this in the right way? What are you aiming at, my lord? If any one will study this question, he will find the first place where you have medical advice is the dispensary. This is the first starting-point of hospital treatment of any kind. When you have this, you must go on to the cottage hospital—the next step—and from that to your large

hospital, that can give its efficient and valuable assistance to every class. How far have we got yet with respect to this matter? There seems to be only one very blessed country, which lies, I am told, south of the Thames. I do not know what establishes homœopathic hospitals there more than in other parts of the kingdom. You have south of the Thames, including London, nine homœopathic hospitals; in the Midlands only two; in our great northern districts only one—at Liverpool. Scotland (I grieve to say myself) and Ireland (I know Lord Donoughmore will say) are much to be pitied, for they have none. That emphasises, surely, the need for an extension of cottage hospitals and hospitals. Now, are we going to help get them? I am not minimising in the slightest degree the need for homœopathic medical education, or the need for research on homœopathic lines. All these things and the details in the further part of the resolution follow on from the same lines. I am only taking the homœopathic hospitals and dispensaries as a type of the immediate work to be done, if Homœopathy is to spread and grow.

I know quite well that some people will tell you that you are going to do more harm with this big fund than good, you are going to poach on other people's preserves, and cut down the local support by sweeping into your net the money that other people would get. I believe that to be an absolute fallacy. My firm belief is that, by establishing such a fund as this, we shall stimulate local effort and contribution; and I will tell you why, my lord. What we all like to feel when we give our donation, big or small, whether millionaire or peasant, is that we know what we give is going to produce a tangible result. How can we bring about this? I can give you a sample of how it has worked already. I think many in this hall have the same experience. I take it from the way in which we have worked in many parts of the country to obtain assistance for Church purposes. We have felt great difficulty, and I think it applies not only to the Church to which I belong, but to many others. Therefore we establish a diocesan fund, and I think we have them in every diocese throughout the country. What has been the result? The local people wish to raise money for a certain fund, but can only get, say, £100. Therefore the local fund stagnates. But you go to the

local diocesan fund, who say, "Raise your local fund to £100, and we will give another £100." They come to London, and the London people say, "We will double it." So what does that mean? Every one then can give £1, and you can say you can make it £4. Is not that an assistance to your local fund? The practical way of dealing with questions of this kind is that every contribution will be used in such a way as to produce a definite result. That, I believe, will be to some extent the result of the fund you are endeavouring to raise to-day. It is a fund to which all our hearts go out. No one can feel that the vigour of his life is due to a certain system of medicine—no one can do that and feel his energies and life stimulated—and not long in his heart to do whatever in him lies to stretch out to his fellow-countrymen the same benefits he has himself so widely and so freely enjoyed.

THE EARL OF DONOUGHMORE seconded as follows:—

My Lord Mayor, my lords, ladies, and gentlemen,—I am reminded by the circumstances in which I find myself that there is a maxim at the British Bar—that distinguished profession we all admire and the members of which we all envy, but from the clutches of which we all try to keep free—that when your learned leader has made a great speech, his junior should be careful to say nothing, as the only result of doing so will be to spoil the effect of what his leader has said. I feel very consciously that this afternoon, if any one in the world is entitled to move such a resolution, my noble friend is entitled to do so by the good he has done all his life for Homœopathy. Therefore, though it is always assumed that an Irishman is anxious to let loose a Niagara of eloquence, I am content with a very small speech. I desire, first of all, most cordially to agree with what Lord Cawdor has said as to our indebtedness to the Lord Mayor in bringing us here to-day. He had an opportunity of rendering Homœopathy a service such as no man had before, and I am quite certain, when he comes some six months hence to begin to look back on what we know will prove a great filling of the great chair, he will look upon this afternoon's work with no less satisfaction than on the many other great things.

It seems to me—I am always an optimist—that we, believing in Homœopathy, have two things upon which to congratulate ourselves at the present day. The

first is that which your lordship referred to slightly in opening to-day's proceedings—an undoubted approximation to our beliefs in the other medical world—greater in size but not in importance. It was only three days ago, if I may mention a small personal experience, that, down in the provinces, I was conversing with a very distinguished member of the medical profession. He started the conversation himself by saying, "I believe you are a believer in Homœopathy," and I said that was the case. He began by saying: "I do not believe in it at all, but I am struck by one thing about Homœopathy—by your system of giving small doses, and I believe it thoroughly sound, and employ it myself with all patients, till I find out they can stand a larger dose." I thought, "Yes, my friend, you are beginning to employ our methods. I expect, if you look into your heart of hearts, you are not above using our medicines. Could you not drop a little of that *odium medicum* which finds a prominent place in all prominent public utterances?" May we not, therefore, hope that the day may not be so very far distant when they will not be ashamed to meet our practitioners in consultation? There is a second point of considerable satisfaction—the extraordinary progress of Homœopathy, considering it is practically only one hundred years old. After all, the study of medicine is, I suppose, the oldest science, except, perhaps, astronomy, in the world. Medicine, as we know it at present, is the result of thousands of years of study; and it is, surely, a very satisfactory thing that Homœopathy can have made the enormous progress it has. I therefore take comfort from the fact that Homœopathy has made this enormous growth in comparatively a short time. But undoubtedly we in England, as far as numbers go, have not progressed at the same speed as our friends on the other side of the Atlantic; and I think that is unsatisfactory, for there is no fundamental reason why our progress should not be as fast, and it seems to me that the whole thing centres on one idea, namely, propaganda. I do not minimise the importance of other things. We want more doctors, hospitals, convalescent homes, and opportunities for research, but all these will come if our propaganda is only right, or, rather, to use a more familiar word, if you are thoroughly up to date in your methods of advertisement. That is the kernel of the modern social organisation.

I regret that fact. I was brought up in the idea that work is better if unostentatious, but we are all in such a hurry that, unless things are put before the public in great flaring letters, they take no notice at all. You see it everywhere. You see it going on to-day. At the present moment the army is enjoying a very good advertisement—a battalion of the Guards has been taken to Hastings, and the advertisement is all the better as they have gone in somebody else's motor-cars. The latest development has been in Oxford Street. The whole of London has been startled by advertisements in every language under the sun. Think of an imaginary case. Supposing you had not a vote, and wanted one. Would you, in carrying on a very sharp and keen campaign, entirely neglect the cause of advertisement? As I have said, this is the centre of all our lives. If you want to sell soap, pills, beef extract, your advertisements are much more important than the actual thing you sell. I regret it, but it has come, and come to stay; and it is certainly our duty, as homœopaths, therefore, not to neglect it. But if advertisement, or its more polite name, propaganda, is to be properly followed up, you want a very great deal of money, and that, to my mind, is one of the chief justifications for the setting up of the fund which is spoken of in this resolution, which I have been asked to second, and I believe that the setting up of this fund, by supplementing local effort and concentrating it, will be of intense value to the cause we all have at heart. I say, with all sincerity, that I wish this fund all success, and commend this resolution to your notice.

Sir ROBERT PERKS, Bart., M.P., supported the resolution. He said:—

My Lord Mayor,—The only addition I would venture to make to the noble lord's speech on advertisement is that you must, generally, have a good article to sell or sooner or later you come absolutely to grief. When Lord Cawdor was chairman of a certain great railway company no advertisement would have done much good if he had not carried the passengers to their destination quickly, cheaply, and safely; and one of the many attractions of Homœopathy, to my mind, has been that, if you want to get cured, you do it quickly, cheaply (possibly), and (certainly) safely. Now, in the city of London, when any project is to be submitted to its commercial men, you

generally ask two questions. You look, first of all, at the names of the people who are associated with it and are godfather for it; and, leaving out of consideration for the moment the local peers who are believers in Homœopathy and whose longevity is due to that fact, if you look down the list of supporters of this system of medicine I think you will find some of the shrewdest men and women in the country. Another question one generally asks concerning a business project is, "What has been its record and its results?" and I venture to say that, tried by that test—the best of tests—the test of experience, not theory—Homœopathy will hold its own with any other branch of medicine. I was much struck, my Lord Mayor, by the suggestion that the governors of some of our hospitals and the medical men forming their councils should place some wards in their hospital at our disposal; and that they would possibly commend their own branch of medical treatment more thoroughly if, instead of holding Homœopathy at arms' length and refusing to discuss it—perhaps with those accomplished doctors guiding that branch of practice—they would place, as you have suggested, some wards in their hospitals at our disposal so that, if we are wrong, it may be proved as rapidly as possible.

Lord Cawdor, I think, referred to the results of the diocesan arrangement in connection with stimulating the generosity of the community. I am not very familiar with their arrangements, but I know something of a great fund started a few years ago for raising one million sterling, and the effect of that on the fact of local contributions. The effect was (not through the few contributions of millionaires, for that community has no millionaires, the money was raised by the contributions of the masses of the people), that it called forth a local contribution, stimulated by grants which might easily be dealt with, in a similar way as would the distribution of this fund. It called forth a contribution of four millions sterling. That shows how local contributions may be stimulated by grants from a central fund.

At this late hour I will not further trespass, my Lord Mayor. You told us to look round, and I was reminded of that inscription on the tombstone of a local doctor: "If you seek my monument, look around." I need hardly say that country doctor was an allopath.

The resolution was carried unanimously amid great enthusiasm.

Colonel CLIFTON BROWN then proposed the following list of names to constitute the governing body to administer the Fund: The Lord Mayor, C. Russell, Esq., K.C., E. F. Duncanson, Esq., G. Franklin, Esq., D.Litt., J. P. Stilwell, Esq., J.P., W. Melville Wills, Esq., J.P., the Earl of Dysart, the Earl Cawdor, Sir R. Perks, Bart., M.P., Colonel T. Myles Sandys, M.P., Cedric Boulton, Esq., J.P., E. Shorrocks Eccles, Esq., J.P., R. Heap, Esq. S. J. Tennant, Esq., W. Willett, Esq., and Lord Donoughmore; the Countess of Donoughmore, the Countess Cawdor, Lady Perks, Lady Truscott, Mrs. von Stralendorff, and Mrs. Henry Wood; Dr. Dyce Brown, Dr. Burford, Dr. J. H. Clarke, Dr. Byres Moir, C. Knox Shaw, Esq., Dr. Wheeler, and Dudley Wright, Esq., and two representatives from the B.H.A. and the hospitals of London, Liverpool, Birmingham, and Bromley, and one from the hospitals at Tunbridge Wells, Eastbourne, Bath, Leicester, Plymouth, St. Leonards, Southport, and Bournemouth.

Colonel Clifton Brown said:—

At this hour of the afternoon, when the gentlemen who have just preceded me have made their speeches short on account of the time, I think I am entitled to say very little on the subject. It is by the orders of the Lord Mayor that I propose this resolution for Homœopathy: "That the Governing Body for the discretionary administration of the Fund be nominated." I must ask you to leave one name off that list, for I have never before proposed my own name on a list of that sort. I know the names. I see a strong Ladies' Committee. All, I think, will do their duty. I have one remark only to make on Homœopathy. I had some hesitation in backing up this scheme on account of the size of the programme and the amount of the money required; but from the speeches I have heard and the evidence before us I think we shall have no difficulty in raising a great portion; and it is only the duty of this committee to expend it properly. I had some hesitation in this respect—that we had a magnificent hospital in the centre of London, and we should not like it to be crippled by funds going in a different direction. That hospital is not only floated but *swimming*, I may say. I think we cannot object to some of the

funds going to the outside societies because they say, "Cast your bread upon the waters, and there comes back to the parent institution ten times more." The chief thing, I think, is to put Homœopathy on a sound and recognised footing. We are running a race with the allopaths, but how can we do so without a sound basis and a good footing? I think the medical trade very valuable, but I call it a kill or cure trade. If you put homœopathic doctors with the allopaths, you will find there will be a much greater percentage of cures to the homœopaths than to the allopaths.

Dr. J. H. CLARKE seconded. He said :—

My Lord Mayor, my lords, ladies, and gentlemen,— I have very great pleasure in seconding this resolution. The names combined on this list are evidence that Homœopathy in Great Britain is organising itself. On this day Homœopathy commences to take its destinies into its own hands. For many years past Homœopathy in this country has been sterilised by one fact—professional homœopaths have always been looking to the professional allopaths to recognise them, to recognise Homœopathy, to accept Homœopathy in the hospitals, and to do a great number of things which they are not in the very least likely to do. If we were in their position we should not do it ourselves, and I find it a good maxim not to expect other people to be wiser or better than yourself if you wish to get anything out of them. I think this day will be a great day in your civic year, my Lord Mayor; St. Patrick's Day, 1909, will be a day to be remembered. We had in our country a few months ago one of the most eminent of the American doctors. He was at a meeting of the British Homœopathic Society, and at a supper afterwards. He was talking of the happy state of affairs in America, and was asked, "How did this come about?" He replied promptly: "We rode roughshod over the profession and went straight to the public." That, my Lord Mayor, is what we propose to do now, and that is what will mark the beginning of the second century of Homœopathy. After all, what is allopathy that we should pay any deference to it? It has often been described by its own professors. One of the most eminent of them described it as being "founded on conjecture and improved by murder." Now, I never like to quarrel with an expert, so I will accept his definition, with only one

comment—the rate of improvement is so slow that it is not worth the price. That is exactly what Hahnemann found; and he refused to take any part in it. Rather than poison his patients he gave up practice and set to work to find out whether there was not something better than conjecture to found medical practice upon.

He had to find an art and science of medicine; and, by working as only Hahnemann could work, he found there was a law in medicine, and that law he evolved, and one hundred years ago—come next year—he published his great work which thoroughly elaborated the homœopathic system. How did he do that? By experiments. But what sort of experiments? Experiments made on himself and on willing helpers who submitted their own healthy bodies to the test. It is on those experiments that Homœopathy is founded—experiments which could do no violence to the most sensitive, humane soul. Homœopathy is a great educating and civilising force. We are here to promote hospitals and all that; but we are doing still more. There is only one objection that I see to Homœopathy—but I admit it is a very serious one—it demands the use of brains! There is no turning of a crank or putting a penny in the slot, you have to work out every case. Our allopathic friends are always trying to find cures, but we have to take every case and work it out individually. That is where the great difficulty lies and is one great reason why Homœopathy has not progressed more than it otherwise would have done. Still, there are plenty of young men in the schools to-day who are no more satisfied with the medicine of conjecture there taught them than Hahnemann was; and it is to these young men that we owe a duty—to provide for them a means of learning the science of Homœopathy; and this is one of the things this great fund is to accomplish. How is it that our fellow-citizens in India are obliged to send their sons to far America to get them taught the practice of Homœopathy? Here, in London, we should be able to do it. We are proud of the British Empire, but there are other things to be more proud of—our humanising agencies. Homœopathy is one of the great civilising agents of the future; and I have no doubt this meeting will be the signal for a great move in that direction. We have only our own aims to consider. The allopaths are no doubt just as good as we are; but we owe them no con-

sideration. We have our own lines to work on ; and there is no reason why we should not establish a manufactory of young homœopathic doctors, train and examine them, and send them to all parts of the world to fill vacant places. My Lord Mayor, you have this day lighted a torch whose light will glow with increasing radiance to the end of time.

The resolution was put to the meeting and carried unanimously.

Mr. H. T. WOOD then announced the subscription list. In cash and promises it amounted to £7,590, and before Mr. Wood left the platform he received another £300 and a promise of £100 for every £10,000 collected. This magnificent start was received by the meeting with acclamation.

Mr. J. CARLTON STITT, J.P., then proposed a vote of thanks to the Lord Mayor. He said :—

My Lord Mayor, my lords, ladies and gentlemen,— I have the honour to present to you a proposition which I will shortly read, which, I am sure, will meet with your hearty acceptance. The Lord Mayor has invited us here to-day and presided over this meeting. We owe him a debt of gratitude—not only ourselves but the homœopaths all over the country. It is, as you have heard, some hundred years ago that the great Hahnemann discovered the Law of Similars. In spite of opposition and neglect that law still persists. Surely, we are in view of a brighter day when the Lord Mayor puts before the country the national claims of Homœopathy. I feel, my lord, quite incapable of expressing the thanks due to you ; but, fortunately, the speakers before me have, I think, each separately tendered their thanks. I think the best way we can thank you is not by formally passing a vote of thanks, but by seeing the National Fund you have inaugurated is properly started. The circular admirably sets forth the necessity of it and points out the objects to which to devote it. Think what it would mean to homœopaths all over the country to have more fully qualified practitioners to assist hospitals, many inadequately financed, and where there are no such institutions homœopathic hospitals and dispensaries could be provided for local requirements. I am sure it would rejoice the heart of the Lord Mayor if, by this fund, we could make some of these provisions.

I have great pleasure in proposing a hearty vote of thanks to the Right Hon. the Lord Mayor for presiding over this meeting.

Alderman Dr. G. CLIFTON seconded. He said:—

My Lord Mayor, my lords, ladies, and gentleman,—I have very great pleasure in seconding the resolution so ably put by the previous speaker. In doing that I should like also, especially as there are so many ladies here this afternoon, to thank Lady Truscott, who has taken so much interest in Homœopathy as well as the Lord Mayor. We are very much indebted to the ladies, especially for what they have done for Homœopathy. They do not come on the platform and speak, but they work, and that is what we want—workers. The Lord Mayor has set an example. If we follow it in the towns and all over the country, I believe the ladies will help us. They say “the hand that rocks the cradle rules the world.” If some of those rockers would give a little more of the world’s wealth we should soon carry Homœopathy to more work than it has done in the past.

I thank the Lord Mayor for the National Fund and the national extension of hospitals. I have very great pleasure in putting this motion, which I hope and expect will be received by acclamation.

The motion was carried by acclamation.

The LORD MAYOR, in reply, said:—

Ladies and gentlemen,—I am exceedingly obliged to the proposer and seconder for the very kind expressions they have made use of in bringing this resolution to your notice, and I thank you very heartily. I am very glad Dr. Clifton brought in the name of my wife in connection with it. If any one wanted a testimonial, and a very strong one, for Homœopathy, he could obtain it from my wife. Our children have never known any other system, except, very rarely, when not in touch with any homœopath; and my wife attributes their very general freedom from illness to the fact that they have been brought up in the homœopathic school.

It is a matter of regret to me that many old friends who would be delighted to see this day have not lived to see it—the late J. Compton Burnett for one. I was very greatly indebted to him for what he did for me. He established my faith in Homœopathy. Another was the late Dr. Madden, who was a very keen worker in

Homœopathy. I rejoice to know that there are many very able exponents of the faith alive, and I sincerely trust the result of this meeting will bring a strong forward movement for Homœopathy.

This terminated the proceedings of a day which will be for ever memorable in the annals of Homœopathy.

THE DAILY MAIL AND HOMŒOPATHY.

IN the *Daily Mail* of March 12th there appeared a letter from Dr. Herbert H. Smith, of West Acton, in which he described Homœopathy as "effete and powerless before the searchlight methods of modern science," and made reflections on the medical attitude of the Lord Mayor, whom he spoke of as "Sir Francis Truscott."

A reply was addressed to the *Daily Mail*, but only part of it was inserted in the issue of March 19th. We insert the complete letter:—

To the Editor of the Daily Mail.

SIR,—Dr. Smith has evidently taken some little trouble to learn a few facts about Homœopathy, but he has mixed his few facts with so many fictions that the result is a hopeless travesty of the real state of things. So incapable is he of seeing straight in any matter in which Homœopathy is concerned, that he cannot distinguish between the present Lord Mayor, Sir George Wyatt Truscott, and his distinguished father, the late Sir Francis Truscott, who held the same high office many years ago. With your permission I will endeavour to clear up the situation a little.

It is true that the birth year of Homœopathy as an organic system of medicine is the year 1810, when Hahnemann's *Organon of Medicine* was first published. The idea of likes curing likes is as old as the proverb—"Take a hair of the dog that bit you." Hahnemann himself, in his *Organon*, quotes the passage in which Hippocrates states that some diseases are cured by likes; but with all their prescience, neither Hippocrates nor Paracelsus worked out the principle of cure by likes, and so made of drug-administration a science and an Art. This Hahnemann did, and he thus becomes to the laws of medicine what Newton is to the laws of mechanics.

Millions of people had seen apples fall before Newton, but it required a Newton to work out the "laws of falling bodies," as it took a Hahnemann to work out the laws of Homœopathy. Hahnemann spelled out the laws of drug action and has given the world a system which can be adapted to all the ills of suffering humanity, from a cold in the head to cholera or cancer. Perhaps Dr. Smith has never heard why the Austrian law against Homœopathy was repealed? In the stress of a cholera epidemic the law was relaxed, and the homœopathic hospital was reopened to receive cholera patients. When the official figures of the results were published it was found that, whilst in the allopathic hospital two-thirds of the patients died, in the homœopathic hospital two-thirds recovered. There has been no law against Homœopathy in Austria since then!

The mistake made by British Homœopaths in the past has been in giving all their attention to efforts to make the predominant allopathic sect reasonable. Dr. Smith's letter shows what a hopeless undertaking this is. British homœopaths have realised this at last, and under the auspices of Sir George Wyatt Truscott a new method is to be inaugurated. A distinguished American homœopath, when over in this country a few months ago, was asked how the homœopaths of America had won the strong position they hold to-day. His reply was: "We rode roughshod over the profession and appealed straight to the public." We are going to do this now, as we ought to have done fifty years ago. We are going to establish a college where the principles and practice of Homœopathy will be taught to all who wish to learn. We are going to examine our pupils, and to those who give a satisfactory account of themselves we are going to give certificates. When properly organised it will be found that the popular support behind the homœopathic cause is a strong one, a growing one, and one which the allopathic section will not be able to ignore.

The public of to-day are not quite as ready as in former times to accept the opinion of an allopathic doctor on points of medical doctrine as if it were incontrovertible gospel truth.

Yours, &c.,
JOHN H. CLARKE, M.D.

HOMŒOPATHS AT THE MANSION HOUSE.*

By JOHN H. CLARKE, M.D.

THE action of Sir George Truscott in calling a Mansion House meeting on behalf of Homœopathy and Homœopathic interests is peculiarly well-timed. For Homœopathy is rapidly approaching the completion of the first century of its existence, and it is well that its adherents should bethink themselves of how they shall inaugurate the new century that is about to open.

Homœopathy was born in the year 1810 with the publication of the first edition of the *Organon of Medicine*, by Dr. Samuel Hahnemann. The idea of it was conceived twenty years before that—in 1790—when Hahnemann published his translation of Cullen's *Materia Medica*. Cullen had tried to explain how cinchona bark cured intermittent fever. Hahnemann felt that Cullen's explanation really explained nothing. It occurred to Hahnemann that he might learn something if he took a dose of the bark when he was quite well. The result was that the bark gave him an attack of fever. Hahnemann was quick to perceive the significance of this fact—he had found the key to the language of drugs. The way to interpret drug powers was by testing them on healthy people and noting the symptoms they produced. He therefore set to work to test drugs in this way, and the homœopathic materia medica is the result.

Let it be noted that this method does away with the favourite experiments of modern times—experiments on living animals. The true arena for questioning drugs is the willing, intelligent human being.

ORIGIN AND THESIS.

Hahnemann was very particularly qualified for the work which opened before him. He was one of the first linguists of his day, and was thus free of all literatures, ancient and modern. He was in the first rank of pharmacists and chemists, and was the author of the standard *Dictionary of Pharmacy*, and the inventor of the *Mercurius Solubilis Hahnemanni*, which is still official in the German Pharmacopœia. So he knew perfectly the medicinal instruments he was dealing

* From the *Daily Chronicle*, March 16th.

with. But for all his qualifications, it cost him twenty years of unremitting labour before he felt himself justified in launching his system fully developed to the world, founded on the rock of experience in contradistinction to former systems which were founded only on conjecture.

The labours of Hahnemann were carried out during the period when Europe was convulsed with revolutions, and they were destined to bring about a revolution no less violent in the world of medicine. One of the greatest of Hahnemann's crimes in the eyes of his contemporaries was his refusal to give his patients the "benefit" of blood-letting. There was no medical salvation in those days without shedding of blood. But Hahnemann found a better method of dealing with inflammatory states, and, thanks mainly to *Aconite*, he was able to banish blood-letting from the medical field. "Salivation is salvation" was another favourite medical dictum of one hundred years ago. Thanks to Hahnemann's work, that maxim is now as dead as the other.

Homœopathy is a complete system of using remedies in the cure of the sick. It cannot set bones or perform surgical operations, but it can make bones grow strong when they are set, and it can materially assist patients to recover after operations. In all medical cases it provides the physician with the means of finding the remedy in any given case. The means are found in the list of symptoms caused by each remedy. Each case of illness is taken on its individual merits. The symptoms presented by the patient are compared with the symptoms produced by the drugs, and that drug which has produced symptoms most like those of the case to be treated will be the remedy for the patient. "Likes cure likes" sounds very simple and easy. Sometimes it is so in practice when the symptoms are plain and obvious. But the work of comparing is often a matter entailing much trouble. Hence the necessity for schools in which the necessary training in the art may be imparted to students who wish to learn. This is one of the ends in view contemplated by the Lord Mayor's movement.

A CENTURY'S EXPERIENCE.

It speaks volumes for the inherent truth and value of Homœopathy that it has not merely survived a hundred years, but that it is in a stronger position to-day than

ever it was before. The greatest strength is perhaps across the Atlantic, for there the people have more democratic ways than we have, and if a thing is good they adopt it, make the most of it, and don't trouble themselves much about ancient taboos. No system of medicine has ever endured as long as Homœopathy, for present-day medicine cannot be called a system at all. And such systems as hydropathy and electropathy are not really systems of medicine proper, since they only deal with one therapeutic agent, and develop its resources to the fullest extent in treating all kinds of diseases. Homœopathy embraces the whole field of medicinal agents, and provides a rule and a method of adapting remedies to patients.

That Homœopathy has had great influence on ordinary practice cannot be denied. Indeed, such men as Pasteur, Roux, and von Behring have openly confessed that their work is based on the method of Hahnemann. For the treatment of tubercular patients with *Tuberculin*, says von Behring, there is no better word than Hahnemann's word—"homœopathy." If Sir Almroth Wright were asked the question I am sure he would not deny that his "Opsonic" treatment is really homœopathic. Why, then, is not Homœopathy generally accepted?

The reason is not far to seek. The powers that be never really relish reforms, and when reforms entail a revolution of ideas and methods and much additional hard work they become positively abhorrent. Thus there is no wonder that the progress of Homœopathy is slow. But the Lord Mayor proposes to inaugurate measures on a national scale which will materially expedite it.

FAIR FIELD WANTED.

Everything is fair, it is said, in love, war, and politics. I have no wish to quarrel with the maxim so far as medical politics are concerned. If Homœopathy does not prevail, it will be the fault of the homœopaths themselves and not of the allopaths. The attitude of the allopathic section of the profession towards Homœopathy is illustrated by a book called *The Code of Medical Ethics*. The book was compiled by a medical man, recently deceased, who came from Ireland, and rejoiced in the somewhat fantastic name of Jukes de Styrap. His "ethics" are no less fantastic than his name. Here is a

specimen. "For a legitimate or orthodox practitioner to meet a professor of Homœopathy in consultation is a dishonest and degrading act." This was quoted by a correspondent of the *Lancet* on January 23rd last. I wrote to the *Lancet* a letter in which I asked two questions: What was de Styrup's authority for describing one set of legally qualified practitioners as "illegitimate"? and what was the "doxy" of those whom he termed "orthodox"? My letter was not inserted.

This is a serious question, affecting public health and wealth. That Homœopathy should be properly taught, and given a fair field for its demonstration; and that those who wish to have themselves and their dependents treated by one who understands it, is a matter of vast importance to the country at large. Homœopaths intend to inaugurate their new century by giving the country an opportunity of choosing its own form of medical treatment. The issue is one which the Lord Mayor thinks is worthy of the nation's regard. He intends to do his part in establishing Homœopathy as a recognised national interest. The movement should be watched with the keenest attention by people of all medical faiths, for great issues of immense importance to the country are at stake.

NOTES OF A PHYTOLACCA CASE.

By ALFRED J. PEARCE.

THE following reached us too late for our March issue, but is a case well worth attention:—

W—, *æt* 19, in the year 1878, was sent home from a West-End hospital as a hopeless case of albuminuria, after several weeks of orthodox treatment. My father, the late Dr. Charles T. Pearce, M.R.C.S. Eng., and I visited the poor patient. The dropsy was fearful. I wished to try *Phytolacca*, as I had seen good effects from its administration in cases of albuminuria while assisting for seven years a homœopathic practitioner in the North of England. My father consented, saying that the case seemed almost hopeless, and that if no improvement were shown within forty-eight hours we must either stop the *Phytolacca* or alternate it with another remedy. Five-minim doses of the first decimal tincture were given

every two hours. The cure effected by this valuable remedy alone was rapid and almost marvellous.

In Hering's *Condensed Materia Medica*, published in 1877, the following symptoms were given: "Urine: albuminous, scanty," &c. I have found *Phytolacca* very useful in cases of dropsy following scarlatina.

IN MEMORIAM.

ARTHUR CROWEN CLIFTON.

(Died, February 22, 1909.)

By DR. BURFORD.

OUT from the strenuous life there was laid to rest last month one of the last of the brilliant galaxy of professional homœopaths which illuminated the mid-Victorian era. In a county town of a midland shire, amid public and private manifestations of respect, the mortal remains of our venerated colleague, Arthur Crowen Clifton, were committed to the ground. "The tumult and the shouting dies: the captains and the kings depart;" but to the discerning eye these inspiring spirits still direct us, pillars of cloud by day and of fire by night.

It was said of Burke that you could not casually shelter from a rainstorm for a quarter of an hour in his company without saying as you went your way, "That is a remarkable man." And dull indeed must have been the wight who had the searchlight of Arthur Clifton's conversation turned on him without recognising that here talked a man of infinite capacity. Nature, indeed, had given to the world every outward assurance of indwelling and versatile powers. Tall and erect, until old age bent him, with eyes that looked through and beyond you, with features finely chiselled, having the port of power, the hint of infinite tenderness that lurked in the expression toned down the mere indications of strength and conveyed at once the assurance of human sympathy. In whatever department of national life this personality had appeared, he would have made history.

And he did so in the homœopathic camp. While some

of his great colleagues lived their day and generation in academic toil for the cause, and others had the congenial environment of populous cities to work in, and professional brethren as coadjutors, Arthur Clifton deliberately elected to live the strenuous life in a country town, to make Homœopathy a power in the lives of the people, to transfuse the existence of rich and poor alike with the successes of the Similar Law, and to furnish an object-lesson of the adaptability of homœopathic practice to the exigencies of English life.

For this notable career heredity and upbringing had alike prepared him. He came of Puritan stock, born and bred in the free life of the country, near by the ancestral home of George Washington's forbears, with the historic field of Naseby fortifying the spirit and stimulating the imagination. No spoiled child of fortune, his professional life began at the age of twelve, when, as was the custom, he was apprenticed to a surgeon. Right well did he acquit himself in those bleeding and blistering days, and officiated satisfactorily as an accoucheur at the mature age of seventeen.

Then, as now, the line of least resistance led from country to town, and Arthur Clifton, aspirant to fame and fortune, took up residence in Northampton before he was twenty. There came the determining incident in his professional life. The versatile Dr. John Epps—the Hahnemann of British Homœopathy—came to Northampton as a candidate for parliamentary honours in the year 1847. But he did not put his Homœopathy in his pocket; and one of the issues of the contested election was the awakening of a deep interest in Arthur Clifton's mind in the New Medicine. Some years elapsed, but these were not barren: the seed sown by Epps was fructifying: and in 1857 his aforetime pupil returned to Northampton, having qualified by obtaining the degree of M.R.C.S. His *alma mater* was University College: thither had the determination of the erstwhile surgeon's apprentice led him: the intervening years each whetted the desire.

Now commenced a life which for energy and incident totalled the doing of three ordinary men. Forty years gives fair space for showing the use of a man to the com-

munity, and for forty years Arthur Clifton worked day and night, in season and out of season, to bring the benefits of Homœopathy to a community which intensely appreciated his devotion. An ample private practice in Northampton itself was but one of his multiple activities. For the whole period of forty years he conducted a large dispensary so usefully that on two occasions grants from public funds were spontaneously made to it. He was selected as medical officer to a round dozen of sick clubs and benefit societies of the type of the Manchester Order of Oddfellows. He enlarged his sphere of work by regularly visiting ten or a dozen large villages and towns within a radius of fifteen miles for consultation purposes; and in this way the family of this writer first made his acquaintance. In the heyday of his career he kept six horses going in his stables: no tax was too great, no devotion too considerable for the safety and welfare of his patients. Between rich and poor no distinction was made in personal attention as necessity required: the domestic servant or the workman's wife received all the professional skill and special visits requisite, just as the dame of higher degree. And this free service to humanity, coupled with the signal successes Homœopathy enabled him to achieve, gave Arthur Clifton a power and a position in the community which none but a great man could have gained and kept.

Soon, too, it was recognised in the homœopathic profession that a star of the first magnitude had appeared. Contributions to the medical journals with the results of experience, with discriminating analyses of the action of remedies, a regular attendance at homœopathic congresses and societies, soon gained for him the personal friendship of the leaders in Homœopathy in London and Liverpool. In 1876, together with Dr. Richard Hughes, he visited America at the time of the International Homœopathic Congress. Presenting himself at one of the assemblies where delegates only were admitted, he was asked for the nature of his credentials. "Vox Populi," he promptly replied; and as "Vox Populi" he was thereafter known among his familiars. The Homœopathic College in New York conferred on him the degree of M.D. as a tribute to his professional eminence.

In 1896, as a further mark of respect, he was unanimously elected as President of the British Homœopathic Society; and in 1898 he definitely retired from practice in favour of his partner, Dr. William Ross, whose personality is so well known to us, and who keeps flying as resolutely as his predecessor the homœopathic flag.

It would require ampler demands on time and space to recount the direct and indirect service of Arthur Clifton to the Homœopathic Body. Homœopathy was with him a belief, a cause, a consuming fire. All the weight of example and precept was brought to bear on professional men within his sphere of influence to test Homœopathy. A notable roll could be made of the physicians who caught the inspiring spirit and the power of this master in medicine, and who have wrought out their own life-work for the cause of law in therapeutics. There was the lamented Dr. Henry Harris (cousin of Arthur Clifton), one of the earliest members of the London County Council, and President of the British Homœopathic Congress, who amplified and developed the leading he had thus received so faithfully and well. By a kind of direct succession his two sons—Dr. Clifton Harris of Brighton and Dr. Robert Harris of Rochdale—have each elected to carry on the torch of progress in medicine handed to them by their distinguished father. Closely connected with him was his brother, Dr. George Clifton, of Leicester, alderman and ex-mayor of that borough, and whose numerous services to Homœopathy were recognised by his election to the president's chair of the British Homœopathic Congress at Liverpool. Coming early under Arthur Clifton's influence also was that much respected and influential of our leaders, Dr. Alfred Hawkes of Liverpool, who, again, has given two sons—worthy successors of a most worthy sire—to the cause of law in medicine. The President-Elect of the British Homœopathic Congress, Dr. Thomas Wesley Burwood, of Ealing, whose name and fame extend far and wide—he also is of this galaxy. So, too, that skilled and experienced homœopathic physician, Dr. John Murray, of Folkestone—he, like those aforementioned, was irradiated by the light of Arthur Clifton. What a brilliant list of names to conjure with in British Homœo-

pathy! These physicians, and others, each working out his homœopathic mission, each demonstrating within wide circles the adaptability of Homœopathy to the needs of mortal men—these have imbibed the thirst for truth and caught the inspiration from one whom any of us might be proud to have called Master.

No idle dilettante was this man, unmindful of the passing hour; no lover of inglorious ease, the cry of humanity in pain insistent in his ears; no truckler to error in the seats of the mighty. Nor number nor example with him wrought to swerve from truth, or change his constant mind. A passion for justice as against wrong, for liberty instead of bondage, for knowledge in place of intellectual blindness—these dominated his personality, and these he has carried with him into the Ewigkeit.

“The great Intelligences fair
That range above our mortal state,
In circle at the golden gate
Received and gave him welcome there.

And led him through the blissful climes,
And showed him in the fountain fresh
All knowledge that the sons of flesh
May gather in the cycled times.”

May the memory of Arthur Clifton be as an everlasting inspiration to us!

DR. ARTHUR CLIFTON.

A Personal Tribute by Dr. Ross.

ON February 16th my friend and former colleague, Dr. Arthur Crowan Clifton, passed away after a short illness at his residence, 9, East Park Parade, Northampton.

As one who had the honour of knowing him during the last sixteen years of his life, I venture to write a few lines of personal tribute. For two years from my coming to Northampton, in 1893, I was in partnership with him. It was a pleasure to work with him as my senior colleague. His profound grasp of Homœopathy was of

the utmost assistance to me, and his zeal for his art was a great example. I can say of my own knowledge that his interest in the cause for which he had worked so strenuously and so long was unabated up to the day of his death.

He was a born fighter, and for many years had much opposition from the allopathic fraternity in the town; but his character and his work were such as to win respect, and this opposition gradually passed away. When at the age of 68 he retired from practice and I took over the work alone, I had every reason to thank him for the good feeling which then existed and still exists between myself and the other medical men of the town.

When I knew him, Dr. Clifton was a great personality, and in his prime had evidently exercised extraordinary influence. His name is still a household word in the county. People knew, what I soon found, that beneath a somewhat rough exterior there was always a kind soul. In all his dealings he was great-hearted. Rich and poor were treated with equal care, and in cases of urgent need he was unsparing of himself. But a malingerer never consulted him twice, and when patients needed work or exercise, not medicine, he told them so. His capacity for work was stupendous, and when suffering could be stayed it was never "after hours." So long as there was work to be done he never shrank from doing it.

It has sometimes happened that I have wished to leave the town for a few days, and I always found him, so long as his strength lasted, ready to take up the work again with undiminished skill. I found it a great advantage to have near by one who was always on the look-out to defend Homœopathy, who was himself an advertisement both by what he had done and the position he had won. Besides this, he was ever willing to discuss professional matters and help in any difficult case. In these and other ways I owe him much during all the sixteen years I have known him.

I have already alluded to the interest he took in the homœopathic cause up to the end of his life. It was wonderful how, in spite of age and infirmity, he kept himself up to date with the progress and position of

medicine in general and Homœopathy in particular. He went on caring about these things long after he ceased to take fees.

My recollections of him are very vivid, from my first interview to our last affectionate farewell. The profession is much the poorer by his death, but I may be forgiven if I say that in the passing of Arthur Crowen Clifton I feel most that I have lost a great man and a true friend.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE *ORGANON* LECTURES.

DR. CLARKE'S lectures on the *Organon* have proved a great success, and the audience has been very appreciative, though we could wish it had been larger. Following an account of the history of the work, Dr. Clarke proceeded to a careful analysis of it, and the practical bent of his mind has been well illustrated in the acuteness and immediate applicability of his commentary. We hope that *Organon* lectures will henceforward be a feature of every Winter Session in London. Their value in the hands of Dr. Clarke can hardly be over-estimated.

SUBSCRIPTIONS AND DONATIONS RECEIVED FROM FEBRUARY 16 TO MARCH 15, 1909.

GENERAL FUND.

LADIES' BRANCH.

	<i>Donations.</i>			<i>Subscriptions.</i>		
	£	s.	d.	£	s.	d.
Mrs. von Stralendorff	2	2	0			
Lady Perks	1	1	0			
Mrs. Arthur Moss	2	2	0			
Mrs. Darby	0	10	6			
Mrs. Williams	1	0	0			
Mrs. C. Whately Willis	3	3	0			
Mrs. Schloss	0	10	0			
Mrs. Waller Lewis	3	3	0			
Mrs. Kennedy	2	2	0			
Mrs. Thirlby	0	10	0			

	<i>Donations.</i>			<i>Subscriptions.</i>		
	£	s.	d.	£	s.	d.
Mrs. Reade	0	10	0			
Dispensary box	0	3	10			
Mrs. Rudhall				2	2	0
Lady Perks				1	1	0
Mrs. Wheeler				0	10	6
The Misses Raffles				1	1	0
Mrs. Luard				1	1	0
Mrs. Cator				1	1	0

The Kenley Street Dispensary was opened on March 1st, and in ten working days there have been five patients (eight attendances).

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session was held on March 4th. The Vice-President, Dr. Stonham, and later Dr. G. Clifton occupied the chair. Dr. Gregson was proposed for membership, and Dr. McCandlish unanimously elected. A letter was read from Dr. Watts expressing his pleasure in his renewed membership of the Society.

Dr. Hawkes proposed and Dr. Burford seconded a resolution expressing the deep sense of loss experienced by the Society in the death of Dr. A. C. Clifton, their high appreciation of his great services to Homœopathy, and their sympathy with his surviving relatives in their loss. This was unanimously carried.

Dr. Searson moved and Dr. Dyce Brown seconded a proposal to send a vote of condolence to Chicago on the death of Dr. H. C. Allen. The proposal was adopted.

Dr. M. le H. Cooper then read a paper, "Some Experiences in the Medicinal Treatment of Cancer of the Breast, Threatened and Manifest."

Dr. Cooper began by maintaining the superior efficacy in general of medicinal to surgical treatment in this affection. He commented on the abandonment by the surgeons of the theory of cancer as essentially a local non-constitutional disease, and illustrated by one or two cases the fact that even radical removal at the earliest

recognisable stage carries no guarantee against recurrence. Indeed, he was of opinion that operation frequently precipitated dissemination and hastened death. He claimed to have shown already the power of the unit dose of certain remedies to influence cancer favourably, and said that long experience had convinced him that *Scrophularia nodosa* possesses a special affinity for breast tissue which makes it a valuable remedy in malignant disease of that locality. The rest of the paper was a detailed description of ten cases. The first was a case of adenoma, the others were claimed as probably cancerous. The diagnosis was confirmed in nearly every case by other observers, and such signs as enlarged axillary glands, retracted nipple, infiltrated skin, were generally present. All had been observed for several consecutive years. There were two deaths in the series, one from erysipelas and one from influenza (after six years' observation), but in every case the local manifestations had been controlled, tumour growth diminished or disappeared, and general health much improved. The obstinate constipation so often associated with the cancer usually was cured at once, and Dr. Cooper regarded the disappearance of this symptom as a favourable sign. Besides *Scroph. nod.*, *Lobelia erinus* and *Ruta* were the drugs most used, and the cancer nosodes. Dr. Cooper expressed his view that as yet much of the treatment of cancer has to be worked out on the lines of organopathy, and maintained that, besides the affinity possessed by *Scrophularia* and *Lobelia erinus* for breast tissue, *Ornithogalum* is adapted for stomach cases and *Ruta* for intestinal cancer.

The paper roused great interest. In the ensuing discussion Dr. G. Clifton, Dr. Burford, Dr. Eadie, Mr. Knox Shaw, Dr. Thomas, Dr. Bodman, Dr. Searson, Dr. Hey, and Dr. Neatby took part. The surgeons generally were not prepared to follow Dr. Cooper in all his contentions, but all testified to the interest and importance of his paper, and admitted the necessity of constitutional treatment in cancer cases. Dr. Cooper replied.

HOSPITALS AND INSTITUTIONS.

LEEDS.

THE Homœopathic Dispensary here has had a year of great progress. The new dispensary has proved a great success, and the patients' attendances increased by one thousand. The finances show but a small balance in hand, but this is excellent in view of the expense of starting the institution in its new home. May a hospital soon be added to the homœopathic activities of Leeds!

NORWICH.

The dispensary in this city has had a year of increased and satisfactory work and shows a good balance in hand. Here, too, new premises have been obtained, more efficient and more convenient. So the good work goes on in Norwich.

CROYDON.

The attendances at this dispensary have risen 15 per cent. above the average for the last seven years. There is a balance in hand slightly larger than that of last year, a very satisfactory state of affairs. The dental department continues to be very successful. At the Annual Meeting Dr. Roberson Day delivered his lecture on "Homœopathy Among the Children." It was much appreciated by a large audience.

BRIGHTON.

We are delighted to see that the Homœopathic Dispensary here has benefited under the will of Miss G. S. Cobham to the extent of £300.

"TOO TIDY."—Professor Fritz Koch, of the Lake Geneva School, has lately visited the United States, and has been telling American parents and teachers that they try to make their children too tidy. "Cleanliness is a virtue not demanded from the factory hand while at work, but children while at play are constantly reprimanded because of their dirty hands, spots on their clothes," &c. This insistence on outward decorum interferes with the "intense, wild play" which is natural to them. "Real boys and girls," says Professor Koch, "are rovers in field and forest, in alleys and dangerous places." And they should be allowed to have their fling.—*Westminster Gazette*, December 8, 1908.

NOTIFICATIONS.

* * Under this heading we shall be happy to insert notices of appointments, changes of addresses, &c., and holiday arrangements.

AN EXCELLENT OPPORTUNITY.

THE Editor has received from a Committee an urgent inquiry for a well-qualified and experienced homœopathic practitioner for a large town, with prospect of an excellent practice, and a nucleus to commence with. The Editor will be glad to receive inquiries from any one who is prepared to entertain the matter.

VARIETIES.

DIAGNOSIS OF PANCREATITIS.—Dreesman (*Mediz. Klinik*, September 20 and 27, 1908) does not consider pancreatitis a very rare disease. He finds that it attacks both stout and thin people of either sex and of almost any age. Death may occur on the first day, but the crisis usually develops on the third or fourth day, unless an abscess forms. The most important, and in acute pancreatitis invariable, symptom is exhaustive, violent, and mostly continuous pain, usually worse from one to two hours after food, or even directly after food. It is increased by movement. In subacute or chronic pancreatitis pain is sometimes slight, and of a dull character. In chronic pancreatitis, attacks of colic exactly like cholelithiasis may occur. The vomiting of large quantities of bile is very characteristic, and speaks definitely against a blocking of the biliary duct. Great restlessness, thirst, and occasionally marked salivation occur. Although there may be obstinate constipation, yet the case may be distinguished from one of intestinal obstruction by the fact that several litres of water can be introduced into the gut. Diarrhœa may be present at the onset, especially in chronic pancreatitis. Tympanites and excessive sensitiveness to pressure in the upper part of the abdomen make it difficult to determine the presence of a tumour, and, indeed, severe pancreatitis may occur with very little enlargement of the organ. A tumour is seldom discovered in acute cases until marked inflammatory changes, suppuration, or great bleeding has set in. Inflation of the stomach and colon should always be practised in chronic cases, in which a movable tumour can usually be felt, to determine whether the tumour lies behind these organs. Dulness can often be made out in the epigastrium, and diminished resonance is often found in the dependent part of the abdomen, due to a massive sero-sanguineous exudate. Disproportion between pulse and temperature is a very common symptom, the pulse being usually highly accelerated, while the temperature shows only a slight rise. Steatorrhœa, when jaundice, enteritis, and excess of fat in the diet are excluded, should make one think of pancreatic disease. The urine should be examined daily, as glycosuria may last only a few days; if sugar be found, the case is almost certainly one of pancreatic disease.—*British Medical Journal*, December 5, 1908.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Barrett (Edmund).** The Family Doctor: a Dictionary of Domestic Medicine and Surgery. 8vo, pp. 336. (Routledge. 5s.)
- Barrington (Amy) and Pearson (Karl).** A First Study of the Inheritance of Vision and of the Relative Influence of Heredity and Environment on Sight. [Eugenics Laboratory Memoirs, No. 5.] Imp. 8vo, pp. 61. (Dulau. 4s.)
- Bockenheimer (P.).** Atlas of Clinical Surgery. English Adaptation. 3 vols. 4to. (Rebman. Net, 86s.)
- Casper (L.) and Bonney (C. W.).** A Text-Book of Genito-Urinary Diseases. Illust. 2nd ed. 8vo. (Rebman. Net, 26s.)
- Cohnheim (Paul).** Diseases of the Digestive Canal. Edited and Translated by D. Fulton. 8vo. (Lippincott. Net, 16s.)
- Cresswell (George and Albert).** Health Morals, and Longevity. Demy 8vo, pp. xii—229. (J. Wright [Bristol]. Net, 5s.)
- Dawson (E. Rumley).** The Causation of Sex: a new Theory of Sex based on Clinical Materials, &c. Illust. 8vo, pp. 208. (H. K. Lewis. Net, 6s.)
- Emerson (C. P.).** Essentials of Medicine. 8vo. (Lippincott. Net 8s. 6d.)
- Fowler (J. S.).** Infant Feeding: a Practical Guide to the Artificial Feeding of Infants. (Oxford Medical Publications.) Cr. 8vo, pp. 240. (H. Frowde. Net, 5s.)
- Hopf (Ludwig).** The Human Species. Considered from the Standpoints of Comparative Anatomy, Physiology, Pathology, and Bacteriology. 8vo, pp. 478. (Longmans. Net, 10s. 6d.)
- Marshall (J. S.).** Operative Dentistry. 3rd ed. Roy. 8vo. (Lippincott. Net, 21s.)
- Medical Annual (The).** A Year Book of Treatment and Practitioner's Index. 1909. 8vo, pp. 1008. (Simpkin. Net, 8s. 6d.)
- Medical Register, (The).** 1909. Roy. 8vo. (Spottiswoode. 10s. 6d.)
- Mills (J. Porter).** Health, Abstract and Concrete. 8vo, pp. 319. (Wells [New York]; Fowler. Net, 6s. 6d.)
- Mitchell (J. K.).** Self Help for Nervous Women. Cr. 8vo. (Lippincott. Net, 4s. 6d.)
- Packhard (F. R.).** Text-book of Diseases of the Nose, Throat, and Ear. 8vo. (Lippincott. Net, 15s.)
- Pharmaceutical Pocket Book (The).** 1909. Edited by John Humphrey. 12mo, pp. 416. (Pharmaceutical Press. Net, 3s. 6d.)
- Shoemaker (W. T.).** Retinitis Pigmentosa. Roy. 8vo. (Lippincott. Net, 8s. 6d.)
- Sutton (J. B.).** Essays on the Position of Abdominal Hysterotomy in London. Cr. 8vo. (Nisbet. Net, 2s. 6d.)
- Thomson (Alexis) and Miles (Alexander).** Manual of Surgery. Vol. 1. General Surgery. 3rd ed. Revised and enlarged. Cr. 8vo, pp. 906. (H. Frowde. Net, 10s. 6d.)
- West (C. Ernest) and Scott (Sydney R.).** The Operations of Aural Surgery, together with those of the Intra cranial Complications of Suppurative Otitis Media. 8vo, pp. 214. (H. K. Lewis. Net, 7s. 6d.)
- Winter (G.) and Ruge (C.).** Text Book of Gynecological Diagnosis. Edit. by J. G. Clark. Roy. 8vo. (Lippincott. Net, 25s.)
- Wright (Sir A. E.).** Studies on Immunisation and their Application to the Diagnosis and Treatment of Bacterial Infections. 8vo, pp. 506. (Constable. Net, 16s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, Devonshire Street, Portland Place, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

Mr. Z. Yewdall, Leeds.—Mr. Smith, Dundee.—Mr. A. J. Pearce, London.—Dr. Purdom, Croydon.—Dr. Murray Moore, Leamington.—Mr. Charter, Hull.—Dr. Erskine White, New South Wales.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Propaganda Homœopatica.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian

Mon.—Pacific Coast Jour. of H.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Mental Activity, Dr. G. Goldsbrough.—What Do You Know About Homœopathy?, J. H. Clarke.—Report Leeds Hom. Dispensary.

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Burford.

Notes on *Phytolacca*. By Chas. S.

Spencer, L.M.S.S.A. (Lond.).

Phytolacca in Rheumatism. By A.

Pullar, M.D.

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Clinical Cases. By Dr. M. Tyler.

Lachesis Mutus.

A Book of the Day—Elemental Things.

By Alfred Pullar, M.D.

A Drug Sequence. By Dr. E. Mahony.

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BRITISH HOMŒOPATHIC ASSOCIATION:

Kenley Street Homœopathic Dispensary.

Public Lecture.

Subscriptions and Donations Received from January 15 to February 14, 1909.

ANNOUNCEMENT:

Four Lectures on Hahnemann's *Organon of Medicine* to Medical Practitioners and Students.

SOCIETY'S MEETING:

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THE HOMŒOPATHIC WORLD.

JUNE 1, 1909.

THE WORK AND NEEDS OF THE BRITISH HOMŒOPATHIC ASSOCIATION.

ON June 14th the British Homœopathic Association holds its Annual General Meeting, and in the evening the Lord Mayor presides over the Public Dinner, at which it is hoped to raise funds for maintaining and extending the work. Now, this has been a year of appeals. First and foremost comes the Central National Fund, then the extension of the London Homœopathic Hospital, and now the Association. All these are objects worthy of support, and we hope to convince our readers that to the utmost of their ability they should support them all, but assuredly, if one has to be taken and another left, the British Homœopathic Association has great claims to early consideration. Let us review the situation.

First we hope our readers have already responded to the Hospital Appeal for the furnishing of the new wing. Last year the Association, recognising with true statesmanship the urgent need, stood aside from making a special appeal for itself and concentrated effort on the large sum needed for the London Homœopathic Hospital. This year it is fair to say that the turn of the British Homœopathic Association has come, and that while London's needs have a strong claim on Londoners, the general appeal throughout the country must be for the general cause. But how does the Association stand in view of the National Fund ?

To answer this question it is only necessary to consider the objects that are to be aimed at by the directors of the Fund. It is at once obvious that if the Association were not already existing it would be necessary to invent it. Do we want a central rallying point, a centre whence information can be disseminated on matters homœopathic, and information collected, with regard to all local needs of capital and provinces? There is the Association. Do we want an organisation for teaching students, supplying speakers for provincial gatherings, pursuing investigations into questions of homœopathic science? There are the Association lecture-rooms, library, and laboratory, and the Association lecturers. Do we want to establish a new dispensary or build a new hospital? The men and women of the British Homœopathic Association have done both and know how to set about it. And so on through all the phases of activity which we hope, through the Central Fund, to initiate or accelerate. There can therefore be no question in the mind of any observer that the British Homœopathic Association deserves, and should command, support. For that support, therefore, we appeal.

This *is* a year of appeals. National needs as well as sectarian are demanding of us sacrifices. But whatever cause may languish, surely it shall not be the cause of Homœopathy. Our cause is a national cause. We stand for fuller life, more health, healthier citizens, and these things are worth paying for; we are building for the future. In the days to come when we are passed away, and few remember our struggles in their inability to conceive a time when Homœopathy was unrecognised and despised, we shall get no glory from those who will be profiting by our endeavours and our sacrifices. But it is not for our glory we strive. If we can set the name of HAHNEMANN on high and establish his law we may well be content. But that achievement or a step toward it we can work for, and we *will* work for. If, then, we have given to the Fund, let us give again to

the Association, knowing that each cause thrives or languishes as its brother cause waxes or wanes. Help Homœopathy all you who have faith in it or owe it any gratitude—

HELP THE BRITISH HOMŒOPATHIC ASSOCIATION.

GEORGE MEREDITH.

THE death of one of the greatest of our countrymen may not pass unnoticed even by a journal whose immediate concern is with Homœopathy rather than with Literature. For, after all is said, the only value of Homœopathy lies in the contribution it makes to life by promoting health, and though literature and not medicine was MEREDITH'S weapon, he used it and valued it for the power it gave him to encourage life, and therefore, as the supreme lover of life of his age, he must always have the love and reverence of those who serve life to the best of their ability. Moreover, though it matters but little, he was interested in the theory of Homœopathy. In a letter to the present writer he expressed his belief in it as a sound working hypothesis, and the small sketch of a homœopathic physician in one of his novels is quite sympathetic in its presentment of the doctor's faith. But his value to Homœopathy far transcends the question of his personal belief in it. From his first word to his last he showed himself as one of the greatest lovers and servants of the Force of Life that Britain has ever produced. Preacher of Death, in NIETZSCHE'S biting phrase, he never was. Rather, he called always for more life, fuller life, more power to feel, and especially more power to reason; for in a reasoned, conscious appreciation of the glories and possibilities of life he found his greatest peace and happiness.

“The lover of life is free of dread,” he sang, and his word to us would have been, “Serve Life, seek Nature's

wisdom, and in as far as ye toil for her without thought of self shall ye serve your race and not fail of your reward." HAHNEMANN'S life he well spoke of as the theme of a possible epic, and HAHNEMANN'S patient, selfless, reasoned striving would have been a mind activity especially dear to MEREDITH. Then his noble belief in reason and reasoned argument is a comfort and a stay to us. We are so bitterly conscious of opponents who will not even listen, much less experiment, that we are apt to feel as though all our attempts to grasp the law intellectually and commend it to the brains of men were futile and foredoomed to failure. From MEREDITH'S faith that reason *is* worth the pursuing, and reasoned argument a weapon worth the wielding, great help should come to us. For through a long and strenuous life he held that faith unwavering to the end. How well his noble words apply to the case of Homœopathy against its foes of Ignorance and Prejudice; what a trumpet-call they should ever be to us!

"They number many heads in that hard flock,
Trim swordsmen push they forth: Yet, try thy steel!
Thou, fighting for poor humankind, wilt feel
The strength of Roland in thy wrist, to hew
A chasm, sheer into the barrier rock,
And bring the army of the faithful through."

DIGITALIS ON THE FROG'S HEART.—Experiments with *Digitalis* on the frog's heart and its homologues seem to have convinced Pohl that the association of such drugs with others in a mixture does more harm than good. He publishes his conclusions in the *Therap. Monatshefte*. He finds that all acid drugs destroy the action of *Digitalis*, while quinine retards the effects of the contained glucoside. If potassium salts are prescribed along with strophanthin to increase diuresis, they exert an inhibitory action on the latter drug. On the other hand, the action of strophanthin is intensified by the addition of an ammoniacal solution of anise, as it is also by chloroform water. Tincture of opium moderates the effects of the drug, and caffeine has a marked inhibitory action. The author is therefore of opinion that if rapid results are desired, *Digitalis* and its congeners must be prescribed by themselves.—*Hospital*.

NEWS AND NOTES.

COMING EVENTS.

JUNE will be a month of interest to homœopathists. On June 14th comes the General Meeting of the British Homœopathic Association and the Festival Dinner. On June 17th, 24th, and July 1st occur the Afternoon Concerts at Chalmers House, in aid of the Research Fund, of which further particulars are recorded below. On June 30th the Lord Mayor, accompanied by the Lady Mayoress and the Sheriffs, will lay the cornerstone of the Sir Henry Tyler Extension of the London Homœopathic Hospital. On the evening of the same day there will be a *Conversazione* in connection with the British Homœopathic Congress, at 9 o'clock, at Chalmers House; and on July 1st the Congress meets at the Hospital. Remembering also the June Post Graduate Course, of which we gave particulars in our last issue, it is evident that homœopathic activities will be marked during this month.

CONCERTS AT CHALMERS HOUSE.

IN aid of the Research Fund of the B.H.A. a series of three concerts will be given at Chalmers House, 43, Russell Square, at 5 p.m., on the afternoons of June 17th, June 24th, and July 1st. The concerts are being organised by Mrs. Lee Mathews, and are under the distinguished patronage of the Lady Mayoress, the Countess of Cawdor, the Earl of Dysart, Lady Perks, and Mrs. Sidney Colvin. During the series Miss Constance Collier, Miss Maggie Neill and Mr. W. G. Fay will recite, Miss Marie Stark will sing, Mrs. Lee Mathews and Miss Janet Wheeler will play the piano, Señor Rubio the violoncello, and Mr. Alfred Hobday the viola. All these distinguished artists are generously giving their services. Each concert will last about one hour and a quarter to an hour and a half, and it is hoped that the time they commence will be convenient to the friends of the B.H.A. A ticket for the whole series costs 10s. 6d., for separate concerts 5s.; they can be obtained from H. J. T. Wood, Esq., Secretary B.H.A., 43, Russell

Square, or from Mrs. Lee Mathews, 2N, Portman Mansions, Baker Street, S.W. Early application is advisable, as the capacity of the rooms is not inexhaustible. We hope our friends in the country will note that the last concert takes place on July 1st, the day of the Congress. By 5 p.m. the Congress will be concluded, and attendance at the concert will, no doubt, prove a refreshment after the labours of the day.

A PASTORAL PLAY.

ON Saturday, June 12th, under the patronage of the Lady Mayoress, a Pastoral Play entitled "Narcissus" will be given at Brackenhill, Highland Road, Bromley. The play is under the direction of Miss Elsie Fogerty. The proceeds will be divided between the Children's Hospital, Great Ormond Street, and the London Homœopathic Hospital, and tickets (4s., 2s. 6d., and 1s.) can be obtained from the Secretary of the latter Institution.

CHEMISTS AND DOCTORS.

THE interests of homœopathic chemists and doctors are really identical, but considering how dependent doctors are upon the skill and care and honesty of the chemist, they have not always been careful enough to see that the chemist gets his due reward. This, in its turn, leads the chemist occasionally to begin prescribing for patients himself, and then friction between him and the doctor is more than likely to arise. In the cases where a chemist has no homœopathic doctor at hand he can often, as he well knows, do good, and is then really doing pioneer work and making the way easier for the doctor when he does come. Nevertheless, wherever possible, it is better to preserve the two spheres of action distinct one from the other. If there are friendly relations between both parties, and it is possible to discuss together the "local situation," there will be less friction and more advantage to both sides.

THYROIDIN FOR NOCTURNAL ENURESIS.

THE *Lancet* in May contained a record by Dr. Williams of a most instructive series of cases of nocturnal enuresis. In one very troublesome case of this complaint the doctor was led to give *Thyroid* extract with great, indeed complete, success. Encouraged by this result, he tried the remedy upon other cases and achieved more successes, although failing signally in one instance. Noticing that concomitantly with the cessation of the trouble the general health frequently improved, he gave *Thyroid* extract to a patient who had never suffered from nocturnal enuresis, but was otherwise in poor health. To his astonishment, the drug which had formerly cured enuresis now *caused* it in a most marked and aggravated form. From this excellent demonstration of the law of similars Dr. Williams deduces very sound conclusions with regard to the necessity of beginning with a small dosage, and maintains his opinion that had he given a less quantity the one failure of his series might well have been another success. We congratulate him on his cases and his conclusions. The particular symptom of enuresis is not in our pathogenesis of *Thyroidin*, but may now be added, and Dr. Williams has sufficiently demonstrated its homœopathicity to that condition. A letter was addressed to the *Lancet* mentioning that this ability of a drug to *cure* a condition it could also *cause*, is a more generally possessed property than is recognised, but although the word Homœopathy was not mentioned the letter was not inserted.

THE SIR HENRY TYLER EXTENSION AT THE LONDON
HOMŒOPATHIC HOSPITAL.

ALDERMAN and Sheriff Hanson and Mr. Sheriff Baddeley have accepted invitations to attend with the Lord Mayor, who will be accompanied by the Lady Mayoress, and will lay the Memorial Stone of the new Sir Henry Tyler Extension of the London Homœopathic Hospital, Great Ormond Street, W.C., on June 30th. Donations towards the £2,500 required for furnishing the New Wing may be sent to the Secretary at the hospital.

MAG. SULPH. IN THE TREATMENT OF WARTS.

DR. RIDLEY, writing to the *Lancet* of May 15th, mentions several very successful cases of the cure of warts by Epsom Salts, *Mag. Sulph.*, given in drachm doses twice or thrice daily. This is a noteworthy confirmation of experience enjoyed by many homœopathists. The drug will certainly cure many cases of this complaint. The provings, as far as we remember, do not record the symptom, though the skin comes well within the sphere of action of the drug. It has been so often observed, however, as a clinical symptom, that its use has plenty to recommend it.

THE DRUG SYMPOSIUM.

WE hope our readers are remembering *Kali carb.* is the drug for consideration in July, and will send their cases in as soon as possible.

DONATION TO THE L.H.H.

THE EARL CAWDOR, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque for £100, being an additional donation from the Treasurer of Smith's (Kensington Estate) Charity.

THE BURNETT FUND.

THE total amount required for this fund is £2,050. Of this close on £1,900 has been collected, and the labours of Dr. and Mrs. Clarke are thus in a fair way to completion.

A DISTINGUISHED VISITOR.

A DISTINGUISHED homœopathist will visit England this month in the person of Dr. Joaquim Murтинho, of Brazil. Our colleague has not only had a most distinguished medical career, and done much to put Homœopathy upon the sound basis that it possesses in Brazil, but since the formation of the Republic in

that country he has served the State as Deputy and as Senator, and has twice held high office—as Minister of Public Works and as Minister of Finance—in both capacities with great efficiency. Indeed, we hear a rumour that even higher duties await him, and that we may have soon to congratulate ourselves on possessing a fellow homœopathist as President of the great South American Republic. We offer heartiest congratulations to the man and the physician for all his past, present, and future distinctions.

THE SHOT-GUN PRESCRIPTION.

WE are often told that the days of the complicated mixture are over, and that our scientific doctors no longer fire a number of drugs at a disease in the vague hope that one or another may hit the mark. This conclusion is rudely shaken by Mr. J. W. Walton, who, in the *Pharmaceutical Journal*, analyses 2,000 consecutive prescriptions. Of these 1,359 were mixtures, and of these 300 contained 1 or 2 ingredients only, while 330 contained 3, 369 contained 4, 283 contained 5, and no fewer than 98 contained 6 separate ingredients. There were prescriptions also that were made up of 7, 8, and 9 substances. Of the two that contained 9, further analysis shows that the number of drugs was even larger, as several of the substances were compounds (*e.g.* Tinct. Camph. Co.), and the final result showed in one 17 drugs, and in the other 21. We commend to our readers this evidence of the *science* of modern medicine.

OXALATE OF CERIUM.

IN a brief note in the *Medical Press*, extolling this drug for hyperchlorhydria and gastric ulcer, Dr. McWalter remarks that the acid radicle of the salt must be held of account in producing the favourable result. For, says he, “to the modern mind oxalic acid is nothing but an *irritant* poison; but Neligan long ago pointed out that minute doses of oxalic acid—1 to 3 grains—were invaluable in inflammatory conditions of the gastric mucous membrane.” Naturally, although even 1 grain is an unnecessarily large dose. Still, the testimony is valuable.

A *THUJA* CASE.

DR. NOACK, of Lyons, reports in a French contemporary an excellent cure of laryngeal papilloma. The patient was a lady of 33. Her illness had lasted six months, and the main symptom was progressive aphonia. A specialist diagnosed papillomata of the larynx, and the patient underwent five local operations for their removal in the course of two months without benefit. She then consulted Dr. Noack, who found the cords red and thickened and almost entirely covered with little papillomata, especially in the arytenoid region. The right apex presented some suspicious physical signs. *Spongia* 1, three times a day, produced an improvement in the general condition and in the local congestion, but none in the papillomata and the aphonia. *Thuja* 1, three times a day, was now given. Next month there was sensible improvement, and at the end of three months in all of treatment by *Thuja* the papillomata had entirely disappeared and the voice had completely returned.

THE SYMPTOMATOLOGY OF ANTITOXIC SERA.

AN American physician, Dr. Saunders, writing in the *Interstate Medical Journal*, has collected enough symptoms following the use of diphtheria antitoxin and other sera to make the beginnings of a good pathogenesis. The symptoms are attributed to the reaction of the organism against the heterologous proteids in the serum, and although not more than one-third, on an average, of cases show symptoms of the reaction, there is no doubt that it takes place in a more or less marked degree in all. There is a period of from five to twenty days, corresponding to the prodromal stage of the exanthemata, then complaint is often made of lassitude, accompanied by pains in the limbs and a feeling of restlessness. The rash now appears, accompanied with itching and burning. Erythema or urticaria is the most frequent form, but it may also resemble scarlatina or measles, or it may be polymorphous or be represented by a typical erythema multiforme with severe constitutional factors. Œdema of the skin may appear and rarely hæmorrhages into the skin. The mucous membranes are not exempt, the

palate and tongue may be affected. Joint and muscular pains are frequent and tenderness of joints and swelling of wrists, knees, hips, elbows, ankles, and shoulders are frequently noticed. There is fever, often quite a high temperature, and diarrhoea and vomiting may occur. A very interesting symptom is that of dysmenorrhoea in women. It has been frequently produced and is generally accompanied by increase in the menstrual flow.

Dr. Paton, our readers will remember, has used protective sera in many inflammatory conditions with success, and his practice has been endorsed by others. His clinical results and this very definite symptomatology only need development and co-ordination to give us a valuable remedy.

The phenomenon of anaphylaxis, wherein the system becomes by the action of a first dose more susceptible to a second, has been observed in connection with the serum treatment, and Dr. Saunders is emphatic in the conclusion that these sera are powerful agents and not to be carelessly handled or prescribed too lightly.

BACTERIAL BAIT.—Microscopic as bacteria are they have their needs, which in some instances bear an analogy to those exhibited by the human race. It is possible, indeed, to separate certain kinds of bacteria from other kinds by a process of allurements, employing baits for the purpose. Those bacteria, for example, which are concerned in the process of putrefaction may be trapped or separated from the rest by offering them oxygen. A very pretty experiment in this direction consists in employing a thread of a green alga, which under the influence of the sun's rays evolves oxygen, and placing it in a drop of liquid infested with the particular bacteria. The oxygen-loving bacteria will soon gather round the points at which oxygen is evolved, just as so many fishes will be found gathered round a baiting ground. It is clear from this experiment that in the presence of both kinds of organisms, one to whom oxygen is distasteful and the other to whom it is a vital element, a means of separation is afforded. Oxygen, however, is not the only bait which can be used for the purpose of sorting bacteria. Many organisms, for example, are allured by the salts of potassium, while others find asparagin or the sap or juice of raw potatoes irresistible. This method, of course, is the principle of differentiation by which a culture of a definite composition is prepared suited to the needs of a given organism. It applies equally to the pathogenic organism as to the non-pathogenic organism, and has obvious bearings, therefore, upon the interesting but complex problem of the resistance of the human organism to disease.

ORIGINAL COMMUNICATIONS.

SYMPOSIUM ON *AMBRA GRISEA*.*

AMBRA GRISEA, ambergris, is derived from the sperm whale, and is probably a morbid product of that animal. It must not be confounded with amber, known to our materia medica as *Succinum*. The great action of *Ambra* is on the nervous system. Reflex action in general is increased, with heightened sensibility. It produces faintness (like *Moschus*), nervousness, jerks and twitches. The mental state is one of nervous embarrassment and bashfulness. The cough, for instance, is made worse by the presence of other people. It is suitable for nervous, excitable children. After the nervous system its power is exerted largely on the pelvic organs; much itching and burning of the pudenda in male and female. Burning and itching in vulva and urethra during urination. Even nymphomania may be present; the congestion of the pelvic organs manifests in hæmorrhage between the periods on any slight exertion. There are many abdominal symptoms: great distension, and especially eructations of flatulence after coughing. In general, the *Ambra* patients feel tired; they sweat easily, warmth aggravates their trouble, and cold relieves. Thin, nervous persons are the typical subjects for the drug.

In amplification of the above statements Dr. Kent may be quoted. His lecture is abridged, but otherwise quoted mainly in his own words:—

We see symptoms coming on at 50 that you would expect at 80. Trembling feeble-mindedness—a dreamy state of mind, hasty, going from one thing to another. Excitability followed by depression. A state of insensibility to all things, joy, grief, &c. The vertigo of old men; dizziness on getting up, on going out into the street. Dwells on grievances in a way somewhat analogous to *Nat. mur.*, but *Nat. mur.* takes pleasure in the process. Running through all the remedy is the fact that the patient cannot do anything in the presence of others. Easily embarrassed in company, constant

* This article has been prepared from material supplied by Dr. J. H. Clarke, but is not actually written by him, as pressure of work has necessitated a temporary slackening of his activities.

fear that he is going out of his mind. Many complaints come on in the morning.

Music aggravates the mental symptoms. Complaints are often one-sided. Numbness runs all through the body, diminished sensibility like that of *Secale*. Itching all over the body, intolerable, keeps him awake. Tendency to bleeding from nose, kidneys, uterus. Dryness of the mouth without thirst. Inveterate constipation in old people. Distension of abdomen, great flatulence. The cough is nervous, with trembling. Palpitation from slight exertion, mental or physical or from music. The patient is generally emaciated, withered, wrinkled, and tremulous. *Ambra grisea* has the most erratic symptoms found outside of *Ignatia* and *Nat. mur.* It is antidoted by *Camph.*, *Coff.*, *Nux v.*, *Puls.*, *Staph.*, and is itself an antidote to *Staph.*

CASES.

The following is taken from the *Medical Advance*, recorded by Dr. W. J. Martin:—

Last winter I was called to attend a young woman aged about 18. She was tall, slender, stoop-shouldered, and hollow-chested. She had contracted a cold early in the winter, and several additional colds subsequently. Her cough was gradually getting worse, voice hoarse, chest sore, appetite poor, strength failing, menses becoming scant, pulse over 100, and evening temperature $102\frac{1}{2}^{\circ}$. The cough was dry and painful, worse at night; chest sore when percussed. *Bryonia* was given for a time. The temperature came down a little, otherwise no improvement. *Phosphorus* was next prescribed, but I could not see the improvement which should follow the use of the correct remedy. It was now that my attention was called to the violent eructations that accompanied her cough, and which she said were as distressing and exhausting as the cough.

This was a new symptom to me. I hunted it up after I got home, and found that *Ambra grisea* is the remedy having this symptom. The next day the patient was put on *Ambra* 12, a powder every three hours. Amelioration of the cough promptly followed. The remedy was continued, and the case steadily improved to a complete recovery. I have seen cases essentially like this progress into, and die of, phthisis, and fully believe that the *Ambra* saved this young lady from that fate.

The two following cases, which besides underlining the keynote of the last case add another, are recorded by Dr. J. H. Clarke in *A Lecture on Homœopathy* :—

Early in January last I was written to from the country about two children, girls, aged respectively 3 years and 9 months, and 1 year and 2 months. The history of the cases was this: the children had been both suffering from whooping-cough for two or three weeks. They were being attended by a local allopath, who prescribed according to his lights; but the elder patient positively and successfully refused to take the medicine. The younger, who had not yet reached years of discretion, was prevailed upon to swallow the dose, but her stomach having more experience than her intellect, she immediately vomited it up again. Now here was a nice state of affairs! What was to be done? The upshot was that the father wrote the cases out and sent them to me.

Now, there are whooping-cough remedies in plenty in both schools, but which of them was I to send? Or was I to select some medicine which had never been given in a case of whooping-cough before? My correspondent gave me these particulars: In the case of the elder girl the cough ended in belching, and the belching brought relief. Also, after the cough, she seemed to swallow in order to get her breath. And, finally, there was difficulty of breathing through the nose from accumulation of mucus. The baby, who was very frail and thin, had a "distressing cough, which seemed to come from the stomach," and with the cough *there was salivation*.

These were the points on which I had to prescribe. Now, there are scores of medicines in the homœopathic materia medica which are credited with producing spasmodic coughs—which of them was I to give? Homœopathy directs that you must give in any case the medicine which produces the closest likeness to the symptoms of the patient in its effects taken as a whole (the "totality of the symptoms" is the technical expression for this). But this is not a mere matter of counting symptoms; some symptoms, or parts of symptoms, or some conditions under which the symptoms occur, have much more importance as points for matching than others. Hahnemann pointed out that the most peculiar symptoms were specially important in this respect. The thing that struck me most in these two cases was the belching at the end of the cough. So I turned to Lee and Clark's *Cough Repertory*, and under the head "Eructations accompanying Cough" I found these remedies: *Ambra*, *Arnica*, *Sulphuric acid*, and *Veratrum*. Looking up *Ambra* in Hahnemann's *Materia Medica Pura*, I found this: "Frightful spasmodic cough, with

much eructation and hoarseness." This symptom was experienced by Hahnemann himself in his proving of *Ambra*. But to my great delight I found also this other symptom, experienced by his fellow-prover, Von Gersdoff: "Dry deep cough, *with flow of water into the mouth.*" So here was also the most peculiar feature of the cough in the other patient—"Salivation with the cough." *Ambra* also met the catarrhal nasal symptoms of both children. I sent one bottle of *Ambra* 3 for the two children, with directions for them to take a dose each every two hours. This at once altered the aspect of affairs. The children improved so rapidly that the attending doctor dismissed himself within a week, as he considered they no longer required his care. During the intensely cold weather of February the children had an access of cold, and I made the mistake of changing the remedy, a mistake I rectified a few days later by sending more *Ambra*, this time in the 30th potency. *Ambra* again quickly wrought improvement, and steadily cured both children unaided by any other remedy.

Finally, we have the following case observed and recorded by Dr. Samuel van den Berghe, and here translated from the Belgian journal in which it appeared:—

The patient was a working mason, dark, of nervous, bilious temperament, 27 years old. From the age of 12 or 13 he had never been able to urinate if there were any other person present, and this symptom had proved troublesome enough to lead him to seek advice. From time to time he drank too much, and if intoxicated was free from his nervous trouble. He had no other symptoms of any note.

The first prescription was *Nux vom.* 30 on account of his temperament and alcoholic indulgence, but it produced no change.

Under *Nat. mur.* is found the symptom "Has to wait a long time before he can urinate, especially in the presence of others." But *Nat. mur.* given for eight days had no better success.

The materia medica in Hahnemann's symptom record of *Ambra grisea* shows that aggravation of symptoms in the presence of other people is well marked for this remedy. It is recorded with regard to peristaltic action, and also of nervous tremblings of the limbs. Further, Farrington notes aggravation of the cough of *Ambra* if the patient is not alone. Therefore, although there was no reference in the pathogenesis to difficulty in urination, the remedy was tried in the 6th potency—eight globules each day. Improvement followed in a week, and

complete cure in less than a month. A slight subsequent return of the difficulty yielded to the same remedy. It is noticeable that neither Lippe nor von Bœnninghausen lay great stress on *Ambra* with regard to this aggravation in presence of others.

MY FIRST HOMŒOPATHIC CASE.

By DR. McCANDLISH.

H. H., age 29 years, came to me complaining of a small growth on the tongue which had been growing for months. The history of the case was as follows: H. H. had a similar growth on his tongue about two years previously, which had been removed by his doctor, who before removing it sent him for examination to a medical colleague (an F.R.C.S.), who also advised "immediate removal." Soon after this was done the growth began to return at the side of the scar left by the removal of the tumour, and continued to enlarge until at the time I saw it it was about the size of a small shot. On examination it was found to be a flat-topped papilloma, situated at the centre of the tongue near the tip. He then again consulted his doctor, who advised him to see a consultant, as he was afraid it might become malignant, but before doing so H. H. asked me to see his tongue. It was now beginning to be painful, and to bleed slightly (when touched), which caused the patient much alarm. I gave him *Thuja* ϕ mj , unit dose, and told him to see me again in a fortnight. At the end of that time I saw him again; the growth was half its original size. I did not repeat the medicine, but asked him to see me again in a week or ten days, which he did, when I found that the papilloma had entirely disappeared.

MY SECOND HOMŒOPATHIC CASE.

Soon after I had first seen the above patient I was asked to see William C. by his wife, who was very anxious about her husband's condition. He had been seen by four of the allopathic practitioners in the neighbourhood, but without any relief. His history was as follows: His business has been worrying him a great deal lately. His business hours are very long; never

closes his shop until 11 o'clock p.m. This means that he never gets to bed before 12 midnight. Present condition: I found him to be a tall, fair man. Very irritable. The slightest thing upsets him. Wants to be by himself. Sullen; nothing pleases him. A few years ago he was a great "rum drinker," but has not taken much lately.

He complains of a severe headache over the eyes, < in strong light.

His eyes are watery.

Stomach: nausea in the morning. Flatulence (abdomen like a "drum"). Bitter eructations. Pain over liver region. Liver reaches to umbilicus. Hæmorrhoids. Constipated. Legs give way when he walks, especially in the morning; has to support himself against the wall, &c., to prevent his falling.

He says that he has taken enough medicine to swim a ship.

I ordered him *Nux vom.* 30 m̄ij, every four hours. I received a message about a fortnight afterwards telling me that he was much better, "not been so well for years," and the change for the better thus initiated has been more than maintained.

CASES FROM AN OUT-PATIENT DEPARTMENT.*

By DR. C. E. WHEELER.

OUT-PATIENT practice is difficult, as all who have experience of it will admit. Setting aside the fact that the circumstances of the patients are seldom very favourable, the work has generally to be done at some speed, and the human brain is not capable of acting at its best throughout the whole of a long afternoon. Results are therefore rather a test of past reading and of memory, though clinical experience and a fair share of fortune are great aids to success. In criticising the following series I will only ask you to remember, therefore, that they represent work done under some slight disadvantage as compared with the greater leisure available for private cases.

CASE I.

A woman of 62 came with a patch of dry eczema on the right hand, which had been present for some months.

* Read before the Cooper Club.

She had no other symptoms beyond general debility, a tendency to sinking feelings, and deafness. *Sulph.* 200 every night for a week, followed by *Sac. lac.*, cleared the eczema away in a fortnight. She also felt much better, though there did not seem any particular improvement in her power of hearing. One dose of *Sulph. c.m.* was given, and the patient instructed not to return unless the eczema reappeared. I take the fact that she has not visited the hospital again as evidence that she keeps well.

CASE II.

A woman of 43 had suffered for three weeks from throbbing pain in the head, over the eyes, and at the root of the nose. Also a sensation as of a lump in the throat, < swallowing saliva and < lying down, causing a feeling of suffocation. She was subject to a dragging pain in the left hip < before catamenia; I could not discover clearly if it were at all relieved when the flow appeared. She was rather loquacious, and this fact, with the left-sidedness and the throat symptoms, suggested *Lachesis*. *Lach.* 12 was given night and morning, and at once relieved all the symptoms, head, throat, and hip. She had been in real discomfort for three weeks previously.

CASE III.

A woman of 35 came to the L.H.H. in June, 1908, complaining of a cough that came on every winter and this year had not subsided as usual. The phlegm was thick, muco-pus. The tongue was coated and the bowels constipated. She complained of pains in the left chest and was unable to lie on that side. Both apices struck me as suspicious, and there was definite crepitation heard at the back on the right side (the painless side) along the inter-lobar septum. I strongly suspected tubercle. There was little or no bronchitis or emphysema. The inability to lie on the left side led me to give her *Phosphorus*, which covered her other symptoms. *Phos.* 5x t.d.s. for a fortnight, however, produced little change. *Tuberculinum* 15 was now given once a week, and *Phos.* 3x t.d.s. She was seen after three weeks. The cough was gone and she felt well, but she had lost 1½ pounds in weight. I repeated both drugs and persuaded her to report herself at intervals up to the end of September. She lost no more weight and continued to feel well. The physical

signs had by now quite disappeared. On September 22nd she was given *Tuberc.* 30 once a week and *Phos.* 4x, and told to return at the first sign of cough. I did not see her again till April 20th, when she informed me she had gone through the winter without any trouble.

CASE IV.

A woman of 38 came complaining that she had not felt well for years: always felt tired and weak. She was thin and sallow, not particularly anæmic. She complained of pain at the back of the head, extending down the spine. The catamenia were regular on the whole, sometimes a day or two early and excessive; the tongue was fairly clean, and there was no constipation. She complained of cold hands and feet and was worse in winter. I gave her *Calc. phos.* 3 t.d.s. In a fortnight she was rather better, but the menses had come too soon and were again excessive. Although not of the *Calc. carb.* type I gave her *Calc. carb.* 30 night and morning. This produced a marvellous change in her in every way. The menorrhagia lessened, and at the end of seven weeks she said she had not been so well for years. Some aching in the eyeballs led me to give her *Ruta* 30, and finally she had a dose or two of *Lycopodium* 200 and then ceased coming, professing herself quite well.

CASE V.

The orchitis that follows parotitis is sometimes very troublesome. A man of 37 came with the left testicle much inflamed, with cutting pains in it and in the left groin. The right testicle was not inflamed so much. The affection had followed a typical attack of "mumps" contracted from his child. He was in considerable pain but well in general health. He was fair and rather lymphatic, and was given *Pulsatilla* 3x, followed after a few days by 30. Improvement began within twenty-four hours, and when he reported next he was well.

CASE VI.

A child of 15 was brought by her mother with a mass of glands the size of a small orange below the left ear. Having just been reading Dr. Clarke's *Dictionary*, I stopped the poultices the mother had been applying,

and gave *Silic. marin.* 3x gr. iii. t.d.s. The mass simply melted away. In a week very little was left, and after a month the glands were just perceptible. The catamenia returned under treatment, having previously been absent for four months.

CASE VII.

A girl of 16 was brought to me who had been suffering from involuntary jerking of the limbs, < night in bed, for six months. She suffered much from chilblains. The first heart-sound was reduplicated at the apex, but there was no bruit. Frequent throbbing headache with spasms of pain across the forehead above the eyes caused much distress. *Agaricus* 30 n.m.q. controlled the movements quickly, though they were slow to disappear altogether, but the headache yielded also to the remedy and was not complained of after the first visit. The *Agaricus* headaches are generally rather of a dull aching character. This was throbbing with acute spasms of pain, and I report the case because of this clinical difference.

HOMŒOPATHY—A TEST CASE.

OUR readers will perhaps remember a short correspondence in the *Daily Mail*, during March, that followed on the public announcement of the Lord Mayor's meeting to initiate the National Fund. To this correspondence Dr. Margaret Tyler contributed the subjoined letter. It proved too long for insertion, although the Editor was so interested that he wrote personally to the writer of it. It is far too good to be lost, and Dr. Tyler has permitted the WORLD to print it. Therefore without more ado we present it to our readers.

HOMŒOPATHY: SOME FACTS AND WARNINGS.

To the Editor of the Daily Mail.

SIR,—Dr. Herbert Smith, in your issue of Friday last declares, and no doubt believes, that the system of Hahnemann, *i.e.*, Homœopathy, is “*effete and powerless before the searchlights and methods of modern medicine, which meets both trivial and grave diseases,*” and he

talks in the usual superior tones of the Regular Practitioner—as if there were, or ever had been, anything regular about medicine as practised by those who have been educated in ignorance of all therapeutic law, and in the mere expediency and make-shift and daring experimentalism of the schools.

Homœopaths, on the other hand, assert that *Homœopathy is the only scientific system of medicine that the world has ever known*, and they note with interest that the searchlights and methods of modern scientific research are demonstrating every day more and more its truth. Who scoffs now at the power of the infinitely little—the *infinitely subdivided*? Hahnemann's doctrine of Potentisation is now capable of demonstration, and no longer a subject for jeers. Hahnemann's Medicinal Aggravation and his dicta as to the necessity for very infrequent doses (where the absolutely homœopathic remedy is employed) has reappeared before the world as *Wright's Negative Phase*, during which we are not only told, but are shown under the microscope, that a second dose is (as Hahnemann urged) not only not helpful, but actually hurtful. So far from its being true that Science is rendering Homœopathy effete, she is, on the contrary, rediscovering Homœopathy (as one of the biggest scientific pioneers of the day allows), and demonstrating what were considered its wildest absurdities, under the microscope.

It must also be borne in mind that homœopaths have been the pioneers in all the most modern developments of medicine. Hahnemann himself left us *Psorinum*, a precious remedy prepared from a form of parasitical skin disease; and homœopaths used *Tuberculinum* (under its first name of *Bacillinum*) years before Koch appeared upon the scene; and they have been using *Syphillinum*, *Gonorrhinum*, and a host of other such remedies, with brilliant results (in cases where they were indicated), and—mark this!—without the terrible reactionary tragedies that have fallen to the lot of nearly every allopathic pioneer! And why? Simply because they, from the first, prepared and used the drugs according to *Hahnemann's directions*, following in the steps of that most painstaking investigator, who worked out all his theories with much suffering on his own body and on those of his devoted little band of followers, and left therapeutic laws firmly established.

But in test of the assertion that Homœopathy is the

only scientific system of medicine in the field, I will very briefly relate the results of an experiment that was carried out a few months since. A child of nine years, after being under the very best "Regular" treatment for four years, and being by that time in an absolutely deplorable state, came under homœopathic care, with the not-unknown result that a simply marvellous improvement set in at once—since maintained. A keen lay homœopath who had never seen the case, and who had no knowledge whatever as to what treatment she had received, made a number of copies of the symptoms of the child as they were when she first came under homœopathic care nearly two years before, and sent the case, with a guinea fee enclosed, to a certain number of allopathic physicians of the *very* highest standing in the land and to an equal number of homœopathic physicians. Three medical baronets and one untitled Harley Street physician were induced to prescribe for the case without seeing it and five homœopaths. These are the prescriptions:—

Medical Baronet No. 1 prescribed *Syrupus Ferri Phosphatis Comp.*, and also *Bynol*.

Medical Baronet No. 2 prescribed *Hydrarg. Perchl.* (corrosive sublimate) with glycerine and distilled water; also *Syrupi Ferri Iodidi*, and also *Ung. Hydrarg. Comp.*, with directions for rubbing it in.

Medical Baronet No. 3 prescribed *Sy. Ferri Iodidi* and *Vini Ferri*.

Allopath No. 4 prescribed *Syrup Calcii et Ferri Lactophosphatis*; while in University College Hospital, during one of her sojourns there, the child had had *Ol. Morrhuæ c. Vin. Ferro* and *Mercury Ointment*, and later *Liquor Arsenicalis*.

So much for the "Regulars!" Now for the homœopaths—the *Irregulars!*

No. 1 prescribed *Calcarea carbonica*.

No. 2 prescribed *Calcarea carbonica*.

No. 3 prescribed *Calcarea carbonica*, after four doses of *Bacillinum*.

No. 4 prescribed *Calcarea carbonica*.

No. 5 prescribed *Calcarea carbonica*, but said she might need *Silica* later.

And the effete homœopaths who had undertaken the apparently hopeless case two years before, what had they given? CALCAREA CARBONICA also, for months.

And why were the Irregulars so regular in their methods? Simply because, according to the Law of Similars, it was a typical *Calcarea* case as portrayed by its symptoms, and no man who knew his *Materia Medica Homœopathica* could have been in doubt for a moment as to the medicine that was demanded by those symptoms—so long as they should persist.

After four years of allopathy—“*the modern medicine which meets both trivial and grave diseases, and has rendered Homœopathy effete and powerless*”—this was the state of the child when she happily fell into homœopathic hands. She was nine years old, but she could not stand, even when lifted to her feet and held up, though there was no actual paralysis. She had a large, chalky face, sweating head, damp, cold feet and hands, large abdomen with bulging scar, after an operation in one of her allopathic hospitals, chronic diarrhoea, chronic bronchitis, very crooked legs. She was said to have been practically unable to walk for four years, and at the time that she came under homœopathic care she had to be carried about and nursed and tended as a baby—a fearful drag on the mother, who had a family of little children. Well, after the first dose of *Calcarea carbonica*, “potentised,” she came back in three weeks able to walk a little holding a chair, and saying, “I feel better all over, thank you!” After the second dose she came a month later, able to walk a little alone. All the symptoms improved, and nine months later she was attending a cripples’ school; and after nearly two years of intermittent homœopathic treatment I met her coming out of church on a winter’s night quite alone, as the little sister who usually accompanies her to church twice or even three times on the Sunday had a gumboil and was kept at home. She is a funny little old thing, and has lost four years’ growth; but she is growing now and developing—still helped by very occasional doses of *Calcarea*.

It is because of these things that Homœopathy dies hard, in spite of the fact that it has (in this country) no schools, no status, no licensing body, and that its doctors are all trained first, as Dr. Herbert Smith points out, in the Old School. But to-day scholarships of £150 are given to enable first-class men to go and investigate the subject and get trained for six months in the homœo-

pathic medical schools of America; and by and by, as work improves with training, we shall see what Homœopathy will do—even here.

M. L. TYLER, M.D.

March 16, 1909.

CASES FROM SOUTHPORT.

By DR. SIMPSON.

Case I.—John T., aged forty, baker, exposed to atmosphere of fine dusty particles and the dampness of night air, has a chronic nasal catarrh, racking, exhausting cough, aphonia, < talking, singing, and in evening. *Causticum* 12 *ter die* gave speedy relief, and by prolonging the intervals perfect recovery took place in one month.

Case II.—Mrs. H., aged 29, marked bilious temperament, has been subject to epileptic fits since puberty, during catamenia, at night, often two following each other quickly; digestion feeble, tongue foul, sleepless, face pale during fit, tongue wounded during paroxysm. *Absinthium* 6 each night. She reported next fewer attacks, but they are as severe. Repeat drug. In fourteen days fits still come on twice a week. She was now put on a regular course of *Bromide of Strontium*, gr. 3 each night with the best results, avoiding all salt in food while taking the *Bromide*.

Case III.—G. C., engine-driver, aged 78, has a sharp pain in left sciatic nerve shooting to knee, < by cold and at midnight, with anguish, restlessness. *Arsen. alb.* 6 was curative in a week.

Case IV.—R. G., aged 8, after sitting on a cold stone doorstep, felt severe pain in r. testis, scrotum became red and he could not walk for the severity of the pain. *Apis mell.* 6 quickly cured him; in a week he was free from any distress.

Mary D. had shooting pains in left ovary, aggravated by deep breathing and with contact with bed-clothes, and some swelling. *Graphites* 12 cured. Enlarged bursa patella has subsided entirely after seven days' treatment with *Sticta pulmon.* 3, and sleeplessness from heart disease was improved by *Crategus* 3; chronic bronchitis

by *Hepar sulphur* 12 *ter die* ; flatulent dyspepsia with loud eructations by *Argent. nit.* 30 ; and incipient phthisis by *Tuberculinum* 30.

And so we find voluntary testimony from large numbers who gratefully acknowledge their debt of gratitude to our Dispensary facilities. What we urgently need in every large commercial centre is enlightened public opinion and a capable physician who will supply the popular demand for homœopathic treatment.

Birkdale.

THE *HOSPITAL* ON HOMŒOPATHY.

THE well-known medical weekly journal, the *Hospital*, took the occasion of the Mansion House meeting as the text for a leading article entitled "A Criticism of Homœopathy." The tone of it was less acrimonious than that which orthodox articles usually affect, and was mainly concerned with a fear lest money should be spent by the public on Homœopathy. Incidentally, however, it contended that it was a fallacy to say that modern vaccine therapeutics "are of the essence of Homœopathy," and justified this statement by making the usual assertion that homœopaths regard symptoms only and neglect causes. The following letter was addressed in reply to the Editor, and by his courtesy published in full in the issue of the following week:—

"A CRITICISM OF HOMŒOPATHY."

To the Editor of the Hospital.

SIR,—Homœopaths, remembering past days, should perhaps be grateful to you that your article under this heading is written "more in sorrow than in anger"; but had you studied the subject more profoundly you would have avoided one or two errors. You deny that vaccine therapy is "of the essence" of homœopathy. Well, vaccine therapy consists in treating diseases with substances derived from the very bacilli that cause these diseases, and if that is not treating "likes with likes" then language has no meaning. You are in a position similar to those who maintain that municipal ownership of gas or trams or water is not of the essence of Socialism. It is not the *whole* of Socialism; it may be held desirable by men who do not accept the whole doctrine of Socialism; but

it is Socialism as far as it goes, and rightly so called by those who care to call things by their names.

In the endeavour to escape from the position you (no doubt in ignorance) misrepresent the attitude of the homœopathist towards "symptoms." Let me endeavour to make it clear. The aim of the homœopathist is the aim cherished and recommended by all good clinical teachers—to treat the individual patient. He holds that the symptoms and physical signs of any given case are the result of an agent or agents acting on an individual constitution, of a certain seed, as it were, growing on a certain soil, and that to neglect either seed or soil is to fail in the best way of dealing with a condition which is the result of both. From the *whole*—the totality—of the symptoms and signs he shapes to himself the picture of his case. Now, drugs in their turn produce symptom-complexes comparable to the symptom-complexes of disease. The contention of the homœopathist is that the drug which has produced a symptom-complex most resembling the picture of his given case is the desirable remedy for that case, and the search for and the application of that remedy is the practice of Homœopathy. Therefore the homœopathist applauds the vaccine therapist who distinguishes one kind of cystitis from another. That is individualisation, and is the only road to successful treatment. He knows, indeed, that the vaccine therapist has already found that he must go further and recognise that (say) a staphylococcus vaccine derived from cocci of case A will not necessarily cure a staphylococcal disease in case B, so individual are our cases. Similarly, the homœopathist looks for indications for a remedy for his particular case, not for a remedy for the disease in general. Now the accuracy of this contention of the homœopathist is held by him to depend on the results of his daily experiences with remedies. It is, in fact, a matter for experiment and experience. Any man who will be at pains to master a little drug symptomatology can test the principle of Homœopathy for himself, and homœopathists justly refuse to regard as scientific the procedure of denying their conclusions without testing their evidence. For instance, we all know that cantharides can produce an acute nephritis. Now recently a French doctor (not a homœopathist) has announced that drop doses of tincture of cantharides are very beneficial to cases of acute nephritis. (N.B.—The discovery has been made more than once before.) Now any man can try this for himself. If his experience is successful he will have proved, in one instance at least, that the like can benefit the like, and may be induced to extend his researches; if, on the other hand, he fails to establish a curative relation between drug and disease, his results, carefully recorded, will be a

practical contribution towards a problem which can be settled by prolonged and painstaking experiment better than by *a priori* argument.

Yours faithfully,
C. E. WHEELER.

5, Devonshire Street, Portland Place, W.
April 16th.

EXTRACTS.

SOME PATHOGENETIC STUDIES FROM THE *LANCET*.

THE DANGERS OF MERCURIAL INJECTIONS.

FATAL results from injections of mercury in ordinary doses have now been frequently recorded. In France they have often been reported from injections of "grey oil," a preparation of metallic mercury much used in that country. At a meeting of the Société Médicale des Hôpitaux of Paris on March 27th Professor Gaucher reported the following case, and *à propos* of it described a form of stomatitis which he regards as peculiar to injections of grey oil and not produced by other preparations of mercury. Gangrene of the mucous membrane of the gums occurs and extends more or less to the mucous membrane of the pharynx, and extending also in depth produces gangrene of the cellular tissue of the neck and necrosis of the lower jaw. Professor Gaucher has found that this variety of stomatitis is unilateral and occurs much more frequently on the right side. It is very fatal, and appears to be a variety of the grave mercurial stomatitis of the fifteenth century. A man, aged 45 years, went to hospital on March 22, 1907, with all the symptoms of tabes. He had contracted syphilis twenty years previously. Injections were given daily of 0.02 centigramme of benzoate of mercury. In August he ceased to attend, but he returned on January 23, 1908, with severe mercurial stomatitis. He could open his mouth with difficulty; the tongue was swollen and the mucous membrane of the mouth was turgid, ulcerated, and covered with saliva which flowed away continually. He had been treated for

two months in another hospital, and had been given nine injections of grey oil. After the seventh the gums became painful, and the pain increased after the eighth. Nevertheless the ninth injection was given. The injections were properly administered and there was no albuminuria. The tabetic symptoms were scarcely affected. Frequent lavage of the mouth with oxygenated water, painting the ulcers with tincture of iodine, and iodo-tannic syrup internally were prescribed. The stomatitis improved a little, but suddenly, on February 11th, it assumed its former severity. A gramme of iodide of potassium was prescribed daily. On the following day, when the inflammation was reduced a little, a greyish gangrenous ulcer could be seen on the mucous membrane of the right cheek, which extended on one side to the gum and border of the tongue and on the other to the palate. In the position of the molar teeth, which were absent, was a greyish sequestrum of the inferior maxilla. In the right submaxillary region was a hard swelling which extended on the external surface of the jaw. The urine contained a trace of albumin and a very small quantity of mercury. The presence of the latter more than a month after the cessation of the injections showed that there was still a source of intoxication. In the right buttock a nodule was found which evidently contained a supply of mercury. On the 27th this was removed and the submaxillary swelling was incised, which caused the escape of sero-sanguineous fluid from the œdematous tissues. The incision was sutured and drained. Slow improvement followed, On March 25th and 26th two large sequestra were removed with forceps. Professor Gaucher pointed out the special danger of injections of grey oil as compared with injections of more soluble preparations. The mercury might accumulate and then suddenly undergo absorption with disastrous results. Thus in a case recorded by M. Letulle 21 injections were given almost weekly during a period of four months. Only after an interval of twenty days did the last injection provoke fatal stomatitis. In a recent case reported by Professor Gaucher to the Société de Dermatologie 15 injections were given without interruption: then symptoms similar to those of the case related above occurred and terminated fatally. The *forme spéciale de stomatite mercurielle* produced by injections of grey oil

has, according to Professor Gaucher, the following characteristics. It begins like an ordinary generalised stomatitis. Then the severity of the symptoms diminishes, and the stomatitis becomes localised and necrosis occurs at a point in the maxilla over which the soft parts ulcerate and slough. The bone and the tissues covering it swell and a submaxillary induration is formed. If improvement does not occur the gangrene extends towards the pharynx and trachea, œdema of the glottis results, and tracheotomy becomes necessary. Death from general infection, broncho-pneumonia, or hæmorrhage from ulceration of vessels follows. Treatment consists, in addition to the ordinary measures for stomatitis, in excision of any nodules due to the injections which can be felt or are revealed by radiography, and in incision and drainage of the submaxillary swelling to permit the escape of serum and to prevent œdema of the glottis. But more important is prevention—the disuse of injections of insoluble preparations of mercury.

SYMPTOMS OF ANILINE BLACK.

The following symptoms are recorded in a case of aniline poisoning in a girl of seven, the sequence of painting the shoes with aniline black: Pallid face, eyes sunken, nostrils pinched, and an expression of anguish. The lips violaceous, almost black, the nails the same, the general surface cold. Constant nausea with some bilious vomiting. Tenesmus with constant desire to go to stool but no evacuations, and strangury. Pulse 144, respirations 30. Slight fronto-occipital headache and drowsiness. The bluish colour of lips and nails was the first symptom to appear, then vomiting, then headache, dyspnoea, tachycardia, and tenesmus. Under *Caffeine* and rest and warmth recovery rapidly ensued. Albumin was found in the urine passed during the attack.

CANTHARIDES POISONING.

To the Editor of the Lancet.

SIR,—Since communicating with you recently *re* a case of acute cantharides poisoning in an adult,* a second case

* See *The Lancet*, September 12, 1908, p. 800.

of a very similar nature has come under my notice and I venture therefore to record these few additional facts.

The patient, an Austrian subject, was admitted to one of the private wards of Johannesburg Hospital on July 26th, under the care of Dr. H. B. Currie, giving a history as follows. He was taken ill on Saturday, July 18th, with (1) stabbing pain in the left side just at the costal margin, and (2) pain in the knee-joint (right). On the 24th he developed a cough, which was associated with scanty muco-purulent expectoration of a greenish tint, whilst the pain previously in existence became intensified and shortness of breath on exertion was experienced. Accordingly, he consulted a practitioner in town, who advised the application of a blister. At 8 a.m. on the 25th a piece of plaster (emплаstrum cantharidis B.P.), measuring $5\frac{1}{2}$ inches by $4\frac{1}{2}$ inches, was applied to the chest wall below and to the outer side of the left nipple. Thirteen hours afterwards (at 9 p.m.) the first symptoms appeared. The patient states that he felt a desire to pass urine every hour or so and could not keep (*i.e.*, retain) it for a longer period. Pain was experienced at the end of the penis when the act was nearing completion; the urine voided was the colour of beetroot water. Headache developed in conjunction with the other symptoms, but there was neither vomiting nor purging; indeed, it appears that for the first forty-eight hours the bowels remained inactive.

On admission, on Sunday, July 26th, the physical signs indicative of disease were those of pleurisy with effusion on the left side. There was a raw surface measuring $5\frac{1}{2}$ inches by $4\frac{1}{2}$ inches below and to the outer surface of the nipple. The temperature was 102° F., pulse 106, and respirations 39 per minute. The patient's tongue was heavily coated. His bowels had not been opened since the 24th. The right border of the heart extended a finger's-breadth beyond the edge of the sternum; the apex beat was well defined, being visible in the fifth left interspace at a point one inch internal to the nipple line (very little displacement noted). The first and second sounds were clear at the apex and there was no suspicion of a murmur. The belly wall was not rigid and there was a complete absence of abdominal pain and tenderness. The patient apparently did *not* experience pain in the region of the kidneys. There was no undue frequency of micturi-

tion though a good deal of pain of a burning nature was present just within the orifice of the urethra towards the end of the act of micturition. The urine was loaded with amorphous urates and red cells and yielded after careful filtration a well-defined cloud of albumin. The specific gravity of the filtered urine was 1028, and it was acid in its reaction to litmus paper. A subsequent analysis made on July 28th yielded results as follows: Specific gravity of filtered urine, 1027; reaction of filtered urine, acid; fairly dense cloud of albumin precipitated on warming the solution; centrifugalised deposit found to consist of amorphous urates, leucocytes, red blood cells, granular casts, and a few kidney cells. A third analysis carried out on the 30th demonstrated the existence of numerous kidney cells. The specimen of urine selected for examination proved turbid from precipitation of mucus and urates, but cleared up on gently warming. Its specific gravity was 1022 and reaction was acid as on previous occasions. The centrifugalised sediment yielded one or two red blood corpuscles, a fair sprinkling of leucocytes, several short granular and hyaline casts, a few epithelial cells from the urinary passages, and quite a number of renal epithelial cells with coarsely granular protoplasm, scattered and in groups of from 20 to 30 or more. On August 1st the chief change noted was a diminution in the number of formed elements. Beyond a few truncated granular casts and kidney cells, all in an advanced stage of degeneration, there was nothing visible, red and white blood corpuscles being conspicuous by their absence. The final examination was conducted on August 5th, when, apart from any marked alteration in the character of the physical signs, the urine was found to be normal, in colour pale amber tint, reaction acid with litmus as indicator, specific gravity 1022, no albumin, no deposit, but just a trace of mucus in suspension, as is commonly observed in the case of healthy individuals.

The points of interest are these: 1. The comparative length of time that elapsed before symptoms manifested themselves (12 hours). This may be accounted for in part by the character of the preparation used, the proportion of the active ingredient in the plaster being 1 in 3 approximately and in the liquor 1 in 2. The personal factor has likewise to be taken into consideration, patients

varying, no doubt, in their susceptibility to the influence of the drug. In this direction it is of interest to recall certain observations made by Christison in dealing with the subject of poisoning by cantharides. He remarks that "it is probable that this is one of the poisons whose operation is liable to be materially affected by idiosyncrasy. The medical dose is from $\frac{1}{2}$ gr. to 2 grs. of the powder, and from 10 drops to 2 drs.* of the tincture. But Dr. Beck has quoted an instance where 6 ozs. of the tincture were taken without injury. On the other hand, Werlhoff has mentioned the case of a lad who used to be attacked with erection and involuntary emission on merely smelling the powder." This statement, adds Christison, though extraordinary, is not without support from the parallel effects of other substances. 2. Absence of symptoms due to the manner in which the drug is excreted by the gastro-intestinal mucous membrane; there was neither vomiting nor diarrhœa; indeed, it was necessary to administer purgatives before the bowels could be induced to act. 3. Absence of symptoms referable to the genital organs; no heat, no pain, tenderness, or swelling of the parts having been observed, and no spermatozoa having been detected in the urinary sediment, though looked for on several occasions. Christison remarks that whilst "a great number of cases are on record, but few have been minutely related. Sometimes cantharides have been swallowed for the purpose of self-destruction, sometimes for procuring miscarriage; but most frequently on account of a prevalent notion that it possesses aphrodisiac properties, it has been both voluntarily swallowed and secretly administered to excite the venereal appetite. That it has this effect in many instances cannot be doubted. But the old stories which have been the cause of its being so frequently used for the purpose are many of them fabulous and all exaggerated. Often no venereal appetite is excited, sometimes even no affection of the urinary or genital organs at all, and the kidneys and bladder may be powerfully affected without the genital organs participating. It is established, too, by frequent observation that the excitement of the genital organs can never be induced without other violent constitutional

* The present official dose of the tincture of cantharides is from 5 to 15 minims, or from 2 to 5 minims if used repeatedly.—ED. L.

symptoms being also brought on, to the great hazard of life."

The patient is convalescent at the present time, a natural cure having been effected by resorption of the pleural exudate. The urine is quite normal. In conclusion, I beg to state my indebtedness to Dr. Currie for permission to publish brief notes on the case.

I am, Sir, yours faithfully,

J. STANLEY AVERY, M.B., B.S. Lond.,
House Physician, Johannesburg Hospital.

THE OATMEAL TREATMENT OF DIABETES.

By PROFESSOR CARL VON NOORDEN.

From the *Medical Press*, May, 1909.

DR. VON NOORDEN'S treatment of diabetes by oatmeal has attracted a good deal of attention, and good results have been claimed for it. We are sure, therefore, that our readers will be interested in this article, which appeared in the *Medical Press*. It is the more important to homœopathists in that (as will be found in what follows) Dr. von Noorden now believes the beneficial effect of the treatment to lie in a specific medicinal quality in the oat. We already employ the tincture of *Avena sat.*, and may thus find another and important use for it.

"At the Congress of the German Scientists held in the year 1902 I gave for the first time a report about oatmeal cures in the case of diabetes mellitus. I had gained the experience that many diabetic patients had borne the diet of oatmeal very well, so that we could give them great quantities of the same, without causing glycosuria, while all other carbohydrates brought on excessive sugar secretions. Indeed, it was possible sometimes under the influence of oatmeal (50 grammes a day and more) to cause the sugar to disappear altogether, where the strictest diet, perfectly free from carbohydrates, did not render the urine perfectly free from sugar. It seemed even as if in such severe cases the oatmeal had a more favourable effect and was borne better than in slighter cases of diabetes. These experiences as to the effect of oatmeal were quite paradoxical, *i.e.*, they seemed to contradict all former experiences as to the influence of carbohydrates on diabetes mellitus. One must

remember that 250 grammes of oatmeal contain not less than 180 grammes to 190 grammes of pure starch.

“In the 6½ years since my first publication a number of communications on the subject from other authors have appeared. Most of them endorsed my opinions entirely, others differed from them. I can perfectly well understand that some of these writers arrived at unfavourable results, for, firstly, it is absolutely necessary at the commencement of an oatmeal cure to keep strictly to definite rules, acquired by experience, and this was not always the case with those who had had bad results. And, secondly, I have myself pointed out from the beginning that only a small portion of diabetic patients are benefited by the oatmeal cure, while the majority are unfavourably influenced by it. He who has only to do with single cases will, for this reason, never be able to form a correct opinion.

“Since I made a trial of the oatmeal cure for the first time in the year 1899 I have treated 2,000 cases of diabetes for weeks in my public and private clinics. In the case of 400 of these patients the oatmeal cure was applied, and I am now in a position to give a definite judgment as to the practical value of the same, although we are still far from being able to offer an explanation of this enigmatical result.

“METHOD OF PROCEDURE.

“I will next explain my method of procedure in the oatmeal cure: It is absolutely necessary before beginning the oatmeal cure to cleanse the urine entirely or almost entirely from sugar. This is done by restricting the patient for some days to the usual diabetes diet of absolutely no sugar or no starchy foods. If by this means they are still not free from sugar, as sometimes happens in severe cases, the patient must have two ‘vegetable days.’ The food consists on these days of the following elements:—

“Tea, coffee (without additions), meat broth, made from beef, veal, mutton, or chicken, five whole eggs (hens’ eggs) and five yolks of eggs, fresh vegetables, as spinach, green salad, cucumbers, tomatoes, cauliflowers, asparagus, sauerkraut, &c., butter, bacon, marrow of bone—oil, lemon, vinegar, mineral waters, half-bottle of claret, one or two small glasses of cognac or whisky.

“One finds in the severest cases that small quantities of sugar remain in the urine. Sometimes the aceton-bodies increase.

“The oat cure consists in the daily administration of 250 to 300 grammes of oatmeal, best given in the form of gruel or porridge, every two hours, 200 to 300 grs. of butter, and about

100 grs. of vegetable proteid or eight eggs may be taken in addition. Most of the patients prefer the eggs. Nothing else is allowed except black coffee or tea, lemon juice, good old wine or a little brandy or whisky. In many cases you will see that these large quantities of oatmeal agree excellently with the patient and that either no sugar at all or only 20 to 30 grs. can be found in the urine; this shows that by far the largest quantity of carbohydrates of the oatmeal have been assimilated.

“After the three oatmeal-days it is absolutely necessary to let two vegetable-days follow; should the urine not have become sugar-free during the oatmeal-days, it will become so in nearly all cases.

“It is exceedingly useful then to let again three oatmeal-days follow at once, upon which two vegetable-days should succeed.

“Now only may one begin to let slowly other foods be added to the foods which are allowed on the vegetable-days. One may best try with an addition of fish, 200 to 300 grammes, and only when the proof has been given that fish does not let sugar reappear in the urine, some meat may be taken. In severe cases, however, this should never be more than 200 grammes weighed cooked. Later on, cheese and cream are allowed. Now the patient has again arrived at a diet which is called the ordinary strict diabetic diet. One will notice that he now with this diet eliminates much less sugar, and that the quantities of acetone are much smaller than they were before the oatmeal cure began. It is then allowable to try small quantities of other carbohydrates (bread, potatoes, and others).

“PRACTICAL RESULTS.

“My practical experiences are the following:—Amongst about 400 patients upon whom I tried the oatmeal cure I gained excellent results with 28 per cent., that is, such results as can be compared with the above example. The best results were gained with children, young men and women, and grown-up people to about 40 years old. For older diabetics the oatmeal cure is not so suitable, although I had some good results with people between 50 and 70 years of age. Far the best results were obtained in medium cases. Very severe and quite slight ones are not suitable for this cure. Diabetic patients with nephritis should on no account be exposed to the oatmeal treatment, because mostly œdema results, which only disappears slowly. Often the oatmeal produces strong diarrhœa. This can be prevented by ordering *Tincture of Opium* during the cure, which will make the diarrhœa disappear at once (five times a day five drops of *Tincture of Opium*). Such patients who suffer from bad secretion of the pancreatic gland may

not undergo the oatmeal treatment. They would acquire severe fatty diarrhœa (steatorrhœa), which leaves them very weakened.

“The good results of the cure will always fail to come as soon as other carbohydrates are added to the oatmeal, and it is also disadvantageous to add meat, or extract of meat, or meat broth, or casein, plasmon, and other foods of this kind. Should diabetic coma threaten, there cannot be found a better means to avert the danger of the auto-intoxication than the oatmeal cure. In such cases it is most important to cause the re-sorption and assimilation of as many carbohydrates as possible. Next to this, of course, alkalines must be supplied.

“The oatmeal treatment cannot cure the diabetes mellitus, but it can considerably diminish its danger. It is of the greatest importance that from time to time the patients should assimilate large quantities of carbohydrates. Thereby the danger of acid poisoning is averted. For this reason I prescribe, in such cases in which the treatment has turned out well, a repetition of the oatmeal cure four or five times a year. The cure always takes one week as follows, that is, two vegetable-days, three oatmeal-days.

“One often has technical difficulties in accomplishing the cure, and it is nearly always impossible to achieve good results if the patient undergoes the cure the first time in his own home. I therefore always insist upon his undergoing the treatment for the first time in a hospital or in a sanatorium. As soon as once he has learned how to behave during the oatmeal-days, the later cures can easily be undergone at home.

“EXPLANATION OF THE RESULT.

“It has been said that the results of the oatmeal cure depend upon the diminution of the proteids; one knows that diabetics often stand more carbohydrates when taking only few proteids than they do when taking many proteids. But this interpretation is wrong. The results of the cure are the same: if 100 grs. of vegetable proteids or eight eggs are added—even more eggs could be allowed, but meat would disagree. It has been said that glycosuria does not result from oatmeal, because the starch of the oatmeal ferments in the intestinal canal, and that consequently only fatty acids and no carbohydrates are resorbed. But this objection is wrong; for the composition of the fœces is in far the most cases quite normal; moreover, the decrease of aceton proves with certainty the resorption and assimilation of carbohydrates.

“I previously thought and taught that the particular nature of the amyllum, which oatmeal contains, was the reason of its good assimilation. It is known that some carbohydrates agree

better with diabetic persons than others, such as lactose, which is better tolerated than ordinary sugar and all the other ordinary amyloses. We have tried to prepare the starch of the oatmeal quite pure and to compare its effect upon the diabetic patient with the starches of various other substances (from wheat, rye, potatoes, &c.). But the pure starch of oats acts just as unfavourably upon the glycosuria as other starch does. However, it is sure that the starch, when prepared pure, undergoes certain alterations in its chemical constitution. Possible it is that the starch of oats in its original constitution possesses quite different qualities than the pure oat starch, and that, indeed, it agrees better with the diabetic than other starches. Latterly our attention is directed to the fats of the oat. We found that the alcoholic and etheric extract of the oat contains substances of very great and toxic power. If you give to a small dog a subcutaneous injection of one gramme of concentrated oat-extract, which contains the fats and the lipoids, the animal dies paralysed in twenty-four hours.

“EXPERIMENTS ON ANIMALS.

“We caused artificial glycosuria in dogs by injection of adrenalin. When, at the same time, we injected a small quantity of oat-extract, no glycosuria arose. As there is no doubt that the adrenalin diminishes the internal secretion of the pancreatic gland, the probability arises that the oat-extract has the opposite effect, *i.e.*, that the extract is a stimulus for the pancreatic secretion. After extirpation of the pancreatic gland in animals, the oatmeal treatment has a very bad effect, and also the oat-extract does not diminish the glycosuria. Also this seems to prove that the oat-extract only acts by influencing the internal pancreatic secretion in a direct and specific manner.

“You must acknowledge that these experiments give a good prospect for the treatment of diabetes in men. Until now we did not dare to administer the oat-extract in cases of diabetes, because all the extracts which we prepared were eminently poisonous; but, of course, the experiments are continued. We hope to gain such extracts of oats, which are not so poisonous, but which produce the wished-for good effect upon glycosuria.

“As we see things to-day, we presume that the astonishing effect of the oatmeal treatment is due to the circumstance that with the oats we introduce into the body small amounts of a substance which acts as a stimulant upon the internal secretion of the pancreatic gland. Why this good effect only is met with in certain cases and missed in others we cannot yet tell.”

REVIEWS.

THE INORGANIC MATERIA MEDICA OF
DR. HUGO SCHULZ.

By DR. C. E. WHEELER.

(Continued from p. 34.)

DR. SCHULZ concludes his studies of the compounds of chlorine with a lecture on *Chloroform* and *Chloral Hydrate*. Concerning the last he has some decided warnings to give. "Every hypnotic is a nerve poison," and upon this text he preaches a salutary sermon. There is much of interest to the homœopathist in the discussion of the pathological effects of chloral, and Dr. Schulz adds to a statement of the well-known depressive effect of the drug on the heart, the remark that *small* doses will often prove a heart stimulant. The use of a weak solution locally in urticaria is also interesting, in view of the power of chloral to produce erythematous and urticarial rashes. The subject of the following lecture is *Iodine*. Its effects on the nervous system are described as psychical disturbances tending to anxiety and melancholy (even suicidal melancholy), and to sleeplessness, headache, < frontal and facial neuralgia. Pains in the limbs and muscular twitchings and disturbances of the special senses are further indications of the action of *Iodine* on the nervous tissue. A case quoted of Iodoform poisoning that simulated chorea gives a hint to the homœopathist.

Pains (resembling rheumatic pains) in the neck and muscles of the upper arm are noted as occurring. Rapid pulse and palpitation are frequently observed, and their relation to Graves' disease is discussed by the lecturer, and the effects of *Iodine* on other organs are duly recorded. An interesting statement of Rademacher is quoted to the effect that *Iodine* is typically a pancreatic remedy. Dr. Schulz compares for us the power of *Iodine* to cause the disappearance of fatty deposits and its power also to fatten the thin under some circumstances. He holds definitely that cod-liver oil is to be regarded as a drug containing *Iodine*, rather than as a mere fat, and at this point, discussing the use of *Iodine* in the scrofulous and in tuberculosis, praises the *Iodide of Iron*, a drug that homœopathists use, on the whole, less than they well might. He values

Iodine as a dynamic antidote to mercurial poisoning. Dr. Schulz praises *Iodine* for goître, but adds the remark, "not every goître will react to *Iodine*," and continues on the necessity of individualising in a thoroughly satisfactory way. He deduces its use in conjunctival, nasal, and bronchial catarrhs from its pathogenetic effects on these regions, and, of course, treats at length of its use in syphilis. On the subject of dosage he says, "We shall often find that large doses act less effectively than small," and boldly maintains that it is mainly an unworthy fear of homœopathy that makes men cling so persistently to heavy dosing. He closes the chapter with a paragraph on Rademacher's use of the drug (naming it for carcinoma of the stomach and infantile diarrhœa with stinking, bright yellow stools), and another on the sphere assigned to it by homœopathy. Of the virtues of the 3x potency he speaks from his own experience.

(To be continued.)

THE DIRECTORY FOR 1909.*

It is two years since the last edition of the *Directory*, and Dr. Day is to be congratulated on completing this new one. Many new names are included, and it has been found necessary to omit the interesting calendar printed in the last issue. There is noticeably a very complete list for Austria, thanks to Dr. Sirsch. It is impossible to overrate the importance of the *Directory*, not only as a compendium of information, but also as a bond of union and a testimony to solidarity among homœopaths all over the world.

DR. DEWEY'S ESSENTIALS.†

THE fact that this volume has reached a fourth edition is evidence enough that it has been found of value. It is

* *International Homœopathic Medical Directory*, 1909. Price, 2s. 6d. London: Homœopathic Publishing Co., 12, Warwick Lane.

† *Essentials of Homœopathic Materia Medica and Homœopathic Pharmacy*: Being a Quiz Compend upon the Principles of Homœopathy, Homœopathic Pharmacy, and Homœopathic Materia Medica arranged and compiled for the use of students of medicine. By W. A. Dewey, M.D. Fourth revised edition. 372 pages. Cloth, 7s. net. Flexible leather, 8s. net. 1908. Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Co., 12, Warwick Lane.

essentially a student's book, and must at present command a larger public in America, where students are more numerous than here, where, alas! they are few. But when the B.H.A. School gets fairly started we may be able to set up a demand for Dr. Dewey's book. It is a book for beginners, an introduction to the materia medica, even, it may be said, an examination book, and in all these capacities it will be found useful. Three hundred and twenty-nine remedies fall within its scope, so that a good knowledge of the contents of this volume would equip the student well for a start in practice; but its method of question and answer, while admirable to enable students to help one another, is somewhat trying for the busy practitioner to read, though it embodies much first-rate material.

RADEMACHER.*

THE late Dr. Burnett accustomed us to consider Rademacher as a physician and pioneer of great importance, and we are sure all homœopathists will welcome this opportunity of making the acquaintance of some of his original writings. Dr. Ramseyer has abridged somewhat, but claims to have omitted nothing of importance. Rademacher was evidently the most modest of physicians, but undoubtedly the hint he took from Paracelsus and developed into organopathy is one we do well to study. There are many cases wherein it is possible to say that disease is pre-eminently located in one organ, and there are, on the other hand, many drugs that pre-eminently affect certain organs. To use the organ remedy for the organ disease is a procedure that cannot always be brought within the four corners of our present knowledge of drug pathogenesis, but, nevertheless, it is an attempt to get a specific remedy which may well be of occasional service. Rademacher was evidently a very successful physician. His dosage seems large, even for his day, though he was always ready to admit that frequently a smaller dose would succeed where a large

* *Rademacher's Universal and Organ Remedies.* (Erfahrungsheillehre.) Abridged and translated by A. A. Ramseyer. "Prove all things; hold fast that which is good." 104 pages. Cloth, 4s. net. 1909. Philadelphia: Boericke and Tafel, London: Homœopathic Publishing Co., 12, Warwick Lane.

one would fail, and he had a firm realisation of the folly of treating the *names* of diseases, as every case differs from every other and may well require a different remedy. He speaks well of Hahnemann, Dr. Ramseyer tells us, though he rejected the law. There are chapters on Universal Remedies and on Organ Remedies, and among the latter, liver, spleen, pancreas, kidneys, heart, lungs, eye, nose, mouth, brain, skin, and muscle are all considered, and other localities. The book will be found not only interesting, but valuable.

A GUIDE TO SCHÜSSLER'S REMEDIES.*

THIS book is small, but will be found a very complete guide to the use of the biochemical remedies. Schüssler retained much of value from his homœopathic training while evolving his system, and in many cases the "indicated" and biochemical remedies will be found to be identical. In any case, we have much for which to be grateful to him (*e.g.*, the use of *Kali mur.*), and those who long for a simplification of the task of prescribing will find many hints in the nosological dictionary of the remedies that forms more than half of this work.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE eighth meeting of the Session was held on May 6th at the London Homœopathic Hospital. Dr. Stonham, the Vice-President, was in the chair. Dr. A. S. Kennedy was proposed for membership.

Dr. G. Goldsbrough read a paper upon "Cases Illustrating the Problem of Dosage."

After a few remarks on the perennial interest of this question, Dr. Goldsbrough maintained that in the present state of our knowledge we had insufficient material upon which to found any generalisations concerning dosage, and that consequently in every administration of a drug

* *A Guide to the Twelve Tissue Remedies of Biochemistry.* The Cell-salts, Biochemic or Schüssler Remedies. By E. P. Anshutz. 91 pages. Cloth, 3s. 1909. Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Co., 12, Warwick Lane.

the dose was really experimental. He illustrated these points by a series of cases. First, he described two cases of facial paralysis cured by *Causticum*, the first where the c.m. (Nash) dilution was markedly successful, the second where the same dilution caused but slight improvement, but the 12th t.d.s. cured. He next described an obstinate case of trigeminal neuralgia, wherein, though *Spigelia*, *Arsenicum*, and other remedies helped, most relief was obtained from doses of a low attenuation of *Phosphorus*, given primarily in the hope of improving nerve nutrition.

His next case was one of mucous colitis, cured by general hospital treatment and *Mag. mur.* 6 and 30. A case of acute nephritis was cited wherein two intercurrent doses of *Influenzinum* 30 seemed to cause an aggravation. *Apis*, *Tereb.*, and *Cantharis* were of service, and *Crotalus* finally cleared up the case. Contrasting with this was a case of chronic nephritis, which showed extraordinary tolerance of massive doses of *Belladonna* ϕ given to relieve asthma, and successful in so doing. Finally, two cases of chronic eczema in children were described, which illustrated the beneficial effect of doses given at rare intervals. The first was influenced in an extraordinary way by *Thuja* 30. A severe aggravation followed an incautious repetition of the dose, but cure ultimately resulted, although the child had till then never been free of the disease, which seemed to have originated in vaccination. The second case was most helped by *Graphites*, but required other remedies, and seemed to benefit by local applications.

The paper was listened to with close attention. Dr. Stonham, Dr. Alexander, Dr. Cooper, Mr. Eadie, Dr. Elwood, Dr. Wheeler, Dr. Hey, and Dr. Purdom, jun., spoke in the discussion, and Dr. Goldsbrough replied. The cases brought forward served not only for comment, but to suggest others to the various speakers, with the result that an excellent clinical evening was spent—one very profitable to Homœopathy. It is only to be regretted that the attendance was more meagre than usual.

BRITISH HOMŒOPATHIC CONGRESS, 1909.

President—Thomas Wesley Burwood, L.R.C.P. (Edinburgh), &c.

The Annual Congress will be held this year in London, at the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C. (by the kind permission of the Board of Management), on Thursday, July 1st.

The Presidential Address will be delivered at 10 o'clock a.m. punctually, entitled "After Forty Years, a Retrospect," by Thomas Wesley Burwood, L.R.C.P. Edin., &c., Consulting Physician to the Ealing and West Middlesex Homœopathic Dispensary; formerly physician to the London Homœopathic Hospital. Any strangers, ladies as well as gentlemen, who may desire to hear the President's address will be welcome. The Council having approved the Minutes of the last Congress recommend them for confirmation by the Congress.

The subject selected by the Council for the papers and discussion is "Tuberculosis."

The first paper, entitled "The Therapeutics of Tuberculosis in General," will then be read by Charles Edwin Wheeler, M.D. Lond., B.S. Lond.

The second paper, entitled "Pulmonary or Respiratory Tuberculosis," will next be read by Alfred Midgley Cash, M.D., C.M., of Torquay. The Congress will then adjourn for luncheon at 1 o'clock to the Imperial Hotel, Russell Square, W.C. The homœopathic practitioners in London and the neighbourhood invite the other members of Congress to be their guests on this occasion.

The Congress will reassemble at the London Homœopathic Hospital at 2.15 punctually, when the third paper, entitled "Abdominal Tuberculosis," will be read by George Burford, M.B., C.M. Aberd., Senior Physician for Diseases of Women at the London Homœopathic Hospital.

The fourth paper, entitled "Tuberculosis of Skin and Glands," will then be read by Harold Wynne Thomas, L.R.C.P. Lond. and M.R.C.S. Eng., Physician to the Phillips Memorial Hospital, Bromley, Kent. The discussion on the four papers will then follow.

After the discussion is concluded (about 4 p.m.) the Congress will take up the formal business, viz.—(1) The place of meeting of Congress for 1910; (2) The election of President; (3) The election of Vice-President, of the

Hon. Secretary, of the Hon. Treasurer and of the Hon. Local Secretary; and (4) any other business that may be competent. This will conclude the proceedings.

N.B.—Should the President consider that there is time before the adjournment for lunch to commence the discussion on the first two papers, or to have the third paper read, the Council leave this to his decision.

The Congress will then be entertained at afternoon tea, at the kind invitation of the Board of Management of the Hospital.

The members of Congress, with their friends, ladies as well as gentlemen, will dine together, at 7.30 o'clock, at De Keyser's Royal Hotel, Victoria Embankment, E.C. (close to Blackfriars Bridge and Station).

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS AND DONATIONS RECEIVED FROM APRIL 7 TO MAY 15, 1909.

GENERAL FUND.

	<i>Donations.</i>	<i>Subscriptions.</i>
	£ s. d.	£ s. d.
J. G. Ronald, Esq.	5 5 0
Dr. E. A. Neatby	2 2 0
Dr. O. Bodman	0 10 6

LADIES' NORTHERN BRANCH.

Mrs. Jesse Haworth ... ..	...	2 2 0
G. Faulkener Armitage, Esq. ... ..	...	1 1 0
Mrs. Patterson... ..	...	1 0 0

COMPTON BURNETT FUND.

Anon	85 0 0	
S. H.	0 10 0	
Per the National Homœopathic Fund,		
Dr. and Mrs. Clarke	50 0 0	

RESEARCH WORK.

Per the National Homœopathic Fund,		
W. Lee Mathews, Esq. ... ..	...	5 5 0

LADIES' BRANCH.

Miss Cruikshank ... ..	...	1 1 0
Mrs. Swain	0 2 6	
A. E. Bonner, Esq.	0 5 0	

NOTIFICATION.

* * * Under this heading we shall be happy to insert notices of appointments, changes of addresses, &c., and holiday arrangements.

DR. BERNARD S. ARNULPHY, of Nice, will be during the summer at 60, Rue Nationale, Evian.

CORRESPONDENCE.

LACHESIS MUTUS.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—I have received from Boericke and Runyon, of New York, a photograph of the new snake that they have captured in the island of Trinity, and from which they have extracted the venom to sell as *Lachesis*.

With the same scientific loyalty with which I have corrected, in your issue of February, the error of zoological classification of their first snake (the *Lachesis lanceolatus*, improperly named by M. Ditmars *Lachesis trigonocephalus*), I fulfil the duty of making known that this new snake of Boericke and Runyon is really a true *Lachesis mutus* (the *Surucucu* of Hering), marked *along the back with large rhomboidal spots of a blackish-brown colour, each of which encloses two spots of the colour of the body*, and that, therefore, the homœopathic pharmacy has now a legitimate fresh supply of *Lachesis*.

I am, yours faithfully,

NILO CAIRO, M.D.

(Editor of the *Brazilian Homœopathic Review*.)

Curityba, Paraná, Brazil.

March 29, 1909.

FICUS RELIGIOSA.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—In reference to the letter you publish from Dr. Ghose (May issue of the HOMŒOPATHIC WORLD), we

would state that the tincture of *Ficus religiosa* that we have sold, and at present have in stock, was imported by us from Calcutta, and presumably prepared by Dr. Ghose, as can easily be shown by correspondence in our letter files. It is true we did receive some of the dried leaves of the tree, but made no use of them; they were thrown away. The *Homœopathic Recorder* published Dr. Ghose's paper introducing the drug and, later, Drs. Mattoli and King's statements that they could obtain no results from the drug; and still later, a letter from Dr. Yingling, who says that he has found marked results from it in the 3rd potency. These are the facts of the case.

Very truly yours,

BOERICKE AND TAFEL, INC.,

Philadelphia, Pa., May 14, 1909.

Obituary.

DR. PIERRE VAN DEN NEUCKER.

WE regret to have to announce the death of Dr. Van den Neucker, the *doyen* of Belgian Homœopathy, which took place on April 21st. Dr. Van den Neucker had long and faithfully upheld the banner of Homœopathy in Belgium, and his death, though crowning a fine career, leaves a gap that it will be hard to fill. Fortunately Homœopathy has many keen adherents in the Low Countries, and we know that this loss will only stimulate those who remain to greater endeavour.

FRENCH BIRTH-RATE GROWING.—For the first time for many years the latest statistics of births in France show an upward tendency. The *Morning Post* Paris correspondent says that in the first six months of 1907 the death-rate showed an excess of 55,007 over the birth-rate. If that proportion continued the French people must necessarily die out. But the corresponding period of 1908 has turned the tables. In those six months births exceeded deaths by 11,066. The difference is due not only to the fact that the death-rate was lowered from 457,000 to 390,000, but also to a net increase of births, which rose from 402,000 to 411,000.—*Westminster Gazette*, January 18, 1909.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
 BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED
 DURING THE PAST MONTH.

- Archives of Middlesex Hospital. Vol. 3. 7th Report of the Cancer Research Laboratories. Roy. 8vo, sd. (Macmillan. Net, 7s. 6d.)
- Bennett (Sir William H.). Lecture on the Use of Massage and Early Movements in Recent Fractures and other Common Surgical Injuries, &c. 4th ed., 8vo. (Longman's. 6s.)
- Bennett (Victoria E. M.). Lectures to Practising Midwives. 8vo, pp. 270. (Baillière. Net, 4s.)
- Binnie (J. F.). Manual of Operative Surgery. Vol. 1. 4th ed. Cr. 8vo. (H. K. Lewis. Lr. net, 14s.)
- Black (George). The Doctor at Home and Nurse's Guide Book. New ed. Cr. 8vo, pp. 624. (Ward, Lock. 5s.)
- Browne (J. Crichton). Parsimony in Nutrition. Cr. 8vo. (Funk & W. 3s.)
- Burnet (James). The Pocket Prescriber. 64mo, pp. 98. (J. Currie [Edinburgh]. Net, 1s.)
- Dana (C. L.). Text-Book of Nervous Diseases and Psychiatry. 7th ed. Roy. 8vo. (Churchill. Net, 25s.)
- Greenish (Henry G.). A Text Book of Materia Medica. 2nd ed. 8vo, pp. 652. (Churchill. Net, 15s.)
- Hogarth (A. H.). Medical Inspection of Schools. (Oxford Medical Publications.) Cr. 8vo, pp. 368. (H. Frowde. Net, 6s.)
- Hunter (William). Severest Anæmias, their Infective Nature, Diagnosis, and Treatment. Vol. 1. 8vo, pp. 246. (Macmillan. Net, 10s.)
- Husband (H. Aubrey). The Students' Pocket Prescriber. New ed. 64mo, pp. 176. (Livingstone. Limp, net, 1s. 6d.)
- Lane (W. A.). The Operative Treatment of Chronic Constipation. 4to, sd. (Nisbet. Net, 2s. 6d.)
- Macdonald (Isabel). Home Nursing, with Notes on the Preservation of Health. 12mo, pp. 342. (Macmillan. Net, 2s. 6d.)
- Murrell (William). Aids to Forensic Medicine and Toxicology. 7th ed. (Students Aids Series.) 12mo, pp. 134. (Baillière. Net, 2s. 6d, sd. 2s.)
- Nightingale (Florence). Notes on Nursing. New ed. Cr. 8vo, pp. 112. (Harrison & Sons. Net, 1s. 6d.)
- Parkes (Louis C.). House-Drainage, Sewerage, and Sewage Disposal in Relation to Health. Cr. 8vo, pp. 150. (H. C. Lewis. Bds, net, 2s. 6d.)
- Politzer (Adam). A Text Book of the Diseases of the Ear. 5th ed. Revised and enlarged. 8vo, pp. 906. (Baillière. Net, 25s.)
- Publications of the Research Defence Society. March, 1908, to March, 1909. Selected by the Committee. 8vo, pp. xv—216. (Macmillan. Net, 2s. 6d.)
- Rademacher's Universal and Organ Remedies. (Erfahrungshellehre.) Abridged and translated by A. A. Ramseyer. Cr. 8vo, pp. 104. (Homœo. Pub. Co. Net, 5s.)
- Sinclair (Upton) and Williams (M.). The Art of Health. A Primer of the New Hygiene. 12mo, pp. 250. (Health and Strength. Net, 5s.)
- Still (George Frederick). Common Disorders and Diseases of Childhood. (Oxford Medical Publications.) 8vo, pp. 744. (H. Frowde. Net, 15s.)
- West (C. Ernest) and Scott (Sydney R.). The Operations of Aural Surgery, together with those for the Relief of the Intracranial Complications of Suppurative Otitis Media. 8vo, pp. 214. (H. K. Lewis. Net, 7s. 6d.)
- Whitelocke (R. H. Anglin). Sprains and Allied Injuries of Joints. (Oxford Medical Publications.) 8vo, pp. 258. (H. Frowde. Net, 7s. 6d.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, *Devonshire Street, Portland Place, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

Dr. Murray Moore, Leamington.—Dr. Schlegel, Tübingen.—Mr. A. Vinden, Dulwich, London.—Douglas, Esq., Edinburgh.—Dr. Rivière, Paris.—Dr. Arnulphy, Nice.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Propaganda Homœopatica.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de

Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Journal Brit. Hom. Soc.—Diagnosis of Incipient Pulmonary Tuberculosis, Rankin.—Respiratory Organs, Nash.

The Homœopathic World.

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VARIETIES.

MEDICAL AND SURGICAL WORKS.

TO CONTRIBUTORS & CORRESPONDENTS.

THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1909.

THE DOSE PROBLEM.

A TIMELY contribution has reached us to the discussion we hoped to initiate by our leader of last month, and now hope to see continued for some time, until the experiences of our readers shall have begun the task of collecting material for a definite judgment. The article can speak for itself, but in the discussion that we trust will follow we hope contributors will bear in mind that actual first-hand experience is what is required. The time for theorising is not yet, or, at least, so it appears to us. Let us collect facts and then look for the laws that govern them. Besides records of recent experience that we hope for, we have in our journals a large number of cases. It would be a good deed to collect and publish summaries of these. Take, for instance, the records of actual cures by certain drugs. The polychrests have been and are used in many diseases. Is it possible to trace in our records any relation between potency and disease condition. Collections of cases might at least give us a hint. Or take a disease condition of a well-defined type—pneumonia, gastritis, eczema. Do records of cures show any preference for a certain range of potency? Only investigation can determine this. The direct effect of a drug on low forms of life is worthy of investigation also; Dr. JOUSET has begun in Paris, but many workers are required before we can speak with confidence. Experi-

ment may show a variation in the reactions of protoplasm to drugs, not only a *yes* or *no* effect, a stimulus in dilution or a retardation in massive dose, but a range of stimulation or retardation among different potencies. One thing is certain: only by attacking the problem from as many points as possible is there any likelihood of a solution in the near future. Let us then get to work. If a man has no time for direct experiment he can at least record his experience. Even the predilections of prescribers would be valuable, their preferences for certain potencies in certain conditions, for these are, we may presume, founded on experience. We ask our readers, then, to help the work forward.

NEWS AND NOTES.

HOMŒOPATHY IN PITTSBURG.

WE are pleasantly familiar in England with Ladies' Guilds for the advancement of Homœopathy, and the ladies seem active also in America. From Pittsburg comes an elaborate bulletin of a bazaar organised by a Ladies' Association for the New Homœopathic Hospital there. We gather from it that the original hospital existed sixteen years—and treated 4,483 in-patients with the general mortality of 5.4 per cent., and an accompanying dispensary had a record of 151,521 attendances and 8,036 home visits. When this hospital was felt inadequate, a new one was planned and finally built, at a total cost of over 293,000 dollars, or well over £70,000—this large sum, of course, including the cost of purchase of the land for building. This hospital has had an existence of twenty-five years, with 55,121 in-patients and 400,000 dispensary attendances. Now the time has come to extend the work further with an additional building, and the bazaar was held to forward this object. We can only most heartily wish success to all concerned and congratulate them on the energy

which, not content with a splendid record for the past, reaches out to conquer new kingdoms of beneficence in the future.

PITUITARY (INFUNDIBULAR) EXTRACT.

WE have received from Messrs. Burroughs & Wellcome samples of this product. It is claimed that it will raise blood-pressure by general vaso-constriction, its effects lasting for a much longer time than is the case with *Adrenalin*. It is therefore recommended as a preventive of shock in surgical operations; but if it possesses this property in so marked a degree homœopaths may find other uses for it in conditions of increased blood-pressure. It seems to be a general stimulant of unstriated muscle, and acts preferentially on arteries, spleen, and uterus. The rate of urinary secretion is increased, and the pulse, as a rule, becomes slower, though often stronger. Here, therefore, are a few indications for its use. Messrs. Burroughs & Wellcome supply it in a 20 per cent. sterilised solution for hypodermic injections.

THE KENLEY STREET DISPENSARY.

THIS Dispensary evidently supplies a need. The attendances for July were 116—a large increase. Best congratulations!

LECITHIN.

LECITHIN, an organic phosphorus-containing substance, has attracted a good deal of attention of late as a "nerve tonic." Dr. Fahnestock submitted to a gathering of American physicians a proving, which may form the basis of knowledge to be applied by homœopaths in the use of this substance as a dynamic remedy. The prominent symptoms show a strong resemblance to those of *Phosphorus*. Great forgetfulness, inability to do mental work, loss of sexual power, pain in the epigastrium and hæmatemesis, delayed menstruation; these, so far, are the most striking features, and the drug may

well find a place in some neurasthenic and tubercular conditions.

CALCAREA ARSENICOSA.

THE union of two such powerful drugs should result in a powerful agent, but this remedy has been little used as yet. Dr. Blackwood calls attention to it in the Journal of the American Institute of Homœopathy. He finds that the most suitable subjects for it are fat persons with some degree of anæmia. The climacteric period is specially favourable to the drug's action. Albuminuria and œdema are marked, and headaches of an anæmic type, very severe, usually frontal. The right supra-orbital nerve is a favourite site of pain. Enlarged spleen is an indication. The patient is thirsty, but water-drinking is followed by abdominal pain and diarrhœa. Insomnia and violent palpitation are marked, and we have found an intermittent pulse a valuable keynote. Dr. Blackwood quotes some good cases. The 12x seems to be his favourite potency.

A *VIOLA TRICOLOR* CASE.

DR. McCANDLISH writes to us:—J. S. W., a young man of 23 years of age, came to consult me about a pustular rash on his face in the beard region. It was not like a sycosis but more like a pustular eczema. I prescribed *Antim. tart.* 3x and a simple ointment. The rash did not disappear quickly enough for his liking, so he took internally and applied externally eleven different preparations within one week. He got very much worse and began to feel very ill in himself, so came back to me in about fourteen days from the time I first saw him. I found that the rash had spread all over his face and ears. He could not open his mouth properly to speak or to take his food. I now made him promise not to try any remedy but the one prescribed by me. I then ordered *Viola tricolor* 3x t.d.s., and told him to dust a little *Pulv. ac. Bor.* on to the worst patches to prevent the pus running down his neck. I saw him in five days' time and was astonished to see

the change in his appearance. The whole of the rash had disappeared, leaving a very dry, scaly condition of the skin. The scales were removed easily—in fact, he kept picking them off with his fingers; he almost looked as if his face was peeling after scarlet fever. He felt very much better in himself and was looking forward to his next shave, which I advised him to postpone for a day or two. He shaved three days afterwards with absolute comfort.

ORIGINAL COMMUNICATIONS.

PULMONARY OR RESPIRATORY TUBERCULOSIS.*

By ALFRED MIDGLEY CASH, M.D., C.M.

WHEN I was first requested some time ago by our esteemed Secretary to read a paper at the Homœopathic Congress on tuberculosis of the respiratory tract I at first hesitated, feeling he had pitched upon the wrong man, and that some one should have been chosen much more up-to-date than myself in the remedies which recent bacteriological research has given to the world. To my objection to this effect, however, he replied that what was required of me was simply the treatment on strictly homœopathic lines which I had from experience found useful in practice. This requisition, therefore, exactly defines the scope of this paper, and absolves me from more than alluding to the wide field of remedial measures, which lie outside of homœopathic therapeutics, including the open-air treatment, rest cure, chest gymnastics, and special feeding and diet. I therefore asked myself what experience I had had or could adduce before the members of this Congress which could be worthy of the trouble of their kind attention. On referring to my case registers, which extend back now over a period of upwards of thirty years, I found certainly the records of many cases of tubercular respiratory disease, but at the same time many of them were unsatisfactory as to the ultimate results of treatment.

* Read before the British Homœopathic Congress, July, 1909.

From the fleeting nature of the stay of many invalids at a health resort a complete picture of the course of the illness becomes impossible, a curtailed description of a few weeks' treatment being often all that can be given. This limitation does not so much apply to the cases of residents in a place. In these it is often possible to see the development, course, and termination of the disease. Again, the opportunity may be afforded of dealing with the early warnings of the pre-phthisical stage, when it may be possible to avert the trouble in its incipiency.

Now, in order to clear the ground let us define our subject and recognise what we are considering. I take it, then, one would define respiratory tuberculosis as any tubercular disease occurring in the respiratory tract from the entrance of the nostrils to the ultimate air vesicles of the lungs.

Practically this comes to dealing with tubercular consumption of the lungs with, in certain cases, extension to, and secondary manifestations in, the larynx and pleural membrane.

Is pulmonary consumption always of a tubercular nature? I believe the general consensus of present-day opinion is that all phthisis pulmonalis is of tubercular nature, and all consumption of the lungs at some time or other will show the tubercle bacillus. If, for instance, pneumonia precedes the tubercular disease it lowers the resisting power of the lungs inherent to a state of full health, and the tubercle bacillus gains entrance and flourishes in the damaged state of the lung induced by the preliminary inflammation.

A recent writer, R. W. Phillip (*Green's Dictionary of Medicine and Surgery*), says: "The presence of the tubercle bacillus itself affords absolute proof of the existence of tuberculosis. It is not, however, determinable in all cases which other evidence may prove to be of a tubercular character. In other words, while a positive examination for bacilli is certain, a negative result does not necessarily exclude tuberculosis." It is this "other evidence" here alluded to which has served for the diagnosis of pulmonary consumption before Koch's discovery of the tubercle bacillus in 1881, and upon which we may still depend. Just as one may have diphtheria a complete picture of the disease, and

yet no Klebs-Lœffler bacillus be found, so may we have pulmonary consumption and yet no tubercle bacillus be producible on skilled examination and evidence as already quoted.

However, we have not now to deal with pathological points upon which different opinions may exist. We, as homœopathic practitioners, are largely independent of these things. We need not in treating any disease feel disheartened because some fresh organism is discovered and comes to be identified with it, and the presumption is encouraged that no cure can take place without destroying the specific germ. Our principles do not change, and if they led us to remedies which were effectual in former days before this coccus or that bacillus was known, so they are no less potent now though the etiological outlook of the disease has come to be entirely changed.

I have referred to the "pre-phthisical stage" in which much may be done for the patient. One meets with people of dark or swarthy complexion, black hair, liable to a fine down on the skin, to papular and pustular eruptions. Cuticle sometimes greasy, digestion poor, depraved appetite, dislike to fats, preference for acids and a non-nutritious diet; liability to catarrhs and sore throats. Such individuals easily fall into a poorly nourished state which predisposes to the disease they may already inherit.*

1. Such a case was Miss L. L., aged 21. Of a very phthisical family—two brothers died of it and her mother. (One brother died of slow tubercular consumption, another of a profuse bleeding from a tubercular cavity in the lung, and a third, who ultimately recovered, was my patient for years with tubercular disease of the middle ear.) Disease was threatening at the apices. She had been cold-catching for some time, had a greasy skin, and was a most unsatisfactory girl to feed, hating all foods which would do her good, and desiring trash of various sorts.

First of all, a chronic inflammation of the throat and nose required attention, for which a course of *Mercurius biniodatus* and of *Sulphur* was given. Then right-sided pleural pain with a temperature was met by *Bryonia* and *Ranunculus*. General constitutional improvement began under *Arsenic iodide*, *Phosphorus*, and *Sulphur*

intercurrently, and she gained flesh. A change to Ventnor helped this forward. She returned with a good colour and gain in weight, 3 lbs., in one month. She lost her cough, and also gained sense in the style and amount of her diet. Her lung symptoms, which recurred and threatened her in many attacks, finally quite cleared away. Her constitutional state levelled up. She entirely recovered, though she came of a profoundly unhealthy stock. She finally was married and left Torquay. This is twenty years ago, but I still see her at intervals, keeping up a good state of health.

2. Miss N., a very delicate girl with a bad family history, imperfect catamenia, tendency to anæmia and acneous eruption on the face. Again and again apparently on the border of pulmonary phthisis. Ten years ago, when aged 21, during the winter, a long, lasting, chronic violent cough, much increased with a copious mucous expectoration, weak respiration, pain and tenderness over the chest, rapid and difficult breathing.

A course of *Phosphorus* 4x and *Arsen. iod.* 3x three times a day on alternate days given for three weeks, thereafter some improvement, but complains of much wheezing and dyspnoea, for which *Sambucus* 3x was given. Gradually she got on; a later note tells of fairly good health, though leading a hard life teaching, and with the sole charge of an ancient invalid grandmother.

The girl had everything against her. No home care or good feeding, but poor, unsanitary surroundings, besides broken rest and constant effort, required of her to keep up the home and attend to the old woman. There was nothing to help her but the homœopathic remedies, which must be credited with her recovery from a grave pre-phthisical condition.

3. An interesting little girl (K. T.), aged 11, after being ailing and poorly some time, began to lose appetite and flesh. Got a dry, hacking cough. Chills and shivery, with hot skin and sweats at night. Some consolidation of left apex, and—a sign of evil import—a very rapid pulse and heart's action with heart sounds widely heard throughout the chest. She was daughter of our butcher. The proximity of fat meat has been thought to favour the escape of butchers and their families from tubercular disease. I sent her to Brent on Dartmoor, to a farmhouse, and prescribed *Arsen. iod.* 4x, gr. ii. three times a

day after food, with pilules of *Bellad.* 1x every two hours. In fourteen days the cough and sweats were much less and all her lung symptoms ameliorated, but a transference of tubercular mischief had taken place to the abdomen, and she presented on her return a picture of mesenteric disease with diarrhœa. Assisted by fresh air, cod-liver oil, and suet boiled in milk, further medical treatment was happily successful in subduing this fresh development. Several months later I find the report, "Stout and blooming, better every way; abdomen and chest both healthy." Yet the tubercular enemy had not yet done with her. Four and a half years later an attack of acute synovitis of the right knee developed without pain after a slight knock. She was kept in bed at rest, with a splint at back of her knee. Fluctuation was detected over the lower synovial pouch. An incision was made, and much scrofulous curdy pus evacuated. *Hepar sulph.* 3x and *Silicea* 6x were continuously given. After eight weeks she was again able to get about.

This case is interesting as showing how the tubercular disease will develop in different organs—first in one form and then in another—and it is only as we recognise and treat the root and origin of them all—*i.e.*, the defective constitution—that any real cure can be brought about. I may say that this girl has now grown into a hearty, strong young woman, whom I see occasionally for minor ailments, but who usually enjoys excellent health.

4. Twenty-seven years ago I treated a retired Indian colonel, who had come to Torquay after an active life abroad, and who amused himself with turning with the lathe. After working for some time with hard foreign woods, the fine dust of which he inhaled, he began to cough and got short of breath. Softening of the lungs rapidly came on, and after a short illness he died. His wife nursed him entirely through his illness, absolutely refusing all aid from friends or professional nurses. She had a bad family history herself, a sister, brother, and two children having died of pulmonary phthisis. She had a miserably deformed chest, and may have taken the infection from her husband, her own constitution offering a soil ready to receive the poison. Symptoms of pulmonary consumption developed, copious nummular sputa floating in water were coughed up. Patches of consolidation became evident, with a suspicion of cavity in right

upper lobe. I put her on *Phos.* 3x and *Arsen. iod.* 3x. *Aconite* was given at night, as required, to soothe the restless condition which banished sleep. Three days later a severe attack of pleural pain, for which she had *Colocynth.* 3x. She was feverish and burning, pulse feeble and varying from 108 to 120. Temperature in mouth 102·2° F. Heart sounds very distinctly heard all over chest, hollowing over the left apex. Appearances pointed to a rapid form of pulmonary disease, and with consolidation and breaking down of lung tissue. Both sides were affected, the right being worse. At this time Dr. Neild—then practising at Plymouth—kindly saw her with me in consultation. He confirmed the diagnosis of acute pulmonary tuberculosis. Prognosis: an early fatal issue—not likely to last six weeks. The *Phosph.* and *Arsen. iod.* were continued. *Tincture of hyoscyamus* given for night-cough. A few days later I find it noted: “Much better for last two days. Temperature lower (100·8° F. to-day, 4. p.m.). Pulse 96. Much less expectoration, and the sputa are less nummular. Feels and looks brighter. Repeat medicines.” By the 30th (*i.e.*, in seventeen days) note runs: “Doing very well. Evening temperature 99·6° F. Pulse 70. Cough and expectoration nearly ceased. Stronger, walks about well, and can breathe freely.” Two weeks later all cough had ceased, save a slight one on first awakening; no sputum. Pulse and temperature normal, looks well and cheerful. On examination of chest the râle and crackle at the apices had ceased to be heard. She had continued to take the *Phos.* and *Ars. iod.* each twice a day—the same medicines which she had taken all through her illness of six weeks. Last note is: “Practically better than before her illness.” Some dyspepsia, from which she had always suffered, required treatment occasionally. She continued to live for some years in Torquay, and had no return of her lung trouble.

5. A. S., aged 33, came under my care with tubercular disease of the left lung. Mother and sister both dead of consumption. Ill five or six years, probably of a form of fibroid phthisis. Suffering from abscesses about the face and jaw, one of them discharging. Treatment: *Calc. carb.* 6x given three times a day and a dose of *Tuberculinum* 200 on alternate nights. His abscess healed slowly. *Phosphorus* 4x and *Silic.* 6x were given for a time. In

six weeks he was much better. Two years later a report was "Quite well and quite over his trouble."

Cases of *hæmorrhagic phthisis* are generally alarming, and call for active and direct measures. Happily, we possess in our armamentarium tried and successful remedies with which to encounter hæmoptysis.

6. Miss S., aged 28, a case of pulmonary and tubercular disease with a strong tendency to hæmorrhage. Tubercle bacilli were on several occasions found in the sputa, and also lung tissue. She was in an advanced stage of the disease, and with a constant dread upon her of hæmorrhage, from which a member of her family had previously died. In her first attack, whilst under my care, I was called to her early in the morning and found her spitting up mouthfuls of blood, and almost collapsed with terror. I gave her at once *Ferr. acet.* 1x in two-drop doses in quick succession. After the third dose the hæmorrhage ceased. Next day I put her on 3x of the same medicine. This tided her over the interval till the next catamenia came on, when she was fairly safe, the intervening time being observed to be the time of danger.

Again, in a later attack of hæmoptysis, the *Ferr. acet.* 1x stopped the hæmorrhage in the course of one day, and several times afterwards, whenever it came on, *Ferr. acet.* was given with the same good result.

I have much confidence in *Ferr. acet.* I almost invariably find it acts rapidly in subduing the flow when of a bright red colour, and calming the usual coexisting irritable cough. *Millefolium* 1x I have also found useful, given as Hughes indicates, when the cough is not a striking feature, and when the blood is of a bright red colour.

7. In the case of a young man whom I treated for frequent large hæmorrhages from the lungs, as much at one time as a pint of bright blood being brought up, I gave *Millefol.* with a good result; after a course of it the tendency to bleeding appeared to diminish and the co-existing cough was quieted.

Ipecac. and *Hamamelis* are indicated in darker coloured hæmorrhages when the blood appears to have a venous origin and be of a more passive nature.

8. I was called to E. C., a youth, aged 16, for hæmoptysis. He had raised blood four times, each time with a

cough, and each time about 4 oz. blood was brought up. The blood was dark in colour and the cough was considerable. There was flattening over the upper part of the right lung.

Ipecac. 1x was given every three hours. After three days no more blood; after ten days cough greatly lessened. In three weeks he was apparently well.

I must shortly refer to a few of the most frequently needed remedies.

Arsenicum iodid., brought into prominence years ago by Dr. H. Nankivell. It is perhaps the most generally useful, and alone, or in conjunction with *Phosphorus*, generally effects improvement in the patient's state. In most of the foregoing cases referred to a more or less continuous course of this medicine was given. I have rarely found it disagree, and if given shortly after food it seldom causes any pains in trunk or limbs, or any diarrhoea.

Phosphorus, also, is a great remedy where the well-known characteristics for its use exist. Besides its pulmonary action it comes in well where the larynx becomes affected by the tubercular disease, and with *Aconite* is, at an early stage, of extreme value in diminishing the soreness and irritability, and mitigating the distressing cough and pain. There are few cases of phthisis in which *Phosphorus* is not required at some time or other, often for long periods at once, and it is well borne as a rule, if not given in too strong a dilution. The 3x will do well for many cases, but is too strong for others, where the 4x, 5x, or 6x will be found to give equal help without causing any irritation.

I frequently give *Phosphorus* and *Arsen. iod.* together, putting *Phosph.* before *Arsen. iod.* after meals two or three times a day.

Tuberculinum has somewhat disappointed me. I have not seen the indubitable benefit from it in many cases which I had expected.

In laryngeal tuberculosis, besides *Phosph.*, *Kali bich.*, *Spongia*, *Seleniate of Soda*, and *Manganum* have proved useful to me when treating the hoarseness and laryngeal pain and stridor met with when the vocal cords are attacked by tubercular inflammation, œdema, and ulceration.

9. In the case of a woman, aged 60, whom I attended with advanced tubercular laryngitis with almost complete

aphonia, cough, copious expectoration, and—after food—a sense of burning in the chest, with eructations, *Carbo animalis* 5x every three hours proved very useful, mitigating both the gastric and laryngeal distress. The cough will often call for special attention, on account of its wearying and sleep-disturbing annoyance. Often it may only be the cry for fresh air from the increased nervous excitability of the air passage; hence worse at night and lessened by improved ventilation in the sleeping room. But some remedy may with advantage be given for it. When cough is worse in lying down *Hyoscyamus* in the ϕ or 1x is often helpful, and besides allaying the cough it has a sleep-inducing property of its own. A useful preparation I often have recourse to is the dosimetric granule of Dr. Burggraëve, of one-fourth of a milligramme of *Hyoscyamine* in strength; two granules taken through the evening every hour or two before bedtime may often be given with great advantage and will earn the thanks of the patient. *Conium* also is a useful remedy. *Aconite* in the first and second dilution will often quiet a cough depending on a congested state of the air passages. *Bell.* and *Lachesis* are also often called for. *Drosera* eases the violent spasmodic cough, which will, if not arrested, end in vomiting.

For the distressing perspirations to which tubercular patients are liable, often coming on in the early morning hours, *Phosphoric acid* 1x in five drops is indicated, and may accomplish much improvement, and it has upon the system generally a markedly tonic strengthening action. I have also found *Jaborandi* in the 3x very useful, and also *Belladonna*. For exhausting colliquative sweats *Stannum* comes in, and it is also indicated, as Hughes points out, in the copious sweetish, greenish expectoration of advanced phthisis. Here the *Iodide* in various strengths has been recommended by Dr. Ord, and it comes in at a stage when remedies which really help are hard to find.

Marasmus and phthisis are stated to have been caused by tin, and, if so, its present position in the opinion of our school is justified by its toxicological effects.

10. An old patient of mine wrote to me fourteen years ago in great alarm about his wife. Her age was 48. A sister had died with tuberculosis of the lungs, and she was threatened with the same trouble. She had had a

severe cough for five months, much worse at night, ejecting a large amount of blood-stained expectoration. There was constant sweating, and, of late, considerable loss of weight. Sir D. Powell, to whom her husband took her, told her the apex of her right lung was affected, and tubercle bacilli were found in the sputum. She was ordered off at once to Cannes. I was requested to send her such remedies as I thought would help her. I sent her *Stannum* 3x gr. iii. every three hours during the day, and at bedtime three drops of *Tinct. hyoscyamus*, and to repeat every two hours through the night if awake and coughing. In ten days the husband wrote me saying they were satisfied, the medicine had done his wife good, and desiring a further supply. This treatment was persevered in. After a few months abroad she returned home, having lost her cough and gained flesh. I saw this lady early in the present year. She has been ever since, and remains now, free of the complaint of which she had so severe an attack more than fourteen years ago.

For copious nummular and purulent sputa, and where laryngeal symptoms exist, *Hepar sulphur* must be kept in view. *Silicea* also, where breaking down of lung tissue is going on, with formation of much persistent or mucopurulent discharge which must be expectorated.

To sum up treatment shortly and generally. Let us give our respiratory tubercular patients plenty of fresh air. Let them live out of doors as far as possible. Teach them to practise deep breathing and fully expand those parts of the lung which are not much concerned in average respiration. Direct them as to well-considered exercise, avoiding overstrain. Give them freely of nourishing food; if they can digest it, plenty of pure milk, cream, cod-liver oil in malt and fats. Prescribe suitable homœopathic remedies—first, for the general condition; second, for specially prominent or distressing symptoms, combining thus the treatment of the patient's *tout ensemble*.

Many cases can only be helped along and eased in the downward passage to their last home. Yet this is no small matter for the physician to accomplish. But, working on these lines, it may often be his happy lot to see, under his care, this dread disease baffled of its prey, and a life here and there saved which, but for his instrumentality, must have been extinguished.

SOME EXPERIENCES WITH THE NOSODES.

By R. S. STEPHENSON, M.D., Dunedin, New Zealand.

(Continued from p. 301.)

SYPHILINUM also proved an invaluable remedy in a family where I had for years been called in for the treatment of minor ailments without such success as to satisfy me.

The father enjoyed good health; the mother was pale, thin, with defective eyesight, prominent frontal bones, poor teeth, and ill-developed lower jaw-bone.

She often complained of pain in the right hypochondrium; a sore, bruised feeling, worse touch; could not lie down without loosening her clothes. The eyeballs were prominent, and she stated that at night, when going to sleep, it seemed hard for the lids to cover the eyeballs. She had icterus of conjunctiva. Headaches frequent, and with them she sees colours round the candle. Urine offensive at times. Used to have leucorrhœa; likes salt and vinegar. Very low-spirited, and easily tired.

She has two sons, the eldest about fourteen years old; used to be puny and ailing, but is now better. The younger is aged ten years. Is pale and thin and small for his age. Over a year ago he had ten teeth out under gas, and had had since much trouble with neuralgic pains in left forehead and side of head. Worse at night on going to bed. At the time he was given *China*, *Sepia*, and *Thuja* without marked benefit. A year later I was asked to prescribe for a symptom he had had since babyhood—at night, when first asleep and while going off, he would constantly jerk his right hand and scrape at his pillows and sheets. If his hand was held his right leg and foot would begin to kick and jerk. Sometimes he does this at intervals throughout the night.

He still has frontal headaches, worse at night.

I now observed that some of his lower teeth were notched, wide apart, and slightly peg-shaped.

March 25th.—R̄ *Syphilinum* 20m, one dose, and *Sac. lac.*

April 25th.—Has been much better of the convulsive movements, but is generally upset, because he has had more teeth out. The toothache is bad again, worse at

night, better from cold water. R̄ *Coffea* 1m for a few days, then *Syphilinum*, a dose every two weeks.

Six weeks later I saw him again; he was greatly improved, a good colour, gaining flesh, quite active, and able to attend school regularly. Much to the surprise of his parents he was also able to sleep quietly all night, like an ordinary boy.

In view of this success I gave his mother the same remedy—*Syphilinum* 20m, with similar results. I saw her again after two months. She had a good colour and no complaints to make, except that an eruption had come out on the lips and the left side of the mouth. It was reddish copper-coloured and painful, burning and itching, worse warmth. She had got some ointment from the chemist, which I advised her to discontinue, and to use only a little olive oil and *Sac. lac.* internally.

She stated that she never remembered any eruption on the skin before, and I am at a loss to know if she had inherited or acquired infection.

TUBERCULINUM.

There are several preparations of this nosode, and the precise indications for each require delimitation.

My experience has been chiefly with the *Tuberculin* of Heath and Burnett, and the indications for this I find to differ considerably from those given under *Tuberculinum* (probably Swan's) in Allen's *Keynotes of Materia Medica*.

Allen says: "Adapted to persons of light complexion; blue eyes, blonde in preference to brunette."

I find, on the contrary, *Tuberculin* (Burnett) especially useful in persons of dark complexion, where there are often dusky patches on a sallow skin.

The following are some cured symptoms: "Enlarged papillæ of the tongue," "bad taste on waking," "dry night-cough," "troublesome tickling cough night and day," "restless sleep," "enlarged cervical glands." The above are symptoms often found in anæmic girls, and *Tuberculin* will cure, after the failure of *Pulsatilla*, *Ferrum*, and other remedies.

Enlarged papillæ of tongue are also found under *Phosp.*, *Kali bich.*, *Ignatia*, *Cuprum*, *Belladonna*, *Agaricus*. The latter—*Agaricus*—is a useful but neglected remedy

for persons of a tubercular diathesis, who are neurotic and over-sensitive. The mucous membranes of the pharynx, larynx, and nares in such persons are too easily stimulated. In cases where *Agaricus* is needed there is spasmodic sneezing with much itching of nasal passages, watery discharge, cough ending in a sneeze, cough during sleep.

Agaricus is one of the remedies that will be needed for the not infrequent combination of phthisis and neurasthenia.

In fully developed phthisis I have not found *Tuberculin* of much, if any, use. Its special sphere is in the latent or earlier stages.

Inflamed cervical glands are frequently benefited by this remedy.

That ringworm finds a specially favourable soil in persons with tubercular tendencies has been frequently verified. Here is another instance. The patient, a lady, had had a finger badly affected by ringworm, when a child, many years previously; the nail became diseased and has since remained disfigured, growing claw-shaped, and giving constant annoyance from its unsightliness and interference with domestic duties. An operation had been performed by a surgeon with no benefit.

Owing to the ringworm and a history of chest trouble in the family, I gave her *Tuberculinum* 20m, three or four doses at intervals of two or three weeks, with such good effect that a healthy nail grew after a few weeks.

This treatment, however, did not prevent her from developing a slight but chronic form of pleurisy a few years later. *Tuberculin* was now of no benefit, but the pleurisy ultimately yielded to *Bryonia* and *Chelidonium*. I have also used *Tuberculin*, in some cases of lupus vulgaris, with good results, in tubercular peritonitis and joint affections, and in tubercular meningitis. It is recommended by Burnett in children with imperfect or delayed development of the teeth, or teeth with black pits, and with dusky, sallow skin.

Some of these points are illustrated by a case reported to me by a lady in the country, as follows: "There was in our neighbourhood a child of three years old, who had no teeth, could not walk, who indeed could scarcely sit up. She did not speak at all, and had a discharge of pus from the ears. To all appearance she was idiotic. She

was given five drops of *Tuberculinum* (Burnett) 200x once a week. In six weeks she had eight teeth and began to stand. At the end of three months she ran well, talked intelligently, her ears seemed quite well, and the idiotic expression was almost gone."

(To be continued.)

MATERIA MEDICA KEYNOTES.

BY FREDERICK KOPP, Greenwich, N.S.W.

THE RESULT OF TWENTY YEARS' OBSERVATION AND EXPERIENCE.

XII.

Badiaga (*Fresh-water Sponge*) in *Pleurisy*.—*Badiaga* is indicated in pleurisy when the pleuritic pain is either in the right or left side, the stitches being aggravated by the least motion or on full respiration, accompanied with soreness of the whole body, more especially the chest. When there is a cough present, it generally is of a spasmodic character, the mucus from the bronchial tubes being of a viscid character, accompanied with a tickling in the larynx, or the cough may be accompanied with a *yellowish* mucous expectoration, relieved in a *warm* room.

Erythroxyton Coca and *Stramonium*.—These two drugs are antagonistic on two points. The *Coca* patient is fond of solitude, while the *Stramonium* patient prefers company. The *Coca* patient likes darkness, and the *Stramonium* patient light. *Coca* is homœopathic to the hawking up of small *transparent* pieces of mucus (principally in the morning).

Mercurius cyan. in *Urinary Complaints*.—It is useful in suppression of urine, even in cases in which the urine has been retained for four or five days. Also in cases where the urine is of an amber colour, and urination is painful; or where the urine is either scanty and clear, or scanty and dark. The urine contained in the bladder is generally very albuminous. There is usually great debility present and a marked sensation of chilliness. *Mercurius cyan.* has proved a valuable remedy in nephritis, where the above-mentioned symptoms are present. As before stated, the urine is very albuminous,

and many cylinders, either broken down or in a whole state, with fine detritus, are found in the urine. The tongue of the patient is paler than usual, and has at the base a streak of a *yellowish* colour. It sometimes becomes swollen, when it is *red* on its edges. It must be borne in mind that this drug is of an extremely poisonous nature, and, therefore, it is not advisable to prescribe it lower than the 6th dilution. It has amongst its analogues *Acidum muriaticum*, *Phytolacca decandra*, *Mercurius iodatum*, *Lachesis*, *Hepar sulphuris*, *Kali bichromicum*, and *Kali causticum*.

Lilium Tigrinum as a Heart Remedy.—A prominent heart symptom calling for *Lilium tigrinum* is a sensation as if the heart were being squeezed in a vice, and as if all the blood had gone from the heart, which produces a feeling as if the patient must bend double. There is also an inability to walk straight. A fluttering of the heart, which is liable to come on suddenly, is a prominent symptom of *Lilium tigrinum*. A feeling of faintness is an accompanying symptom. There is also a sensation of heaviness in the region of the heart, and a severe pressive pain, accompanied with palpitation. The heart symptoms of *Lilium tigrinum* are worse at night, and are aggravated on lying down. A taste of blood in the mouth is an indicative symptom calling for the administration of this drug, as is also a feeling as if the chest contained too much blood.

XIII.

Urinary Action of Apocynum cannabinum.—This drug produces, primarily, an increased secretion of straw-coloured urine, accompanied with a dull aching pain in the region of the kidneys. Secondly, a scantiness of the urine, the urine being diminished to fully one-third of its usual quantity, there being little expulsive power in the bladder, and the kidneys being in a torpid condition. It is, therefore, useful in those forms of dropsy in which there is a lack in the eliminating power of the kidneys. It is also a prime remedy in catarrh of the bladder, in which painful and difficult urination are prominent symptoms. Disease of the prostate, with similar symptoms, calls for the administration of the drug. I have seen brilliant results obtained in the treatment of dropsy, in the majority of cases caused by renal lack of elimina-

tion, by a persevering course of this remedy. In such cases I recommend the mother-tincture, or even the decoction, which should be prepared as follows, and given in from 60 m to 120 m doses: *Apocynum cannabinum* root, ʒj; add ʒix of boiling water, and allow to stand for eight hours; then add ʒj of *Rectified Spirit of Wine*, and after allowing it to stand for another eight hours filter it, when it will be ready for use. *Apocynum cannabinum* is indicated in paralysis of the lower limbs, when retention of urine is present. In catarrhal affections it is best administered in the higher dilutions.

Populus tremuloides in *Dyspepsia* and in *Night-Sweats*.—This is a valuable remedy in those forms of indigestion when there is an unhealthy biliary secretion and where a torpid liver is present. *Acidity* and *flatulence* are additional symptoms indicating the drug. It is useful in the pregnancy of women, and in dyspepsia of a chronic nature from gastric catarrh. *Nausea* and *vomiting* also indicate the use of this drug. To be brief, it is one of the best remedies that I know of in chronic dyspepsia, while at the same time it gives beneficial results in acute cases. It is also a remedy of great efficiency in the treatment of night-sweats—in fact, I know of few remedies that are more reliable. Two grains of *Populin*, or three grains of the 1x trituration, or ʒ-minim doses of the φ tincture, taken three times daily, not only relieve the night-sweats, but also prevent to a great extent their recurrence. Many severe cases of ague which have resisted all other remedies have yielded to the potent power of this drug when administered either in a low dilution of the tincture or an infusion of the bark and leaves. *Populus tremuloides*, it must be remembered, has for its analogues *China*, *Thuja*, *Nux vomica*, *Pulsatilla*, and *Cornus florida*, the latter being a well-known remedy in the treatment of ague (intermittent fever). It is a matter of regret that the many virtues of *Populus tremuloides* are not better known and made use of.

Rumex crispus in *Clavicular Pain*.—It should be remembered that a valuable indication, calling for the administration of this remedy, is that there is, on hawking up mucus, *a raw pain under the clavicle*. This is a very prominent symptom borne out in the proving of the drug. When there are burning, stinging, or sticking

pains either in the right or left side of the chest, or when a pain, best characterised as *aching*, extends over the anterior portion of both the right and left lungs, or when there is acute pain in the vicinity of the *left* axilla, *Rumex crispus* should be thought of. I cannot speak too highly in such cases of its beneficial results.

XIV.

Sanguinaria canadensis in *Pseudo-membranous Croup*.—This remedy I have found to be very successful in many very severe and dangerous cases of pseudo-membranous croup. This is but to be expected when we remember that the primary symptom in its proving is a rattling and loose cough, which is followed, secondarily, by a *spasmodic*, dry, and painful *croupy* cough, accompanied with a *tenacious* and *scanty* expectoration.

Caulyphyllum thalictroides in *Rheumatism*.—This is a very useful remedy in *inflammatory* rheumatism of the joints of the hands. There are severe pains in the wrists and fingers, more especially in the second joints (on closing the hands), and the joints are *very stiff*.

Collinsonia canadensis in *Hæmorrhoids*.—This is a useful remedy in all cases where they are *chronic* and *obstinate*, whether bleeding or not. Constipation, however, is always present.

Gelsemium sempervirens, its *Action on the Urinary Organs*.—Under the influence of *Gelsemium sempervirens* the urine is much increased in quantity, it being constant and involuntary, occurring four or five times in an hour. It is a useful remedy in the enuresis of children, resulting from paralysis of the sphincter muscles of the bladder.

Æsculus hippocastanum in *Hæmorrhoids*.—This is another very effectual remedy in the treatment of this painful complaint. It is useful in those cases in which the hæmorrhoids are *blind* and *painful*. A *dry* feeling in the rectum is a prominent symptom.

Trillium pendulum in *Epistaxis*.—Clinical experience has shown that this is one of the most valuable remedies we possess for epistaxis. The dried root powdered should be snuffed up the nose, or a solution may be made by mixing 30 minims of the ϕ tincture to an ounce of water,

and used in the same manner as the powder. *Trillium pendulum* is an analogue to *Hamamelis virginica*.

Trifolium pratense in Cancer.—This is one of the most useful remedies in the materia medica for combating this dread disease. The extract, taken in 5-grain doses, and gradually increased to 10 grains, should be administered internally daily. When the cancer is an external one it should also be applied to it externally.

Senecio gracilis in Dysmenorrhœa.—Few remedies equal *Senecio gracilis* in anæmic dysmenorrhœa, more especially in those cases in which the strumous habit is present, and where the symptoms are aggravated at night. The flow may be either scanty or profuse. Urinary difficulties are an additional indication.

Sumbul in Faintings.—*Sumbul* should be remembered in cases where there is a faint feeling present, and the patient faints from the slightest cause.

Theridion curassavicum in Anthrax.—*Theridion curassavicum* (a West Indian spider) is curative in cases of the disease in sheep during the stage when the swelling is of a red colour, before it has turned blue, which it does before finally becoming gangrenous. There is great tumefaction of the hypogastrium present and great thirst, and the adipose skin of the whole posterior of the abdomen swells suddenly.

(To be continued.)

" TREACLE."

By T. WOLSELEY-LEWIS, M.A. (Oxon).

THERE is an old English tradition that "adders' oil" was an antidote for adders' poison, and in this connection it is interesting to notice the derivation of our word "treacle."

There was an edition of the Bible, about 1575, in which, instead of "balm of Gilead," as now translated, the expression in Jeremiah viii. 22 was "treacle of Gilead."

Now the word "treacle" is derived ultimately from the Greek word "Therion" (θηριον), which meant—

- (a) A wild beast of any kind.
- (β) " " " that had a venomous bite.
- (γ) A "viper" specifically.

Thus it is used in Acts xxviii. 3, where we read that a *viper* fastened on St. Paul's hand. The Greek word translated “beast” in verses 4 and 5 is “θηριον,” and though the word rendered “viper” in verse 3 is “echidna” (ἐχιδνα), it *specialises* the meaning of the other word “θηριον” in this passage.

But how came the sweet “treacle” to have such a venomous origin? There was a popular belief in those early days that a viper's bite could be cured by a decoction made from parts of the viper's body, especially the liver; and the Greek physician Galen describes the custom as common in his day; and he prepared a system of pharmacy, under the patronage of Marcus Aurelius, the Roman Emperor, under the name of “Theriaca,” in allusion to the popular ideas.

A Greek poet, Nicander, wrote a poem descriptive of noxious “Reptiles” and the cure of their bites, which he named “Theriaca”; and the word was adopted into Latin. Pliny says “the Troches called *Theriaci* are made of vipers' flesh only.”

Andromachus, the physician of the Emperor Nero, was famous for an antidote in which this ingredient formed an important part.

The people of Abruzzi still hold that the skin of a serpent is an antidote for its bite if put upon the wound; and the Silicians are convinced that an oil prepared from a scorpion will heal its sting, and in North America the flesh of the rattlesnake is an approved cure for its own bite, while I believe that in India experiments are being carried out with the diluted poison of the cobra; and in Australia the poison of certain venomous snakes is being collected with a similar idea in view. But to return to our word “treacle.”

By the usual process of alteration which takes place in words as time goes on, “Theriaca” became “Theriacle” as an English word, and this became “Triacle,” as we find it in Chaucer, and in Welsh the word is “Triacl” still; then, in Milton's day, we find “Treacle.” Jeremy Taylor says in one of his learned sermons—

“Non solum viperam terimus, sed ex eâ antidotum conficimus” (“Not only do we *kill* the viper, but we make Treacle of it”).

The most famous form of the preparation was the “Venice Treacle,” the composition of which is described

thus—"A dozen vipers should be put alive into white wine."

In 1745 Dr. Heberden wrote a treatise against the use of the *viperine* "theriacum," which consisted then of sixty ingredients, and it was expelled from the British Pharmacopœia in the middle of the eighteenth century.

With the change of form in the word came a change of meaning. First, it meant a decoction of viper; secondly, an antidote of *any* kind; and when certain prescriptions came to be administered in some kind of sugary vehicle that would cover the nauseous taste, the name of "treacle" was given to this syrup or confection; and lastly, when the substance first known as "molasses" was imported from the West Indies, it was found to be a convenient vehicle for medicines, as many old people can remember when, as children, they were dosed with "brimstone and treacle" in the spring; "molasses" acquired the name of "treacle."

Now that we have scientifically discovered so many antidotes by administering, in diluted form, that which would cause the mischief to be remedied, as in the case of the discoveries of Jenner and Pasteur and others, it is very interesting to notice how prevalent the idea of such a principle was ages ago; and it is curious that there should be still so much opposition to the homœopathic principle which underlies this and so many other phases of cure.

"Similia similibus curantur"

("Like cures like)."

"Take a hair of the dog that bit you."

"Vipers' wine to vipers' venom."

The limitation of dose is also indicated in the diluted forms of the poisons, which then constitute a remedy.

Eivianva, N. Malvern.

June 18, 1909.

NOTES ON *KALI CARB.**

By A CORRESPONDENT.

THIS is one of the medicines which have "tendency to suffer strain in the loins"; and here one may do well to think of Dr. Clarke's injunction not to narrow down indications too closely. Several years ago I could not carry even a light weight upstairs or down (especially up), without pain supervening in the splenic region, and incarceration of flatulence, apparently at the splenic flexure. *Kali carb.* 30 cured me of this very inconvenient disability.

Clarke's *Dictionary of Materia Medica* has "Sensation as if nail of big toe would grow into the flesh." The *outer* corner of nail of each of my big toes actually ingrew slightly, and *Kali carb.* 30 cured that and burning corns. The nail trouble, however, returned again and again, and eventually yielded to *Medor.* 200, taken on the indication of red moles (*vide* HOMŒOPATHIC WORLD, vol. xliii. p. 555).

Kali carb. has numerous points of correspondence with *Lycopodium*, a notable one being "swelling between upper eyelids and eyebrows."

Kali carb. is the chronic of *Ignatia*, and both are indicated by coldness of the deltoids or cold sensation therein.

A peculiar symptom of *Kali carb.* is "During cough, sparks seem to dart from the eyes." This symptom and others, as well as craving for alcohol, I cured in the case of a drunkard whom I successfully treated with *Sulphur m.*

Another peculiar symptom, given in Gentry's *Concordance*, vol. v. p. 247, is, "Tormenting cough; can raise nothing, but feels as if a tough membrane were moved about but would not loosen."

In connection with the heart and circulation there are also peculiar indications, including "Palpitation when hungry. Sensation as if heart were hanging by tightly-drawn cords. Feels pulse over whole body to tips of toes."

With numerous other remedies, *Kali carb.* has the "hard

* These notes reached us too late for the *Kali carb.* Symposium, but we are sure some of our readers will welcome them now.

bed sensation"; and many a bad sleeper would be grateful for what this drug can do to prevent lying awake; for it has "sleeplessness," and "waking too early, particularly at three or four o'clock in the morning;" also "heat early morning in bed with [and without, I have found] pains in loins and chest." This early morning heat and wakefulness I have often found produced by *Sanguinaria*, in conjunction with coldness of feet (most heels) and calves, at about five o'clock in afternoon.

Here occurs something in the way of antidotal relationship which is worth noting for confirmation. A dose of *Kali carb.* 30, taken for corns, ingrowing toe-nail, and hæmorrhoids, on several occasions produced in a few hours chapping of the skin on top eyelids and cheek-bones, and relaxation of sphincter ani—which symptoms were promptly antidoted by *Phos.* 3. *Phos.* also removes the coldness of heels and calves produced by *Sang.*

HOMŒOPATHIC DOSAGE.

By "SIMILLIMUM."

[WE hope to elicit from our readers statements of their experiences in dosage which may lay a foundation for definite conclusions. This article appears to us a most excellent Introductory to such a discussion, passing from exposition of past experience to certain suggested laws. We hope our readers will continue the subject.—ED. H. W.]

Although the term "homœopathic" is properly the name of the system adopted by Hahnemann and his followers in the choice of the remedy to be administered, that term is nevertheless appropriately applied to the dosage which is necessitated by the homœopathic relationship of the remedy to the disease-condition under treatment.

The subject of dosage claims attention in two aspects—the dose itself and the repetition of the dose.

In both these respects there is great diversity of practice—a circumstance which, to say the least, is not ideal, since it is a fact that medical treatment depends for its success upon conformity to certain natural laws, and such diversity of practice therefore indicates either in-

adequate acquaintance with those laws or failure to perceive and appreciate the conditions in each individual case which must guide the prescriber to the correct methods of treatment.

We have no intention of implying that all homœopathic treatment should be dominated by a code of inflexible rules of practice. As Dr. J. H. Clarke says in the Introduction to that exceedingly useful work of his, *The Prescriber*, "A homœopathic practitioner must perforce be original, if he is to achieve any great measure of success. No two cases are exactly alike, and he must be prepared to adapt his means to any case that may arise; and happily there is in Homœopathy scope for the exercise of a great variety of talent." There is, however, no excuse for a physician, ignoring ascertained truth, to practice in an inefficient manner until he learns, if ever, by his own experience of failure and success, what his predecessors discovered before him, and embodied in rules of practice. We are not surprised that the temptation to go on one's own tack is too strong for some, in view of the great demand made upon one's faith by teachings in relation to extreme minuteness and rarity of dosage, which are found in such writings as Hahnemann's *Organon of Medicine*, his work on *The Chronic Diseases*, Hempel's introductory article ("On Doses") to his edition of *Jahr's New Manual* (of *Materia Medica*) (1848), and Boger's introduction to his valuable edition of *Bœnninghausen's Repertory* (1905). These teachings are, nevertheless, of great value, and require and merit patient and careful study on the part of every one who would attain to excellence in the homœopathic art of healing. Of the men themselves we know sufficient to be able to recognise that they are entitled to our confidence; and paying judicious heed to their instructions is likely to save considerable waste of the lives of ourselves and others.

Too many professed homœopaths in our day, as Hahnemann complained in his, have modelled their treatment on allopathic lines, by routine prescribing, both in the selection of remedies and in dosage, with the result that it has been to a great extent only palliative—especially in chronic disease; and in consequence, homœopathic treatment has in many instances fallen into disrepute, and persons who formerly preferred Homœopathy have

drifted into the hands of allopaths, and are satisfied there to remain. Dosage, not less than the choice of the remedy, we unhesitatingly affirm, is in a large proportion, especially of chronic cases, *the* key to successful treatment.

For our guidance in dosage, it is essential that we have a clear idea of the part medicine has to play in the system of the patient. Leaving aside the various theories of drug action which are fully discussed in Hughes's *Principles and Practice of Homœopathy*, it will suffice to mention that, as Hahnemann averred, the cure of disease is accomplished by the reaction of the system (or vital principle, as he expresses it) against the action of the medicine, and is not the direct act of the drug. Hence the dosage must correspond with the patient's power of reaction. Here an illustration will be helpful. A strong man, having taken a cold bath, experiences a glow of heat and redness on the skin. This is the resistant reaction of the system against the cold. A debilitated person taking a bath of the same temperature does not warm up, but becomes affected with headache, coldness of the extremities, and languor. In him the power of reaction is unequal to the attack made on his vitality by the cold water, and he consequently is vitally depressed, while, on the other hand, the strong man experiences a feeling of buoyancy and briskness, indicating the completeness of his reaction. The temperature of the bath needs adapting to the reactive power of the bather, if he is to derive benefit from it. In like manner must the dose of medicine be adapted to the reactive power of the patient, as modified by his disease-condition. In the case of the strong man (or the violent disease-condition, as we shall hereafter observe), the dosage must in point of magnitude or repetition be greater than is required under *other* circumstances, to incite the vital principle to the necessary defensive reaction. In the case of the feeble patient, too powerful dosage inevitably knocks down the deficient power of reaction; and instead of the vital principle overcoming the attack of the similar remedy and at the same time overthrowing and expelling the disease, the latter remains, in many instances a drug disease is added, and the recovery of the patient is seriously retarded or rendered impossible.

The need of intelligent rule and method is emphasised by the greatness of the variety of dosage, including mother tinctures, and dilutions from the first decimal to the one hundred thousandth centesimal, and even higher; doses varying from several drops to a spoonful of a watery solution containing altogether, as Hahnemann mentions in the *Organon*, only the three-hundredth part of a drop of the thirtieth centesimal dilution; and, as regards repetition, from a drop every five or ten minutes (in cholera) to one drop per month, or a large dose, or one of the most minute, left to work for months.

We may here be permitted to quote from Hahnemann's preface to the third part of the second edition of his work on *The Chronic Diseases* (1837):—

“If a small globule of one of the highest dynamizations of a medicine laid dry on the tongue, or moderate olfaction in a phial containing one or several of such globules, show itself to be the smallest, weakest dose, of the shortest duration of action (though there are plenty of patients of such an excitable nature as to be affected thereby to a sufficient extent for the cure of slight acute diseases, for which the remedy has been homœopathically selected), we can easily understand that the incredible variety in patients as regards their excitability, their age, their mental and corporeal development, their vital force, and especially the nature of their disease (which in one case may be natural and simple and of recent origin, in another natural, simple, but of long standing, in another complicated—the union of several miasms,—in another, and this is the commonest and worst case, ruined by wrong medicinal treatment and burdened with medicinal diseases) demands a great variety in their treatment, as also in the regulation of the doses of medicine needful for them.

“I must limit myself in this place to the latter subject only, as the others must be left to the accuracy, diligence, and judgment of the practitioner who is competent and master of his art, and cannot be arranged in tables for the benefit of the incompetent or careless.

“Experience has taught me, as it has also, doubtless, the best of my followers, that it is more useful in diseases of any importance (the most acute not excepted, and all the more in the subacute, chronic and the most chronic) to give to the patient the powerful homœopathic medicinal globule or globules in solution only, and this solution in divided doses; for example, a solution formed with from seven to seventy tablespoonfuls of water without any addition, given to the patient in acute and very acute diseases, every six, four, or two hours, and when the danger is very great, even every hour or every half-hour, a tablespoonful at a time, or in the case of delicate persons and children only a small part of a tablespoonful (one or two teaspoonfuls).

“In chronic diseases I found it best to allow a dose (to wit, a spoonful) of such a solution of the appropriate medicine to be taken no seldomer than every two days, but more generally every day.”

- The “powerful homœopathic medicinal globule” to which Hahnemann refers again and again in the *Organon*, is a globule that has been moistened with the 30th centesimal dilution, such dilution prepared with a certain number of succussions, which, he says, greatly increase the activity of the remedy. The above also is a statement of his latest practice, declared to be what he had found to be the best possible mode of regulating the doses; and it represents a considerable modification in respect to frequency, of his former methods. In the note to §246, pp. 172, 174, in Dudgeon’s translation of the fifth edition of the *Organon*, he remarks that in former editions he had advised that a single dose should always be allowed to expend its action before another dose was given; but having come to the conclusion that the cure might be expedited by more frequent dosage, *provided the remedy were perfectly homœopathic, and the doses so small as not to cause over-action of the medicine*, he says:—

“We must be guided as well by the nature of the different medicinal substances, as also by the corporeal constitution of the patient and the magnitude of his disease, so that—to give an example from the use of sulphur in chronic (psoric) diseases—the smallest dose of it (tinct. *Sulph.* X^o) can seldom be repeated with advantage, even in robust patients and in fully-developed psora, oftener than every seven days, a period of time which must be proportionally lengthened when we have to treat weaker and more excitable patients of this kind; in such cases we would do well to give such a dose only every nine, twelve, or fourteen days, and continue to repeat the medicine until it ceases to be of service.”

§247 reads as follows:—

“Under these conditions, the smallest doses of the best selected homœopathic medicine may be repeated with the best, often with incredible results, at intervals of fourteen, twelve, ten, eight, seven days, and, where rapidity is requisite, in chronic diseases resembling cases of acute disease, at still shorter intervals, but in acute cases at very much shorter periods, every twenty-four, twelve, eight, four hours, in the very acutest every hour, up to as often as every five minutes,—in every case in proportion to the more or less rapid course of the disease and of the action of the medicine employed, as is more distinctly explained in the last note.”

Hempel, in the aforementioned article “On Doses,” explains that by the homœopathic process of dilution the remedies are dilated and have their more latent powers

developed, so that not only do they affect a greater number of organs, but several drops of a high dilution will produce a more decided effect than one drop of, say, the first dilution, although they contain a much less quantity of the drug.

On the question of giving the medicine in watery solution he writes:—

“Take a single globule of any dilution, whether of the first or of the thirtieth, and dissolve it in 10, 12, or 15 spoonfuls of water, and give the solution to the sick by spoonfuls; the aggravations that will follow in particular cases, especially in some chronic affections, will be much more violent, and much less easy to combat, than those which appear in consequence of one entire drop, also of the first dilution, when it has been taken at a single time. We have remarked this fact more than a hundred times in the course of our observations; and Hahnemann himself has given it as his opinion that one or two globules taken at a single time form a feeble and a most gentle dose; while the same globules dissolved in a quantity of water and taken in repeated spoonfuls have a much more decided action upon the organism. . . . On this account, however salutary and however preferable this mode of administering medicines in repeated doses may be in many cases, it is nevertheless not always applicable, and demands for its successful employment to be based on fixed principles and rules. These rules, we very well know, cannot be established with any certainty but by comparing a great number of the most contradictory observations.

* * * * *

“We observe in a large number of *functional lesions not very inveterate*, after the single taking of an appropriate medicine, an amelioration established, which, with very unimportant interruptions, continues in general up to the entire cessation of suffering. To administer reiterated doses immediately after, in such cases, or to renew the first taken upon a slight and *sudden* diminution that this amelioration may undergo would be opposing Nature in her efforts, and must certainly retard the cure. Also in some recent and *trifling organic* lesions a cure may be frequently obtained much more promptly by the administration of a single dose. But it is quite the contrary in all very severe cases of organic lesions, especially those which result from the energetic action of some poison, miasm, or medicinal substance. In such instances the disease appears to have its own peculiar vital power, which controls the vital force of the organisation and obstructs or promptly neutralises the action, which requires for its support a new and a constant activity sufficient to triumph over the disease. Here we can administer repeated doses, in solutions, with the greatest success, whether the dilutions be the first or last, provided they are only continued to the necessary point for establishing the victorious reaction of the vital principle. The same rule applies to all the organic lesions, which, from their nature, maintain a continual focus of irritation in the parts affected, such as inflammations with suppuration, ulcers, some forms of disorganisations, &c.”

The practice of looking for and watching what Hahnemann called the homœopathic [temporary] aggravation of the malady (a good prognostic) seems not to be much pursued nowadays; and the following sentences from Hempel's article (better, however, studied in its entirety) call for careful consideration:—

“Every aggravation, after an appropriate time, is not always a natural aggravation of the disease; frequently, on the contrary, it is dependent upon a new excitement provoked by the medicine, which continues to act; and here nothing better can be done than to wait, since it will generally subside in a few days and give place to a much more decided expression. We frequently witness this development, especially in *chronic* diseases, after the administration of a *single* dose, *one time for all*. Frequently the two and three first days are good; then follows a light aggravation, which disappears and renews itself occasionally for some time; so that generally in the first fortnight, and especially during the third week, the number of bad days exceed those of the good, while a change finally takes place at the conclusion of the month; the favourable days now exceeding the bad, a durable benefit is established and continues to the seventh or eighth weeks, an epoch in which the relics of the disease which have not been completely destroyed commence their reappearance.—In the meantime there is a case where the aggravation is only the last effort of the action of the medicine, an effort that does not fail to subside in several days, leaving the disease, if not entirely cured, at least in such a state that no other means offer a more favourable issue. To apply a *new medicine* in such a case without knowing what might be developed, must frequently annul the whole treatment; while, by carefully watching and understanding the progress of the vital reaction, we may frequently obtain in *two months*, with a *single dose* of a single medicine, an acceleration of cure which could not be done in two years by a continual change of medicines, or by an inappropriate multiplication of doses. Such is our oft-repeated experience in following out the precepts Hahnemann gives on this subject in his *Organon* and in the first volume on *Chronic Maladies*, and to it we seriously call the attention of every homœopathic physician. It is never necessary, in any *chronic* disease, to change the medicine without having observed, at least during five or six days, the aggravation which seemed to demand it; and *likewise those which sometimes occur after the cessation of a medicine administered by spoonfuls, ought to be treated after the same manner*, that is to say, to allow the medicine to act so long as there is any room to hope for improvement.

“Notwithstanding the indispensable rule that a salutary remedy shall be allowed to expend its entire action, including the occasional momentary aggravation, we must not hesitate to interfere with the medicine we have chosen (1) *When it produces no effect*; or (2) *When its effect is unfavourable*. The first of these conditions will be revealed to the attentive physician when he observes *no symptoms peculiar* to [produced by] the medicine, and when the state of the disease remains *stationary*, or is *progressively aggravated without amelioration in any respect*, presenting only such symptoms as belong to a more

advanced stage of the malady. It is then that the physician will do well to *make an immediate repetition of the medicament administered*, even to the extent of producing some change. If there follows an improvement, even though slight, it will be necessary to watch the alternations of good and bad, as we have before indicated; but if on the contrary the state be rendered worse after the repetition, we must observe whether the aggravation be salutary or whether it be owing to a *badly-chosen medicine from the prolonged action of which we must expect unfavourable results*. This last may be easily recognised when the supervening aggravation, which may be a contest of the medical symptoms, *is neither preceded nor interrupted by a single moment of comfort, and when at the same time the originally manifested diseases makes its progress in the fashion of the general symptoms*. In this case the physician ought not to fail to replace the acting medicine by one which corresponds more accurately to the *ensemble* of the malady, and which will also cover the symptoms produced by the acting medicine.

“We can lay down as a principle that, if the *general state*, and especially the *moral condition* of the patient be ameliorated, the physician should await the action of the medicine, *whatever may be the state of the local signs in other respects*; but whenever the patient is worse in these respects (the *general state*, including the *moral*), without any promise of a favourable termination, the medicine should be changed. The time justly required for observation, before deciding for or against, should be at least 5, 6, or 8 days in *chronic* diseases, as we have before stated; and in *acute* diseases, from 15 to 30 minutes, or from 6 to 12 or 24 hours, according to the degree of violence and the more or less rapid progress of the disease. Thus, on examining the state of the invalid, we have frequently witnessed the salutary action of medicines prolonged to 24, 48, and 96 hours, in *acute* diseases, and to 7 and 8 weeks in chronic maladies.”

Boger expresses similar doctrine in his article before mentioned, from which we venture to make four brief extracts bearing on other points:—

“A single dose of the properly selected homœopathic remedy will in a short time so transform the character of a disease as to cause it to show indications for a different remedy. The common experience that the continued thoughtless and injudicious use of the same medicine does more harm than good, and that two very similar remedies do not follow each other well, has its origin in this fact.

“In diseases like small-pox, scarlet fever, &c., which generally attack man only once, every repetition, particularly of the higher dynamizations, only tends to prejudice or retard the cure; whereas, in other diseases, it regulates itself by the extent of their liability to recur.

“No second dose should be given as long as the relief progresses, even though slightly. The amelioration is apt to show itself in the mental state first; the mind becomes more tranquil and the suffering is more easily borne, although its intensity may as yet not be lessened.

“In a real cure, the symptoms recede from above downward, from within outward, and in the reverse order of their coming; all other

ways are irregular and open to the suspicion of being mere palliations, calculated to destroy the natural symmetry of the manifestations, hence to complicate and render the disease intractable."

We have yet to deal with the question of choice of mother tinctures or attenuations, and, we hope, adduce some useful illustrative cases. Before doing so, we would again cite the wisdom of Hahnemann, in the *Organon* (§257 and §258). He therein declares that the true (rational) physician will take care to avoid making favourite remedies of medicines which he has, by chance, perhaps, found useful, and will not neglect the use of those remedies which he may now and again have employed with bad effect (through erroneous selection), but must bear in mind the truth that of medicinal agents that one alone invariably deserves the preference in every case which corresponds most accurately by similarity to the totality of the characteristic symptoms, and that no paltry prejudices should interfere with this serious choice. In like manner we may here venture to remark that the wisest are not those who restrict themselves to infinitesimals, nor those who confine their dosage to mother tinctures and low dilutions, neither those who habitually repeat doses at short intervals determined *à priori*. The necessity as well as appropriateness of different varieties of dose and administration is evidenced by many recorded cases in which a cure was achieved only by changing the potency, and others in which the remedy succeeded only when the mode of administration was altered.

(To be continued.)

PENSIONS FOR MOSQUITO BITES.—Pensions are given for wounds or disabilities contracted in military service. At the present day, according to the *British Medical Journal*, bacilli are more destructive to an army than battles, and recent research has shown that the mosquito disables more men than the rifle. It is, therefore, only fair that a nation should express its gratitude in the same way to men in the employment of the State who face danger and contract illness in the course of experiments for the good of their country and of mankind at large. Our contemporary is glad, therefore, to learn that John R. Kissenger, who, as a soldier in the army in Cuba, submitted in December, 1900, to the bites of yellow-fever mosquitos in order to assist in the promotion of a knowledge of the mode of spread of the disease, and has been an invalid for a number of years, is to be rewarded for his devotion. A Bill has been introduced in Congress providing for a pension for his relief.—*Westminster Gazette*, March 19, 1909.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

THE following announcement will, no doubt, interest our readers :—

HONYMAN GILLESPIE LECTURESHIPS IN MEDICINE.

SECOND YEAR, 1909-10.

Systematic teaching by two courses of lectures and clinical demonstrations.

COURSE 1.—Homœopathic Materia Medica, by Charles E. Wheeler, M.D., B.S., B.Sc. (London), Assistant Physician London Homœopathic Hospital, at Chalmers House, 43, Russell Square, W.C., Mondays and Thursdays at 5 p.m. *Mondays*, October 18, 25; November 1, 8, 15, 22, 29; December 6 and 13, 1909; January 24, 31; February 7, 14, 21, 28; March 7, 14, 21, 28, 1910. *Thursdays*, October 21; November 4, 18; December 2, 16, 1909. January 27; February 10, 24; March 10, 24, 1910.

COURSE 2.—Homœopathic Therapeutics (with clinical demonstrations), by James Searson, M.D. (Brux.), Assistant Physician London Homœopathic Hospital; sometime British Homœopathic Association Travelling Scholar, U.S.A., at the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C., Tuesdays and Fridays at 5 p.m. *Tuesdays*, October 19, 26; November 2, 9, 16, 23, 30; December 7 and 14, 1909. January 25; February 1, 8, 15, 22; March 1, 8, 15, 22, 29, 1910. *Fridays*, October 29; November 12, 26; December 10, 1909. January 21; February 4, 18; March 4, 18, 25, 1910.

I. SYNOPSIS OF THE COURSE ON MATERIA MEDICA.

The object of the course will be to set forth the principles of Homœopathy in their relation to medicine in general; from the beginning there will be a constant attempt to lay stress on the practical application of theoretical points.

The life and work of Hahnemann, and the develop-

ment of the main theses of Homœopathy will be first considered, and the theses reviewed in the light of the experience of a century of practical effort to apply them, and of medical progress in other directions.

Following this introduction, which may be expected to cover three or four lectures, the study of the *Materia Medica* will be commenced in detail. The drugs selected will be treated at length. Remedies whose application is comparatively easy will be considered first, and subsequently by gradual steps those of wider scope, the choice of which must depend on a variety of considerations. Every *Materia Medica* lecture will be constructed with a view to immediate application in practice of the principles it enunciates and the recommendations it contains.

II. SYNOPSIS OF THE COURSE ON THERAPEUTICS.

The aim in this course will be to demonstrate the results of Homœopathic Medication in practice.

The course will therefore be essentially clinical in character; the ample clinical resources of the Hospital will be fully available for demonstration and teaching. The general purpose, from first to last, will be to make successful treatment the goal of the instruction, and to show cases illustrating that the methods of Homœopathy are, in this respect, an advance on all others; the main interest of each case will be held to lie in the reasons for selecting a particular remedy for it, and to these most attention will be directed.

Newer methods of diagnosis and prognosis will also be discussed and demonstrated, and the cases shown will be classified as far as possible to illustrate the diseases of the main systems of the body. Every opportunity, moreover, will be utilised to show cases of the rarer diseases and those possessing any unusual features.

The lecturer will also hold himself free to discuss the treatment of familiar diseases (*e.g.*, the zymotic diseases), without actual demonstration of cases, for Homœopathy is relatively easy to apply successfully in actual disease, but in the main the diseases treated of will be illustrated by actual examples.

The use of the "Nosodes" will be demonstrated in such diseases as tubercle and syphilis.

The treatment of such a constitutional disorder as tubercle will be dealt with from all sides of its manifold points of attack—lungs, abdomen, glands, skin, &c.; especial stress will be laid on such treatment in children.

N.B.—A list of subjects and cases for the week will be placed on the notice boards of the Hospital and Chalmers House, and weekly intimations will also be sent by post, if desired, to any who give their names and addresses for the purpose.

III. INTRODUCTORY ADDRESS.

An address, introductory to the Lecture Courses, will be delivered by Dr. George Burford on “The Medicine of the Future; coming Events that cast their Shadows before.”

This address, open to all interested in the sessional work, will be given at Chalmers House on the evening of Tuesday, October 12th, at half-past eight o'clock.

FEES.—For the two courses, £5 5s.; for a single course, £3 3s. Members of the British Homœopathic Society are admitted without fee.

A second series of Six Professional Scholarships in the Honyman Gillespie Courses in the Homœopathic Practice of Medicine is offered by the British Homœopathic Association.

The Scholarships are of the value of £50 each, are tenable for a Winter Session, and are available for qualified medical men and women intending to settle in Great Britain.

For further particulars apply to the Dean, J. Roberson Day, M.D. (London), 35, Queen Anne Street, Cavendish Square, W.

SUBSCRIPTIONS AND DONATIONS RECEIVED FROM JULY 15 TO AUGUST 15, 1909.

GENERAL FUND.

	<i>Subscriptions.</i>			<i>Donations.</i>		
	£	s.	d.	£	s.	d.
E. L. Vinden, Esq.				1	1	0
Hahnemann Stuart, Esq.				5	0	0
Dr. Wynne Thomas				5	5	0
Miss E. H. Hamilton	1	1	0			

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Dudley Wright, Esq., F.R.C.S. ...				8	8	0
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Mrs. Mounteney-Jepson ...				2	0	0
George Heath, Esq. ...				2	2	0

LOW BIRTH AND DEATH RATES NORTH OF TWEED.—The more outstanding facts of the vital statistics of Scotland for last year are a low birth-rate, a low death-rate, and a low marriage-rate. The combined statistics of eight of the principal towns show that in them the birth, death, and marriage-rates were also low, the birth-rate being lower than that of the previous year, which was the lowest previously recorded for those towns, the death-rate being for the first time less than 17 per 1,000, and the marriage-rate being the same as those of 1886 and 1887, which were the lowest previously recorded. The death-rates of the year in the towns of Edinburgh, Aberdeen, Paisley, and Greenock are found to be the lowest recorded. Although the births last year showed an increase, the number was 829 less than the average for the previous five years; the rate is 1.69 below the mean of the previous ten years. With the exception of 1907, it is the lowest on record. The death-rate is 1.01 less than the mean of the preceding ten years. The marriage-rate was the lowest since 1888.—*Daily News*, April 23, 1909.

HOSPITALS AND INSTITUTIONS.

THE LONDON HOMŒOPATHIC HOSPITAL.

It was a happy thought on the part of the Hospital authorities to reprint the excellent account of the laying of the corner-stone of the new wing which appeared in the *Charity Record*. It is now available as a pamphlet, and makes both an interesting *souvenir* of a memorable occasion and an incitement to further efforts for the cause.

PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

THE twentieth annual meeting of this paragon of cottage hospitals was specially remarkable, in that it was held at the Mansion House by kind invitation of the Lord Mayor, ever ready to forward homœopathic causes. There was a large gathering, and our distinguished Brazilian colleague, Dr. Murтинho, was among the visitors. The report showed no slackening in the beneficent activities of the hospital, 2,403 out-patients and 115 in-patients having been treated, with 1,673 attendances recorded at the dispensary. Financially, the position of the hospital, though good, requires strengthening. A scheme is proposed which will, it is hoped, lead to an increase in the donations. The Hospital Sunday Fund increased its grant last year. The Ladies' Guild is also flourishing. All homœopathists, we are sure, will join in congratulations and good wishes to the Bromley Hospital.

THE CHILDREN'S SANATORIUM AT HOLT.

THE third report of this excellent institution has reached us. The Maintenance Fund continues to flourish, but more money is required for building as accommodation is sadly behind the need for it, as the applications show. The Vintners' Company and the Ironmongers' Company have given donations, and the St. German's Church, Blackheath, a Harvest Thanksgiving offertory—good examples which will, we hope, be largely followed. Twenty-nine cases have been treated. Six early and less severe ones appear cured, and in 5 the disease was arrested. Of more severe cases 6 had the disease arrested

and 3 were much improved. Of advanced cases 3 were much improved and 3 received little or no benefit. An excellent feature of the report is the evidence of effort to keep in touch with old patients, and a satisfactory number continue to do well. The institution deserves every support, and will, we hope, continue to get more and more.

TUNBRIDGE WELLS.

THE annual report of this Hospital and Dispensary has reached us rather late, but we are glad to see a record of good work. Accounts were squared by a very generous donation of £130, but it would be well if friends and subscribers could extend their generosity and activity so that the regular income could be placed beyond the region of dependence upon special donations, which would then be doubly welcome as additions to capital. There were 102 in-patients treated, with only 3 deaths, and 7,385 out-patient attendances, and 6,053 home visits. We wish all good fortune to Tunbridge Wells, and hope that the Congress visit next year may hearten our distinguished colleague, Dr. Neild, and his able coadjutors so that the work may further extend and flourish.

KENLEY STREET DISPENSARY.

THE Honorary Secretary of the Ladies' Branch of the British Homœopathic Association regrets to state that, owing to the necessity of structural alterations to No. 20, she has been obliged to move to No. 19.

The landlords (the Council of the Royal Borough of Kensington), recognising the inconvenience to which they have put the Dispensary Committee, have most generously undertaken all the expenses of the move, and have thoroughly decorated the new premises.

The permanent address of the Dispensary is now 19, Kenley Street. The hours—

Monday	} 8 - 9 p.m.
Tuesday	...	...	...
Friday	...	...	...
Wednesday	} 3 - 4 p.m.
Saturday	...	...	...

The members continue to increase satisfactorily. July: Patients, 56; attendances, 116.

REVIEWS.

CREMATION IN GREAT BRITAIN.*

THIS is an admirable pamphlet, summarising the case for cremation, with full details of cost and precautions, and any information likely to extend its practice. The crematoria of Great Britain are all described, and a summary of short reasons should convert any who may hitherto have had doubts on the subject.

A PAMPHLET FROM BRAZIL.†

WE have before now rejoiced to comment on the great activity of Homœopathy in Brazil. In this pamphlet we find a powerful weapon for the fight with orthodoxy. It is not over long, and is closely reasoned throughout. It begins with an exposition of homœopathic principles and then proceeds to criticise allopathic materia medica and the law of contraries, shows the frequent unconscious *homœopathising* of our orthodox friends, and after a discussion of dosage in both schools, in which Dr. Seabra shows himself familiar with the experiments of Naegeli, Robin, and Stokvis, a chapter is added of comparative statistics. Some of these are very striking. From Rio de Janeiro, in three allopathic hospitals, the mortality over periods of twenty years in two cases and twenty-seven in the other was 8·97, 11·69, and 10·73. In three homœopathic hospitals during the same periods the mortality was 5·18, 6·92, and 6·59. The total numbers of patients were 29,401 allopathic and 20,585 homœopathic, numbers large enough therefore to exclude a good deal of possible error. Many others are given. A Summary of Conclusions ends the work, claiming on scientific grounds and that of practical experience the superiority of Homœopathy.

* *Cremation in Great Britain*. London: The Cremation Society of England, 324, Regent Street, W. Price 6d.

† *A Verdade em Medicina*. By Dr. A. Seabra. Rio de Janeiro: Murt, Nobre & Co.

CORRESPONDENCE.

FICUS RELIGIOSA.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—I have perused the lines which the editor of the *Homœopathic Recorder* has written in connection with the controversy relating to *Ficus religiosa*, and also the lines which he has quoted from the remarks of the editor of the *Calcutta Journal of Medicine* in the "Editorial Brevities" of the *Homœopathic Recorder* of June, 1909.

In reply I beg to write the following lines, which will, I dare say, dispel the mist of misconception that prevails in the minds of both of them regarding this plant:—

1. I have proved *Ficus religiosa* but not *Ficus infectoria* (*Pakur*). It is quite true that the native name of *Ficus religiosa* is *Ashwatha*, but not *Pakur*. In Dr. Clarke's *Dictionary of Materia Medica* the name of the plant has been given to be "Pakur," through a mistake for which I was alone responsible. This mistake was rectified by me in all of my subsequent articles and writings dealing with *Ficus religiosa* (*vide Homœopathic Recorder*, June, 1904; *Medical Advance*, August, 1904; *Journal of the British Homœopathic Society*, July, 1904; *Indian Homœopathic Reporter*, edited by me, April, 1904).

The first volume of Dr. Clarke's *Materia Medica* was published in 1900. At the request of Messrs. Boericke and Tafel I wrote an article dealing with this plant, which was published by the editor of the *Homœopathic Recorder* in June, 1904. It will be found in that paper that the name "Ashwatha," but not "Pakur," has been given to *Ficus religiosa*.

2. The present editor of the *Calcutta Journal of Medicine* has also stated that *Ficus religiosa* does not possess the virtue of stopping hæmorrhage from the bowels and the lungs. I do not know how to characterise this statement on his part. I cannot but confess that I have read it with a good deal of surprise. He has published this amazingly erroneous statement without having consulted the general and Ayurvedic medical works of India regarding this plant.

In four of the greatest of these medical books of our country we can very easily find that *Ashwatha* has been recommended as a remedy of great value for stopping hæmorrhage from the lungs, bowels, uterus, and bladder.

These conclusive and authoritative opinions will go a long way to prove that *Ashwatha* is a valuable remedy of Ayurvedic materia medica, possessing marvellous anti-hæmorrhagic properties. I challenge him to quote a single verse or sentence from any authoritative text-book to prove the contrary of what I have asserted in this letter.

3. The editor of the *Calcutta Journal of Medicine* has written that *Pakur* is *Ficus venosa*. But in spite of my laborious search for this novel Latin name of *Pakur* I could not find it in any of the standard books dealing with Indian plants.

David Prain in his *Bengal Plants*, vol. ii. p. 981; Roxburgh in his *Flora Indica*, iii. 550; Sir Dietrich Brandis, K.C.S.I., in his *Indian Trees*, p. 602; Sir Joseph Hooker in his *Flora of British India*; and Dr. George Watt in his *Dictionary of the Economic Products of India* have published the Latin name of *Pakur* to be *Ficus infectoria*. It will thus be apparent to the public that the editor of the *Calcutta Journal of Medicine* has committed a great error in publishing this false name of *Pakur*.

It is not possible for me to enumerate all the cases which have been radically cured by me and by other homœopaths with the help of *Ficus religiosa* in this short letter.

I do not know why the editor of the *Calcutta Journal of Medicine* has tried to mislead the minds of my colleagues by his totally erroneous remarks.

He who has the audacity to write anything disparagingly against a known remedy must not do so without rhyme or reason, but should substantiate his statement with well-authenticated and authoritative opinions. In a serious controversy vague statements are of no avail.

In conclusion, I request my colleagues to go to the bottom of the matter, and to arrive at a true conclusion.

Yours faithfully,

SARAT CHANDRA GHOSE, M.D.,

Editor *Indian Homœopathic Reporter*.

Bhowanipore, Calcutta.

VARIETIES.

SUNSHINE AND DISEASE.—Recent investigations seem to show that in the direct rays of the sun we have a much-neglected and powerful curative agent, not merely for superficial diseases, but also for some fairly deep-seated disorders. Of course, every one knows that on a fine, sunny day health seems improved, whilst, on the other hand, dull weather brings with it depressing influences, headaches, and other indications that lack of sunshine is prejudicial to our well-being; but the effect of a sunny day might be easily explained by the cheerful appearance which the world and its inhabitants assume when the sun comes out from behind the clouds, a cheerfulness which is bound to react beneficially on those who happen to be feeling a little out of sorts. However, it appears that, apart from such general influences, direct sunshine has actual curative powers over various local disorders, far more so than was ever suspected by the late Professor Finsen, whose name is so prominently associated with light treatment, and who carried out experiments with direct sunlight. As a matter of fact, it has been known for some years that the direct rays of the sun are fatal to various kinds of bacteria, when the latter are exposed in glass tubes to their action. Thus, the microbes of tuberculosis, which are not killed by a temperature below freezing-point, and will survive several hours in the "gastric juice" of the stomach without being destroyed, and, moreover, will resist exposure to high temperatures for some time, are very quickly killed by exposure to direct sunlight. Similarly, with the very virulent microbes of diphtheria, they soon lose their powers, and perish miserably when brought under the influence of the sun's rays. These facts alone might have been thought to be sufficient to establish as a means of treatment the destructive influence of the sun over the essential causes—that is, the microbes of various diseases. But it is obviously a very different thing to deal with germs unprotected in glass tubes and germs hidden away in the depths of the skin or recesses of the body. Our knowledge of this important and very interesting subject has lately been considerably increased by M. Rollier, who has extensively made use of the action of direct sunlight in curing disease at his sanatorium in Leysin. From his investigations, it appears that, whilst the sun's rays under ordinary circumstances have only a superficial action on the skin, and no great power of penetration, they are much more powerful in the latter respect at high altitudes; so much so that at certain mountain resorts it is possible to cure deep-seated disease by exposing patients to the direct rays of the sun. M. Rollier has recorded numerous instances of hip-joint disease, caries of the spine (spinal curvature), and tuberculosis of various other joints entirely cured by this means. Whilst at the same time the skin is greatly strengthened by the sun-baths, and becomes particularly resistant to boils and other similar local troubles, the blood is also improved in quality and purity, showing that the sun's rays at high altitudes have unquestionably very remarkable health-giving properties. In carrying out this treatment by sunlight the physician has to be very careful to accustom his patients gradually to the action of the sun's rays, as

otherwise severe and distressing blistering may result. Consequently, the first treatments are short, being only of a few minutes' duration, a limited area of the skin being exposed; the patients soon get accustomed to the treatment, and are then able to take a complete sun-bath of several hours' duration if such be deemed necessary. It is owing to the fact that the atmosphere absorbs the greater part of the curative rays of the sun (such, for example, as those known as the ultra-violet rays) that sunlight at ordinary levels is nothing like so powerful in its action on disease as sunlight on high mountains, and this being so, it is easy to understand why those who have attempted to make use of direct sunlight under ordinary circumstances have failed to get good results. Unfortunately, the conditions of our own country do not encourage physicians at home to use this treatment.—*Daily Telegraph*, February 23, 1909.

X-RAY CANCER.—Professor Cecil Rowntree, F.R.C.S., of the Middlesex Hospital Cancer Research Laboratories, delivered a lecture yesterday before the Royal College of Surgeons on "X-Ray Cancer." Professor Rowntree stated that there have been in England 11 cases of cancer arising in X-ray workers. The history of a typical case of this form of cancer was detailed, and it was pointed out that in a large proportion of cases more than one malignant growth had occurred. In several instances the patients were quite young men, which is of interest in view of the fact that cancer arising in ordinary circumstances is a disease of late adult life. Referring to the treatment of X-ray cancer, Professor Rowntree stated that it is probable that this form of growth is not of so malignant a nature as other kinds, and that therefore the very extensive operations which would be the appropriate procedure in cases of ordinary cancer are not necessary. An investigation of the influence of X-rays on animals was carried out, and it was found that, in addition to some of the ordinary changes such as are met with on the hands of X-ray workers, others of a more striking nature manifested themselves. For instance, it was found that when the upper surface of a rat's tail was exposed to X-rays, the cells on the exposed surface underwent changes of a destructive nature, whereas the rays—attenuated by passing through the thickness of the tail—stimulated the cells on the opposite side to increased growth. Other evidence was brought forward which goes to show that X-rays have in fact two separate and distinct actions upon animal and vegetable cells. In relatively large doses they have a destructive or paralysing action upon cell activity, whereas in small and oft-repeated doses they bring about exactly the opposite condition, and stimulate the tissues to abnormal activity and increased growth. Professor Rowntree is of opinion that these observations may have an important practical application in connection with the treatment of cancer.—*Times*, May 18, 1909.

A RATHER mischievous suggestion that athletes might be enabled to perform unusual feats if stimulated by oxygen was rightly repudiated by all sportsmen as unworthy; but one is less certain of the correct attitude to be maintained if "fatigue anti-toxins" ever come into the market. Some years ago, it will be remembered, Professor Mosso, of Turin, found that the illness caused by over-fatigue was due to the absorption of certain compounds into the blood, and that these substances when injected into other animals produced the same symptoms. The presence of such poisons or toxins is probably the

explanation of an illness caused by eating the flesh of over-hunted game, such as some hunters have recorded. Dr. Weichart succeeded in isolating from the muscles of wearied animals a specific fatigue toxin, which when injected in small doses into animals gradually produced immunity to fatigue and formed an anti-toxin. This method, though curious and interesting, was a mere laboratory experiment. According to a note by Mr. Ainsworth Mitchell, however, a more simple method of producing an anti-toxin has been described in a recent German patent. According to the specification of it, when albumen is gently heated for about ten hours with a chemical agent such as very dilute nitric acid it is broken down into various products, one of which produces all the physiological effects of fatigue. On continuing the heating for a long period or on boiling the mass, this toxic substance is destroyed, and among the products of its decomposition is one that neutralises its action. This new substance may be separated from the other products of decomposition by dialysing it through a porous membrane and from the accompanying mineral salts by extraction with acetone. When injected into the body it is stated to act as an antidote to the toxine of fatigue, preventing its injurious effects.—*Morning Post*, March 8, 1909.

Not only are the life histories of many micro-organisms which cause disease unknown, but in one instance at least they form the subject of controversy. The trypanosome of sleeping sickness is the case in point. It was assumed two years ago that the continued existence of this micro-organism was ensured by the big-game animals of Africa. Koch added that the crocodile was another distributor. The ground for these beliefs and assertions was that the fly *Glossina palpalis*, which admittedly carries the *Trypanosome gambiense*, feeds on the blood of the big-game animals and of crocodiles. But according to the researches of Professor E. A. Minchin and of his colleagues, Lieutenant A. C. Gray and the late Lieutenant C. M. Tulloch, of the Sleeping Sickness Commission, the incidental support of the *glossina* fly is the sum total of the delinquency of the big game, and they share it with every other vertebrate animal, man included, in East and Central Africa. While Professor Minchin was investigating sleeping sickness in Uganda, he and Messrs. Gray and Tulloch visited the small island of Kimmi, in Lake Victoria, and found it swarming with the *glossina*, though no big game were present except visiting hippopotami. So the fact appears to be that the *glossina* lives impartially on any blood it can find and no one vertebrate is more guilty than another in keeping it alive, while the destruction of no one form of animal life (that of big game, for example, or of man) would ensure its disappearance. The destruction of man might imply more possibly the disappearance of the parasite of sleeping sickness, for no trypanosome of sleeping sickness has been found in the big game. Another trypanosome was noted (by Professor Minchin and Lieutenant Gray) in a crocodile, but beyond its large size and general resemblance to other reptilian trypanosomes it was not possible to say very much about it. As trypanosomes of sorts may also be found in the perch of the Norfolk Broads, evidently the crocodile cannot be convicted as a carrier of sleeping sickness on the strength of this evidence. Consequently, Koch's proposal that the crocodile's should be destroyed in order to check the spread of the disease is as futile as the more mischievous suggestion that the

destruction of the African big game would have any salutary effect in diminishing the numbers of *Trypanosome gambienseis*.—*Morning Post*, January, 1909.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Bailey (F. R.) and Miller (A. M.). Text-book of Embryology. 8vo. (Churchill. Net, 21s.)
- Clarke (H.). Studies in Tuberculosis. 4to. (Constable. Net, 5s.)
- Downie (James Walker). Clinical Manual for the Study of Diseases of the Throat. 2nd ed., revised and in large measure re-written. With 104 Illustrations. Cr. 8vo, pp. 452. (MacLehose. Net, 10s.)
- Ferguson (R. Bruce). Aids to the Mathematics of Hygiene. 4th ed. (Students' Aid Series.) 12mo. (Baillière. Net, 2s. 6d.)
- Gardner (H. Bellamy). Surgical Anæsthesia. Cr. 8vo, pp. 252. (Baillière. Net, 2s. 6d.)
- Kelley (Samuel W.). Surgical Diseases of Children. A Modern Treatise on Pediatric Surgery. Illus. Roy. 8vo, pp. 766. (Rebman. Net, 21s.)
- Lugaro (Ernesto). Modern Problems in Psychiatry. Translated by David Orr and R. G. Rows, with a foreword by T. S. Clouston. 8vo, pp. 314. (Sherratt & H. Net, 7s. 6d.)
- Neumann (H.). Otitic Cerebellar Abscess. Translated by R. Lake. 8vo, sd. (H. K. Lewis. Net, 4s.)
- Osler (Williams). The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicines. 7th ed., thoroughly revised. 8vo, pp. 1162. (Appleton. Net, 21s.)
- Rodman (William L.). Diseases of the Breast, with Special Reference to Cancer. 69 plates. 8vo, pp. 398. (H. Wilson. Net, 16s.)
- Santee (Harris E.). Anatomy of the Brain and Spinal Cord, with Special Reference to Mechanism and Function for Students and Practitioners. 4th ed., revised and enlarged. 128 Illustrations. 8vo, pp. 490. (H. Wilson. Net, 16s.)
- Simpson (W. J.). Report on Plague in the Gold Coast in 1908. Fol., sd. (Churchill. Net, 2s.)
- Stewart (Isia) and Cuff (Herbert E.). Practical Nursing. Revised. 5th Impression. Cr. 8vo., pp. 444. (Blackwood. Net, 5s.)
- Tanzi (Eugenio). A Text-book of Mental Diseases. Authorised Translation from the Italian by W. Ford Robertson and T. C. Mackenzie. Roy. 8vo, pp. 820. Rebman. Net, 24s.)
- Wilson (Dr. Andrew). Physiology. A Popular Account of the Functions of the Human Body. Illus. Cr. 8vo, pp. vii-128. (Milner. Net, 1s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, *Devonshire Street, Portland Place, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

Dr. Nilo-Cairo, Brazil—Messrs Burroughs & Wellcome, London—Dr. Stephenson, Dunedin—Dr. Ghose, Calcutta—Mr. Robbins, London—Dr. Simpson, Birkdale—Dr. Pullar, Richmond.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Hom. Eye, Ear, and

Throat Jour.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Le Docteur Huchard et Homœopathie, Dr. Gallavardin et Dr. Duprat.—Foreshadowings of Homœopathy, Dr. M. Moore.

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Two Interesting Cases. By Dr. M. Tyler.

EXTRACT:

On Some Unusual Effects of Quinine, with Remarks on Constitutional Peculiarities. By Walter Wesselhoeft, M.D.

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Ladies' Branch.
Subscriptions and Donations Received from June 17 to July 15, 1909.
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THE
HOMŒOPATHIC WORLD.

OCTOBER 1, 1909.

THE COMING SESSION.

OCTOBER is the month when the work of Societies and Institutions is resumed, with the energy begotten of holiday-making. The prospects for good work during 1909-1910 are promising. The British Homœopathic Society begins on October 1st. Under the presidency of Dr. MACNISH we may feel sure that materia medica and therapeutical subjects will not be neglected. There is to be an attempt, we understand, to get rather more pure materia medica contributions than in recent sessions, an attempt to which we wish every success. The Northern Counties and the Western Counties Societies will soon be at work, and we may look for good results from the labours of both. The Cooper Club recommences its meetings this month. Its papers are generally submitted to readers of the WORLD, and they have, therefore, every interest in the prosperity of this assembly. Also we understand that four gentlemen start shortly for America as Tyler scholars. Finally, what of the British Homœopathic Association? Well, it has mapped out a good programme. There are to be five public lectures at Russell Square, an excellent piece of propagandist work, and besides these the regular course of instruction under the Honyman Gillespie Bequest will be again pursued at Russell Square and at the London Homœopathic Hospital. There are to be three

classes per week instead of four, but it will be possible during the winter to cover a good deal of ground and give any inquirers who may desire it a good insight into the principles and practice of Homœopathy. We hope that the attendances will be satisfactory. The London Missionary School of Medicine is no longer a branch of the B.H.A., but a flourishing independent body. Its session also is now beginning, and we look to see it continue and extend the advantages it offers. The new wing of the London Homœopathic Hospital begins to show above the ground, and altogether the signs of activity in our body are many and vigorous and give promise of much healthy life. To all efforts for the cause we wish every success. If each of us remembers that his or her effort is necessary and ceases to wait for others to give a lead we have no fears for the future. But perseverance and enthusiasm are as needful as ever. May they be forthcoming!

NEWS AND NOTES.

THE DUNEDIN HOMŒOPATHIC ASSOCIATION.

OUR colleague, Dr. Stephenson, is never weary in well-doing for Homœopathy. He has sent us the news of the formation of the Dunedin Homœopathic Association, which is to do for New Zealand as much as, and more than, our own B.H.A. can do for Great Britain. The Association was founded amid great enthusiasm on July 10th, and Dr. Stephenson gave it an excellent start by a speech on Homœopathy at the inaugural meeting, which put our case clearly and convincingly. We wish the greatest possible success to our colleagues in the Antipodes, and if they have any enthusiasm to spare, we could do with a little more in the Old Country.

and the judgment to apply his knowledge. Surely this experiment is one we have a right to ask of every man who makes it his mission to attack disease. In dismissing most drugs as useless, Professor Osler pays a tribute to the destructive side of Homœopathy, the power with which it overthrew the mediæval dosing and drugging. Some day, perhaps, he will realise that Homœopathy has also a positive side, and that it has the power to build a faith in drugs upon a secure foundation that no lapse of time can overthrow.

A NEW JOURNAL.

HOMŒOPATHY in Sweden is on the up grade, thanks largely to Dr. Axel and his enthusiastic colleagues. It has now a journal of its own, *Från Homöopatiens Värld*, edited by Dr. Grouleff. The first number has reached us. We welcome it heartily and wish the greatest possible success to our colleagues. There are no frontiers in Homœopathy, and success in Sweden makes for success here and everywhere.

THE TOXICITY OF COAL TAR ANTIPYRETICS.

WE are all familiar with the history of these drugs. One by one they were brought forward with a flourish and we are bidden acclaim the latest result of *scientific* medicine; one by one they are found to be dangerous and of comparatively small value. A summary of poisonings issued in the United States, as a Governmental publication, gives 614 cases for *Acetanilide*, 105 for *Antipyrin*, and 25 for *Phenacetin*, with mortalities of 17, 5, and 7 respectively. Considering how largely the drugs are consumed, this will perhaps not be considered a great deal, but add to this the chronic effects and it is evident that the pæans of joy with which these drugs were greeted require some modification. We note with interest that physicians in general use smaller doses, and therefore are themselves aware of the dangers of poisoning. *The Hospital* in July published a case of poisoning by *Aspirin* after 10 grains. The symptoms were violent itching and burning of the skin, œdema of the head and neck and tongue, great oppression of the chest, as in

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asthma. Palpitation and profuse sweating followed and constipation for some days. *Aspirin* is a salicylic preparation and much used to relieve pain in joints and nerves. It is well to remember its toxic possibilities if any homœopathist should for a moment be tempted to prefer it to the *Simillimum*.

ORIGINAL COMMUNICATIONS.

CROTALUS TERRIFICUS.

CROTALUS CASCAVELLA OF MURE, *CASCAVEL*.

By Dr. NILO CAIRO, Curityba, Paraná, Brazil.

“When they bite, the patient is lost: he becomes deaf, blind, paralytic, without any movement in the body, there remains only the pain of the venom spread over the whole of the frame till, within twenty-four hours, he expires.”—FATHER JOSÉ DE ANCHIETA.

OUT of many scientific synonyms for this serpent that of *Crotalus terrificus* of Cope should be adopted, not only because it is the most ancient, but also because that of *Crotalus cascavella* of Wagler, adopted by Mure, Allen, and Clarke, is redundant, as says Dr. Dias da Cruz in the *Brazilian Homœopathic Review* (1908). *Crotalus* is the Latin translation of rattle, and *Cascavella* is the Portuguese translation of the same word.

Crotalus terrificus is the name under which this snake is designated in the *Catalogue of the Snakes in the British Museum*, vol. iii., published by George Albert Boulenger in 1896, at London.

HABITAT.

It is the only species of the genus *Crotalus* inhabiting South America; it is very abundant, especially in certain northern parts of Brazil, but it is also found in all the states of this country. It is found also in Republica Argentina, Paraguay, Bolivia, Venezuela, Mexico, and some of the southern states of North America (Arizona, New Mexico, Texas).

DESCRIPTION.

Of all the species of *Crotalus* which are found in America,* the *Crotalus terrificus* is the only one known in Brazil, where it inhabits all the states from north to south.

This species is generally from two feet and a half to four feet in length. Its head is oval-triangular, very distinct from neck; the shields upon the eyes are large and elliptical, serving as lids; snout very short, with obtuse canthus.

The ground colour of the *Crotalus terrificus*, on the dorsal aspect, is usually yellow or greenish brown, reddish yellow or chocolate; and that on the ventral aspect lighter yellow or straw colour, uniform or spotted with brown. The markings on the dorsal aspect are composed of 24 or 26 great regular rhomboidal or zigzag lines of a lighter yellow colour, running from head to tail, making three rows of diamond- or lozenge-shaped spots along the back, which are often lighter in the centre; these spots are smaller on the neck, larger and more distinct on the body, and less and less distinct again towards the tail, and in the central row they are more distinct than in the lateral. Occiput and neck with or without two more or less distinct dark parallel stripes; a dark streak from the eye to the angle of the mouth.

The extremity of the tail, which is dark, nearly black, ends in an appendix constituted by a series of seven or eight small yellowish corneous spheres, which are hollow and almost transparent, and, when agitated, produce a shrill sound. This appendix is named a *rattle*; and the *Crotalus terrificus* a *rattlesnake* (*cascavel* in Portuguese).†

The tail of the male is longer and thicker than that of

* There are in America eleven species of the genus *Crotalus*: *Crotalus scutulatus*, U.S. and Mexico; *Crotalus confluentus*, U.S. and Mexico; *Crotalus durissus* (the old *Crotalus adamanteus*), U.S.A.; *Crotalus horridus* (the old *Crotalus durissus*), U.S.A.; *Crotalus tigris*, U.S. and Mexico; *Crotalus mitchelli*, U.S.A.; *Crotalus triseriatus*, Mexico; *Crotalus polystictus*, Mexico; *Crotalus lepidus*, U.S. and Mexico; *Crotalus cerastes*, U.S.A.; *Crotalus terrificus*, North and South America.

† All the snakes with a tail ending in a *rattle* are named *rattlesnakes*; but all the *rattlesnakes* are not *Crotalii*, because there is in United States of America and Mexico another genus of *Crotalinæ*, the genus *Sistrurus* (with three species), whose tail ends also in a *rattle*. This genus is distinguished from the genus *Crotalus* by the scales of the head: the *Crotalus* has the upper surface of head covered with scales or small shields; the *Sistrurus* has the upper surface of head with nine large symmetrical shields.

the female; also the body is longer and thicker in male than in female.

The *Crotalus terrificus* is one of the most dreadful venomous snakes in Brazil, not only because its venom is the most active of all the snake poisons, but also from the frequency of its bites.

The Brazilian rattlesnake lives usually among low bushes, whence it crawls into the *tatú* caverns or *cupim* houses, which it prefers to the woods; it is very numerous in the plains, and causes great damage to the breeders. The *Cascavel*, happily, moves slowly; it is long in preparing to strike, but when it does strike it seldom fails to hit the mark.

It feeds almost exclusively on little birds, toads, lizards, and mice; and going in pursuit of these, it comes often into storerooms and houses.

PART EMPLOYED MEDICINALLY: VENOM.

The venom of the South American rattlesnake is usually a viscid liquid, inodorous, colourless, sometimes milk-white and seldom yellowish.

“The fresh venom of *Crotalus terrificus*,” says Dr. Vital Brazil, “is a thick, slightly acid, completely colourless, opalescent or milk-white liquid. We found some rattlesnakes of the northern Brazil which poured out a venom somewhat yellowish. After drying, the venom of *Crotalus terrificus* is white, sometimes very slightly yellowish.”

The quantity of venom ejected each time by a *Crotalus terrificus* is, when liquid, usually nearly 1 cubic centimetre; when the venom is dry this quantity is reduced to 0.333 milligram of solid substance. The relation of weight between the dry and the liquid venom is from 23 to 27 per cent.; there is thus a loss by evaporation of 73 to 77 per cent. One gram of liquid *Cascavel* venom is reduced, when dry, to 240 milligrams.

The *Crotalus* is, of all the Brazilian snakes, that which produces most venom; and its bite is doubly dangerous, not only from the activity of its venom, but also from the great quantity of it that it may inject each time into the tissues.

Of all the Brazilian snake venoms, that of the *Crotalus*

terrificus is the most active, *i.e.*, it requires a lesser quantity to cause death.

Dry, this venom is slightly soluble in distilled water and in a mixture of water and glycerine, but it is soluble, when liquid, in pure glycerine in all proportions; and it is insoluble in alcohol, ether, and, when dry, in pure glycerine.

PREPARATION FOR HOMŒOPATHIC USE.

After collection, the venom of the *Crotalus terrificus* may be used immediately, liquid, for making the homœopathic preparations, or, after drying by evaporation, kept dry, to be employed later in these same preparations, because it is proved to-day that the dry venom keeps all the pathogenetic properties of the liquid venom.

But in this case the drying must be complete and perfect, otherwise the venom will be altered promptly enough. When dry it must be kept in a sterilised bottle well sealed (best in a sealed tube), protected from the damp air and from the light; it may be thus kept almost indefinitely without losing its physiological properties.

There are two ways of preparing the snake venom for homœopathic purposes, one *liquid* (adopted by the British Homœopathic Pharmacopœia), by dilution of the poison in pure glycerine, the other *solid* (adopted by Hering), by triturating the poison with sugar-of-milk.

In the first case the fresh and liquid venom must be always employed, because, as we have said, the dry *Cascavel* venom is insoluble in pure glycerine. Then one part by volume of the poison is dissolved in nine parts by volume of pure glycerine. This solution is the mother tincture of *Crotalus terrificus* in the British Homœopathic Pharmacopœia. For making the first decimal attenuation pure glycerine should be used, nine parts to one part of the mother-tincture. For the five first centesimal attenuations the British Homœopathic Pharmacopœia no longer employs as a menstruum the pure glycerine, but a mixture of one part pure glycerine and three parts proof spirit (five measures of rectified spirit with 3·2 measures of distilled water); but we have found that the proof spirit precipitates the active principles of *Cascavel* venom from the second and even from the third decimal potency.

Also we use pure glycerine for making the three first

centesimal attenuations; from the fourth to the sixth centesimal we employ as a menstruum the mixture of one part pure glycerine and three parts proof spirit; and for the seventh centesimal and upwards spirit twenty over proof (six measures of rectified spirit with two measures of distilled water).

These are the methods of preparing liquid forms of the *Cascavel* venom for homœopathic use; but Mure, who was its introducer into our materia medica, preferred the mode adopted by Hering, by triturating, which he used for his provings.

For preparing the triturations of *Crotalus terrificus* we may use the liquid venom, as soon as it is collected from the fangs of the snake, or the dry venom. The dry venom should be preferred.

DOSE.

Crotalus terrificus should be used from the third decimal potency upwards in tablets if in trituration, or in drops in distilled water as a vehicle if tincture. From the sixth centesimal upwards the globules or disks can be used.

The third or fourth or sixth should be most employed.

TOXICOLOGY.

Sources of Cascavel Materia Medica.—Of our sources of information as to the physiological effects of *Cascavel* venom, we must place first in order the *Doctrine de l'École de Rio de Janeiro et Pathogénésie brésilienne* by Dr. Mure. Published in 1849, it contains a collection of the symptoms obtained from two provings of *Crotalus cascavella*, one made on a man, the other on a woman. The second contribution to our knowledge on this subject is an article on some provings made on himself with the third decimal trituration by Dr. Nilo Cairo, published in *Annales de Medicina Homœopathica*, vol. xi., 1909; and also the article on *Crotalus cascavella* in Clarke's *Dictionary*, in which are included, says the author, the effects reported by Higgins. The third contribution is an article on a severe case of poisoning from *Cascavel* bite, published in 1839 by Drs. Maia and Reis, of Brazil, in *Gazette Médicale de Paris*, and reproduced by Hayward and Hughes (*Cyclopædia*); the fourth is a paper on a fatal case also of *Cascavel* bite by Dr. Alvarenga, which

is to be found in the first number of the third volume of the *Gazeta Clinica* of St. Paul, Brazil (1905). We can add to these materials a short note on a poisoning by Schomburgk, cited by Brehm, and another with recovery published by Dr. Vital Brazil in *Revista Medica de S. Paulo* (1903); and the experiments on animals made by Dr. Lacerda and published in the fourth volume of the *Archivos do Museu Nacional* of Rio de Janeiro (1879), and by Dr. Vital Brazil and published in *Revista Medica de S. Paulo*, 1901, No. 15. As to these contributions on *Cascavel* poisoning, see *Brâzilian Homœopathic Review*, vol. iv., 1909, No. 3.

Poisoning.—In the human body the poisoning from bites of *Crotalus terrificus* begins, after varying intervals, sometimes at once, with slight and persistent sensation of burning and slight œdema in the bitten place, which is accompanied by a feeling of coldness around it; then the pains appear and become more and more intense, extending over the whole limb, and sometimes over the whole body. The œdema is pale, constituted only by serous infiltration; it increases, like the pains, more and more, sometimes extending over the whole of the bitten limb, and rarely over the whole body. But usually it does not show an inflammatory appearance; the skin remains pale, during the whole course of the poisoning, without hæmorrhagic extravasations. There are even cases in which there is no œdema.

The local effects from *Cascavel* bite are therefore very mild, contrasting so with those produced by the bites of *Crotalus horridus* and *Lachesis lanceolatus* (the *Bothrops lanceolatus* of our materia medica), whose venom is locally very active.

At the same time, the same constitutional effects are observed as in the beginning of all snake poisonings. There appear first weariness, uneasiness, numbness over the whole of the body; dimness of vision supervenes early and is followed frequently by a complete and persisting blindness; the patient becomes somewhat deaf; then there appear inexpressible lassitude, muscular relaxation, extreme dryness of the mouth, with intense thirst, giddiness, fainting and a great weakness of the legs, producing staggering, falling, and inability to stand or to sit up. Afterwards appear bilious vomitings (yellowish green), great anxiety, restlessness, and dyspnœa.

Later come general tremor, sometimes marked convulsions of the limbs, specially of the arms, followed by a total loss of movement and of power. The patient makes vain painful efforts to move and to get out of bed; a complete paralysis supervenes; the limbs are powerless.

With this there is cerebral disturbance; the face becomes puffy and flushed as in erysipelas, the conjunctivæ of the eyes injected, the lids half closed and paralysed, the expression tearful and stupid; drowsiness comes on, more and more increasing, and followed by torpor and coma, which ends in death. There may be delirium with incoherent ideas and loquacity, but in other cases the mental faculties are unaffected, even while the most alarming symptoms are present.

The salivation is copious; the lips, half paralysed, are moved with difficulty; the tongue is painful and embarrassed, also half paralysed, producing inability to speak; the thirst is intense, but at the same time the patient cannot swallow; there is a sensation of constriction in the throat as by a strangling knot, which does not permit the deglutition even of liquids; there is a total incapacity for swallowing. We may observe also aphonia, which is intermittent in the prolonged cases.

The pulse is always accelerated, though feeble or intermittent; the temperature is raised, with chilliness at first, then general heat over the whole of the body, but the feet remain ice-cold; the sweat is copious.

There is sometimes an intense redness of the skin of the whole body.

Polyuria is a constant symptom in *Cascavel* poisoning: the urine is copious and frequent, of a clear or deep colour, rarely hæmorrhagic, but always albuminous.

If recovery takes place all these alarming symptoms, notwithstanding their severity, disappear rapidly and the patient recovers, within a few days, his usual health; but if this happy issue does not occur, the poisoning advances: the respiration becomes more and more difficult, the prostration more and more profound, the limbs inert and paralytic; the skin cools, cold and clammy sweat covers the whole frame, there may be a scanty hæmorrhage from an orifice of the body, and the patient expires in convulsions or coma.

This represents an ordinary case; there are mild cases, in which these symptoms are less intense, and the patient

suffers little, rapidly recovering his health. But there are also more severe cases, in which death comes very rapidly, as by a fulminating attack on the nervous system with faintness, loss of consciousness, general coldness, and cold and clammy sweat, simulating a pernicious malarial fever.

In the chronic poisonings, when the quantity of venom inoculated in the wound is insufficient to kill rapidly and the patient remains ill some days and does not die, we may observe frequently paraplegia, some scanty hæmorrhages from several orifices of the body, from ears, nose, anus, or kidneys, ulcerative keratitis, and sometimes abscess or gangrene of the bitten limb, with sloughing of tissues and prolonged and intolerable pains.

It is interesting and important to remark that when recovery takes place by the anti-venomous serum (Vital Brazil), it may happen that some days after a good health all the alarming symptoms of poisoning return and the patient will be exposed to a new danger; then a new injection of serum cures him finally.

The poisoning from *Cascavel* bite, says Dr. Vital Brazil, very rarely causes hæmorrhages. These are only observed when the patient lives some days or when the doses of the inoculated venom are relatively powerful; that is to say, the hæmorrhages are not constant either in poisonings by very little doses, or in very severe cases, in which death comes rapidly; it is in cases of moderate intensity, in which the dose of inoculated venom is powerful enough to produce death after long survival of the patient, that we may observe sometimes hæmorrhages limited to one organ. From fifty clinical cases of poisoning from *Cascavel* venom which we know only six presented hæmorrhages.

Here are the statements of Dr. Vital Brazil, resuming the results of poisoning of animals by the venom of the Brazilian rattlesnake:—

“In the poisonings by *Cascavel* venom the local effects are not very intense, contrasting almost always with the severity of the general symptoms, which, as a rule, point to a prevailing action on the nervous centres. . . .

“The venom of the Brazilian rattlesnake has an elective action on the central nervous system; even in the cases of superficial poisoning more or less complete and lasting paralyses are frequently observed.

“Internal hæmorrhages are very rare in *Cascavel* poisoning; they may be only observed in profound and prolonged cases, and, likewise, when they are produced, they are tardy and very scanty. In the dog, when the dose of venom is insufficient to produce death, paraplegias are frequently observed, from which the animals recover within some days.

“As to the lesions observed in poisoning, the *Cascavel* venom produces internal congestion of the organs, principally of the central nervous system. The internal hæmorrhages, as we have said, are very rare. There is great quantity of albumen in urine, &c. When the poisoning is prolonged degeneration of the liver, kidneys, and heart may be observed.”

As we have seen, the *Cascavel* venom is not a hæmorrhagic one, as is that of *Crotalus horridus* (the old *Crotalus durissus*) or that of *Lachesis lanceolatus*; it approaches more, in its action, of the group of neurotoxic venoms, as that of *Lachesis mutus* and that of *Naja tripudians*, and it seems to act most specially on the spinal cord, which it paralyses more than do the other snake venoms.

(To be continued.)

HOMŒOPATHIC DOSAGE.

By “SIMILLIMUM.”

(Concluded from page 418.)

ON the question of potency we cannot do better than quote the testimony of a modern authority, Dr. J. H. Clarke, as given in his *Prescriber* (p. 19):—“My own experience leads me to believe that all attenuations, from the mother tincture upwards, are curative, provided the choice of the medicine is correct. When the similarity is very close between drug symptoms and patients' symptoms, the attenuation cannot be too high to cure, and the higher it is the more permanent the cure is likely to be.” Conversely, where the drug resemblance is crude, the medicine is best given in low potency. Clarke's *Dictionary of Homœopathic Materia Medica* abounds in illustrations of the action of remedies in crude doses, and in all kinds of dilutions.

High potencies, it is said, will not act unless well indicated; and here arises a most important point to be borne in mind. Instances occur in which a medicine is indicated by *many* symptoms in the patient. In such cases the uninitiated would naturally say, "Here is such a lot of work for the medicine to do, one must prescribe a strong dose." The opposite course, however, is the one to be adopted, otherwise not only will the patient be greatly upset, but also the medicine will probably fail to benefit. On this point we must again refer to the *Organon* (§275, §276) for words that will have greater weight than our own testimony:—

"If we give too strong a dose of a medicine which may have been even quite homœopathically chosen for the morbid state before us, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the unnecessary, too strong impression which, by virtue of its homœopathic similarity of action, it makes upon the vital force which it attacks, and, through the vital force, upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease.

"For this reason, a medicine, even though it may be homœopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity and the higher the potency selected."

We will now give very briefly a few illustrative cases selected at random from our reading and own experience.

1. We have in mind an instance in which *Thuja* was indicated by many symptoms. Given in too large a dose (several globules) of the 30th, it not only failed to benefit, but produced the "hoop or girdle sensation" and numbness extending gradually over the lower half of the body, which were only removed in the course of several weeks by repeated doses of two antidotes.

2. The *necessity* of infinitesimal attenuation in some instances is illustrated by a case of eczema on the back of a lady's hand, for which *Sul.* 6 was first prescribed, and other medicines, including *Mer. sol.* 6, were employed without benefit. *Sul.* being apparently the best indicated, was next tried in the 200th centesimal dilution, with very slight temporary benefit. The prescriber, who had no faith in infinitesimals, now gave *Sul.* m. in weekly doses of one pilule, with the result that the affection, which had persisted several months, was cured in less than three weeks.

3. Illustrative of the appropriateness of infinitesimal attenuations for chronic constitutional affections, and also other points of treatment, we would refer to a *Calc carb.* case of Dr. Clarke's, recorded in the HOMŒOPATHIC WORLD, 1908 vol., p. 105, in which a brilliant cure was effected with unit doses of the cm. dilution, gl. vi. In the *Dictionary of Homœopathic Materia Medica* he states that he has cured many cases of ingrowing toenail with *Mag. p. Aust.* 2m.; and with the same I had a very quick cure of that complaint, with no return during some five years since elapsed.

4. As an example of the great length of time a unit dose will continue to act beneficially in some instances, we may cite a very remarkable case of universal eczema cured by Villers with a single dose of a few globules of *Sul.* cm. (*vide* Clarke's *Dictionary*, vol. ii. p. 1303). A marvellous cure by J. A. Wakefield, M.D., with a single dose of *Pyrogen* cm. is recorded in the HOMŒOPATHIC WORLD, 1902 vol., pp. 422, 423.

5. Instances of cure with unit doses of mother tincture can be given *ad lib.* Hughes mentions in *The Principles and Practice of Homœopathy* (p. 112) a case of Dr. Stens's, in which a cough of six months' standing was cured with a single drop of the mother tincture of *Bryonia*, when both high and low potencies given in the usual repeated doses had been ineffective. We are, however, of opinion that the change to the mother tincture had much to do with the cure. A notable case of splenitis, cured by the late R. T. Cooper, chiefly with unit doses of mother tinctures, is recorded in the HOMŒOPATHIC WORLD, 1902 vol., p. 301. A remarkable and typical case of such treatment of rectal carcinoma, by Dr. Le Hunte Cooper, is given in the last (August) issue of the HOMŒOPATHIC WORLD, the remedy employed being *Ruta* ϕ ; and a no less interesting case of treatment by him of malignant disease of the face with *Lobelia erinus* ϕ A is given in the 1905 vol., p. 539.

6. Cure by repeated doses of a watery solution, when other dosage failed, is represented by a case of Dr. Le Hunte Cooper's, published in the 1906 vol., p. 295. *Urtica urens* 3, m \bar{j} in a tumbler of water, two teaspoonfuls three times a day until relief, and to be repeated when the eruption showed signs of returning. The affection was a terrible eruption on the face. On p. 401

of the 1905 vol. is a case of severe constipation in a patient suffering from rectal carcinoma, which promptly yielded to *Hydrastis* 1x, a pilule in twenty-four hours, and, on a recurrence, much greater effect from *Hydrastis* 1, a pilule dissolved in two tablespoonfuls of water, one teaspoonful to be given every six hours. After two doses, the report was "Bowels rather too loose."

7. In acute disease and also in acute manifestations of chronic disease, most practitioners, we believe, consider low dilutions and mother tinctures the most efficacious. In this category I should place a case of severe sore throat, which rapidly yielded to *Bellad.* 3x when *Bellad.* 3 proved insufficient. Perhaps to the same class belongs a cachectic lady (the same patient, about a year later) whom I rescued from a perilous condition of prostration with one-drop doses of *Arsen.* 3x (in a teaspoonful of water) four times a day, which dosage had to be kept up for about eight weeks, and then for another four weeks at somewhat longer intervals, no over-action of the remedy being apparent. The same patient was benefited greatly by *Tuberculin Koch.* 30 gl. iv. weekly, continued now for several months. This reminds one of Dr. Burford's teaching (pp. 349, 351 of the HOMŒOPATHIC WORLD) and Dr. Gilbert's (p. 202 of last year's volume), that diathetic treatment should be continuous over a long period.

Hahnemann did not limit himself to high dilutions, but recorded cases in which he used mother tincture and low attenuations. We have already quoted his remark that we must be guided by the nature of the different medicinal substances. Here we will note a few peculiarities that occur to us. *Lycopodium* in high dilutions is prone to produce aggravations, and we decidedly prefer 5c. to 6c. Ruddock, if our memory serves, recommended *Nux vom.* 6 in preference to any other for the bowels. The 6th of *Nux* and *Nat. m.* we believe to be the mildest-acting potencies. *Nux* 3 we find to act quite differently, and prefer the 3rd for nasal catarrh and stomach and liver derangements. The 30th acts more strongly on the nervous system, and we have found produce some headaches. The 200th we have found produce obstinate tinnitus in a patient who never thus suffered from low dilutions. Ruddock also, we believe, recommended *Podophyllum* ϕ for chronic and the 6th for acute liver

disorders. This choice is worth verifying in practice. In *Sanguinaria* also I have observed a reverse order, at any rate in myself, inasmuch as the 3x dilution produces "angry irritability," which many doses of *Sang.* 3 on other occasions did not. *Sepia* and *Thuja* I have found liable to act too strongly in any dilution.

Perhaps what we have written may stimulate some to write on the subject of dosage and compare notes. The field is very wide, and it is difficult to generalise. Our own study and observation leads to the following conclusions:—

1. Close observation and continued watchfulness are indispensable.

2. In some cases small doses must be repeated until the ascendancy of medicinal action (through vital reaction) over the disease is gained; and the effect of such dosage must be closely watched, to guard against aggravation and over-action—the latter evidenced by drug-symptoms.

3. Repetition of dose before improvement under previous dose has ceased to progress, retards, and in some cases destroys, prospect of cure.

4. Rare doses are best for chronic ailments.

5. Low dilutions (in some cases mother tincture) are usually best in urgent affections.

6. Infinitesimals are best for well-indicated constitutional conditions.

7. Low dilutions best for organs not highly endowed with sensory nerves.

8. High dilutions best for nervous affections and highly sensitised parts.

9. No absolute rule as to longer action of mother tincture over high dilution, or *vice versa*.

10. Very small doses essential for delicate and sensitive patients, and for sensitive organs.

11. The more exact the similarity, the higher should be the potency, and the smaller the dose.

12. Very sensitive patients (*vide, re* Caspar Hauser Clarke's *Homœopathy Explained*, chap. xvi.) cannot beneficially react to the same dosage as others, and therefore must have smaller and, as a rule, fewer doses.

13. When the dosage of a drug that has a primary and secondary action is excessive, the nervous system fails to react beneficially appropriate by vital reaction the primary

action, and suffers the secondary action—the reverse of what was intended.

14. “The primary and secondary action of many drugs repeat themselves alternately; hence, as long as this happens, the one (first dose) has not exhausted its action” (Boger).

THE THERAPEUTICS OF TUBERCULOSIS.*

By C. E. WHEELER, M.D.Lond., B.Sc.Lond.

My subject is a very wide one, and before attacking it I should like to explain the scheme I have followed. Tuberculosis may affect any tissue of the body and any remedy out of a vast number may conceivably be indicated for a homœopathic prescriber; therefore, unless I set up some boundaries of my own, my subject is obviously beyond the limits of a single paper. I have here no concern with diagnosis or pathology, except incidentally, and I do not propose even to take the regions of the body *seriatim* for survey, especially as several of the more prominent and ordinary sites of tubercle are to be dealt with by later speakers. My aim is to lay down for you, as I see them, the broad lines of treatment that might guide us in almost any case of tubercular disease. I shall briefly touch first on treatment other than drug treatment. Then, as after all I am addressing homœopaths, and drug treatment is our speciality—I shall proceed to that, first, indicating any remedies I think of value that are used by orthodox authorities, proceeding thence to the use of *Tuberculin*, thence to other nosodes, and finally to drugs other than nosodes. But in this last section, as to give you suitable indications for the use of even a fraction of the possible remedies would demand more time than is at my disposal, I shall have to content myself with certain typical drugs, and endeavour to place them before you in their appropriate spheres. Without more preface, then, I turn to general treatment other than drug treatment.

The importance of nourishing diet, reasonable rest, and fresh air have been long recognised, and the development of the open-air treatment for phthisis has led to a wider appreciation of the inestimable benefits of fresh

* Read before the British Homœopathic Congress.

air and sunlight in other forms of tubercle as well as the pulmonary form. There is little need to tell you about that, but I may comment on the now fashionable practice of sending patients to the High Alps for open-air treatment, rather than to English sanatoria with their moister climates. My view is, that for young people up to the age of twenty-five the Swiss sanatoria are generally useful; that beyond that age it is preferable for a patient, whom we believe to have any powers of reaction, to attempt a cure in the land in which he proposes afterwards to work. The dry mountain air often disposes of cough and sputum and bacilli, all three, however, reappearing on return to an English climate, necessitating further Swiss visits till the patient becomes a chronic invalid; whereas, if the same condition is reached (as it frequently is) in an English sanatorium, there is far greater chance of permanent relief. Of course, cases where cure is despaired of and palliation only looked for, may, and often do, benefit by the more stimulating mountain air, and only the heart condition has then to be considered. In choosing an altitude with regard to diet and feeding, wide experience has shown that the forced feeding of earlier sanatorium days is unnecessary in good cases and harmful in bad. All the same in phthisis pulmonalis, at any rate, the patient's inclinations are not quite a safe guide. Watch the weight week by week, and with a little timely encouragement many cases can be induced to put on the flesh that most tubercular cases need, though there is no advantage in merely fattening them.

Of articles of diet milk is a great standby, preferably unsterilised, if the dairy can be trusted. Tubercular cases, especially pulmonary ones, frequently have low blood coagulability, and the lime salts of milk are valuable to maintain this important function at a good level. Sanatogen and ovaltine are valuable, perhaps additionally, because of the phosphorus they contain. Plasmon is a useful adjunct to feeding. Raw meat was very fashionable a few years ago, and often carries a patient round a corner. It increases leucocytosis and may, therefore, be of use in encouraging bodily resistance as well as being a food. Give it finely minced, in sandwiches of thinly-cut dry bread, or as soup with warm stock poured over it, not hot enough to blanch it.

The function of exercise has recently been more elucidated and its empirical use justified. If a case can gain weight while exercising that is good. If (*e.g.*, in joint affections) walking is impossible, massage should be given regularly, but both walking or other active exercise and massage need to be used with judgment. Both promote auto-inoculation of *Tuberculin* and both are apt to produce effects similar to those of a dose of injected vaccine—a negative phase followed by a positive. Both, therefore, need watching to prevent undue depression of vital resistance. The temperature is a good clinical guide. A patient whose morning rectal temperature is 37° C., or higher, should be kept strictly at rest, and a patient whose temperature touches 38° C. after exercise is doing too much. As healing proceeds exercise causes less and less auto-inoculation, and the small doses that are then received are very beneficial. The excellent results achieved at the Brompton Hospital Sanatorium by graduated exercise, going on in time to quite laborious work, show that not only were the earlier fears of sanatorium physicians with regard to hard physical labour unfounded, but that a patient who has been brought steadily to the point of doing hard manual work has a much better chance of resuming ordinary life with impunity. Exercise of this kind applies chiefly to pulmonary cases; glands can be made by gentle massage to give auto-inoculations, but it is preferable to let them alone and administer *Tuberculin* by the mouth or subcutaneously. To apply X-rays to them is a better method; this not only raises the opsonic index, showing an auto-inoculation, but possibly also kills giant cells; $\frac{1}{3}$ of an epilating dose once a week is recommended, and if cases fail to respond to other ways of giving *Tuberculin* this method is well worth a trial. The light treatment of lupus still remains one of the best, but that point I will leave to the expert who is to deal with the tubercle of the skin. We must not forget, in reviewing sanatorium treatment, that sunlight counts as a direct factor. Sunlight will affect a photographic plate through the thickness of the body, and as it can stimulate metabolic activity and increase the number of red blood corpuscles, we may well look to it to benefit cases. Even suppurative lesions may be directly helped, as the rays are inimical to germ life. The great thing is practice in solution,

gradually increasing the dose in time as the part exposed becomes pigmented.

Before leaving the question of sanatoria I should like to make two points—one as a citizen, one as a homœopathist. The first is that all medical men should urge the building of public sanatoria, that tubercle of all kinds should be treated early. The point is not disputed, as a rule, but we might use our influence to persuade rate-payers, first, to make the experiment, and, secondly, having made it, to give it a fair chance, not, as rate-payers will, to clamour for speedy results, sending half-cured cases back to break down again and discredit the treatment. The Brompton Sanatorium experience should be driven home on all occasions. Secondly, I want a homœopathic sanatorium. I am persuaded that we can get better and quicker results than the others, and after ten years should have figures that would compel attention. If all the homœopathic doctors would recommend their suitable cases it could be run at a profit, and the profits devoted to extension of the work or support of other institutions.

Leaving now the sphere of the general treatment of tuberculosis, I will briefly review the orthodox remedial treatment. Sir A. Wright's rehabilitation of *Tuberculin* has turned much attention to it. I will speak of its uses presently, but there are two drugs. I want in passing to mention first the *Cinnamate of Sodium*. It has been highly praised by some and found wanting by others, as is the way with specifics, but it does seem to increase leucocytosis, and once or twice I have thought that it reinforced the action of *Tuberculin*. It is usually injected every other day in doses of $1\frac{1}{2}$ grains. The bacilli in the sputum are first increased, then gradually diminish. The other drug is *Fibrolysin*. This appears to have a specific affinity for scar tissue. I have given it by the mouth to try and influence adhesions in chronic cases. It is too early to speak positively, but it may be worth consideration. It may be found better to inject it as is usually done.

Turning now to *Tuberculin*. This, it is pleasant to remember, was used by a homœopathist before Koch devised it, and long before Wright and his followers systematised its use and regulated its safe administration. The orthodox use of it comes nearer to homœopathic

practice than their use of other vaccines, firstly, because its preparation breaks up the bodies of the bacilli in a way that is not done in the making of ordinary vaccines; and, secondly, because, following Dr. Latham, it is frequently administered by the mouth and in doses which, though unnecessarily large to our minds, are nevertheless so infinitesimal to the orthodox medical mind as freely to be called "homœopathic." I will ask you to note, by the way, that laboratory experiment gives some reason for thinking that the method of making a nosode from diseased tissue *plus* the contained bacilli results in a more active therapeutic product than the vaccine made from the germ cultivated outside the body. Personally, however, I can trace little variation between the results of *Bacillinum* and *Tuberculinum*; both seem to me active. Returning to the orthodox uses of *Tuberculin*, any case that presents the germ is regarded as a case for consideration of tuberculous treatment, and no case wherein the germ is not found. We, on the other hand, should not regard the presence of the germ alone as a sufficient indication, though I admit there is a tendency to do so (a tendency that on the whole does more good than harm), but we also regard the drug as a potent poison, to be used on its indications in non-tubercular subjects; the last use, however, is outside my subject. The non-homœopathist has one main rule in treatment—not to administer the drug to cases that are irregularly inoculating themselves. That is to say, pulmonary cases—unless they show no rise of temperature at all, or very little—must be kept absolutely at rest during the treatment, and acute tubercle must be managed with great caution; these are sound rules. However, there is a growing tendency to use vaccines for acute diseases in diminishing doses. I think if great caution is used it can be done with benefit, but I will return to the point in a moment. The other orthodox practice is to increase the dose by degrees. Frequently the orthodox begin with a very small dose, but, with their fatal predisposition to think that the relation of drug to cure is a mathematical one, they long to see how much the patient can stand. This practice is, in my opinion, dangerous and unnecessary. I admit that large doses are often given with apparent impunity, and further that there is a personal factor in dosage which will cause one patient to require more or

less of a drug than another; but any kind of routine increase of dose I strongly deprecate. Above the 10th centesimal potency it often is of value to ring the changes from 10 to 100 or higher, but we are now speaking of much lower potencies, and good non-homœopathic observers (*e.g.*, Dr. Inman) are quite emphatic as to the need for individualisation and avoidance of routine. Dr. Trudeau, who has had great experience of *Tuberculin*, regards the treatment by it less as a vaccination aiming at immunity than as a gradual habituation of the system to the poison. On this ground he advocates increasing the dose; but in practice he is very cautious and realises that different cases will have different standards. His views of causation are not generally accepted, and following the usual conception of immunity there seems no need to risk a prolonged negative phase as long as there is a satisfactory response with a smaller dose. Further, the increased risk does not always reap a reward. I have seen a negative phase lasting six weeks in a phthisical case after injection of $\frac{1}{10000}$ or less of a milligramme, and I have also seen a case of iritis, probably tubercular in origin, do much better on weekly small doses than on fortnightly larger ones.

Turning now to varieties of *Tuberculin*. The modern orthodox use mainly Koch's new *Tuberculin*, but the Denys' *Tuberculin* and the Béranek *Tuberculin* both have their advocates. Koch's is an emulsion containing minute bacillary fragments, Denys' a filtered culture attenuated, and Béranek's is an attempt to combine the so-called exotoxins of a filtrate from a culture with endotoxins extracted from the bodies of bacilli with ortho-phosphoric acid. The last is the least toxic, and is given in the smallest doses, and there is a scale for use of its dilutions which has a very familiar sound to us. Whether or no the phosphoric acid used in its manufacture counts for anything, it sounds a preparation worthy of trial at homœopathic hands, but I can give you no record of personal experience with it. The Denys scale of dosage begins at $\frac{1}{1000000}$ milligramme in febrile cases, $\frac{1}{100000}$ in afebrile cases, and is not increased if reaction follows the dose. A French colleague, Dr. P. Joussett, has recently reported successes, and Dr. Nebel has experimented much with many preparations, including dilutions of Marmorek's serum, but in the main

The Koch *Tuberculin* at present holds the field. Dr. Latham, and others following him, give it by the mouth, and $\frac{1}{20000}$ milligramme and much less is often prescribed. Dr. Nathan Raw uses *Bovine Tuberculin* as well as Koch's for the corresponding infections.

The homœopathist views all this treatment with deep interest, but having greater experience in the use of nosodes, he should not, I think, abandon his well-tried methods for the newer ones. First, I have no doubt whatever that potencies of *Bacillinum* and *Tuberculinum* given by the mouth are active up to 200 and over. Dr. Burnett anticipated all the modern doctrine of spacing out doses, and it is inconceivable that clinical experience should lead him and Dr. Latham (say) to formulate independently similar rules for administration unless the drugs of both had possessed similar activities, and my own experience with subcutaneous injection does not lead me to regard it as in any way better than oral administration. As to potency, however, there is considerable room for discussion. I am quite sure that there is no routine to follow. At present we are all necessarily empirical in the matter, but if we keep always before us the idea that high and low potencies are *all* weapons that are worth using, we shall have cleared the way for discriminating when to use low and when high. I generally begin with the 30th once a week and go down to 10, 15, even 6 or 3, or up to 50, 100, 200. I think there is a distinct gain in varying the potency from time to time. I have seen a marked aggravation follow the 3rd, and I think it must be very cautiously used; once a week as a rule is enough. We are guided by the clinical symptoms, though personally I like an occasional reading of the opsonic index. Sometimes a reaction is better obtained by giving three doses at intervals of twenty-four hours, and then waiting, but in chronic tuberculosis once a week is usually sufficiently often. In acute tuberculosis, however, the matter is different. Take first tubercular meningitis or miliary tuberculosis. The acute nature of the first may be taken to be an energetic bodily response to the invading toxin, and here I believe the right rule to be to use lower dilutions and be prepared to repeat more frequently. The acuteness of miliary tuberculosis, on the other hand, is rather the expression of a general invasion, which, as we know, is practically always a fatal one. I have never

seen an undoubted case recover, and doubt always attaches to the diagnosis of such cases as get well. But now that Rosenberger has shown that the bacillus can practically always be recovered from the blood of any case of tubercle, diagnosis should be practicable, and if a case recovers in future we should be able to be sure of the fact. Bearing in mind the cures of malignant endocarditis and the typhoid by vaccines, I should here also try lower dilutions and more frequent repetition. If the body has any power of response we need to bring it out without delay, and if there is none, our doses will not materially hasten an inevitable end. Acute exacerbations—pulmonary or peritoneal or bone tubercle—are in rather a different category. The rule to withhold the drug during irregular auto-inoculation is on the whole a sound one. I like in these cases to use a potency of *Bovine Tubercle*, or of *Aviaire*, and think these more remote Similia can be given with safety. Possibly, here, too, Denys' or Béraneck's *Tuberculin* would be useful. The first is given to febrile cases apparently with some benefit; otherwise hold over *Tuberculin* till chronicity again supervenes, and rely on non-nosode remedies to be discussed presently.

So far I have spoken as though the presence of tubercle bacilli were enough indication for *Tuberculinum*. But I think although it will seldom do harm under these circumstances, if used with caution it will do most good when most indicated, and I want to emphasise the indications for it, the general indications suitable to any case of tuberculosis, and also for those cases that threaten to develop the disease. They are briefly: debility, which causes the slightest exertion to aggravate the symptoms; tendency to sweat; palpitation on exertion. This group of symptoms, and others, point to its usefulness in post-influenzal conditions. Melancholy disposition, not the classical hopefulness of phthisical patients. Headaches with flushes of heat; thirst; constipation. This last is a specially important symptom. Emaciation. The fat, flabby patient who needs *Calcarea* so often is not the typical tubercle patient, although after a course of *Calc. carb.*, *Tuberc.* will often be able to take hold of such a case. The typical cold, damp feet of *Calcarea* belong also to *Tuberculin*, but though the patient feels the cold he likes the fresh air—a symptom resembling a promi-

ment *Iodine* symptom, to which drug, indeed, *Tuberc.* presents many affinities. Enlarged tonsils and adenoids, tendency to parasitic skin eruptions like *tinea versicolor*, are certainly also general indications for the remedy.

Bovine Tubercle and *Aviaire*. I prefer in acute cases the latter, especially in exacerbations of chronic pulmonary cases with profuse expectoration. The 100th is my favourite potency, but I repeat it generally every twenty-four or forty-eight hours till I see some improvement.

Of other nosodes, *Syphilinum* must not be forgotten. Like tubercle, it can affect every tissue in the body, and will sometimes bring about a reaction when *Tuberc.* fails. The great indication is the marked nocturnal aggravation of symptoms < sunset to sunrise. Dull, stupefying headaches I have also found to be often relieved by it. Constipation is usual; especially may it be indicated in tuberculous iritis.

Influenza poison should be borne in mind, since an attack of influenza may undoubtedly depress resistance to tubercle to the danger level; therefore, as a remedy it should have the power of raising a level otherwise depressed. It is for commencing more acute cases. As a rule, it is too powerful to bear frequent repetition, but acute cases will stand it given more frequently than chronic.

Rosenberger's tests have shown that while the tubercle bacillus can practically always be recovered from the blood in tuberculosis, it is seldom accompanied there by any other germ, except now and then the pneumococcus. Nevertheless, in old-standing lung cases there are often streptococci or staphylococci in the sputum, and it is occasionally of service to try the corresponding nosode, preferably made from the patient's sputum, as there is great variation among the streptococci, at any rate. As far as germs are concerned as indications, I should say, the purer the culture in the tissues the greater the indication for the nosode; therefore, these latter kinds will be more often wanted where the tubercle bacilli are few and the cocci numerous. This consideration leads me on to the last of the nosodes which I shall mention. This is prepared from a diplococcus which is found in about 25 or 30 per cent. of pulmonary cases, and so far it is only in pulmonary cases that I have used it. When

present the germ seems to exercise a retarding influence upon the tubercle bacillus, and further it appears able without tubercle bacillus to produce the symptoms and physical signs of phthisis. I have known three cases, all diagnosed with justice as tubercular, wherein only this germ was ever found. Therefore its resemblance in action is close, and I think it may prove a useful remedy. It is indicated for rather well-nourished cases, of cheerful temperament, with scanty expectoration, though often troublesome cough. I give it in lower potencies, 3 and 6, for I do not regard it as nearly so powerful a poison as *Tuberculin*. It may be used for commencing cases of phthisis. Before leaving the nosodes, I may mention that I have had it in my mind to use *Anthracinum* for acute pulmonary cases with great prostration, but have not any experience of it to lay before you. These toxins are among the most powerful agents at our disposal, and we should lose no opportunity of defining their spheres and extending their use whenever it seems reasonable.

Let us now turn to remedies of a non-nosodic character. Here, as I warned you, I can only give you a selection. I shall try to give you the *general* indications for each. The particular local indications frequently follow from the general, but for a disease like tuberculosis, if the general symptoms seemed to match, I should not hesitate, although the particular were not so much in evidence. First, then, *Sulphur* and its allies, *Hepar sulph.* and *Psorinum*.

We often find *Sulphur* indicated, and when the case is an early one it will do nothing but good. Dyspepsia in a thin patient, with the irregular congestions of *Sulphur*, the local flushings, the mid-day and nocturnal aggravations, the itching, dirty-looking pigmented skin, chronic catarrhs and burning pains—all these symptoms will frequently be noticeable in cases of tubercular glands or peritonitis and pulmonary tuberculosis. If it is certain that the cases of pulmonary disease are early, *Sulphur* will often start them well on the road to cure, but so often in these cases there is more disease than shows; this results in a slowness of response that in itself may look like another indication for *Sulphur*, and yet to administer it may mean to rouse to activity disease that is better left alone. It will start suppuration when there has been little or none, and the last state may be worse

than the first. Now this warning is one that has often been given and often scorned. Personally, I believe it to be a real danger. Certainly *Sulphur* will often aggravate late phthisis, and as certainly it will often help early phthisis. The cases that want discrimination are the latent ones. The suppuration that follows is an attempt, no doubt, at recovery, initiated by the *Sulphur* acting as a tissue stimulant, but if there is not vitality enough to meet the demand that a deep-seated abscess makes in the body, the process will hasten the end. Exactly the same phenomenon I have seen several times in a sanatorium achieved by exercising a patient too soon. The temperature will have been good, the progress favourable, but really the appearances are deceptive—the disease is latent, not disappearing; exercise and the deeper breathing caused by it opens up areas better left alone. Suppuration follows, and advancing toxæmia and death. These considerations apply mainly to lung tubercle. In tubercle elsewhere, unless deeply seated, *Sulphur*, if indicated, will do good; give it infrequently and in high potency, though as a means of rousing a sluggish system to reaction. Dr. Schulz has paralleled homœopathic experience with daily doses of the strong tincture. Still I prefer the potencies as a rule.

Psorinum and *Hepar* have many resemblances; they are more likely to be thought of for children. Sourness of sweat, sour-smelling, chronic diarrhœa in suspected tubercular peritonitis with aggravation of symptoms in the open air. *Hepar sulph.* is a very good remedy to begin the treatment of gland cases if the symptoms at all correspond. It has an extreme degree of sensitiveness to external impressions among its prominent symptoms. In lung cases, although it needs the same caution as *Sulphur*, yet its *Calcareæ* element, I think, makes it less dangerous, and were *Sulphur* strongly indicated, and my mind in doubt as to the wisdom of giving it, I should feel *Hepar sulph.* to be a reasonable compromise. *Hepar sulph.* has, I think, a definite specific power over the ordinary pus cocci, and if suppuration is free and these cocci present, it might be given on that indication.

Calcareæ is a more universally needed remedy, perhaps the most valuable of all the general remedies for tuberculosis, especially in pre-tubercular conditions—the fat,

flabby, pale children, with tonsils and adenoids, and enlarged glands, with cold feet and sweating of the head at night; the dyspepsia that is so often the first symptom of phthisis, with its dislike of fat and milk, sour eructations, the aggravation of symptoms from cold and damp, dislike of open air, desire for warmth. Then the tickling cough with scanty expectoration suggests its use in early phthisis. The lowered blood coagulability that shows in chilblains and œdemas and hæmorrhages occurs very often in tubercle and indicates *Calcarea* in potency, and is cured by it as effectually as by the fashionable big doses of *Calcium lactate*. The patients mentally are slow and apprehensive; the condition of tubercular peritonitis is paralleled in the symptoms, and in meningitis it is, perhaps, as hopeful a remedy as any for a rather hopeless condition. My experience leads me generally to prefer *Calc. carb.* in potencies from 12 to 30, and I find I can repeat it with advantage more frequently than *Sulphur*.

Of the compounds of *Calcarea* the *Phosphate* is very often useful in peritonitis and gland cases, less often, in my experience, in chest cases, except quite chronic ones. Routine treatment is always to be deprecated, but it does happen sometimes with lung cases that they have to be for months together away from the immediate care of their physician, and some kind of routine treatment becomes almost inevitable. Under these circumstances to give *Calc. phos.* and *Ars. iod.* on alternate days is a procedure I can recommend.

Passing now to *Arsenic* and its compounds. The restless, fidgety *Arsenic* temperament is very different from the phlegmatic *Calcarea* temperament, but we need to remember that a temperament cannot do more than show for us those individuals who will probably most quickly respond to a drug; it does not bar out of the drug's sphere of action every other kind of nature. Apart from temperament, the *Arsenic* patient, like the *Calcarea*, hates cold and wet, his mucous membranes are attacked in an irritative way without much secretion; he is thirsty, there is marked hæmorrhagic tendency, and the patient is anxious and frightened—again, anything but of a hopeful disposition. Pains are apt to be burning like those of *Sulphur*. Sweats and skin inflammation come well within its sphere of action. Of its compounds the *Calcium salt* has disappointed me, the *Antimony salt*

is very useful in old cases with much emphysema and tendency to bronchitis, and the *Red sulphide* is a very potent preparation from which I think much may be hoped; and though as yet I have not used it much in tubercular cases, I am inclined to think that it, like *Hepar sulph.*, might be given where *Sulphur* seems indicated but there is fear of aggravation from it. The salt most used is the *Iodide*. Its value in glands and old pleurisies and peritonitis and lupus is well known; with regard to the lungs it is apt to be used in rather a routine way. There are two well-marked classes of patients seen in sanatoria. The first note every detail of the treatment, fresh air makes them shiver, and the sight of food disgusts them; the second can eat without difficulty and can never have enough air. The first class are very likely to need *Arsenic*, the second are the *Iodine* patients. If a patient is hungry and yet thin, and longs for the air, *Iodine* is almost sure to be the remedy. But there is a large class between these two extremes, and it is from among them that the patients are drawn who will benefit from *Ars. iod.* Generally they have scanty expectoration and find it difficult to gain weight. They are inclined to despondency, and the physical signs show a tendency to form fibrous tissue, and yet the disease smoulders on. I like the lower triturations 3x and 4x.

Iodine I have spoken of, but there is a compound of it worth mention, namely, *Iodoform*. For tubercular meningitis I think it is often indicated. It has the < from heat of *Iodine*, and drowsiness is a marked symptom. It has caused many pains in the chest, and I think it has a value in pulmonary tubercle. If *Iodine* seemed indicated and disappointed me, I should give *Iodoform* a trial in the lower potencies. *Iodine* does well in acute cases, but the most usual drug for acute cases of lung and laryngeal tubercle and of caries is *Phosphorus*. You may remember that there is some evidence that it affects favourably the opsonic index to tubercle, and in any case the symptoms often warrant its use. Wet weather and open air aggravate cough and many symptoms, but warm food and drink < digestive symptoms. Exertion <. Inability to lie on the left side is a symptom I have often confirmed. There is marked hoarseness, even aphonia, spasmodic tickling cough with scanty expectoration, often streaked with blood;

the conditions that call for it are generally acute. I have found it advantageous to give *Phos.* by day and *Bell.* by night in acute cases (a recommendation of Dr. Moir); they seem to go well together.

Ferr. phos. is another remedy useful in acute lung cases with hæmorrhage, especially cases where hæmorrhage is the first symptom in delicate-looking subjects. As you know, its indications closely resemble those of *Acon.*, but the pulse is less full and tense and hæmorrhage is more marked, though, of course, *Acon.* is a hæmorrhagic remedy also for recent cases.

Speaking of *Ferrum* salts, the *Iodide* is worth remembering in tubercle. Chronic enlarged glands will do well on the administration for successive fortnights of *Iodide of Calcium, Barium, and Iron*, and in chest cases with *Iodine* symptoms and hæmorrhage, remember *Ferr. iod.* For recent pulmonary hæmorrhage I prefer *Ferr. acet.* to any other remedy.

Stannum is a remedy for lung cases; tubercle elsewhere seems less under its influence. Profuse expectoration of pus, characteristically tasting sweetish, is an indication. I prefer the *Iodide of Stannum*, and it is a remedy that needs to be given persistently.

Sanguinaria is another remedy for lung tuberculosis. This belongs characteristically to cases passing from the acute to the chronic stage—hectic fever, flushed face, especially the circumscribed flush, considerable expectoration, and the hopeful disposition.

Agaricus is worth mention in early cases where tendency to perspire and slight evening rise of temperature may be the only suspicious symptoms.

I am not attempting to give you more than a fraction of possible remedies; if, therefore, I name the *Balsam of Peru* as a possible aid to chest cases with long-standing suppuration, it is chiefly to give a warning not to use this remedy unless the kidneys are absolutely sound. We have all seen old phthisical cases end with albuminuria, no doubt due to lardaceous degeneration of the kidney, and I have thought once or twice that *Balsam of Peru* precipitated this catastrophe. In old-standing cases where there is evidence of general toxæmia with prostration, I have found *Crotalus* and *Naja* rally a patient well, at any rate for a time. I was, therefore, the more interested to read in an American journal recently that a

non-homœopathic American physician had treated advanced phthisis with success with rattlesnake venom. He gave quite small doses. There is plenty in the pathogenesis of *Crotalus* to warrant its use for many tubercular conditions; the hint may therefore be useful to us. While still speaking mainly of pulmonary cases, let me say a word on *Lachnanthes*, a drug, I think, unduly neglected by us, perhaps because of its prominence in a much-advertised treatment. It has great value in established chest cases and threatening cases, and, I think, in tubercle elsewhere, or a tendency thereto. The indications for its use are: Much coldness and chilliness, and especially chilliness between the shoulder-blades; pain and stiffness in the back, tendency to sweat. These, with physical signs giving rise to a suspicion of tubercle, warrant its use. I generally give unit doses of the mother tincture once or twice a week.

Returning now to more general remedies for tuberculosis. Leaving chest cases, I must not omit *Lycopodium*, since it is a remedy used less frequently than its marvellous powers deserve. Its favourite type of patient is pre-eminently a tubercular one—the patient of keen intellect and poor physique. Its time modality, again < 4 to 8 p.m., is characteristic of many tubercular cases, and where it is well marked this alone forms a good ground for giving *Lycopodium*. Unlike *Phosphorus*, its subjects prefer warm food, and unlike *Silicea* they resent wrapping up. It has the kind of constipation that belongs to tubercle so often, and dry, teasing cough. Also, however, chronic catarrh with much mucus is an indication for it. It prefers the right side, and on the whole goes with *Iodine*, the liking for fresh air being a strong bond. We think of it in gouty joint affections, but it will often help chronic tubercular arthritis. In my experience it must be given either in 6x trituration frequently or in isolated doses of the 30th and upwards. It goes well with *Chelidonium*, which, by the way, is much praised by Dr. Nash for right-sided phthisis. The characteristic seat of *Chelidonium* pain is close to one of the favourite areas for commencing lung tubercle, and the hint may be worth noting.

Kali carb. has the halo round it of Hahnemann's own recommendation, and though I have left it late in my

list, it is one of the first remedies to be considered. It is one that corresponds most to the pains in the chest that sometimes come in tubercle of that region—stitching, lancinating pains, < during rest, < lying on the affected side; in this unlike *Bryonia* pains, but I fancy *Bryonia's* power over chests is most shown in non-tubercular cases. The early morning aggravation of *Kali carb.* is very important from 2 to 4 a.m. The early morning is a time for all the *Kalis*, but, as far as tubercle goes, *Kali carb.* is much the most important. The right hip is a special seat of its activity; indeed, it is a right-sided remedy. Mentally the patients are peevish and irritable. Heart symptoms, especially palpitation, with feeble action and weak pulse, call for it. Its patients dislike open air and damp, and it goes well with *Phos.* and also with *Nitric acid.* On the whole it befits middle and old age more than the tubercle of youth. Our colleague, Dr. Stephenson, confirms weak and rapid pulse as an indication, and also thinks the inverse type of temperature calls for *Kali carb.*

The last remedy I shall weary you with is *Silicea.* This in its relation to suppuration is a chronic *Pulsatilla*, and for fistulæ and old suppurations is invaluable. It is for the slack patient without any strength of character, for children who do not seem to have any life in them. It has a definite relation to scar tissue, and will help old fibroid phthisis sometimes quite considerably. Its subjects are always chilly and want to wrap up. They sometimes cannot take milk. Like *Phos.*, warm food <. It goes well with *Phos.* For tubercular glands it is often most useful, also for bone cases and joints, but the *Silica marina* in lower triturations is even more active and efficient in dealing with ordinary gland enlargements and commencing suppurations. I have seen some surprising results in recent cases; and although I cannot be sure that all were tubercular, there was enough suspicion to make me give it a strong recommendation.

Now from sea-sand I pass to sea-water. You are probably aware of the French treatment by sea-water injections. Our colleague, Dr. Arnulphy, thinks highly of it, and has kindly written for me a page or two on his experience. He says: "Of late years the treatment of tuberculosis has been approached in France from an entirely new point of view, based upon Mr. René Quin-

ton's theory of the oceanic origin of all living creatures. The distinguished Professor of Physiology at the Collège de France contends that life on our planet first appeared in the seas of the primary epoch, and that from that remote period up to the present time animal life has always had a tendency to keep to its original marine environment. It must be confessed that geology and palæontology lend support to the theory. On the other hand, laboratory experiments and chemical analysis confirm it also.

“Moreover, for some years past, extremely remarkable results seem to have been derived from the use of subcutaneous injections of sea-water in the treatment of diseases of the skin, kidneys, and intestines, especially of that form of gastro-enteritis which proves generally fatal to unweaned infants.

“The treatment has also been applied to tuberculosis in all of its forms, and apparently with no small meed of success.

“No doubt exists as to the beneficial effects conferred by the marine treatment in the early stages of the disease. In the second and third period, however, the results, although very interesting, are not perhaps equally manifest. One constant effect observed after the first few injections is the rise of the temperature due to a lively reaction of the organism. This thermic reaction is followed in the majority of cases by a marked falling off of the fever and a steady improvement of the general condition, weight, appetite, strength. Yet some cases have been observed in which the treatment caused aggravation of the symptoms. The real value of the method may not be ascertained before many years of steady observation. One fact, however, is beyond dispute—that is, the really wonderful effects derived from the use of the marine plasma in the treatment of the *scrofulous affections of children*.

“It may confidently be stated that the true field of beneficence of the plasma lies among the *pretubercular* affections, and with regard to genuine tubercular conditions, among those belonging to the torpid types rather than the erethistic congestive forms.

“Finally, with regard to the cutaneous form of the disease, lupus. The numerous cases of that dreaded form of skin disease that have been treated in the marine dis-

pensaries of Paris and in private practice have constantly been cured or considerably benefited.

“The peculiar interest resulting for us homœopaths in the consideration of this marine treatment lies in the fact that in the opinion of Mr. Quinton, the discoverer of the method, the therapeutic results derived from the use of his plasma are due to the presence in sea-water of a number of precious metals, chief among which is gold, in a high state of attenuation—in fact, in infinitesimal quantities. Dr. Arnulphy has extensively used the method during the last three years with very gratifying results, even in cases of severe nephritis.”

Now, Mr. President and gentlemen, I will keep you no longer. I doubt if I can have told you much that is not already familiar to your ears. I will only ask you, though you may have found me wearisome, not, at least, to doubt my good will and sincere desire to serve you to the utmost of my power.

“CHRONIC CARRIERS” OF ENTERIC FEVER.—The War Office has issued a memorandum by the Director-General, Army Medical Service, on the transmission of enteric fever by the “chronic carrier.” Kayser, it is pointed out, collected 101 cases of cured typhoid fever declared to be free from typhoid bacilli, and yet at a period of two years after convalescence three cases were found to be still harbouring the bacillus and were, therefore, chronic carriers. More recent work has confirmed these observations, and it may be taken as established that about 3 to 4 per cent. of convalescents from enteric fever become chronic carriers, and that in the neighbourhood of enteric cases a small percentage of the community may be temporary harbourers of the bacillus. The idea of treating typhoid carriers with lactic acid bacilli has been tried in two intestinal cases with apparently successful results. In other cases the patients were treated in groups by injecting gradually increasing doses of anti-typhoid vaccine. At first the general vaccine, prepared in the Royal Army Medical College, was employed. This vaccine has proved a very effective prophylactic for enteric fever, and has also given encouraging results when employed for the treatment of the disease. But though the injection of the vaccine has increased the protective substances in the patients, the typhoid bacilli have not been arrested. It appears that races of typhoid bacilli, probably in relation to their virulence, show marked variation in their resistance to the action of the protecting substances, and if the best results are to be obtained, the Director-General states, vaccines made from the infecting bacilli in each case must be employed. Instead of a general vaccine, specific vaccines are now being used, and it is hoped that through their agency the excretion of the typhoid bacilli may be completely arrested.—*Morning Post*, June 21, 1909.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED).

SUBSCRIPTIONS AND DONATIONS RECEIVED
 FROM AUGUST 15 TO SEPTEMBER 15, 1909.

GENERAL FUND.

				<i>Subscriptions.</i>			<i>Donations.</i>		
				£	s.	d.	£	s.	d.
Miss Burney ...	...	...	...	1	1	0			
Dr. F. H. Bodman ...	...	...	...	1	1	0			
Dr. Burwood ...	...	...	...				5	5	0
Dr. T. E. Purdom ...	...	...	...	1	1	0			

THE NATIONAL HOMŒOPATHIC FUND.

						<i>Donations.</i>		
						£	s.	d.
The Misses Aspinwall	...	...	...	...	...	0	10	0
Mrs. Willcox ...	...	...	...	...	...	0	10	0

Dr. J. H. Clarke has kindly presented the Association with a valuable gift of books for the Tate Library.

A meeting of the Executive Committee was held on Wednesday, September 8th.

LADIES' BRANCH.

KENLEY STREET DISPENSARY.

THE work at the Kenley Street Dispensary has not suffered from its compulsory change of quarters, the attendances for August being 149 (73 patients). This is a remarkably good result for August, as so many of the class from which we draw our patients go hopping and harvesting.

The September numbers will certainly reach 200, and the winter attendances bid fair to be very large.

We are undoubtedly appreciated in this district, and it is to be hoped that we shall not have to give up our work for want of financial support.

A small drawing-room sale of work in aid of the funds

will be held in November or December, further notice of which will duly appear.

Patients, from August 1st to September 1st, 73; attendances, 149.

HOSPITALS AND INSTITUTIONS.

SOUTHPORT HOMŒOPATHIC DISPENSARY.

THE usefulness of the above institution has continued to increase during the current year, the attendances having exceeded comfortable accommodation, and this in spite of additional rooms having been opened at the urgent request of patients residing in a distant part of the town.

The attendances at the Dispensary from January 1st to September 11th of this year have already exceeded 3,350, whilst the attendances for the entire twelve months of 1908 totalled only 3,346, which had in their turn been an increase of 23 per cent. on the attendances of 1907. It is thus obvious that the patients recognise the value of the treatment which they get. They are, moreover, always ready to contribute as far as they are able towards the cost of their treatment.

The reputation of the Dispensary and its doctors is also attracting people from more distant parts of Lancashire and Yorkshire to stay here for the sake of treatment.

The Southport Cottage Hospital is approaching its completion, and the Committee hopes to see it ready for occupation by the end of the year. The building is in every way satisfactory, and the Committee has no hesitation in appealing to all who are interested in Homœopathy—and to the much larger public to whom the health of the community is of supreme importance—to contribute as liberally as possible to the Building Fund, so that the debt of nearly £3,000 may be wiped out before the hospital is opened.

REVIEWS.

A BOOK ON CONSUMPTION.*

DR. KNAGGS will be known to our readers as a physician of unorthodox views, though not a homœopathist, and this book is a statement of very unorthodox opinions on the subject of tubercle. It will therefore probably be of interest to our readers. Dr. Knaggs is a follower of M. Béchamp in his views as to the origin of microbes, and holds the theory of "microzymes" in its entirety. The practical result is one that we need not quarrel with, inasmuch as it concentrates the attention of the physician upon the body rather than on its invaders, regarding the soil as of more importance than the seed. Dr. Knaggs concludes from his experience that consumption is mainly a matter of retention of "carbonic acid waste products," and his treatment is largely to restrict the quantities of milk, sugar, and starch taken. Homœopathists will recall with interest Dr. von Grauvogel's idea that psora was dependent on the carbonitrogenoid constitution, where oxygen was deficient, and psora of course would include tubercle. Dr. Knaggs's treatment is mainly dietetic. Besides the restrictions mentioned, he advocates partaking freely of fresh salads; the most iconoclastic part of his regimen is to forbid milk. His advocacy of fresh vegetables and fruit and his objections to starch we can confirm. For the rest, we confess we await fuller experiments on M. Béchamp's lines before we can endorse his theories, but a curious paper reprinted in the *Homœopathic Review* recently on the pollen of plants may be found of interest in this connection.

DISEASES OF THE PERSONALITY.†

IT was a first-rate idea of Dr. Shedd first to translate this book, and next to add a homœopathic comment. Professor Ribot has a worldwide reputation as an

* *The Cause and Cure of Consumption.* By H. V. Knaggs, M.R.C.S., &c. 1s. net. London: Jarrold and Sons, 10, and 11, Warwick Lane, E.C.

† *Diseases of the Personality.* By Prof. Ribot. Translated, with homœotherapeutic annotations, by P. W. Shedd, M.D. 7s. 6d. New York: Boericke and Tafel. London: Homœopathic Publishing Company, 12, Warwick Lane, E.C.

authority on psychical disorders. This is a work on psychology, treating of diseases of the personality (the consciousness of self), under the headings of Organic Troubles, Affective and Mental Troubles, and Dissolution of Personality. But all these disorders have symptoms that belong to the category of mind, and Dr. Shedd has in translating supplied a list of the drugs to which each of the symptoms mentioned by Professor Ribot corresponds. We have, therefore, here a valuable work on the section, Mind, of our repertories, and it will be as a commentary on such symptoms that this book will be rightly valued. Extracts from the *Organon* are also given to show how, as usual, Hahnemann's prescience anticipated many of the most modern conclusions. We have read this book with great interest and heartily commend it.

THE FOOD TRACT.*

THIS book is intended to be a summary of the diseases of the alimentary system, which shall be brief and simple but yet practical. It is very difficult for a writer with such an aim to know what to leave out. Personally, we would rather have had less descriptive pathology and more details in the indications for the remedies, but we frankly confess that Dr. Blackwood has managed to get an astonishing amount of information into a very small space, and the "busy practitioner" will no doubt be proportionately grateful. Homœopaths, however, seldom have much difficulty in the ordinary straightforward cases. What they need is a book of advice for complicated and unusual cases, with details of remedial indications. If specialists would supply these for different regions of the body they would be entitled to our gratitude.

* *The Food Tract. Its Ailments and Disease of the Peritoneum.* By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago. 359 pages. Cloth, 9s. Philadelphia: Boericke and Tafel, 1909. London: Homœopathic Publishing Company, 12, Warwick Lane, E.C.

A BOOK OF THE DAY—INNOVATION AND
SCIENCE.*

By ALFRED PULLAR, M.D.

THE significance of radio-activity becomes more evident when we realise the fact that this strange manifestation of energy has no analogy either in physics or chemistry. It could not have been anticipated that substances were to be found capable of evolving limitless energy without replenishing the output from some obvious source, and, moreover, the thing was apparently opposed to all the known and accepted principles of science. Hence, as the author of this admirably clear disquisition tells us, it became necessary to revise old ideas concerning the ultimate nature and properties of matter. For it is indubitable that our knowledge of these things has really been superficial and therefore inadequate for dealing with entirely new developments. But at the same time Mr. Soddy is careful to point out that the newly-acquired knowledge is not in conflict with the old views of the chemist about atoms and elements. The discovery of radium simply implied an extension of old theories and not their extinction: it introduced, however, quite a new conception into the fundamental problems and opened up vistas of thought in many directions. It is, for instance, obvious that if radio-activity be an intrinsic property of the element, there must exist an enormous store of energy in some way associated with the atoms or smallest integral parts of matter. In discussing the question as to how it is that such potentiality in matter has remained so long unknown, our author remarks that one of the most elusive features of energy is that it is not possible to say by mere observation or by the use of any instrument how much or how little is stored up in any kind of matter. This latent energy, then, can only be gauged by its effects, which, moreover, may be somewhat beyond the range of the methods of investigation usually deemed adequate for such work. The action on the living organism of highly rarefied matter in our medicinal preparations may serve to illustrate this point, albeit that the analogy with radio-activity is by no means complete; yet in both instances

* *The Interpretation of Radium.* By Frederick Soddy, M.A., Lecturer in Physical Chemistry and Radio-activity in the University of Glasgow. London: John Murray, Albemarle Street. 1909.

certain changes are associated with the energy excessively minute quantities of matter.

Whilst radio-activity has doubtless signified a new departure in physics, yet its discovery would have been foreshadowed by what was previously of the property of phosphorescence or fluorescence of certain substances after exposure to sunlight. The discovery of the Röntgen rays led to experiments made in order to ascertain if similar types of rays were produced in other ways, the question to be decided being whether phosphorescent light is entirely due to opaque objects or whether it in part consists of penetrating rays like those discovered by Professor Röntgen. It was in working out this problem that M. Becquerel happened to use as the particular phosphorescent substance a preparation of *uranium*, and found that although his photographic plate had been wrapped in black paper the rays from the fluorescent substance on it had penetrated the covering and darkened it. As this effect took place when the plate and the phosphorescent preparation upon it had lain in a dark room for some weeks, M. Becquerel came to the conclusion that neither sunlight nor phosphorescence had anything to do with the result, the action being "an entirely inherent property of the element uranium." This discovery was the starting-point of the researches by M. Becquerel and M^{me}. Curie, ending in the discovery of radium. Uranium and thorium were the only two known elements possessing radio-activity, M^{me}. Curie found that certain natural minerals (*e.g.*, pitchblende) containing uranium were more radio-active than could be accounted for by the amount of that element present. By her chemical researches it was finally established that in the element several million times more radio-active uranium existed in the pitchblende, namely, radium. It is interesting here to note that according to M^{me}. Curie "the smallest absolute quantity of radium which was detected and identified with certainty in the laboratory was one three-thousand-millionth of a grain." This observation is at least suggestive and might give pause to those who are wont to deride the possibility of a state so fine a state of division being the vehicle of energy. The recent extension of our knowledge of the nature of matter seems to afford ground for the belief that

mena with which we are familiar in the effects of highly attenuated medicines may perhaps be allied to those of radio-activity. The attitude of science towards the latter "innovation," when first revealed, may serve to illustrate once more the difficulty of gaining recognition even for demonstrable facts if they seem to conflict with the old ideas. For the scientific mind is conservative and naturally disinclined to move out of the stereotyped groove until an innovation is demonstrated beyond all question; and thus it has often transpired that "the physical impossibility of one era becomes the commonplace of the next."

Mr. Soddy observes that the law of the conservation of energy is not necessarily controverted by any of the new facts relating to radium, but that prior to these discoveries our knowledge of the available sources of energy in nature had been "partial and superficial to a degree." The first analysis of the complex radiations emitted by uranium, thorium, and radium was carried out by the experimental genius of Professor Rutherford, and he classed the rays into three main types, distinguished from one another by enormous differences in their power of penetrating matter. It has been shown, too, that substances may be capable of simulating various effects of radio-activity without actually possessing that property. Again, it is proved that the emanations from radium have the power of imparting radio-activity to any adjacent substance, and this fact will doubtless have important bearings on the utilisation of such effects in various ways. In short, whatever aspect of radium is considered, Mr. Soddy's work will be found of absorbing interest, not only for the light which it throws upon the properties of the newly-discovered element, but also for the suggestive interpretation it gives of the bearings of this physical revelation upon the general conceptions of energy in relation to matter. Thus, in some points, older views have had to be modified, while in others these have been confirmed. It has always been a matter for remark, according to our author, that there are so few different varieties of atoms amongst the myriads which go to make up this world, and recent discoveries have not altered this aspect of things. Moreover, the greatest generalisation of physical science regarding the similarity of all the atoms of the same element is confirmed rather than shaken by the

researches on radio-activity. But the atom is no longer regarded as a simple thing, for it is actually shown to be "an almost infinitely complex piece of mechanism"; and it would seem to retain this *rôle* even up to and during the moment of its dissolution, and "so exactly alike are all the atoms of the same radio-active element, that when the break-up occurs the velocity with which the fragments of the atom, or α -particles, are expelled is exactly the same in each case." Writing of these phenomena, Mr. Soddy likens the disintegration of an element to the bursting of shells in which the fragments of the different shells are all expelled with the same velocity. The physicist of a past era (prior to the discovery of radium) would have been unable to conceive of the things which are now undisputed regarding the continuous change and devolution of atoms. But the factors controlling the latter phenomena are still beyond our ken, as are also the reasons why some atoms are stable and others less stable. In the organic world even slight changes of environment have been found to effect profound modifications, while vast periods of time would appear to be the dominating factors in relaying the "foundation-stones" of the physical universe.

The practical application of the new knowledge being as yet only at the initial stage, it is hardly feasible to define the sphere of radium in medical work, but there can be little doubt that in the near future some notable things will be accomplished. Already the properties of radium have been sufficiently investigated to encourage the belief that its emanations are capable of acting curatively in cases where X-rays had not succeeded. The exact range of the different types of radium emanations will naturally have to be worked out by experimental tests in the body, and this will be a complex inquiry. It has been proved that applications impregnated very slightly with dilutions of radium act curatively on several skin affections, such as eczema, the itching at once yielding under this treatment. Experimental injections of radio-active water are said to have cured an abdominal cancer which had been artificially produced in a mouse; but most of the recorded effects of radium have been from its external application. The conditions thus treated have been chiefly angiomas, lupus, acne, keloid, and epithelioma, in all of which conditions the results appear

to have been successful and permanent. The most interesting medical record of the use of radium, however, is that of Dr. J. H. Clarke, who has used it internally in homœopathic attenuation with excellent curative results.* The symptoms indicating the remedy have been clearly set forth in his essay on the subject and furnish the groundwork on which its employment as a remedial agent may be securely based.

Obituary.

DR. HENRY WHEELER.

WE are grieved to record that Dr. Henry Wheeler died at Norwich on September 12th, of cerebral hæmorrhage, in his 73rd year. He was one of the veterans of Homœopathy, and though he had done little or no active work for a year or two his interest and enthusiasm remained ever keen. He learnt his first Homœopathy serving in a homœopathic pharmacy in Edinburgh. By the kindness of his employer he was enabled to take a medical course, and by unremitting labour and application he qualified as a physician and surgeon; but his faith in the law of Similars never wavered, and his experience as a chemist stood him in good stead with regard to his homœopathic materia medica. He emigrated to Australia and was the first homœopathic doctor in Adelaide. Here in a few years he built up a very large practice and left Homœopathy on a sound basis, where others have since maintained it. In 1870 he returned to England and followed Dr. Metcalfe in practice at Lower Clapton. In this district he practised with great success for eighteen years. Then, having always loved the colonies, he went out to Melbourne and worked there for five years. Returning to England after this time, he gave up active practice, but did a large share of work as *locum tenens*, and latterly acted for some years in

* The present writer can testify from personal experience to the curative effect of a single dose of *Radium brom.* 30, prescribed by Dr. Clarke for general pruritus which had resisted the usual remedies.

Norwich as assistant to Dr. Roche, for he was seldom happy for long if away from professional work.

As a physician he was very successful. He had a genius for treatment, and used the resources of our materia medica with great skill and judgment. In diagnosis he was very shrewd and quick-sighted, but it was always treatment that most interested him. His unfailing kindness and courtesy, besides his skill and sympathy, won him the love and confidence of all his patients. Wherever he has practised his name is a memory to conjure with, and many who have benefited by his care will think with sorrow of a real friend lost.

He was not a great contributor to our literature, but ever took the deepest interest in the cause of Homœopathy, and was ever staunch to its principles and a weighty defender of them. He has lived long and successfully and achieved much in his life for his principles, and for those whom he loved and served. His example abides to stimulate us to follow in his footsteps.

SISTER LAURA DAVIES.

To the life laid down for those she served could most fittingly be applied the old monumental inscription "after busie laboure commith victorious reste." Sister Laura Davies, of the Children's Sanatorium (for consumption) at Holt, Norfolk, passed to her rest on Sunday, August 15th.

To within a few days of her death she was about her faithful work. There for over three years she had given her best in helping the matron in the institution of a new work following after her ten years of work in the children's ward of the London Homœopathic Hospital.

Gifted with an innate fondness for children, she possessed also excellent administrative and methodical abilities, gifts which helped largely to the successful results which have obtained. To those associated with her in her labour, to those she laboured for—the children—and to the Committee of the Sanatorium her loss is indeed great. There is little doubt but that her activity in promoting the happiness of the children in a visit to the seashore overtaxed a strength weakened by a

severe recent illness contracted in her work, and so she may be truly said to have died on her post. She was buried in Kelling Churchyard on the 18th instant.

It is felt there could be no more fitting memorial of Laura Davies than the provision of a bed, bearing her name, in the intended new building.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Adami (J. G.).** Inflammation. 4th ed. Cr. 8vo. (Macmillan. Net, 5s.)
- Archives of the Middlesex Hospital.** Clinical Series, No. 2. 8vo, sd. (Macmillan. Net, 5s.)
- Burdett (Sir Henry).** How to become a Nurse. New and revised ed. Cr. 8vo, pp. 470. (*Scientific Press*, bds. Net, 2s.)
- Dench (E. B.).** Disease of the Ear. 4th ed. 8vo. (Appleton. Net, 21s.)
- Elderton (Ethel M.).** The Relative Strength of Nurture and Nature. (Eugenics Laboratory Lecture, Series 3.) 8vo, sd., pp. 40. (Dulau. Net, 1s.)
- Gray (Henry).** Anatomy, Descriptive and Applied. New ed. Roy. 8vo. (Longman. Net, 32s.)
- Habershon (S. H.).** Diseases of the Stomach. A Manual for Practitioners and Students. Cr. 8vo, pp. 578. (Cassell. Net, 9s.)
- Halliburton (W. D.).** Handbook of Physiology. 9th ed. 8vo, pp. 944. (J. Murray. Net, 15s.)
- How to Become a Nurse.** The Nursing Profession; How and Where to Train. Edit. by Sir Henry Burdett. New and revised edit. 12mo, pp. 463. (*Scientific Press*. Net, 2s.)
- deal Graduate Student Institute.
- What Germany has done. (Reprinted from the *Hospital*.) 8vo. (*Scientific Press*.)
- Magennis (Edward).** Dictionary of Ophthalmic Terms. With Supplement. 18mo, pp. 67. (J. Wright, Bristol. Net, 2s. 6d.)
- Roberts (Frederick T.).** The Theory and Practice of Medicine. 10th ed. With Appendix, 1909. Roy. 8vo, pp. 1,450. (H. K. Lewis. Net, 12s. 6d.)
- Thompson (W. G.).** Practical Diets. 4th ed. 8vo. (Appleton. Net, 21s.)
- Tuberculosis.** A Treatise by American Authors. Edit. by A. C. Klebs. 8vo. (Appleton. Net, 25s.)
- Walters (F. Rufenacht).** The Open Air or Sanatorium Treatment of Pulmonary Tuberculosis. 8vo, pp. 340. (Bailliére. Net, 5s.)
- Warbasse (J. P.).** Medical Sociology. Cr. 8vo. (Appleton. Net, 8s. 6d.)
- Williams (J. W.).** Obstetrics. 2nd ed. Roy. 8vo. (Appleton. Net, 25s.)
- Young (C. W. F.).** Annual Report of the County Medical Officer of Health for the County of Middlesex, 1908. Cr. 8vo, pp. 263. (Harrison.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, *Devonshire Street, Portland Place, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

Mr. Jesper, Southport—Mr. T. H. Wyatt, London—Dr. V. Knaggs, London—Dr. Simpson, Birkdale—Mrs. van Stralendorff, Southport—Mr. Hoyle, Devon.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian

Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophilist—Calcutta Jour. of Med.—American Phys.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Från Homöopatiens Värld—The Cause and Cure of Consumption, Dr. Knaggs.—Text-book of Materia Medica, Cowperthwaite.—Diseases of Personality, Dr. Ribot, *Trans.* Dr. Shedd.—The Food Tract, Dr. Blackwood.—Adenoids Treated without Operation, Dr. R. Day.

The Homœopathic World.

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ORIGINAL COMMUNICATIONS:

Pulmonary or Respiratory Tuberculosis. By Alfred Midgley Cash, M.D., C.M.
Some Experiences with the Nosodes. By R. S. Stevenson, M.D.
Materia Medica Keynotes. By Fredk. Kopp.
"Treacle." By T. Wolseley-Lewis, M.A. (Oxon).
Notes on *Kali Carb.* By a Correspondent.
Homœopathic Dosage. By "Simillimum."

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Honyman Gillespie Lectureships in Medicine.
Subscriptions and Donations Received from July 15 to August 15, 1909.

HOSPITALS AND INSTITUTIONS:

The London Homœopathic Hospital.
Phillips Memorial Hospital, Bromley.
The Children's Sanatorium at Holt, Tunbridge Wells.
Kenley Street Dispensary.

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NOVEMBER 1, 1909.

AN OLD STORY.

A FRENCH monthly journal recently started, *Le Progrès Universel*, conceived the excellent idea of conducting a regular debate in successive numbers between champions of Homœopathy and Allopathy, to the end that its readers, having followed the controversy, should be in a position to pronounce a reasoned judgment. The editor therefore published in September an appeal for champions of both schools to come forward. A large number of homœopaths of France and of other nations promptly responded. First in the field was Dr. FLASSCHËN, whose book, *The Triumph of Homœopathy*, was reviewed in the WORLD for January, and to him has been awarded the task of sustaining our cause. But as yet no single opponent has been found bold enough to come forward and attack Homœopathy. This is sufficiently noteworthy when we remember how the "orthodox" outnumber us, but their backwardness is not, after all, so very surprising. They will use their official positions to sneer at and belittle Homœopathy, even (unconsciously, let us hope) to misrepresent it, but challenged to a fair and open tournament they show no great eagerness for the fray. Yet if Homœopathy were the tissue of fraud and folly which they assert, what task more easy than to expose it? Their characteristic attitude is to remain "willing

to wound and yet afraid to strike." We trust, however, that an opponent may yet be found for our colleague. We want no "walk-over" victory.

TO THE WILD ACONITE.*

METHINKS of this high wold thou'rt born,
Deep canopied in leafy shades,
By clam'rous streams these rocks are torn,
While silence reigns in thy dark glades.

Yet thou hast shed a gladsome light
O'er many a fever'd soul opprest,
Thy tinted cups held secret might
To calm the tumult of the breast.

Thine inward gift had ne'er been known
But for effulgent rays benign
That pierced the dusk around thee grown
And straight revealed the cryptic sign.

Hail to thee! spirit of the hills,
Thou bring'st not now the fear of death;
Science from thine own bane distills
A healing power that conquereth.

ALFRED PULLAR.

BLANKETS FROM THE SEA.—According to a report from the American Consul at Melbourne, a discovery, which may prove of considerable commercial importance, has been made in Australia. Millions of tons of an extraordinary fibre of marine origin, the accumulation of centuries, have been discovered in the Spence Gulf, and it possesses remarkable qualities. It will spin and weave in union with wool, take dye equally well, is non-inflammable, and does not shrink. So far, the fibre has been successfully used in the manufacture of cloth and blankets, carpets, matting, hessian, bagging, and woolpacks. The manufactured articles are said to have been favourably commented upon by experts of the textile industries.—*Daily Graphic*, March 26, 1909.

* Suggested when walking amongst the Dolomite mountains and passing large groups of the plant (*Aconitum napellus*) in the woods above Wolkenstein, September 3, 1909.

NEWS AND NOTES.

A TRUE WORD.

“MEDICINE is not an exact science, and the light of discovery not infrequently flashes from unexpected quarters.” Thus speaks a contemporary *à propos* of the Radium Institute. If only men would act up to their professions! How is medicine to become an exact science so long as prejudice without inquiry is allowed to decide medical questions, and if it is so freely admitted that light may shine from unexpected quarters, why refuse to investigate any gleam that may present itself? Still, the world of medicine *does* move.

ANOTHER *LACHESIS* CASE.

A CORRESPONDENT, commenting on Dr. Simpson's *Lachesis* case, recorded in our last issue, adds a few details of a case of phthisis, with high fever, persistent cough, profuse sweating, and signs of advanced and acute disease. Before removal to a Sanatorium, which was urged in the interests of the patient, *Lachesis* was tried with great and immediate benefit, and on this drug, aided by *Bacillin*. 200, a complete cure was achieved. The profound systemic poisoning of *Lachesis* finds a parallel in some of these acute cases, and the symptoms of the drug should be looked for in them, for evidently, when the symptoms correspond, it is a prompt and effective remedy.

SCHOOL NURSERIES.

A FABIAN Society pamphlet on this subject shows clearly both the great advantages gained from making provision for children under five years of age, apart from the school, and also the fact, all too common in social economics, that our country is by no means in the van of progress in this matter. An institution where small children, whose mothers are unable to give them personal attention, should be taught how to cleanse themselves, and given facilities for the extra sleep and nourishment that

they so often need, must commend itself to all medical men who see hospital out-patients and have so often to deal with the evil results of neglect of those early years. France, for instance, has 388 crèches for these purposes, England 74, and 55 of those in London. The English ones are supported by charity, irregularly distributed, and without registration. In France there is much more systematisation and public support. The germ of the idea of a nursery school sprung from the fertile brain of Robert Owen, the Englishman. There are a number of them in France, Belgium, Germany, Switzerland, Portugal, and Hungary. Why does England lag behind? We need healthy citizens, too; some day the nations will recognise that no material wealth can compensate for poverty of life, and the nation that first systematically tries to make men and women primarily, rather than money, will head the world.

MORE INFINITESIMALS.

THE action of *Adrenalin* is known to be so potent that it will make involuntary muscle contract in highly diluted solutions. An American Government publication records that Ehrmann claimed to detect a result from $\frac{1}{100000000}$ of a gram, Læwen in other experiments from a solution of 2 per million, and Meyer claimed results up to 1 in 100,000,000.

THE CARE OF INFANTS.

THE National League for Physical Education and Improvement issues cards for the use of mothers, which contain most valuable instructions as to the general care of infants, their food, and their clothing. The London Homœopathic Hospital has for years supplied a similar leaflet to be given to mothers, and with excellent results. These cards represent the same plan in a rather more durable and impressive form. They can be obtained from the League at 1s. per dozen or at special rates for larger quantities. Those who work at all among the sick poor will find them very useful. The League's address is 11, Southampton Row, W.C.

AMERICAN HOMŒOPATHIC COLLEGES.

THE eyes of many of us are turned more eagerly than ever to America, now that the Tyler Scholarships are putting American education facilities within the reach of some of the younger men. Therefore we have looked with great interest through the Year Books of Hering College and of Cleveland College which have reached us. It is excellent to see how Homœopathy can be taught systematically side by side with general medicine and surgery, and inter-penetrating them throughout. Both colleges gave systematic lectures on the *Organon*, and Hering has a Repertory Course that ought to be very useful.

DISCOVERY AND INVENTION.—Sir Henry Thompson used to say that he always caught cold when he began to explore the shelves of his library. The inference was that the dust harboured the germs of influenza or catarrh. It is not likely that colds are caught through circulating libraries so often as they are acquired through restaurants or overheated theatres; but there is always a possibility that a stray germ enshrined therein may seize a favourable opportunity of propagating his species in the person of a literary host. The possibility becomes greater if the books have been circulating at a period of some epidemic, and in such circumstances some method of disinfecting them is prudent if not imperative. A process has been devised by M. Marsoulan, of the Paris Municipal Council, by which he thinks library books may be sterilised in large quantities and quickly. The operation is twofold, and requires two sets of apparatus. The first apparatus is called the "beater." It is composed of a frame, on which the volumes are disposed, and of a powerful ventilating fan, the air current from which blows open the pages, while a pump draws up the dust between them and carries it into a vessel of water charged with carbolic acid. It is, in fact, a vacuum cleaning process, followed by disinfection of the products of the operation. The second apparatus has been named the "cell." It is a metallic cage of several tiers, made in skeleton, on which the volumes are hung by clips, the covers being held back so that the leaves are open widely. The cell thus charged, the device, which is mounted on rails, is pushed into an oven heated to 167 deg. F., where it remains for a sufficient time. The books come out clean, aseptic, and ready to be placed without danger in the hands of a new borrower. This operation in no way damages the paper; it is very economical, and, if not absolutely effective, at least quite sufficient in practice.—*Morning Post*, July 14, 1909.

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ORIGINAL COMMUNICATIONS.

NOTES ON RADIUM.*

By JOHN H. CLARKE, M.D.

THE published observations on the action of *Radium* given internally which have appeared since the proving was published are less numerous than I could have wished; but perhaps if I published a few more of my own it may help to "encourage the others."

Before coming to my own material I must thank Dr. Roberts for publishing in the *British Homœopathic Review* of April, 1909, two striking cases. He says:—

"I have had during the last two years two bad cases of pruritus ani. One case was that of a clergyman, aged 40, who had had it for a year, with eczema. One dose of *Radium* 30 cured him. The other was that of a lady, aged 30, who has suffered from piles, which I cured. Afterwards she had pruritus ani. One dose of *Radium* cured her. I ought to say," Dr. Roberts concludes, "I have to thank Dr. Clarke's book on *Radium* for these cures."

In the course of a discussion on a paper by Dr. Kent on *Carboneum Sulphuratum*, which was read before the American Institute of Homœopathy in June, 1908, and was published in the *Journal of the American Institute of Homœopathy* of May, 1909, my lamented friend, Dr. H. C. Allen, made some remarks on *Radium* which I will quote.

"Lately," he said, "we have had two remedies which have been proven—X-rays and *Radium*. *Radium* and X-rays have revolutionised the cases in bringing up the reaction, and developing old symptoms that have been suppressed for years. The effect of this suppression has prevented the action of our best selected remedies; and we have now X-rays, and *Radium* proven by Dr. Clarke and his colleagues in London, which bids fair to be a very valuable addition in cases of this kind. They will help in the future treatment of some of these chronic cases.

"For the last three months *Radium* has helped me to

* Read before the Cooper Club, Thursday, October 14th.

cure a number of old burning, smarting pains, with redness, in different parts of the body. I thought I could cure with *Rhus radicans*. It set a patient on fire for a number of days, but did not help a particle as far as I could see; and *Sulphur*, *Psorinum*, and *Lycopodium* were ineffective. *Radium* gave prompt relief. The scales and crusts are going and the patient is recovering.

"I have had five cases since I began the use of *Radium* as Dr. Clarke suggested six months ago, and I call your attention to the fact that it is one of our most helpful remedies and will be one of our stand-bys in a few years."

In reply to a query by Dr. Hoyt, Dr. Allen said he used *Radium* in the 30th, 3,000th, or 30,000th. X-rays he used in the 6th, 30th, 200th, and 1,000th.

I need not tell you, gentlemen, that it was a great happiness to me to find this bit of posthumous testimony from my dear old friend.

For the next two observations I am indebted to my friend Mr. Charles Stewart. The *Radium* was administered to the patients on my advice, and Mr. Stewart noted down the effects.

THE CASE OF MRS. C.

"After, I think, three powders of *Radium* 30, Mrs. C. complained of pain day and night in right foot. The pain extended to the whole breadth of the foot just above the toes and went through to the sole. There was great tenderness, which amounted to pain on pressure. The pain was like that of the piles from which the patient was suffering—the pain caused by a gathering. The patient felt limp. The pain in the foot, which had continued for several days, was at once relieved by *Rhus v.*, and entirely disappeared in two days. The patient's appetite, which had previously been poor, became very good, and has remained so, she now quite enjoying her food.

"After a further course of *Radium*—this time of the 100th potency—the corns on the toes of both feet became painful, the pain this time being described as a smarting, cutting pain and like that of the piles. On two or three occasions when there had been hæmorrhage—once very considerable—from the rectum a powder of *Radium* has at once reduced it, and by the second day quite stopped it. It is on the second day that the effect of *Radium* seems greatest in this case and in that of R. Thomson (inveterate ulcer of the leg). In his case on two or three occasions, a dose of *Radium* 100 has on the second day brought about profuse bleeding from the ulcer, with the result of a clean surface in place of a foul one."

I will now relate to you a few cases of my own.

CASE I.—SYCOSIS MENTI.

May 10, 1909.—Mr. D., 32, strong, healthy in general, blue eyes but darkish hair, had been suffering from “eczema” for eighteen months. The history was rather remarkable. He went into a nursing home to be operated on for deflection of the nasal septum. For surgical purposes he was shaved, and before he left the home sycosis menti had developed. For this he was treated in various ways, and among others had six inoculations with a serum or other preparation of the organism of sycosis menti. This had no effect. He was naturally constipated, but otherwise his digestive system was in good order. Had been twice vaccinated, the last time seven years previously.

The skin troubles affected the chin, face, ears, and backs of the hands, which are much < if they are at all exposed to the sun. There is much itching, which is < in bed when warm, and < in the sun. The patches were moist and oozing, and the annular character of the eruption could be traced here and there.

Calc. carb. c.m. (Nos. 1 and 8 medicated in xiv. numbered powders, 1 h.s.s.) had no apparent effect. So on May 24th he received *Rad. bro.* $\frac{30}{1, 11, 17, 23}$, * xxxvi powders, 1 h.s.s.

July 5th (six weeks later).—A great change was now noticeable. The face was better; the ears were better. There was a little spot of eruption in the hair. He had been out in the sun, but it didn't affect him much.

Repeat.

July 26th.—Skin much better. Ears quite clear. Lower lip dry and scaly. (Lower lip always has been dry.) *Repeat.*

September 26th.—Skin almost clear. Only a little spot can be found on one ear. Hands quite clear. *Repeat.*

CASE II.—ERUPTION APPARENTLY FROM EATING SHRIMPS.

January 18, 1909.—The next case is that of a lady of 50, who was referred to me by Dr. Eugene Cronin. Here is a very graphic account of the case written me by the lady's husband before our interview :—

* This is a form of writing prescriptions which I find convenient. The figure above the line represents the potency. The numbers below the line denotes the powders *directly* medicated with the remedy. (It does not follow that the other powders are entirely unmedicated. Proximity seems to medicate them in varying degrees.)—J. H. C.

"Mrs. X. is in her fiftieth year; has been married seven months. The period still continues, but irregularly. About two months since she was attacked with violent sickness and purging, which continued the whole night. The only thing we could connect this with was her having eaten some shrimps. She was then attended by Dr. Cronin, who put her upon an arrowroot and Lemco diet. A rash on the thighs then appeared, and the doctor prescribed soda baths. She appeared to recover, but not entirely, as she left town for a time; the irritation slightly continued. Shortly after her return to town, about three weeks since, a rash appeared on her limbs and body, which has now become spread over it entirely excepting the face and hands. The irritation and burning is so excessive at times that it is almost unbearable, especially at night-time in bed. She says that the pain most resembles that of a burn or scald, and the sharp darting pain is as though some sharp instrument were being used. Her back is one scarlet patch, and the eruption is in places confluent, but in others closely scattered. The pain and burning on the top of the inner part of the thighs is of such a kind that it is agonising to attempt to walk. The locality of irritation is fugitive at times on the arms, bosom, buttocks, and shoulders. The whole body appears to be so sore as to render lying painful. I have feared that she may be suffering from blood-poisoning."

Mrs. X. came of a phthisical family, and between the years of 11 and 12 was thought to be phthisical herself. Æt. 22 had a small ulcer on one ankle, which a doctor "closed up." Not a big appetite. Has a sinking sensation at 11 a.m. Inclined to be constipated. Subject to a winter cough.

I found the appearance of the rash very much as described in the letter. It was quite of the nutmeg-grater description to the touch. The buttocks were the part most severely affected. I prescribed *Rad. bro.* $\frac{30}{1,11}$, fourteen powders, one at bedtime as numbered.

January 26th.—Rash very much diminished. Buttocks almost clear. Began to improve with the first powder. Very little irritation. Four or five days ago the period reappeared, with relief. Flow almost black. The same treatment was continued, with steady improvement.

February 15th.—Skin symptoms better. Has neuralgia on right side of face (from a tooth). Pain comes suddenly. *Repeat.*

April 22nd.—Still a little irritation. Skin a little rough. Period all right. Left arm burns and irritates, getting into bed. *Repeat.*

Since this time she has remained quite well as regards the skin. She has recently been to see me about a cough which she is liable to in autumn and winter.

CASE III.—ECZEMA VULVÆ.

Mrs. B., about 70. Very nervous and psychically sensitive. Pale, slight; blue eyes; widow, no family. Has suffered for years from eczema vulvæ, affecting the inner labia and mouth of urethra, often causing frequent desire to micturate, with stinging on passing water. On July 6, 1908, I gave her *Rad. bro.* $\frac{30}{1, 11, 17}$, xxiv., 1 h.s.s. as numbered.

August 17, 1908.—Irritation very much better. Urine doesn't sting now. *Repeat.*

I didn't see this patient again until April of this year. She had then suffered from stoppage of the bowels. That had been relieved, but she now suffered from constant pain in the epigastrium, pushing upwards like a ball, coming on every time she ate, and in the night waking her from sleep. *Laches.* 6 soon relieved her of this.

July 19, 1909.—Hard, pearly eczema round about meatus of urethra. *Carcin.* $\frac{30}{1, 11, 17}$, xxiv., to be followed by *Radium* $\frac{30}{1, 11, 17}$, xxiv. *Repeat Verbascum* ointment, which she had received some time before.

October 6, 1909.—I received this report: "I derived great benefit from the powder and ointment. I have been without nearly a month, and find the old symptoms coming back." *Repeat.*

CASE IV.—GOUTY RASH.

Miss V., 66; fair, thin, of gouty family. Used to have very bad headaches, and before the change had frightful pains at the periods. Used to have bad chilblains, and for twenty years had a rash about the chest, < in spring. Vaccinated five or six times, the last in 1903, when it "took" slightly. Subject to attacks of indigestion, which is generally better when the rash is out. *Thuja* did this patient much good at the time I first treated her, in 1905.

October 8, 1907.—Has been in France, and has had eruption on neck, shoulder, and face, possibly aggravated by mosquito bites. *Recipe*—*Urtica urens* ϕ , ζ iij, in wineglass of water on rising. *Graphit.* $\frac{30}{1, 7, 14, 21}$, gl. vi., 1 h.s.s. as numbered. (I had *Radium* in my mind to give on this occasion, but waited.)

November 13th.—Eruption better. Very well in general health. Has been having painful boils inside

the nostrils. A little eruption on right eyebrow still, which itches. Eruption on scalp, itches at night. R̄ *Borax* $\frac{30}{1, 11, 17, 28}$ gl. vi., xxxvi., 1 h.s.s. as numbered.

January 22, 1908.—Eruption over left scapula; looks herpetic. Is < at night, and when very bad it wakes her. No attack on face. R̄ *Rad. bro.* $\frac{30}{1, 17}$, gl. vi., xxxvi., 1 h.s.s. as numbered.

April 8th.—Very well generally. Hardly any rash on back. Head much better. Boils in nose still continue. Very little indigestion. *Repeat.*

Six months later—*October 21st.*—Has been very well all summer. Began to have a little rash last week. Sleep good except when disturbed with irritation. *Repeat.*

Twelve months later—*October 5, 1909.*—Her sister tells me she has kept very well.

This sister is herself a patient and suffers from scirrhus of right breast, which she has had since 1892. She also suffers (though now very rarely) from mucous colitis, for which she originally consulted me. From April to July of this year I kept her on *Radium 20x*, five grains every 10 days. She kept very well all the time, but I could trace no effect on the growth, which is of the small contracting variety, and is adherent to the structures beneath. There is a red patch on the surface, but no discharge.

CASE V.—ABDOMINAL CANCER.

Mrs. C. V., 70; mother of four children. In the last confinement the nurse neglected to put on a binder, and either from that or some other reason, when she began to get about it was observed that the abdominal walls were relaxed, with a great division between the two recti muscles. She was brought to me on January 6th of this year. She had been having "indigestion" for three or four years, and at last the condition had been diagnosed "cancer of the pylorus."

I found her very weak and emaciated from want of nourishment, but she had plenty of spirit. She had much pain, which came on twenty minutes after any food, and which she located in the right iliac region, where a hard, movable lump was to be felt. There was

also pain across the back of the liver. Except when the pain disturbed her, she slept well. The bowels were very loose. There was much wind, which passed both ways. There was frequent vomiting.

Under unit doses of *Ornithogal. φ* she steadily improved for many weeks. The pain diminished and also the tumour, and the patient was able to take nourishment better.

In March there was increase of pain and flatulence, which *Thuja 30* relieved.

On April 22nd she complained of very much pain, which was > by bending double. R̄ *Rad. bro. 30*, xii., 1 h.s.s. as numbered.

May 3rd.—First five or six days had much pain, last days easier. The *Radium* was continued, and under it the symptoms steadily improved till near the middle of July, when there was again increase of pain, when *Ornith. φ* was again given.

The patient was now gradually becoming weaker and unable to leave her bed. I advised the friends to ask Dr. Sandberg, in whose district she resides, to take charge of the case, which he has kindly done. There has been recently hæmorrhage from the bowel, Dr. Sandberg writes me, and I suggested a return to the *Radium*.

These, gentlemen, are a few observations, fragmentary and incomplete in some respects, but sufficient to bear out Dr. Allen's words that *Radium* is one of our most helpful remedies and is likely to be one of our stand-bys in a few years. It is one of my stand-bys already.

ADDENDUM.

Mrs. E. reminded me yesterday that I advised her some months ago to give *Rad. bro. 30* to her little terrier. It has had eczema for years—worse in the summer. A red skin with irritation. *Rhus tox.* had kept it bearable for years. *Rad. bro. 30*, six globules, has cured it. But after the dose of *Radium* a swelling of the ear flaps occurred. When these were incised a lot of watery fluid came out.

TUBERCULOSIS OF SKIN AND GLANDS.*

By HAROLD WYNNE THOMAS, L.R.C.P.Lond., M.R.C.S.Eng., Physician
to the Phillips Memorial Hospital, Bromley, Kent.

TUBERCULOSIS is an infective disease due to the growth of the *Bacillus tuberculosis* in the tissues of the body. The naked eye manifestation of the growth of this organism is the formation of small circumscribed inflammatory lesions known as "tubercles." When these are distributed throughout the body the disease produced runs a rapid course and is known as acute general tuberculosis; when they are limited to a special organ or tissue the disease is of much longer duration, and is termed local tuberculosis. A local tuberculosis often serves as a point of origin for general infection.

Morphology.—The bacillus is a minute organism, rod-shaped, two or three placed end to end being equal to the diameter of a red-blood corpuscle. It is readily stained by Gram's method, the bacillus staining blue. The organisms can be cultivated on media containing glycerine and blood-serum. Their growth is invariably slow, and it is only after some weeks that a culture presents its most characteristic appearance.

By that time the colonies have to the naked eye a heaped-up scaly appearance, the older parts looking dry and shrivelled. As the bacilli thrive only at a comparatively high temperature (82° F. to 108° F.) they do not *multiply* outside the body. They can, however, *exist* outside the body for some weeks, and have even been found to retain their virulence after such existence for *six weeks* in putrid sputum, and for *six months* in the dry state. The bacilli are readily destroyed by boiling and by sunlight; dessication without sunlight does not destroy them.

They resist the action of a 1:1000 solution of perchloride of mercury for some minutes, a 1:20 solution of carbolic acid acts more rapidly.

Products of the Bacillus.—Koch concentrated and filtered the products of the bacilli, and called the filtrate thus obtained "tuberculin." When injected into infected animals the substance produces fever and a marked local inflammation in the neighbourhood of the tuberculous foci, leading in many cases to further caseation and dis-

* Read before the British Homœopathic Congress.

semination of the disease; but when injected into animals free from tuberculosis it produces no effect, save in some cases a slight and transient rise of body temperature.

Sources of the Bacillus.—In every case of tubercular disease the bacilli are introduced from without, and are derived directly or indirectly from some previous case of disease in man or animals. The two principal sources of bacilli are: (1) the sputum of persons with tuberculous lungs, and (2) the milk of cows with tuberculous udders.

1. *Sputum.*—When it is remembered that about one-seventh of mankind die of pulmonary tuberculosis, and that in the majority of cases the patients for months expectorate large quantities of bacilli without any precautions being taken against infection, it is clear that there is an ample supply. The sputum which dries on handkerchiefs, bedding, garments, furniture, floors of workshops and other rooms, thence to be detached as dust, is the most fertile source of infection.

2. *Milk.*—When the disease of the udders is extreme, tubercle bacilli can be found in the milk, but when less marked its infective quality can be shown by inoculation. Butter made from infective milk is itself infective.

3. Of course discharges from tuberculous abscesses and ulcers are infective.

4. Tubercle bacilli may occasionally be conveyed in tuberculous meat; the muscle is rarely involved, but infected glands may be left; but as meat is generally heated beyond 100° C. in cooking the danger lies in eating underdone meat or raw meat or meat-juice prescribed in the treatment of disease.

Tuberculosis of the skin gives rise to many varieties of inflammation, of which some tend to suppurate; these are generally grouped under the term scrofuloderma.

Lupus vulgaris is perhaps the best-known form of tuberculosis affecting the skin. It may arise at any period of life, but with especial frequency in children and adolescents—about 75 per cent. before the age of 20, and nearly twice as often in girls as boys. It is characterised by the appearance of nodules of a notably soft consistence, a reddish-yellow colour, and semi-transparent, recalling apple jelly, especially when the blood is pressed out of the tissues; very indolent as a rule, and unaccompanied by pain or itching. It may persist or pustulate, or ulcerate, or disappear spontaneously, leaving

a cicatrix; a patch of lupus is formed, and spreads excentrically by infection of the vicinity, fresh foci appearing at the periphery, the "satellite" nodules, which become confluent with the enlarging older lesions. The latter are often replaced by scars, while the excentric spread is maintained around or on one side. Its *infective power* may be little marked, and often after a certain advance lupus may become quiescent and remain so for years without infecting other tissues; or, on the other hand, after pursuing a very indolent course for some time, takes on a rapid extension over considerable tracts. Its infective power may be evidenced not only by the method of spread in the skin, but by the involvement of the related lymphatic glands.

As to the origin, the primary patch may be inoculated from some outside source, or may arise by the implication of the skin from pre-existent tuberculosis of deeper structures in the same subject, *e.g.*, from glands, bones, and synovial sheaths. The glandular origin is frequently seen over the parotid region, or from ear to ear beneath the jaws. Lupus is said to originate commonly by auto-inoculation from the discharges from the lungs, and not uncommonly from a mucous membrane, especially that of the nose.

Lastly, there is a rare phenomenon generally occurring in children after some systemic infection, such as measles, characterised by the sudden evolution of more or less numerous disseminated small nodules; all or many may gradually disappear, but in some cases a number persist and assume the recognised characters of lupus.

As to localisation, any region may be attacked, but in 80 per cent. of cases lupus is seated on the face, especially about the nose and its neighbourhood. It may extend to the forehead, but is rarely found on the scalp. The hands are sometimes affected. The mucous membranes of the mouth and nose are frequently involved, usually secondarily to the skin, also the conjunctivæ, the pharynx, and larynx. In the mucous membranes the redness is accentuated, the surface mammillated and easily bleeding, the infiltration soft. Ulceration is frequent, and leads to destruction of the uvula and soft palate and of the cartilages of the nose, with mutilation as in syphilis.

In size the patches may range from that of a small coin upwards, or the lupus may advance over an exten-

ect, e.g., up a limb or from the face over the neck
part of the trunk. There may be only one patch
or others may arise from auto-inoculation.
In the ordinary form of lupus there is the primary
ulcer, produced by primary inoculation of
lupus into punctures, breaches of surface, or
wounds in various parts of the body. This phase
commence as a little red infiltration, which may
heal or ulcerate. The infective nature may be
proved by the intractability to simple healing measures
and the implication of the related glands. The fingers
are the site of attack, but inoculation has followed
the wearing of infected earrings, and a number of cases
on record of tubercule being inoculated by a tuber-
culin operator in the Jewish rite of circumcision, and
in tattooing. The early recognition of the nature
of these lesions is obviously important, that it may be
promptly destroyed or removed.

Diagnosis.—It is important to appreciate the signifi-
cance of the characteristic *soft* yellowish-red imbedded
nodules, though the appearance may be simulated by
nodules covered with tense epithelium. Nodules
are often detected as satellites on the border of
a patch or recurring in scars. Lupus is not always
local but often diffuse. Typical cases of lupus erythe-
matosus and lupus vulgaris are easily distinguished, but
occasionally a more than usually infiltrated patch of
lupus erythematosus or a congested area of lupus vulgaris
may render the diagnosis exceedingly difficult, but lupus
erythematosus is not auto-inoculable, does not react
to injections of *Tuberculin*, and is rare under 30 years
of age. Diffuse infiltrations have to be distinguished
from chronic glanders, actinomycosis, sarcoma, leprosy
and tertiary syphilides; the latter have a firmer infiltra-
tion, pursue a less indolent course, and do not recur in
scars.

Treatment.—Local treatment is always called for, but
general measures must not be forgotten. If the patient
manifests signs of feeble constitution or impaired nutrition,
if actual tuberculosis elsewhere, all possible steps must
be taken to build up the strength of the patient, good
digesting food, cod-liver oil, fresh air, open windows,
as much sunlight as possible; as to drugs *Bacillinum*
Tuberculinum 30, a dose once a week, I believe, useful.

Burnett in his book on the "Cure of Consumption" mentions a case of a lady suffering from lupus erythematosus which completely healed after a few doses of *Bacillin* 200. Other drugs which are helpful in suitable cases are *Sulphur*, *Calcarea*, *Hepar sulphur*, *Arsenic*, and *iodine*. Striking results are sometimes obtained by judicious injections of Koch's *Tuberculin*; but of late years the most satisfactory cures have been got by means of the Finsen light, X-rays, and radium.

The objection to the treatment by the Finsen light in this country is the costliness of the apparatus; direct sunlight being so unreliable the rays of an arc lamp must be utilised, but where this can be done the resulting scar gives the best results. Some time ago I showed a patient, at one of the clinics at the L.H.H., whom I had cured of lupus erythematosus by conveying the rays of the sun through a globe filled with distilled water coloured blue with a solution of copper, so as to cut out the heat rays and the actinic rays to pass. The girl lay on a couch out in the hospital garden, and the globe was so adjusted to focus the rays almost to a point on the part to be treated: this was done for ten minutes to fifteen times a week for a month. She had been treated at several London hospitals, and had been cauterised twice and cauterised without avail. The patient was a wardmaid at our hospital for some time, and at the time she remained cured, but I have not seen her since she left.

With reference to X-ray apparatus a lead screen is used, the diseased area is exposed at a distance of 7 inches from the anticathode of a medium sized tube, the parts not under treatment are protected by a glass diaphragm, to which funnels of the same material and of various sizes allowing exit to the rays are attached. Exposures of five minutes should be given three times a week, for two or three weeks, with an interval of a week allowed. Too long an exposure may induce a radio-dermatitis which, if not treated on only occasion the patient considerable scarring is extremely difficult to heal. In a small dose the rays are a stimulant, in a large dose an irritant, and in a still larger dose completely destroy the tissue. It is important to administer the proper

will stimulate the giant cells to multiply. A dose will kill them and at the same time stimulate the leucocytes to greater activity. A still larger dose of the rays is by using Sabourand's pastilles; these is put in the edge of the line of fire, so to speak, and when it becomes discoloured the treatment is stopped.

In addition to the above, radium is of great value in the treatment of lupus in situations where light and X-rays can be applied, as the part of the nose close to the nostril, inside the nose, inside the mouth, &c. Radium was first introduced into medical practice, which was employed was the bromide, either pure or mixed with more or less barium. This was applied to the skin in a thin glass tube sealed at the ends or in a session on a vulcanite button covered by a thin layer of mica or aluminium, in amounts varying from a few milligrammes; but, owing to the enormous price of these buttons and tubes, the area of diseased skin that could be treated must of necessity be very small. In 1905 M. Daulos discovered that the action of radium was intensified if the salt was spread over a large surface by means of a varnish and so applied to the skin, and by this means a much larger surface could be treated upon in an even manner.

This varnish, the composition of which is a secret, is permeable to almost all the rays given off by radium and resists the action of heat, water and antiseptics, such as potassium permanganate of potash and perchloride of mercury. The salt of radium used with the varnish is the sulphate of radium, which, unlike the bromide, is insoluble; this is spread evenly on small metal plates so that each centimetre of surface has one centigramme spread upon it. Pure radium sulphate has a radio-activity of 2,000,000 times that of uranium as a unit, but it is generally diluted with potassium sulphate so as to reduce the radio-activity to one-tenth or quarter. The power of any prepared plate of radium can be estimated by the electrometer with great precision. Radium gives off α , β , and γ rays.

The α rays are composed of material particles or ions which carry a charge of + electricity and are deflected by an intense magnetic field. They have little penetrating power and relatively slow velocity. They are

supposed to give off heat and they burn. They
by a sheet of mica or aluminium.

The β rays are composed of smaller ions; t
charge of -electricity, are easily deflected by
field, and have great penetrating power and hi
Their penetrating power as compared with
100, and will pass through lead 4 cent
thickness.

The γ rays contain no ions and carry no ele
and are therefore not deflected by a magnetic
have enormous penetrating power, as woul
sented by 10,000, and will pass through 1 ir
Their velocity is about the velocity of light,
to use radium to the best advantage it must
prescribed, a plate of a certain diameter
proportion of α , β , and γ rays required sta
time of application notified; as, for examp
of epithelioma of the lip treated by Dr.
circular disc 3 centimetres in diameter w
gramme radium sulphate mixed with 3 c
barium sulphate varnished upon it, with
500,000, was applied to the lesion. But be
the skin were interposed gutta-percha
thick, a sheet of lead $\frac{1}{2}$ millimetre thick,
of paper, and two pieces of plaster. In
tumour was subjected to an irradiation ex
posed of γ rays of an activity estimated
the secondary radiation produced by the
through the lead was intercepted by t
order to avoid getting an excessive action
of raised lesions by repeated or prolon
Wickham has introduced a method of ap
he named *feu croisé*, and which consists
or more applicators opposite each other
so as to subject the deeper parts of it t
fire" of penetrating rays from the di
cators."

The time of application you will see o
radium depends on various factors such
activity and amount of the salt applie
surface on which it is spread, the pe
different rays, the presence of some such
aluminium, &c., between it and the t
experience has taught that 5 milligr

um sulphate varnished on a flat surface of 1 centi-
e-square when applied directly to the skin for
ty minutes can produce a severe reaction with
ation, the same result being obtained by three
ications of ten minutes' duration on consecutive
. When the α and soft β rays are screened off
ications of one or more hours may safely be given.
adium is often helpful after treatment by X-rays
re the case has healed up to a certain point but is
well, then the application of radium seems to
ulate the healing process. I have a patient now
r my care with lupus of the nose who did well under
ys but never quite healed; after a time it broke
again and under radium has almost cicatrized over.
ve her applications of radium bromide for fifteen
tes once or twice a week; she is still under treat-
.

ave tried high frequency electric current, but have
disappointed with it.

other electrical method, which has one advantage
Finsen rays, X-rays, and radium—that of being
—is ionisation. The method is quite simple; it
ed upon the principle of the introduction of ions of
nto the tissues by the continuous current, and can
ried out with an ordinary portable battery. If the
ctrode be made of zinc and covered with lint or
-wool soaked in a solution of zinc sulphate and the
t turned on, the zinc ions are driven into the
s towards the -pole, and after an application of
inutes the zinc ions will penetrate to a depth of
r more millimetres beneath the positive pole, and
driven in in this way they enter not only into the
spaces but also into the protoplasm of each cell,
they reach in a way that is impossible with lotions
ntments, where little of the drug penetrates, and
hich is absorbed is probably carried off by the
channels. In using this method a 2 per cent.
n of zinc is used for wetting the lint and a current
ed by a galvanometer gradually increased up to 5,
milliampères: a burning sensation is produced.
parts are very sensitive some wool soaked in a
of cocaine may be left in contact for a few
s beforehand. At the end of ten minutes the
must be gradually diminished down to zero. It

is claimed that often only one application is neces
I must say since I have known of this method I
only tried it once, and the patient, a highly nee
lady, said it burnt her and refused to give it a
trial.

Tuberculosis of Glands.—The affection of lymph
glands is in most cases secondary to a tubercular in
formation in the area from which they draw their ly
but sometimes it appears to be primary bacilli h
entered through the mucous membrane of the skin
out exciting any inflammation at the seat of inv
The glands most commonly affected are the ce
bronchial, and mesenteric. The first portion of a
to become affected is the cortical layers, inasmu
it is to these that the infective material brought
lymphatic vessels is first conveyed. In the earlier
of the process small grey nodules are often
scattered through the cortex. They gradually in
in size and become caseous; the gland itself e
from the addition to its substance of these tub
which spread gradually along the lymph sinuses
medullary portion. By this time the distinction b
the medullary and cortical portion is lost, in conse
of the infiltration and filling up of the lymph
A section at this stage presents a greyish homop
surface on which are patches of caseous materia
roid changes frequently follow, and the capsule
so that the caseous masses may become surrou
dense fibrous tissue. The caseous portions ma
quently soften, dry up, or calcify.

One is constantly meeting with cases of
glands in the neck, and it is very difficult t
whether they are tubercular or not; and very
the history is gone carefully into, one finds
child had an attack of glandular fever, a sha
temperature with sudden enlargement of the
glands on one or both sides. These after a tim
often leaving one or more enlarged glands,
some future time become inflamed and again en
not infrequently soften and break down, or
larged for weeks and months. These are, I am
often diagnosed as tubercular, and are due to
coccus and not to the tubercle bacillus.

present day, when operations are the frequent conversation over the teacups, and some say that all chronically enlarged cervical glands are apt to get impatient if they do not rapidly diminish under medicinal treatment with carefully chosen homœopathic remedies, *Iod.*, *Arsen. iod.*, *Baryta c.*, *Natrum silicate*, with occasional doses of *Sulphur* and *Bacillinum*, prolonged stay at some seaside place, a great many can be cured. Of course if the glands soften and grow, the pus must be let out; but under an astatic quite a small opening is often enough, and a thickened gland can be scraped away without leaving a scar, disfiguring the patient for life. Besides X-rays are of great service, if used with care and proper shields, as I have before mentioned. A hint in treating large glands in the neck is furnished by the fact that under the influence of the rays fine lanugo hair on the neck becomes much longer on the side not treated; this is due to the fact that a dose of X-rays is stimulating to the cells at the base of the hairs, and in the same way the leucocytes are stimulated; the same dose kills the more active cells which are forming the giant cells. It is a good guide to give a dose of X-rays to tubercular glands, which cause the downy hairs not to fall out but to grow longer. In the *Medical Review* for August last are some good illustrations of cases treated by X-rays by Dr. Pirie. Treatment must be continued for at least three months.

The first case, a boy, aged 12, had tuberculous glands for nine months, a large mass on the right side. X-ray treatment was given from February till September, once a week, when the mass had completely disappeared.

The next case, a boy, aged 10, had glands of one year's duration, size of pigeon's egg. X-rays given from December to March, when the gland no longer showed but could still be felt. There were marked adenoids before treatment which quite disappeared.

The last case is that of a girl, aged 4. Treatment given once a week, from May to November. A large mass of tuberculous glands was very much improved. In this case the skin became a dirty brown colour, due to over-stimulation by the rays.

In another case the suppuratin,
when first seen; after five weeks' t
began to grow smaller and less ter
of disappearing without opening; h
a week later, but only discharged f

CROTALUS TERRIF.

CROTALUS CASCAVELLA OF MUR

By Dr. NILO CAIRO, Curityba, Paran

(Concluded from page 446.)

PATHOGENESY.

General Symptoms.—Weariness, unea
fainting, staggering, and inability to s
complete loss of consciousness with co
sweats; numbness over the whole body; gr
great weakness; restlessness and general
by drinking; "every time he drinks the pai
ness increase"; profound prostration, anx
anguish and inquietude; sweats and v
eating; muscular prostration; inexpressi
emaciation more and more; torpor; tremor
frame; pricklings in the whole of the k
spasms, convulsions of limbs, especially c
muscular contractions; twitchings; general
the muscles and total loss of movement
rheumatic pains; great sensibility to touc
whole body; general coldness even though w
he feels cold and covers himself; shiverings
to be covered; copious general sweat; frequ
excited by pains over the whole body; inter
tion of the organs of the central nervous syst
very fluid, does not coagulate; paralysis, sy
symptoms worse after sleeping and at night; th
symptoms are more threatening on awaking.
Brain.—Cerebral disturbance, loss of memor
sion of spirits, melancholy; dread, nocturnal fe
at night about indefinite things; clairvoyant;
being alone; fear of death; delirium with hall
and loquacity; "he fancies he hears groans"

quietude; involuntary groaning; sensation of pros-

trusion.—Irresistible tendency to sleep, drowsiness, coma; restlessness with restless startings during sleep; violent disordered dreams; disturbed sleep with groaning; sleep only interrupted by eructations; short sleep with delirium, awaking with great pain in the chest and sensation as of a knot in the throat; short sleep, awaking with the greatest anguish, crying distressingly and calling for religious consolation; awaking with a feeling of presence of a foreign body in the throat and a sensation of suffocation; dreams of corpses and ghosts; after sleep, alarming symptoms are more threatening.

Temperature.—Pulse accelerated and feeble or intermittent; fever, great heat over the whole body; coldness of extremities; feet ice-cold; increasing general coldness.

Head.—Heavy head and stupor; giddiness, vertigo, vertigo in bed, even in daytime; headache in the whole head, beginning in the forehead; contusive pain in occiput; pain on the vertex with sensitiveness and burning over the scalp; burning on the vertex; painful pressure on the temples; pain within brain-pan and sensation of constriction as by an iron helmet; headache worse at night; spasmodic contractions of the muscles of head; papular eruption on the scalp; sensation as if something alive were walking inside the head in a circle; headache, vertigo, vertigo and great excitement, caused by starting out of sleep; “shocks in head which almost throw her off her balance;” acute lacerations in right temple; sensation as if a red-hot iron were stuck in vertex; frontal headache as if the head would burst and heaviness over eyes, mainly at night.

Face.—Muscular contractions of face. Flushed face, resembling erysipelatous redness; or yellow face. Sensation of formication in skin of face. Flushes of heat.

Cramps. Convulsive movements of lower jaw and lower extremities. Continuous gapings. Crawling sensation in face. Difficult to move lips.

Ear.—Buzzing in ears; buzzing in ears while going downstairs; infrequent otorrhœa. Swelling of the right auricle. Deafness.

Eye.—Dimness of vision: “he distinguishes badly what is put before his sight.” Blindness. Pains in the eyes. Heaviness and trembling in lids. Dilated pupils.

Lachrymation; conjunctivæ injected; paralysed lids, lids paralysed and immovable, half closed, tearful and deadened; eyes besotted. Swelling of lower lid. Exfoliation and perforation of cornea. "Feels a blur before her eyes." Sensation of zing blue light. Pressive sensation of right eye which felt as if drawn out. Left eye feels as if towards temple. Cutting sensation all round eye as if it was being taken out with a penknife. Penetration into the depth of the orbits and on the left continued tremor of the lids.

Nose.—Mucous discharge or bloody fluid from nostrils. Continued small bleeding of tip of nose from nose. Ulcers within nose. Itching. Feels drawn up as by a string and fastened to forehead.

Mouth.—Difficult to move lips; trismus. Speech is difficult; it is confused: the voice becomes hoarse. Tongue embarrassed: what he says is not understood. Paralysis of tongue. Burning and prickling of tongue. Pain in tongue; pain in tongue extending to abdomen; pain in gums; infrequent small bleedings from gums. Salt or putrid breath from mouth. At first, extreme dryness of mouth with thirst; afterwards, viscid, clear, or dark-coloured bloody saliva, expectorated with difficulty. Copious salivation. Tongue scarlet-red. Itching of tongue. Dark bloody froth from the lips, at morning.

Throat and Neck.—Sensation of constriction in throat as by a strangling knot; sensation of suffocation as if a ball or a foreign body in throat, which cannot be lowered. Constrictive pain as if a string were tied round the thyroid body. Burning in throat. Swallowing difficult, more and more, even for liquids. Formication in throat. Burning in velum of palate. Sensation as if a string were tied round throat. Pain in tongue and fauces, extending to stomach. Pain in œsophagus extending to chest. "Painful drawings in the sides of neck as soon as the head." Sensation of fulness in course of respiration extending afterwards to sides and back part of chest.

Chest.—Copious perspiration on chest. Respiration at first accelerated, afterwards breathing difficult, slow, laboured. Suffocated.

oppressed. Sensation of constriction around the
 on Sensation as if head and chest were compressed
 on armour. Violent pains in thorax and axilla.
 ing pains under the sternum. Pains in œsophagus.
 ing pains in the left side of the chest on drawing
 h. Pain running through the chest to the back.
 iration anxious. Dry and nocturnal cough, from
 ing in throat. Green expectoration in morning.
 ocative feeling, with dread of another attack.
 rseness increasing. Bloody expectoration. Sensa-
 as if heart were beating from above downwards.
 itations of heart. Precordial anguish. Faintness
 liorated in open air. Aphony. Bone-pain and
 lling of left clavicle. Sensation of water in chest,
 n efforts to throw it up, and faint feeling as if
 rt were dipped in a liquid. Congestion of lungs.
 isation of internal wounds under breasts.
 Stomach.—Nausea, vomitings, eructations, pains, feel-
 of a heavy weight and excessive sensitiveness in
 pogastrium. Feeling of coldness in stomach after
 ing. Food displeases, above all beef. Intense thirst.
 lious, yellowish-green and fœtid vomitings. Each
 outhful of food falls suddenly into stomach, like a
 one, with pain felt even in the back. Epigastrium
 nsitive; cannot bear clothing. Feeling as of a
 olent blow on epigastrium.
 Abdomen and Back.—Meteorism. Borborygmi. Sen-
 tion of constriction around the waist as by a band.
 Weight at diaphragm and in hypogastrium. Congestion
 f liver, with pains under the right ribs. Burning pains
 com the latter right ribs to epigastrium. Excessive
 nsitiveness of the walls of abdomen. Colic, after
 rinking. Obstinate constipation or urging and tenes-
 nus followed by discharge of mucous stools, or, infre-
 quently, watery and slightly bloody diarrhœa; yellowish
 diarrhœa. Strong contractions of the abdominal
 muscles, followed by small stools. Feeling as if a
peg were sticking in middle of liver. Prolapsus ani.
 Pains in lower belly. Painful heaviness in the loins.
 Prickings and pains in spinal cord; sensation of cold-
 ness in spinal cord. Pustular eruption on the skin of
 the abdomen. Drawing pains on the back. Muscular
 contractions in back and limbs.
 Urinary and Sexual Organs.—Copious and frequent

urination (polyuria). Infrequent (oliguria). Pains in the kidneys. congestion. Nephritis. Nocturnal urine. Uterine pains, worse from water. Metrorrhagia; leucorrhœa. associated with cerebral disturbance.

Skin.—Intense redness of the whole hue in the bitten limb. General, sometimes even extinction of sensibility, or extreme insensibility to touch. Arms and face present the sallow, sallowish redness. Yellow spots on face. Extremities bluish. Papular eruption. Exfoliation of the skin. Prickling from the skin. Dark red, profound, gangrenous, and covered with sanious matter and with necrosis of tissues till the muscles, vessels and nerves are laid bare.

Extremities.—All limbs tremble, and burning and burning of bitten part, pale oedema of coldness around it, extending over the body, sometimes, but infrequently, generalised. Great sensibility to touch of the bitten limb. Intolerable pains in the bitten limb, and in the superior extremities, preventing any exertion, the exhaustion of which he complains of; contractions of the muscles of the diaphragm. Pains in shoulders. Contractions of dorsal muscles. Cramps of the upper and lower extremities. Involuntary movements of the right thumb and left leg. Paralysis of lower jaw and lower extremities of the limbs, principally of the legs. Paralysis of the muscles and total loss of movement of the arms. Paralysis of the inferior limbs. Paralysis of arms. Paralysis of the shoulders. Sensation of coldness in the hands and feet; hands cold; sensation in the hands of being uncovered. Sensation of great heat in the feet. Formication in feet. Pains in legs and feet. Until this time, there had been a sensation of coldness. Numbness. Illusory sensation of the right leg from hip to heel, caused by weakness and fatigue of arms. Pain

in left wrist. Sensation of contusion and pain in right shoulder. Pain in elbow, as if the bones were crushed.

CHARACTERISTICS.

To be remembered for reserved persons of a melancholic temperament and a disposition to low spirits and indolence.

Infectious diseases, first stage.—Weakness and muscular relaxation, headache, pains in the whole body, high fever, invincible tendency to sleep, sleepiness and torpor, face puffed and flushed, *facies of drunkard*, the conjunctivæ injected, the lids half closed and paralysed, looking tearful and deadened; indifference, nausea, vomitings. *Yellow fever*, scarlet fever, acute meningitis.

Fever with cold extremities. Ague, pernicious fever, Asiatic cholera, collapse.

Great sensitiveness to touch.—Throat, stomach, abdomen; cannot bear bedclothes, which cause uneasiness. Laryngitis, peritonitis, appendicitis.

Sensation of constriction as by a strangling knot in neck, as by an iron armour in chest, as by a band in waist, and as by an iron helmet in head.

Right side principally affected.—Sore throat, angina, headache, pulmonary phthisis.

Sensation of constriction in throat.—Nervous sore throat, slight mischief, with great sensitiveness. Tonsillitis, diphtheria, scarlet fever.

All symptoms worse after sleep, he awakes worse. At awaking the alarming symptoms are more threatening.

Convulsions of limbs; convulsions of the arms. Epilepsy, convulsions of children.

Congestion of the central nervous organs. Cerebral congestion. *Apoplexy.* Spinal congestion; spinal irritation.

Paraplegia.—Ataxic paraplegia (postero-lateral sclerosis).

Paralysis.—Paralysis of the lids. *Amblyopia.*

Amaurosis.
Paralysis as a consequence of acute or chronic infectious diseases: diphtheria, typhoid fever, variola, dysentery, acute exanthemata, septic infections, puerperal inflammation.

Acute paralyzes, which come rapidly; *frigore*. Acute myelitis; spinal paralysis (ant myelitis acuta), acute ascending spinal paralysis), multiple cerebro-spinal sclerosis (*plaques*), primary lateral sclerosis.

Bulbar paralysis.—Labio-glosso-laryngeal (progressive bulbar paralysis). Hysterical para-

Polyuria; frequent and copious urination. nuria.

Whenever a small local affection assumes a character and, though of small intensity, proceed severe nervous symptoms of general and secondary blood-poisoning, *Crotalus terrificus* be employed. The limbs are powerless; prostration. "If we should classify in nosology Professor Lacerda, "the disorders and troubles the introduction of *Cascavel* venom into the blood we should not find a designation more appropriate to them than that of *acute septicæmia*," gangrene, carbuncle, malignant pustule, erysipel dissection wounds, gangrenous angina, &c.

Menopause.—Congestions, vertigo, burning vertex, flushes of heat in face, &c.

"*Crotalus cascavella*," says Dr. Mure, "will useful supplement of *Lachesis* (*Lachesis muta* mented, in North America, by Dr. Hering, and which I think to be more long and more pro- accomplish many cures which the other may I to complete."

THERAPEUTICS.

The materials for inquiry as to how far the p of *Crotalus terrificus* has been carried out in scattered throughout the Brazilian homœopa ture; but there are two records of special which we shall make reference; both are two, the first is the *O Medico do Povo segundo os p* *Homœopathia* (*The Popular Physician*, accor *Practice of Homœopathy*), by Dr. Mure, & published in 1868 in Rio de Janeiro; the *A Pratica Elementar da Homœopathia* (*The Practice of Homœopathy*) by Dr. Vicente M edition, with an Appendix by Dr. Pedro Albuquerque, published in 1866 in Rio de Jan

we find the following clinical indications *terrorificus*: *Albuminuria*, *Amblyopia*, *Diarrhœa* (Bernstein).

m.—Constriction in throat, with difficulty in breathing and a feeling of powder or of a foreign body impeding respiration. Inflammation of the throat, incessant pains and excoriations in the throat. The neck is swollen (Dr. Pedro Ernesto).
d sore throat, with great nervous prostration and mischief.

See "Characteristics").

Loss of power, slow, powerlessness of limbs, general weakness, suffocation with constriction of the chest, coldness of the limbs, tongue swollen and paralytic, loss of consciousness, drowsiness, profuse, viscid sweat, paralysis (Dr. Pedro Ernesto).

The sense of aching or general symptoms is in proportion to the visible inflammation (Dr. Pedro Ernesto).

Exhaustion of vital force; cadaverous coldness of the body, principally in the extremities, tremor; trembling and cramps in the limbs; and yellowish diarrhoea, which becomes bloody; convulsive tremor, torpor, delirium is imminent, with extreme nervous prostration. Most profound collapse is cured by *terrorificus* (Dr. Pedro Ernesto).

(Dr. Pedro Ernesto).

Children.

Spasmodic, provoked by tickling in throat, expectoration of bloody phlegm and mucus (P. Ernesto).
Icteric (Mure).

"Characteristics").

(Mure).

(Bernstein).

terrorificus (P. Ernesto).

Ulcerated erysipelas, with little inflammation, nervous prostration (Mure).

(Mure).

Inflammation and swelling of the tongue, sore throat, pains, and difficulty of speech.

Goitre (Dr. J. H. Clarke).

Headache.—In the whole head, beginning in the head, with giddiness and a sensation of a constriction by an iron helmet and a painful burning in the painful pressure on the temples; dimness of trembling of lids, heat in face, bad taste in thirst, nausea, burning in stomach; worse on side (Dr. Cockrane).

Hepatitis.—Pain in the liver, as from a sharp instrument, with heaviness in the hypogastrium sensibility of the whole abdomen; gastralgia with dyspnoea and suffocation with constriction in the pain and anxiety; fever, delirium; heaviness in the head; scarlet-red and dry tongue; yellowish greenish diarrhoea, very deep-coloured urine (P.

Hypochondriasis.—Melancholy, depression of dread; nocturnal fear, horror of being alone, fear

Hysterical paralysis (see "Pathogenesis").

Influenza (Grippe).—High fever, with ice-cold ties, headache, invincible tendency to sleep, pains on the whole body, muscular weakness, and flushed, eyes injected, tearful, deadened, torpor, nausea, bilious vomitings.

Keratitis.

Labio-glosso-laryngeal paralysis.

Landry's paralysis.

Laryngitis.—Constriction in the larynx as a ling knot, so that he cannot bear anything on the neck, with hoarseness, anxiety, suffocation, palpitation of heart, dry cough, with tickling in throat, greenish or bloody expectoration (Dr. Cockrane).

Leprosy.—Leprosy tuberculous (uncomplicated) another disease (Dr. Marcondes de Moura).

Malaria.—Pernicious agild fever: face and extremities, skin bathed in cold and clammy sweats, prostration, collapse.

Mania.—Indefinite nocturnal fear, melancholy, desire to weep; "he wants to hurry"; coldness of the hands; complete insanity; delirium with hallucinations of voices and fantastic beings.

heart, weakness of memory (Dr. Vicente T.

Measles.—High fever, drowsiness, torpor, eyes injected, tearful, deadened, half-clammy relaxation.

acute.

Flashes

headach

erebro-spina

acute.

Mure).

age (Mure).

(Mure).

rismas (Mure)

(Mure).

rcoma (Mure).

(Mure).

sis from infecti

sis of lids.

ritis, with tym

is, vomiting, pain

to touch; sensa

tion of constricti

around

around

around

around

around

around

around

around

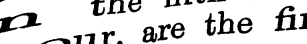
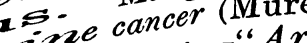
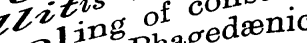
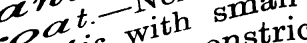
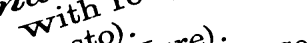
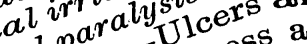
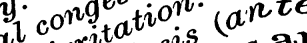
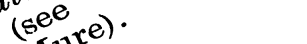
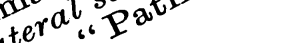
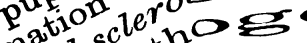
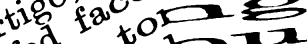
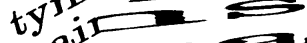
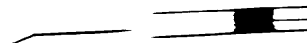
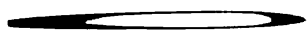
around

around

around

around

around



heat in face, burning p
giddiness.

sclerosis (sclérose en plaqu

Prophylactic.

ous diseases.

panitis, general cooling, anx

in the abdomen, which is

sensation of constriction around

frontal headache, general weakn

injected eyes, deadened, sunk

extreme prostrati

buboes. Septicæmia.

(ataxic paraplegia).

Pathogenesis").

Spinal congestion.

Spinal irritation.

Spinal paralysis (anterior polyomyelitis acuta).

Stomatitis.—Ulcers and inflammation of the mouth and

slight numbness of the tongue

with roughness and

Nervous sore throat (see "Characteristics").

with small mischief and great sensitiveness

of constriction and dysphagia.

Phagedænic syphilitic ulcers, corrosive, gan-

Ulcers (Mure). Ulcer of cornea.

Malignant cancer (Mure).

Arsenicum and Crotaus cascavella,

the fifth attenuation, administered alternately

hour, are the first medicines that I have always

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used advantageously; indeed, they cover a
symptoms of this disease, however grave as
even although the fever should be very
Leopoldo Ramos).

SOME CASES WITH A MORA

By Dr. HOBART J. W. BARLEE.

CASE I.—About eight years ago I was called
11 o'clock one night to see an old lady of over
I found her lying quite still on her back; she
not to see me, and when I addressed her she said
to me. As soon as I lifted her hand to feel
she was seized with a spasmodic movement and
quite stiff—a kind of opisthotonos. Her husband
she had been acting in this way for some time, and
touched, or any noise, brought on this state. I
idea what caused this, but remembering that *Nux*
produced very similar symptoms, I gave her a dose
ten minutes. In about half an hour she was better
a big sigh, and said she felt quite relieved.

CASE II.—A few months later I was called a
night to see her. In the meantime I had attended
off and on, and had discovered what had caused
spasms. This attack was quite different from the
one. I found her sitting up in bed complaining
great pain all over the abdomen, and bringing up
without relief. There was very great pain, and
patient told me so repeatedly. Usually she was
placid and quiet disposition—this time she was
Chamomilla relieved her in a very short time.

CASE III.—Some years later I called to see a
about sixty. She had long had the complaint
which she was suffering, and had been sent to
spas time and again. I knew her very well, though
never treated her, and was much surprised when I
that she refused to see me. I therefore asked
husband what her symptoms were. "She is just as
was eight years ago, when she had to be carried to
Continent; she is in very great pain," he replied.
"Well," I said, "but is she cross?" for I could

why she would not see me. "Cross as" said he. I had Nash's *Leaders* with me. "The patient is cross, ugly, spiteful, knows it, and so does every one else. I mean, uncivil, spiteful answers to her and then confess her fault, to repeat it again and stoutly affirms she cannot help it—she does anything like that?" I asked. "The same," replied he. A few more questions followed, stools, &c., and I gave her *Chamomilla*, and her husband to see that she took it every quarter of an hour. When I returned in the afternoon she was free from pain.

It is justified in sending these cases to the public, as they are so simple; and in all of them there was no cure from pain, not cure. Both ladies were suffering from gall-stone colic. In the case of the first lady, on her second attack, I put her on a course of *Chamomilla* for several years she had no more attacks. In the case of the second lady, her husband were much surprised at the effect of the remedy used, for she had been suffering for days and days in these attacks, and under homœopathic treatment she was not able to follow up my work, and she returned to her locality soon after. But it seems to me that we should individualise our work in a routine manner. The old truth, *Similia similibus curantur*, is very easily omitted the potency of the remedies used in practice is to give the drug high where it most closely corresponds.

CANCER : STUDENTSHIP FOUNDED AT GUY'S.—Dr. J. H. Quebec and New York, has founded the Douglas Studentship in Actino Therapeutics, with special reference to Guy's Hospital Medical School. The studentship, for the year, is of the value of £300, and is open to all who possess a registrable qualification to practise under the supervision of the student will be required, unless otherwise provided, to carry on his investigations at Guy's Hospital under the supervision of the surgeon to the Actino Studentship.—*Westminster Gazette*, June 25, 1909.

EXTRACT.

A BLUE BOOK OF VITAL STATISTICS.

A REMARKABLE series of statistical memoranda and charts, dealing with public health and social conditions, has been prepared at the Local Government Board by Mr. C. F. Adair Hore, and has been issued as a Blue Book.

The volume illustrates in a convenient and readily intelligible forms various matters of importance in the study of the growth of population, mortality, and public health administration, the changes in the occupations of the people, the recurring periods of industrial prosperity and depression, pauperism, and the action of the poor law local taxation and local debt, and the development of education and of thrift.

Under the head of "Population" we learn that at the middle of 1908 the inhabitants of the United Kingdom numbered 44,539,593, an increase of 14,000,000 since 1851. The growth of the population of England, Scotland, and Wales, and the remarkable decrease in Ireland, are graphically shown in the following table:—

					In 1908.
For every 100 persons living, in the year 1851, in	{	England there were	...	...	198
		Wales	„	...	187
		Scotland	„	...	167
		Ireland	„	...	67

Thus, while the population of England and Wales has nearly doubled in the fifty-seven years, that of Scotland has only increased 67 per cent., and that of Ireland has decreased by 33 per cent.

BIRTH-RATE FLUCTUATIONS.

The important factor in the growth of population is the natural increase—that is, the difference between the number of births and the number of deaths occurring in any given period.

The broad facts to be noticed at the outset are (a) that the number of births has always (within the period of civil registration) exceeded the number of deaths, (b) that the number of births in proportion to the population (the birth-rate) has, for the last three decades, been decreasing, and (c) that the number of deaths in the same

death-rate) has also declined during the
though the decrease does not quite counter-
in the birth-rate. The fluctuations are
following table (England and Wales) :—

Per 1,000 of Population.			
	Birth Rate.	Death Rate.	Natural Increase.
...	33·9	22·7	11·2
...	34·4	21·8	12·6
...	35·1	22·6	12·5
...	35·3	22·4	12·9
...	35·5	22·0	13·5
...	35·3	20·8	14·5
...	33·5	19·4	14·1
...	31·4	18·9	12·5
...	30·5	18·7	11·8
...	29·3	17·7	11·6
...	28·1	16·0	12·1
...	27·1	15·4	11·7
...	26·3	15·0	11·3

striking facts that emerge from these
that the death-rate has decreased in thirty
2 to 15, and that during the last three years
e has steadily declined. One of the causes of
g birth-rate is, naturally, the falling off in
ion of married people to the population. In
umber of married persons was 17·2 for every
bitants; in 1909 it had declined to 15·8.
e population has tended during the past
to concentrate itself in London and the great
down in the following calculation :—

London, there were approximately ...	203	in 1908.
84 large urban areas, approximately ...	292	"
14 rural counties (exclusive of their county boroughs), approximately ...	95	"
the rest of England and Wales, approxi- mately	184	"

er words, in 1851 the population of incorporated
s and other districts of an urban character
i approximately to 9,000,000, or 50 per cent.
al population of England and Wales; by 1881
tion of urban areas was 17,600,000, or 68 per
a aggregate population; by 1901 the population
and urban districts amounted to 25,000,000,
9ht. of the aggregate population.—Standard,

SOCIETIES' MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the session was held at the London Homœopathic Hospital on Thursday, October 7th. Dr. Stonham, Vice-President, was in the chair. The chairman announced that Dr. Macnish, the President, was unfortunately unable to be present owing to an accident met with in New Zealand, which had resulted in septic inflammation of the arm, and that he was not expected to arrive in England till December. The Presidential address would therefore not be given till next year.

The minutes having been read and confirmed and the preliminary business transacted, Dr. Stonham vacated the chair in favour of Dr. Byres Moir and read his paper on *Phosphorus*. He began by stating that his paper had been written in order to accede to a desire expressed that some of the papers read before the Society in the Materia Medica section should approach the subject from the side of the drug rather than from a therapeutic standpoint. He had chosen *Phosphorus* as being a drug of wide action and of a well-ascertained pharmacology. Starting with the well-known chemical data of *Phosphorus*, he commented on the antidotal actions of oxidised turpentine and permanganate of potash, and proceeded to discuss the influence of *Phosphorus* on the bones, the blood-vessels, and the nerves. Cases of poisoning were related and the fact noted that *Phosphorus* is a remedy influencing tissues rather than organs, and that, notwithstanding its great effect on nerve function, it produced but little organic change in the nervous system. It was pointed out that the action of *Phosphorus* was often delayed, that poisonous symptoms took several hours to develop, and that sometimes the symptoms would abate and be followed by a quiescent period, possibly of weeks' duration, and would then recur with even fatal result. The keynote to most of the symptoms is to be found in the power of *Phosphorus* to cause a fatty degeneration of the tissues, especially of the liver cells and kidney epithelium, and of the muscular fibres of the heart and arterioles, the latter being the proximate cause of the hæmorrhages so characteristic of *Phosphorus* poisoning. The sequence in which symptoms are developed was

viz., first the gastro-intestinal, followed at by the respiratory, later on the bone affect the hæmorrhages from fattily degenerated, later still the affections of the nervous last of all the skin eruptions. The sympathetic systems were then examined more and the correspondence between pathogenetic and dynamic effects illustrated by a number of clinically the type of constitution most favourably *Phosphorus*, and the modalities of aggravation characteristic of the drug were given.

A discussion which followed Dr. Byres Moir the case of a patient who came to him to give him something to cure his nervous disorders—a symptom very characteristic of

He also related cases of arterio-sclerosis, by retinal hæmorrhages which had been

by it. Dr. Eadie mentioned that *Phosphorus* bony tissue to be attacked by tuberculous

related a case of hæmatemesis that was cured

Leatby raised the question of alternation of secondary symptoms, and asked whether it

is well in selecting a drug to make sure that it is an account of symptoms that are all primary

and not a mixture of the two. He

the similarity of the nervous symptoms of those which occur in cerebral neurasthenia.

(Croydon) mentioned several cases illustrative powers of *Phosphorus*, and gave his

experience of its value in laryngeal cough and in

blindness.

Dr. M., in replying to the point raised by Dr.

that, inasmuch as the symptoms came on in

considerable intervals, the secondary effects

belonging to one system would be

the primary effects would still persist

∴ the primary effects produced in the

stem might have been exhausted and

secondary, while the effects on a system

never, like the respiratory or the nervous,

in the primary stage. He thought, therefore, not do to restrict our choice of indications

to either primary or secondary effects

NORTHERN COUNTIES' THERAPEUTIC ASSOCIATION.

THE fourth meeting of the year was held in the board-room of the Leeds Homœopathic Dispensary on Thursday, September 30th. Dr. H. G. Stacey presided.

Dr. Edwin Neatby, of London, gave a paper on "A Pathogenetic and Clinical Study of some of the Lime Salts."

Having pointed out the different sources from which our knowledge of the action of the lime salts is derived—Hahnemann's provings, the experimental injection of lime salts into the blood-stream of animals by members of the orthodox school, the results of deprivation of lime salts both in human and animal life, &c.—Dr. Neatby gave some of the conditions which the *Calcarea* salts will cure, and gave records of cases in illustration.

Perhaps the most interesting portion of the paper was a comparison showing the wonderful similarity between the symptoms of the disease neurasthenia and the symptomatology of *Calcarea*.

As to dosage, Dr. Neatby thought that that varied as the symptoms to be treated coincided with the primary or secondary drug effects. Low dilutions should be used for symptoms akin to those associated with the primary drug effects and high dilutions for symptoms corresponding to the secondary effects.

The cases used in illustration were examples of both methods of treatment. Some of them were cured by repeated doses of crude drug, others by single doses of *Calcarea* c.m. The latter were supplied to Dr. Neatby from the reports of Dr. Margaret Tyler's cases.

The remainder of the time at the disposal of the meeting was spent in discussion, every member having something to say or questions to ask.

Dr. Neatby having thanked the members for their invitation to him to give a paper, and having replied to questions, the proceedings terminated.

PATHIC ASSOCIATION
(INCORPORATED).

MONTHLY DONATIONS RECEIVED
FROM SEPTEMBER 15 TO OCTOBER 15, 1909.

GENERAL FUND.

				<i>Subscriptions.</i>			<i>Donations.</i>		
				£ s. d.			£ s. d.		
...	...						2	2	0
...	...						2	2	0
...	...						0	10	6
...	...	2	2	0					

BURNETT FUND.

...	...	...	...	1	0	0
...	...	...	...	3	0	0
...	...	...	...	5	0	0

NORTHERN BRANCH.

...	...	...	...	1	1	0
...	...	...	...	1	1	0

MONTHLY MEETINGS.

Meetings have met during October :
on Monday, October 4th, the
on Wednesday, October 6th, and the
on Wednesday, October 13th.

LECTURES.

Given at Chalmers House, 43,
on Wednesday, November 10th,
on October 8th, at 8.30 p.m. On
by Johnstone (B.A., M.B., C.M.,
a lecture entitled "Hahnemann
illustrated by lantern slides; and
by J. E. Wheeler (M.D., B.S.,
Physician London Homœopathic
Society, *Arsenic.*

Those interested in Homœopathy are cordially
invited. For particulars may be obtained
from the Secretary, Chalmers House,

LADIES' BRANCH.

The attendances at the Dispensary continue to increase satisfactorily, though we fell short of our hoped-for 200 last month.

For the last quarter the numbers read as follows:—

	Patients.	Attendances.
July	56	116
August	73	149
September	74	192

showing a steady rise, which is very encouraging.

A small sale of work in aid of the funds will be held by Mrs. Thirlby, Mrs. Stephenson, and Mrs. Henry Wood on Wednesday, November 17th, at 32, Clanricarde Gardens, W., from 2 to 6 p.m.

The Committee of the Ladies' Branch will be most grateful to any one who will interest their friends in this little effort on behalf of an institution which it is felt is doing great good, and which it would be a calamity to have to close for lack of funds.

We have sufficient money in hand (and promised) to carry us through to the end of the financial year, March 31, 1910, but the sum raised by this sale of work is required to keep us going while the subscriptions due in February and March are being collected. Our estimated expenses are about £27 a quarter; the receipts from patients are now about £4 a quarter.

REVIEWS.

AN OLD FRIEND.*

WHEN a large and necessarily rather expensive book reaches its tenth edition, it has obviously more than justified its author. We most of us know this *Materia Medica*, and those who do not are strongly advised to make its acquaintance at once. The characteristic symptoms of each remedy are presented in a form which

* *A Text Book of Materia Medica and Therapeutics: Characteristic, Analytical, and Comparative.* By A. C. Cowperthwaite, M.D., Ph.D., LL.D. Tenth edition with an Appendix, enlarged, including new remedies. 864 pages. Canvas, 25s. net; half-morocco, 30s. net. Philadelphia: Boericke and Tafel, 1909. London: Homœopathic Publishing Company, 12, Warwick Lane, E.C.

lends itself readily to memorising, and the therapeutic paragraphs are full of useful suggestions. The appendix to this edition contains a number of drugs not previously discussed. The one great omission is that of all mention of the nosodes. Not even *Tuberculinum* finds a place, though surely it deserves one. But for drugs other than nosodes this volume remains an excellent text-book.

DR. COPELAND'S ADDRESSES.*

DR. COPELAND has in this brochure summarised and fused together the essences of various addresses given by him to the American Institute and to other big homœopathic gatherings. The result is a succinct and convincing *apologia* for Homœopathy, which is very far indeed from being an apology. On the contrary, it is a closely argued, temperate but firm statement of the essential reasonableness of our position. The modern physical facts and opinions concerning atomic dissociations, radium, and colloidal solutions are all used to show the absurdity to-day of cavilling at infinitesimals. The confusion of theories and practices among the orthodox is rightly made to tell against their label of homœopaths as sectarian. The general reasonableness of the law of similars is then illustrated, and a good point is made from Mendeléeff's law and the medical properties of its recurring element. An eloquent tribute to the use of the repertory should be also noted. The booklet is well worth reading and keeping in the memory.

DR. DAY ON ADENOIDS.†

THE medical pendulum has swung somewhat away from the position of a few years ago with regard to adenoids when operation, and only operation, was proclaimed as the method of treatment. Dr. Day always kept a firm footing in this strong current and was never swept away by it. Now that the profession generally are inclining more to his position in the matter, he publishes

* *The Scientific Reasonableness of Homœopathy*. By Royal S. Copeland, A.M., M.D.

† *Adenoids Treated without Operation*. By J. Roberson Day, M.D. London: James Epps & Co. 1s. net.

this little book of his experience to encourage and confirm his brethren in what he believes to be the better way. He discusses the morbid anatomy and diagnosis of the condition, but rightly gives the place of pride to treatment. Actual cases are quoted with full details of remedies and potencies. Dr. Day finds *Iodum* often indicated, and has great faith in occasional doses of *Tuberc.* and *Syphilin.* The chin-strap and a spray of *Hydrastis* are important adjuvant measures. The book is illustrated with photographs, and all who have hitherto been sceptical as to the medical treatment of this disease had better hear what Dr. Day has to say.

Obituary.

PROFESSOR CESARE LOMBROSO.

THE death of Professor Lombroso on October 19th removes from our ranks a distinguished colleague. Dr. Lombroso was born in 1836, so that he has had a long life as well as a notable one; for years he remained a firm believer in the truth of Homœopathy. There was in him a fervour of conviction that often made his statements outrun his actual proofs, and he was more ready to believe unproven theories than many in this sceptical age, but he had a genuine scientific insight, and however many of the details of his teaching in criminology may be abandoned he will remain as one of the greatest of the early pioneers of this branch of science. The physical basis of many criminal tendencies has become recognised largely through his efforts and the treatment of criminals correspondingly modified. Professor Lombroso was a heretic in many ways, in so far as the man of original mind and daring thought must always be a heretic to his slower-paced brethren. We are proud that he numbered Homœopathy among his heresies and believe that in that and in many of his other beliefs Time is on his side and will do him justice. Honour to his memory!

DR. ADAM LEES.

It is with great regret that we record the death of Dr. Adam Lees, of Glasgow. He first settled at Hamilton, and as a result of his strenuous work there his health completely broke down and he had to relinquish practice. His attention having been called by a friend to Homœopathy, he began testing it upon himself, with such undeniable benefit that he was compelled to declare himself a believer in it. Coming to Glasgow, he commenced its practice and was building up a good connection, but the strain of work was too great, and he gradually sank and passed away on October 6th. He was a man beloved by all who came in contact with him, and his former patients, as a sign of their respect and gratitude, requested that his funeral should be a public one, and the large numbers that attended indicated in the most eloquent way how greatly his loss was felt.

CORRESPONDENCE.

MISREPRESENTATION OF HOMŒOPATHY.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—A book has lately been published the title of which is *Jack's Reference Book, An Encyclopædia, A Medical, Legal, Social, Educational, and Commercial Guide, A Dictionary*. In glancing into same I found the following description of Homœopathy:—

“Homœopathy is a system of treatment based on the empirical statement that ‘like cures like.’ Thus vomiting should be treated, according to this plan, by an emetic. The system was elaborated by Hahnemann, who taught that the smaller the dose the better. As most cases of illness tend to get well with suitable food, rest, and fresh air, there can be little doubt that the addition of microscopic doses of this drug or that may more often than not be followed by recovery, and is certainly preferable to the over-drugging, free bleeding, and the like, which a century ago was so much in vogue.”

It seems to me most astounding that Homœopathy should, in this twentieth century, be described in a manner so biassed and so grossly misrepresented. One would naturally think that those responsible for the different sections of such a book would, in justice to its readers, try to give at least a fair representation of any subject treated or explained. Probably, however, an allopathic practitioner wrote the medical section; if so, what else can be expected? But even an allopath should think twice before calling Hahnemann's system empirical. A very slight study of this system of medicine would lead the writer of the foregoing article to understand that the drugs used have all been proved, and their effect is known, which is more than can be said of the drug-prescribing of allopaths. It would be a good thing if editors of books of reference would select homœopaths to write about Homœopathy. The same editors would never think of asking a sculptor to write an article on painting; it would be very unfair to the artist, however much the two subjects are allied. It is quite useless asking an allopath to write about Homœopathy, because he has not studied the system, and therefore knows nothing about it.

I am, Yours, &c.,

NON-PROFESSIONAL.

THE PROBLEM OF DOSAGE.

To the Editor of THE HOMŒOPATHIC WORLD.

SIR,—On this subject your issue of August 2, 1909, invites discussion. For the past twenty years I have been patiently waiting for some criticism of my remarks in your issue of November 1, 1889, page 525.

Yours, in truth and justice,

WM. GEO. WATSON,

M.A., M.B., M.R.C.S., L.S.A.

150, Elizabeth Street, Sydney,
September 2, 1909.

VARIETIES.

THE USE OF ELECTROLYTIC FLUID IN SWIMMING BATHS.—An interesting report has recently been presented to the baths and wash-house committee of the metropolitan borough of Poplar by the medical officer of health, Mr. Frederick W. Alexander, in which the evidence appears to be decidedly in favour of the advantages gained by treating the water in swimming-baths with electrolytic fluid. The fluid is obtained by the electrolysis under certain conditions of a solution containing magnesium chloride, the result being a solution of magnesium hypochlorite which serves as an efficient deodorant, oxidiser, and disinfectant. The fluid is made by the council's officers for purposes of general disinfection. The first experiments tried were made with the dirty used water in the baths before it was run off into the sewers. For financial reasons, as we have before pointed out, water in public swimming-baths cannot frequently be changed, and after a number of people have bathed in the same water, more especially in baths used by persons who have no washing bath accommodation in their own homes, the water must become contaminated with organic matter, and, of course, with bacteria. Further, it must be admitted that swimming-baths may be used by persons who are unconsciously or otherwise suffering from communicable disease. There are, in fact, several obviously easy ways by which bath water can seriously be polluted. Mr. Alexander says that changes are noticeable in the water after it has been twenty-four hours in the bath; it assumes a darkish colour, and if left in the bath grows still darker. At the bottom of the bath a slime tends to form and the bather experiences a feeling of stickiness about his body. In one of the experiments carried out with the dirty used water an excessive amount of electrolytic fluid was purposely added. The water was previously very dark in colour and the bottom of the bath was obscured. A preliminary test on a small scale showed that one gallon of the electrolytic fluid added to one thousand gallons of the dirty water would just oxidise the organic matter present. Dirty water to which three times this quantity of electrolytic fluid was added showed after two hours that the organic matter had been oxidised, while there was still present an excess of electrolysed fluid. To the bathers, it is stated, there was no evidence that an addition of the fluid had been made, so far as feeling was concerned, and the taste of the water was not peculiar. In appearance the water gave distinct signs of having cleared itself, it had lost its dirty, dark brown colour, and "looked like ordinary sea-water." Chemical examination proved the absence of oxidisable matters, while bacteriological examination showed that after incubation for four days no organisms were found growing in the cultures. The cost of treatment is small, 80,000 gallons of the electrolytic fluid having been produced at the borough electrolytic plant installation during a period of four years, at a cost for electricity and materials of under £160. There can be no doubt that if public swimming-baths can be treated at intervals by this simple, economical, and scientifically cleansing method, and if public

experience is able to show that the water so treated is without injurious action on the body of the bather, a very valuable advance has been made in an important branch of public health administration, especially in poor, crowded localities.—*Lancet*, October, 1909.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, and Saturdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Electrical Cases, Wednesdays and Saturdays, 9.0 a.m.

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By C. E. Wheeler, M.D.Lond.,
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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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A Book on Consumption.

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Dr. Henry Wheeler.

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THE
HOMŒOPATHIC WORLD.

DECEMBER 1, 1909.

THE PAST AND THE FUTURE.

A YEAR in the history of mankind is but as a day is to a man. Of this ending year, then, let us say to ourselves, "Take it and try its worth." It has been a year of promise and activity. Sir GEORGE TRUSCOTT'S mayoralty has been a notable one in the annals of London for many reasons, but to us it will be ever memorable for the reason of his official appeal on behalf of Homœopathy. If we are equal to our destinies, and make use of the opportunity he has given, 1909 may become a famous year, but no failure on our part to rise to the full height of opportunity can detract from the courage and enthusiasm of Sir GEORGE'S action. For the rest we have to chronicle great hospital activity. The London Homœopathic Hospital has begun its great extension, and the Plymouth Hospital is starting on a big scheme of reconstruction, Southport Hospital will soon be opened, and there has been extension of hospital and dispensary work in all our centres. Now let us resolve that 1910 shall be a year of greater achievement still. Remember it is not Homœopathy that is on its trial. Homœopathy is established for all who have power or will to test facts. It is we who are on our trial as the guardians of Homœopathy, entrusted with its future, pledged to carry forward its banner. The end of a year

is a good moment to pause and look backward and forward. On us responsibility lies; let us be worthy of our cause.

The WORLD will stand in 1910 as in earlier years for militant Homœopathy, and for *all* Homœopathy. Within the four corners of our fundamental law there is room for varying modes of application of it to practice. The WORLD welcomes all who hold by the precept of *similia similibus*. We hope to continue Dr. Pullar's series of reviews of books that deal with problems of general scientific interest. The papers of the Cooper Club will be published as heretofore, and full details of the activities of all homœopathic societies and institutions, and reviews of the principal homœopathic books that are published here or in Europe or in America. May the New Year be a prosperous one for Homœopathy. It can be if we have the will so to shape it.

DEATHS CAUSED BY WILD ANIMALS.—The total number of persons killed in the Punjab by wild animals and snakes during the year 1908 was, we learn from an Indian correspondent of the *Lancet*, 953, a very slight increase over the number reported in 1907. Out of this number no less than 925 died from the effects of snake-bite. The Lahore district kept its position at the head of the list in number of deaths from this cause. Kangra, as in 1907, was the only district in which persons were killed by wild boars. The total number of wild animals other than snakes killed in the province in 1908 was 1,238, an increase of about 50 per cent. over the figures for 1907. The increase is due entirely to the number of wolves killed (882), which was unusually small in the previous year. Four thousand two hundred and twenty-eight snakes were, it appears, killed in 1908. The number of persons reported to have been killed by wild animals in the United Provinces during 1908 was 194, as compared with 159 in the previous year and 280 in 1906. The increase was largely due to the number of persons killed by leopards in Kumaon, which rose from six to thirty-five, and by wolves in Fyzabad division. There is a man-eating leopard in Almora district on whose head a reward of no less than Rs.500 has been placed. The reported mortality from snake-bite decreased from 5,080 to 4,816 persons. The number of cattle killed by wild animals is reported as 11,083, or nearly double what it was two years ago. Leopards are much the most destructive of wild animals, over 8,000 of the cattle being killed by these animals,—*Westminster Gazette*, July 21, 1909.

NEWS AND NOTES.

THE HONYMAN-GILLESPIE INTRODUCTORY LECTURE.

THE Introductory Lecture to the winter's work was delivered by Dr. Burford at the London Homœopathic Hospital on October 28th. The audience was large, representative, and enthusiastic. We have great pleasure in printing in this issue an abstract of the discourse, and we are sure that many of our readers who were so unlucky as to miss hearing it will be glad to read it, even in this abbreviated form.

PHASEOLUS NANA.

DR. CUSHING has contributed to an American medical journal some experiences with this drug. It is made from the common white bean plant. He recommends it as a local application to punctured wounds and internally in cases of albuminuria with feeble and fluttering pulse. Dr. Cushing produced the heart symptoms on himself in proving the drug. If repeated too often, or given too "low," it produces most violent headache. The 200th dilution is recommended, not too frequently repeated. An allusion to it will be found in an earlier volume of the HOMŒOPATHIC WORLD.

FIBROLYSIN AND PURPURA.

Fibrolysin has come recently into use as a remedy for affecting scar tissue, and good results have been reported. But a case has been reported in the *Lancet* in which the use of the drug was followed by definite symptoms of purpura hæmorrhagica. The purpuric symptoms were controlled by *Calcium lactate* and other remedies. The patient had suffered for some years from glycosuria and occasional albuminuria. Neither sugar nor albumen was present when the injections were begun, but during the attack of purpura sugar was found in an amount more than twice as great as had ever before been observed.

A PATHOLOGICAL IODIDE SYMPTOM.

IN the attempt to discover more of the action of iodides Dr. Veress has (very suitably) "proved" *Potassium iodide* upon a number of healthy young men. From 4 to 7 grains were given daily. A marked loss of blood viscosity, amounting to 10 per cent., was the most prominent result observed, and this should therefore be entered in our records as a pathological effect of this drug.

POLLANTIN.

From the *Medical and Surgical Recorder* we take the case of a young woman, the subject of pulmonary tuberculosis, who was much afflicted every year with hay fever. When seen on the occasion reported she had been suffering for a week. *Pollantin* 3, night and morning, arrested and cured the trouble in eight days.

DUNEDIN HOMŒOPATHIC ASSOCIATION.

RECENTLY we noted the formation of this Association in New Zealand, and we are glad to report that further news now to hand confirms the fact of its most promising beginning. Its moving spirit is Dr. Stephenson, well known to readers of the *WORLD*, and his name is a guarantee that the new Association will be an active force for forwarding genuine Homœopathy.

ARNICA AND ANTISEPTICS.

FROM an American physician, Dr. Coleman, comes the report of a case comparing the effects of *Arnica* locally with those of antiseptics. The case was that of an accident to the foot necessitating the amputation of three toes. The operation wound did badly. From April 15th to July 8th all kinds of antiseptics were tried—*Perchloride of Mercury*, *Creolin*, *Peroxide of Hydrogen*, *Aluminium acetate*, *Ichthol*, and *Aristol*. *Calendula* 1 in 30 and *Arnica* 1 in 40 had trials also, but all these local applications failed; the wound would not heal, and the great pain almost prevented sleep. Re-amputation had been decided

upon when Dr. Coleman was asked to prescribe. He found the patient extremely sensitive and the pain of a sore, bruised character. (The accident had been a crushing of the foot in a press.) *Arnica* 1 in 100 locally, and *Arnica* 30 every two hours, brought about a complete healing (without re-amputation) in nineteen days. The case is a very significant one. Nowadays we expect operation wounds to heal so confidently that when one happens to do badly we are caught unprepared. The effect of the indicated remedy here was most noteworthy. Observe that the drug locally in greater strength and without the internal administration effected little or nothing.

CESARE LOMBROSO.

ALL the medical papers and leading non-professional journals have published appreciative articles on the life and work of Professor Lombroso. But it is a noteworthy instance of the power of the professional boycott of Homoeopathy that hardly a hint has appeared in any notice that we have seen of the fact that the late Professor was a convinced and ardent homoeopathist. Dr. Clarke, on behalf of the B.H.A., wrote to the *Times* on the subject, and in that journal at least the fact was made widely known. We hope to reprint from the *Times* obituary an account of Lombroso's most valuable work in connection with Pellagra.

HOMOEOPATHY IN SWEDEN.

WE have previously welcomed the new homoeopathic medical journal, which is doing well, we are glad to see, in Sweden. So active and energetic are our colleagues that they are making a bold attempt to capture a large sanatorium for open-air treatment of phthisis and run it under a homoeopathic physician. It would be a splendid thing if this were possible; but even if want of funds renders the scheme abortive, the mere conception of it shows how the courage and enterprise of homoeopaths is extending in Sweden.

ORIGINAL COMMUNICATIONS.

INAUGURAL ADDRESS OF THE HONY-
MAN-GILLESPIE SESSIONAL COURSES.

A PUBLIC address, to inaugurate the Sessional Lectures given by Dr. Wheeler and Dr. Searson under the Honyman-Gillespie Trust, was delivered by Dr. George Burford at the London Homœopathic Hospital on Thursday, October 28th. Expressions of regret at inability to attend were received from the Right Hon. Earl of Donoughmore, the Right Hon. the Lord Mayor, the Lady Mayoress, and others.

Dr. Burford took as the subject of his address "The Line of the Future: Coming events that cast their shadows before." He dealt first of all with the foundations of Homœopathy in the order of Nature, and the warrant for the method of Hahnemann was cited from John Stuart Mill. Next, the advanced work of recent time was shown to be an expansion of the Homœopathic Idea, including the utilisation of serums and vaccines. Enlarging the scope of such curative-protective forces of Nature as the antipathy of bacteria to each other, as exemplified inchnikoff's method of prolonging life, and the aged body, were indicated as likely to be increasingly to account in the near future. Immunity or protection against disease, and especially infectious disease, was described as constituting a great part of the physician's work.

Medicine of the future would be in increasing degree but prevention—the removal of the causes of disease. This, the highest flight of the healing art, was not only about half a century old as an organised science, and if so much has been wrought in fifty years, why not be anticipated in 150 years? The progress against cancer and against tubercle were not so far advanced as the fact dwelt on that until thirty years ago causes of tubercle were unknown, and the prevention of tubercle was regarded as impossible. Now the disease is known, and the prevention and cure are a matter of daily experience. There was no inherent

reason why the problems of cancer should not likewise yield to clinical and laboratory research.

Dr. Burford gave as the three main operative forces in the preventive medicine of the future (1) the knowledge of the physician; (2) the wide dissemination of knowledge of the maintenance of health; (3), the strong arm of the law. Much was expected from an enlightened public opinion as to the duty of ensuring a sound physique; and a sketch was drawn of the ultimate future when "the medical man, as we know him, would have ceased to exist," he being mainly occupied with agencies for the prevention of ill-health.

On the motion of R. Henryson Caird, J.P. (Chairman of the House Committee of the Hospital), seconded by Jas. Urquhart, Esq. (one of the Honyman-Gillespie Trustees), a vote of thanks was accorded to Dr. Burford.

In spite of the unfavourable weather, the attendance was overflowing, and much interest was manifested in the Honyman-Gillespie Educational activity.

A BOOK OF THE DAY.*—THE CULT OF SELECTION.

By ALFRED PULLAR, M.D.

WHEN Darwin published his original researches on the influence of selection in modifying the character of species, it was seen by a few naturalists that the same principle might be found applicable to the human race. But the illustrious exponent of Natural Selection would not himself appear to have somewhat hesitated to discuss its bearing upon man, as the subject was so surrounded with prejudices and complex emotional barriers. In the fullness of time, however, these obstacles have apparently yielded to the encroachments of science, as the author of the present volume holds that "what man can do for animals and plants by selective breeding, he can do for himself." And, in his opinion, the "chaos of prejudices" will only be overcome by education on the lines which he has set forth. This, according to Dr. Saleeby, is the consummation to be aimed at in all endeavours to

* *Parthenod and Race Culture: An Outline of Eugenics.* By C. Saleeby, M.D., F.R.S. Edin. Cassell & Co., Ltd. 7s. 6d. net.

improve mankind, and the standard up to which public opinion must be educated. "Parenthood and birth," he writes, "in these the whole is summed. At the mercy of these are all past discovery, all past achievement in art or science, in action or in thought." Whether one may share his views or not, it must be admitted that Dr. Saleeby is thorough in dealing with the issues, and the context shows that he has highly developed the scientific uses of the imagination.

Although the central idea on which the new cult is founded has no doubt been more or less intuitively recognised since men began to think about such questions at all, it is only within the last few years that the word *Eugenics* has been invented—by Dr. Saleeby—to connote scientific research bearing upon the racial qualities of future generations. The movement being of such recent origin, it is difficult to conjecture to what extent practical eugenics may be developed in the future. What we do know, however, is that it would be an entirely new departure if "reproductive selection," in its human aspect, were to be influenced by dry-as-dust scientific considerations in place of the emotional "affinities" which, heretofore, have solely dominated the situation and the practical issues. It is true, perhaps, that the world is breaking away from old phases of thought, and, as the outlook is changing in so many directions, it may come to pass that instead of being deceived by "the roseate hues of early dawn," the wise and prudent of a coming era will consult the eugenic oracles and abide by their verdict. The new teaching might also be included in the official "standards" of the schools, and it would then be felt that nothing had been left undone to guard against the racial hazards of impulsive mating and the multiplication of any bad drop of ancestral blood in the body-politic. For there will surely be fewer of what George Eliot used to describe as "carelessly begotten" ones in this world—unless the best-laid schemes of the eugenicist should prove inadequate to cope with the issues. Granted that "the only permanent work of which mankind is capable is the reproduction of its kind," it is clear that there cannot be a better aim than the endeavour to improve racial qualities. It has been truly said that a new generation begins every day, and the eugenicist believes that it is for man to work out the possibilities

of ensuring that the right sort are born, whilst the unfit are, as it were, automatically eliminated (*i.e.*, by prohibiting their conception). Dr. Saleeby devotes a large portion of his interesting book to the elaboration of this thesis. Whatever may be the practical outcome of the whole argument, it will be observed that the conception of the eugenist is in direct opposition to that of the poet who ascribes the portioning out of whatever of good or ill the future may hold for us to "a divinity that shapes our ends, rough-hew them as we will." Now the two ideals are irreconcilable because eugenic doctrine sets forth that both for the individual and the race the essential conditions of human welfare are capable of being, to a large extent, determined by our knowledge and power to ensure that only the best and fittest "shall be the selected for the supreme profession of parenthood." Dr. Saleeby appears to think that the Utopia in question will be reached when eugenics has succeeded in making "an environment, conditions of law and public opinion, such that the fittest shall be the best and the best the fittest."* Whether mankind would have been more harmonious had this eugenic ideal prevailed in all ages, who can tell? But it seems evident that neither one side nor the other represents the whole truth on this deepest of all questions; for perhaps the exponent of the eugenic cult is apt to make the mistake of treating as facts his carefully built-up theories, while, on the other hand, the idealist, in his conception of human destiny, may not have given sufficient weight also to the facts of science in their bearing on the issues. After all it is the old question to what extent man is master of his fate, and the riddle still remains unsolved. There can be little doubt, however, that practical eugenics, if supported by public opinion and legislation, will tend to lessen some of the graver evils—such, for instance, as the propagation of obviously unfit and degenerate types (*e.g.*, insane, tuberculous, epileptic, deaf-mutes). In so far as science is concerned with those vital factors which may improve or deteriorate racial qualities, its scope is unquestionably defined; and no one can dispute that such work contributes to the social welfare.

The full recognition of such eugenic endeavours to ameliorate racial conditions does not imply the endorsement of the words as quoted are italicised by Dr. Saleeby.

ment of the main proposition of this book, namely, that "selection for parenthood based upon the facts of heredity" is not only practicable, but that under this modern régime the earth is likely to become a "demi-paradise"—inhabited presumably by the "fittest" according to the eugenic standard. The realisation of such a new heaven and new earth, even if it were capable of being attained under scientific guidance, would obviously depend upon the conception of "fitness," and the standard by which human "survival-value" is to be gauged. It is evident, for example, that in primitive social conditions bodily strength and skill in the chase would be more highly estimated than intellectual or moral qualities; and whilst Dr. Saleeby appears at one time to insist upon physical attributes as above all things essential, at another he avers that mind is the only real standard of the man. The truth is that the whole problem is far too complex to be solved by eugenic axioms in regard to fitness for survival; and the actual limitations of scientific conjecture could not be better expressed than in the saying of Goethe, "*grau ist alle Theorie, und grün des Lebens goldene Baum.*" For it can hardly be questioned that if the principles of eugenics are ever pitted against the natural and spontaneous fertility of ancestral trees, the scientific cult of breeding will be found wanting. Moreover, when we look at the human pageant in its progress through the ages it cannot be denied that racial qualities have always asserted and maintained their "survival-value" without the help of eugenics. It is therefore by no means certain that the control of evolution by the latter influence would produce a better or more efficient race than that which has been bred by experience. The combination of qualities which goes to the making of the "best and fittest" types of humanity is beyond scientific analysis or synthesis; and it is perhaps the finest totality from a psychical point of view that is most likely to elude the "selection" of the eugenist because it is often concealed in an apparently unfit tabernacle of flesh. That individual potentialities are, for the most part, determined by birth so one would probably deny, but the factors concerned in the shaping of each personality must assuredly extend far beyond the parents, as we are all, in a sense, the heirs of the ages; and besides, it is a matter of common

observation that the most diverse types are met with among the offspring of the same parents. The primary idea of good breeding leads on to the training of individuals worthy—in the view of eugenic authorities—to be permitted to be parents, but in attempting to influence the moulding of the next generation effectively it would be necessary to deal with roots deep down in the past. While it may be granted that remarkable mental endowments are frequently traceable from generation to generation, as notably illustrated in the history of the Darwin family, it does not follow that "selection for parenthood" will ensure the multiplication of genius. The facts collected with reference to animals (horses, dogs, and cattle) would seem to prove that there is a definite law pervading heredity, the chances of inheriting fine qualities diminishing in a regular scale, according to an authority in eugenics. "On the average," writes Professor Karl Pearson, "it is twice as profitable to have a remarkable parent as a remarkable grandparent and so on." But is somewhat difficult to apprehend on what lines precepts of "selective breeding" in accordance with this law are to be incorporated into the conduct of human life. The profitable utilisation of such a law would of course be obvious enough if we were dealing with a herd of shorthorns. It is in truth sufficiently obvious that the evolution of the thoroughbred man—if capable of being influenced at all by eugenic machinations—is a problem of infinite complexity; and even if the "selective breeding" of the new cult were realisable, this highly developed being might perchance ultimately become a veritable *Frankenstein* monster haunting the domains of ancient peace.

When Laurence Sterne recorded the complaint of his hero against fate at his entry into life, the humour of the situation is on but thinly veils its intimate and pathetic significance. For this brilliant author discerned possibilities of inheritance that are apt to elude the eugenicist. In dealing with human personality it is not merely a question of cultivating the right "strain," but of avoiding apparently trivial defects which are nevertheless the most serious handicaps in the mortal race of those to whom such an impaired heritage has come. The origin of the

* Sterne's famous classic (*Tristram Shandy*) opens as follows: "My misfortune began nine months before I was born."

'rift within the lute" may sometimes be traced far back into the ancestry, or it may have resulted from some perturbation in the immediately preceding generation; but whatever be the source, it is for the most part entirely hidden from eugenic researchers, and yet such flaws are at the core of the whole problem of race culture. It is not so much the obvious physical or psychical qualities superficially valued by the eugenicist that determine the weal or woe of the individual and the race, as more recondite aberrations of body or soul, which may never come within the purview of the new cult. The subtle distinctions which are implied in what we understand by "personality," the right sort of ancestry; and the way to "selecting" the tree of life runs past the tree of knowledge. The breeding-ground of Nature uncultured by eugenics may still remain capable of producing some of the finest flowers of life.

A PATHOGENETIC AND CLINICAL STUDY OF SOME OF THE CALCIUM SALTS.*

By EDWIN A. NEATBY, M.D.

It is not a little remarkable that the three great polychrest and anti-psoric remedies, *Sulphur*, *Lycopodium*, and *Calcium*, have practically no toxicology. I say practically none, because *Sulphur* presents one or two exceptions to this statement—exceptions more apparent than real. *Lycopodium* certainly has never been accused of poisoning any one, and most of the salts of *Calcium* are unirritating and not readily absorbed from the stomach. In that mine of wealth of the student of drug action—the *Cyclopædia of Drug Pathogenesis*—there are no records of exact experimentation, either on man or the lower animals. So it comes about that until quite recently all our knowledge of these drugs comes firstly from the accumulated empiricism of ages, and secondly and chiefly from the monumental labours of Hahnemann and some few of his colleagues. The merest beginner in Homœopathy knows how invaluable

* Read before the Northern Counties' Therapeutical Society, February, 1909.

able are these remedies, which thus become most triumphant proofs of the value and reliability not only of *similia similibus*, but of the method of "proving" drugs in various and varying strengths on the healthy (and even sometimes on the unhealthy) human subject.

Restricting ourselves now to lime and some lime salts, we find that of late years efforts have been made to fix by exact experimentation the sphere of *Calcium*. Extended pharmacological knowledge has been acquired and has had its counterpart even in the orthodox school in extended therapeutic usage. The records of the pharmacologist in the case of *Calcium* have a twofold interest for us. In the first place they very largely confirm the usages already adopted by our school and in the second place they do very little more. There is still another point which impresses me; it may not seem of much importance to some of you. The results of modern experimentation seem to me to afford an explanation of some of the curative effects. We have gone on so long making use of homoeopathic indications and getting good results without understanding how they are brought about, that we are perhaps a little too ready to feel that the explanation does not matter. For those of us whose confidence is settled and success assured it may not matter, but for the spread of the truth we so greatly value I cannot help feeling that every new fact which will help to explain to the inquirer groping after the truth the mode of action of a remedy, and to demonstrate the sweet reasonableness of the law of similars, is a great and important gain.

Allow me first to outline very briefly the salient points with respect to the physiology, pharmacology, and orthodox therapeutics of *Calcium* and some of its salts. First as to physiology. *Calcium* is present in the tissues of the body more extensively than is, at first sight, apparent. Besides forming, as phosphate, the solid inorganic framework of the bones and teeth, it is found in more or less intimate combination with proteids in all the soft tissues, the blood, the bile, and other secretions. Dixon says "it is a necessary constituent of all protoplasm." Moreover, the coagulation of the blood and of milk require the presence of *Calcium*. Certain fish, tadpoles, and water or solution of *Sodium chloride*, can be distilled

e if a trace of *Calcium* and *Potassium chloride* be
 "Physiologically, one of the most important
 : *Calcium* is its action on the heart. Small doses
 e, and large doses may induce hypertrophy. In
 e arteries contain notable quantities of *Calcium*,
 is increased when from intestinal or renal
Calcium is imperfectly excreted" (Dixon).

s regards pharmacology. When soluble lime salts
 duced into the circulation they have a specific
 voluntary, cardiac, and non-striped muscle; the
 ontraction is increased and prolonged, and
 is retarded; the vessels are constricted and the
 ssure is raised. At the same time the coagula-
 the blood is markedly enhanced. Very large
 ected into the circulation produce profound
 n of the central nervous system, and large
 l doses used for some of the spasmodic neuroses
 aggravation instead of a sedative effect. There
 corded facts, so far as I know, of its effects on

It is useful clinically in some of the secondary
 and I have seen marked aggravation of the
 and breathlessness occur when it was given (not
 f) in doses of 30 grs. daily or more. In one girl
 e to me, intraocular hæmorrhage occurred while
 es were being taken, and she was nearly blind for
 eks. The blood became absorbed under the use

er, and the sight gradually returned.
 we all have a fairly clear idea of the therapeutic
Calcarea, I have not found it easy to draw up
 resentment of the part played by lime in the
 onomy and of the definite pathogenetic basis
 erapeutic use of it.

ug picture is made up of elements or scenes
 om various sources. First, there are the effects
 m starvation so called, and these effects are
 best seen in the young subject. In the adult
 n of lime salts produces but trifling results. In
 ag subject it has an injurious influence on the
 bone—in birds the bones become thin and
 mammals but little bone is developed—but the
 that little does not depart greatly from the
 This condition has been compared to rickets,
 ets the quantity of bone formed is not lessened,
 lity is impaired and lime deficient. In rickets,

the soft tissues contain as much lime as they should contain.

There is as far as I know no especial evidence to show whether or not the other symptoms of rickets—the local sweating, the disturbed sleep and digestion, and the tenderness of the limbs—are produced by the deprivation of lime salts. But we have abundant evidence that *Calcarea* will do good in this condition, and we reason backwards and say it probably also produces it. It is not at all clear that rickets is due to a deprivation of lime salts—it may be due to an excess of lime salts. But then it is highly probable that the effects of excess and deprivation may ultimately be the same. In other words, over-doses of lime salts may produce surfeiting, and the absorptive powers, over-stimulated, may give out, and finally, diminished absorption or lime starvation may occur. However this may be, we know that either the presence or absence of lime is associated with bone changes, and we assume that the other rickety conditions are also.

We say, then, that *Calcarea* produces (and cures) rickets—or at least that it produces a condition closely resembling rickets and (in many cases) cures real rickets.

Next we say that cretinism is similarly associated with an excess or a deficiency of salts, and we assume that that association is causative by the same process of backward reasoning, viz., because many mild cases of cretinism, or its component parts, are ameliorated by the administration of lime in high potency. So we add these to the structure of *Calcarea*—the bone changes, the hebetude and retarded growth and intelligence, the coarse skin and features, the enlarged thyroid and tachycardia.

The source of the use of lime salts in tuberculous conditions is not so obvious. It is, of course, not tuberculosis *per se* which *Calcarea*, shall I say, counterfeits, but the state of body weak in anti-tuberculous immunisation. The use is probably older than Homœopathy; our warrant for its use is Hahnemann's pathogenesis. It is true that most of it was based on observations made on the sick. Some of them may be drug aggravations and some genuine symptoms due to the drug. The long and oft-proved reliability of Hahnemann's pathogenesis shows what a genius in observation he was, for his method is one which few lesser minds can safely follow.

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At this point I may interpose a few cases supplied to me by Dr. Tyler illustrating the use of *Calcium* in tuberculous or rickety subjects.

R. P. (9 months).

May 20, 1909.—Eyes have watered *since birth*, gets yellow matter in corners, glued in the morning. No teeth. Breast fed. Fontanelle nearly closed; slight beading of ribs; wrists a little bulgey. Is well. Bowels open. Chalky face. *Calc. c. c. m.*, one dose.

June 17th.—Eyes very much better, no matter in them now. Two teeth. Yesterday a screaming fit as if in pain, then all right. Screamed again this morning. *Cham. 200*, one dose and p. r. n. Case not seen since; was to come again, or let me know if not better.

ROBERT F. (8 years).

June 22, 1909.—Pleurisy a year ago, never well since. Very hot, tired; gets bronchitis. Dyspnoea. Pain on respiration right side of chest. Losing flesh. Head sweats. Eyes heavy. Hands clammy and cold.

Exam. : Loud rhonchi. Pain left chest—(?) some consolidation? Temp. 99.8. *Calc. c. 200*, discs iij, one dose.

July 13th.—Looks very much better. Pain gone. No medicine.

MAUD B. (10 years old).

March 23, 1909.—Bad cough since fourteen days before Christmas. Directly she sleeps sweats—face, chest, &c. Nightgown damp. Dry cough, no phlegm: "Coughs as soon as she goes into bedroom (not by day). Coughs as soon as she goes to sleep;" cough does not wake her. Gets flushed. Phthisis mother's side.

Exam. : Terrible teeth, ill-grown, decayed, and blackened. Thin. Rather anæmic. Chest, nil. Cor., nil. *Calc. c. 30*, discs ij. *ter* weekly.

April 6th.—Better. No sweat since Friday. Less cough. Headache. *Calc. c. 200*, one dose.

May 4th.—Very much better. Cough gone. Sweating stopped. Head well. No medicine.

June 15th.—Two boils, otherwise quite well. "Better than she has ever been." No night-sweats. No cough. Her teachers say: "Child is much better." No more medicine. Not seen again.

With regard to the relationship between *Calcarea* and tubercle I have made a small investigation which I will mention to you, though it is not of much value by itself.

I tested my index to tubercle prior to taking *Calc. c.*, and found it 0.93. After a dose of 10m of *Calc. c* 30 I tested it for four days and found the average .927. So I conclude the effect was nil in this respect. A colleague took grs. 5 of *Calc. lact.* four times a day, and found first a slight drop, then a rise, then a considerable drop. Before, .9; after taking *Calc. lact.* .83, 1.0, .72.

More important is an observation made by Dr. Watters, Professor of Pathology at the Boston University School of Medicine, and recorded in a paper he kindly sent me. As you know, our *Hepar sulphuris* is a calcium and not a potassium salt. Of it he says, it "possesses a reputation of being able to hasten suppuration when taken in the lower potencies. It seemed to me, accordingly, that it did so by reducing the opsonic index, and was so tested. The result is that I have been able to find repeatedly a fall in the staphylococcus index following the use of a single dose of *Hepar* 1x, or after several doses of 2x, 3x, and 6x."

I have referred before to the effects which exact experimentation has shown that *Calcium* salts produce, and these support and explain the use to which *Calcium* is put by us in many conditions. Its effects on the blood and circulation bear out its use in many circulatory and hæmic conditions. My observations lead me to think that both the primary and secondary drug effects may be utilised—possibly in the same patient at different times, but I think different doses are required, and I believe that one can not consistently mix up the primary and secondary symptoms as indications for the drug. For the group of symptoms associated with the primary effects of lime (and other drugs) I believe low dilution or small doses of the crude substance act more promptly and more satisfactorily than an infinitesimal, but of course the dose must fall short of aggravations. Let me give an illustration. For menstruation which is, after a few days' interval, brought back by excitement, and which is due to an increase in the blood pressure, I would give it quite low—3x of the phosphate or 1x of the lactate. For long-continued menorrhagia, with a low-tensioned pulse, high temperature, and a tingling anæmia, moist though cold skin, I should give it in infrequent doses. It is not by any means easy to settle which are primary and which are secondary symptoms.

There is a great deal to be said in favour of Hahnemann's instruction to his disciples when they inquired of him the reasons for giving a medicine in a certain case. "Study the *materia medica*," he said. This is delightfully easy for the teacher, but rather hard on the student. It is, of course, true that any drug may do good in any case if only it is indicated. But it often saves a lot of time to know that in certain cases the remedy will often be found in a given group of drugs.

While dealing with the nervous system I may remind you of the ancient use of lime salts in epilepsy, dating from long before Homœopathy became systematised. They were administered in the shape of dried and crushed bone, especially the human skull—probably on a crude "doctrine of signatures" or organo-therapy. Modern cases of cure, such as the following, are recorded in the *British Journal of Homœopathy*: A woman of 27, after the suppression of a rash had fits regularly every third or sixth night characterised by loss of consciousness, rigidity, violent cries, pale face, and cold sweat; after the fits vertigo and throbbing headache. She suffered from scanty and painful menstruation, drawing in the forearm, relieved by cold and very ready perspiration. *Calc. c. 30* cured. We are not told how frequently it was given.

Again, in a girl of 5, the fits consisted of rigidity of arms and legs, distortion of the eyes, bluish-red face, foaming at the mouth, and loss of speech. After the fits, sleep with anxious restlessness and cries on awaking. The fits were excited by the slightest vexation. Her general symptoms were fondness for milk, uneasy sleep, much stretching and straining. *Calc. c. 30*, fortnightly doses, cured.

The first case hardly sounds like epilepsy, nor do many of the old published cases. The second may possibly have been true epilepsy. In recent homœopathic literature there are very few cases published. It is not without interest to notice that in 1907 its use was revived in allopathic hands. Silvestri, an Italian writer, states that in cases of epilepsy and eclampsia there is often a deficiency of lime salts and feeble coagulability of the blood. This is his reason for giving *Calcium*, and he says he gets capital results, especially in young people. In other convulsive neuroses *Calcium chloride* has been used, and with excellent effects, in tetany, spasm of the glottis,

and convulsions. Doses of gr. 1½ upwards were used with this significant caution: "If given in excessive doses the calming effect is replaced by an inverse action"—in short, by medicinal aggravation. The theory may or may not be correct—the practice is probably good in at least a proportion of such cases. Blair Bell, of Liverpool, has written on the great importance of *Calcium* salts in health and disease, and has devised an ingenious method of estimating the *Calcium* content of the blood, but it is too intricate to detail here.

I should like now to direct your attention very briefly to the parallel symptomatology of *Calcarea* and that protean malady neurasthenia, many cases of which come under my observation in women with gynæcological ailments. I have placed in parallel columns the symptoms of the disease drawn from Allbutt or other authors, and of the drug, taken chiefly from Hering's *Guiding Symptoms*.

DISEASE.	DRUG.
1. Dull, diffused ache in upper dorsal or across pelvis.	1. Pain between shoulders and lower part of back; drawing pain between shoulders.
2. Acute pain and tenderness, especially at certain spots (back).	2. Stitches very severe in various parts of back.
3. The coccyx is the seat of acute pain.	3. Drawing, tearing, and pinching in coccyx.
4. The limbs "die" or "go to sleep" when overlaid or otherwise pressed upon.	4. Lifeless, "gone asleep" condition of muscles of thigh. Legs go to sleep in evening when sitting.
5. Carotid pulsation.	5. Carotid throbbing.
6. Tongue strange or numb sensation.	6. Rough, bristling sensation of tongue.
7. As if legs were standing in cold water.	7. "Cold, damp feet." Sensation in feet and legs as if she had on cold, damp stockings. Icy coldness of legs.
8. Weariness of legs.	8. Great weariness and weakness of all limbs, especially feet.
9. Weak and good for nothing in body.	9. Weak; no animation.
10. Gait slow, feeble, creeping.	10. Loss of power in walking.
11. Pupils sluggish and dilated.	11. Pupils much dilated.
12. Shrink from light.	12. Photophobia.
13. Loss of memory.	13. Want of memory and confusion in head.
14. Brain weariness.	14. Headache depending upon brain-fag.
15. Head empty or full, as if weight on it.	15. Dulness of head, as if too full.

DISEASE.

16. Vertigo apt to occur on rising, stooping, or rapid change of position.
17. Heart's action rapid.
18. Heart: too conscious of its action.
19. Face and neck flush.
20. Local syncope.
21. Great instability of the vascular compensation for gravity.
22. Palpitation.
23. Irregularity or intermittence.
24. Arterial blood pressure nearly always below the mean.
25. Cannot bear mental or physical strain.

DRUG.

16. Vertigo on turning head suddenly, due to heart; worse early morning on rising, as though would fall unconscious.
17. Pulse accelerated.
18. Pulse, audible beating of heart.
19. Frequent flushes.
20. Middle fingers become de white, cold, and senseless.
21. "Staggering on getting up."
22. "Palpitation."
23. Unequal pulse.
24. Secondary action of Calcium salts, lowered blood pressure.
25. Sustained effort impossible.

A girl, about 21, came to me after having had a bad throat and rheumatic pains. It was called influenza. Her chief distress was tachycardia, much aggravated by ascending and even by quickly crossing the room. She had bad chilblains, cold hands and feet, and sleeplessness. Palpitation, worse at night, kept her awake; headache on slightest mental exertion. I made her lead a quiet life, and gave *Calc. lact.*, gr. $\frac{1}{2}$, 4 *tis hor.* Her limbs got warmer, and the chilblains quickly improved. Later on I put her on *Calc. c.* 12 twice a week, with a placebo. She made a good recovery.

Her mother was also rapidly cured of bad chilblains by *Calcarea lact.* in doses of 3 gr. *bis die.*

I do not often see a skin case, and there are very few I could name, but I can recollect one patient about two years ago who consulted me for severe urticaria, of which she often had bad and long attacks. I felt rather confident I could cure her with *Apis*, but I didn't. *Calc. carb.* 30 was no better, but *Calc. lact.*, grs. 5 every four hours, was quickly followed by an ending of that attack. I cannot say whether the remedy was homœopathic to the case—and the patient did not ask!

Quite recently one of my gynæcological patients came to me with a condition I should like to call lichen urticatus. She could not trace a cause unless it were a recent gastrointestinal attack. I call it lichen urticatus because it was

made up of a mixture of itching papules, running together in many places and forming patches with raised edges resembling nettlerash. It looked like poisoning by handling *Rhus* or *Primula*, but it wasn't. She had taken *Rhus*, so I gave her *Primula*. It was no better, and was spreading from the trunk to the neck and face, and down to the wrists, so as to be visible. I gave her *Calc. lactata* gr. iij every two hours, and this was followed by very acute swelling of the forearms—so that itching was forgotten in pain, and it looked as if a serious cellulitis were threatening. I gave her hot fomentations and *Urtica urens* ϕ , which was followed by rapid recovery. The point of the case, of course, is not the recovery but the apparent aggravation by the *Calc. lact.*

One other sphere I should like to direct attention to—the gynaecological. Here or elsewhere the drug will do all we have any right to expect it to do. The usual local indications for it, in my experience, are as follows: Menstruation is premature and profuse, and the flow is bright—i.e., it may have one or all of these features; the prematureness is said to be the important point. Still more important, when it is present—which is only occasionally—is the indication, "recurrence after cessation," the recurrence being brought about by emotion or excitement. This I believe to be due to the emotion causing an increase of blood pressure. If the blood is thin and watery—I refer to both the circulating and the menstrual blood—this will be an additional indication. This fact of interest, in view of the recently ascertained fact that moderate doses of lime salts increase the coagulability of the blood, especially when with that fact is coupled the observation I have made that excessive doses cause anæmia, and possibly encourage hæmorrhage. I have also noticed that cases of menorrhagia—e.g., in fibroids treated by lime salts—while better during the administration of the drug, are worse after a time than before the commencement. This does not happen after *Calcium* in potencies.

In cases of neurasthenia menstruation is one of those circumstances which, like an evening party or a public dinner, makes prominent all the patient's weak points. The headache they patient will get her favourite headache; or the headache of another person, or the palpitation, or the prostration will be induced without further excuse.

than the incidence of the monthly flow. The sexual function may produce similar exhaustion, while the sexual instinct is increased, and in women possibly perverted of nymphomania. These conditions all *Calcarea*, which is eminently homœopathic very commonly associated with many of so may leucorrhœa or xanthorrhœa of an causing excoriation or itching and fav growths of the vulva and polypi of the interesting in this connection to know research tends to show that these conditions associated with increased excretion of lime subsequently with diminished *Calcium* in the

I have only time now for one or two cases of action of *Calcarea* in some of these many very early days of my practice—more than a century ago—a case made a great impression under my care for indigestion, menorrhœa and cold extremities. She had improved but the pelvic symptoms were not much she sent to me because her period, only had recurred profusely after the receipt news. This drew my attention to *Calc* gave a few doses in the 200th potency. be the turning-point in this lady's history she had back, and attained a better state she had had for years.

Ella M., æt. 33, whom I saw in Oct. dilated Fallopian tube, probably post-salpinx. She had menorrhagia, recurrent in character; irritating yellow discharge; poor circulation, and chilliness; period; depression of spirits, claustrophobia slight exertion; all < in damp, cold her *Calc.* c. 6 (t.d.s.), followed at first and later by permanent improvement. Another case was one of a woman in dysmenœa and menorrhagia, due to the anterior wall of the uterus dilated, swabbed, and packed

VETERINARY NOTES ON RADIUM.

relief to pain but not to the bleeding. *Calc. iod.* 6x given with much benefit.

One other case of a girl, æt. 20, with the same menorrhagia and early recurrence, with pain in gastrum at m.p. She was short of breath, tho legs shaking on going upstairs or even on standing over-active the early part of the night and heavy morning; easily perspired on exertion. She had great general improvement in four months.

Gentlemen, I will not weary you or myself I am fully conscious that this paper is unworthy occasion, but I crave your indulgence.

In conclusion, may I remind you that the object of the paper was not to reaffirm the excellent symptom-lists of the pathogeneses, but to try—very unsuccessfully it has been done, it seems to me—to show the source of those pathogeneses, and furthermore that they and the resulting therapeutic practice are largely supported by modern knowledge and experimentation.

VETERINARY NOTES ON RADIUM.

By J. S. HURNDALL.

Fox Terrier.—Rough-haired, nine years of skin, ultimately developing into pustular was under treatment for nine months results. Among the remedies administered *alb.* 3x, *Ant. tart.* 3x, *Baptisia* 1x, and *M* way of outward application resinol ointments baths were resorted to, but with no permanent result. Then fell back upon *Radium bromide* 30, globules once a week. This was continued with the result that the cure was complete.

Fox Terrier.—Smooth-haired, large under treatment for a scalded back. was healed with *Calendula* lotion externally *sulphur* 3x internally, followed by *Caus* grew and the back was thoroughly healed for a time; then some two months after the pa

ars. Irritation of dermatitis; with varying degrees of *ars.* were given *cor.* 3x; by *ars.* and sulphur permanent result; given with great effect for dosage; six and four weeks, respectively; this wound healed for a time; it was returned

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with an eruption consisting of many sn
 which broke and ran together, causing a
 wound on the loins and back, attended with
 tion; for this he was dressed with a *Creosote*
 and had *Antim. tart.* 3x internally. The eru
 over the loins and broke out over the sho
 and remained for a long time, resisting all re
 then had *Radium bromide* 30, but, thinkin
 strong constitution and it was not necessa
 cautious as to dosage, ten to fifteen globules
 twice a week, with the result that one mor
 mucous membrane were noticed in the fæc
 ticular observation was made of this, as
 worms, and it was thought to be segmen
 second morning blood was noticed in the f
 were commencing to be relaxed; on the th
 blood was copious, with unpleasant smell; th
 all that day and following night, and the d
 get very cold, and the muscles became hard
 cold and death-like: nothing seemed to to
Cactus grandiflorus 1x was given as a last re
 warm flannels and hot flatirons, to keep up t
 round his body; the *Cactus* was adminis
 quarter of an hour for forty-eight hours. Af
 dose he began to show improvement, and c
 and hide himself; the improvement continue
 tion died away, and he has never given
 since. The dog has been in good health from

Wolf Hound.—Six years old. The subje
 tumour diagnosed as osteo-sarcoma. The dog
 a good deal of pain, and was unable to use t
 was constantly lying down, sometimes on c
 sometimes the other. Being naturally a ver
 he always gave notice when he required
 nature's calls, but had always to be assisted
 get on to his legs, after which he managed to
 he was, during the greater part of his life, a
 and this continued during the whole time h
 treatment. The first remedy tried was *Lec*
 internally and externally. The case was the
 Dr. Clarke, who suggested *Euphorbium* 30.
 improvement followed, and *Symphytum* φ in
 a plaister of comfrey root externally was th
 appeared that some relief of pain followe

EXPERIENCES WITH THE NOSODES.

treatment, but as after a fortnight there was no perceptible change in the condition of the tumour, but if anything it was increasing in size and spreading. Clarke suggested Radium 12, six globules three times a day. This was administered regularly for a week, expiration of which time the condition of the became very relaxed, involving much straining action of the bowels, which became very frequently ultimately became decidedly dysenteric in character abundance of blood; to check this Croton tiglium was administered and effected the desired object. The was then renewed at less frequent intervals, one alternate days, but as the dysenteric symptoms renewed the Radium was abandoned, and ultimately the growth continued to enlarge and spread, all treatment was given up as hopeless.

SOME EXPERIENCES WITH THE NOSODES.

By R. S. STEPHENSON, M.D., Dunedin, New Zealand.

Psorinum.—This remedy has been of service to me in a variety of cases. One of the few cases of asthma I have successful with owed his recovery to this patient, a young man of 25, had been in eruption which had been characterised odour. This led me to think of *Psorinum* doses of the 30th dilution, at intervals completely cured the trouble.

In the case of an old man who was for breath, and apparently dying, during of an habitual asthma I gave *Carbo veg.* marked exhaustion of the vital powers tremities, weak digestion, and desire fanned, which characterise *Carbo veg.* completely from the asthma, its place a return of a chronic form of rheumatism. My want of success in many cases fear, be attributed to hurried prescriptions palliatives, such as asthma powders, for search in the repertory and materia simillimum.

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In chronic asthmatic cases there is a component, psoric or sycotic, which requires to be removed before cure can result.

The patient demanding prompt relief from dyspnoea is unwilling to dwell upon the cause which he considers as past and of little importance. Yet these very symptoms are most likely to be removed by the discovery of his constitutional remedies.

Eczema is a trouble in which *Psorinum* is of great service. The worst case it has been my fortune to meet with was in a young man 18 years of age. From head to feet his skin was raw, cracked and oozing.

He had passed from one hospital to another in the past six months, had been unable to walk, and had latterly been treating himself with pink pills. The doctor looked on his case as incurable.

He had hungry cravings, relief from each by a dose of opium. The odour, was chilly, always sitting by the fire. The medicine was given one week and *Sulphur* 30 the next. The eruption began at once; in a few weeks he was well. The apparently incurable was sound and well. To the surprise and delight of friends.

An old gentleman of 80 had for years with an itching eruption in the meatus of the ear. He used to wake up very hungry through the night. He had to have something to eat. *Psorinum* 30 relieved.

Psorinum has been recommended for hay fever. I tried it in several cases without benefit, probably because the patients did not present the characteristic of the remedy.

It should be noted that *Psorinum* suits a patient who is hungry at night, hot-blooded. Then the patient is restless at night from frightful dreams. The discharges are very offensive, diarrhoea, perspiration, leucorrhoea.

It is stated that the *Psorinum* patient does not like to drink while using coffee.

Morbillinum, or the virus of measles, I have met with.

A few months ago, when my own child was suffering from measles, I

EXPERIENCES WITH THE NOSODES.

from measles, I collected in a vial some of the secretion; to this I added alcohol.

A few weeks later two sisters, in domestic service to return home, owing to having contracted measles, their home were four younger children, from 6 years of age upwards, none of whom had had measles.

I was asked if I could give something to prevent the younger children catching the disease. Taking a few drops from the bottle above mentioned in a two-drachm vial, I repeatedly diluted it with ordinary tap-water, refilling and then emptying some thirty times.

I directed that four drops of the thirtieth dilution prepared, were to be placed in a tumblerful of a dessert-spoonful given four times daily, on days, for a week or so to each child. The girls returned to town a few weeks later; none of the children alternated measles at that time, nor since, although no other precautions were taken to prevent infection, and the sisters still had the rash out when she went home.

PURITY OF STORED WATER.—At the meeting of Water Board yesterday Dr. Beaton presented the Director of Water Examinations, Dr. Houston, Dealing with the subject of the storage of raw river to filtration, he said the results contained were storage 99 per cent. of the bacilli contained were struggled on for a month. Dr. Houston and his their research work, had been unable to find the fever in the Board's waters during the year, experiments went to show that if such were present in stored water after ten days. The conclusion water was very safe to drink, the quality having improved since the business was taken over by the Board. report expressed the belief that the storage of four weeks afforded ample security against danger. Beachcroft remarked that this went to show that the Board to make provision at the earliest possible storage of all water for at least twenty-eight samples taken during February from the South passed on to the filter beds. The report disclosed supply not one was "first-class," but Dr. Beaton supply from this source had been stopped. Park, and Chelsea supplies showed 100 per. samples, the New River 96.8 per cent., and the 96.7 per cent.—*Morning Post*, March 27, 1909

Metropolitan report of the search work. ter antecedent one week of d. Only a few stants, with all cilli of typhoid the results of they would die as that London proved immensely er. Sir Melville it was the duty of London before it was n stated that of Kent (Sunbury) le Kent, Kempton t of "first-class," East London (Lea)

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SOCIETIES' MEETINGS

BRITISH HOMŒOPATHIC SOC

THE second meeting of the B.H.S. November 4th. Dr. Stonham took the chair. Dr. Spencer was elected a member, and Dr. J. V. was elected for membership.

Dr. T. Miller Neatby read a paper upon "Tuberculosis in Adults."

Dr. Neatby's paper was based on an analysis of 110 cases. Forty of these cases had obvious tubercular meningitis.

He stated that a serious illness without fever should always raise suspicion of general tuberculosis. Patients sometimes complain of tenderness never make one think of general tuberculosis. Pains in the feet, inability to pass water, joint pains, excessive drowsiness (which may really be the sudden onset of coma), sciatic pains, and headache.

Etiology.—Men are affected more than women. Of this series eighty were males, and thirty were females.

Alcohol.—Twenty-four out of the 110 cases had an alcoholic history. These cases always run a chronic course.

Influenza has a most striking influence. A number of the cases had a history of influenza three to eight weeks previous to the onset of disease, and some going back longer, some three to six months.

Puerperium.—Several of the women of this series had a tubercle of the uterine appendages.

Operations and injuries.—One very striking case given, viz., a case of perforated gastric ulcer operated upon, but patient died eleven days after operation, and post-mortem, miliary tubercle was found in small caseating mass in right fallopian tube. In other cases were quoted, such as scraping of the elbow joint, amputation. In these cases operation was successful, yet the patient died of tubercle.

Spinal caries.—Seldom detected. Eight

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

SUBSCRIPTIONS AND DONATIONS RECEIVED
FROM OCTOBER 15 TO NOVEMBER 15, 1909.

GENERAL FUND.

	<i>Subscriptions.</i>			<i>Donations.</i>		
	£	s.	d.	£	s.	d.
Dr. A. G. Sandberg	1	1	0			
Dr. Roberson Day				2	2	0
W. Wilkinson, Esq.	10	6				
The Earl of Dysart (for Scholarship in connection with the Honyman- Gillespie Course)				25	0	0
Miss Emily Robertson	1	1	0			
Miss Hervey	1	1	0			
Miss E. Shadwell	1	1	0	1	1	0

LADIES' BRANCH.

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THE NATIONAL HOMŒOPATHIC FUND.

S. J. M. (per Dr. Stonham)				<i>Donation.</i>		
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				10	0	0

COUNCIL AND OTHER MEETINGS.

The Council met on Wednesday, October 20th, and the Executive Committee on Wednesday, November 10th. An interesting lecture was given by Dr. James Johnstone, M.B., C.M., F.R.C.S., at Chalmers House on Wednesday, November 10th, at 8.30 p.m., entitled "Hahnemann's Life." The Lecture was illustrated by lantern slides. The attendance was good.

LADIES' BRANCH.

KENLEY STREET DISPENSARY.

THE Kenley Street Dispensary has now completed its first eight months of work, and the Committee feel they can congratulate themselves on its steady progress. Each month shows how the Dispensary is gaining

ground, and the Committee will soon have seriously consider the question of a move into larger quarters. We shall endeavour, however, to stay where we are next August and move during the slack season.

It has been suggested that an analysis of patients these eight months would be of interest to subscribers. It runs thus—from March 1st to November 1st:—

Patients paying 1s. per visit	46
" " 6d. "	46
" " 9d. "	3
" " 3d. "	2
" " 1d. "	598

Total of visits paid for 695

The total of attendances for the same 727, 31 patients having taken advantage of giving four treatments for the price of three advance, except in the case of penny patients, 1d. for each visit; they are also obliged to signed by some known parish worker. Of with this precaution it is possible we take who could pay more; but every reasonable cised, and our Secretary's knowledge of invaluable to us.

We have had one half-crown patient. not seem to be a suitable one for dispensing. Ours is a charity dispensary, the payments covering the expenses; and if we treat undersell the doctors in a way of which approve.

Our Secretary, therefore, asked the have been paid by such a patient to a result that there has been no second visit.

We greatly hope as time goes on we 6d. and 1s. patients, especially as before have to keep open for more than an our salaries accordingly. One day we our average up to date for November is

it is not complete without a few words to the staff. In presenting this short report the

No amount of Committee work or

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make the Kenley Street Dispensary a successful whole-hearted work of the active helpers.

Our doctor, secretary, and dispenser spend no trouble and really make the welfare of their first thought.

Their great endeavour seems to be maximum of success with the minimum of the subscribers, and we owe them our thanks for all they are doing for us.

October: Patients, 81; attendances, 242

HOSPITALS AND INSTITUTIONS

CHELTHENHAM.

THE Cheltenham Homœopathic Dispensary to be known as the Cheltenham Homœopathic Dispensary. It has recently benefited of £500 from a bequest of the late Mr. and after half a century of beneficent activity its good work in an ever-widening sphere officer, Dr. S. Wilde, and its supporters are to be congratulated.

BRAIN POWER AND BRAIN WEIGHT.—It is by no means that in our present state of knowledge of the brain of a large number of distinguished brains would conclusions. The examination by Sir Victor Horsley the late Mr. Charles Babbage, the mathematician, more than a great regularity of structure. A comparison by Professor Wilder of the brains of the brain was of great simplicity of structure, and that Chauncey Wright and James Edward Oliver show rather less in weight than the average Caucasian brain physiological theory the brain is not the sole dependent or mind. Man thinks not only with his brain, sense with every organ of his body. The brain remain at the same weight during man's life. According to weight records collected at the Wistar Institute human brain loses slightly in weight from the fifty-fifth year. After that period it begins to lose rapidly. This slight loss of weight is possibly an influence of those diseases, or of that bodily decay ends in death.—*Morning Post*, June 15, 1909.

NOTIFICATION.

REVIEWS.

MESSRS. KEENE AND ASHWELL'S DIARY
FOR 1910.

We have praised this Diary so often that there is nothing new to say about it. But we can unreservedly give testimony that the Diary and Case Book for 1910 is as excellent as its predecessors. The space at the disposal of the volume with its index is invaluable for notes and the whole forms a book that every physician will find it convenient to use.

ZADKIEL'S ALMANAC.*

This is another hardy annual which many will read with interest tempered with apprehension. It is pretty well, and foreign countries seem to be getting with more squalls than our own island. In the news of a General Election, for, as is usual (in the case of a General Election, for, as is usual), the predictions are cast in a vague form.

NOTIFICATION.

** Under this heading we shall be happy to insert notices of appointments, changes of addresses, &c., and holiday arrangements.

DR. B. S. ARNULPHY.

Dr. B. S. Arnulphy has changed his residence. His address for the future will be 33, Boulevard de la Corniche, Nice, France.

* Zadkiel's Almanac. Messrs. Glen & Co.
36

notices of appointments.

at Nice, and his
Dubouchage, Nice,

Post free, 7d.

CORRESPONDENCE.

THE LONDON HOMŒOPATHIC H
EXTENSION.

To the Editor of the HOMŒOPATHIC V

SIR,—Can you spare me a few lines in v
before your readers a matter in connection
tension of the London Homœopathic Hos
to the builders' estimates exceeding the a
disposal of the Board, the latter have found
omit several very important features on the
One of these is a small operating-room in t
department. This has appeared to me of
urgency, and can be done so much more
effectively now than later on, that I have
collect the sum of £500 required to build tl
Many people like to contribute to a special
this. If any one could give us the whole
could of course give his or her name to
name it "In Memoriam." Should this r
any who have seen the benefits of judicious
accessory to homœopathic constitutional t
may find the Christmas season a fitting
making a benevolent acknowledgment c
helping me through with my undertaking
say has the cordial sympathy of the Build
and of those of my *confrères* to whom I h
the matter.

Promises of large or small sums toward
object may be fulfilled any time during th
months. They will be very gratefully
acknowledged, either by myself or by the
Hospital.

I am, yours very faithfully,
EDWIN

VARIETIES.

RACE DYING OUT.—The cruiser *Prometheus* has returned to land, New Zealand, from a visit to the New Hebrides, says Commander John C. T. Glossop, in an interview, confirming statement that the natives were dying rapidly of consumption, other diseases, and would ultimately become extinct. In addition, the traders were already feeling the scarcity of labour due to the Australian tariff barriers, the neglect of encouragement from Australia, and also the difficulties regarding land tenure. *Graphic*, October 12, 1909.

DANGERS OF IMPURE FOOD.—The National Pure Food Association, which was recently formed, under the presidency of Mr. F. K.C., M.P., to prevent as far as possible the adulteration of foodstuffs, to give information to the public upon all matters relating to food, to promote a systematic study of food and food sources, and the adequacy of supplies, to advocate all sanitary measures necessary to secure the improvement of the national food supply, to purify and good quality, has, states a circular issued from the Association's offices, already collected data with regard to the evils revealed that they constitute, it is said, a real and pressing menace to the public. The Executive has, therefore, called a meeting of the Council to consider the necessary steps to be taken in the matter. The appointment of a Royal Commission on the matter was also announced. *Daily Telegraph*, October 15, 1909.

PRESERVATIVES IN CREAM.—Reporting to the Board on the use of preservatives in cream, Dr. J. M. G. states that the quantity of cream imported into this country is 6,862 cwt., and its value £26,566. The bulk of this, however, is produced in this country. After discussing the matter, he recommends that in the interest of the public, the only preservative permitted in cream and cream products should be the only preservative permitted in cream and cream products, acid, borax, or mixtures of these preservatives, and that a prescribed limit, and that the presence of such preservatives in all cases be declared. An exception, he adds, should be made in the case of hydrogen peroxide, the addition of which might be allowed to remain in cream, provided that only traces were allowed to remain, and also suggests that the presence of agents to impart an unnatural sweetness should be notified to the public. *Daily Telegraph*, September 14, 1909.

RECENT SCIENCE (RADIUM AND COLOUR).—An occasional falls to have to express an opinion otherwise of a presumably valuable stone will of facts that may be useful in distinguishing artificial gems. Our contemporary *Umschau* publishes experiments on the change of colour in minerals under the influence of radium emanation, or to ultra-violet rays.

Association of Food and Food Sources, to purify and good quality, has, states a circular issued from the Association's offices, already collected data with regard to the evils revealed that they constitute, it is said, a real and pressing menace to the public. The Executive has, therefore, called a meeting of the Council to consider the necessary steps to be taken in the matter. The appointment of a Royal Commission on the matter was also announced. *Daily Telegraph*, October 15, 1909.

menes is known by the name of kuntzite. When exposed to the influence of radium this assumes a green colour very much like that of hiddenite, another form of spodumene. Ultra-violet rays bring back the lilac shade, and the cycle may be repeated when the kuntzite has been rendered colourless by intense heat. A green tone is soon to be seen under the influence of radium. In further experiments it is said that the largest quantity of potassium chloride ever used was provided for the investigation. It was found that in the case of substances whose colour depends on their composition radium effected but little alteration. The change in colour is produced the more lasting are the minerals the more they have first lost their colour through exposure to heat, then the colouring produced by radium takes place. In all cases intense heat destroys the colour produced and the alteration proceeds more rapidly in oxygen than in air. If the mineral is placed in a glass tube containing oxygen and is then exposed to the influence of radium, different effects are produced. Oxygen will in certain instances prevent a colour from being produced. And it was found that, as a rule, minerals affected by radium are restored to their original colour by exposure to ultra-violet rays. This is only in the case of the diamond, and of a certain kind of glass, that radium and ultra-violet rays do not produce any effects. As far as the action of the surrounding gases, the investigator came to the conclusion that all substances may be divided into two classes. For instance, smoky quartz, topaz, emerald, and hyacinth, when heated in different gases, behave differently, particularly with respect to the rate of colouring. No definite conclusion has been arrived at as to the cause of the remarkable differences of behaviour.—*Westminster Gazette*, 1909.

THE GREAT WALL OF CHINA.—The following are particulars received by Reuter's Agency from Dr. W. G. Gill, an interesting journey he has concluded along the Great Wall of China.

Discussing his expedition Dr. Gill said: "This is the first occasion on which such a journey has been made along the Great Wall, but also to explore the whole length of the wall, and to make botanical and zoological collections. I am able to compare the present conditions of China with those when I crossed that Empire six years ago. I left London a year ago and proceeded to Peking, where I completed my long trip from the Yellow Sea to Tibet. My party, which during part of the journey numbered about 15 persons, included scientists, interpreters, and educated Chinese. We followed the Wall for a distance of approximately 1,800 miles, starting at the sea-shore at Shan-shan, on the border of Tibet, and finishing at Kiayukun, on the Nan-Shan range, which is far unmapped. We found roughly 200 miles of the wall, which is a loop wall running from west to east. This section is a loop wall running from the city of Liang-Chau to the River Yellow. The wall runs from a point west of Sining south to the Yellow River."

to Langchao. On the greater portion of this section no masonry remains, but there are massive towers of earthen core. I was satisfied as a result of my investigation that there are at least ten great walls apart from that which is known as the Great Wall of China.

Reciting some of his experiences, Dr. Geil said: "Parts of my journey were very hard owing to the altitude. For hundreds of miles we traversed a mountainous land, the ground in many places so precipitous that we had to hold on by our mules' tails. At one point we heard of a race of Chinese pigmies whom I investigated. I was enabled to make a trip to confirm the reports we received. It is said that the ancestors of these people in the mountains, were driven there when the Wall was built, having escaped to avoid compulsory work on the Wall. The descendants have lived in these mountains for twenty centuries. To-day wild creatures covered with hair. We had no difficulty in finding the natives anywhere except in the neighbourhood of the Wall. We found the people suspicious, and we did not remain in the country was absolutely necessary for the purpose of our investigations. During the trip I was enabled to spend some time in Tibet, and the mound of Chin near Sian Fu—the burial-place of the Emperor—where the Great Wall—to which so far not much attention has been given. I did everything except go inside, which was impossible owing to the superstition of the people. The mound of 918 acres surrounded by ruined walls. It is believed that there was beneath a subterranean palace connected with the mountains. We investigated the originator of the Wall. It was found to be an enormous tunnel, which was built by a long tunnel.

In conclusion Dr. Geil said: "Some of the changes in the remotest parts are almost incredible. Within a few miles I found a modern steel truss bridge being erected over the Yellow River, and in Lanchau, in the province of Kansu, is making a fine boulevard right through the city, and a tramway. But perhaps what struck me most was that all over the country, even in the remotest villages, I found groups of young men drilling. In some cases there were only ten or fifteen men, but it appeared to be part of a general system. The precise object of which the people themselves do not know. I believe, however, that it is part of a general system of secretly an enormous army. One curious thing I noticed in the Great Wall was that over a distance of a thousand miles the predominating disease, goitre, and one peculiar disease called magpie." The explorer enjoyed good health throughout his expedition, except for one period of eight days, when he was ill while suffering from fever.—*Morning Post*, March 26, 1909.

THE WAR WITH TROPICAL DISEASES.—A Bulletin of the Committee for the Tropical Diseases Research Fund included contributions from the Imperial Government, and amounted to this sum £1,333 went as a grant to the London School of Tropical Medicine and £1,000 to the similar school at the University of London as stipend of

I found in the days of Tibet the Yellow River the Viceroy here the electric light was the fact that I found small ones, I found only ten were only ten were ignorant. seem to prepare plan to prepare noted along the miles there is one migrating bird, the throughout the expedition had to be carried 26, 1909.

A book was issued in the Advisory Committee. The Research Fund all to £3,400. Of the London School of Tropical Medicine £750 went to the Professor of Proto-

low am ten Vall the miles some men. the ports live are ascen- ing where than investigations. the originator has been found to be an enormous tunnel were told that a long tunnel

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zoology, £100 to the University of Cambridge in Research Studentship in Medical Entomology, and £ Australian Institute of Tropical Medicine. The volun reports on the measures taken in various tropical Colo malaria. The main features of the work in almost use of quinine as a prophylactic, the destruction of m grounds and larvæ, the use of kerosene for covering which cannot be otherwise treated, the clearing of "b of swamp-land and surface depressions, and the use c wire gauze for rooms and houses. In all cases these been attended with success.—*Morning Post*, March 6

DENTISTRY AND PUBLIC HEALTH.—The Conference Dental Association was concluded at Birmingham rec F. Lawson Dodd (London) read a paper dealing wit in relation to the public health service. He said witnessing the gradual recognition of dentistry a preventive medicine; preventive, moreover, against seriousness became more apparent with every adva investigation. It was not unnatural that what mi science of preventive treatment should centre me elementary school. The movement was the result of of public responsibility in regard to the physical wel and an increasing desire to know whether national ration was in fact setting in. The condition that had that about 86 per cent. of the poorer classes, about the population, were suffering from dental disease to degree. Though in this generation it might not be pr was clear that by simple treatment at least all th results might be avoided, and a great step taken to the health and physique of the nation. It was als nation had made up its mind on this point, and was a for a general physical inspection of the whole of school population. This system when it came w treatment of dental disease, and in it the work of bound to take a foremost place. It was in the best ir as well as of the public weal that the provision of c of the poor should not be allowed to fall into th unskilful and uneducated practitioner. Finally, M that by extending the scope of the dentist's work indicated they were opening up a new field for profe and at the same time bringing themselves into economic tendencies which made for the replacir needs through the agency of the community itself. interference from without by a system of the prov Be session discussion was resumed on the Scottish prop by Mr. William Guy (Edinburgh) for a new Dent already been agreed that one principle such a Bill n the prohibition of unregistered practice, and a took place on a proposal to grant some considera unregistered practitioners. On a division the pr consideration was carried by a majority. Mr. G posed that a clause should be included in the Bi tution of a General Dental Council to ad

MEDICAL AND SURGICAL WORKS.

education, and State examination. The effect of this, it was out, would be to break away from the General Medical by whom dental affairs are at present administered, but the adjourned the proposal in favour of the election of dentists representatives on the General Medical Council to administer affecting the dental profession.—Morning Post, June 2, 1909

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; 2.0), Daily; Surgical, Monday, 2.0; and Wednesdays, Thursdays, 9 a.m.; Diseases of Women, Tuesdays, Wednesdays, 2.0; Diseases of Skin, Thursdays, 2.0; Eye, Mondays and Thursdays, 2.0; Diseases of the Throats, Tuesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.0; Diseases of the Nervous System, Thursdays, 2.0; Cases, Wednesdays and Saturdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS DURING THE PAST MONTH.

- Andrew (J. G.). Age Incidence, Sex, and Comparative Frequency in Disease. 8vo, pp. xix—439. (Baillière, Tindal & Cox. Net, 10s. 6d.)
- Brand (Alex. T.) and Keith (John R.). Clinical Memoranda for General Practitioners. Cr. 8vo, pp. 218. (Baillière. Net, 3s. 6d.)
- Clarke (E. M.). An A B C of Nursing in Accidents and Illnesses. Revised and Corrected by P. Barnett-Bentlif. 16mo, limp. (Scientific Press. Net, 1s.)
- Edinburgh Obstetrical Society Transactions. Vol. 34. Session 1908-1909. 8vo, pp. 395. (Oliver and Boyd. Net, 10s. 6d.)
- Eiloart (Arnold). Nature versus Medicine. 12mo, sd. (C. W. Daniel. Net, 1s.)
- Goring (Charles). Inheritance of the Diatheses of Phthisis and Insanity. A Statistical Study based upon the family history of 1,500 Criminals. (Draper's Company Research Memoirs in National Deterioration 5.) 4to, sd. (Dulau. Net, 3s.)
- Greer (W. J.). Industrial Diseases and Accidents. Cr. 8vo, pp. 340. (Arrow-smith. Net, 7s. 6d.)
- Hare (H. A.). A Text-Book of Practical Therapeutics. 13th ed. Roy. 8vo. (H. Kimpton. Net, 21s.)
- Hoblyn's Dictionary of Terms used in Medicine and the Collateral Sciences. 14th ed. revised through-out with numerous additions by

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- Myers (B.). Cr. 8vo. 2s. 6d.
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- Annotations by Dr. Cr. 8vo, pp. 142.
- Social Disease and. 2nd ed. Cr. 8vo, pp. 64.
- Guide. Cr. 8vo, pp. 2s.
- Medicine Co. Bureau of. Pub. Bulletin 42.
- Institution. (Government. By the among certain Indian Office. United States.)
- Office. (Washington.)
- Bland. Svo. pp. 135. (Homeop. Net, 17s. 6d.)
- Surgery of Childhood. 8vo, pp. 305. (Homeop. Net, 17s. 6d.)

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TO CONTRIBUTORS AND CORRESPONDENTS

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 5, Devonshire Street, Portland Place, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 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.

Dr. Harlock, New Zealand—
Dr. Grouleff, Göteborg.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Hom. Eye, Ear, and Throat Jour.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Z bilist

— Calcutta Jour. of American Phys.—Le Progrès de L'Homœopatie.—Clerical Medical and Surgical Review—Surgery of Childhood, &c.

The Homœopathic

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Crotalus Terrificus. By D. Cairo.

Some Cases with a Moral. Hobart J. W. Barlee.

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