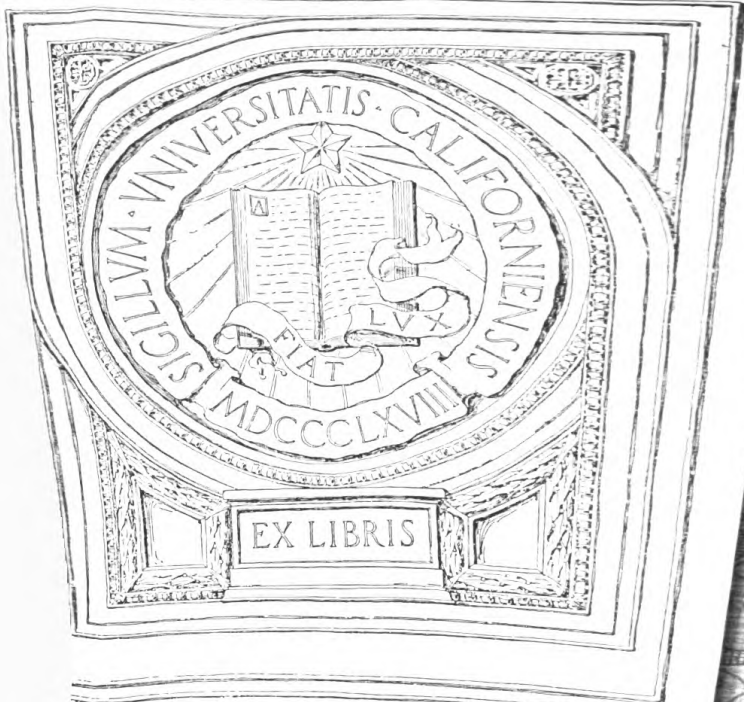


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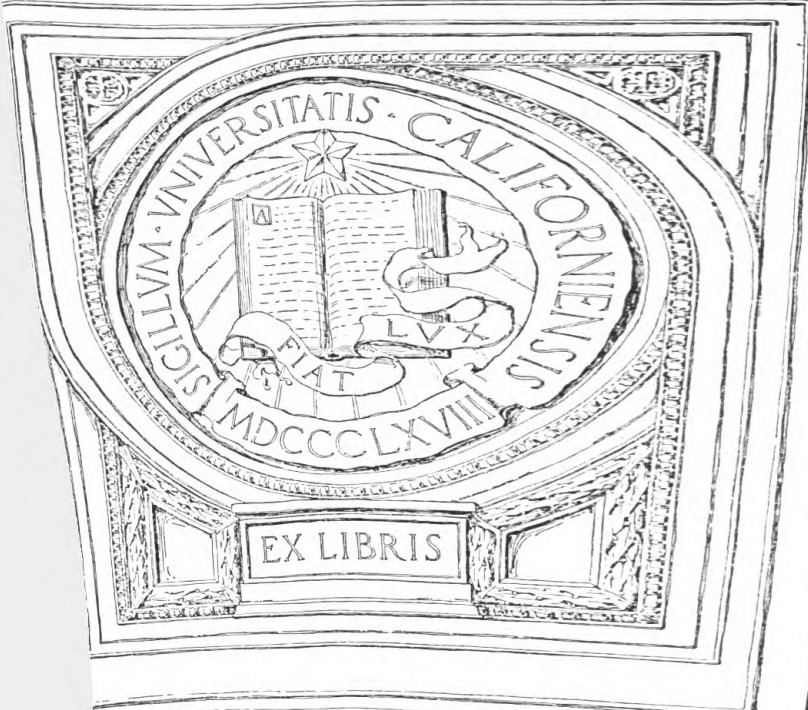


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THE
HOMEOPATHIC WORLD:

A MONTHLY JOURNAL OF

*MEDICAL, SOCIAL AND SANITARY
SCIENCE.*

EDITED BY

C. E. WHEELER, M.D., B.Sc.

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HOMŒOP.

JAN

ANOTHER New Year
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Practice of Homœopati
to those on *Silica, Veratr*
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of a text book which
for publication in Sep
welcomed, for the aim
principles once more and
beginners to test them for

For the rest the "WOR
of providing a platform
pathic opinion and give
to all discussions of our
however its abiding faith
true that:—

"Not argument bu

THE
HOMŒOPATHIC WORLD.

JANUARY 1, 1918.

1918

ANOTHER New Year finds the world still at war
a conclusion of it hardly in sight. The terrible
upon the nations must yet be borne for the
of the world's future, and if we clear our hearts
fishness and pride, we doubt not that we shall
ourage and patience to endure to the end. Our
part involves doing our best in our own sphere
ivity and Homœopathy has healing in it for
al ills at least. During the year the Editor
to publish certain essays on the Principles and
e of Homœopathy and drug studies similar
e on *Silica*, *Veratrum Alb.* and *Platinum* already
all this material being first drafts of chapters
at book which it is hoped to have ready
lication in September. Criticism will be
d, for the aim of the work is to set out our
s once more and give some effective aid for
s to test them for themselves.

rest the "WORLD" will maintain its policy
ling a platform for all shades of homœo-
inion and give as fair a hearing as possible
ussions of our science and art. It retains
ts abiding faith that in science it is finally

—
Not argument but effort shall decide."

I

D NOTES.

ANNOUNCEMENT.

Publishing Co. announce that an increase in cost of production has led to raise the price of both handbooks, "Stepping Stone to Health," by Dr. Ruddock, from 1s. 6d. (with clinical directory) to 2s. 6d. announce an all-round advance in American publications owing to war insurance charges.

DEATH OF Dr. HALL'S SON.

My wife will go out to Dr. Hall and his family to tell them the news that his youngest son has died in France. It is only a few weeks since he won his winning distinction and that the end more tragic still. Love and sympathy we have to offer but our colleague deeply we all feel them.

HANDFUL OF GOOD CASES.

Writes:

The following case would be of interest: A boy of a large school was so thoroughly ill after six days' calls 'carbuncular trouble' that he was advised to leave school by two doctors. I gave him a dose of *Sulphur* 30. and afterwards two or three doses of *Sulphur* 30. He might return about twelve months after seeing him, but with another dose of *Anthraxine*, he has never returned and is now perfectly well.

"Yours sincerely,

"W. A. DAVIDSON."

Davidson encloses a letter from the patient which fully confirms the report. I am a member in the R.A.M.C. reports: My military experience during the last eight years has given me many excellent opportunities for comparing the results of the ordinary drug taking, with the results obtainable by our methods. I am more assured

that ever of the end of the potentised instance, after seeing worry along on *Mist* a complete recovery 100. Another return general debility, una diet for several wee by *Calc. Carb.* 3m—g damp feet and hands. vomiting from meat o was able to return to "And here is anothe "An Australian sold onia and treated with days was going down-l given every four hours a change for the bette of danger. The symp were the classic brown tongue, pain in the ba to warm fluids, e.g. mi He had the indicati or so before he got it, another-M. O. and onl to the other M. O. gettin

AN AMUSING

A correspondent writes: "I had an amusing experience in changing his allopathy and is impervious to argument and much diarrhoea. I asked him what he said something wrong and he said that would produce that as that would produce it as in a tiny dose it meant to produce. 'We have been trying to make you now your own man tells you now!'"

at ever of the enormously greater curative power the potentised remedy if rightly selected. For instance, after seeing a soldier, ill with bronchitis, carry along on *Mist Tussis* for a week, I have seen complete recovery in a day or two, from *Nux Vom.* O. Another returned soldier with gastritis and general debility, unable to eat anything but milk for several weeks, was immediately improved

Calc. Carb. 3m—given for the symptoms of cold, numb feet and hands, aggravated from damp weather, vomiting from meat or fish. In three weeks time he was able to return to duties.

And here is another case :

An Australian soldier dangerously ill with pneumonia and treated with vaccines, *Digitalis*, etc., for ten days was going down-hill, when *Veratrum Viride* 30—given every four hours—initiated after the first dose change for the better, and in two days he was out of danger. The symptoms calling for *Veratrum V.* were the classic brown stripe down the centre of the tongue, pain in the back of head and neck, aversion to warm fluids, e.g. milk, and desire for meat gravy. He had the indications for *Veratrum V.* a week ago so before he got it, because he was at first under the other M. O. and only came under my care owing to the other M. O. getting a holiday."

AN AMUSING EXPERIENCE.

Correspondent writes:—

I had an amusing experience last week; a friend who is changing his allopathic doctor for a homœopath is impervious to argument, was ill with stomach chill and much diarrhoea. I asked what his doctor gave him and he said something with castor oil in; I asked why that as that would produce what he suffered from, and he said the doctor told him it was a very small dose and that as in a tiny dose it cured what it is ordinarily intended to produce. 'Why' says I, 'that's what I've been trying to make you believe all these years and your own man tells you so, where's the 'Quackery' '!!!'

ORIGINAL COMMUNICATIONS.

STRANGENESS OF HOMŒOPATHY.*

LES EDWIN WHEELER, M.D., B.S., B.Sc.Lond.,
to and Honyman-Gillespie Lecturer on
Medica at the London Homœopathic Hospital;
ident of the British Homœopathic Society.

re certain situations which can be explained
hich no apology is adequate. One of these
surely must be that in which I find myself

this Presidential Chair for the third year in

You all know the explanation, that

ud which so overshadows the lives of us all

as! so many and so strange situations, and

at even our own little quiet backwater of

feel its influence need cause no marvelling.

var lasts it is difficult to think of anything

is year, when our session is to be somewhat

limited, albeit in my judgment wisely,

perhaps have been ungracious to offer its

to a new personality; it is fairer to leave

they have been arranged hitherto and hope

new era with a new President in happier

ays. Yet while you have accepted the

! this, the explanation of it, I should like

ly to share with you the sense of mono-

must inevitably come from a third presi-

own conclusions. It will be something

r you and though I well know your ready

lighten it for me, it is a burden I also

ake it as light for us all as I may.

ssion brought us losses and gains of

We mourn the losses, though thankful

at the closing of careers of great value

d not as the too early nipping of flowers

cannot pass this day without a word

the Secretary who sat beside me a

loving thoughts go out to his memory

* Address delivered to the British Homœopathic
g of the Session 1917-18, on October 18th, 1917.

and indeed to all our colleagues parted from us by death. In our gains we rejoice in hopefulness and in our new Secretary we welcome devotion, energy and good-will, and so count ourselves again among the fortunate.

In the great world arena the gigantic combat still rages, swaying this way and that with little promise of an early end. Hope still frustrated makes our hearts weary and anxiety and suffering beset our paths. Turn where we will we cannot escape the shadow of death and of those alike who have suffered loss and those who dread it, the "dreams pursue death as winds a flying fire" in the effort to find a valid explanation of this overwhelming curse upon the world.

" Still and more swift than they the thin flame flies,
The low light fails us in elusive skies,
Still the foiled earnest ears are deaf, and blind
Are still the eluded eyes."

Yet the goal of our desire shines as desirable as ever, nay, now seems verily essential to any future that we can bear and in whatever ways the call to service comes to each of us so would our hearts respond in full determination to endure to the end.

None here, perhaps, will have the honour literally to give his life. I believe it to be no small part of the burden of age that in this terrible crisis our youth has to die and we in the main to stand aside, but of our dear ones who suffer and die we know that,

" Whoso takes the world's life on him and his own lays down,
He, dying so, lives,"

and if love and the proud agony of loss can keep their memories alive we know that they shall not be lacking. For the rest we will give such work as we can and even our little gatherings here may have their place as a tiny contribution to the life of the future. We guard a somewhat threatened flame, threatened now less by wind and rain than by lack of fuel. What is our faith worth if we let it sink and die?

The entry of the United States upon the stage of war is an augury of a final victory that shall content even our weary, straining hearts. And to us in this room

measure. Our cause, though up-
ity, is strong across the Atlantic
l through its strength it is coming
t four of the base hospitals of the
l be from top to bottom organised,
led by homœopathic forces. You
efforts of European Homœopathy,
or fruitless; in the face of enormous
ternational Homœopathic Council
not wholly failed to achieve. We
eed if we lacked gratitude and ad-
Burford and his helpers. But this
comes timely to supplement and ex-
and we do well to hope that in the final
r the paragraph we had meant to write
y may now extend to a page or two.
my subject. I call it the Strangeness
y: whereby I mean all those elements
ich seem unusual, fantastic, incredible,
umined by the light of experiment and
would consider with you how far
ss is inevitable, how far, if inevitable, it
less strange, and in what way it may
to the world so as to attract by its novelty
by its queerness. I will take the principal
y one, in each case examining, explaining
ole, suggesting a mental attitude to each
ent needs.

ll consider our general conception of disease
; modifying effects upon it of the chosen
thout regard for the moment to the method
or of administration. Hahnemann taught,
lieve, that disease is not local, but general;
sease the whole body suffers, that the same
can cause different sufferings in different
nat cure must be general and adapted to the
the affected body. All this seemed incredible
lical world dominated by Galenical conceptions.
umours and their expulsion expressed for that
most of their belief with regard to disease and
ent. It is one of our minor tragedies that the
s which sprang from real, fundamental differ-

ences in conception should persist long after the differences have ceased to be real. For if once understood our general conceptions would be accepted all but universally to-day. Hahnemann would be judged right and his would be the verdict if his case against his contemporaries could be fairly tried; but old prejudices forbid it though the real grounds for them have vanished. The fact remains that the beliefs current in Hahnemann's day of "hot and cold" diseases and remedies, to match administered by contraries and all the other more or less plausible reasons for the drastic and dangerous uses of drugs have given place to the modern conceptions; first, I regret to say, that drug giving is of little or no use; second, that when it is, it is by virtue of a power to influence pre-existing powers of resistance, not to act independently of the body but solely through the body's own machinery. This second article of faith is to all intents and purposes Hahnemann's own, and as for the other belief, that drugs are all but useless, we can readily agree that outside their homœopathic action their sphere is limited. Here, therefore, is no real strangeness.

The conceptions that dominate Hahnemann's *Chronic Diseases* sound a trifle strangely to-day one must admit. Yet once understood it is only their old-fashioned nomenclature that is really strange. If we take (as we fairly may) sycosis to be virtually identical with gonorrhœa we must once again admire the clinical insight which enabled Hahnemann, years before the rest of the world, to realise its deadly qualities as a systemic poison. As for syphilis there has not for many years been any question that its presence colours every symptom complex a sufferer may present, and that with it untreated, no apparent subsidence of signs of disease can be permanent. Psora in my judgment casts too wide a net, and with our knowledge Hahnemann would probably have classified it more closely into sections; but since it must include tuberculosis, the master could make a case for it, even to-day. At least its unfortunate association with scabies can be shown to be fortuitous and Hahnemann does not deserve the superior smile of the scoffer.

Rightly understood (and by right understood mean explaining away), there is do not fundamental doctrines of the *Chronic* the need seem strange. Even Hahnemann's on the hereditary influences of the "miasms" far amiss as might appear. Our modern s of resistance postulate a standing army developed) of antibodies and an inherent increase this army or add new units to it ulus of disease. But these defences are the ll activities, internal secretions or whatever, tain that the capacity for their manufacture ifferent individuals. If we conceive Hah- hereditary psora as an inheritance, not but of a diminished power of resistance to it, one which can easily be used to explain r's statements. He may be held wrong, a detail of his explanation of fact but not rvation which led him to his explanations. regards the treatment which he deduced ation and experiment only homœopathsists of them) have cared to follow him. Those xperimented testify with little uncertainty ess. In any case, not even the *Chronic* l now support at all strongly any case for ness of Hahnemann's general conceptions. ok elsewhere. ion was a terrible stumbling block to s contemporaries, perhaps the worst of aid in their path. But in the first place essential doctrine, and in the second the hundred years has rendered familiar the e infinitesimal. Once the conception is working medicinally only through pre- ly machinery, once the notion is abandoned g directly a disease with a drug, then it matter of experiment as to how much is l although our high potencies undoubtedly e, yet orthodox experiences with *Tuber-* hown that if any feet take the road of hey can easily be led on to places where

they could hardly in the beginning have dreamed that they would be found. Up to a point there is now no real strangeness in small doses, and once we have passed a certain point the rest is matter for experiment. The knowledge (not yet very widespread) that physical changes are produced by Hahnemannian potentisation, the assumption, for instance, of the colloidal state by substances called insoluble, under prolonged trituration, both justifies to the hilt Hahnemann's statements as to his power to make "solutions" of metals and so forth, and gives a clue to possible conceptions of the mode of action of medium potencies. Another conception finds its ready instance in *Radium* whose own strangeness has modified much of the apparently incredible in homœopathic preparations. Successive dilutions of a radio-active salt are themselves radio-active apparently indefinitely; what is transferred cannot be conceived as a chemically acting substance, it is a physical property. Similarly, potencies as high as 30th cannot by any conception of material structure act chemically, by any mass action, for they can possess no mass, but if some physical force analogous to radio-activity has been produced by the process of manufacture that could conceivably be passed on to higher dilutions. There are difficulties in conceiving such forces; we find them in practice specific for the drugs from which they are named and there is no evidence, as far as I know, with ordinary radio-activity of any increase of power with successive dilutions. I suggest that time and research might well be given to both these points. We ought to see whether radio-activity shows any increase or marked change in potencies of *Radium bromide*, prepared in the Hahnemannian manner. Very likely it would not, still it should be tested. Next all sorts of substances should be tested in potency by photographic and electroscopic tests, looking for the possible development of a physical force that might be detected by physical means. If these experiments consistently failed we could still maintain that the power to cure was independent of these other powers, but the problem should be attacked from that side also. And thereby hangs another

STRANGENESS OF HOMŒOPATHY.

[Homœopathic World,
January 1, 1918.]

more than merely academic interest. Tinctures
of low potencies can be conceived of as acting
physically—the phenomena of ionisation making very
the power of dilute solutions; but if for high
potencies we have to conceive a physical force rather than
chemical energy, two considerations clearly have
to be taken into account. First, that the physical force has
tissue attractions as the chemical, as similar
to serve as indications for both high and low
potencies. Second, that there may, in the pharmacy
of a drug, be a point where the chemical action
is feeble, and the physical has not become
developed. Such a potency would be nearly
the use of it followed by failure. Clearly
the point of dilution will not be the same for all
drugs; the 3x of *Arsenicum* or *Phosphorus*
is more powerful than the 3x of *Pulsatilla*;
for a drug there may be an inert potency
well to remember the possibility. The prac-
tice should be in prescribing low to keep, and then for
most drugs, 3x for some, and then for
the first and fourth centesimals. I commend
our systematic records to my theme.
more power of rising potencies. Many possess
but it has never been established by
convincing proofs. Those who use these
help us here. We want series of cases
simple, that in groups of instances that
cases where only the 30th has been
used, perhaps, but regularly lag behind
the 30th has been followed by 200th and
I require great patience and labour
series, but they should be given.
in the belief that the 200th is more
the 30th must remain an opinion, well
(I myself incline to think so), but
little from my subject, but you will
satisfaction can be thus discussed

it is no longer the element of strangeness that it once was. If we could persuade our orthodox friends to test homœopathy on other grounds it would not be potentisation that need deter them.

The doctrine of the unit dose was another offence to the physicians of a century ago. Indeed, it is a part of Hahnemann's teaching which most of his followers find it hard to practise. But the development of vaccine therapy has changed all that. We realise now that it follows from the conception of the physician as seeking to influence a bodily mechanism that as soon as he has produced an effect he should leave the machine to find its equilibrium lest by continuing to interfere he should cause a new disturbance. There are many qualifications to be made in practice, and good reasons for departing often from the rule of the single dose, but the principle is no longer strange and the Hahnemannians are justified of much of their teaching. I am not sure indeed that dilution in time, if I may so put it, is not more important than dilution in space. I have pleaded before for experiments with unit doses of low potencies as well as of high. Dr. Cooper's practice with unit doses of strong tinctures has had very striking results and should be imitated and extended. So far then the general conceptions of homœopathic practice, its view of disease and treatment, its preparation and its administration of remedies are either acceptable enough to modern medical science or at least not unwarrantably odd. But there are details of our *Materia Medica* that may deserve the charge of strangeness and to them I will now turn. I refer to the stress laid by the closest of Hahnemann's followers (walking thereby in the master's footsteps) on the "strange, rare and peculiar" symptoms in the symptomatology of diseases and of remedies. The stress is laid upon these symptoms for practical purposes, they are held to be the best guides to successful prescription.

Now let us suppose that an orthodox physician asks a homœopathic prescriber, "Why do you choose that drug?" If Dr. Hughes replied, "Because the disease is gastritis and this drug has produced

quirer might object, but he would
with anything unfamiliar. But
to whom he put his question and
ly, "I choose that remedy because
erant of heat and of the least pressure
se after sleep," then the questioner
e had strayed into a strange world.
ny consideration of this subject I
e comment on this imaginary con-
orthodox enquirer would almost
ved either by curiosity to know how a
ad been achieved or by the need of
fficulty. In the first case, odd though
swer, he would be face to face with
however the drug had been chosen
to work, and his sense of strangeness
e contemptuous. In the second case,
e genuine, having got to the point of
homœopathist at all, he would expect
er and would not refuse to try the
e he could see no value in the reasons
So that this admitted strangeness
such a very great handicap to Homœo-
t from curiosity over a success or genuine
stance I do not find that the orthodox
Homœopathy at all, however reasonable
and given one or other of these sources
pon their minds I am bound to admit that
that Dr. Kent makes many more converts
ughes. A generation ago the case was
en the grosser materialism of science
e dominant element, but of late so many
unexpected phenomena and a good many
ments have modified a little (not much)
eness of orthodoxy, and honestly I do
it would pay us (to put it no higher) to
ny strangeness in our doctrine, if we think
trinsic value, for the sake of its effect upon
lox mind. Those of our colleagues who
curiosity at all (they are few enough) rather
nothing unusual and the teachings of Dr.
d, have real persuasive effect where we might

have expected them to produce the most whole hearted aversion.

But given that this strangeness is less harmful than by some is feared, is it altogether inevitable? Is it so very strange after all? I will waste no time upon the old discussion as to proved or clinical symptoms. The queer symptoms I have in mind are those that have shown themselves over and over again trustworthy guides to successful prescription. I will take such symptoms as the marked reactions to heat and cold of *Calcarea* or *Arsenic* on the one hand, *Sulphur* and *Lachesis* on the other: the aggravation after sleep of the serpent poisons: the ill-temper indicating some drugs, *Antimony*, for instance, preferring solitude: the melancholy and ill-temper seeking consolation and society indicating others and dozens of other symptoms. All these are to the uninitiated strange when taken as guides to remedies. They are, I need hardly say, by no means all the guides, but for myself with the experience of years two conclusions have been reached; first, that whenever any one or more of these queer symptoms is marked in the patient then it always pays to regard them in prescribing: second, that whenever a drug chosen on grounds of general similarity of obvious effect on tissues, a good Hughesian prescription in fact, is notably successful (and it often is fortunately), then closer examination will nearly always reveal in the symptom complex some at least of the strange symptoms which would have led Dr. Kent to the same remedy. In other words a good prescription will probably be found homœopathic seen from both angles of vision, even though chosen from only one.

There is another point to be met. Doubt is often thrown on the validity of these "fantastic" symptoms by those of us who cannot "be bothered," as they might say, with them, on the ground that they are due to the prover's imagination and not to genuine effects of the drugs. I can well believe that imaginary symptoms have abounded at times in provings, but in proportion as they are unreal they prove fall-

ous guides and their ultimate elimination is certain
 here are plenty of queer ones which are effective
 sides, are indeed when well marked (we need always to
 insist on that proviso) the best of indications. More
 ver, those who are on the alert for them are
 constantly finding them in practice. Without any
 leading questions, which our great prescribers from
 lahnemann downwards have avoided, these strange
 are and peculiar symptoms appear quite frequently
 cases of disease. If they are to be then attributed
 to the imagination of the patient, how extraordinary
 hat the imagination of the sick man should run thus
 arallel to that of the healthy prover! Is it not a thousand
 times more likely that the symptom apparently inex-
 plicable had in both cases a definite pathology, that
 he toxins of disease in one case and the drug in the
 other affected the supply of some hormone, disturbed
 the complex mechanism of balanced forces of the body
 and that in prescribing a drug because the patient
 sleeps into an aggravation of his sufferings we are
 really prescribing it because he is suffering from an
 excess or a defect of an internal secretion, and because
 the drug can affect the secreting tissue, and because
 fault? I made a similar point last year but you must
 bear with me that I return to it. Once we admit the
 value of the strange (and we do in exact proportion
 to our interest in it, so that those who test it most
 prize it most), once we admit the value of it we are
 bound in honour to try and explain it till it becomes
 less strange. Take this very symptom of the serpentine
 poisons. We are still far, very far, from knowing what
 the essential difference is between the sleeping and the
 waking states. Brunton used to say, I remember
 that during sleep the organism was manufacturing the
 substances for waking life and during waking life
 preparing for sleep. This is little more than putting
 our ignorance into plausible words, yet, possibly
 the difference between sleep and waking is a difference
 in the content of the body fluids, the presence of
 absence of substances normally manufactured rhythm-
 ically, periodically reaching a climax and then being
 destroyed or eliminated. If there is any truth in this

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then a pathological state that called for *Lachesis* would be one wherein the diseased tissues were particularly susceptible to the changes of body fluids that occur in sleep, so that sleep as a normal mechanism was an irritant to the tissues rendered abnormal by disease. I hasten to add that I am not giving any final explanation of the characteristic *Lachesis* symptom but only indicating a road along which possibly the explanation will ultimately be found.

Patients indicating *Phosphorus* have often an abnormal craving for salt. Instead of dismissing this as fanciful we ought to look on it as a possible clue to a point in physiological chemistry that could not fail to be of interest could we define it. What is the reason of this call for *Chlorine*? We know that there is great elimination of chlorine in some conditions. Can we find any curative relation between these and *Phosphorus*? It would seem worth while to investigate. Our bodies are constructed to work without undue friction throughout a considerable range of temperature, of presence of greater or less quantities of moisture, of varying electrical conditions of atmosphere and so forth. Normally these adjustments to varying conditions are made without attracting attention, but there must be some physiological mechanism for doing the work. Once we grasp this fact consciously, what more natural amid the infinite diversities of life than that in some the mechanisms should creak a little when set to one task or another? Why should not A find it difficult to face cold and B to face heat? We know, of course, that these differences occur, but are too content to note them and then ignore them. But did we know fully the essential mechanisms that regulate body responses to temperature or moisture, or thunder, we might then at once perceive that the effects of a disturbance in one of them must be felt otherwise than in a mere slowness of response to an outside stimulus. At any rate, if a tissue were affected by disease then it might be particularly liable to give extra trouble if one or other of these simpler mechanisms were in the least faulty. Therefore the reaction of drugs to heat and

and so forth might be seen to be of vital importance, the use of giving means of influencing these fundamental processes. Especially we need to remember man's ingenuity has enabled him artificially to overcome certain of the difficulties which nature opposes to him. He can make heat or cold for himself, and various degrees of sensibility, and consequently of the complexity of body mechanism, have no doubt developed in man that are out of the question for animals.

It is now taught (seemingly with good reason) that the ill effects of crowded assemblies are more than can be explained by anything else due to the increase of moisture in the air and its influence on excretory mechanisms. That is the gross effect of a gross cause. But lesser degrees of moisture in the air will affect more sensitive subjects and that the symptom of aggravation of sufferings in a damp climate is really a clue to the presence of a certain definite defect in a life mechanism and is by no means to be disregarded as irrelevant.

More and more if we study the strange, rare and peculiar symptoms we find that they are not only indications of constitution, of balance of internal functions if you like, though the second phrase is not really as vague as the first, but that they are in any given case "all of a piece," as we say. In fact a group of queer symptoms is not fortuitous but has a common cause. It would seem miraculous were it not so familiar, that when we find one of the strange symptoms of a drug we almost always find others, so that we can even amuse ourselves by telling the patient some of his symptoms before he tells us. The reason is obvious; the symptoms produced in the prover are due to the effect of the drug upon a definite body mechanism, and if that mechanism is similarly disturbed by disease it will give rise to the similar symptoms. When one or two of the group are elicited we can feel fairly confident that we shall find the others. The time may come when on learning that a patient complains of certain queer symptoms we shall say without more "You are suffering from excess (or defect) of

adrenalin or whatever." Then we shall feel perhaps more "scientific" because we shall have carried our investigations a step further, but our immediate task is to apply the spirit of Science to our little knowledge, not to set arbitrary limits to our little its name. A very little enquiry will show how differently drugs fall into groups when the "modalities" are studied. Think how *Arsenicum* and *Pulsatilla* oppose one another for instance in every symptom. Both largely affecting mucous membranes, but how differently! If you name one well-marked symptom of *Arsenicum* the opposite will be true of *Pulsatilla*. Who can doubt that the explanation lies in the fact that each drug affects similar body mechanisms as well as (largely) similar tissues but in exactly opposite ways. If the one means (say) less thyroid secretion with all its sequelæ then the other must mean more. This opposition and similar ones are only clearly seen when the strange symptoms of the drug are considered, the modalities, "the generals," but if they lead to realisation of drug pictures then, but if they lead are to us! There is still too much how essential they to regard these symptoms in one of two ways, either as magic spells or as fantastic mummeries. I submit that the scientific method is better. First, do they valuable guides to prescription? Second, can we at all explain them, that by understanding them better we may enhance their value?

I am sadly conscious that there is little that I have said that has not been rendered familiar to you by my previous addresses from this chair. Yet there is a certain method in my monotony.

First of all I tried to form an estimate with you of our world position as homeopaths, and to bring you to my conclusion that we had a special contribution to make, and that we should concentrate our energies upon making it, and fighting for its recognition. Second, I endeavoured to face some of our difficulties as they come to us. Now, to-night I have had in my mind the world of medicine beyond our ranks. Not that I have any hope that my words will travel so far, but that if we are agreed upon our general

side in the sphere of science, there is a somewhat better chance that our position will find a more favourable reception.

Whenever you know that a plan is formulated for making one more attempt to put the principles and practice of Homœopathy before the medical world in a form that whoso cares can acquaint himself with both, and (if he will), supply from this store of knowledge the personal tests which alone carry, alone ought to carry, conviction. In thinking of such a book there is great temptation to be fully conscious of the prejudices of the great majority, and to minimise the Strangeness of Homœopathy. We have therefore tried (for from your criticisms as the work proceeds, the writers hope to derive help and stimulus) to face with you the principal points in our belief that can be regarded as unusual.

I have carried you with me to-night, I have shown at least suggested that this assertion of strangeness is an inheritance from the past rather than an existing obstacle to conversion. In our general attitude towards the problem of disease and cure, we are virtually in agreement with the mass of the profession, mainly because since Hahnemann's day they have come over to his general conceptions, with only such unessential modifications as greater knowledge was bound to introduce; and simplifications which on our part we readily accept. Even his doctrine of chronic diseases, though not perhaps acceptable to them, can be read so as to seem nothing but strange. The oddness of our pharmacy does not become less odd through their own practices as well as through the growth of knowledge. There are many reasons in truth little but our interest in subjective symptomatology, and to that I have ventured to devote some time in order to justify its use or at least to explain it. Whether or no it is essential to the best practice of homœopathy is, as always, a matter for experiment, but the tests of belief in its validity never require any shamefaced explanations. The evidence in its defence is good enough to have claims on science; only remains to investigate and extend it. Therefore, my own conclusion with regard to our

position and the explanation of it is that we should finally say, "Our difference is a therapeutic difference; we are specialists in a branch of therapeutics whose value can only be determined by experiment. We have nothing to apologise for in experimenting, rather have we deserved well of the republic of medicine in seeking to add a new province to its possessions. If any man cares to explore this region with us, we submit our charts of it and will gladly welcome his aid in correcting or amplifying them; but we neither ask the leave of any to pursue our course, nor can afford too much time to make its first steps easy to the unwilling or prejudiced; a very little goodwill will overcome the small strangeness that remains, and the lack of it will render ineffective any elaborate attempts to explain the strangeness away."

That briefly would be the standpoint of such a textbook as I think we need, neither arrogantly dogmatic nor timidly subservient. The most hopeful sign of the last ten years has been the willingness of fresh minds to attack the most strange of the mysteries of Homœopathy and to that tendency I, for one, would trust.

So, for the third time I salute you, my colleagues, and end my discourse. With each occasion I have expressed the hope which alone, I think, sustains us, that the session my lead us into brighter days free of the awful shadow that oppresses these. Again we have to face that our hopes are unfulfilled, and I doubt not that we all find it increasingly difficult to do more than struggle through the weary time no longer counting on an early end. Well, so be it! but if hopes have been dupes, fears would surely be liars. The duty for us all remains as before, to do the part that lies to our hand and yield as little to disappointment as to weariness. If we cannot lay down our lives for the world's future, we can live for it in the span that remains to us. And we can do more than "Only stand and wait." Our work has in it a seed, however small, for the race to come—and sowing it in faith and courage we can leave its growth to the power beyond our foreseeing.

“ Our life is but a little holding lent
To do a mighty labour ; we are one
With Heaven and the stars if it be spent
To do God’s will—else die we with the sun.”

We but “ Plod in the track of the husbandman,”
but at least we can do that with all our will. Then for
the issue we need take no care, having served such
truth as our eyes can see without repining and without
fear.

THE PRINCIPLES OF HOMŒOPATHY.

DEFINITION AND GENERAL CONSIDERATIONS.

[MANY of our readers already know that a volume is being planned, indeed is definitely commissioned, upon the Principles and Practice of Homœopathy, which shall attempt within a reasonable compass to give such instruction as will permit any persevering and reasonably careful investigator to make those personal tests of truth which alone can bring conviction. Some of the drug studies which have appeared and will continue to appear in the “ WORLD ” are tentative contributions to such a volume and criticism upon them will be welcomed by the contributors. But clearly it is not enough to compile a series of chapters in *Materia Medica*: there should also be some discussion of the various ways to get full value out of them. From time to time the editor will publish the matter of these introductory chapters and this article is to be looked upon as the first of them. In reading it must be regarded as written primarily for the enquirer interested perhaps, but ignorant, and it will be by the success or failure of the book, first to attract and then to instruct, that it must finally be judged.—EDITOR H. W.]

FOR more than a hundred years, the world of medicine has wrangled over the value of Homœopathy. At any single moment the verdict of the great majority would have been given against it and to a hasty observation this fact might appear conclusive. But dispassionate examination of medical history reveals

first that hardly any advance in the science and art of healing has escaped violent and virulent opposition, and second that very, very few of those who condemn Homœopathy have even a knowledge of its principles to say nothing of its practice. Whereby it is clear that in the court of science, their testimony, however voluble and dogmatic, is vain. Hahnemann and his followers make certain definite statements concerning the use of drugs for the relief of diseases: they claim to base their statements upon clinical experiments many times repeated. Clearly at the judgment bar of science, only experiments equally careful, equally numerous, but leading to opposite conclusions can be accepted as countervailing material. The question in brief is a practical one. Are the statements of the homœopathist justified? How but by experiment can they be tested?

Nevertheless the road of experiment is toilsome: the mental labour demanded of physicians does not diminish but increases as the years bring new knowledge, and except a man feels reasonably sure that he will gain some reward, he may be forgiven if he hesitates to climb the steep hill (for it is long and steep) that leads to conviction. Any who feel disposed to use their energy elsewhere can well be forgiven provided that they own that of this pathway they are ignorant and place no barriers of prejudice and contempt to impede those minded to try it. But it is a commonplace among physicians to deplore both the too frequent failures of drugs and the lack of much clear guidance in their use. Homœopathy at least offers a promise and a few may be willing to give it a trial. They cannot begin without a clear knowledge of its meaning and purpose and that may suggest a confidence that its promise will not be wholly vain. To define Homœopathy and suggest that it is not an unreasonable conception of the relation of drugs to diseases is the purpose of this chapter.

Diseases are known to us by the symptoms which they produce, using the word symptoms here (and

throughout this volume) to denote the objective signs (physical signs) observable by the physician means of his instruments of precision and by his aided senses, as well as the subjective experiences of the patient. Without the presence of symptoms it can hardly be said that an individual is diseased: it may be possible to cultivate specific germs from a source or secretion of his body, it may even be desirable to deal with the condition that may thus make him a "carrier" of disease, but treatment is then a matter of public rather than of private health. The man is a possible source of danger to others but not himself a patient. The symptoms of diseases, as observed, fall into a variety of categories more or less well defined, enabling the physician to construct a nomenclature of disorders: but side by side with the relatively constant features in a symptom-complex which allow it to be classed as a pneumonia, a colitis or whatever, are invariably found symptoms less constant, varying from case to case with individual "constitution," so that no one case, even of a well defined disease, exactly resembles another any more than any two individuals are ever absolutely identical.

Just as the so-called "natural" diseases present themselves as symptom-complexes capable of individual differentiation as well as of general grouping into classes, so when drugs are administered to healthy persons, characteristic symptom-complexes are produced with certain general resemblances and definite individual differences, so that from every agent capable of affecting the human body can be elicited a summary of its effects on the body until the picture of *Phosphorus* poisoning can become as clear a mental image as the picture of pneumonia.

The initial and all-important generalization of Hahnemann was based on the fact (observed from the times of Hippocrates by individuals, though never before Hahnemann made the basis of practice*). When the symptom-complex of any case of disease is compared with the symptom-complexes produced by drugs, there will always be found a resem-

* Unless perhaps by Paracelsus.

blance, often extraordinarily close, between the diseased picture and the picture of the effects of some drug on healthy persons. This relationship is a fact that becomes increasingly clear the more knowledge is accumulated of the effects of drugs and the failure of the physician to recognise it is due to the prevailing ignorance of the symptoms which drugs can cause on the healthy. But any physician who will master the symptoms producible by (say) *Arsenic*, *Phosphorus*, *Nux Vomica*, etc., on the healthy will not need to look long or far before he finds a case of disease which will recall the effects of one of these drugs to his mind often with a parallelism of detail almost startling.

The fundamental generalization, the bedrock of Homœopathy, is that the most successful drug for any given occasion will be the drug whose own symptomatology presents the clearest and closest resemblance to the symptom-complex of the case in question. Briefly "Likes should be treated with likes"; the *Simillimum*, the most resembling drug, should be preferred. Whenever this rule is followed (even unconsciously) Homœopathy is practised.

Hahnemann was put on the track of this generalization by an experiment when he discovered that *Cinchona Bark*, the great remedy for ague, could produce upon himself all the symptoms (even the lesser ones) of an attack of ague. From this initial experiment he worked in two directions for the rest of his life and only after years of labour did he reach absolute convictions which thereafter he extended and amplified. His two paths of knowledge were the less important one of research into past records to discover accidental confirmations of the likelihood of cures by "similar" remedies (and he found many), and the much more important road of direct experiment. First drugs had to be tested, "proved," on the healthy, then as their symptomatology became defined they were given to "similar" cases of disease and their effects noted. No words, nothing but direct investigation, can give any conception of the magnitude of Hahnemann's labours, - but his ceaseless toil both confirmed his belief in his great generalization

made easier the tests of those who care to follow Homœopathy rests on experiment. By experiment alone can it be tested, by experiment alone proved or confuted.

It is then is what Homœopathy is, a rule of practice the administration of drugs.* It demands a knowledge of the effects of drugs upon the healthy which can only be fully obtained by experiment, relating and extending the results of accidental findings and observations on the sick (the so-called clinical symptoms) and this knowledge the HOMŒOPATHIC MATERIA MEDICA seeks to supply. When this knowledge is used to select for any case of disease the most similar (the most similar) remedy then an experiment is made in Homœopathy. Practical experience from the past onwards adds the recommendation to give the remedy in a small (not necessarily an infinitesimal) dose. But the dose, of which more will be said in a later chapter, is secondary to the choice of the remedy. It is this that stamps a treatment as homœopathic.

It will now be realised that the practice of Homœopathy is concerned alone with the administration of remedies. It is a branch of therapeutics, a specialism the name is preferred, and the study of it is in addition to the resources of the physician, not an impediment to the use of any other treatment justly prized. The value and the need of surgery, the development of diagnosis the study of pathology, the application of diet and exercises and physical stimuli, that the years have given of worth, are as much prized possession of the believer in Homœopathy as his unbelieving colleague. Even with regard to the uses of drugs than their homœopathic application the homœopathist is free to employ any that he requires. If he uses little *Morphia* and less *Salicylate of soda*, purgatives with care and local applications with the reluctance, his relative denial of efficacy is based on the possession of a guide that generally relieves him of the need for these practices. If the symptoms point clearly to a "simillimum," that agent will seldom

* And for that matter of other physical agents.

fail to relieve pain or put constipation or skin disease in the way of recovery, perhaps more slowly but generally more surely and permanently than the (apparently) readier methods of treatment. But if through lack of knowledge or of skill (for it is not easy to practise Homœopathy finely) he is at a loss, he is free and ready to turn to the more orthodox resources, being (it is to be hoped) a physician before he is a homœopathist. Only, the more skilled the believer in Homœopathy the more seldom he has need of these other uses of drugs, and in his caution in the use of them he has the countenance and support of great teachers of medicine themselves. Drugs and drug therapeutics are to some extent under a cloud of suspicion in these days and, apart from their homœopathic uses, the follower of Hahnemann sees little reason to dispel the shadow which orthodox experience has cast on them.

There is one aspect of the orthodox uses of drugs which deserves a word or two. Over and over again the homœopathist finds drugs recommended by non-homœopathic authority for conditions to which they are similar. In many instances the similarity is unrecognised from ignorance of the drug "provings" and the symptoms so elicited, but in some cases (e.g. *Cantharides* for nephritis. *Opium* for constipation, etc.) it might be thought that a suspicion of homœopathicity would cross the minds of those who recommend them. A leading medical journal within the last twelve months has commented on the resemblance of symptoms of *Emetine* poison to those of the dysentery for whose cure it is given. The late Dr. Dyce Brown collected some seventy examples of this unconscious "homœopathising." The number of these illustrations of the truth of the Hahnemannian generalization is usually unrecognised. If it were observed the possibility that these scattered instances could be gathered under one formula might surely strike even the unobservant and the success of vaccine therapy comes to strengthen the possibility that "like" may be a remedy for "like," for if it is not Homœopathy to make remedies for diseases out of the

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agents which are held to be the causes of these diseases it is difficult to find a better word. It will be argued perhaps that the response in anti-body production to the stimulus of a vaccine is a phenomenon observed and brought to usefulness with no thought of Homœopathy. This is true but the fact increases the significance of the observations. It is of course not therefore proved that a drug that can produce similar symptoms to a disease, will be a remedy for that disease, but it makes the possibility of such a relationship more credible and surely therefore increases the urgency of such tests as alone can establish or deny the Hahnemannian claim. Vaccine therapy does not prove the truth of Homœopathy but does it not make it less paradoxical and incite to independent research ?

Thus historically it must be admitted that while the truth of Homœopathy must rest on experiment, widespread and satisfactory testing has been hitherto denied and thus a road promising much of value to the physician has remained unexplored. The few who have been led along it rarely retrace their steps or fail to praise it, and this fact should be a further inducement to research. But general biological considerations, apart from clinical experience can make a case for experiment in this matter. Disease is ultimately an affair of the reactions of protoplasm, and in the response of protoplasm to stimuli we should find, if anywhere, material for generalizations upon disease and treatment. Now these responses of protoplasm have been well investigated and appear to follow a constant rule generally summarised as Arndt's Law.* The simple statement of this rule is that small stimuli encourage life activity, medium to strong stimuli tend to impede it and very strong stimuli to stop or destroy it. Thus a strong solution of *Arsenious acid* will destroy the yeast cell, † less strong impede its fer-

* Law in a biological sense (and medicine is a biological study) implies no eternal binding force, but merely that hitherto in experience certain results follow certain causes in a definite predicable sequence.

† It is a commonplace of all *Materia Medica* that the first effects of a drug should often be opposite to its last effects: e.g., *Camphor* will be aphrodisiac at first and later anaphrodisiac.

mentative activity but very dilute solutions will encourage its activity, at any rate for a time.

Considering only the behaviour of protoplasm, we should be led to argue that since in disease the cells specially attacked are the cells specially in need of a stimulus (since their life activities are threatened), that stimulus will be found in a small dose of the agent which in large dose can damage or destroy precisely these particular cells. How can the special relationships of drugs to cells be known? How but by a testing of drugs upon the healthy. Drugs given to persons in health will influence certain cells and tissues according to their individual "affinities": when by symptoms thus produced we know that a drug can damage this or that set of cells, then we can use a small dose of the same drug to stimulate the same set of cells if oppressed by disease. In other words, the responses of protoplasm to stimuli would justify the recommendations:

(a). Test drugs on the healthy and note the symptoms.

(b). When treating disease, look for a drug which has produced similar symptoms on the healthy, for only thus can there be any confidence that it will influence the tissues affected.

(c). Give a small dose.

This summary is sufficiently close to the Hahnemannian generalization to encourage the testing of it, yet it is reached by arguments from non-clinical experience.

Finally it is significant to note how the generalization of Hahnemann has been both anticipated and independently reached subsequently by other observers. Hippocrates noted that drugs could sometimes cure "similar" diseases though he made no rule of practice from the observation. Paracelsus wrapped his teaching in such obscurity that it is rash to dogmatise upon it, but if I interpret him rightly he believed that "Like to like" was the sound rule of prescription: his suggestion of naming diseases by the drugs which would relieve them, seems to mean that it was from similarity that he selected them. John Hunter conceived from the resemblance of the symptoms

nic *Mercury* poisoning to those of syphilis. The undoubted power of the drug to relieve that that "similarity" might be a clue to the best remedies. And since Hahnemann the great man (for all his hatred of Homœopathy) suggested the principle of "substitution therapy" which led in due time to the use of "similar" medicines. Dr. Schulz (more or less forgotten now) and Professor Hugo Schulz (yet living) deduced, independently of one another and of any knowledge of Homœopathy, a system of therapeutics such as have been mentioned above, which very closely resembles that of Homœopathy. Both of these men came quickly to realise where their clues had led them, and made fullest acknowledgment of Hahnemann's precedence in the field. Professor Schulz's work is often quoted in this volume and his independent work is the most important addition to homœopathic literature which has been made from any source not previously acknowledged as deriving from Hahnemann. Homœopathy therefore is a principle of drug therapeutics: it teaches that drugs must be tested on the healthy and chosen for diseases by their similarity of symptoms: the closer the similarity between drug symptoms and disease symptoms the greater the chance of permanent and speedy relief. It claims to be justifiable on general grounds but can derive final validity only from clinical experiment. Subsequent chapters must deal with the supply of material for such experiments and the best method and manner in which to make them.*

* It is not unusual to recommend a method of treatment by statistics whenever comparison is possible. Homœopathy has no reason to fear the test of figures and has indeed largely profited by such tests, but its followers are well aware of the many fallacies that may lurk in records of cases, similarly named but perhaps differing widely in many respects, and their limited control of public institutions (fever hospitals, asylums, etc.) deprives them of the opportunity of simple comparisons year by year. But they can fairly urge that the personal experience of their converts has a value that may be called statistical. Every physician in Europe who adopts Homœopathy is trained in all the wisdom of orthodoxy, has his own clinical experience of its value and has seen the practice in detail of the masters of its art. If he faces the contempt and obloquy of avowed Homœopathy (much less than of old but not negligible even to-day), and no man lightly severs himself from professional fellowship, it can only be because he believes that through Homœopathy he obtains better results. Yet in attaining these results,

THE STRUCTURE OF THE HOMŒOPATHIC MATERIA MEDICA.

HAHNEMANN called the Materia Medica which owed (and still owes) its conception, initiation and the most valuable part of its structure to his devotion and genius, by the name "Pure" whereby he meant to indicate that it should be experimental, rather than conjectural, recording the effects of drugs actually observed upon the healthy and nothing else. In the main his followers have retained his ideal and the extension of his work has followed for the greater part on the lines laid down by him. When a homœopathist desires to study a drug, hitherto unknown as a remedy, he must begin by getting it "proved" by as many persons of both sexes as possible. Preferably they should be thoroughly healthy, old enough to report their subjective symptoms intelligently, but young enough to have sensitive tissues unpoisoned by errors of diet, or drugging, or the results of physical indulgence.

For many remedies, this ideal has been tolerably well attained and their pathogeneses sifted through many clinical experiences, can be set forth with confidence as veritable drug pictures. Many other remedies have been proved with less completeness, but still sufficiently to make them available for use, and of others again we have but little knowledge: these last await their true place in the Materia Medica.

But although the deliberate systematic testing of medicines upon the healthy must remain by far the most important source of our Materia Medica, there remain other springs not by any means to be despised. The first of these is the knowledge derived from poisoning by drugs, accidental or intentional. Hereby are revealed the gross effects of massive doses, and here

his general knowledge remains the same and the power of his personality is unchanged. The only new factor in his practice is his new therapeutic learning and it is only fair to attribute to it the gain for whose sake he is ready to face the smile of contempt and perhaps the cold shoulder of ostracism. He undertakes new and hard labour for no obvious gain except greater power to heal the sick: before he is dubbed merely credulous, his critics should repeat his experiments, and the price he is willing to pay should attest the sincerity of his belief in the worth of his prize.

ently it is possible by post-mortem examinations to know something of the morbid tissue anatomy produced by these agents. This knowledge has some value, but is of less worth for the prescriber's purposes than the observations of the provers. It is generally admitted that it is in the earliest stage that diseases are most amenable to treatment, and in this respect the symptoms of the conflict between disease and life are more likely to be subjective and indirect than the significant of the gross tissue changes that may be about to follow. The aim of the homœopathist is to discover the simillimum for the disease while it is in such preliminary symptoms and he is more likely to find among drug pictures usually built up by administration of small doses during a considerable time than in the overwhelming effects of large quantities. Many tissues once destroyed can by no means be reintegrated, and to delay treatment till the spinal sclerosis, or interstitial nephritis is unmistakable is to leave little but palliation available for the physician.

One often (mistakenly) derided interest of the Homœopathist in symptoms therefore finds its justification in an attempt to cure diseases while they are still amenable. It need hardly be added that the disappearance of symptoms which may have been the first signs of tissue changes impending does not for a moment warrant the claim that these tissue changes would inevitably have followed the neglect of our remedies, that the cases are therefore to be classed as "cases" of sclerosis or nephritis or whatever it may be. That would be an assumption quite untenable in any given instance. For that matter recovery of any isolated case may raise a reasonable presumption that treatment has been effective, but never establish its effectiveness as a fact beyond doubt. Only by prolonged experience over many cases and comparison of many cases can homœopathists have any confidence that their treatment of ordinary symptoms does sometimes ward off serious disease, but this experience has been earned and comparisons made and the desirability of attempt-

ing this task may be taken as established for those who have studied the subject. In any case the need of the patient for relief is obvious and Homœopathy offers a way of choosing a remedy which has claims to relieve not only fugitive symptoms but those that are forerunners of graver troubles, and there for the moment the matter may rest. It suffices to indicate the reason for the preference of the deliberate proving over the poisoning as a guide to the remedy. When the tissue change is established the pathological relation of drug to disease is an invaluable guide to a remedy which may cure an acute recoverable tissue effect of illness (e.g., pneumonia) or relieve or palliate a chronic and irrecoverable one.

Similar advantages and disadvantages belong to drug experiments upon animals. They are not to be despised, but they have a special defect of their own in that the bodies of animals cannot be expected always to react to stimuli as do the bodies of human beings. He who would for instance make the effect of *Belladonna* on the rabbit the sole guide to its use on patients might well be led into error. All this material therefore Homœopathy uses gratefully enough as regards any hints of possible action but with considerable caution. Seeing that in practice a drug is to be given to human beings it is to the effects of the drug upon men and women that the physician looks with most confidence for guidance. The veterinary practitioner naturally finds a special value in animal "provings."

Over and above provings, poisonings, experiments on animals, there remains clinical experience. This is of value in two ways.

In the first place it will strike the enquirer at once that symptoms (especially subjective symptoms) set down by provers may not be drug effects at all. Imagination, stimulated by attention and expectation, is capable of producing the most definite phenomena. How shall the true drug effects be distinguished from the false? In the first instance Homœopathy relies on the acumen of the supervisor of the proving. By cross-examining his subjects and using all his knowledge

capabilities and qualities, he can often from throw out or query symptoms doubtfully by the drug. Further the multiplication is a great help, for obviously symptoms by two or three or more are less likely to be than those which appear only in the record. Care however must be exercised in applying for among several provers one or two will be sceptible to the drug and may well obtain symptoms of its action which the others miss. are records of the infinity of pains and labour which Hahnemann devoted to the tion of symptoms and given a trained, alert, l, but not prejudiced mind, even one or two s will yield fruits of value. Nevertheless without some imaginary symptoms will pass the first

now comes to be applied the final testing, the tion to the actual case. If a belief in the truth homœopathic generalization exists in the phys- and it is not too much to say that it can safely anded on clinical experiments which admit the (no doubtful symptoms), then this belief can ther used to test the provings. If any recorded tom proves a valid guide to the choice of a remedy ouches for by the disappearance of the symptom administration of the drug), then that counts our of the truth of that symptom of the proving. ust be premised of course that the symptom under shall be accompanied by others warranting choice of the remedy as the simillimun and that tests must be repeated in several instances. But ating these conditions it is fair to say, that the ptom that consistently justifies itself as a guide the curative remedy deserves to be accepted as a uine drug symptom and may be henceforth held honour. Similarly symptoms which consistently as guides can be discarded. In this way clinical erience proves the provings. But it has another value. Two phenomena can frequently observed in the course of practice h remedies. First the appearance of new symptoms

in the patient following the administration of a drug: second, the disappearance of symptoms (under treatment) which are unrepresented in the provings of the agent employed. In either case the remedy may be responsible for the phenomenon.

The appearance of new symptoms in the course of disease under treatment demands, (as all phenomena demand from science) the most detached, unprejudiced consideration before a conclusion is drawn, and any conclusion can be no more at first than tentative and lightly held. The power of disease to give rise to unusual symptoms is as boundless as are the variations in human constitutions, and the first assumption with regard to a newly appearing symptom, however strange, must be that it is probably due to the disorder and not to the drug administered. Nevertheless if the new symptom is observed in close connection with the remedial agent, rising and falling in intensity with the nearness to or remoteness from the times of administration, if it is accompanied by other symptoms known to be characteristic of the drug, the possibility may be considered that it is a drug-produced symptom which the reupon becomes a candidate for inclusion in the pathogenesis of the remedy. A candidate indeed whose pretensions need the most cautious testing; but if future experience shows that the symptom not uncommonly is associated with other symptoms of the medicine and that it disappears after the administration of it, then by degrees a reasonable degree of conviction can be attained and the symptom placed among the others of the drug picture as a trustworthy guide to the use of the remedy. This process of sifting requires time as well as patience and care, but it has added certain new features to a number of drug pictures and is not to be despised as a means of supplementing the *Materia Medica*. The disappearance of symptoms under treatment however is a more fruitful field for observation. Suppose a remedy is chosen on the ground of its resemblance to the symptoms of a case, but suppose (as often happens) that the resemblance though fairly close has one or more notable gaps, the disease

ting a marked symptom or two for which no
 l can be found in the proving. Suppose
 heless that no closer *simillimum* can be
 and that the drug is given. If now it proves
 sful it will probably remove not only the sym-
 that were known to appear in its pathogenesis
 so the ones hitherto unrepresented. In such
 it is not unreasonable to adopt as a working
 eseis that the symptoms removed may be
 le indications of the remedy and to include
 in the pathogenesis temporarily until further
 l experience has justified their permanent
 on there or condemned them.

hese means clinical symptoms are often obtained
 manent value, and for practical purposes if a
 om has repeatedly shown itself a trustworthy
 o the choice of a remedy, there is no reason why
 d be ignored because it has never happened to
 in any proving. There are many drugs of
 e know a great deal, but few or none of which
 say that our knowledge is exhaustive, and we
 d to neglect no source of knowledge, provided
 hat we draw from it *without undue credulity*.

by clinical experience has also accumulated
 tore of information as to the general character-
 patients in regard to their susceptibilities to
 drugs. This knowledge is very valuable
 be realised in the course of this work and it
 d to a combination of clinical observation
 portion the respective values of the contributions.
 re again the value of the statements as guides
 ctice is of more importance to the working
 an than the actual source of the knowledge.

Homœopathic Materia Medica therefore is
 from all these springs. In the drug studies
 llow the intention of the writer is to incorporate
 ich material as can be regarded as trustworthy,
 he space will be given to details of discrimination
 he particular fountain from which this or that
 om has flowed. If it justifies itself as a sure
 for a prescription its value is assured.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the session was held on December 6th, the President in the chair. Dr. Dia was elected a member, and a letter read from Dr. Sutherland of Boston. Dr. John Weir then read an admirable paper on *Nat. mur.*, *Phos.* and *Sepia*, contrasting and comparing them. As a preface he read reports of excellent cases wherein the drugs had been used from Dr. Newell, Dr. Miller Neatby, Dr. Foley and Dr. Eccles and an excellent short treatise on *Sepia* from Dr. E. A. Neatby. The cases and paper were the beginning of a full and interesting discussion which illustrated all the principal features of the remedies. The speakers were Dr. Stonham, Dr. Powell, Dr. Burford, Dr. Jones, Dr. Jagielski, Dr. Neild, Dr. Tyler, Dr. Goldsbrough and the chairman. Dr. Weir replied and closed one of the most valuable gatherings of recent years.

TIME RELATIONS OF GASTRIC PAINS.—Gastric discomforts of the intragastric and perigastric regions is divided by Friedman (*Amer. Journ. of Med. Science*, Philadelphia, May, 1916, No. 5, pp. 625-78a) into continuous and intermittent varieties. The continuous pains are most frequently due to carcinosis, to marked pyloric obstruction, and to penetrating ulcers, with peritoneal involvement. The intermittent pains may be divided into immediate, early and late. The immediate are found frequently in ptosis, neurosis, obstruction of the cardia, besides other conditions, not considered here, as *achylia gastrica*, etc. The early pains, including those occurring fifteen to sixty minutes after eating, are most often due to adhesions in any part of the stomach, including ventral hernias and *pericholecystitis*. These are to be thought of particularly in those cases in which the changes in secretion and motility are too slight to account for the distress complained of. Later pains include those occurring one to three hours after eating, and indicate an increase in intragastric pressure or pylorospasm, of which the most frequent cause is hyperacidity. It is occasionally due to slight pyloric obstruction or pyloric adhesions or reflex causes.—*Medical World*.

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meeting of the Executive Com-
almers House on Tuesday, 18th

PARASITE.—A specimen of *Gongyl-
m*, according to *Ward Journ. of
arch* 11th, 1916, No. 3, pp. 99-418)
an. This species is normally the
on of the human host in Ward's
robably by the ingestion of larvæ
d developed in some insect. Very
by experiment to be able to serve
species, was the source of the in-
cur by accident. The presence of
by clinical symptoms indicating
s disturbances, associated with
appear with the removal of the
a tendency to wander through
from the lips to the throat.
Medical World.

OBITUARY.

MR. EVELYN PIERREPONT

WE had the sad duty last month of reporting the death of Mr. Pierrepont; we owe to the kindness of his son the following details of his life.

He was one of the earliest graduates in Dental Surgery at the University of Michigan and of the Royal College of Surgeons, Ireland. His student career was a brilliant one. He was a man of great originality and was the first to use the electric dental engine which he designed himself. He also designed the well known "Thorough Cleansing" tooth brushes and many instruments and appliances used every day in Dentistry. He was the only Dental Surgeon who actually manufactured Mineral Teeth and an energetic pioneer in the extended use of Nitrous oxide gas.

A convinced believer in Homœopathy and thoroughly well grounded in it, he made many converts and his enthusiasm will be sadly missed. His private hobbies were music, photography and grape vine culture. Alike as a worker and a man he won esteem and love throughout his life and his achievements should be a stimulus and encouragement to us all.

PLEURAL EXUDATE CAUSED BY TYPHOID BACILLUS.—Pepper, *Amer. Journ. of Med. Sciences*, Philadelphia, May, 1916, No. 5, pp. 625-780) cites the case of a man who had been ill with fever and chills for three weeks. He complained of no localising symptoms, and on questioning admitted the presence of a slight pain in the chest for a day or two. The temperature and pulse were elevated. Physical examination revealed nothing abnormal other than the signs of a small effusion at the base of the right lung. On aspiration a few cubic centimetres of hæmorrhagic serous fluid were withdrawn, and from the cytology of this a diagnosis of pleurisy due to the typhoid bacillus was ventured. This diagnosis was promptly verified by finding that both the blood serum and the effusion gives a positive agglutination test with typhoid bacilli and later by obtaining the *B. typhosus* in pure culture from both the blood and the effusion.—*Medical World*.

PONDENCE.

“EATING” FOODS:

THE HOMŒOPATHIC WORLD.”]
 idently thinks that homœopaths
 ck. We ought to spend our
 ing” foods—not drugs—as food
 ease. The fact is we are proving
 the few wise will select the food
 thinking crowd; whatever we
 eat as their appetites direct or
 Consequently, on Dr. Haddon’s
 always be disease and therefore the
 rugs. Dr. Haddon has banished
 He has proved it to be hurtful
 at it as we find it beneficial. He
 e. After eating some food purchased
 p” shop he felt ill—the rancid
 set him therefore fat disagrees!
 rm of cod liver oil has saved the
 who were drifting to consumption.
 nel practice I have to advise
 cent. with stomach trouble to
 at of any kind and to limit the
 but the other 50 per cent, can take
 ty. Hundreds on my list who very
 e surgery eat fat and enjoy perfect
 addon “got lumbago” after eating
 ke most people I am fond of green
 never suffered from lumbago. I have
 ents to-day suffering from lumbago
 pea season. A woman who ate heartily
 bread and tea had backache and indi-
 ouse she did; she belonged to the “un-
 d” and if advised not to repeat the food
 do something as silly to-morrow. I
 oman not to eat pork, veal, or pastry.
 ed from her illness and had a relapse.
 ve you had any pork, veal or pastry lately.”
 hat did you eat last night.” “A ham and
 What can one make of such people. Dr.

Haddon tells me that if I learned how to live I would not come home at night "with mind and body fagged." I defy him to spend twenty-four hours two or three days a week in a London practice, hard at work with little to eat and not be fagged. It is then that the dish of tea comes in. I cannot find by the strictest search that it has done me any harm. He advises me to stop taking tea for a week and then take a strong infusion. A similar result might happen with any kind of food.

Dr. Haddon can understand a woman dying "suddenly after eating heartily of milk pudding if she had not been in the habit of eating milk puddings." But she *was* in the habit of eating and enjoyed milk puddings. The fact is we cannot draw a hard and fast line about foods.

Yours Truly.

W. A. DAVIDSON.

PHASEOLUS NANA.—A GREAT CARDIAC
TONIC.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR—An account of the above remedy appears in *New Old, and Forgotten Remedies*. (Boericke and Tafel, 1900.) The author is Dr. A. M. Cushing, who published his experiences in the *Homœopathic Recorder*, 1897.

I write to enquire whether anyone connected with "THE HOMŒOPATHIC WORLD" knows anything of what would appear to be a heart remedy of very high importance, judging by Dr. Cushing's reports—Let me quote:—Observation, p. 281. After child birth. . . "heart was failing in its action fast." R. A. few doses of *Phaseolus* 9x: result:—"That is wonderful, her heart is *all right*"—*Afterwards she had no trouble.*

Observation p. 281—Lady aged 50, nurse by profession "at times had fearful time with her heart palpitating and feeling as if she would die." R. *Phaseolus* 15x—result—"She never took anything in her life that did so much good as that—"

284.—Lady about 50, complained of acting and bad-feeling heart—Result:—“Forty-eight hours after she *her heart wheeled into line as so.*”

284.—Dr. Brown of Springold young man with pulse ranging from 100 to 6. Result—:next day pulse so—(some remedy!) this remedy available. Correspond-

R. H. BELLAIRS.

PROVING ” SALT.

OF “THE HOMŒOPATHIC WORLD.”] I find none of your readers are inclined to do of “proving” our different foods. I find that a Mr. Wallace condemned bread without it, which had a large quantity of acetates; and lately it has been discussed causes dropsy, which can be cured

I have been studying what I call “*proving*,” which nearly every one has

It is seen in the skin above the eye, but might not be noticed unless looked at. I had any salt, except what may be in the time, so I thought I would “prove” with pure salt, not cerebos nor other so-called salts. The first day I took a little salt and was thirsty all the night after, but no effect. Next day I boiled peeled potatoes in a desert spoonful of salt, for some time, and then poured off the liquor, and the following day I drank (about half a pint) in the forenoon. I felt very much like what I had had on rising in the afternoon I drank the remainder, and in half an hour I had a watery motion, as if from bile) without any faces. I did not notice any increase in the swelling

of the skin above the ankles ; but, the next night it was markedly increased, and extended up over the calves of the legs to near the knee, while, on the front of the right leg, there was a groove running from near the knee to the ankle. There was diuresis, as well as purging after the salt. How such anasarca is caused, is the question. Perhaps some of your readers will repeat my "proving" and let you know the result in their case, but they would require to take it on an empty stomach as I did for I don't eat till night.

I remain,

JOHN HADDON, M.D.

[Any symptoms of *Nat. mur.* are of interest but clearly Dr. Haddon is not aware that its pathogenesis is already tolerably complete.—EDITOR H. W.]

THE RENAL FUNCTION IN HEALTHY AND DISEASED PREGNANT WOMEN.—Werner's investigations (*Arch. f. Gyn.*, Bd. 104) failed to find any injury of the glomerular function in healthy pregnant or lying-in women, when using the milk-sugar tests. The function of the tubules in such women is only slightly increased beyond the normal. The work of the tubules is carried out periodically, not continuously. The total work of the kidneys, as tested with phenol-phthalein, was sufficient, although the functional capacity looked upon as a whole was reduced. After operative deliveries under prolonged narcosis, an impairment of the glomerular and tubular function may be demonstrated, but only for a short time. In pregnant women with moderately or well compensated heart diseases, the iodine- or phenol-phthalein test showed good function, but by the milk-sugar test an impairment was demonstrated in several cases. It is only in the case of double-sided pyelitis that impairment of the renal function is regularly found. The pregnancy-glycosuria is caused by injury to the glomerular function. In pregnant women suffering from goitre, there also appears to be a functional weakness of the glomerular system. In nephritis there is severe disturbance both of the glomerular and tubular function ; only the latter shows rapid improvement after the birth. We must differentiate between a nephropathia in the gravid state with vascular disturbance and one without such ; the first is inclined to become converted into a chronic nephritis. The functional tests with milk-sugar and *Pot. Iod.* are valuable differential-diagnostic means of deciding between a nephritis and a nephropathia, and in the case of the latter enable us to estimate the further course of the disease.—*Medical World.*

WORKS. [*Homœopathic World*.
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ness Psychology*. Cr. 8vo, pp. 378.
Macmillan, net 6s.

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 16, Weymouth Street, W. i.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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,

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Davidson, London — Dr. Bellairs, Cheltenham — Dr. Haddon, Hawick — Mr. Pierrepont, London — Dr. Burford, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom-

Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—N.A.J. of H.—New Eng. Med. Gaz.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. Fran. Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

The Homœopathic World.

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Platinum.

The Indications for the Use of Physical Stimuli. By Dr. Percy Wilde.

Formica Rufa in Headache. By Dr. Goldsbrough.

HOSPITALS AND INSTITUTIONS :

Glasgow.

BRITISH HOMŒOPATHIC ASSOCIATION
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THE
HOMŒOPATHIC WORLD

FEBRUARY 1, 1918.

INTERNATIONAL HOMŒOPATHY.

THE war of the nations continues, but our great (if not our only) hope for the world's future lies in the development of such international relations as shall make an end of all the survivals of barbarism. If Germany and her allies can ever realise that for them, as well as for the rest of us, there can be no real abiding peace until patient reason and tolerant consideration replace brutal force and arrogant oppression, then the time will be near when we can once more think of her land as the home of Goethe, Beethoven, Bach and Hahnemann, and forget the life conceptions (so essentially stupid in reality), of Bismarck and Bernhardi.

Meantime every link, however slight, in an international chain of well-doing is of inestimable value; therefore we are glad to make as prominent as possible the report of the International Council, which appears in this issue.

It is too early yet to think of Congresses, though we hope that at the first glimmerings of the dawn of peace, steps may be taken to gather together physicians of some at least of the world's nations; but until that time comes every homœopathist should back by speech and thought the work of the I.H.C. Its merit is not only in its actual accomplishment, far from negligible as that is—what has been done reflects the greatest credit on its workers, especially upon Dr. Burford on

alls the main burden of fore-thought and daily
-but the symbolic value of the I.H.C. is of
worth still, because it waves as a flag to remind
that medicine passes all frontiers and strives
he children of men.

sign to illustrate the uses of the I.H.C. is given
issue of the **WORLD**. The extraordinary success
ed from the Flower Hospital, New York, in
nic anterior poliomyelitis is so unusual that in
it must have penetrated medical consciousness
and elsewhere. But thanks to the regular com-
munications of the I.H.C. it was reported (at first
tely) to Dr. Burford, brought by him to more
al notice, and at once followed up until we have
a detailed account of a most significant success.
use of the indicated remedy by other methods
by the mouth has been occasionally recom-
ended, but we have all much to learn of the value of
odermic and intraspinous homœopathic medi-
on. In this series of cases the results have been
st striking and we congratulate our New York
leagues not only on their success as physicians, but
their courage and skill as pioneers of a new method.
Let us all then not only wish well to International
omœopathy but act well towards it. Its needs are for
nderstanding and sympathy more even than for money,
though it can use money wisely also. But chiefly
e plead its cause as a hope for the future for which
e long, when the nations shall be as were the
hepherds and slaves of King Admetus while Phœbus
ived amongst them, when the poet relates that

“Then began contention to give delight ; and be
Excellent in things framed to make life kind.”

THE NEW BRISTOL HOSPITAL.

Our readers will vividly remember the generous offer of Mr. Melville Wills to Bristol Homœopathy, and we call their attention to the short article (which we owe to the kindness of a Bristol correspondent), on the present position. They will there learn that not content with his first gift, Mr. Melville Wills has increased its munificence by presenting a site for the building. The land is bought and presented to the Trustees with a sum of £10,000 in War Loan, to accumulate till the war ends and building can be begun. Here, therefore, is fulfilment, full measure pressed down and running over, and British Homœopathy will indeed be lacking if advantage be not taken of this princely generosity. Now, therefore, is the time to give so that there shall be no delay in the after-time before a fully equipped and well-endowed Hospital stands in Bristol as a memorial to a gallant soldier and a bulwark of the art and science of medicine.

INFECTION IN GASTRO-ENTERITIS IN INFANTS.—Marfan (*Le Nourrisson*, Paris, May, 1917, No. 3, pp. 129-192) concludes his historical and critical study of this subject with the statement that aside from disease due to a specific microbe such as cholera, etc., infection has too contingent and too variable an action, it is too dependent and often too difficult to determine, to allow infection to be the basis of classification and nomenclature of the digestive affections in infants. He warns further than secondary diarrhoeas are far more common than is generally recognised. When an infant has digestive disturbances, we must not be too hasty in ascribing them solely to improper feeding. We must examine whether some general malady is not responsible for the digestive trouble. This may disclose occult tuberculosis or overlooked syphilis. On treatment of the causative trouble, the diarrhoea may subside, while treatment of the latter alone would be futile. This is especially liable with inherited syphilis. He declares that it has not been definitely proved to date that any special type of diarrhoea in infants is due to any special pathogenic microbe (aside from dysentery, cholera, typhoid, tuberculosis and syphilis).
Medical World.

NEWS AND NOTES.

THE TRELOAR CRIPPLES' HOME AT ALTON.

desire to call attention to the excellent work done at this Institution, especially in cases of Surgical Prolapsus. Almost ideal conditions of fresh air, light and feeding are added to the best surgical treatment, and the children's education is specially adapted for. Crippled boys, after treatment, are sent on to the College and trained to the limit of their powers. Of 1,890 cases treated, 93 per cent. were left with disease arrested. Further comment unnecessary.

A SIGN OF THE TIMES?

A physician, a recent convert, writes: "It may interest you to know that within the past eight months I have met three medical men, all of whom they cannot believe there is 'anything in' homœopathy; but all of whom are under homœopathic treatment. One of them even took a long journey to London to consult a homœopathic physician. These gentlemen do not believe in our method of treatment it is obvious that they believe in their own less."

MESSRS. KEENE AND ASHWELL'S DIARY.

If the day ever comes when this annual Diary fails to appear there will be much lamentation among those who have ever known it. There is no more to say of this year's volume than that it is as good as ever.

IODINE IN PULMONARY TUBERCULOSIS.

Dr. Boudreau, a French orthodox physician, has been praising Iodine in this disease. Every homœopathist has long known that it is one of the drugs most frequently indicated and (therefore) successful. The doctor begins with drop doses (tincture 1-12), but rapidly increases the quantity and gives big doses for

months continuously. In our experience we have found continuous treatment desirable but have never found these massive doses necessary, preferring to vary potencies from 1x to 6 or 12, giving each potency a run of four or six weeks. Really chronic cases seem to need high potencies and (generally) other remedies: the acute and subacute cases call most often for *Iodine*. But we need a great deal of work on the effect of increasing doses of drugs. Our own belief is that they are quite unnecessary, and that when a remedy begins to lose effect it is better to suspend its use for a time or change the potency than to increase the quantity. However, we commend the subject as a good one for investigation.

MILITARY MEDICAL EXPERIENCE.

A R.A.M.C. physician writes :

2. *Hypericum* ϕ is wonderful for painful stumps or wounds where very painful. *Hypericum* 30 very good for injuries to back, etc. Compresses or fomentations of ϕ are very useful in sciatica or painful ? neuralgic conditions. Of course where the simillimum is obvious or easily found it is given.

3. *Silica* has proved very useful (a) In cases where the man has been "peppered" with minute fragments of metal, etc. One striking case was that of a man with an old wound in the neck which had re-opened once or twice. On examination an unhealthy scar was seen with peculiar granulation very much like tuberculous material. A hard mass was to be felt above and below. Of course the orthodox would have opened up his neck and carved it up in all directions. I thought I would have a go with medicines. I gave *Silica* 30, three doses, it appeared to be getting a little worse so I got impatient and gave one dose *Silica* 200, with the result that the neck rapidly got inflamed and through the old opening I evacuated a quantity of pus. In a week or so the neck had healed perfectly, with a firm scar and no glands to be felt !!! The man said it had never been healed up like that before, and that his neck was feeling quite different.

Silica 30 has done wonders in sending out or creating a "riot" round foreign bodies. I remember the warning attached to its use !!

3. Of course *Hgp. Sulph.* comes in very usefully.

4. I found the majority of the gas cases improve on *Phos.* 6 or 30. *Sulph.* in some cases, etc. *Chlorum* 30 in others. *Chlorum* helps up to a point then *Phos.* very often helps much.

5. Trench fever gives splendid results in the majority of cases with *Gelsem.* 30. I have one or two striking charts to show some day.

THE INFLUENCE OF MATERNAL ORAL SEPSIS ON THE FŒTUS.

We have received from Mr. E. Spencer Pierrepont, L.D.S., R.C.S., a reprint of a most important article on this subject published in the *Lancet*. Mr. Pierrepont shows by analysis of a number (500) of cases how real is the danger that toxins from maternal oral sepsis may cause premature birth or miscarriage and probably prove a factor in producing marasmus in children born at term. Definite effects can be shown in the milk. It is further probable that such sepsis is a real factor in causing eclampsia. The subject is one of vital importance, and we commend it to the consideration of all medical men.

CAMPBOR IN TREATMENT OF CARDIOVASCULAR DISEASE.—Marfori *Policlinico*, Rome, June 17th, 1917, No. 25, pp. 785-812, pleads that *Camphor* should not be reserved for a last resort in serious conditions, but should be regarded as a useful drug in small doses for dilating the vessels to reduce the blood pressure both in the greater and the lesser circulation. Nothing can compare with *Camphor*, he asserts, to stimulate the heart and regulate the pulse in cases of chronic myocarditis with simple cardiac insufficiency, with arrhythmia, with auricular fibrillation. The benefit from *Camphor* may persist after its suspension, but as a rule it should be given systematically, over long periods. The *Camphor* can be given in subcutaneous injections of camphorated oil, one or two a day, each with 0.1 gm. *Camphor*. Or it can be given in pill or other form by the mouth; it is borne well and may have a useful influence on the digestive tract. In valvular disease, when the predominating disturbances are hypertension in the right ventricle and lesser circulation, *Camphor* is the most rational treatment and, in his judgment, the most effectual. Insufficiency with several forms of vascular disease is often directly connected with stomach-liver trouble inducing dilatation of the right heart and spasm of the pulmonary vessels. The almost elective action of *Camphor* under these conditions shows that it may be regarded as the medicine for the right heart. Whenever the heart is compelled to work harder on account of increased resistance, in the respiratory domain, then *Camphor* is called for, as with the pulmonary sclerosis of the tuberculous. *Camphor* can always be given with advantage in cases of high arterial pressure from hypertrophy of the heart or vascular spasms, as with the high pressure of the menopause, with arterio-sclerosis, etc. This work issues from the Institute for Pharmacology and Therapy of the University of Naples, and is based on considerable experimental as well as clinical experiences.—*Medical World*.

ORIGINAL COMMUNICATIONS.

THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

(We desire to give prominence to the following letter and its additions.—ED. H.W.).

To the Homœopathic Physicians of Great Britain.

HONOURED COLLEAGUES,—Again during the conflict of arms we desire to convey to you cordial greetings in the name and by the authority of International Homœopathy, whose flag still flies over the nations of the world.

May we in the ordered course of events again meet to forward the interests and develop the values of scientific medicine, whose promotion is the life-work of each and all of us.

The history of the world during the past year of grace has not allowed the summoning of an International Homœopathic Congress already overdue. But the future contains the promise and the potency of a reconstructed homœopathic affiliation, whose task it will be to help to bring healing to those war-worn wrecks which mark so large a proportion of human kind. The scope and the success of homœopathic medicine should add enormously to the forces of re-juvenation on which unprecedented call will increasingly be made. Hence it is our official duty and personal pleasure to keep the international machinery of Homœopathy in being, and to prepare for a larger effectiveness in the healing of the sick.

Nor is Homœopathy lacking in forward movement in response to the calls of the present time. The Hospital at Neuilly, initiated by this Council, under the auspices of the London Homœopathic Hospital, has done excellent work, and a full account of its being and doing is already in the press, and will be issued early this year. The homœopathic physicians and surgeons in America have promptly and enthusiastically added to their many laurels by the organisation of four homœopathic hospitals for military service,

one of which already completely installed, is at work. The equipment of the others being arranged to follow as required. An account in detail of the scheme has been previously published in the HOMŒOPATHIC WORLD.

The clinical note books issued by the Council for the use of our colleagues engaged in military duty will, we have reason to believe, yield a large number of accurate observations available for statistical purposes. A considerable quantity of case material drawn from the work at Neuilly has already been prepared for use by the labour of Dr. A. E. Hawkes of Liverpool, for some time Medecin Chef in the French Institution.

We trust that all Homœopathic Physicians and Surgeons, wherever engaged in military medicine and surgery, will make and preserve some record of their professional work for incorporation in those homœopathic reports, which we trust will be issued in the future. The Council will be honoured by communications on this subject from colleagues engaged in military hospital work.

We are,
Yours fraternally in the cause of Homœopathy,
GEORGE BURFORD, M.B.,
President of the International Congress of 1911.
JOHN PRESTON SUTHERLAND, M.D.
CHARLES E. WHEELER, M.D.,
Permanent Secretaries of the International Congress.
ALFRED E. HAWKES, M.D.,
officio Member of the International Homœopathic Council.

WORK OF THE INTERNATIONAL HOMŒOPATHIC COUNCIL.
The December Meeting of the British Homœopathic Society (Dr. Charles Wheeler, the President, in the presence of Dr. Burford, in moving the re-election from the British Homœopathic Society of the Acting Committee of the International Council, stated that this procedure was consequential on a request from

the Emergency Meeting of the Homœopathic Council held in London in August, 1914, to the effect that an Acting Committee be appointed in England to carry on the work of the Council until such time as its entire officiate could assemble.

The proper electing body in the circumstances was the British Homœopathic Society, and accordingly the request was again preferred at this first meeting of the Society in the new official year, for the nomination of the personnel of the Acting Committee for the ensuing twelve months.

Reviewing the work of the past year, Dr. Burford said that the Council did not sit with folded hands, neither had its work been by any means sterile. The Society would be gratified to learn that a full and elaborate report of the Neuilly Hospital, which was established in 1915 on the Council's initiative had—as was already known—been closed owing to the sweeping alterations and additions originally calling for its establishment.

A full and complete history of its origin and work had been compiled, was at present in the press, and would shortly be issued by the Neuilly Committee, containing a most interesting account of the being and doing of the Institution. So soon as possible this book would be issued, and the account of the work done which it contained would alone justify the institution of the International Homœopathic Council.

The communication to Professor Sutherland suggesting that as the American nation had entered the ranks of the belligerents special homœopathic hospital work might be undertaken in the preparations of the United States, elicited from him a response to the effect that this was being provided for on a lavish scale. That four complete hospital equipments had been arranged, and their offers of service accepted by the American authorities. That the first of these to be established was at the initiative of the Massachusetts Homœopathic Society, and that some \$40,000 had been subscribed in a week as its financial basis. Professor Sutherland stated that the remaining homœopathic hospital military establishments would be

and furnished to the authorities from time to time as they were required.

the issues of the work of the Neuilly Hospital collection of a large number of accurate and clinical reports—which were chiefly owing to the successful work of Dr. Alfred Hawkes during his residence at Neuilly as *Medecin Chef*—from the Neuilly Hospital; these are already in the possession of the Council, and it was stated that it would be a most desirable thing for the American military hospital administrations to consent to keep their records on the same or similar lines so that they would be readily available for analysis and publication as part of the duties of the Council in future times.

Burford further stated that while in the circumstances the summoning of an International Homœopathic Congress, already overdue, was impracticable at present, yet the Council trusted that in the distant future this would become a practicable thing, and our homœopathic colleagues from all over the world again meet at one Council table for the advancement of the cause of Homœopathy. Very much of medical and surgical practice and education were in the melting pot at the present time, it was more necessary than ever for Homœopathy to keep its flag flying in order that in the approaching era of reconstruction, Homœopathy should have a wide field for its powers of work.

The Society then nominated the following members of the acting committee of the International Homœopathic Council for the current year:

- Chairman*, Dr. C. E. Wheeler, President of the British Homœopathic Society.
 Dr. H. Wynne Thomas, Past President of the British Homœopathic Society.
 Mr. Dudley D. A. Wright, F.R.C.S., President of the British Homœopathic Congress.
 Mr. James Johnstone, F.R.C.S., Past President of the British Homœopathic Congress.
 Dr. A. E. Hawkes and
 Dr. William Cash Reed, Representing the Liverpool Branch of the Society.

Dr. George Burford, First Vice-President of the International Homœopathic Council, and Dr. Granville Hey, Corresponding Secretary of the Council.

The nomination of these gentlemen constituting the Acting Committee of the International Homœopathic Council for the ensuing year was unanimously agreed to.

Dr. Burford then stated that as Acting Secretary of the Council he had been in communication with the American colleagues on the extraordinarily satisfactory results that had accrued from the homœopathic treatment of cases of anterior poliomyelitis during the recent epidemic in the United States. A long and interesting letter had been received from Professor James Ward of San Francisco, who because the epidemic had not extended to California, had commissioned Dr. Anson Hill, of New York, to make a full report of the cases he had himself observed at the Flower Hospital and their treatment. To this initiative of Professor Ward we were indebted for probably the most interesting document that has appeared in homœopathic literature for several years. Dr. Hill's report described an entirely new method of treatment of this hitherto consistently fatal malady, which in a series of thirty-four cases resulted in the recovery of thirty-three. The remedies used were homœopathic remedies, and the method adopted was of direct injection into the spinal canal.

This report of Dr. Anson Hill will be reprinted by the Acting Committee and issued as an appendix to its circular letter anent the postponement of the International Congress meeting.

It was further the intent of the Acting Committee to reprint a very interesting and important account transmitted by Prof. Sutherland of the full equipment and personnel of the Massachusetts Military Homœopathic Hospital.

Dr. Burford stated that he had every reason to anticipate that during the forthcoming year the work of the Council would comprise important developments.

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REPORT OF TREATMENT OF ACUTE POLIOMYELITIS ANTERIOR AT FLOWER HOSPITAL, NEW YORK CITY, 1916.*

By PROFESSOR S. ANSON HILL,

Formerly Director of the Hasbrouck Laboratory in New York; Professor of Clinical Medicine at the New York Homœopathic College.

THE treatment of Acute Anterior Poliomyelitis is directed to intranspinal medication by virtue of the fact that medication introduced into the body by mouth, by hypodermic, or even by the intra-venous route was delayed from forty-eight to seventy-two hours in transmission to the spinal fluid. This has been demonstrated in animals by the intra-venous injection of a solution of trypan blue and subsequent autopsy showing that all the colouring matter was taken up by the choroid plexus until at least forty-eight hours after its injection into a vein, and after that only allowed to filter very slowly into the spinal fluid.

The use of *Adrenalin* or supra-renal extract in the treatment of the disease was strongly advocated in the recent epidemic in New York by Dr. Meltzer, of the Rockefeller Institute Staff. Dr. Meltzer's idea was based on the pathology of the disease in the spinal cord. The condition starts as a central focus of inflammation, and spreads in concentric circles from the original centre. The advance of inflammation and edema is shown clinically by the progress and development of paralysis. But the central point of inflammation is the only place that undergoes degeneration, and scar tissue formation is shown by the fact that after the recession of the clinical fever and acute symptoms the paralysis recedes and finally involves only a small proportion of the originally paralysed parts. Dr. Meltzer reasoned that the use of *Adrenalin* in the spinal canal would prevent the spread of inflammation

* Provided through the courtesy of Professor James Ward, (at the request of the International Homœopathic Council), from the University of California Medical School, Department of Applied Homœopathy, San Francisco.

Report from the Homœopathic World, Nov Feb 1918

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and œdema by virtue of the well-known ischemic action of the supra-renal extract, and thus prevent the spread of the paralysis to centres controlling the vital functions. It is noteworthy that he recommended the intraspinal injection of *Adrenalin* at least every four hours during the acute stage of the disease on account of the transitory effect of *Adrenalin* and its rapid neutralisation by the body fluids.

Understanding these fundamental facts, the treatment of acute poliomyelitis anterior at Flower Hospital, New York City, during the epidemic of 1916 can be understood and appreciated.

The first seven cases received at the hospital were moribund, having been sent from other hospitals. They were treated by the rational therapeutic routine of lumbar puncture for diagnosis and relief of pressure, bath, enema, and nasal and oral toilet, restricted liquid diet and the indicated homœopathic remedy given by mouth. Five of these were of the two fatal types; ascending paralysis or so-called Landry's type, and the bulbar type. With the treatment given, they approached death rapidly and died of respiratory paralysis in spite of the hypodermic injection of homœopathic remedies and the free use of stimulants.

After this experience it was determined that intraspinal medication, using the homœopathic remedies, should be tried on the next cases, and also that *Adrenalin* should be used in any case where the paralysis threatened the involvement of centres controlling the vital functions. Accordingly dilutions of the most prominently indicated remedies were made in distilled water, the dilutions being carried to the 6 \times potency, and further made safe by inactivation at a temperature of 56 degrees Centigrade for one hour. The most frequently indicated remedies were *Gelseminum*, *Bryonia*, *Conium*, *Curare*, *Cicuta* and *Hydrocyanic Acid*.

The routine of treatment was as follows:—Lumbar puncture and withdrawal of spinal fluid until normal pressure was observed. From three to five cc. of the fluid were retained in the funnel which was attached to the spinal needle by a rubber tube, and 0.5cc. of

(1-10-00)
in, with 3cc. of 6x aqueous dilution
remedy was introduced into the
with the spinal fluid, and allowed to flow
achnoid space by gravity. The same i
y was given by mouth and in some case
ermic or intravenous injection. If t
ued serious or no improvement was.
d lumbar puncture was done twenty-fo
the first, and the procedure repeated.

fourth treatment of the same nature were
clinical condition of the patient require
in only two cases was the *Adrenalin* 1
nd time. The usual treatment of baths,
nasal and oral toilet were carried out.

of thirty-three cases treated in the above
one died, and that one was clinically diag
storic stenosis, living through the acute peric
ase and dying of inanition in the fourth
ness.

Total number of cases treated . . .
Total number of deaths . . .
Partially recovered when removed
from hospital . . .

The cases were removed from Flower
before the time of quarantine had expired,
could then be accommodated in the city hosp
contagious diseases. Six months after their
from Flower Hospital all of the thirty-four ca
visited and examined, with the purpose of dete
the degree of recovery. The results were as

Number of complete recoveries, with
no evidence of paralysis . . .
Number of partial recoveries, with
some remaining paralysis . . .
Living, but no improvement since
leaving Flower Hospital . . .

It may be of interest to note that among t
that lived were two of especial severity. One
of seven years, showed numerous symptoms of
sitis, such as Kernig's sign, Brudzinski's sig
photonos, projectile vomiting and herpes.
The spinal fluid was turbid, with a cell count

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400 cells per cmm. and great increase in globulin. But careful examination failed to reveal the meningococcus, culture was negative, as was also the serum reaction. The development of complete paralysis of both lower extremities seemed to warrant the diagnosis of poliomyelitis. When seen six months later this patient presented only a slight atrophy of the left leg, upon which he wore a brace, but could walk fairly well even without this support. The other patient referred to was received at the hospital in a condition of complete coma, with the neck rigid and the pupils contracted and fixed, in addition to paralysis of both lower extremities. This child of two years of age, when seen six months later, was learning to walk, having learned to stand alone.

The diagnosis of all the cases was made with great care, upon the history, physical examination and laboratory findings. Each case had been diagnosed by the Medical Officers of the Board of Health before being sent to the hospital, and all but two were in the acute stage of the disease when received and examined. The treatment of all of the cases was under the care of Dr. J. T. Simonson, of New York City, and much credit is given to Dr. K. B. Wallace, the interne, whose untiring efforts contributed greatly to the success herein reported.

HOMŒOPATHIC PHARMACY, PŒTENTIZATION, DOSAGE.

THE preparation of remedies for use according to the principle of Homœopathy is simple in method but demands the greatest care and conscientiousness in practice. Here the physician is necessarily dependent upon the chemist and no considerations of expense should be allowed to stand in the way of procuring the best prepared tinctures and potencies. In any case, the drug bills of Homœopathy will always be incomparably less than those of "orthodox" medicine. When Hahnemann began to test the truth of his great generalization, he used remedies in dosage not

far removed from that of his former practice. He never to have favoured the massive doses of his contemporaries, and using a single remedy of his in no great quantity, his new method have seemed to him in no way to err on the side of excess. Nevertheless experience soon taught him that his dosage was unnecessarily large, for frequently, though his patients were ultimately relieved, the effect of his medicines was an aggravation of symptoms, not to be wondered at seeing that the drug powers similar to those of the disease, but never undesirable. In the endeavour to avoid this ordinary aggravation of symptoms he began to diminish his doses and speedily found that most drugs, "homœopathically" seemed effective in doses of a smallness hitherto inconceivable. He systematized his pharmacy and the practice of homœopathy as received from Hahnemann is thus.

Medicinal plants tinctures are prepared in the customary way with all druggists with the proviso that homœopaths desire the fresh plant to be used, and the whole of it, from root to flower. The best season is the time appointed for collecting. The very strongest possible tincture is made in alcohol and is named the Mother Tincture, and symptoms are written on prescriptions by the Greek letter ρ . The successive "potencies," as they are made from this on either the centesimal (Hahnemann's own) or the decimal. In the first potency, number one (potencies are numbered by number, 1, 6, 12, 30, etc.), consists of one drop of the tincture to 99 drops of the neutral fluid, with a small quantity of water. In the second potency: a drop of this and 99 drops of the medium make the third, and so on, as the physician desires. Each successive potency gives the most thorough succussion and distributes the tincture fully through the whole mass of the diluting

In the second (decimal) series, the steps are made by tens instead of by hundreds. Thus the first decimal (1x potency) consists of one drop of tincture and 9 drops of spirit of wine, suitably shaken up together; then a drop of this 1x and 9 further drops of alcohol and water gives the second decimal or 2x, and so on, to 3x, 4x, as far as may be desired. In actual quantity of tincture present therefore the 2x equals the first centesimal (written simply 1, or sometimes 1c), the 6x equals the third centesimal (3 or 3c), the 30x equals the 15c and so on, but the number on the decimal scale involves a greater number of succussions for its preparation than its parallel in the centesimal scale. Generally speaking, potencies from the tincture to the third centesimal (or 6x) are classified as "low"; from 3 to 12 (6x to 24x) as "medium," and from 12 or 15 upwards as high, ranging to very high potencies.

For mineral substances, the principle of preparation is similar. Each potency is reckoned to contain a corresponding proportion of the pure substance: thus 1x would imply a strength of one in ten of the pure mineral, 3x would imply the presence of one in a thousand. If the substance is soluble in alcohol, alcohol and water is used as the medium for making potencies. If the mineral is insoluble in alcohol but soluble in water, then distilled water is used for the lower potencies at any rate, though a proportion of alcohol is added when the higher are reached. Such drugs as *Phosphorus* require special treatment.

If the substance is insoluble (i.e., *Gold, Lead, Silica*, etc.) it is prepared by prolonged trituration with Sugar of Milk, but the proportions are graduated as before, so that a 2x trituration (or the first centesimal) implies one part of the substance with 99 of Sugar of Milk. After the 6x however, the further potencies can be made with alcohol and water, for prolonged trituration produces a physical change in a fluid medium indefinitely substances into the colloidal state. In this condition they can be suspended for medicinal purposes and the suspensions behave like solutions. Observation himself of this fact, although Hahnemann to assure

I do not give the physical explanation of today "colloids" were unknown. Hahnemann's assertion that solutions could be made of substances. Now, however, time has shown that if not technically solutions, they can be treated as solutions from a pharmaceutical point. The whole episode demonstrates the close observation of Hahnemann in careful experiment, and also the folly of the results of experiment, which are often countervailing tests, but on preconceived ideas.

The foregoing pages are in no sense a treatise on homœopathic pharmacy, for there are many peculiarities of certain drugs which demand special pharmaceutical treatment. Details can be found in the Official Homœopathic Pharmacopœia of the United States and the Pharmacopœia of America. But the main outlines of the method of preparation should now be described. To obtain a series of preparations where the quantity of the drug becomes less and less, the preparations are known as potencies and the process of making them as potentisation, and the results of usefulness remain to be considered. It will be seen that the central homœopathic general principle is only the choice of the remedy, and that the method can be practised without recourse to previous experience will quickly teach the advantage of the dose, but much good homœopathic medicine has been done and can be done with tinctures and even monstrous quantities of drugs, and the most common error of beginners is to stay in this more than in the feeling that prompts this terminology. It is a legacy from the dark ages of medicine, the conception of a drug as an agent acting on the body mechanism, power over itself, ("tonic") power to cure directly as in the days when a "hot" remedy was counteracted by a "cold" remedy. Now, however, it is not possible for certain remedies at the present moment, this conception is a false

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ever resistance is made to a disease, or attempt at repair of damage to tissues, is made by a definite and usually specific body mechanism and to-day we catch many glimpses of the nature and mode of action of these mechanisms. The physician can help or hinder these natural processes by drugs, but since the drug, if it acts at all, will act by influencing a pre-existing mechanism, the only quantity of it required is that quantity that will set in motion a machinery temporarily disused or speed up one insufficiently used or control one racing wastefully. Such glimpses as we can catch of these protoplasmic processes always suggest the work of enzymes as regulators of them and it is notorious that enzyme action demands the presence of only a small, even an infinitesimal quantity. In so far then as drugs can either replace enzymes or stimulate their production there is no *a priori* reason (rather the contrary) for expecting large quantities to be necessary, and clearly since a drug may be and generally is, a foreign substance, the less of it that can be used to produce an effect the better; any surplus can be but an impediment to the processes of life.

An analogy (used with caution, as all analogies should be), may serve to illustrate the position. The tissues have a daily income and expenditure of energy, as individuals in society have an income and expenditure of money. But as the luckier among men have reserves of wealth (say a deposit as well as a current banking account), so have all the tissues reserves of energy. The power to deal with disease lies finally with one or more of these reserves, but just as money on deposit cannot be obtained without certain formalities so sometimes tissue reserves are used slowly and ineffectively. Conceivably the drug sometimes sets free these reserves or modifies the speed with which they can be used, and to do this it is unnecessary to invoke large quantities of drugs—or at least the quantity required becomes a legitimate subject for experiment. Of late years the minds of physicians have turned (following Ehrlich), to the thought of “great sterilizers” for parasitic diseases, agents to destroy invaders

pendently of any forces of the body. The such drugs is a striking one, but few in that any substance at present available requirements exactly. There is none that effect on tissues, whatever its power parasites, therefore as yet tissue reactions considered in handling these agents. If, ideal be ever attained and it become destroy pathogenic bacteria without body of the host, such "sterilising" gratefully used by the homœopathist by any of his colleagues. But till this al is reached there remain one or two rest.

place when the effects of these drugs are striking common characteristic appears. agents believed to act as parasiticides malaria, *Mercury* and *Arsenic* in syphilis, sentery. There is not one of them that power to produce on the body symptoms e of the disease for which it is held to be is to say, there is a certain definite y about all of them. But this fact ests that, since the drug makes the body r similar to the reaction to the disease ch case the body reaction is probably an ody resistance), so the curative action ot direct action upon the parasite exerted by encouraging the normal resistance. The drug is administered es are found to be dead (in favourable result would equally follow an indirect on and is no proof that only the latter ved. Some direct action there would y be after intravenous injections, but y that good results appear to follow of the drugs in the body fluids lower are alone effective in test tubes, and ests an action indirect and not im- f the effect is not directly exerted on the n considerable doses would seem y be that large doses are unnecessary,

and that the body resistances can be stimulated with smaller quantities. Our predecessors used *Arsenic* in Donovan's solution for syphilis, though its effect can hardly have been a direct one upon the spirochæte, and the experience of the homœopathist is that when *Arsenic* is indicated in syphilis massive doses are not required.

A second consideration with regard to parasiticial remedies is that vaccines designed for just such emergencies are acknowledged to have an indirect action, and that it is not at all inconceivable that there should be drugs capable of setting in motion or stimulating a mechanism even as the vaccine is believed to do. There are experiments (homœopathic and non-homœopathic) that support this view. But vaccines have to be given with caution, and drugs (if such there be) capable of a "vaccine" reaction should similarly be given in relatively small doses.

Finally, therefore, it can hardly be contested that dosage is a matter for experiment. Hahnemann believed, and nearly all his followers come to believe, that drugs are effective in very small quantities and only experiment can decide for or against them. Let it at once be granted that the most patient and sceptical observation is required of multitudes of cases before the relation of drug to recovery can be claimed as cause and effect. Nevertheless, most physicians are inclined to think that the relation can be established sometimes if not often, in spite of all the baffling possibilities of spontaneous recovery and cure by mental suggestion. The same kind of evidence as that which suffices to convince the physician that drugs can ever have values, must serve also to convince him as to the desirable dosage of them. There is no logical reason why experience should not convince for the worth of a tincture should not convince for the worth of a potency. It is simply a question of enough evidence: prejudice has no voice in the decision.

It is of interest to point out that since Sir Almroth Wright's classical discoveries of opsonins and their estimation, a dosage of *Tuberculin* at least has come into vogue that is almost as immeasurable, except by its

drug-potency. Doses of one milligramme and much less are held in judgment for their efficacy is not supported by clinical evidence, and if the non-scientific practitioner invoke it for one drug, homœopaths will suit for many, provided only that the practitioner is experiment and cautious in conducting these tests there is always the evidence of laboratory formation when these substances are put out this resource is also open to the public and in an increasing number of cases a reference will be made under the microscope (things), it has given most striking results to the ordinary practitioner these tests are available and he has to decide by the evidence but when all is said this is the court of appeal. The laboratory findings must be compared with the clinical results as well as the results by the patient and it would profit the practitioner little to have a number of laboratory reports if his patient does not improve. Every possible extension of the laboratory experiment is desirable, but we do well to remember that the laboratory was made for the patient and not the patient for the laboratory. The evidence therefore of the infinitesimal doses of drugs rests on evidence, and there is no lack of opportunity for any enquirer to supply the evidence if it remains yet to investigate the historical general preference of homœopaths in the use of the potencies. Nearly all enquirers follow the patient's own road, using first ordinary (if small) potencies. Yet, like Hahnemann, they are guided on by experience to the use of potencies of very high ones, and this is frequently the fact that they know that these preparations may be a subject of derision to colleagues, whose ignorance of the subject, are nevertheless only to be flouted. This trend of experience widens the gulf between himself and his colleagues. But it is worth while to pursue the matter further.

Hahnemann began, it seems, to make dilutions of tinctures in the attempt to avoid the aggravations of symptoms which he found, often preceded a cure by the similar remedy; but he speedily found that this avoidance of aggravation by no means always resulted. It is the common experience of many observers to find a preliminary aggravation of symptoms follow the administration of the simillimum in any form (even more frequently with high potencies), and within limits, it has come to be regarded as a valuable indication for a good prognosis, corresponding to the "negative phase" of Sir Almroth's early opsonic investigations. But although Hahnemann did not succeed in avoiding "aggravations," he found other virtues in his very small doses which led him to call them potencies, and in these later conclusions again most of his followers confirm him. He found that in many cases (probably a large majority) the use of the potency gave swifter and profounder results which endured more permanently and he concluded that his pharmaceutical methods in some way (or ways) changed the energy of the drug, making it more effective for his purposes. It is because his followers have had similar experiences that they generally add to their first experiment in the heresy of the homœopathic generalisation the almost greater heresy of using the infinitesimal dose.

Now it is clear that no theoretical conclusions can decide this matter, and every man who desires a scientific opinion must experiment for himself, but it may be of interest to speculate a little upon the possible nature of potentisation. The ground may to some extent be cleared by remembrance of facts universally acknowledged. No man now believes that a drug acts simply by virtue of its mass. Concentrated Solution of Epsom Salts and so forth, or the hypertonic injections of Dr. Leonard Rogers, are attempts to use a physical action of a particular kind; ordinary drug actions are not conceived in this way. The increased drug power of grey powder over that of metallic Mercury is a simple instance of the value of sub-division. Add the well known facts of ionisation in solutions, which

ceases up to a point with progressive dilution, add the assumption of the colloidal state by substances after prolonged trituration and the extraordinary powers of colloidal "solutions," and it is not easy to deny that the earlier stages of homœopathic pharmacy may well be justified as procedures likely to increase the power of drugs. Incidentally also it must be remembered that a diseased tissue is (generally at least) a tissue more sensitive to stimuli. The delicate equilibrium of health may be unaffected by quantities that are readily capable of influencing the delicate equilibrium of disease. The whole conception of the "simillimum" is that it shall be an agent to attack the most diseased tissues principally and the smallest dose that can affect them effectively is large enough. This consideration can be set side by side with that of the possibly (probably) increased activity of stimuli of drugs prepared by the pharmacy of homœopathy, and reasons for choosing the lower to medium potencies are thus suggested, and experiments confirm them.

The experiment does more than this. It asserts that the value, and tends to assert an increasing value, for potencies rising beyond the power of ionisation or of chemical activity to explain. Long before the thirtieth decimal is reached any explanations of effectiveness in terms of atomic structure as at present conceived are difficult. Yet the clinical proofs of effectiveness are numerous and carefully observed. The only analogy that can be suggested (and it is put forward as an analogy) is that of radio-activity. Experimentally radio-activity is a physical energy which if present in a vessel through the sojourn therein of a radio-active substance, is transmitted thereafter indefinitely to every successive volume of the vessel with which that vessel may be rinsed out. Each successive washing is radio-active; the activity in brief cannot be washed out of a bottle. Similarly the potentiser finds that his successive washings, however, will destroy the physical property. Similarly the curative drug power, whose successive washings have the curative drug power, whose successive washings cannot be washed out of a vessel,

and that it *can* be destroyed by heat. The only suggestion, therefore, that can be made is that homœopathic pharmacy causes at a certain stage the development of a physical force which can thereafter be transmitted to succeeding potencies. The explanation has two great difficulties to meet: First, the potencies of drugs have *specific* powers, differing for each drug, retaining the same indications for use (*i.e.* the same tissue relations) as the tinctures from which they are made, and this implies an almost unlimited range of variation in quality of this force. Second, clinical experiment suggests that sometimes at least the higher potencies are more powerful than the less high (*e.g.*, 200 than 30), and this is not very easy to explain. We might have expected that once the power developed it would not change much in vigour, might even (however slowly) lessen; the opposite seems nearer the truth. For the first difficulty we can only fall back on the remembrance of the infinite possibilities of ethereal wave-length for instance in light, and speculate whether, if similar variations could be postulated for our hypothetical drug force it might not be true that particular cases were best met by a particular "wave-length." For the second difficulty no explanation suggests itself. The whole subject remains obscure, awaiting patient experiment. But very few who have made the clinical experiments appear to have a real and that the high potencies appear to have a real and sometimes a superlative power.

But it must not be concluded at once that high potencies are *invariably* more effective than low. It frequently happens that the high will relieve more effectively (otherwise they would never have come into use), but it also happens now and then that low potencies succeed when high have failed. Further, there are certain drugs which have apparently little or no "potentise" well, drugs which have apparently little or no action except in appreciable doses. If it be a fact that to potentise a drug means that some fact of chemical structure should prevent this energy from becoming developed in certain cases. We follow a uniform

stentisation and there may be sub-
the procedure is not applicable.
y, however, the explanation of vary-
between "high" and "low" will be
ature of the work which the drug is
form. We can conceive of a drug as
stimulant. This is the conception of
obably of Schüssler (the advocate of
. Here the like remedy is chosen to
t upon the tissue principally diseased,
ble quantity of it (although a small one),
to stimulate it effectively, and repeated
required to obtain a continuous effect.
ollowing Rademacher, as Rademacher
low Paracelsus), advocated in many
remedies," by which he meant tissue
l it is interesting to observe that these
ven in appreciable doses. Dr. Hughes,
g when possible on a basis of morbid
generally led his followers to the lower
is a common experience that low
repeated doses are effective in acute
acute diseases have very marked tissue
(*e.g.*, pneumonia, enteric, etc.). So it
have chronic diseases (*e.g.*, disseminated
arthritis, etc.), but in these the tissue
s one of destruction and the remediable
e the tissue relationship becomes defined
s of demonstration. The inflamed lung
functional again but not the sclerosed
To give a gentle stimulus to the inflamed
y small doses of *Antimony* or *Phosphorus*
not unreasonable, because natural forces
to overthrow the enemy that causes the
question of cure is a question of tiding
rgency, and practice confirms the expect-
nefit; but the spinal cord, threatened by
cting enemy that will ultimately destroy
lightly helped by gentle stimulation, but
the natural forces will rarely suffice to
enemy, cure can only be found in some
at will enhance this more central

mechanism of defence and that must be a general, not a local remedy. The distinction is not to be pressed too far, because in a pneumonia or an enteric, a remedy which enhanced the production of anti-bodies might be preferable to one that merely stimulated the tissue chiefly attacked and experiment shows that such remedies exist; also, without a doubt there are drugs which can affect certain tissues directly and in addition have the power to influence certain mechanisms and sometimes one action and sometimes the other may be used.

But broadly it may be suggested that whenever the purpose of a drug is to improve a definite organ or tissue by gentle stimulation, low potencies and repeated doses are suitable, while if the aim is to influence a mechanism of life, the higher potencies and infrequently repeated doses are of more value. By the term "life mechanism" is meant principally that system of action and interaction of internal secretions, of which in these times physicians catch a few glimpses, tantalisingly incomplete, but full of suggestion for future successes in treatment when knowledge grows and the glimpses become steady vision. Already we know that excess or defect of one or more of these secretions (e.g., thyroid, adrenal, etc.), will give rise to a symptom picture of great complexity.

In chronic disease the resemblance of the simillimum to the given symptom-complex may be (probably is) due to the power of the drug to affect this internal secretion mechanism in a similar way to that disturbance which is causing the illness, and the administration of the remedy may (and probably does) bring about a change in the amount or quality of the secretion and so tend to restore health. It may be argued that as the secretion is the result of tissue stimulation, the problem is still one of tissue stimulation, but it must be remembered that (apart from entire defect of secretion, as in myxœdema), the difficulty seems often to be a failure of secretion balance, of the proper adjustment of a mechanism, and a single touch as it were, may suffice to restore this. When a secretion is tending to fail altogether, then a tissue stimulant may

elp, and when it has completely ceased, we can only hope to do what is so successfully done in myxœdema, z., supply the missing secretion from the outside. The illustrations of the action of tissue remedies and e-mechanism remedies would be rather that in the first instance we are as it were making the best of a somewhat damaged structure, say a mill wheel, wearing out, but capable of being patched and mended so as to give a while longer; in the second case we are dealing with a very delicate and finely adjusted mechanism, impeded by some grit or slight hindrance. If left to work against this impediment the mechanism will ultimately be destroyed yet there is a time when the removal of it (even the use of a drop or two of oil as it were) will leave the machine once more running as smoothly as ever.

These speculations are only profitable as indications of the need for endless experiment and observation. Probably for every case there is an *optimum* dosage as there is an optimum remedy. The factors that should decide our choice will be (a) the constitution of the patient, some individuals being so much more sensitive than others; (b) the nature of the drug, whether or no it lends itself to potentisation; and (c) the nature of the illness, whether it is mainly a tissue affection, or an interference with one or more of the subtler life mechanisms. It is impossible to give full value to any of these factors, so that there is no way out but that of cautious experiment. Two practical rules can, however, be laid down with some confidence.

If a remedy is very well indicated by a close homœopathic resemblance between it and the disease, rather a high potency and if possible watch the effect of each dose, treating each dose as it is usual to do with a dose of a vaccine, and not repeating until the effect of it is exhausted. (See Chapter on "The Choice of Remedy and Administration.") An acute disease will probably demand more frequent repetition and often reacts well to lower potencies. If a remedy is well indicated, yet fails, try other

potencies (both higher and lower) before changing the drug. In this connection another speculation may have some value. If the action of the lower potencies is a chemical (mass) action and if potentisation implies the development of a new energy so that the action of high potencies is a physical action (ethereal vibrations or whatever) then it would seem to follow, that there may be a point for each drug where the chemical action is disappearing and the physical not well developed. Potencies about this point would be more or less inert. The practical rule should therefore be to avoid the doubtful region, say from 3x to 6x for most drugs.

(C) If the resemblance of drug to disease is not very close, especially if there is any reason to think that one tissue is specially affected and that the drug has an "affinity" for that tissue, use the tincture or low potencies and be prepared to repeat at regular intervals.

Finally, it is essential, if any progress is to be made in this difficult field, that every physician should be open-minded, swift to experiment and patient in recording his results and deducing conclusions, so long as he holds these tentatively and continually tests their validity. Probably there is a use for all potencies, from tincture to the highest ever made, and it is only by observation and experience that any trustworthy conclusions can be reached.

ACTÆA RACEMOSA.

Cimicifuga racemosa—an American plant of the order Ranunculaceæ. The tincture is made from the fresh root. A resinoid substance, Macrotyn, has been extracted from the root and triturations of this have been used.

This remedy is one of the later additions to the *Materia Medica*; it has proved to be one of considerable value and clinical experience has made more precise the indications of the (not very extensive)

ACTÆA RACEMOSA.

[Homœopathic World.
February 1, 1918.]

gs. It is all but unknown to non-homœopathic
 ne. as a very marked effect upon the nervous system,
 ring the nerve centres (both cerebral and spinal)
 ble. After the irritable stage depression follows.
 is some congestion of head and face as with
donna, but less marked. The generative organs
 notably influenced, especially in the female sex,
 it is conceivable that the nervous symptoms are
 ndary to some alteration in the quantity or
 ity of the internal secretions arising from these
 es. It is at least a fact that symptoms referable
 the pelvic organs are generally prominent when
æa is well indicated.
 he mental symptoms are in the main those of
 ression, anxiety and fear. Fear of death is nearly as
 minent a manifestation as with *Aconite*. But the
 availing mood of gloom is yet an unstable one; an
 balanced hysterical condition with a tolerably
 astant reversion to melancholy is a fair description
 the usual and characteristic mental state. The
 elancholy is largely associated with fears of the
 uture and extent of the illness, a hypochondriacal
 elancholy, though Hahnemann's shrewd *dictum*
 ith regard to hypochondria holds good, that the
 offerer exaggerates his sufferings but does not invent
 hem; *Actæa* is one of the "loquacious" remedies, like
achesis: incessant rambling speech is a good
 ymptom. There is inability to fix attention,
 Emotion. There are often responsible for symptoms, especially
 fear, disappointments in the affections.
 The points of *Actæa* is a characteristic and
 prominent symptom. It is one frequently encountered
 where pelvic lesions are present. In its most distinct
 form it appears an intense pain felt simultaneously
 behind the eyes (> pressure on eyeballs), on the
 forehead and in the nape of the neck, but one or other of
 these spots of maximum intensity may fail to be
 detected. The nape of the neck is a specially character-
 istic site of pain, which, when present, may extend

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into the occiput, or cause stiffness of the neck muscles with retraction of the head, or sensitiveness of the spine with shooting pains. The intense pain in the eyes has made the drug useful in iritis, especially the so-called "rheumatic" variety, but there is no pathological evidence (as yet) of the power of the drug to affect that tissue deeply. The pains in eyes or head are always < motion (as with *Bryonia*) but > in the open air, and < in warm room. This is the more noteworthy as the patient on the whole is very sensitive to cold air. A similar inversion of reaction of head and general symptoms to cold air is found with *Arsenicum*; like *Arsenicum* also, *Actæa* symptoms are < night.

Actæa is characterised by pains elsewhere. As a rule, they are sudden, lancinating and sharp, though often there is a general bruised feeling that persists. They are of the kind usually called "rheumatic," and the drug is often indicated in those who have had typical attacks of rheumatism. The areas more frequently affected (besides the head and neck) are the loins and vertebral joints and the cardiac region and the inside of left arm. With this last there is often palpitation or feeling as though the heart stopped. Numbness may follow this pain down the arm. Touch < and motion; warmth as a rule >. An allied remedy, *Actæa Spicata* has a special influence over the wrists and small joints of hands and feet. In recent cases where osteoarthritis is associated with pelvic disease the *Actæas* have great value. In more chronic cases they are rather palliative than curative. It has a real value in chorea, which again marks its relation to rheumatism. Trembling and jerking of muscles are prominent symptoms, noteworthy if < emotion, and < in any muscles under pressure, e.g., from lying on one side or the other.

In the digestive sphere there are symptoms of dyspepsia: coated tongue, sticky saliva, unpleasant taste in the mouth. Sinking sensations at the epigastrium are marked. On the whole the symptoms referable to the alimentary tract are rather of secondary value.

characteristic cough, not resulting
catarrh, but suggestive rather of
It is a dry, teasing cough < night
empt to speak. This has proved a
for the use of the remedy, naturally
accompanied by other character-

covered by the generative organs

Actæa become numerous and
much more so for the female than
ins are sharp and definite: infra-
nd also in the ovarian (left side
e regions. Painful and irregular
orrhœa with a sense of weight and
s are marked. The dysmenorrhœal
e like those of labour, at their
ow; the actual pains of childbirth
more regular and effective by
also to have some power in over-
the os uteri in labour. Naturally
cription of *Actæa* are enhanced by
ers of its symptoms, especially in the
erperal mental disturbances, even
ave been benefited by it.

ptom of insomnia is prominent in
enesis, and given anything like a
a temperament, the use of the drug
actory for this condition.
lower potencies has been praised for

SCHEMA.

feeling < touch. Very sensitive
h headache > by it and < warm
totion <. Menses <. Eating >

herent, loquacious. Generally
fearful, especially of death and of

Head Symptoms :

Aching in occiput, vertex and behind eyes or any one of these regions. Sharp pains and dull aching. Sensation as though the top of the head would fly off. Open air >. Warm room <. Headaches of students.

Eye Symptoms :

Intense aching in eyeballs, > pressure, < motion.

Alimentary Canal Symptoms :

Tongue coated, breath offensive, saliva thick and viscid. Nausea, epigastric sinking sensations. Flushes of heat.

Sexual Organ Symptoms :

Menses irregular, sometimes profuse, sometimes scanty. Great pain < during flow. Pains in ovarian region < left side ; bearing down, labour-like pains. Infra mammary pain. In labour, rigid os, irregular ineffective pains. Leucorrhœa. The drug is valuable for threatening abortion and mental symptoms of pregnancy and puerperal period.

Respiratory Symptoms :

Night cough and dry, constant short cough < speaking. Tickling in throat.

Heart Symptoms :

Pains in region of heart and down left arm with palpitation. Pulse weak and irregular. Palpitation after slight exertion.

Neck, Back and Limb Symptoms :

Jerking and twitching of muscles. Severe pain in nape of neck, cervical and lumbo-sacral regions. Head retracted. Shooting, darting pains in spine. Pains in joints with swelling. Muscular soreness. General bruised aching in limbs and sharp sudden pains.

Sleep Symptoms :

Obstinate insomnia.

Restlessness, limbs jerking.

PROGRESS AT BRISTOL.

Homœopathic World.
February 1, 1918.

PROGRESS AT BRISTOL.

sh Homœopathic Hospital is much in-
Dr. Burford and the HOMŒOPATHIC
the kindly interest shown in its scheme
Hospital, and the publicity which has been
s appeal through the pages of the latter.
of some interest to those who have read of
ol proposed to do, to hear what has, so far,
, and what are our hopes for the future. It
remembered that the hospital building was
some time ago by Mr. Melville Wills, as a
to his son, Captain Bruce Melville Wills, but
remained to be found and the money for it
l. To this end, as well as for the equipment
Hospital, an appeal was sent out in Bristol and
rounding country, and published in various
pers. The hopes of a large result from this were
d to disappointment, and most of the money so
lected has been by personal application.
ile various sites were under consideration, Mr.
Wills made a further offer, and said that he
give the land as well as the building. It need
h be said that this promise was received with
ght and gratitude by the Board. Now the site is actually
m of £10,000 in War Loan, the interest of which is to
accumulate until the war ends and the building can be
sun. There is a house already on the site which
d make an excellent home for the Matron, nurses
over domestic staff. This will be connected by a
entirely new building, arranged on the best possible
method. The ground stands high, the position is
conveniently central and easy of access. It is always
s easier to give to something tangible than to something
t hinder our intention, and nothing but the war
the business of our immediate commencement of the build-
ing house. Now there is actually the land to show the
the operations. Very earnestly do we hope that the
ends of Homœopathy will respond promptly and
generously to this appeal we now reiterate, that we

may have an adequate sum of money for the entire furnishing and equipment of the hospital, which is to be worthy of the best of everything. It must not be thought that Homœopathy does not appreciate such an addition to its power for good as this hospital will be when fully equipped, and this cannot be done without money. This article cannot close without an expression of hearty thanks to all those who have already generously given, and an earnest appeal to others to follow their example

EXPERIMENTALLY PRODUCED GASTRIC ULCER.—The organism used by Steinharter (*Boston Med. and Surg. Journ.*, May 11th, 1916, No. 19, pp. 667-702) was obtained from a case of septi-cæmia in man. At first cultures of it injected intravenously into rabbits were found to produce a septicopyæmia, but later, after cultivation in the wall of the living stomach of the rabbit, it showed on intravenous injection an affinity for the intestinal tract, localising often in the appendix and occasionally in the stomach. Typical peptic ulcers varying from one quarter of an inch to an inch in diameter were produced by injecting locally into the stomach wall the staphylococcus organism of certain grades of virulence and a weak acetic acid solution. The injection of the organism alone usually caused the development of a small localised and firmly walled off abscess at the point of injection. Such an abscess, as a rule, was absorbed in the course of four to six days and never showed any involvement of the mucous or peritoneal coats. In some cases no abscess was formed. The introduction of the acid alone into the stomach wall beyond causing more or less œdema provoked no gross pathological changes in the tissue. It never caused an ulcer; but it did seem to increase the susceptibility of the area for localisation of the staphylococcus injected into the general circulation. The tendency of selective localisation in certain organs was found to depend among other things on the virulence of the organism and could be modified by cultivation in functioning tissue. In the light of these results it seemed to Steinharter that it is possible that the staphylococcus is responsible for certain cases of gastric ulcer in human being. If by some means (through an erosion or trauma, etc.), a hyperacid gastric juice enters the tissues of a limited area of the stomach wall and the staphylococcus of proper virulence (for example from the appendix) finds lodgment there, it does seem quite possible that the necessary conditions used in producing the experimental ulcer would be duplicated. This point is still under study.

Medical World.

(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16th DECEMBER, 1917, TO
15th JANUARY, 1918.

					£	s.	d.
					Subscriptions.		
Messrs. Foster & Son	..	..	..	..	1	1	0
R. Clarke Edwards, Esq.	..	..	..	..	1	1	0
W. A. Martius, Esq.	..	..	..	..	1	1	0
Capt. F. Pearce Sturm, R.A.M.C.	..	..	..	..	1	1	0
Dr. H. J. W. Barlee	..	..	..	..	1	1	0
Miss Dowsett	..	..	..	..		2	6
Miss L. M. Fowler	..	..	..	..	1	1	0
Miss K. A. Disney	..	..	..	..		10	6
The Misses. Case	..	..	..	..		10	6
W. Hugh Knight, Esq.	..	..	..	..	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 8th January, 1918.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 15th January, 1918.

REVIEW.

THE CAUSE OF CANCER. *

THE cause of Cancer is necessarily a subject of the greatest importance, and Lieut.-Col. Hildebrand's book may claim at least to be a contribution to the discussion. Briefly his thesis is that cancer is the result of radio-activity and that this is exerted mainly on tissues damaged through the use of "hard" water. With regard to radio-activity as a cause Mr. Hildebrand is,

* *The Cause and Prevention of Cancer*, by W. H. Hildebrand, 2s. 6d. net. W. H. Smith and Son.

of course (though independently) looking in the same direction as Dr. Lazarus Barlow, and seeing the use made of *Radium* to cure cancer it would naturally be of interest if we could establish radio-activity as the cause of it. On the basis of his theory, Mr. Hildebrand has several interesting points to make, though controversial ones, and we think some work should be done to test his views. It is unfortunate that he appears to be neither chemist nor physicist himself, and has proved unable to interest experts to the point of experiment. In the final chapter Mr. Hildebrand deals with other diseases attributed (wholly or in part) by him to excess of *Calcium* in the tissues.

CORRESPONDENCE.

SPECIALISM.

DENHOLM, HAWICK, SCOTLAND.
January 1st, 1918.

SIR,—A birthday and a new year are occasions on which thoughtful men take stock of their progress, and it seems to me that the medical profession never had more reason to take stock. What a change in the relation between the patient and his doctor the Insurance Act has made! Who can tell what effect it may have on the *morale* of the doctor, or the feeling of the patients? It has made another division in the ranks of the profession. I am old enough to remember when the surgeon was the only specialist, but now their name is legion, and their existence is a curse rather than a blessing, for the spectacles of the specialist spoil his vision. His attention is too concentrated. The state of the bladder and the uterus, and, indeed, the greater majority of diseases, as I prove in my book, depend upon our food, and if dietetics were made a compulsory subject for every licence to practice medicine there would be less need for a surgeon even, and no need for any specialist whatever, for the

an and sense depends upon the fact is impressed upon me as I foods. Who could believe that or which the knife is so much he state of the prostate, but on food? But who is capable tatic specialist of that fact? would ruin him and all other xperts on "insanity," as Dr.

herefore, on this New Year's enormous pile of specialism h, if dietetics were taught as it ope that the General Medical busy as it may be in punishing called "infamous conduct in a to consider the advisability of the medical curriculum. The land, at their Inter-University passed a resolution that their ked to teach them Dietetics. re ask to have another subject lum? I never heard of such rely the fact that it was made is urgency ialism is proof that the general iberly educated, for the doctor ian and surgeon, and up in all f he is to uphold the character up the reputation of medicine

I am, etc.,

JOHN HADDON, M.D.

VARIETIES.

EXPERIMENTAL INVESTIGATIONS IN INFECTIOUS JAUNDICE (WEIL'S DISEASE).—Uhlenhuth and Fromme (*Med. Klin.*, No. 44, 1915) inoculated guinea-pigs with the defibrinated blood from several patients suffering from infectious jaundice. They arrived at the following conclusions ; (1) Weil's disease may be transmitted to animals. The virus or offending microbes which are able to propagate in the animal's body may be transmitted from one animal to another. (2) The blood taken from patients is infectious, chiefly during the first week of the disease. (3) The animals can also be infected by means of the urine from the patients. (4) In severely infected guinea pigs, the virus is present not only in the blood, but also in the urine, bile and the internal organs. (5) The virus is able to gain an entrance into the body through scarified skin and through the intact mucous membrane. (6) Defibrinated blood from guinea-pigs retains its virulence for three days. (7) In doubtful cases, especially at the commencement of the disease, it is therefore advisable to use animal experiments as an aid in the diagnosis. (8) The successful transmission of the disease to animals gives us valuable information about the biological characters of the offending microbes and opens up the possibility of successful treatment and prophylaxis. In the liver and blood of the infected guinea-pigs the authors found delicate slender spirochætae with regular sinuosities, and in the dark-field they moved about with moderate activity. The authors also succeeded in making virus-containing guinea-pig blood avirulent by mixing it with convalescent serum, and were also able to demonstrate the presence of immune bodies in the convalescent serum. Whether these protective substances can be made available for treatment of the disease in man remains to be seen. Experiments will first have to be made with the object of increasing the protective substances in the animal body. The authors are now carrying out such experiments. Attempts are also being made in influencing the disease chemo-therapeutically by means of *Atoxyl*, *Salvarsan*, *Antimony*, *Argentum atoxylicum* and *Mercury*.

A second article dealing with this subject, by Huebener and Reiter, was published in the *Deutsche med. Wchenschr.* No. 43, 1915. These authors have also been able to produce in guinea-pigs a disease, which not only clinically, but also pathological-anatomically is identical with Weil's disease in man. They sum up their results as follows :—Weil's disease is an infectious disease, the virus of which circulates regularly in the blood during the first days, and may at that time be transmitted to guinea-pigs by intra-peritoneal blood-inoculation. The animals then sickened in a typical manner with fever, wasting, elimination of albumen and bile pigment in the urine, epistaxis, petechiæ of the skin, conjunctival hæmorrhages, loosening of the hair and

a patient suffering from the disease. Death followed on the fifth to twelfth day. The typical morbid changes were also found post mortem. By a further inoculation with the blood and tissue-juices on other guinea-pigs, the characteristic syndrome could be produced to the twelfth generation. Monkeys and rabbits could also be infected, but rats and mice were immune. The cultivation experiments on various nutrient media were unsuccessful. In the tissues of all the typically diseased animals, the authors found movable bodies "in hanging drops," and provided with a whip-like prolongation which gave the whole a resemblance to a tadpole. In stained Giemsa-preparations (taken from the liver of typically diseased animals) they found formations which are best compared to the finest cilia of the trypanosoma, and in addition minute, weakly-stained protoplasma-globules with large, bluish-stained bodies and red-stained nuclei. Cell-enclosures were frequently found in the leucocytes and in the blood, but only with the dark-field, could be seen small, long-shaped formations with whip-like movements. These were so regularly found that they must be regarded as connected with the virus, and were probably developmental forms of the microbe of Weil's disease. The authors succeeded in protecting inoculated guinea-pigs from an outbreak of the disease, by after-treatment with convalescent serum. Their therapeutical trials with *Salvarsan*, *Atoxyl* and *Quinlne* have so far been unsuccessful.

Medical World.

THE COMPLETE SURGICAL INTERVENTION AT THE ADVANCED POST.—Chalier, (*Progrès. Méd.*, Paris, June, 1917, No. 22, pp. 179-188) refers to the cases in which the maximal operation can be done at once. This treatment can be applied to nearly all the wounds from projectiles except where the tissues have been so crushed that recuperation is out of the question. If a general anæsthetic is necessary, he prefers to wait for one, two or three days before attempting the complete operation, unless his hand is forced beforehand. He remarks that he personally has never seen any evidence that any chemical, by its direct action on a wound, is able alone to arrest the development of germs and ward off complications, but the mechanical cleaning out of the wound, alone, without any antiseptics, has a long list of recoveries to its credit. The mechanical clearing out, however, exposes to grave danger if the wound is left open, and also if it is not complete, and the wound takes longer to heal when left open. The war is impressing more and more the threefold lesson that every wound should be systematically operated, and the operation should come at once after the injury and be complete, finishing with the repair of the region. He discusses the details of the technique for the preliminary exploration, the mechanical clearing out of the wound and the anatomical reconstitution of the region. By immobilising the limb with the muscles relaxed

he had sometimes been able to repair at once large defects. This method of treatment is applicable only in a comparatively quiet sector and when the surgeon can keep the patient till the end. The primary suture offers no danger if the man is kept under close supervision, the surgeon alert to interfere at the least feeling of pain or tension or fever. Small shallow and seton wounds generally heal without intervention, and if the loss of substance is too extensive for repair, the primary suture cannot be applied. Primary suture is also out of the question when there is foreign body in the wound. The only mishap in all his experience was with a deep wound in which an overlooked injury of an artery was responsible for secondary hæmorrhage. The early primary suture is done in the first six, twelve or twenty-four hours, but the primary suture may still be possible even as late as the third, fourth or fifth day. —*Medical World.*

TREATMENT OF INTRAPLEURAL SUPPURATION.—Tuffier (*Bull. Acad. de Méd., Paris, July, 1917, No. 28*) has now a record of twenty-two old chronic cases and twenty-two quite recent cases of intrapleural suppuration, all confirming the benefit from clearing out the focus and closing it as soon as possible, watching over the microbes in the lesion, and sterilising with neutral solution of chlorinated soda or its equivalent, closing the opening as soon as the pleural cavity is clinically sterile, thus transforming a pyothorax into a pneumothorax which heals spontaneously. In his later series of recent cases, there were ten of medical purulent pleurisy, and two of suppuration hæmothorax. One was a girl of fourteen with purulent pleurisy after six weeks of ordinary pleurisy. Five days after pus was found, he resected a rib and evacuated over a litre of pus from the pleura. No adhesions were evident. The pleura was sterilized by the Carrel method, and the pneumococcus curve and the temperature curve kept parallel. The operative wound was sutured the tenth day, and by the twenty-fifth day recovery was complete, the lung functioning normally, as is evident on radioscopy. In another, a streptococcus case, over a litre of pus was evacuated and, soon after, a second litre after resection of the seventh rib. Under Carrel treatment the opening was closed in a month and the lung soon recuperated entirely. Fourteen cases of suppurating wounds of the pleura have run the same uneventful course to recovery under these measures in another ambulance. It is evident that the penetration of the air into the pleura is the great obstacle to the expansion of the lung, and hence to complete recuperation. But the air cannot be kept out safely until the cavity has been rendered sterile. In short, he concludes, with these simple means we have it in our power to prevent purulent pleurisy from becoming chronic. By healing it before serious damage has been done, the lung behaves like a normal lung thereafter. —*Medical World.*

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February 1, 1918.

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12, Warwick Lane, E.C.4, will receive orders and works upon receipt of published price (and postage).

Pfeiffer (Dr. Oskar). *The Psychoanalytic Method*. Authorised translation by Dr. Charles Rockwell Payne. 8vo, pp. 607. K. Paul, net 21s.

Sewell (Capt. C. W.). *A System of Hand and Finger Re-education*. (For use in Military Orthopædic Gymnasia.) Cr. 8vo, pp. 16. Baillière, Tindall and Cox. Net 6d.

Hurstan (Violetta). *A Text-Book of War Nursing*. Cr. 8vo, swd., pp. 227. Putnam's, net 3s. 6d.

Fitchner (Edward Bradford). *A Beginner's Psychology*. Cr. 8vo, pp. 378. Macmillan, net 6s.

TO CONTRIBUTORS & CORRESPONDENTS.

All literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 16, Weymouth Street, W. I.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Davidson, London — Dr. Bellairs, Cheltenham — Dr. Haddon, Hawick — Mr. Pierrepont, London — Dr. Burford, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom-

Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—N.A.J. of H.—New Eng. Med. Gaz.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

The Homœopathic World.

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The Principles of Homœopathy.
The Structure of the Homœopathic Materia Medica.

SOCIETY'S MEETING:

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th November to 15th December, 1917.

OBITUARY:

Mr. Evelyn Pierrepont.

CORRESPONDENCE:

On "Proving" Foods. By Dr. W. A. Davidson.
Phaseolus Nana. By Dr. R. H. Bellairs.
"Proving" Salt. By Dr. John Haddon.

VARIETIES:

Medical and Surgical Works.
To Contributors and Correspondents.

Feb. 1, 1918.]

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THE
HOMŒOPATHIC WORLD.

MARCH 1, 1918.

A NEW MATERIA MEDICA.

THE project for a new materia medica is taking shape and it is hoped to produce a volume during 1918. At the last meeting of the British Homœopathic Society, Dr. E. A. Neatby read a valuable paper on the subject which we hope will give rise to discussion in the "JOURNAL" after publication. We cannot have too full consideration of the matter. The thing needful is a book that shall be eminently practical for the beginner, yet full enough to carry an enquirer a good distance into Homœopathy if he (or she) so desires: a book that shall be persuasive yet firm in statement of the homœopathic faith, undogmatic in manner, unwavering in its claim for experiment rather than assertion; but not in the least apologetic for its "heresies." We may safely assume that the old guard of prejudice will not trouble to look at it, and to attempt to penetrate the thick layers of arrogant ignorance of the subject will be vain. So long as any honest enquirers can be fairly induced to experiment we need not ask for more. Homœopathy must convince by its practice. But we hope that the great work of the past will adequately summarised in the new volume, for the enquirer has got over the threshold of the subject, the Homœopathy of Hahnemann, Hering, Allen, Clarke, and Kent; and of many others remains as valuable as ever. It is only in unessential details that their books go out of date.

NEWS AND NOTES.

DR. FERGIE WOODS.

THE sympathies of our readers will go out to Dr. Fergie Woods now invalided from active service at Cambridge. Our colleague, we understand, was severely gassed, but we are glad to hear that he is making good progress to recovery. All our best wishes are his.

A WAR TRAGEDY.

Our colleague, Dr. Alexander, of Southsea, has lost his second son in the war. It will be remembered that his first boy was killed some months ago, and this second loss is a terrible instance of the fatality that has seemed all too often to pursue certain families. There are no words adequate for the expression of our grief at this tragedy, and sympathy with our colleague, but our hearts are full of both and whatever poor solace lies therein, we offer.

A CALCAREA CASE.

We owe the report of this case to the kindness of Dr. A. McCandlish.

"A.D., a boy of eight years of age, was brought to me by his mother two years ago. His mind had never developed. He was very dirty in his habits, destructive and could not say a single word. He could not play with his younger brothers and had to be fed like a child of twelve months. I took a very gloomy view of his condition, and told the mother I thought his condition hopeless. I advised her to take the child to London to see a certain consultant, which she did, and the report was brought back—'the child would never be any better.'

"However I put the child on *Calc. carb.* 30, one powder *alt. nocte.* The boy soon began to improve and has continued to do so up to the present. He is now cleanly in his habits, plays with his brothers, takes an interest in things about him, is quieter, can say a

number of words, e.g., Dad, Mum, and the names of things around him, and he can also feed himself.

"The *Calc. carb.* 30 has not been given continuously but twelve powders at a time, then a rest for a week or two, and then returning to the powders again."

SACCHARIN.

We are by no means sure that the general use of *Saccharin*, now freely recommended in place of sugar, is wise. *Saccharin* is not a food but a drug, and although hitherto little has been recorded of its ill effects, we have grave doubts lest some harm should follow in susceptible individuals if it is used in the increasing quantities suggested. Professor Lewin maintains that experimentally it hinders both the salivary and peptic ferment actions with consequent dyspepsia. He believes its action to be on the secretory cells themselves, and its long continued use seems to have caused pain (right hypochondrium) loss of appetite, diarrhoea, and wasting. We advise readers to be careful in the employment of this substance.

A NATRUM MUR CASE.

Dr. Foley reports a case of a patient suffering from desperate headaches, so severe as to lead the patient to contemplate suicide. Remedies carefully chosen failed to relieve. On re-study, however, the following curious symptom was noted: a numbness and tingling in lips, tongue and nose before an attack. The symptom was found under *Nat. mur.* (recorded by Nash), and the administration of the remedy led by the first marked relief yet obtained.

BLINDNESS IN INDIA.

Dr. James Cantlie is calling attention to a pamphlet on this subject by Mr. C. G. Henderson, which has been read with interest (P. C. A. King and Potts, Ltd., 66, Norman Road, St. Leonards-on-Sea, Sussex). We can say that it is a serious contribution to the solution of a great problem and well worthy of the attention of all those interested in the subject.

ORIGINAL COMMUNICATIONS.

ACONITE.

Aconitum napellus—Monkshood: Tincture of whole plant (including root), when beginning to flower.

Aconite had an old-time reputation for causing sweating and relieving certain cases of rheumatism and sciatica, but precision in its use is due to the provings of it on the healthy which were made by Hahnemann. It is most closely associated with the early progress of Homœopathy (and early antagonisms thereto), because largely by its use, Hahnemann and his followers were able to dispense with the blood-letting fashionable till after the middle of last century for almost every disorder. Modern research has isolated an alkaloid *Aconitine* from *Aconitum Napellus*, and allied species yield similar substances: *Delphinine*, the alkaloid of *Staphisagria* is similar in effect to *Aconitine* but less poisonous. *Aconitine* is a very deadly poison: many of the symptoms of the *Aconite* pathogenesis are due to this alkaloid; but there is little doubt that other constituents of tincture of *Aconite* count for a good deal. Specially to be noted is the presence of Phosphate of Iron (*Ferrum Phosphoricum* q. v.): the provings are of the tincture and when they are suitably matched with cases it is the tincture or a potency of it that should be preferred as the remedy.

Aconite first stimulates and later depresses sensory nerve endings, more especially those of common sensation. As a result reflex sneezing, coughing, salivary secretion and vomiting occur: but some stimulation of medullary centres also is not unlikely. It seems to act upon the circulation by first (in relatively small doses) stimulating the medullary inhibitory heart centre and so producing a slow pulse: possibly also it acts on the vaso-constrictor centre: at any rate, as will be seen, the provings bring out a marked condition of relatively high tension. *Aconitine* experiments have been mostly made on

animals, and with increasing doses, so that the finer effects of the more gradual provings cannot be expected. Large doses of *Aconitine* appear to act directly on the heart, producing a quick, irregular pulse, with lessened conduction of impulses and finally fibrillation of the ventricle and death. In these circumstances the blood pressure tends to fall, with occasional temporary rises to a fair though not great height. The respiratory centre is affected early and directly and its depression causes dyspnœa and sometimes death before the heart fails.

Since the publication of Dr. Ringer's *Materia Medica* (a volume of perennial interest to the homœopathist as a "conveyer" of certain instances of homœopathic practice) *Aconite* has been praised by orthodox physicians for febrile conditions, but its use seems if anything to be less frequent among them to-day. The explanation of its disuse has a certain significance.

Hahnemann onwards the homœopathist has known that *Aconite* is of great value in febrile disorders whenever the rise in temperature is associated with definite symptoms, whenever in fact the case whole is "similar" to the *Aconite* provings. A value is as great to-day as ever: but if other symptoms are not present, the mere presence is no sufficient indication for the remedy and it will be followed by disappointment. It cannot often be reiterated that Homœopathy seeks for individuals not for the names of diseases, and *Aconite* as a "febrifuge" irrespective of any symptoms is neither Homœopathy nor good Dr. Ringer gave quite precise indications for its employment, but the hap-hazard routine drug has led to its discrediting by many authorities to-day have no recommendation yet for the homœopathist it reigns as supreme, an invaluable remedy for suitable disease. Its true spheres of action must now be clear.

Aconite is a remedy of powerful but action and correspondingly is most suitable that set in suddenly and violently, but

From known disorders with its value as a remedy for febrile conditions, whenever in fact the case whole is "similar" to the *Aconite* provings. A value is as great to-day as ever: but if other symptoms are not present, the mere presence is no sufficient indication for the remedy and it will be followed by disappointment. It cannot often be reiterated that Homœopathy seeks for individuals not for the names of diseases, and *Aconite* as a "febrifuge" irrespective of any symptoms is neither Homœopathy nor good Dr. Ringer gave quite precise indications for its employment, but the hap-hazard routine drug has led to its discrediting by many authorities to-day have no recommendation yet for the homœopathist it reigns as supreme, an invaluable remedy for suitable disease. Its true spheres of action must now be clear.

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course. The violent storm which quickly passes is the type of disease to which it corresponds most closely. It will be found of value in a few more chronic cases (neuralgia, etc.), when detailed symptoms of drug and disorder can be matched, but most often it is called for in acute and sub-acute diseases, and among them those of sudden onset and immediate violence.

An acute disease is one wherein the body resistance is swiftly mobilised, wherein the issue is not long in doubt, and victory for one side or the other a matter of days. Such a disorder is, as we say, a self-limited disease and the possibilities of natural recovery considerable. Nothing is more difficult in therapeutics than to estimate the real effect of drugs in such a case, but the very power of resistance that causes the difficulty of judgment is an enormous enhancement of the physician's ability to help. Since recovery in any case can only take place through a pre-arranged bodily machinery and since the effect of any remedy can only be exerted along this pre-existing channel, it is clear that the more powerful the machinery the better it may be influenced by a drug stimulus. The body always possesses reserves of resistance to disease, and, broadly speaking, drug therapeutics are attempts to use these reserves: in acute diseases they are usually being mobilised fairly effectively without the help of remedies, but clearly there is room for efficient action if it is rightly directed. In some cases it is conceivable that the extra stimulus of a well-chosen remedy may make the difference between victory or defeat: in many more cases it affects the speed and ease of recovery, and judgment as to the value of a drug in many acute diseases will depend more on the character of the process of recovery than on the bare result of life or death. If there is no adequate machinery of resistance to respond, no drug will avail, since no drug brings in any new force but only influences pre-existing forces. But a drug stimulus may bring the forces to bear more swiftly, and may even sometimes bring into action reserves, which without its aid would be unused, or used too late. For with such knowledge as we possess of bacterial diseases it is readily conceivable

that if the (necessarily limited) power of resistance could be used at once in great volume, it might overwhelm the enemy, but used in dribbles against an increasing foe may prove ineffective. Yet the total power used might well be less in the first instance than in the last. Vaccine therapy works with some such conceptions behind it and drug therapy (at least in homœopathic hands), is influenced by similar considerations.

Aconite then is pre-eminently a remedy for acute conditions. Fever will nearly always be present, of a kind to be presently described. Now modern research has brought us to consider fever largely as a reaction to disease by no means always (or even usually) unfavourable. The practice (still too common) of attempting to reduce a fever without regard to any other symptoms is seen to be faulty when it is known that anti-body production is frequently more effective with a raised temperature. Fever is of many types, and wisdom seeks to adjust the appropriate remedy to each type.

The mechanism that regulates body temperature is complicated, and a high thermometric reading may be due (no doubt is due) now to one cause now to another. But when it is a response to a call for increased body production it is likely that the result is obtained through the action of the cerebral heat-regulating centres and there are grounds for thinking that *Aconite* influences these centres. Homœopathic experience finds the drug to correspond to pathological affections in apparently strong, healthy, full-blooded subjects, where the attack of disease often means acute and violent response. The young need it more than the old, and respond to it swiftly. After its administration the temperature often falls at once, and the storm subsides. Two explanations are given: the rise of temperature was to enhance production, its rapid fall after *Aconite* (with the patient to health) might mean that the drug had so encouraged this process that the raised temperature was no longer needed. But since the drug to act mainly on the cerebral centres this is likely:

it is more probable that the initial rise was, strictly speaking, unnecessary, that the body was equal to the emergency without it; and that the disturbance was of the nature of a false alarm. The effect of *Aconite* may then be to quiet this needless disturbance, thereby leaving the field clear to the forces of recovery. The nearest analogy would be that of a beleaguered city with a frightened civil population whose disturbance hampers the garrison. *Aconite* would correspond to the forces of persuasion and confidence, that should quiet the civilian anxieties, and leave the soldiers to do their own work more effectively.

Whatever the final explanation, the homœopathist is seldom in doubt as to the true indications for *Aconite*. They were accurately summed up by the late Dr. Hughes in the one word "tension." There is tension of the arteries with the pulse full, strong, rapid, sometimes finding relief in arterial hæmorrhage from the nose or hæmoptysis. (When *Ferrum phosphoricum* is indicated there is even greater tendency to hæmorrhage and the pulse, though full and rapid is not of so high pressure). There is emotional and mental tension showing in great anxiety, restlessness, fear of death. The last is specially characteristic. It is often a quite unwarranted fear, out of all proportion to the gravity of the case to the physician, but the best subjects for *Aconite* are frequently those who are seldom ill, and it is notorious that these patients are nearly always inclined to be unduly alarmed about their condition and chances of recovery. The anxiety causes much tossing about and restlessness, with considerable mental exaltation or violent delirium, though the latter is more characteristic of another great remedy for acute conditions, *Belladonna*. The patient may predict the hour of approaching death but the prediction is only a symptom of the fear and anxiety, not a piece of clairvoyance. There is much heightened sensibility: pains appear to be severe (numbness may replace pain), and the special senses respond to stimuli more violently than is normal. These cardinal symptoms therefore, restlessness, anxiety, fear and exalted sensitiveness, with rigor and a sharp rise of

temperature, and a full, hard pulse are the main features of the *Aconite* case. They are especially apt to be found in patients of a quick, lively, sanguine temperament, who enjoy as a rule good health, and they are apt to appear in disorders that follow injury, shock, fright or surgical operation or chill, especially the chill of these external causes appears to be largely that of the cold, dry, bitter winds. The mechanism disturbed by adrenal secretion, and the heightened pulse tension of the *Aconite* case is another hint that *Adrenalin* may be playing a part in the pathogenesis. Since the days of Pasteur it has been known that chill is an accessory, not the immediate cause, of such illness as pneumonia or acute rheumatism, but the observer will frequently find a marked difference in symptoms that follow exposure to cold east winds or the wet South-west weather. The body reactions clearly differ in the two cases, and consequently often require different remedies. It is the symptom complex that follows the chill of the "bitter East wind that so often requires *Aconite*.

Aconite symptoms are common in children, among whom febrile attacks are frequent, which readily to the drug and do not proceed to any defined disease. But the early stages of measles, or scarlet fever, may present symptoms resembling those of *Aconite*: the administration of it then will not prevent the development of the disorder but will generally it of much anxiety. If measles or scarlet fever *Aconite* at first and receive it, the case usually a mild and straightforward one, though often requiring other remedies as new symptom pictures appear. On the other hand influenza, diphtheria, enteric, and other profounder system poisons, and especially sudden spasmodic laryngitis in children will often require *Aconite* with these remedies are to be sought elsewhere. Acute pneumonia or pleuritis may set in with general symptoms that in their pathogenesis. It is rare for *Aconite* to suffice for the course of such an illness, though occasionally

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pneumonia will seem to respond marvellously. *Veratrum viride* is a drug characterised by great arterial excitement, muscular twitching and spasm, and this remedy is reported experimentally to increase the opsonic index to the pneumococcus. Its use at the beginning of pneumonia undoubtedly sometimes aborts the attack. Occasionally a similar effect seems to follow the use of *Aconite* (See *Ver. vir.*). In any case if *Aconite* be well indicated in commencing pneumonia, pleurisy, or acute rheumatism; its use will greatly relieve the symptoms (replacing blood-letting) and the drug that next becomes indicated as the symptom picture changes acts all the more effectively. After exposure to chill a dose or two of *Aconite* is a sound prophylactic measure, and it quickly masters symptoms (physical or emotional) following fright or injury.

Good subjects for *Aconite* are frequently full-blooded, even plethoric, and in later life when arterial tension rises and apoplexy becomes a possibility, the drug is often called for to meet emergencies. Its effect is too transient to deal with the actual arterial changes for which remedies like *Barium* are better adapted, but it is invaluable for times of special stress. After cerebral hæmorrhage, if tension remains high, it will deal with it at least as well as blood letting.

There is some evidence that after prolonged and gradual poisoning *Aconite* affects finally the spinal motor centres and it has been therefore recommended for acute anterior poliomyelitis. Broadly speaking homœopathic experience does not find it very frequently indicated in this disease, but if the general symptoms called for it its possible pathological tissue-relation would add weight to the decision. Failing the general symptoms, it is doubtful if the pathology alone should be allowed to determine the choice of it.

Dr. Hughes valued *Aconite* for acute (ulcerative) endocarditis on the ground of its (undoubted) direct action on the heart. But here again most homœopathic observers agree that it is seldom symptomatically indicated and its use disappointing. Such endocarditis is a bacterial disease, and the main hope lies in combatting the cause through the body resist-

ance mechanisms. There is no evidence that *Aconite* affects these : any effect it could have would be as a possible direct stimulant to the heart, that is to say, palliative not curative.

Not only the effects of chill; but those of great heat cause disturbances that may be corrected by *Aconite*. Its characteristic tension may be found after sunstroke or headaches from exposure to the hot sun: even sudden summer diarrhoea in children may need it and yield to it. It is the suddenness of attack and symptoms of tension that suggest the remedy. Sudden disturbances of special senses (especially that of vision) dependent probably on vascular temporary defects (high tension), can be swiftly relieved by *Aconite* and sudden inflammation of the eye structures after exposure to strong light or other stress will be benefitted.

It is a great reliever of pain, especially when recent, aggravated by exposure or emotion, and accompanied by the characteristic restless tension. The pains that call for it are very severe; tearing, cutting, accompanied often by numbness or tingling. They may follow the course of nerves, or centre round joints: joint pains are < motion and rest generally >, but at night the midnight there is usually a severe aggravation, and the characteristic restlessness prevents relief. The restlessness of the aged, even without pain, is often helped by *Aconite*.

Generally speaking the patient who needs does not feel chilly or desire heat. Fresh air ache which is < warm room. With fever the of the bed is intolerable and the bedclothes thrown off. Unquenchable thirst is a prominent symptom: everything but water tastes bitter.

Sulphur is the deep acting remedy, which has the closest relation to *Aconite*, and whenever a case has been indicated *Aconite* and done well on it up to the point, *Sulphur* will generally complete the cure. *Sulphur* may also be used if *Aconite* seems to be indicated, yet fails to relieve. *Aconite* being a remedy of swift action and limited

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range requires, as a rule, somewhat frequent repetition. It has been praised in all potencies and appears to answer indications in all.

SCHEMA.

General Symptoms :

< night about midnight : < warm room or warm covering, > uncovering : < motion in spite of restlessness.

Restlessness : anxiety : fear : fear of death, of crowds, even of going out into streets. Sad presentiments. Complaints that follow exposure to hot sun or cold, piercing wind. Tension, emotional and physical, rigor, spasm.

Head :

Burning headache < sun, > cool air. Vertigo on sitting up in bed or rising from seat. Vertigo on stooping.

Special Senses :

Great sensitiveness to light, to noise, to odours. Epistaxis, arterial blood.

Alimentary canal :

Burning, tingling, numbness of tongue and throat : dryness of mouth and throat : unquenchable thirst, all things but water taste bitter ; < wine or stimulants : burning abdominal pains : summer diarrhœa.

Urinary System :

Painful urging to urinate : urine scanty, burning.

Sexual System :

Menses suppressed after fright or chill with great excitability and restlessness.

Respiratory System :

Hoarseness : laryngeal spasm ; cough dry, hard and ringing. Hæmoptysis, bright red. Stitching pain in chest < deep breath.

Circulatory System :

Cardiac oppression and anxiety. Palpitation, sense of fullness and constriction. Pulse tense, frequent, full.

Locomotor System :

Tearing pains < motion. Numbness and formation of arms (especially left) and legs. Pains < night but restlessness.

Skin :

Profuse sweating which > symptoms. Sweat on cheek if sleeping on it.

Sleep :

Insomnia with restlessness. Insomnia of the aged.

REDISCOVERIES.

By R.A.M.C.

ORTHODOX medicine, which has never scrupled to make use of the discoveries of the homœopathic school, during the past few years has been very busy experimenting with the therapeutics of finely divided substances, and, incidentally, rediscovering Hahnemann's law of similar. Consider the present interest in colloidal solutions. Messrs. Martindale and Westcott, to whose excellent *Extra Pharmacopœia* the profession is yearly indebted for much invaluable information, have had considerable experience in the preparation of medicinal substances in colloidal form. "It is possible as of the greatest importance," they say, "to have the particles in a metallic hydrosol in the finest possible subdivision as on this therapeutic activity depends." A hydrosol of course is a suspension of minute particles of any substance in water. Potentised tincture is a hydrosol. "Broadly speaking these solutions are merely suspensions of minute particles colloidal substance uniformly distributed, so that the suspension appears homogenous to the naked eye. We might add that, strictly speaking, homœopathic particles of the substance uniformly distributed that the suspension appears homogenous not the naked eye but to the microscope. A colloid has been shown to consist of finely particles in suspension in a fluid, the extreme of the subdivision being accompanied, conformably to the law of similar, by a corresponding increase in the activity of the substance." "It is possible to have the particles in a metallic hydrosol in the finest possible subdivision as on this therapeutic activity depends." A hydrosol of course is a suspension of minute particles of any substance in water. Potentised tincture is a hydrosol. "Broadly speaking these solutions are merely suspensions of minute particles colloidal substance uniformly distributed, so that the suspension appears homogenous to the naked eye. We might add that, strictly speaking, homœopathic particles of the substance uniformly distributed that the suspension appears homogenous not the naked eye but to the microscope. A colloid has been shown to consist of finely particles in suspension in a fluid, the extreme of the subdivision being accompanied, conformably to the law of similar, by a corresponding increase in the activity of the substance."

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yet unelucidated laws, by changes in the chemical and physical properties of the substance. For one thing the particles are charged with electricity. They also exhibit an entirely new range of therapeutic activities, just as they did when Hahnemann prepared them a century ago. They are arousing a deal of interest among orthodox physicians, who have not yet realised that their hydrosols are inadequately potentised homœopathic preparations that have joined the British Medical Association. The fact that emerges most saliently from the writings of the majority of the workers with these colloidal preparations is the fact that they do not know how to use them. They apply them to disease upon the supposition that a substance has the same action in the finely divided or colloidal state as it has in the mass. We who work by the Law know better than this. We may mention, without enlarging upon, the cases of common salt and charcoal, which by the way are two of the most recent substances to be prepared in the colloidal condition by the investigators in question.

It is every day becoming more abundantly evident that modern scientific research, far from rendering untenable the theories of homœopathy, is on the contrary strengthening and confirming them. Modern science not only rediscovers Hahnemann's discovery of potency by attenuation, but confirms it by observations which were impossible for him, as they depend for their very existence upon instrumental aids such as the high power microscope and ultra-microscope. It has been shown, for instance, that the so-called brownian movements of extremely minute particles in suspension, supposed to be due to their internal heat energy, do not take place in those whose diameter exceeds three micro-millimetres. Here we have an objectively discerned fact which supports one of the root principles of homœopathic pharmacodynamics. The finer the state of subdivision the more active the substance. The higher the attenuation the more potent the drug. These "disperse particles" are charged with positive or negative electricity according to their chemical constitution—metals, for example, being negatively

charged, whilst among positively charged particles are the metallic hydroxides and our old friend *Silica*. Homœopathic physicians are very particular as to the purity of their potencies. They prepare them with thrice distilled alcohol and water; they store them in phials of the purest glass stoppered with unbleached corks; they keep them in the dark; above all they preserve them from contamination such as comes from volatile or aromatic substances. It has been observed for a hundred years that the activity of a high potency is spoiled by the mere proximity of a piece of camphor. And now we hear that many colloids are precipitated by the most minute quantity of a foreign substance. We are told that electrically prepared colloids of metals are so unstable that they decompose spontaneously unless protected by some organic colloidal substance such as albumen or gum arabic. When we read, as I have just read, that physical science has obtained in the colloidal form such metalloids as Sodium, Sulphur and Silicon, and such salts as Sodium Chloride (*Natrium Mur.*) we need feel no astonishment at the belated announcements. The passage of pedestrian labour in the fruits of patient if pedestrian labour in all time laboratories of the world only establish on the foundations the work of the one physician who defined the unassailable law of scientific therapeutics.

Among the thousands of quotations from orthodox medical journals, which appear in the handy compilation quoted at the beginning of this article, there are many scraps of everyday homœopathic therapeutics so and philosophy, that we may suppose the authors never to be more widely read in our literature than they ever openly admit. On page 153 we find the following extract: "*Medical Journal* quoted from to the following: "Arsenic may possibly predispose some people to an attack of pneumonia, cases cited of children suddenly developing pneumonia. If this observation be confirmed, F. Parkes Weber suggests that the predisposing effect towards pneumonia whilst predisposing towards pneumonia must also exert a favourable effect on the reaction of the body towards the disease" (*B.M.J.*, i. 13, 337).

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In the face of this startling reappearance of the century-old law of similars it is impossible any longer to accuse the *British Medical Journal* of prejudice.

Another author, again quoted from the *B.M.J.*, recommends *Opium* in small frequent doses for "indolent ulcers of skin and mucous membrane." Now this is a very unusual use of *Opium* in allopathic hands; the paper in which the recommendation is made appeared in 1909. It is at least a curious coincidence that the same advice is to be found in Kent's "Lectures on Homœopathic Materia Medica" in these words: "Ulcers which are perfectly painless, which do not granulate, and do not eat or spread, with numbness or lack of sensation in the ulcer that ought to be sensitive: *Opium* will often heal." The edition of Kent from which I quote appeared in 1905, four years prior to the article in the *B.M.J.*

These opposite parallels might be drawn almost indefinitely. A writer in the *Lancet* has discovered that phagocytosis is greatly diminished by *Arsenic* in strong solution, and considerably increased in diluted strength. *Copper* seems to be a powerful agent even in the infinitesimals of Homœopathy, for in spite of the fact that it is an "insoluble" metal (no substance is insoluble), Kramer has shown that a strip of copper placed in water containing colon and typhoid bacilli will destroy these organisms in less than four hours. Metallic silver, another remedy used in homœopathic practice, is found to emit a radiation similar to the Beta rays of Radium. Professor Whitla, who has used *Rhus tox.* for rheumatism and, like any ordinary homœopathist, "says it gives satisfaction, but may irritate stomach and bowels." When we read that the dose recommended is two to six drops of the strong tincture it is difficult not to end this sentence with several heavy marks of exclamation and query. Even *Lycopodium* has emerged from the shadows, and is "poured down" in doses of one drachm of the tincture.

After all this we are not surprised to hear that *Apis mellifica* has "decided effects on urticaria," nor to read that in the *Edinburgh Medical Journal* for June

1907, there was published a series of 400 cases of diphtheria treated with the sodium salt of formic acid.

These extracts, selected almost at random from the current literature of the orthodox or mediæval school of medicine are sufficient to show how largely homœopathic it is in tendency if not in accomplishment, and how some at least of our colleagues are either stumbling upon the truths of scientific medicine or deliberately seeking them.

Finally let me draw attention to work that has been carried out by orthodox investigators upon the well worn subject of rheumatism. It is a matter upon which I hope to write with more deliberation at a future date, but it casts so illuminating a side-light upon the subject of the present article that I cannot refrain from giving it a glance in conclusion. The investigations in question have established the following facts: The sweat and urine of rheumatic patients contain quantities of formic acid. In the day's urine there may be up to 0.2 grammes and the typical sour odour of acute rheumatism is due to its excretion by the skin. Not only so, but the diplococcus rheumaticus itself is shown to be the essential factor in the production of this acid, for when artificially grown it produces as much as half a gramme per litre of culture. This diplococcus is invariably present in all rheumatic lesions, and can be demonstrated in them. The same investigation shows that rheumatism is capable of cure by the administration of minute quantities of formic acid whether it is prepared by treating the bacillus and injecting it, or resulting "vaccine," or by administering by the subcutaneous method. We need not unduly emphasise the fact that homœopathic physicians have long used the formic acid in certain cases of rheumatism, or that we may, however, be forgiven the enjoyment of a little quiet triumph in the discovery of the fact of a minute quantity of formic acid in the sweat and urine of patients with acute rheumatism. We may, however, be forgiven the enjoyment of a little quiet triumph in the discovery of the fact of a minute quantity of formic acid in the sweat and urine of patients with acute rheumatism. We may, however, be forgiven the enjoyment of a little quiet triumph in the discovery of the fact of a minute quantity of formic acid in the sweat and urine of patients with acute rheumatism.

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MR. McDONAGH ON THE TREATMENT OF
SYPHILIS.

By DR. C. E. WHEELER.

MR. McDONAGH'S opinions on the nature and treatment of syphilis are beginning to be well known: they are as yet unorthodox (in other words not generally accepted), but they are supported by both experimental and clinical evidence and in my judgment deserve the most careful consideration and further testing. *The Practitioner* for January contains an important article on the subject and the main object of the following paragraphs is to call attention to this article and make a few comments upon it that suggest themselves to a homœopathist.

Mr. McDonagh has a detailed explanation for the Wassermann test and a conception of so-called "complement" which will be of the utmost importance if further investigation establishes it. From this and other considerations he concludes that a positive Wassermann means that the patient has had syphilis, but not that he is syphilitic at the time of positive reaction, nor that he necessarily requires treatment.

Mr. McDonagh has the most vivid realisation that treatment to be effective can only work along the line of a pre-existing body mechanism. He regards this in syphilis (and other diseases) as largely a function of "colloidal protein particles" in the serum, and points out (even as a homœopathist might) that wrong (*i.e.*, excessive) dosage may depress rather than increase this protective substance.

The explanation of anaphylaxis is given (to summarise it briefly) as a disturbance of the serum reaction in the acid or the alkaline direction, to be cured by administering a substance possessing the opposite electric charge to that which produced the shock. This view leads Mr. McDonagh to counteract overdosing with *Arsenic* or *Mercury* by *Intramaine*, a complex drug, whose importance lies in the *Sulphur* it contains. When chemo-therapeutics are considered by Mr. McDonagh in the light of these opinions, he decides, first, that

Ehrlich's conception is untenable, and that no drug can be parasito-tropic without being organo-tropic. Indeed, the virtue of the drug depends entirely in its action on the colloidal protein particles in the serum. The action of the particles depends on their oxidising power, and this can be increased by oxidising agents directly, and reducing agents indirectly. But as sometimes one method and sometimes the other is needed, there can be no routine treatment but only the most careful individualization. Here again, the homœopathist most whole-heartedly applauds the principle.

Mr. McDonagh's practical conclusions are to use *Salvarsan* and *Mercury* with the greatest care, and to use his *Sulphur* compound alternately with them, and always for the effects of over-dosing of either. His experiments (in gonorrhœa and other bacterial diseases) with *Manganese* and *Copper* are of the deepest interest and importance, but await further experience. The final point for homœopathic comment is this. Mr. McDonagh's experiments and deductions led him to use a *Sulphur* preparation of definite chemical structure, and in appreciation of dosage to counteract the excessive use of *Arsenic* and *Mercury*. But since Hahnemann, homœopathists have used for precisely these cases *Hepar sulphuris* (a simple *Sulphur* compound) in small or infinitesimal doses, but with admirable results. Mr. McDonagh would (probably) deny efficacy to our preparations and dosage, yet surely it is very significant that his and our (independent) experiments lead both investigators to one drug. Is it not at least possible that *Hepar. sulph.* has the stimulating effect that Mr. McDonagh claims for his *Thiamine* and that potentisation in the first instance is as potent to help as chemical structure in the second? Mr. McDonagh aims, in a sense, at a direct drug action, while we only attempt an indirect one, yet he, too, knows, as well as we, that it is only through the pre-arranged body mechanism of resistance that he can give aid. Is it not conceivable that this mechanism is susceptible of response to smaller quantities than Mr. McDonagh has believed possible? At least all homœo-

pathists should gratefully study his work, for whether he gives independent confirmation of some of our endeavours or makes new paths for us, we must be thankful for his work in its achievement and its promise.

NOTES FROM PARKINSON'S RARE OLD
HERBAL, 1640.

Althæa officinalis. Marsh Mallow. Young leaves of the common and fine cut mallows. French Mallows, and garden hollihocke were eaten as a salad to mollify and open belly, green or boyled. The leaves boyled in wine, vinegar, or broth with parsley or fennel rootes helpeth open body, some apply warmed to belly for same purpose, and convenient in hot agues. Allayeth paines from constipation. Some increaseth flow of milk in breasts. Decoction of the seede of Mallows, marvelous in diseases of the chest and lungs, that proceed from hot causes, and the ptisicke.

Juice drunk in wine helps women to easy delivery Pliny saith, a spoonful of juices of any of the mallows shall that day be free from all diseases, and it is good for falling sickness. Syrup and conserve of flowers for same diseases, and to open body when costive. Leaves bruised upon any place stung by bees, etc, and deadly spider phalangium, takes away the paines rednesse and swelling, and Dioscorides saith decoction leaves and rootes good for all poisons, and poisons are soon vomitted. Poultice of leaves boyled and bruised and bean flour added and oil of roses special remedy against hard tumours and inflammations of impostumes, and swellings of cods and eases the pain, as against also hardness of spleen, or liver to be applied. Juice boyled in old oil and applied, taked away all roughness of skin, and falling of hair, scurf, etc., or dry scabs in head or other parts. If anointed therewith or washed with decoction same is effectual against burns and scalds, and to help disease, St. Anthony's fire and all hot red swellings. Flowers boyled in oil or water and honey and alum added, gargle for sore mouth

or throat. Pliny saith beaten with nitre and applied draweth out thorn or pricks. Rootes and seedes boyled in wine good for excoriations of guts. Hippocrates gave decoction of rootes to those about to faint and wounded through loss of blood, and applied the same with honey to the wounds. He gave rootes boyled in wine to those injured by falls and bruises, for had bones out of joint or swelling and pain in muscles, sinews, or arteries, good for ulcers or sores in any cartilaginous place. The seede of mallow good for the stone, a dram given in powder and repeated it will help. Used by the Turks to procure rest and sleep. Heals green wounds.

NOTE.—In this village two persons afflicted with piles cured themselves by sitting over a hot decoction of marsh mallow leaves.—D.W.

Garlic and Onion. (In view of the prominence recently given to garlic in the healing of tubercular and other wounds, it is interesting to read what John Parkinson has to say of the herb.)

Kill worms in children if water in which they have been steeped all night be drunk fasting. Help inveterate cough and cut tough phlegm. Juice stuffed into nostrils purgeth the head. Formerly considered a cure-all good for falling sicknesse, cramps, convulsions, piles or other cold diseases.

Wake Robin. (Lords and Ladies—Wild Arum). Fresh rootes bruised and distilled with milk, sovereign remedy for skin, removing all blemishes, not to be left long on any place. Leaves among clothes keepeth away moths, green leaves bruised, laid upon boils or plague sores draws out the poisons. An oz. of the dried rootes taken a few days together helpeth rupture; leaves dried or greene, stinking sores and polypus—water in which the roote has been boyled applied to eyes, cleanses them from any film that grows over and mistiness. Juice of the berries boyled in oil of roses, dropped into the eares, easeth the paines, good for piles; cleanses the skin from all blemishes, stays the spreading of sores, goode for hollow ulcers and fistulas, good for drunkenness.

Parkinson duly notes the homœopathic action of the plant in the following sentence: allays sharp shooting pain upon tongue that it causeth.

Salvia—garden sage, stays bleeding woundes, cleanses foul ulcers, and stayeth itching of coddles, if bathed therewith. Agrippa saith if childing of women whose wombs be too slippery, unable therefore to conceive, shall take juice of sage with a little salt for four days before they company with their husbands, it will help to conceive, and cause birth to be retained. In Cyprus after the great plague women were forced to drink the juice of sage to cause them to be more fruitful. Orpheus saith three spoonfuls juice taken fasting with honey stayeth fretting and casting up of blood. For consumption these pills recommended. Spikenard and ginger each 2 drams seed of sage slightly toasted at fire 8 drams, of long pepper 12 drams, all to be powdered finely. Let there be so much juice of sage added as make it into a mess formable for pills. Take a dram each morning fasting and also at night. Matthiolus saith profitable for all paines in heade of cold and rheumatic humours and pains of joynts, inwardly or outwardly. Helpeth epilepsy therefore, drowsie evil, such as are dull and heavy of spirit and have the palsie. In defluxions and distillations of this rheum and diseases of head and chest, leaves sage and nettle bruised and laid together upon the impostume that rises behind the eares, assuage and helpe it much. Sage with wormwood helpeth bloody fluxe. Pliny saith procureth women's courses and stayeth them coming down too fast. Good to help the memory by quickening the senses. They are persuaded in Italy that sage must ever be planted near rue for fear of toads and serpents breeding under it, and infecting it with their spittle. The danger whereof is recorded by Boccacio of 2 friends that were eating the leaves of that sage under which a toad was found to abide were both killed thereby, and the poet joineth them both together to have wholesome drinke saying, "Salvia cum ruta facient tibi pocula tuta." Sage of good use in the time of the plague at all times. Especially the small sage (which I think our people

called sage of virtue) the juice thereof drunke with vinegar. Sage used in May with butter parsley and salt, frequent to give health to the body, and sage ale also, and for teeming women subject to miscarriage, gargles with sage, Rosemary, honeysuckle and plantain boyled in water or wine with honey and allome put thereto to wash sore mouths and throats or the privies. Warms cold joynts and sinews with palsie and cramps, commended for paines in sides, wind, if the grieved place be fomented with decoction in wine the warm herb when boyled be also laid thereto.

Tobacco, English. Apply a leaf to head to ease paines. Seeds much more effective to ease toothache than seed of henbane. Herb bruised and applied to King's Evil helpeth effectually in 9 or 10 days. Juice fasting—4 drops—cures dropsie which purgeth up and downwards. Distilled water before fit of ague to cure; green herb bruised cures any green wound, kills lice in children's heads. Cures foul sores.

THE USE OF THE REPERTORY—CONSIDERING PATHOLOGY.

J. LEWIS VAN TINE, M.D.

PATHOLOGY has been called the Physiology of disease. In studying a diseased condition, we must note all changes from normal anatomy as seen by the naked eye; all departures from normal histology as revealed by the microscope; and finally, we must seek the causes which produced the departure from normal structures and functions together with the nature and sequence of the disturbances which they produce. We cannot overestimate the value of the work that the pathologist has done to give us a clearer understanding of the etiology and various morbid changes in many diseases which heretofore were improperly classified. Every year, valuable observations are made which still further clarify our knowledge and understanding of human ills, thereby aiding in our diagnoses.

The importance of diagnosis is apparent to all of us. Some have accused the homœopathic physician of disregarding the necessity of making an accurate diagnosis before attempting to treat the disease, but our first duty is to recognise the disease in question, and then search diligently for the remedy indicated by the totality of the symptoms. Hahnemann certainly must have recognised the necessity of diagnosis, and he expresses his belief in pathology in Par. 29 of the *Organon* as follows: "We have seen that every disease (not subject to surgery alone) is based upon some particular morbid derangement in the feelings and functions of the vital force." Also in Par. 5 he directs us to inquire into the etiology of disease, when he says "The physician in curing derives assistance from the knowledge of facts concerning the most *probable cause* of acute disease, as well as from the most significant points in the entire history of a case of chronic disease; aided by such knowledge, he is enabled to discover the *primary cause* of the latter, dependent mostly upon a chronic miasm."

Every pathological condition has a certain train of symptoms, but they are not identical in each case, there is a variation in some particular (whether it may be due to psora, idiocynasy or what, we know not) which gives the case an individuality. It is for this very reason that we cannot prescribe the homœopathic remedy on pathological conditions alone, but must look for something characteristic, something peculiar, to help us to individualise and isolate a given case of a named disease from all other cases of that disease in order to find the indicated homœopathic remedy for that particular case. We can interpret as a warning against prescribing for pathological conditions alone, that part of Section I of Par. 70 of the *Organon* where Hahnemann says: "Every fictitious or obscure, internal cause or condition, or imaginary, material, morbid, matter are not objects of treatment." In the latter part of Par. 5 he says: "In connection with this, the bodily constitution of a patient (particularly if he has a chronic disease), the character of his mind and temperament, his occupation, his mode of living and

habits, his social and domestic relations, his age and sex functions, etc., are to be taken into consideration." Par. 18: "It is then unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestations by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the *only indication* to guide us in the selection of a remedy."

After making a complete record of the patient's symptoms, there is no other certain way of arriving at the simillimum but by the use of the Repertory, which is strictly an index of our Materia Medica. Almost all who make repertorial studies of their cases use the Kent Repertory, which is the most complete work that we have at present. One should not become discouraged on attempting to use the repertory because it is just like any other work of reference and requires study to learn how to use it. No man can get the most out of a new machine until he has made a careful study of the same, and has learned how to develop its greatest power. So it is with the Repertory of the Homœopathic Materia Medica, it is necessary to study the arrangement of the rubrics, and find how the symptoms are recorded under them. Gradually, one becomes more and more familiar with his repertory and it becomes a comparatively easy matter to refer to the remedies under some peculiar symptom.

In using the Kent Repertory we consider three grades of symptoms: General, Particular and Common. The symptoms which have the highest value in prescribing, are those which relate to the innermost of man: his General symptoms. To these generals we can prefix the personal pronoun "I"; as "I am irritable," "I am restless," "I am cold." A general may relate to the mental, including the will (with its loves, hates and fears); the understanding (with delusions, hallucinations and delirium); and the memory. The Generals also include sexual perversions; desires and aversions of food; appetite; thirst; relation and reaction to environment, as time, heat and cold, dry and damp; menstrual aggravation

and amelioration ; position ; pressure ; motion, food aggravation. The colour and character of discharges from various parts of the body should also be classified as general. A general symptom may be peculiar, the more peculiar it is, the nearer it relates to the innermost of man and the higher its value in prescribing.

A Particular symptom is one that relates to a part of the body : the head, the heart the lungs, the stomach, etc. If we examine the liver symptoms alone, we are examining particulars. If we are examining eye symptoms alone, we are examining particulars. Sometimes we find the same symptom running through all the particulars, this symptom then becomes General as well as Particular. As an illustration, consider *Arsenicum album*. There is coryza which is burning and excoriating. There is gastric irritability with marked burning sensation. There is watery diarrhœa with burning sensation in the abdomen and burning and excoriation of the anus. There is burning along the urethra while voiding urine. In examining each part separately we are examining particulars, but running all through the particulars there are burning sensations, therefore burning, which was Particular, becomes a General and a keynote or characteristic of the remedy.

Common symptoms are those which are common or natural to the disease and are of very little value in prescribing.

It has been proposed to make pathological provings of remedies on animals, resorting to all known laboratory methods to ascertain the effects of the drugs on the various organs and tissues. The value of all this work to the homœopathic prescriber is extremely doubtful. Suppose the experimenters should develop in the intestines of their subjects, ulceration of Peyer's glands such as we find in typhoid fever, how can they demonstrate to us which remedy to use by displaying to us a greater or lesser degree of inflammation and ulceration produced by the administration of different drugs? Since science has been unable to provide us with means to inspect such lesions in patients whom we wish to cure, we shall probably continue to prescribe

symptomatically for some time to come. Suppose we were enabled to inspect this lesion of typhoid fever, can anyone imagine how that could aid us in determining whether we should use *Baptisia*, *Hyoscyamus*, *Phosphoric acid* or *Rhus tox.*?

We are often guided to consider certain remedies by the appearance of the part, for example in diphtheria, the purplish colour of the throat and the involvement of the left side; but if the generals (hyperesthesia of the throat externally, and sleeping into an aggravation) did not correspond, the remedy, *Lachesis*, would have been incorrectly selected. If we examine a case of Tonsillitis of the follicular variety, is there anything about the local appearance which would aid in determining whether to give *Mercurius biniod.* or *Phytolacca*? The indications for the use of these two remedies are so distinctly different, that the discriminating homœopath would not misapply them although the appearance of the tonsils is practically the same in both.

We might continue to present other similar illustrations to demonstrate our claim that symptomatology is paramount to pathology in selecting the homœopathic remedy. Hahnemann has laid down rules for the successful application of our remedies, if we follow the *Organon*, we cannot make the error of basing our prescriptions on pathological conditions, rather than on the symptoms presented by the patient.

NOTIFICATION.

••• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. C. FOLEY.
Dr. C. FOLEY has taken over the practice of the late Dr. STUART and attends daily from 12 to 2 at 83, *Canning Street*, Liverpool.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Society met at the London Homœopathic Hospital on February 7th, the President in the chair. After the preliminary business Dr. Burford moved a vote of sympathy to Dr. Alexander, of Southsea, on the death of his second son and to Dr. Fergie Woods on his illness.

The features of the evening were papers by Mr. Grace, F.R.C.S. (St. Bart's) on X-ray and Electrical Therapeutics; and Dr. E. A. Neatby on the need for a new Materia Medica and the best character for such a work. Both were full of excellent material and were heard with deep interest. Mr. Dudley Wright, Dr. Moir, Dr. Day, Dr. Wynne Thomas, Dr. Weir and Dr. Wheeler took part in the discussion.

SURGICAL TREATMENT OF PELVIC INFECTIONS.—Emphasis is laid by Cullen (*Surg., Gyn. and Obst.*, Chicago, August, 1917, No. 2) on the following: When an appendix abscess is opened the appendix can practically always be removed at the same time, provided the abscess is well walled off with gauze before an attempt is made to open it. In removing a large pus tube that is finally adherent to the pelvic floor, it is better to begin by excising an edge of the uterine cornu and gradually freeing the mesosalpinx. The tube can then be lifted up as a straight rod and carefully walled-off on all sides before it is shelled off from the pelvic floor. Soiling is reduced to a minimum. Pelvic drains that emerge from the vagina should, if possible, be so placed that they do not come in contact with the small bowel. Vagina drains laid in the pelvis during an abdominal operation should not be removed, as a rule, before the fourth or fifth day on account of the danger of pulling down an adherent loop of small bowel. No case of pelvic abscess should be irrigated. There is danger of rupture of the abscess wall and of the escape of infectious fluid into the abdomen which will set up a general peritonitis. Postpuerperal pelvic infections are found as a rule, in one or both broad ligaments. Those in the broad ligament can be most satisfactorily opened extra-peritoneally through a gridiron incision just above Poupart's ligament. Such accumulations should rarely, if ever, be opened through vaginal vault.—*Medical World.*

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16th JANUARY TO
15th FEBRUARY, 1918.

GENERAL FUND.

		£	s.	d.
<i>Subscriptions.</i>				
Miss Hooper	..	0	2	0
Mrs. George Smith	..	1	1	0
Dr. C. J. Wilkinson	..	1	1	0
Miss Laird	..	1	10	0
Miss Noble Taylor	..		5	0
Dr. A. S. Kennedy (1917)	..		5	0
Dr. A. S. Kennedy (1918)	..		10	0
Chas. Charter, Esq.	..	1	1	0
Mrs. Luard	..	2	2	0
E. Clifton Brown, Esq.	..	1	1	0
Mrs. Cator	..	1	1	0
C. A. Russell, Esq.	..	2	2	0
Dudley d'A. Wright, Esq., F.R.C.S.	..	1	1	0
Mrs. H. S. Gladstone	..	2	2	0
J. P. Stilwell, Esq.	..	1	1	0
J. B. L. Stilwell, Esq.	..	1	1	0
W. B. Stilwell, Esq.	..	1	1	0
Dr. E. A. Hall	..	1	1	0
The Rev. R. Upcher	..	2	2	0
C. T. Knox-Shaw, Esq., M.R.C.S.	..	1	1	0
Mrs. Sfrafford	..	1	1	0
W. Hood, Esq.	..	1	1	0
Dr. A. Speirs Alexander	..		10	6
Miss Rogers	..		2	6
Mr. and Mrs. Reeve	..		10	6
W. Lewis, Esq.	..	1	0	0
T. Burberry, Esq.	..		10	6
E. S. Holmes, Esq.	..			
..	..		5	0
..	..		0	0
Paul Rottenbury, Esq.	<i>Donation.</i>			

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 19th February, 1918.

REVIEW.

THE WAR HOSPITAL AT NEUILLY.*

It was a bold and timely advance to link up Homœopathy with the Medical Service on the Allies' Front, and to establish an Auxiliary Hospital under the ægis of the French Red Cross. There was no illuminating experience—at least in the Old World—of any similar act: the stimulus and the control of State recognition and regulation had not fallen to our lot: the infitting of a Homœopathic unit into a wider medical organisation was a new problem. Yet the Cause which makes no mistakes makes nothing: the initiative was well taken. Under the wise and judicious conduct of our men of affairs, the venture made good, and the proof is in the imprimatur of the President of the French Red Cross in his charming letter to R. H. Caird, Esq., published in the volume before us.

In this khaki-covered account of the rise and progress of the Neuilly Hospital, the biography contains elements alike in defect and in excess. The salient features of Homœopathy—its outstanding powers to deal with acute disease such as pneumonia, enteric, acute rheumatism, etc., here find but scant record. The duality of Homœopathy plus Surgery in casualties received direct from the firing line, we may regret receives no copious illustration in the Neuilly work. Enquiry reveals the cause of such shortage. At the time of establishment of the hospital, the enemy forces were within easy distance of Paris, and the access of acutely sick and recently wounded seemed likely to amplify. But the tide of battle tended to retreat: transport became congested: and cases of ambulatory type, *i.e.*, those able to travel—became the staple of admission into the metropolitan hospitals.

*The War Hospital at Neuilly, 1915-1916, conducted under Homœopathic auspices, and affiliated with the French Red Cross. Published by Headley Bros, Ashford, Kent, and sold by all Homœopathic chemists. Price half-a-crown.

Per contra the situation had the virtues of its defects. The cases coming to Neuilly were for the most part war-wrecks, recalcitrant to improvement: and the powers of Homœopathy in chronic illness here had free play. The detailed record of surgical and medical cases, their character and the results—the mortality was less than three per cent.—are given in the Report. And we note with satisfaction that the case-books, with the clinical histories and treatment, are in the possession of the Committee, pending, we trust, a technical report in later time for statistical purposes.

The easy and attractive style of the Report, as well as the abiding interest of the record of work done, will recommend it to the perusal of every friend of Homœopathy. The selection of the Neuilly area and the detail of installation are described in the early sections of the book. The Professional staffing of the Hospital—"every nurse and sister had bi-lingual attainments"—is described, and well-merited praise given to the work of the nursing ladies. The Medical and Surgical record is set forth at some length, in terms also "understood of" lay readers. Perhaps the most humanly interesting of the sections is that entitled "The Day's Doings" by a Lady: and to this readers will turn for re-perusal. An account of the Internationalism of the interest and support is included in the Treasurer's statement, which acknowledges donations from the United States and from various far-off British Colonies.

Finally, the series of Appendices (I. to VIII.) give a vivid rendering of the public meetings held in various towns to bring the being and doing of the Neuilly Hospital before the notice of the friends of Homœopathy. With much interest we observe that the most substantial financial aid came from those British cities and towns already possessing the privilege of a local Homœopathic Hospital.

The book contains some interesting photographs, is well printed and published, and should be in the possession of every friend and adherent of Homœopathy. It makes perfectly clear that a Homœopathic Institution may be incorporated in a State Medical

Service with no professional limitation and no administrative difficulty; and this object lesson may have exemplary value for ourselves in those days of Reconstruction which loom ahead.

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CARCINOMA OF THE SPINE.—Skversky's (*Journal of Nervous Diseases*, Lancaster, Pa., July, 1917, No. 1) patient, male, aged 52, complained of pain in both hips, radiating down both legs, so that he was unable to walk for any distance. The illness dated back two years with cutting pains in the left lower limb, commencing above the pelvis, and radiating down the inner side of the ankle. About six months later, he began to experience similar pains in the right lower limb. The pain, which was very severe, was not constant, nor definitely localisable, but mostly in his legs and ankles, never in his feet. While in bed he found comfort only when lying on either side, and turning over was accompanied by sharp pains in the back of the pelvis. There was no pain on urination or defæcation. He was able to walk slowly and gradually with the aid of a cane, but while on his feet appeared to be suffering from pain. Examination of the neck did not reveal any thyroid enlargement; no abnormal masses were felt, nor was any apparent enlargement of the regional lymphatics present. Examination of the spine did not reveal any deformities, rigidity, tender areas or alteration in consistency; in fact, nothing pathological was found. In the absence of objective organic features, the case was, for the time being, considered to be probably of a functional nature. The X-rays operator reported slight evidence of a defect in the outlines of the left border of the body of the fourth lumbar vertebra, but added that this was probably an artefact and of no significance. Three months later he reported bone defect involving the left half of the body of the fourth lumbar vertebra, also small contiguous portions of the third and fifth vertebrae. The patient began to show evidence of rapid loss of weight, and a peculiar yellowish-brown cachexia. Death occurred in less than two weeks. The necropsy disclosed an adenocarcinoma of the thyroid with metastases in the lower portion of the third and upper portion of the fifth vertebrae, including the intervertebral discs, encroaching on the spinal canal, although not penetrating the meninges. It proved to be thyroid adenoma, replacing strophic bone, with no evidence of new bone formation. The primary seat of the neoplasm was not recognised for obvious reasons, but the prostate at one time felt suspiciously enlarged, and although toward the end it did not suggest malignancy, it was considered as the probable primary site of the disease. At no time during the clinical course was there anything to suggest thyroid disease.—*Medical World*.

CORRESPONDENCE.

(We owe this letter to the kindness of Dr. Roberson Day, to whom it was addressed with permission to make it public.—EDITOR OF "HOMEOPATHIC WORLD.")

1st Eastern General Hospital,
Cambridge.

January 27th, 1918.

DEAR DR. ROBERSON DAY,—Many thanks for your kind letter, and please thank the Committee of the C.H.D. for their message of good wishes.

I am much better now, and giving a little help to the hospital, such as sitting on medical boards, etc., work which does not strain my eyes, which are not right yet.

If it would interest you, I will tell you how it was I got the gas.

I was Regimental M.O. to a battalion of the Londons, and after being with them in "rest billets" some way from the front for a month, during which time I had plenty of interesting work in connection with the sanitation of the camp and the hygiene of the regiment, I moved up with them to a point near Paschendaele, where we were going to attack the next day.

I had to take over as Regimental Aid Post (which is the first place of call for wounded from the firing line) a dugout which was just a bit of wide trench covered over with galvanised iron and a layer of sandbags—not supposed, of course, to be shell-proof, except against fragments.

Within ten minutes of taking possession, we were as busy as we could be with wounded from the Germans' five-nines, which were coming over fast and furious. It was a miracle that our dugout was not blown to bits, with all of us inside (several orderlies and myself), as several times shells burst just outside the entrance, putting out all our lights.

It was probably these explosions as well as the movement and bustle caused by the wounded, who kept pouring in for four hours incessantly, that stirred

up the mustard gas lying on the floor, which, as we heard afterwards, had come from gas shells fired in the immediate neighbourhood two days before.

This gas was so gradually mixed with the air in the dugout that no one of us noticed it until it had taken effect.

It attacked our eyes first, causing intense smarting and lachrymation. Then one or two of us were seized with vomiting. In a short time the five of us that had been there all the time were quite blinded, though before this happened to me I had time to scribble a note to the C.O. of the Advanced Dressing Station (the next point of call) and give it to one of the walking cases to take, asking to be relieved by another M.O. and fresh orderlies.

When this relief arrived, we five set out under the direction of a man given us as guide, hanging on to each others' coat-tails stumbling along the mile and a half or so of broken duck-boards to the Dressing Station, dodging occasional shells, and every now and then slipping off the track knee-deep into the mud. It was the least enjoyable hour's walk I have ever had!

From the A.D.S. I was sent to a C.C.S. (Casualty Clearing Station) where I stayed five days, four nights of which we had bombs from German 'planes falling all around us (I'd much rather have shells). From there I was sent to a base hospital on the coast, and after a few days there, I got "Blighty," and ended up where I have been now for nearly twelve weeks.

I had one or two complications, such as a touch of broncho-pneumonia, blistering of skin, and abscesses in the eyelids, but I feel fairly fit now, and it is only the weakness of my eyes that is keeping me in hospital.

Now that's enough about myself.

I am so glad to hear that the C.H.D. continues to flourish, both financially and as regards patients. I am longing to get back to my work with the children.

Please remember me kindly to Sister Rockcliffe, and all at the C.H.D., and with very kind regards to yourself,

Yours sincerely,

H. FERGIE WOODS.

FOOD PROVINGS.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]
SIR,—If it is true that our ailments are due to what we eat and drink in any great measure, how is it that one man's food is another man's poison, as I can clearly prove by inductive evidence.

The wife of a brilliant surgeon known to me, develops severe pains in the back if she eats a single egg.

A clever physician of my acquaintance cannot touch onions without unpleasant results—another physician, with whom I am intimate, loves onions.

The late Dr. Compton Burnett told me that he was very fond of Burgundy, and that wine in comparative abundance, was beneficial, though spirits were often absolutely poisonous.

Another doctor of great experience told me that a few glasses of red wine gave him pains in the joints.

I know a lady, who, if she drinks a single glass of wine, suffers acute inflammation in the eyes.

I know, on medical evidence, of a lady who cannot touch rice, most bland of cereals—on personal testimony, of a lady, in whom a single strawberry, even when cooked, sets up most acute symptoms including "glossitis."

The truth is that idiosyncrasy is the determining factor—what's meat to John is poison to Jill.

R. H. BELLAIRS

VARIETIES.

HÆMOLYTIC JAUNDICE.—Seventeen cases of hæmolytic jaundice, of which four are probably of the acquired type, are reviewed by Giffin (*Surg., Gyn. and Obst.*, Chicago, August, 1917, No. 2). In twelve splenectomy was performed. An increased fragility of the erythrocytes in the periferal circulation was a constant finding in all the fifteen patients tested. This increased fragility was found to persist at varying periods after splenectomy in seven of eight patients tested. The values for urobilin and uroblinogen in the duodenal contents were high in six patients in whom they were estimated. There was an appreciable fall in these values following splenectomy. In seven (fifty-eight per cent.) of twelve splenectomised patients gallstones were present. The removal of gallstones has not cured hæmolytic jaundice. On the other hand, patients with hæmolytic jaundice who were splenectomised have been cured of their jaundice and anæmia though retaining the gallstones. Of the twelve patients on whom splenectomy was performed, ten are living; nine are in excellent health without jaundice or anæmia. There was one operative death. One patient died four months after operation; another patient with a severe form of the acquired type of the disease was in excellent health for eighteen months, had a relapse after two years, and is again in fairly good health after two and one-half years following two transfusions. Four patients have been in excellent health for fourteen months, fifteen months, twenty-three months, and five and one-half years respectively.

Medical World.

NEPHROLITHIASIS IN SWITZERLAND.—Statistics published seven years ago apparently demonstrated that urinary calculi were becoming more frequent in Switzerland. Lardy published further statistics in 1911 which showed the increasing consumption of meat, especially mutton, in the country, and he attempted to connect these two facts. As the supply of meat, and above all of mutton, has been cut down so low since the war began, it may be possible that urinary stones may become less frequent. Suter (*Cov.-Bl. f. Schweiz. Aertz.*, Basel, June, 1917, No. 25) here relates that during the years from 1900 to 1905, when he was an assistant to a prominent surgeon at Basel, he never encountered any cases of kidney stones, but since then, during his own practice there, he has thirty-four operative cases of nephrolithiasis. In sixteen cases the calculi were of the calciumoxalate type, in twelve the phosphate or carbonate type, and five were urate calculi. The latter were always small, but by plugging the ureter they compelled operative treatment. They were always infected, so that it seems as if they must have been secondary to some infectious process. Urate stones are more readily washed along than others, and require operative measures only when one becomes impacted in the ureter. Oxalate stones induce symptoms early, so that they are found small and

easily removed by pyelotomy. Phosphate stones on the other hand develop insidiously to such a size that nephrotomy or nephrectomy is usually required for them. In his operative cases of nephrolithiasis there was very rarely a history of preceding colic. One patient had twenty-nine stones, with a total weight of 116 gm. in one kidney and a single stone weighing 90 gm. in the other, but they were only casually discovered, as the urine persisted turbid after cure of the cystitis which had brought the man of 61 to the physician. In one case, after a brief period of pain in the right kidney, pains developed in the left kidney, very severe and protracted, and later in the bladder. After removal of a stone in the right kidney there were no further pains.

With hydronephrosis, the stones move about; in one such patient the outlet became plugged with the stone as he stood, but it evidently moved away as he reclined. Infected stones did not cause any more intense subjective disturbances than the aseptic. Kidney stones can rarely be palpated, but the urine is never normal. If the microscope fails to show any red corpuscles on repeated examination, the probabilities are against nephrolithiasis. Among his thirty-four kidney-stone cases, four of the patients had a single kidney and two succumbed to the results of the total anuria for several days, rallying only temporarily after the operation. The third recovered, as also the fourth after a secondary operation. The fact that no urine is voided does not alarm; the patients apply for relief only when driven by pains. The prognosis with pyelolithotomy is good. With anuria the prognosis depends on its duration, as a rule.—*Medical World*.

OPERATIVE TREATMENT OF TUBERCULOUS PERITONITIS.—
Stocker (*Cor.-Bl. f. Schweiz Aetize*, Basel, June, 1917, No. 25) remarks that the time and money spent for a course of heliotherapy in the mountains often goes for naught as, after return to the old environment, the tuberculous peritonitis flares up again. The same is true also of courses of radio-therapy. The peritonitis is extremely rarely the primary localisation of the disease. Schlimpert found that 89.9 per cent. of the patients dying with tuberculous peritonitis succumb in reality to tuberculous lesions elsewhere. Stocker had one patient with tuberculous peritonitis and a slight apical process. She would not consent to the abdominal operation he proposed, and succumbed two years later to the progressive pulmonary process, which had come to entirely overshadow the peritoneal process. On the other hand, he had cured twelve out of fifteen patients, and materially improved the others by operative treatment. There was recurrence several years later in the fifteenth case. None has died. Through a median laparotomy he dabs the entire accessible surface with the official tincture of iodine, loosening up adhesions only as necessary to reach all the surface. If necessary for this, he does not hesitate to make a second incision. Adhesions have to be handled very carefully not to tear the bowel or burst a suppurating gland. Tuberculous tubes or ovaries

were removed if readily accessible and the general condition permitted. In two cases the appendix was removed. The abdominal wall was always sutured at once; it healed by primary intention in all but the one case in which a suppurating gland burst and an abscess followed in the abdominal wall. In preparation he gave saline infusion, *Digitalis* and *Camphor*. The general aspect improved at once and the patients left the hospital on an average by the seventeenth day. All symptoms subsided and the abdomen felt soft, and any lung processes seemed to share in the benefit.

His cases were all of the dry adhesive form of tuberculous peritonitis and yet all were cured from the subjective standpoint. He ascribes the benefit to the hyperæmia induced in the peritoneum. The blood pouring in brings the antibodies which induce retrogressive changes in the tubercles. This is followed by proliferation of the connective tissue. The degree of afflux of blood seems to decide the outcome, and hence the iodine is used to enhance the hyperæmia. He experimented first with rabbits, and found that a chronically inflamed peritoneum does not absorb the iodine like a sound organ. In the rabbit, the iodine often prevented the development of tuberculosis after inoculation and led to the healing of recently established infection. Hofmann in four (1912), and Falkner in three cases (1913) reported equally favourable results. The interval since had been over one, three or four years in all but three of Stocker's fifteen cases. There was no mortality in the whole twenty-two cases.—*Medical World*.

NON-PASSIVE EXPIRATION THEORY OF BRONCHIAL ASTHMA.—Brown (*South-Western Med.*, El Paso, Texas, July, 1917, No. 7) likens a bronchiole with its respiratory bronchioles, atria, infundibula and alveoli, constituting the lobule, to a sort of complicated Maxim silencer or muffler construction, for air to wander about in on its way from the remote air cells to the bronchi, trachea and outside atmosphere. Inspiration takes place with muscular effort under all conditions; expiration is a passive process in normal breathing. When expiration is made an active process by bringing the strong abdominal muscles into use to expel the air from the lungs, the momentum of the air will be greatly decreased and the air tension within the alveoli will be much heightened. This increased pressure is applied to all structures within the chest and will affect all thin structures. This, then, is Brown's theory: The high tension tends to cause the thin walled bronchioles to collapse, and thus further hinders the exhalation. It strikes the pulmonary capillaries, dams the blood from them to the right heart, larger veins, and thence to the tributaries which have an external pressure of but one atmosphere. The redness of the face and the swelling of the neck veins during coughing paroxysms is evidence of this. The bronchial venules and capillaries being under approximately one atmosphere pressure even during the time of forceful expirations get their share of the dammed back blood. Since the pulmonary capillaries

anastomose direct with the bronchial capillaries, blood is forced to the bronchial mucosa. The high alveolar pressure is applied also to the exterior of the bronchial vein and hence facilitates the damming of the blood of the bronchial vein and thence to the bronchial venules and capillaries. The pressure is also applied to the bronchial lymph duct, and the lymph is forced into the lymph spaces of the bronchial mucosa. The pressure applied to the pulmonary capillaries as well as damming the blood to the right heart forces it onward to the left heart, and aorta and causes a rise of arterial blood pressure during expiration, and the higher the arterial pressure becomes the more blood will be pumped through the bronchial vein to the mucosa. Forceful expirations without assistance from inflammatory or anaphylactic swelling within the bronchi might produce sufficient passive congestion of the bronchial mucosa greatly to narrow the lumen of the bronchi. The common cause of forceful expirations is inflammation and irritation of some part of the respiratory tract. Any inflammatory or anaphylactic swelling or other narrowing of the bronchial mucosa, coupled with coughing, sneezing, dyspnoea, or hard breathing of any sort or source, may result in such markedly narrowed lumen of the bronchi as to produce expiratory dyspnoea, loud piping rales and wheezes, an accumulation of mucus with pellets, shreds and bronchial casts, and emphysema. This, Brown says, is asthma.—*Medical World.*

TREATMENT OF SYPHILIS OF CENTRAL NERVOUS SYSTEM.—Swift (*Amer. Journ. of Syphilis*, St. Louis, July 1st, 1917, No. 3) calls attention to the fact that before undertaking the treatment of a patient with any form of cerebrospinal syphilis, it is important to determine what symptoms are due to inflammation or exudation and what are due to degeneration of tracts or cortex. It is also advisable to determine the intensity of the irritative condition as indicated by the cerebrospinal fluid. In general, the lesions due to inflammation or exudation are much improved or eliminated by the general treatment of the patient. Those due to degeneration are little, if at all, affected. Treatment should be directed not only toward the elimination of symptoms, but toward the elimination of the underlying process, namely, syphilis. In most patients with early meningitis, and in those with what was formerly termed tertiary syphilis of the central nervous system, the symptoms due to exudation respond in a satisfactory manner to the general administration of *Salvarsan*, *Mercury* and *Potassium iodide*. Occasionally a case is met in which transspinal treatment seems to be necessary in order to eradicate completely the central nervous lesions. Likewise in tabes dorsalis, many cases respond satisfactorily to the general administration of *Salvarsan* and *Mercury*. On the other hand, injections of serum to intravenous treatment with *Salvarsan* seems to hasten the elimination of abnormal elements in the cerebrospinal fluid and lead to a permanent arrest of the degeneration.

It is advisable to continue the treatment of patients suffering from cerebrospinal syphilis or tabes dorsalis until the cerebrospinal fluid is normal and remains so. A possible exception may be made in reference to excess globulin, for an increased globulin is not infrequently found years after all other normal elements have disappeared from the fluid.

In paralytic dementia, while much benefit may be expected in increasing the number and length of remissions, the ultimate hope of recovery is slight. When a paretic type of gold curve is found in the fluid of patients in whom the clinical diagnosis of paresis is not justified, the most intensive form of treatment should be instituted from the beginning. It is probable that the finding of this paretic type of gold curve often helps us to make a diagnosis of paresis before clinical symptoms of the disease are present. This early diagnosis with consequent early treatment may be of extreme importance in preventing the development of the outspoken condition. Finally, treatment must be individualised, given in courses, and the condition of the fluid determined at the end of each course and at the beginning of subsequent courses. In this way, the indication for kind of treatment, as well as the manner of response, is much more certainly determined than if one depends on clinical symptoms and objective findings alone.

Medical World.

DIAGNOSIS OF TUBERCULOSIS IN CHILDREN.—Summarising the essentials for a minimum standard necessary in the diagnosis of tuberculosis in children, Chadwick and Morgan (*Boston Med. and Surg. Journ.*, August 2nd, 1917, No. 5) emphasise the importance of symptoms indicating tuberculin absorption, namely, weakness, undue fatigue, fever, poor appetite, failure to gain, loss of weight and nervous irritability. The local symptoms are cough, hoarseness and occasional streaked sputum. The usual physical signs are dulness in the interscapular region radiating into the apices at the back, frequently not elicited in front. There may be or may not be changes in the respiratory sounds. Râles may or may not be present. Symptoms both constitutional and local, together with a history of exposure, are to be given greater weight in making a diagnosis of active tuberculosis than the presence or absence of physical signs. Percussion is more important than auscultation. A thickened area in the lung or region of the bronchial glands does not itself mean active tuberculosis. It may be a healed lesion that needs no treatment. Such thickening may also be caused by other diseases than tuberculosis. The child showing constitutional symptoms, even without local signs of disease in the chest, should be considered suspicious, kept under careful observation and hygienic treatment instituted in the home. The case with signs in the chest, without constitutional symptoms, indicates an old inactive infection that needs no treatment. Individualisation and common sense must be used to weigh all the factors in the case, and, with experience as a guide, few errors in diagnosis will be made. —*Medical World.*

LOCALISATION OF BRAIN CENTRES IN MEN WITH SKULL WOUNDS.—Marie, Foix and Bertrand (*Ann. de Méd.*, Paris, May-June, 1917, No. 3) here amplify their previous communications on the uniformity of the symptoms that accompany injury of certain parts of the skull. In their total 400 cases of skull wounds they found only two skulls so steeple-shaped that their outline chart did not apply. They give illustrations showing the regions of the skull where any moderate wound of the skull caused a certain set of symptoms, uniform in all. The findings confirmed with precision the already known data, and have added much that was new to the list. A severe and deep lesion is necessary to induce hæmiplegia. Monoplegia may develop as paralysis of both legs or of one arm, or as a paretic state of the face, the motor centres for these ranging downward from the top of the ascending frontal convolution. The centre for the legs is on the median line of the skull, at right angles to it, touching a vertical line from the posterior margin of the mastoid. The lesion thus straddling the median line explains why the crural monoplegia affects both legs as a rule. With monoplegia the automatic weakened, which seemed to be a favourable omen. The lower portion of the ascending frontal convolution did not seem to preside over any motor phenomena; and nothing short of deep destructive lesions in the anterior frontal region entailed serious disturbance. In two cases of this type there was an abscess in this region, and the mind worked torpidly, the memory was impaired, and the speech very slow and scanning, with stammering or rather repetition of syllables in one case.

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BOOKS AND JOURNALS RECEIVED.

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THE HOMŒOPATHIC WORLD.

APRIL 1, 1918.

THE BEIT RESEARCH FUND.

IN these busy days it is hard to find men who have time for research work in a small group such as homœopaths make, all of them engaged in constant daily practice of their profession. But the Beit Fund Committee of the B.H.A. has not been idle, and the steady work which Dr. Judd Lewis has done (and is doing) for it deserves a special testimony. The work has already led to a paper before the Royal Society (in which the name of the B.H.A. was associated with the research) and that alone is evidence of its importance. Unfortunately for Dr. Lewis's fame, it is highly technical work and thereby escapes popular recognition. But it is well known that spectrum analysis has proved of the utmost value in determining chemical constitution (enabling us to analyse even the distant stars), and this new work is a development of spectrum analysis. The ultra violet (invisible) rays affect the photographic plate, and organic substances (especially) produce characteristic spectra which can be recorded photographically. Dr. Lewis' work is to find first of all what the normal spectrum is for blood serum (and its constituents) with a view to determining whether (and how) it may be modified by disease. Possible refinements of diagnosis are thus coming into view. Further, homœopaths hope that drug diseases may show their spectrum changes, and if it could be shown that drug changes and disease

changes were similar, when, on clinical grounds, drug symptoms and disease symptoms were similar, the interest to Homœopathy would be obvious. The work is laborious and demands great patience, but Dr. Lewis has gone far enough for the B.H.A. to feel sure that he should have every opportunity to go further. We congratulate him on his work and its prospects, and the Beit Committee on their far-sightedness and persistence.

BLADDER CHANGES DUE TO LESIONS OF CENTRAL NERVOUS SYSTEM.—The chief changes in the bladder due to lesions of the nervous system, according to Burns (*Surg., Gyn., and Obst.*, Chicago, June, 1917, No. 6) consist in diminution in the tone of its musculature and that of the internal vesical sphincter. As a result of such loss of tonicity, there is often a gradual accumulation of residual urine and in some instances a dilatation of the bladder. Incontinence occurs in a large majority of the cases. In cases in which this exists there is a dilatation of the internal vesical sphincter and a funnel-shaped posterior urethra which is readily demonstrated cystoscopically and roentgenographically. The incontinence may be a true paradoxical incontinence due to the gradual accumulation of residual urine and the overdistention of the bladder, or it may be due directly to a relaxation of the internal vesical sphincter and the neighbouring urethral muscles. In the latter type there is usually no residual urine present. The trabeculation of the bladder wall, although generally present, seems to be rather inconstant in its distribution. The trigon is usually found to be atrophic. The cystoscope as a rule can be drawn into the posterior urethra and the verumontanum and intra-urethral portions of the lateral lobes of the prostate easily seen. The most effectual form of treatment in these cases consists of intravenous and intraspinal therapy combined with dilations of the urethra. This has been carried out in twenty-one cases (the histories of nine of these cases are detailed), when the lesion of the central nervous system was due to syphilis. Of the twenty-one cases, sixteen have a history of previous syphilitic infection, seven had a positive blood Wassermann on admission, and in fourteen the blood Wassermann was negative. The spinal fluid Wassermann was positive in twenty of the cases on admission, and in nine is positive at the present time. Nineteen of the cases had intraspinal treatment, in seven of these it was combined with intravenous therapy and in eight with dilations of the urethra. In one case intravenous treatment alone was given.—*Medical World.*

NEWS AND NOTES.

A FINE MEMORIAL.

THE sons and daughters of Colonel and Mrs. James Clifton Brown have endowed a bed in Hahnemann Ward at the L.H.H. in memory of their parents. We can imagine no more suitable memorial to such staunch and enthusiastic homœopathists.

ACTION OF GELSEMINUM UPON INTESTINAL MOVEMENT.

To demonstrate experimentally the effect of *Gelseminum* upon intestinal musculature and to determine the pharmacological basis or reason for the usefulness of this remedy, when homœopathically used, in diarrhœic conditions, the following experiment was performed: A white rat was killed by a blow upon the head, and a section of small intestine, about an inch long, immediately removed and placed in a bath of oxygenated Legendorff-Ringer solution at a constant temperature of $37\frac{1}{2}$ degrees centigrade, the temperature being maintained to a constant temperature water bath jacket connected to a constant temperature gas apparatus. The lower end of the intestine was attached to a glass hook and its upper end connected to a light, properly balanced, aluminium lever; the contractions and movements of the tissues were recorded upon a revolving drum. After taking a normal tracing *Gelseminum* was added to the Ringer solution. (The homœopathic tincture was used, its alcohol having been expelled by gentle heat over a water bath, and one half c.c. added to the 250 c.c. of the Ringer Solution). In four different experiments the effect of the drug, was in each instance, as follows: *Gelseminum* produces an immediate relaxation of intestinal tissue, the average being a drop from the normal height of peristaltic activity, of 2.5 centimetres. There is also produced a slight reduction in the amplitude of vigour of the peristaltic movements, but this is not nearly as noticeable as is the relaxation. The rate of movement of the intestine is not materially

affected.—A. E. HINSDALE, M.D., Materia Medica Research Laboratory, College Homœopathic Medicine, Ohio State University.

HONOUR FOR DR. CUNNINGHAM.

We know well what pleasure all our readers will feel at the news that the Military Cross has been conferred on Dr. Andrew Cunningham. We add the official announcement and our heartiest congratulations :

“ Temporary Captain Andrew Tocher Cunningham,
R.A.M.C.

“ During a raid on the enemy's lines he worked continually throughout an intense bombardment, attending to the wounded at the aid post until they had all been attended to and evacuated. He showed great courage and devotion to duty.”

IMPONDERABLE INFLUENCES.

WE owe to a correspondent the following report of a statement by one of the foremost physiological chemists in Britain. It is of extraordinary interest in pointing to the possibility of demonstrating in other than clinical ways influences beyond reach of analysis. The statement is as follows : “ Certain salts crystallize in two different forms, A and B. If the attempt is being made to get B crystals, then merely *to bring into the laboratory a beaker containing A crystals is enough to prevent the formation of any B crystals*, and that though the salt is comparatively non-volatile.” This is to say that a specific chemical process in a laboratory is influenced fundamentally by an influence as “immaterial” as a potentized remedy.

THE DEATH OF DR. PERCY PURDOM.

It is with the most profound sorrow that we have to record the death of Dr. Percy Purdom. Many of our readers have known of his long illness, borne with a gallant courage and patience which won the sympathy and admiration of all who came in contact with him.

From time to time he seemed to be winning his battle, but hopes have failed and now the end has come to a splendid young life. We hope next month to give a few details of his career: now we can only bow our heads in a deep sense of loss and sorrow. Dr. Purdom was one of the most brilliant of our rising stars, and our hopes were set on him for years to come. They are shattered, but even in the short time that he has been with us he has left for himself a record of achievement that many elder men must envy admiringly. We salute his memory with the deepest feelings of our hearts and to his parents in their terrible loss we offer all the sympathy that friendship has to give.

SPARTEINE SULPHATE.—A writer of wide experience states that there is no drug equal to *Sparteine sulphate* in sustaining the heart in cases of drug addiction when the patient is being treated by the method of sudden withdrawal of the habit producing drug.—A. E. HINSDALE.

X-RAY TREATMENT IN MALIGNANT TUMOURS.—From a study of these cases by Holding (*Amer. Journ. of Med. Sciences*, Philadelphia, July, 1917, No. 1) it is evident that X-rays give excellent therapeutic results in basal cell epithelioma. They ameliorate cases of carcinoma of the breast, ovary and testes, tumours of lymphatic structures, especially when these tumours are made up of cells of an embryonal type. While one cannot successfully maintain that the X-rays have yet proved to be a cure in cancer, it is worthy of note that these rays, as well as those of radium, applied with removal when possible, produce more uniform improvements in cancer than any other agents heretofore known, and the use of these agents in cancer is established until some effectual constitutional treatment for cancer is found. Pending the discovery of some effectual constitutional treatment, every effort should be made to increase the ameliorating effects of the radioactive methods. Surgery should not ignore the benefits of operative raying and treatment against metastases. Most of Holding's improved cases eventually relapsed, and while their lives were prolonged and made more comfortable by the X-ray treatment, they eventually died of the disease. In some instances these ameliorating effects were very striking, and deserve particular attention, in the hope that one may eventually discover means of making these ameliorations more lasting and even permanent.

Medical World.

ORIGINAL COMMUNICATIONS.

THE PROBLEM OF TWENTIETH CENTURY MEDICINE.*

By PHILLIP RICE, M.D., San Francisco.

It probably is no exaggeration to say that never in the history of medicine has the laity as a whole been more doubtful and distrustful of the therapeutic doctrines of the medical profession than it is to-day. Indeed, it is even a question if the medical profession itself has ever been. The nihilistic preachments of some of our so-called authorities have had a serious effect on the faith of even the most faithful. These "blind leaders of the blind" have caused no end of havoc. No small amount of the nihilism, confusion, mystification and downright ignorance which exist concerning disease and its cure, and the doubt and distrust in the lay mind, are in a very large measure the direct result of the grandiose declaration of these supercilious pseudo-scientists. All this is in strange contrast to the fact that most of the great achievements of medicine have been wrought in comparatively recent years.

Why this anomalous condition? Were the problem of disease really difficult, or did it lie in the realm of metaphysics—the realm in which vague fancy and pure speculation hold sway—we should have less reason to wonder, and have a better excuse for the inaccuracies and misconceptions which we must admit so generally abound in the therapeutic theories of the present day. But this is not where the facts of disease lie, mysterious though they may be. Every phase of our every problem is to be found wholly within the realm of the concrete. The matter which we are called upon to investigate is in its minutest detail susceptible of scientific analysis—is amenable to the so-called laws of nature. Indeed, all the facts which present themselves are but an evidence of these laws in action.

* The Presidential address at the Forty-first Annual Session of the California State Homœopathic Medical Society, June 5-7th, 1917. Reprinted with full acknowledgments and thanks.—ED. "H.W."

One very potent cause of the present unsatisfactory condition is that we have been profound, when there has been no occasion to be profound. We have failed to realise that it is the nature of great truths, as of some ores in particular, to be richest when nearest the surface. We have often clouded the issue with a super-abundance of talk. Where there has been one point that required extensive discussion to make clear, ninety-nine have been made obscure by over-indulgence in talk. One very striking result of this we observe as we glance at history in the incessant changing of theories concerning disease and its cure. We find one scheme following another with a rapidity that is amazing. We find that we have been anchored to nothing.

The literature which has resulted from a discussion of these many theories has, when viewed in the aggregate, a rich and imposing appearance; but when viewed critically and in detail it presents a very different picture. Nowhere in all this mass of material do we find a definite and incontrovertible basis of agreement relative to what is fundamental in therapeutics. While it with what is fundamental in therapeutics, meet there is but one truth, and there are to-day, many different and opposing schools of medical philosophy, each fully convinced that upon it and it alone the mantle of the prophets of medical wisdom has been laid. The result of it all is that, though we have achieved many noteworthy things, we find our science still miserably deficient in many essentials, and very unstable. We find, instead of order, the chaotic appearance natural to a subject of which the laws are unknown and the foundation is unsettled. There is no question but that the prospects for a scientific therapeutic system are brighter than at any time in the past, yet, with full appreciation of these, they still are only prospects.

To me it is quite obvious that our first and most important duty in the task of finding a solution for the problems which confront Twentieth Century Medicine is to arrive at an agreement as to what is fundamental

in disease, what constitute sound and scientific principles relative to disease and its cure, and, after that, discover a logical and naturalistic method of investigation. And it seems to me, since things are as they are, that one thing we need to do at the very start is to forget that any therapeutic doctrines or schemes have ever been conceived before. It seems wise to begin with a clean slate. Let us accept as many of the facts of experience as we see fit, but let us separate them from every kind of theory. Let us look upon them as being so many bricks at hand ready to be used in a new structure.

The results of our laboratory efforts of the last decade, added to the wealth of clinical experience of a century, happily supply us with a fruitful array of facts. With these, if accurately correlated and classified, we should be able to formulate a scientific and naturalistic method of investigation, a method which will enable us to apprehend accurately all the facts in a given case, and, with these at our command, ascertain the principle involved in every morbid process.

And while we are forgetting theories and doctrines, let us also cease to pay homage to antiquity and so-called authority. Do not think that I am unappreciative of the fact that a certain value and importance are attached to things that are old, and to superior learning; I am very appreciative. But I am equally well aware that many of us have been seduced into blind worship of Bacon's Idol of the Theatre. Some are very strongly inclined to follow a leader and the crowd blindly, while others worship their ancestors. Because we have time and again been told by pompous authorities that medicine can never be anything but an empirical science—which means that it can never be a science at all—or that it is an art and not a science, some believe, and as a consequence have allowed themselves to fall into a state of ineptitude that is little less than depraved. The spirit of daring and of independent thought has entirely gone out of them. The Spirit which dominated the pioneer and enabled him to accomplish things, they admire but dare not exercise.

It is no doubt true that the divergent methods and conflicting opinions which characterise medicine to-day are due wholly to the lack of a definite standard by which to judge the facts that present themselves to us in our daily work. The bacteriologist employs one standard, the pathologist another, the internist another, the mentalist another, the mechanic-therapeutist still another, and so on, *ad nauseam*. That those standards now and then over-lap is of course true; but in the main there is conflict. A certain combination of symptoms means one thing to one and a different thing to another. What is considered essential as a basis for a prescription or a line of treatment by one is ignored, even ridiculed, by another. That is wrong, and we know it; and that it shows a lack of method, and is suggestive of unreliability in our work, we cannot deny.

To overcome all this, to bring order out of chaos, we must first come to an agreement as to what is the prime factor, invariable and ever present element in disease. In a certain sense and to a certain degree there has been harmony in both our theories and efforts; we have always worked with something of the same end in view. But we have made this one serious mistake, namely, believing that a bacteriological, or pathological, or symptomalogical expression or result, constituted the fundamental equation, indeed the whole equation, in our problem. We have rated the product—the result—at a higher valuation than the process or even the instrument in which both process and product took place. That which is truly only the by-product we have accorded prime consideration. We know, or should know, that disease is an exceedingly variable matter. Over and over again have we observed, from an identical lesion, different clinical manifestations in individuals of different types. And how different are the effects of a given drug in different types! Who has not observed it? That ought to show us how unreliable and inappropriate are the results of morbid processes for the foundation of a scientific therapeutic system.

True, we all possess the same kind of organs and

tissues, but it is not true that they are identically developed, and correlated. Indeed, we never find two persons alike in development; and since it is a well-established fact that character of organisation determines character of function, difference in organisation must of necessity be followed by difference in function. From this we should be able to see how grave a mistake we make when we focus our attention upon results to the exclusion of causes and determining influences—upon echoes instead of sources.

What motive have we in making an examination of a patient? Usually to gain a knowledge of his heredity, his previous diseases, the origin and source of his present disease. The modern means for gaining this knowledge are, so far as they go, both accurate and wonderfully penetrating. The great achievements of modern medicine to which I have alluded are the direct result of their employment. But however much these have aided in our work, they have likewise done no small amount of harm. Many of us have come to accept what they are able to reveal of disease as being all there is of disease, or at least all that we need to know of it to make a cure. So firm is the faith of many in them that, though our therapeutic results are by no means commensurate with the brilliancy of these modern laboratory methods and the effects we are putting forth, they refuse to believe that anything more promising is conceivable. Though we meet with disaster the moment we begin to apply in general practice the therapeutic conclusions of the laboratory, some of us have the greatest difficulty in seeing that there is anything wrong with them. Admitting that our methods are scientific and all-sufficient so far as they go—and this I personally do admit—does not the fact that we are frequently left in the lurch when we have applied them to their utmost possibilities prove that they are inadequate?

I think it does, I am convinced that we must have, in addition to a knowledge of the heredity, previous disease, the origin and course of the present disease (which is all our present methods reveal to us), a knowledge of the attitude, idiosyncrasies, organisation,

etc., which go to make up the individual patient, and which determine the peculiarities of his functions, predispositions and susceptibilities, and the special and individual manifestations of his diseases. I am firmly convinced that the products of morbid processes—and that is all the modern laboratory takes into account—do not embrace all the facts in a given case; indeed, may not even embrace those most characteristic or fundamental. All that is contained in the test-tube and revealed by the microscope cannot possibly be all the indications of disease. There are those among us who think so. They apparently are unable to conceive that pathogenetic influences may lie within a healthy body, or that morbid processes may be going on without a manifestation of gross morbid products. They cannot conceive of anything disturbing the normal play of the organs that does not come from outside the body. That inharmony in development and correlation of organs can possibly be genetic factors in disease, or that inharmony in function can arise from this—and be existent for a considerable time before marked morbid products are evidenced, is to many ridiculous.

But why ridiculous? We admit that predisposition and susceptibility play a very important rôle in disease; and pray, what are they due to? Why is it that a tubercular susceptibility exists in one child of a tubercular parent and not in another? Why does one child of very healthy parents develop rickets, and another glandular troubles? Why is it that some persons are predisposed to diseases of the nervous system, others to gastric troubles, and others to something else? Why is it that some react to a given drug in one way and others in an entirely different way, or possibly not at all? We have been waiting for truthful answers to these questions a long time. But no sooner are they asked than along comes the laboratory man with a test-tube in his hand and wearing a smile of wisdom and satisfaction, to tell us all about it. To see him one would not for a moment suspect that he had been for years coming, coming as regularly as the summer swallows, with his explanation. With him

it is always as if it were a "First Appearance." *How*
well we remember the plausible opsonic-index *theory!*
What it did not explain when it was first *launched!*
And then what it did explain after it had its *eye-teeth*
cut. This is only one of a score of plausible laboratory
theories that have been ushered in with a loud blowing
of trumpets during the last ten or fifteen years, only to
be tearfully laid away while yet in their infancy.

Please do not misunderstand me; I am not saying
that the laboratory has nothing to offer, or that our
other methods are all wrong. The point I am trying
to make is that all of our instrumentalities for reaching
sound and scientific conclusions, diagnostic as well as
therapeutic, are inadequate in that they fail quite as
often as they serve. The experience each one of us
has had or observed confirms that. I am perfectly
willing to believe that every one of the many schemes
proposed has served someone well at one time or other;
but the innumerable instances of failure ought to
convince us of the inadequacy of each one. We ought
to be able to see that not all of our failures are due
to our own incompetence, as some would have us
believe. There are those who are ready to stake
their lives on the truth, for example, of the bacterial
theory of disease. Every phase of the whole theory—
diagnostic, prognostic and therapeutic—is to them the
essence of truth. They believe every effusion pro-
mulgated by the bacteriological laboratory, and are
eager to try every product eulogised by the serum
factory. When failures come they blame themselves.
And how lamentable are these failures; how painfully
slow is our progress! Far better if we had more
confidence in ourselves and less in fads—for such many
of the things proposed are.

What conclusion is to be drawn from the whole
matter? First, we must view disease from a wholly
different standpoint, and next, revise our methods of
investigation and study. Let us, then, in our efforts
to understand disease, begin with a study of human
morphology. We know that beginning with the study
of the structure of a thing is a rational procedure in
every other walk in life. The true mechanic, for

example, aims first of all to gain a knowledge of the construction of his machine before he does anything else. You who have delved into the science of bacteriology know that an understanding of the morphology of an organism is essential in determining its pathogenetic character. The chemist cannot remain ignorant of the structure of a compound while trying to determine its effects. We admit all that. Then, how can a physician expect to understand the peculiarities of individual function, the idiosyncrasies, and all the rest of it, while ignorant of the character of the individual structure? The thing is not reasonable; yet it is the thing we are constantly attempting to do. Yet is it really the thing we are attempting to do? I doubt it. Indeed, I am convinced that we attempt nothing of the kind. We care little about, or at least give little attention to, individual peculiarities in either structure or function. We study anatomy and physiology in the gross and form general and empirical conclusions. That is to say, we dissect bodies, and since we find organs and systems having the same general structure in all we jump to the conclusion that the functions and reactions, the predispositions and susceptibilities, must likewise be the same. We know this is not true; we know there are no two persons in the world alike, but we have reasoned ourselves into believing that such differences as exist are of distinctly minor importance and therefore may be ignored. We do not seem to be aware that in doing this we virtually deny the well-established principle of science to which reference has already been made, namely, that character of organisation determines character of function; nor do we seem to be aware that we are actually undermining the whole science of Biology. In every department of Biology the fact has been established that there is a direct and an intimate correspondence between the character of structure of an organism and its function, and between the degree of development and the functional activity. It has been proved that this holds absolutely true in every grade of organisation, from the lowest to the highest. Our entire system of physiology is based on

that principle. The logical inference to be drawn from this is that the moment there are differences in organisation there are differences in function and reaction; and there is the call for specific treatment. From this it can readily be seen that general treatment and empirical conclusions are unscientific, since facts that are essentially individual and characteristic of the individual are ignored.

That we may see how fundamentally sound and practical this biological principle is in the work of the physician, let us briefly examine a morphological combination very commonly met with. The one most frequently found is the following: Deficient thoracic capacity: excessive upper abdominal and deficient lower abdominal capacity. Other states of course also exist along with that, and have their bearing; but not to complicate matters, and merely to indicate a principle, those need not be considered. Knowing the general functions of the organs in these various regions, we can see at a glance that in this combination the functions, both general and particular, cannot possibly be like those where a reverse order of development exists; nor can the predispositions and susceptibilities be the same. A morphological combination of that character indicates, among other things, a primarily deficient arterial, and excessive venous, circulation. This means increased intrapulmonary, intravenous and intralymphatic pressure; and this, in turn, low trophic processes, glandular engorgement, disproportion between the right and left sides of the heart, hepatic engorgement and the prompt development of so-called bilious systems in all acute morbid processes, abdominal plethora, intestinal stasis, general toxic states resulting from imperfect elimination, etc.

Having thus, a knowledge of the primary organic state with its appropriate character of functions, and seeing that these lie at the base of all morbid processes, how perfectly simple it is to trace out the peculiar mode of development of these processes, nay, and even their genesis! It requires no stretch of the imagination to see that this particular morphological combination supplies a most fertile soil for the propagation of the

tubercular micro-organism. Indeed, it is asserted by high authority that pulmonary tuberculosis is never found except in an organisation of this character, that in it there exists the strongest predisposition to that disease. If this is true, how important is the factor of morphology in the problem of prevention of that disease! Is it possible ever to understand the real etiology of that disease without an understanding of the condition which lies behind, and which is very largely if not entirely the primary element, namely, predisposition? I seriously question such a possibility; it does not commend itself to reason. Experience and observation have taught us that definite predispositions and susceptibilities are associated with definite periods of life. The youth is no longer susceptible to things which threaten the infant, but, on the other hand, has certain susceptibilities that belong to his age. So through life.

But why is that so? Is it not because with the changes in organisation that come and go with the years there are corresponding changes in the functional disposition? Certainly so. But unfortunately these things the medical profession declines to take seriously: Such thought as has been given to these problems has been most superficial. All human beings are built on the same plan, have the same kind of functions, are equally susceptible to bacteria, the only real factor in disease; hence why bother about details of individual organisation? That epitomises quite accurately the medical thought and disposition of our day.

We cannot possibly get away from the fact that character of organisation determines character of function; or, in other words, that the moment we find differences in organisation we find differences in function. No two persons are alike in organisations. This means that to be scientific physicians—those who deal with all the facts in every individual case, who treat every case on its own individual merits—we must be able to analyse the individual organic state minutely and accurately, and see what are the facts behind the functional expression which we are expected to understand, before we can say that we are

proceeding scientifically. It is perfectly clear unless we do know what these facts are we have only partial knowledge of the case.

I admit there is in the minds of many the belief that we have no need to go so deeply into the minutiae of the individual case; that all we need to know are symptoms, the particular bacteria that may be present, and the pathological states. This, it must be admitted, is the basis on which we have worked throughout the last decade and more; and who among us is truly elated over our record? What have we that we can absolutely depend on that has for its foundation anything more substantial than the general conclusions of an average experience, or the empirical conclusions of the laboratory? If anyone has only one thing, will he not kindly publish it to the world in language that is unmistakable? Shout it from the housetops if necessary, only let us have it.

I said a moment ago that we must come to view disease from a different standpoint and revise our methods of investigation and study. That implies what? Obviously, a change in our methods of education. In my opinion here lies the greatest problem that twentieth century medicine has to face. It goes without saying that so long as we teach what we are now teaching, and continue to teach as heretofore, just so long shall we hold our present views and continue to accumulate our present kind of knowledge. If we want something different and better we must adopt methods of teaching that are different and better. If we are satisfied with what we have, there is nothing more to be said or done; we have reached our goal. But who is satisfied?

It is expected of the President that he make recommendations; that he present ways and means for the carrying-out of new ideas. New ideas I have none to offer. The thought I have been trying to present is as old as the medical profession. It may strike some as being new, and my efforts as being an attempt to present something new; but that would be by no means just. In the biological and anthropological literature of the last hundred years there is abundant

evidence that there is nothing new in the idea. The attempt to make practical use of the idea in medicine may be a trifle out of the ordinary, but I trust it is not unreasonable.

The recommendation I have to make is this: That physicians connected with clinics arrange to make careful morphological examination of all their patients, with the object of determining the relation, if there be any, between character of organisation and character of function; that they study the influence of organic structure on morbid processes; study the problem of predisposition and susceptibility from the standpoint of morphology; study organic reaction to drugs from the standpoint of the individual make-up. That this is not a difficult thing to do, and that it will soon prove to be most interesting and profitable, I have no hesitancy in declaring. But how shall we begin?

Elaborate rules of procedure cannot, of course, be laid down. The scientific literature of our time, however, abounds in facts and principles which have been demonstrated to be absolutely true, and with these we must acquaint ourselves. These will, if complied with, not only lead us in the right direction, but take us well on our way. The amount of work that has been done along this line of endeavour by the most distinguished biologists of the last fifty years is enormous. Literally thousands of physical examinations and autopsies have been made in the effort to establish the relationship which exists between the contour of the body and the development of the organs within. The results of these labours are fully presented by Prof. De Giovanni, of the University of Padua, in his work on Human Morphology. He clearly shows us how vital to the practice of medicine is the study of human morphology—that the subject possesses a significance for the medical profession which cannot be over-estimated.

We need, really, do no more at the start than assume the correctness of the principle which has been laid down for us and accept the methods of procedure indicated. Both I have so far found to be sound and exceedingly practical. Furthermore, I can say that

extraordinary skill and sagacity are not necessary in order to apply them successfully. Their practical value will be revealed very promptly. Light will begin almost at once to dawn on problems that our present methods are inexplicable; for example, the reason for variation in susceptibility to a given drug in a number of persons—a thing which has always been observed, but which we have never been able to explain. A test made with *Bryonia* on twelve medical students showed that only those reacted to the influence of the drug who had a particular morphological make-up. Only those reacted who had, among other conditions, an abdominal development which was excessive in the upper portion, which showed a larger measurement over the right hypochondrium, a dominant muscular or motive apparatus, a venous circulation which overshadowed the arterial. We found a distinct and direct relation between the morphology of the prover and the symptoms which were produced.

Who is so dense as not to be able to see the flood of light this single, simple and even imperfect, experiment throws upon the problem of susceptibility—the problem which is now shrouded in impenetrable mystery? And who is not able to see that here, too, we have the key to the whole pathogenesis of the drug?

In conclusion, the thought I wish to bring out is this: That we are far from being masters of the situation! that, though we have approached the great problem of disease and its cure from many angles, we have but imperfect results to show; that, though light has broken in here and there, we still have only a few transitory ideas; that we have no comprehensive conception of the whole; that our methods, when carefully analysed, show that we have always concerned ourselves with the transient and unstable products of morbid processes to the exclusion of the fundamental fact of the individual, and all the facts which go to make him an individual. The conclusion of the matter is that we must, if we expect to solve the problem of twentieth century medicine, revise our methods of investigation and education; that we must

at once cease to give the secondary factors in our problem the place of the primary; that we must, in other words, raise the *individual* to the dignity of the primary factor, and give the *results* of his processes symptoms, bacteria, and pathology, a secondary place; that we must work from the beginning towards the end—forward and not backward.

SOME DIFFICULTIES IN THE APPLICATION OF THE MATERIA MEDICA.*

By G. E. DIENST, M.D., Aurora, Ill.

By the word "some" we do not mean to include all the difficulties, and by "application" we mean the practical use of the materia medica. There is possibly no subject in medicine so frequently misunderstood as the materia medica. You will permit me, therefore, to call your attention briefly to the following points which we term difficulties in the application of the materia medica.

First, carelessness or negligence in the study of the provings of remedies. It is quite impossible to know what a remedy will do until one has studied the provings sufficiently to feel, in a sense in his own body, the actions of the remedy he is studying. We say carelessness in the study of these things is one of the difficulties, and we say it boldly and without apology, because we believe there are a few physicians practicing medicine to-day who have really and truly applied their minds thoughtfully to the study of provings. We say negligence with equal boldness, for the reason that there are many men who know the value of such a subject, but who purposely neglect it because it requires close concentration of mind; therefore, when he comes to applying a remedy about the provings of which little or nothing is known, failure is quite sure to follow.

Secondly, it quite naturally follows that carelessness or negligence in the study of a remedy produces a false conception of the curable similars found in

* With thanks to the author and to the Editor of N.A.J.H.

disease. No man can interpret symptomatology nor explain satisfactorily the existence of certain pathological conditions until he has learned what remedies will produce on the healthy—if a man does not know that *Phosphoric acid* will produce a violent occipital headache, alternating with a diarrhœa in cold weather, he will not know how to cure such a symptom and such a condition when he meets it in the sick.

Thirdly, we find great difficulty resulting from the combination or mixing of remedies, which, in itself, is inexplicable, and produces confusion of symptoms which no one can clearly understand. I can conceive how remedies may be combined chemically in the crude form or in a potentised form, but no man can understand the therapeutic action of such a combination.

Fourth, is a defective knowledge of curable conditions in people. Physicians who are unable to detect an incurable disease, will sometimes promise great things, and then fail to fulfil their promises. Somebody suffers in consequence of this failure. Having put confidence in the curative power of remedies, failure to cure some particular case with remedies causes men to become pessimistic, lose confidence in remedies, and say they are of no value, for they have tried them and found them wanting. This must not be charged against the remedy, but against inability to detect an incurable condition. Physicians should be cautious in making progress and in proffering promises to people who are sick. In brief, failure to cure an incurable condition often raises great difficulty in the application of the materia medica.

Fifth, this difficulty lies largely in the inability to select the proper strength of the remedy, commensurate with the disease treated. Here is where the homœopath is head and shoulders above his *confrère*, provided he knows how to use a remedy in its different forms. The man who uses but one potency for all classes and conditions of people will fail. The potency curable in one case will not be curable in another. The inability to measure the potency with the disease treated causes at times great difficulty, and men

who cannot measure these things, as they should be measured find great perplexities in the application of the materia medica. I am aware of the fact that the potentist is often laughed to scorn because he will use one potency in one case and another potency of the same remedy in another case, and will cure both cases, and he looks on in this work in the potency, scorns the idea of one potency for one individual and another for another individual. The potentist however can well afford to be scorned, for he has learned the lesson of measuring potencies and comparing them with different stages of disease, after hard and diligent study, and he knows what he is doing and succeeds in relieving the sick. He who knows nothing about potency is one who loses faith in materia medica and resorts to grossest empiricism.

Sixth, a repetition of the remedy while the remedy is acting is often fatal. You will pardon me if I simply mention this fact without discussing it. I want to leave this point open as wide as possible, for many have given much thought on the point of repeating a remedy when that remedy is still acting.

Seventh, change of potency before the potency given has exhausted its power is another pitfall into which many have gone head first. There are few things that have spoiled a case so quickly as the change of potency before the one already given has exhausted its power. Here is where some of the most beautiful work done in materia medica is seen. The law says: "Do not change a remedy nor repeat a remedy, nor a potency while that which has been given is still operating." To do this carefully requires a very careful and intricate knowledge of the materia medica, and when this knowledge is not at hand, men will change both remedy and potency until their patients are so confused that weeks and months are often required to correct the error, to bring disorder into order.

Eighth, the changing of remedies because of some minor point or an inferior key-note has led many physicians to the brink of medical ruin. Men who do this do not understand the meaning of the totality of symptoms, and often when a patient is convalescing

they will change remedies because of some inferior points, and thus confuse their patient and retard recovery. This is another of the difficulties in the application of the materia medica.

Gentlemen, I offer no apology for the brevity of my paper. I have accomplished the point I desired; namely, to open the several doors to the difficulties in the application of the materia medica, and will let you fight it out on the floor.

MANGANUM.

Manganum aceticum—Acetate of Manganese Solution.
Manganum carbonicum—Carbonate of Manganese Trituration.

BOTH the preparations of *Manganese* were proved by Hahnemann. Their symptomatologies are similar, and either may be used on the indications which follow.

Physiologically *Manganese* appears to resemble *Iron* in its tissue reactions and has been used (largely as *Permanganate of potassium*) for chlorosis and amenorrhœa. Its provings show that it causes anæmia of a definite type with destruction of red blood corpuscles. When other symptoms confirm the choice, it is a valuable remedy for anæmia: the varying results obtained in non-homœopathic hands arise no doubt from failures of the remedy when given to cases for which it is not suited. Individualisation is the only road to success with drugs, and "anæmia" is a name covering a large variety of conditions: only a proportion will be covered in their symptom-totality by *Manganese* and only those will be relieved by it.

Chronic manganese poisoning (seen in workmen exposed to the dust of it), presents symptoms predominantly in the nervous system: *psychical* (of the nature of hysteria) and *physical*, affecting motor centres with spastic gait and increased tendon reflexes. Epileptiform convulsions have been seen in rabbits and depression of the vaso-motor centre with falling blood pressure as a result of large doses. More chronic poisonings cause jaundice, with destruction of red

blood corpuscles and nephritis with albuminuria. The alimentary tract is irritated but not ulcerated.

Professor Hugo Schulz regards *Manganese* as a remedial agent of considerable importance. His observations confirm in general those of homœopathists. He uses the drug for some cases of anæmia and disorders of the liver: to the jaundice noted above as an effect of the metal he adds fatty degeneration of the liver.

Mr. McDonagh points out that in the vegetable kingdom *Manganese* plays a part comparable to that of iron among vertebrates. He uses colloidal *Manganese* (often with *Copper* and *Antimony*) to increase resistance to certain bacterial diseases (notably gonorrhœa) and claims good results.

Permanganate of Potash is a very familiar disinfecting and deodorising (oxidising) agent, and is used in this way as gargle and lotion. It antidotes *Opium*. A proving of it made by Dr. H. C. Allen brought out some very marked symptoms of the upper respiratory tract and pharynx: swollen uvula, intense irritation of nose, pharynx and larynx with free discharge of pus and blood. The other salts of manganese influence the larynx especially, but their effects on pharynx and nose (though observable) are not so marked as those of the permanganate. These symptoms have led to some use of the permanganate for diphtheria, and considerable success has been claimed: great prostration is said to be a confirming symptom. Permanganate is a favourite gargle and its value may be more than that of a simple antiseptic.

The profound effects of *Manganese* on the nervous system have been already alluded to as revealed in poisonings. The provings confirm these and add details. The prevailing mood is one of depression, it may be described as a taciturn peevishness and fretfulness with occasional outbursts of hysterical mirth. The mind appears abstracted from daily life and the senses dulled. The paralysis is of a spastic type with increased reflexes and later symptoms that suggest degeneration of the cells of the anterior horn of the cord; progressive muscular atrophy appears.

The symptom of inclination to run forward on *trying* to walk is recorded. Muscular cramps and twitches are observed. Sensory symptoms are also caused: particularly noteworthy is a general feeling of soreness all over the body. The bones become very sensitive, and neuralgic pains are common. The hands and feet (apart from the joint symptoms to be presently noted) feel swollen and tactile sensation is diminished. Cases of disseminated sclerosis may recall the symptom picture of *Manganese*, and it is a drug to be considered in relation to this disease.

Of other important spheres of action of the drug, the joints take a prominent place, and *Manganese* is often a remedy for chronic arthritis. The general soreness and sensitiveness and aching of bones (probably due to periostitis) are accompanied by pain and swelling of joints especially of the ankles. Red spots like those of erythema nodosum are noted, and an unhealthy state of the skin, particularly in the neighbourhood of the joints, when small injuries suppurate and ulcers are sluggish and slow to heal, with bluish unhealthy margins. The drug is often needed for joint and bone affections in syphilitic or tubercular subjects. The alimentary canal is irritated: the tongue often furred and notably sore, developing little ulcers or papillomata or vesicles, the throat dry and sore, and heat and burning in the stomach; flatulence and griping pain in the stomach usually with constipation. On the whole however, the alimentary canal symptoms are secondary, though the drug has a profound effect on the liver (fatty degeneration and some degree of jaundice) and has a value in syphilitic cases.

The effects on the respiratory tract are more important, at least in its upper part. There is chronic catarrh of the nose with as a rule dryness and scanty secretion, and the middle ear is notably affected, the drum thickened, the ossicles sclerosed. Much shooting pain is experienced in the ears, with tinnitus, (whistling tinnitus is said to be characteristic), and deafness. Chronic otorrhœa has been benefited by it. The drug's relationship is to middle ear disease,

and of rather a chronic type. The throat feels dry, the larynx dry and painful; dry painful cough, < talking but > lying down: the voice is hoarse and speech often painful. Tubercular or syphilitic laryngitis may call for it. The influence of the drug does not seem to extend to the lungs.

The red blood corpuscles are destroyed by over doses of *Manganese* with resulting anæmia, and for chlorosis with chronic gastric symptoms, loss of appetite, general body soreness, an unhealthy skin and weakness of the joints, such chlorosis as is not infrequently seen in commencing tuberculosis, *Manganese* has a well-deserved reputation. It suits young and growing patients: in women the periods are typically too frequent but scanty: hæmorrhage is not a symptom of *Manganese* as it is of *Iron*.

Symptoms are generally < at night, < from motion, < cold, especially cold and wet. Rest and warmth relieve most symptoms.

SCHEMA.

Generalities :

< night or early morning ; < cold and wet, and before storm : chlorosis : general soreness and aching : early tuberculosis.

Mental :

Anxiety and restlessness : inability to think : depression with fits of hysterical hilarity. All mental symptoms > by lying down, so that chronic cases readily take to their beds.

Head :

Heavy headaches < motion : soreness of bones of head : chronic headache with anæmia.

Ears :

Eustachian and middle ear catarrh : deafness : otalgia : tinnitus. Pain and itching in external meatus : marked < cold damp weather.

Alimentary canal :

Tongue sore and irritable with ulcers or warts on it : chronic gastric discomfort : flatulence : constipation :

chronic enlargement of liver, from gall stones or syphilis.

Sexual Organs :

Catamenia scanty but too frequent: leucorrhæa with soreness of vagina.

Respiratory System :

Chronic catarrh of nose with soreness and ulceration: laryngitis with dry painful cough: > lying down: hoarseness: sensation as though larynx were closed: burning pain and soreness in chest.

Locomotor System :

Neuralgias and bone pains with marked tenderness: general soreness: periostitis: chronic arthritis, especially of ankles. Pains < night, < motion. Weakness and tremor: cramps: spastic paralysis: lessened sensation.

Skin :

Unhealthy: small injuries suppurate: chronic ulcers: red or bluish spots appear, swollen and painful: the skin is specially liable to suffer near joints.

FOOD AND FEEDING.

By DR. HADDON.

IN the *Edinburgh Medical Journal* for December, 1917, there is an article on "The New Zealand Scheme for Promoting the Health of Women and Children," by F. Truby King, M.B., B.Sc. (Public Health), Edinburgh, and an Ettles Scholar who lectures on mental diseases in Otago University, Dunedin. From it we learn that Dunedin has a population of 60,000 and a fair proportion of factories and other concomitants of city life, more or less inimical to the rearing of healthy children. Its climatic conditions, he says, resemble those of the southern counties of England, and he asks why such places as Beckenham, Bromley, Tunbridge Wells, Dover, Margate, and Ramsgate—towns with a large proportion of the well-to-do residential class and comparatively few of the

submerged—have an average infantile death-rate above eighty per thousand and Dunedin fall below 40? He says "Before attempting to give an answer I should like to ask a broader question, viz.: Are we satisfied as to the soundness of the foundations on which the rearing of infants was based in the latter half of the Victorian era, and, if not, have we freed ourselves, even now, from the thralldom of errors which our profession endorsed or originated last century and which for a time, dominated us and the public alike? Take one of the most vitally important considerations, viz.:

- " 1. Feeding intervals.
- " 2. The average quantity of food needed in the successive months of babyhood.
- " 3. Breast-feeding and artificial feeding—the best forms of artificial food."

How like a Scotsman to answer one question by asking another! But it is a most important one, as regards child welfare and at such a crisis as this is most opportune. He quotes the following, from Dr. Arthur Newsholme's Second Report to the Local Government Board on Infant and Child Mortality, 1912-13:

"In most instances four-hourly meals suffice from birth onwards, or at least from the end of the first month, the infant not being fed at all from 10 p.m. to 6 a.m. The important conclusion that infants thrive better with the less frequent feeding has been proved on a large scale in the experience of infant welfare work in the most important centres in Germany, Austria, and other countries. The improved results obtained with diminished frequency of feeding have been fully confirmed by all who have adopted this method in this country."

The italics are not in the original and are used by Dr. King to emphasise the extreme significance of the passage.

If the child thrives best with long intervals between the meals, is it not likely that the adults will also? It has been found that a long fast improves metabolism in rats, and the treatment of diabetes by fasting

is being tried, according to the Allen plan, in this country. As to the quantity of food that should be given he says there has been every conceivable diversity of opinion.

"The tendency in England," he says, "has been to ignore and even deprecate resorting to the more or less precise indications furnished by the making of caloric estimates, though this affords the only readily available scientific standard when preparing feeding tables, and would suffice his Professor O'Meara of Cornell University says, in as masterful summing up of the subject, alone suffice his Professor O'Meara of Cornell 'ridiculous mistakes,' so frequently met with in practice."

With due deference both to Dr. King and Professor O'Meara I contend that ridiculous mistakes are being made by relying upon caloric estimates. The body is more than a mere retort. There is a human instinct that regulates the action of every cell, and until the physiological action of different foods is known, there can be no scientific standard upon which to prescribe a dietary for any patient, and that our physiologists have never yet studied.

Cornaro, who broke down in health at forty years of age, restored his health by eating less, and lived until he was one hundred on twelve ounces of food in the day.

The weaning is the most dangerous time for infants, due to the transition from natural to artificial food. I have seen my mother when feeding her child with bread and milk, put the food into her mouth, with it back into the teaspoon, and then supply the instinct of the child. There, I think, we see an instinct still at work, the saliva of the mother which she still lacks to digest. The child still lacks to digest the food which she still lacks to digest. I have seen a terrier they gobbled up not with when weaning her pups, when it was admitted, retch and so often, but vomits food, which she could not get access to its pups, when it was admitted, retch and trying to bring up food, but in vain.

At a recent Congress on Infant Mortality, Dr. J. Pritchard strongly opposed a suggestion, made

several members, that an approximate average feeding standard should be drawn up by the leading authorities present, with a view to securing more uniform and reliable advice for mothers. The ground of opposition was the alleged extreme variability of the food requirements of normal infants living under different climatic and other conditions; but, if the mothers knew how to live, and did so, there would be no need of any artificial food, there being plenty of breast milk of the best quality.

In conclusion Dr. King says,

"I have not attempted to give any direct answer to the question why the smaller towns of Kent show double the infantile death-rate of Dunedin, but is there any reasonable doubt that a mutual, educative, patriotic 'health mission' to mothers of all classes similar to that instituted by the women of New Zealand, would prove equally helpful in England? Less than seven years ago the infantile death-rate of New Zealand, was higher than that of the present Kentish rate."

We have learned much from our colonies, and it is to be hoped that the lesson Dr. King gives us, in that article, may stimulate our women to rival their colonial sisters in their efforts to lessen infant mortality. But, is it not sad to think, that women should not know, as well as their sex among the lower animals, how to feed their young, and be able to do so? Unerring instinct, as it is called, guides the lower animals, but we, exercising our reason, and guided by it, have lost nearly all our primitive instincts, and gone astray. Civilisation is a disease of which nations die, and our colonies are already affected. What women should be taught, is how to live so as to be strong and healthy, and capable of feeding their infants at their own breast.

It is well known that dogs thrive best on one meal and sporting dogs are fed at night. When busy in their fields they began work at 4 a.m., ate at noon, their first meal, and their second at 6 p.m., and they gave their very old people nothing but a drink, made from mealies. The number of meals we take is regulated by habit, not by the requirements of the system, and the habit

has changed, among our peasantry, from three to six meals daily within the last half century.

In the time of Hippocrates one meal was thought to be enough. The Trappists, who are vegetarians, eat only once a day. Some in this country are now eating only once a day with great benefit to their health, and I have no doubt that, in the future, the number of meals both in infant, and adult life will be diminished and the character of the food changed, when the physiological action of different foods is known.

BARIUM.—The only pharmacological substances which probably stimulate all the smooth (involuntary) muscle cells of the body are the substances in the *Digitalis* group and the salts of *Barium*. In the case of *Barium* this action is the reason for the symptomatology of this remedy as regards the throat, rectum, urinary tract, and the respiratory organs as we find in the materia medica under *Baryta Carb.*—A. E. HINSDALE.

FILIFORM DRAINAGE IN PUERPERAL MASTITIS.—Di Saint Agnese (*Policlinico*, Rome, July, 1917, No. 29, pp. 901-924) has found Chaput's method of draining with thread, wire or a very fine bougie a great improvement over other methods. The threads as needed, and the drainage proceeds incessantly and effectually, the minute openings in sound tissue not filling up, as they are free from dead space, while they do not favour introduction of air, are not painful and do not bleed. Chaput's experience has been extensive and highly favourable with all kinds of abscesses, especially in two cases of mastitis. In the first case he passed silver wire, about 0.5 mm. in diameter, through the abscess, and di Saint Agnese reports likewise extremely satisfactory results, especially in two cases of mastitis. In the first case the extent of the abscess and a second wire was introduced later. The dressings were constantly soaked in pus and were changed twice a day. Relief was prompt and healing soon followed. The other breast became affected a week later, and a bronze wire was passed through the lesion, with the same result. In the first breast an infiltration was noted after suppuration had ceased, and the wire was left in place for nineteen days on this account. In the other breast the infiltration was disregarded, and the wire was withdrawn on the ninth day, with equally prompt complete recovery. In the second case he used silk-worm gut, and regards this as the best method for the purpose. An extremely long needle had to be used as the distance through the breast was so great. He used a mattress needle in one case.—*Medical World*.

HOSPITALS AND INSTITUTIONS.

FOLKESTONE.

THE twenty-seventh Annual Report of this Institution shows a total of 831 attendances, and 76 home visits, and very satisfactory results. But the financial position is somewhat precarious, and it has been decided by the Committee that it is undesirable to face another year in present conditions of uncertainty. It is with great regret that we thus record the ending (temporary, we hope) of an institution which has done such excellent work. Our gratitude and sympathy go out to Dr. Murray and all the workers who have kept the flag flying so well for twenty-seven years.

DETECTION OF TUBERCULOSIS IN RECRUITS.—Lopez (*Semana Med.*, Buenos Aires, May, 1917, No. 20, pp. 563-590) comments on the high percentage of cases of pulmonary tuberculosis in the Argentine navy, and urges greater care in the selection of recruits so as to eliminate the tuberculosis. He remarks that when the conscription officer and the examining physician find large numbers of unfit, the former grows nervous for fear he may not be able to make up the quota for his district. In spite of himself this nervous apprehension becomes imparted to the examining physician, and the latter unconsciously influenced by it and his judgment as to the compliance with the requirements for service becomes warped. This is a common psychological phenomenon, but in its influence on the acceptance of recruits it may have disastrous consequences not only for the man himself but for the State. The tubercle bacilli locate first in the glands at the hilus, as a rule, and attack its lower lobes oftener than the regions above, usually on the right side. But the tuberculous process here encounters so many obstacles that it develops slowly or may heal. In examining recruits this is the first point to be investigated, the hilus, the region around it and the base. In Lopez' extensive experience he has found an isolated tuberculous process at the apex only in a very few cases. X-ray examination is indispensable in dubious cases to reveal tuberculous glands at the hilus, especially when the general constitution seems to be below par. Pignet's index of robusticity is a great help, but the measurements for it should always be taken with uniform technique.—*Medical World.*

162 BRITISH HOMŒOPATHIC ASSOCIATION. [Homœopath
April 1,

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),
Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16th FEBRUARY TO
15th MARCH, 1918.
GENERAL FUND.
Subscriptions.

Dr. C. Osmond Bodman	..	£	1	s.	1	d.	0
Mrs. Butler	..				10		6
Mrs. Elliott	..				5		0
Dr. W. F. H. Newbery	..				10		6
Mrs. Gresham	..				1		0
Mrs. Walters	..				1		0
Miss E. M. White	..				2		0
Mrs. E. Fermor, Esq.	..				5		6
H. F. Kelsey	..				10		6
Mrs. Eugene White	..					1	0
Mrs. Oliver	..					2	0
Mrs. German	..					1	0

NATIONAL HOMŒOPATHIC FUND.
Subscriptions.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Tuesday, 19th March, 1918.

TRAUMATIC AMNESIA.—Oppenheim (*Progrès. Méd.*, June 1, 1917, No. 22, pp. 129-188) cites the opinions and experiences of various neurologists and psychiatrists on traumatic amnesia, and then analyses 215 cases from his own service. The injury had to be to the skull, requiring trephining in 15, while in 15 there was shock without external trauma. The gap in the memory responding to the injury itself may suddenly fill up, but this occurs. The lacunar amnesia, as he calls it, generally belongs to the injury, but retrograde amnesia, extending back to the year before the injury, gradually corrects itself, as a rule, or with a little assistance. A number of examples of war amnesia are given, all memory of events since his eighth year: his memory seems to be that of a child of eight. A private soldier in the shell shock he left to go to the front has no memories of matters connected with trade or profession, but only of the shell shock amnesia cases so far as can be determined by oral examination.—*Medical World.*

CORRESPONDENCE.

PSORA.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—In the admirable address to the British Homœopathic Society in your issue for January last, the President appears to apologise for Hahnemann's theory of Psora. He refers to "its unfortunate association with scabies" thereby inferring, it is to be supposed, that Hahnemann's ignorance of the itch parasite invalidates his theory. I submit that Hahnemann was right and that all his critics are wrong. It is very easy to make the superficial observation, as the scoffers to whom Dr. Wheeler refers have done, that scabies cannot be a constitutional disease because it is caused by a parasite; but follow the argument a step further.

Tuberculosis is caused by a parasite, but it is a constitutional disease, and only those persons are attacked by it who have the dyscrasia favourable to its activity, though we all from time to time harbour untold millions of tubercle bacilli in our respiratory organs. The same may be said of pneumonia and cerebro-spinal meningitis. The pneumococcus is a normal inhabitant of the human mouth, and the meningococcus is constantly found in the naso-pharyngeal cavities of a large percentage of quite healthy people. These parasites do no harm to the healthy individual. When Koch isolated the cholera vibrio one of his scientific opponents, who did not believe it to be the cause of the disease, swallowed a drachm of the pure culture. He did not develop cholera. A second investigator who repeated the experiment died of it. These instances prove that the cholera vibrio will precipitate cholera in predisposed individuals, but not in others, and that is all that can be said for any micro-organism known to bacteriology.

The scabies parasite in like manner attacks one individual and spares another. A soldier in barracks develops the typical infection while the comrade who

shares his blankets frequently escapes. Men wishing to avoid duty have been known to make the deliberate attempt to infect themselves by contact with some complaisant sufferer, an expedient which fails as frequently as it succeeds. If Hahnemann saw in scabies the origin of Psora or a manifestation of it (are we sure he did?) it is heavy odds that time and research will prove him to have been right. The possession of the high power microscope, and our interest in the minute organisms it has revealed, should not blind us to the possible virulence of larger parasites than bacteria. If the hurtful power of living organisms were inversely proportioned to their size the bite of a rattle snake would be harmless.

Yours faithfully,
F.P.S.

VARIETIES.

ATROPINE.—This drug will counteract or antidote a great many of the symptoms seen in an anaphylactic reaction.

A. E. HINSDALE.

APOCYNUM.—“*Cymarin* is the active principle of this drug. As indicated by the action of *Cymarin*, *Apocynum* lowers the pulse-rate and increases blood pressure. As a heart remedy it is very slowly absorbed from the gastro-intestinal tract, even more slowly than *Digitalis*. So, in general it must be classed as of less range in cardiac affections than that possessed by *Digitalis*. On the other hand, owing to the confusion over *Digitalis* proximates, the ampules of *Cymarin* (1-60 grain) intravenously, or the tablets (1 to 3 of the 1-200 grain tablets) injected intramuscularly, are of certain action akin to that of *Strophanthin*.

Marked emetic and cathartic properties are possessed by *Apocynum* in full dosage; and it is diuretic, especially in infusion or decoction, which is unfortunately very disagreeable. It requires doses of about fifteen grains to produce this effect, some times gradually increasing or reducing if nausea is induced. The pharmacology of the drug exactly indicates its therapy. It is highly valuable in various types of dropsy, especially cardiac forms. To nearly the same degree is it effective in that of renal type, many nephritic cases doing very well under its administration. Whenever atonic blood vessels favour exudation, *Apocynum* may be used with reasonable hope of benefit.”

A. E. HINSDALE.

TOXINS AND SERIOLOGICAL REACTIONS IN SPRUE.—Out of over 400 tests made by C. Michel (*Amer. Journ. of Med. Sciences*, Philadelphia, August, 1917, No. 2) including various diseases, all cases which were diagnosed clinical sprue and from which the *Monilia psilosis* was isolated from the tongue and fæces, the complement-fixation test was positive. The other *Monilia* antigens used have faintly positive results only in severe cases of sprue. In these tests the results with other *Monilia* antigen was about 15 per cent. positive, while the reaction with the *psilosis* antigen was 100 per cent. positive. This reaction varies with the condition of the patient. In cases of chronic or latent sprue, and in cases which have recovered, the reaction tends to become negative. In cases which had clinical syphilis and sprue, the fixation test for both these diseases was positive. Guinea-pig serum of an animal which had been inoculated with a killed culture of *Monilia psilosis* gave a strong positive reaction. The serum from animals which had been inoculated with live cultures or killed cultures of *Monilia psilosis* gave the same results as the serum of patients that have sprue, and from which the *Monilia psilosis* had been isolated from tongue and fæces. In view of these results and with Ashford's clinical and mycological work Michel says it is strongly evident that *Monilia psilosis* of Ashford is the etiological factor in sprue.—*Medical World*.

MENTAL DISTURBANCES WITH HEART DISEASE.—Castrex and Vivalde (*Prensa Medica Argentina*, Buenos Aires, April, 1917, No. 31, pp. 329-339) remark that the connection between heart disease and mental derangement is often overlooked. The specialists in heart disease pay little heed to the psychic sphere, and, on the other hand, when the mental disturbances predominate the psychiatrists ascribe slight importance to clinical study of the causal heart trouble. They report thirteen cases, grouping them as the endocarditis was of the acute recurring type or there was chronic valvular disease of asystole. The mental disturbances were most common with acute recurring endocarditis. They were undoubtedly the work of toxins on the brain. There was concomitant kidney trouble in nearly all, and the mental confusion, hallucinations, etc., were of the same type as in other general infections in which the heart is spared, but they are never so severe as in the endocarditis cases. The defective functioning of the pathological heart is the principal predisposing cause for the toxic psychoses. In the three endocarditis cases necropsy showed no appreciable lesions in the brain. The mental confusion and delirium were of the infectious toxic character, hypochondriac depression alternating in one with periods of euphoria.—*Medical World*.

HEPAR SULPHUR.—"Lime salts specifically augment the motility and phagocytic power of the leucocytes," and this may explain why *Hepar* is beneficial in suppurative conditions.
A. E. HINSDALE.

MORPHINE.—The effect on the movements of the stomach is slight at first, usually producing in man only a mild degree in peristalsis. In dogs with duodenal fistula it has been observed that *Morphine* greatly delays discharge of the content of the stomach. Magnus, using the Roentgen ray method of Cannon on cats and dogs, found that under the influence of *Morphine* the food remained stagnated in the fundic end of the stomach, due to cramp contractions of the cardiac-pyloric region. And although peristaltic waves travelled over the pyloric antrum, the pyloric valve, too, remained closed. Since this contraction cramp persisted for several hours the discharge of the fundic content was markedly delayed, seven to twenty-four hours, instead of occurring in the normal three hours. It is evident that *Morphine* will produce the same general failure in emptying the stomach as that occurring in various pathological conditions, such as atonia. As a result of the stagnation of food, decomposition and fermentation take place.

(We now believe that certain types of neurasthenia are due to an atonic condition of the intestinal tract with subsequent absorption of the toxic products thereby produced, and *Opium* ought to be a useful homœopathic remedy in this condition since it produces a similar pathology.—A. E. HINSDALE.)

PHYSICAL AND DIETETIC TREATMENT OF CONSTIPATION.—, Borgbjaerg (*Ugeskd. f. Læger*, Copenhagen, February 1st, 1917, No. 5, pp. 185-224) warns that we must not forget that a number of factors may co-operate in producing constipation, such as reduction in the amount of fæces, harder consistency, delayed passage through the intestines, infrequent desires, and difficult defæcation. The X-rays have shown that mechanical obstacles, such as adhesions, overlong mesentery, enteroptosis, and movable cæcum do not necessarily entail constipation. The passage through the colon may occur quite normally in spite of them. More important is a weakness of the muscles involved in defecation, or overstrong action of their antagonists. In the great majority of cases there is no mechanical cause to explain the constipation. He has known cases of severe constipation in strict vegetarians and he does not approve of continuing exclusively coarse foods too long. How long the patient can be allowed to go without stool is a question to be decided in the individual case, watching the general condition, exploring the rectum and palpating to see that there is no accumulation of fæces. Under these conditions he thinks there is no risk in letting the patient go a week at least; thirteen days was the longest limit in his experience.

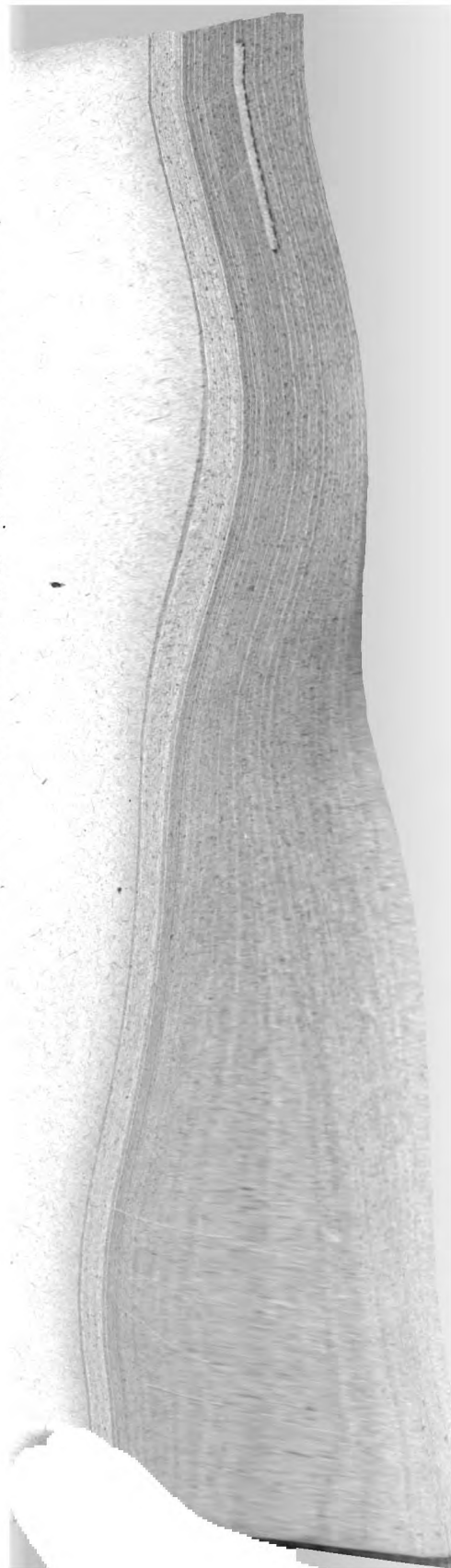
He never realised the importance of massage as long as it was applied in the patient's homes and he saw the patients only now and then. But since he had been having the patients under his constant supervision in his private clinic, he has become more and more convinced of its great value as an aid in the treatment of constipation. He always has it combined with gymnastic

exercises, especially abdominal breathing exercises. When the constipation is the result of retention of the fæces in the sigmoid flexure region or rectum or of inability to expel the fæces arriving in the rectum, these measures and dieting do not seem to do much good. It is possible that benefit might be derived from internal massage of the rectum or vibration treatment or intra-rectal faradisation, as Boas commends. He has not had much experience with these measures but he thinks they are promising. He says further that the normal position for defæcation is undoubtedly the squatting position. The depression, lassitude, etc., which are usually ascribed to autointoxication in the case of constipation, he thinks are more often merely the result of worry over the supposed evil effects of the defective intestinal function.

Medical World.

THE CAUSE OF POLIOMYELITIS.—Greeley (*Boston Med. and Surg. Journ.*, April 12th, 1917, No. 15) compared the bacillus isolated by him with the "streptococcus-like" organism described by Rosenow and found them to correspond serologically and culturally. An accidental installation of a drop of a fluid culture into the eye caused an abortive attack in an experimenter and the organism was recovered in scrapings from his throat, and a suspension of the same caused paralysis in a rabbit, and when inoculated into a guinea-pig, intraperitoneally, death within a week, with spinal cord congestion and cerebral engorgement and hemorrhage, the organism being recovered from the brain tissue. From contact (same cage) with the latter, two guinea-pigs and a young rabbit contracted the infection and died, showing the same lesions and organism. In a series of serum reactions (not yet published) in which the blood serum of animals, immunised to cultures (from cord tissue) from particular cases of human poliomyelitis, and blood from fifty cases of the recent epidemic were tested against particular cultures (including the one received from Rosenow and from distemper in dogs) evidence has been obtained indicating the existence of different strains of the organism and its intimate relationship to the organism of dog distemper. The behaviour of various cultures also tends to confirm this idea, although it is not yet apparent whether these differences are as fixed as in the case of the organisms of the colon typhoid group.—*Medical World.*

BACTERIOLOGICAL FINDINGS IN INSANE PELLAGRINS.—Tizzoni (*Policlinico*, Rome, March 11th, 1917, No. 11, pp. 337-368) declares that the germ he has described as the specific agent of pellagra was found present in the blood of all the numerous insane pellagrins examined at the Mombello Asylum. The findings were positive in all without exception, as also in a case of pellagrous skin lesions. In this case the germ was cultivated from the cerebrospinal fluid and spleen and from the scales from the skin lesions. He states that the germ passes through three phases in its cycle of evolution, first a bacillus, then a streptococcus and finally a staphylococcus, changing from one phase to the other



in irregular fashion. The positive findings in the blood may continue through years, even in the mild forms of pellagra or intermissions, when the patients seem to be quite free from manifestations of the disease. The passage from one phase to another corresponds with some change in the manifestations of the disease. The streptococcus phase seems to be most toxic, the staphylococcus phase next. The lack of any appreciable toxic action on the nervous system from the bacillary type of the germ is confirmed by its lack of coagulating and fermentative properties. Tizzoni is professor of general pathology at the University of Bologna and member of the Italian Academy of Sciences. He does not give any further details of the pellagra germ in this communication. He has been studying it since early in 1915.—*Medical World*.

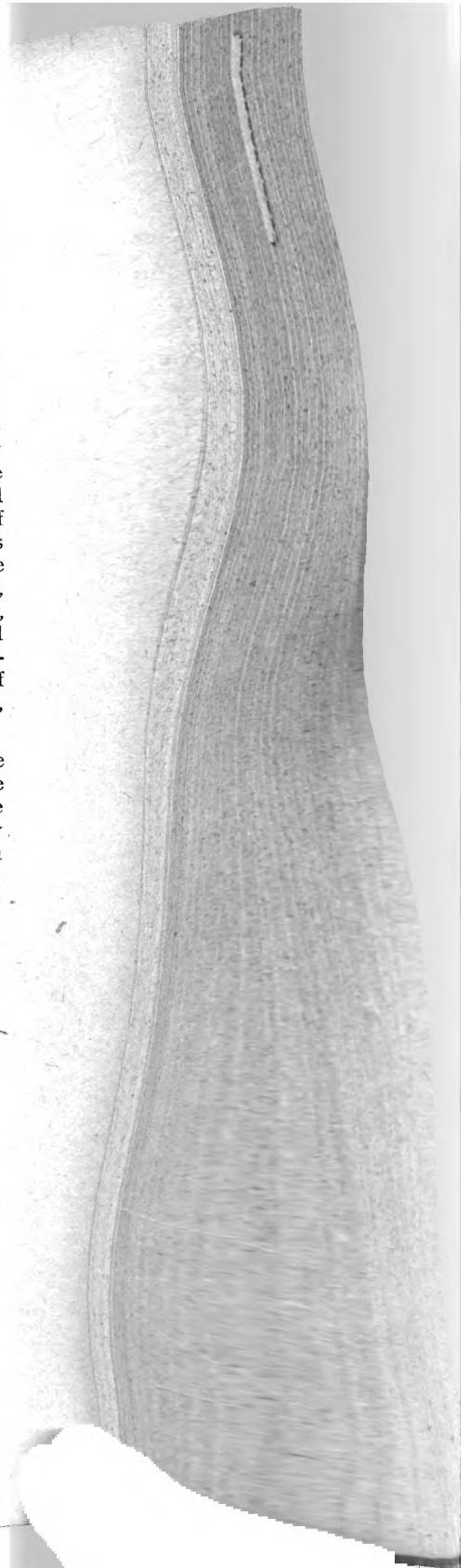
VACCINE THERAPY OF TYPHOID.—Pensuti (*Policlinico*, Rome, February, 1917, No. 2, pp. 65-128) here presents his fourth report on his experiences with vaccine therapy of typhoid. He began this treatment in 1913 and soon became convinced that better results were obtained with small daily doses of vaccine. There is a great difference, he says, between the response in the healthy and in the typhoid patient. In the latter the defensive forces of the organism are already mobilised and at work, and hence it is not necessary to give it time to develop antibodies; the vaccine should be given without longer intervals than twenty-four hours. The typhoid patient shows no reaction to the injection except possibly transient rise in temperature. Another principle, he proclaims is that the vaccine therapy is not distinct from the natural defence the body is offering the infection but is of the same nature as this. The dose of vaccine can be reduced the more advanced the disease. The body has already very nearly enough antibodies by this time; only a very small amount of the vaccine is needed to bring the total to the effectual point. He regards the relapse as merely one and the same disease, a latent period having intervened. For this reason he keeps up very small doses of the vaccine after defervescence to ward off a possible relapse. Vaccine therapy must be applied only after studying the subject and infection by infection, being guided in the dosage by the fever curve, the stage of the infection and the response to treatment, thus continuing, suspending or resuming it in accordance with the individual conditions. He cites a number of cases which sustain the assumption that the vaccine has some clinical action neutralising the toxins. Late or absent agglutination was frequently noted in those refractory to the vaccine therapy. He noticed also that over fifty per cent. of those refractory to the vaccine therapy developed suppurative processes.—*Medical World*.

IRON.—Recent experimentation, and clinical studies, lead to the conclusion that the so-called "organic forms" of iron possess no advantage over the older inorganic preparations.

A. E. HINSDALE.

RENAL CALCULUS.—In looking up the records of the thirty-four cases in which analyses of the stones were recorded, Smith (*Boston Med. and Surgical Journ.*, April 12th, 1917, No. 15) found that five out of the thirty-four were bilateral. In three of these five, the disease was recurrent as well. There were no recurrent unilateral stones. In three of the five cases, the stones were practically pure phosphate stones. In the other two, the stones were composed fairly equally of phosphates and oxalates. Of sixteen cases with calcium oxalate stones, none was recurrent. It would seem, therefore, that the phosphatic stones are the ones to be dreaded, and that if dietetic measures will be of any help, they should be tried. The urine should be kept very dilute by the ingestion of much water. In addition to this, the ingestion and absorption of phosphates must be diminished. If the intake of calcium is also diminished, phosphates will be excreted as salts of sodium and potassium, which are soluble. To prevent the recurrence of phosphatic stone, one should drink freely of water, take a teaspoonful of calcium carbonate with or after meals, and avoid eggs, milk, fish and fruits. To prevent uric acid deposition avoid highly acid urine. Eat chiefly of vegetables, fats and carbohydrates. Eat a low protein diet of purin free nature. Avoid asparagus, liver, sweetbread, kidneys, meat extracts and malt liquors, claret, etc.—*Medical World*.

VOLVULUS.—The symptoms of one case cited by McKèchnie (*Northwest Med.*, Seattle, U.S.A., April, 1917, No. 4) were like those usually found in appendicitis, with one exception. The patient had the initial pain in the epigastrium, accompanied by vomiting. In a second attack later on in the day, he had a return of this, but later, when he was examined, no tenderness was found in the epigastrium, the area complained of, but was found in the region of the appendix. The next morning he was found with tenderness and rigidity in the lower abdomen, with a weakened and quick pulse and a slightly subnormal temperature. The one symptom which is not usually found in appendicitis was the patient's greater comfort when sitting up, and especially when leaning forward. McKèchnie suggests that this may possibly prove to be a pathognomonic symptom, especially if accompanied by symptoms of collapse. In this case there were no symptoms of collapse at first other than an extreme pallor, but the following morning when he was being moved to the hospital, he fainted and was in a very poor condition when he arrived at the hospital. In both cases reported the twisting was from right to left. In neither case was the occurrence preceded by any violent exercise, but in both cases there was an abnormally long mesentery and in the case of the boy, an extremely mobile cæcum and ascending colon. In both cases there was an abnormally long mesentery from birth, hence one would expect that previous attempts at the formation of a volvulus had occurred. This is proved by their histories, one of the patients, the boy, having been subject to colic, and the other patient, a man, had had similar attacks before, although not so severe.—*Medical World*.



ATROPINE.—Patients who have been anæsthetised by chloroform, and who suddenly exhibit symptoms of heart failure or sudden death,—this condition of affairs being due to a fibrillating heart muscle—may, in many cases, be saved by the injection of *Atropine* directly into the heart muscle. This statement is based upon experimental studies and the treatment has already given surprising results in several clinical cases. *Adrenalin* injections in combination with chloroform anæsthesia is styled a “fatal combination.” The *Adrenalin-ether* combination appears to be safe. *Strychnine*, *Brandy* and *Amyl nitrite* are useless in treating the symptoms of sudden heart failure resulting from chloroform anæsthesia.—A. E. HINSDALE.

TREATMENT OF WOUNDS OF KNEE OR ELBOW.—Willems (*Bull. Acad. de Méd.*, Paris, March 6th, 1917, No. 10, pp. 307-344) has been preaching since 1909 the advantages of treating extravasation of blood in the knee by puncture, followed at once by the physiological use of the knee. He now announces that his experience in industrial accidents and in these years of war has amply convinced him that systematic immobilisation is contrary to physiology and should be definitely discarded. The joint will not become stiff and the muscles will not atrophy if the active joint movements are kept up. Exercising the joint in bed, is not enough; it must have its physiological play, as in walking. Exercising the joint is not painful, he says, even when there are lesions of the bones, on condition that the parts do not become displaced; in this case there is liable to be intense pain. There is no functional impotence at first unless the joint is distended with an effusion. Later it may develop from atrophy of the muscles. Far from irritating the wounded articulation, these movements promote absorption of effusions and infiltration, owing to the kind of internal massage which they induce. When the joint is widely opened every movement forces out pus, and the synovial membrane thus empties itself much more effectually than with the most perfect drainage. More than this, movements are the best of all means to ensure the re-absorption of the exudation around the joint, the invariable accompaniment of every arthritis. He insists that every recent wound of a knee or elbow should be treated by excision of the path of the projectile (*excision du trajet*), removal of foreign bodies and sequestra, and the wound then be completely closed. Active movements should be commenced on the spot, and be pushed to the maximum of the excursions and repeated constantly except in case of such severe injury of the bones that their displacement is to be feared. If suppuration ensues, the suture will have to be cut, the arthrotomy completed as required and the active movements resumed. With fracture this principle cannot be applied. A fracture with tendency to displacement has to be treated like any fracture. The patients have to be forced to exercise at first, but when they find that it does not hurt them, they may be hampered by swelling two or three weeks the movements of the soft parts. During this of the epiphyses and retraction of

temporary stage, it may be well to have supplementary passive exercises. If sudden inability to use the joint develops, there is probably extravasation of blood. This can be evacuated between two suture stitches, and all becomes smooth again. Exercise is even more important for the elbow than for the knee, as it is impossible to drain it effectually otherwise. Tubes cannot be used for the elbow. If the joint becomes infected the suture must be cut, arthrotomy prolonged if necessary and made bilateral, leaving everything open and continuing the movements.

Medical World.

WELFARE WORK FOR FACTORY MOTHERS.—After six weeks of discussion of practical measures to recommend to the authorities to protect pregnant factory workers and their nurslings, the French Medical Académie (*Emll. Acad. de Méd.*, Paris, March 13th, 1917, No. 3) finally voted resolutions asking that prospective and nursing mothers in factories, especially munitions factories, should be given work requiring only moderate effort in form and duration. All kinds of work exposing to slow or abrupt traumatism, entailing fatigue and insufficient sleep, should be proscribed for them. The half-day system, with six hours maximum, should be preferably applied to them, with no night work. Rest from work should be enforced for the last four weeks of the pregnancy. Opportunities for consulting a physician on the hygiene of mother and child should be provided, and the physician in charge of this service should see that provision is made for a change to lighter work or to abstention from work when she deems her work prejudicial to her own or her infant's health. A woman superintendent to look after the hygiene of the woman workers should be provided in the factory, as is the custom in England. Provision should be made for the factory workers that suckle their babies, and prizes should be given to those who accomplish their duties as nurses. The pregnant and suckling women obliged by their condition to reduce or stop their work, should receive an indemnity to compensate the reduction or loss of their wages. The expenses of this are to be guaranteed by the State, working an organisme de prévoyance et d'assurance. Besides rooms where the mothers can suckle their infants, arrangements should be made for keeping the children while the mothers are at work, wherever there is need for this.—*Medical World.*

EMETINE.—This agent is a powerful amœbicide but is not a bactericide. Pyorrhœa alveolaris may, and often does, depend upon amœboid infection. Emetine is not a specific in pyorrhœa, as has been claimed, but it materially aids, in conjunction with dental surgery, and proper antiseptics, in clearing up a case. *Ipecac.* produces capillary paralysis and the hæmorrhagic symptoms of *Ipecac.* as we find them in our materia medica, are probably due to this cause.—A. E. HINSDALE.

ADONIS.—This remedy is similar to *Digitalis* but is more powerful.—A. E. HINSDALE.

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MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Alcohol: Its Action on the Human Organism. Cr. 8vo, pp. 165. H.M. Stat. Office, net 2s. 6d.

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Imber (L.) and Real (P.) Fracture of the Lower Jaw. With a Preface by Medical Inspector-General Fevrier. Edited by J. F. Colyer. Military Medical Manuals. Cr. 8vo, pp. 211. Univ. of Lon. P., net 6s.

Kingscote (E.) Victory in Air. Forceful Facts. Cr. 8vo, pp. 24. H. J. Glaishre, net 1s.

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 16, Weymouth Street, W.I.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Neatby, London — Dr. Purdom, Croydon — Mr. Frost, Cheltenham.

BOOKS AND JOURNALS RECEIVED.

Revist. Hom.—Med. Times.—
Med. Advance.—The Chironian.—
Ind. Hom. Rev.—Hom. Envoy.—
Med Century.—H. Recorder.—
N.A.J. of H.—New Eng. Med. Gaz.

—Hahnemannian Mon.—Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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H. Fergie Woods, R. H. Bellairs.

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Medical and Surgical Works,
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THE
HOMŒOPATHIC WORLD.

MAY 1, 1918.

HOSPITAL PRESCRIBING.

IN the summer, our readers will remember, a very interesting compilation was made by Miss Hart (dispenser to the L.H.H.) of a month's prescriptions in the hospital. This summer month's record has now been supplemented by a winter month, thanks to Miss Hart's energy and interest and the record deserves a few comments.

Naturally the season of catarrhs and pneumonias increases the prescriptions of certain drugs; *Antim Tart.* for instance goes up notably and *Bryonia*, although *Arsenicum*, *Hepar* and *Phosphorus* do not. However the pneumonias of this winter have been mostly of the *Bryonia* type. Of the drugs most used *Sulphur* and *Pulsatilla* are still foremost as in the summer, but *Nux Vomica*, which actually came second in the earlier month falls to fourth place, with a drop from 130 to 75 times of prescription and *Tuberculin Bovinum* shows an even greater fall. On the whole as far as choice of remedy is concerned, we fear that a month is too short a period, though whether the hard worked Dispensary could give us a six or twelve months record we hesitate to ask.

With regard however to the potencies favoured the results are more definite, and amply confirm the tendency shown in the earlier list to employ increasingly medium and high potencies. Twenty years ago, the results, we are sure, would have been very different.

The actual figures are 543 for potencies up to 3^c and 1021 for potencies above the 3rd, whereof 863 are above the 30. These figures really point to a certain change in the *clientèle* of the hospital. More and more, (although naturally the L.H.H. takes every acute case it can get,) we are treating sub-acute and chronic cases, and in accordance with the later kind of teaching, treating them with high potencies and infrequent doses. At the same time, as some pneumonia cases shortly to be published will show, excellent results in acute cases are also being obtained with high and medium potencies. More and more it is made clear that the choice of the remedy is the most essential point, and the choice of potency important but subsidiary.

CANCER OF THE STOMACH.—A review of the literature made by M. Slye, H. F. Holmes and H. C. Wells (*Journ. of Cancer Research*, Baltimore, July 11th, 1917, No. 3) shows that in all animals except man, carcinoma of the stomach is extremely uncommon, and the recorded cases found in the lower animals are here collected and discussed briefly. In animals with a lumen, or in which the cardia is lined by squamous epithelium, carcinoma of this tissue is observed much more frequently than in the ulnar gastric mucosa. Only four cases of carcinoma of the stomach of mice could be found recorded in the literature, all in the squamous cardiac portion. In 16,500 necropsies on mice dying natural deaths at all ages in this laboratory, the authors have found three squamous cell carcinomas of the cardia, and one tubular pyloric carcinoma; the latter apparently resulted from the presence of a hair ball in the stomach. One gastric neoplasm, resembling closely a sarcoma, was also observed. Carcinoma of the intestine is also very rare in mice, the only case observed in the Slye stock being a squamous cell carcinoma arising in the external surface of a chronically prolapsed rectum. The significance of man's susceptibility to carcinoma of the stomach is not yet known, but probably it depends on the heat of his food or the condiments employed in *seasoning* it or on the chemical changes produced by cooking.—*Medical World*.

NEWS AND NOTES.

RETIREMENT OF DR. BURFORD FROM THE L.H.H.

Every friend of the London Homœopathic Hospital must hear with regret that Dr. Burford's long and splendid services have reached their term. It would be impossible to exaggerate their value, but we are glad to note that he remains as Consultant, though no longer an active participator in the work.

NUX VOMICA AND WARTS.

Nux Vomica is certainly not one of the remedies which spring to the mind with regard to the treatment of warts, but a correspondent sends us details of a striking case wherein a number of papillomata of the scalp (with an additional one on a finger,) which had resisted much treatment, and endured for a considerable time, disappeared entirely after a week or two of treatment with *Nux Vomica*. The drug was chosen for gastric and intestinal symptoms (constipation, etc.), and the cure is another instance of the well-known experience, that if a remedy is suitable to the constitution of a patient, it will relieve local symptoms which in and by themselves would not constitute any special indication for it.

NOTIFICATIONS.

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

MR. KNOX SHAW.

MR. C. KNOX-SHAW has removed to Consulting Rooms at 105, *Harley Street*, W.1. Telegrams: "Noxious, Wesdo, London." Telephone: "Mayfair, 2502.

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ORIGINAL COMMUNICATIONS.

THE CHOICE AND MODE OF ADMINISTRATION
OF THE REMEDY.

The basis of Homœopathy consists of a knowledge of the effects of drugs upon the healthy; the practical application of its general conception lies in selecting out of all the remedies known, the simillimum, the one whose symptom-complex most closely resembles that of the case to be treated. A century and more of practical experience has given some accumulated wisdom by which the beginner (if he will) can profit, but there is no gain in hiding the fact that the discovery of the simillimum is seldom easy, and may tax both patience and labour.

The remedies of the Pharmacopœia are now counted in hundreds, but records of exhaustive tests are available for little more than a fifth of the number, and there are few indeed to whose pathogenesis future investigation may not add something of value. There may be some overlapping in the Materia Medica, certain remedies being so closely alike in their effects that one of them may finally prove unnecessary, though the infinite diversities of patients make us slow to relinquish a drug that may prove, if only once in a lifetime, the simillimum for a case. But much more significant than possible duplications are the gaps left by the unproved plants and substances any one of which may prove to be a priceless remedy. For any given case the physician can but seek the simillimum from among such drugs as he knows, and he has reason to rejoice that he can so often, with care, match his cases really closely with some one or other medicine.

It is not enough, however, to prepare a list of all the case symptoms and see what drug pathogenesis contains most of them. This method is both toilsome and unintelligent. True, if nine out of ten of all symptoms of a case can be matched with those of a remedy, that remedy will usually prove curative, but when (as is all too frequent) there are gaps in the

compared lists, (symptoms present in the case record but not in the proving.) then the problem becomes one of estimation of the relative value of symptoms as guides to prescription. Resemblance, the closest possible, there must be between drug and disease, but often there are several possible claimants to the place of the simillimum, and their rival claims must be weighed. When no one is clearly most like, and two or three present each some symptoms of the case, it is not enough to decide on the ground of arithmetical number of resemblances. Symptoms as indications vary in value and a close resemblance in a few more important ones may outweigh a general resemblance in many of less significance. Some criteria of relative value are therefore essential.

Guidance has been sought in more ways than one, and different physicians incline, some to one method some to another, a fact which (rightly) indicates that each may prove on occasion trustworthy. In other words there are cases wherein different physicians, though stressing different features of a case, would be led to the same remedy, and there are cases where the application of no method gives clear results, because of deficiencies in our provings which leave us in ignorance of so much of drug power: on these occasions, when there must needs be something left to speculation, now one and now another method may prove helpful.

Dr. Hughes taught that the best basis for a good homœopathic prescription was one of similarity of morbid anatomy, an obvious resemblance between tissues affected by drug and disease. Practice based on this rule has proved very successful in acute and subacute diseases: in these it is generally fairly easy to determine the tissue affected, and if the drug chosen can damage the same tissue in large doses (as revealed by proving or poisoning), it should prove a stimulant to the same tissue in a small dose: the diseased and struggling tissue may well be helped by a local stimulus (influencing blood supply and possibly cell reactions), and for the satisfactory result that often follows the physician may claim some credit. Professor Hugo

Schulz works on this principle generally and his results confirm those of many homœopathists.

But the Hughes-Schulz method has its own difficulties which lead to many failures. In the first place neither for drug nor disease is the tissue-relation always incontrovertible. Series of post-mortem examinations reveal many errors in diagnosis and clearly a diagnosis that decides wrongly as to involvement of particular tissues will lead to error in the choice of the remedy if the choice is based on tissue relationship alone: while for many drugs the morbid anatomy of overdosing is not absolutely certain, so that error is possible on this side also.

But apart from these obvious sources of failure, the whole conception of disease in our day tends to look beyond the gross tissue lesion to a new "humoural" pathology. The pneumococcus may be found in a subject either apparently healthy or suffering from some lesion (a naso-pharyngeal catarrh or whatever), that is not acute pneumonia. Yet in certain circumstances the pneumococcus gives rise to acute pneumonia and clearly (granted certain conditions) lung tissue is peculiarly susceptible to its attack. An explanation of these discrepancies is gropingly sought in the mechanism of resistance and anti-bodies, and it appears that a defect in this machinery may precede the illness which becomes recognisable when the lung is inflamed. But if this conception be relatively true, the patient may need treatment adapted rather to the defective mechanism of resistance than to lung tissue: yet it would not cease to be possible that once the lung were inflamed a specific local stimulant to its cells might aid them in their struggle to recover.

There is yet another emergency conceivable. Resistance is largely a question of preparation of suitable antibodies and (possibly) of maintaining the due balance of hydrogen ion concentration in the blood. When attacked there seems frequently to be delay in preparing the defence which allows a susceptible tissue to be assailed and symptoms of gross tissue involvement to

* The views of Mr. McDonagh are of great interest and importance in regard to this point.

appear. In the early stages of the warfare, any aid that can be given to the general resistance mechanism would seem desirable, but the results of untreated disease demonstrate that, all unaided, the resistance is generally sufficient to ensure ultimate recovery. When this is the case there may still be a danger of disaster from the breakdown of another organ which, though hardly directly attacked, may nevertheless from previous weakness be unequal to the stress of war. Thus the direct action of the pneumococcus in heart or kidney tissue may be small, but if heart or kidney be in any way defective a case of pneumonia becomes so much the more grave, and clearly in such a case heart or kidney needs treating rather than the lung which (ex hypothesi) can take care of itself.

It is therefore tolerably clear that to consider *only* the tissue mainly involved in disease may be frequently successful as a guide to the choice of the remedy, but such a one-sided survey will surely be insufficient for many cases. But when any attempt is made to distinguish the varieties of emergency, and find an appropriate remedy for each, what guide can be found but the "totality" of the symptoms, whereof the physical signs that point to tissue involvement are a part, but ~~only~~ a part. If the specific antibody resistance wants a stimulus, there will be symptoms that will not be found if it is the hydrogenion concentration that is at fault, and in both groups of cases there will almost certainly be differences in the symptom-pictures if the cause of the defect lies in an underlying poison, such as Syphilis or Tubercle or Gonorrhœa or Alcohol. Again in the case wherein the actual tissue upon which falls the obvious brunt of the battle is unequal to the strain, the symptom complex should betray the need of help, or if it is a more distant organ that cannot bear the stress (as the civilians might fail while the soldiers retain their value and efficiency), the totality of symptoms should again show changes. If the Hahnemannian rule (that the indicated remedy is the one that most resembles in its symptomatology the given symptom-complex), be a sound one, then it matters nothing that our defective knowledge may be un-

to the precise determination of the emergency in one case. If Homœopathy be good practice we to assume (and are justified by results in assuming) similar symptoms in drug proving and disease, similar not only in main outline but in colour and ting, are due to similar causes. Therefore if symptoms produced in the body by drugs, can be concluded that the drug has the power to influence the constitution in a way similar to that which disease is influencing it, and therefore in a small dose can stimulate the mechanism which in a large dose hinders or destroys. If it be pointed out that here we are ultimately only prescribing on a tissue relationship, since any and every secretion must be manufactured somewhere, and to influence (say) thyroid tissue is as much a Hughesian procedure as to stimulate lung tissue, the contention may at once be admitted. The essential point is that the drug should be chosen from all the symptoms and left to do its work upon the needed tissue (which may be often unknown to us); not chosen simply because of its known relation to the tissue whose involvement is most apparent to our present means of diagnosis.

The foregoing paragraphs apply mainly to problems of acute and subacute disease. But they none the less have a bearing on the treatment of chronic disease. Chronic disease is chronic mainly because of a failure on the part of the system involved to carry resistance to victory. If the structures involved are not immediately essential to life, or if there is enough remaining relatively normal to "carry on" with, albeit in a somewhat broken-winged way, then the curious economy of our bodies appears to tolerate the presence of disease. It is true that many cases of chronic diseases are conditioned by faults of metabolism, themselves the result of ill-considered nutrition. These problems are always personal, one man's meat is most truly another's poison, but they call for diagnosis and correction whenever possible, for a chronic disease that depends on a repeated cause of

irritation can hardly recover till the cause is removed, though even in cases of this kind it is sometimes possible to re-adjust the mechanism of metabolism by drugs, and enable a patient to deal with food which previously poisoned him.

But apart from such obvious needs for removing prime causes of chronic disease, there remain many cases where the method of cure is clearly to increase if possible a defective resistance.

Hahnemann found (as all homœopaths find), that the exacerbations of chronic disease, the periodical "flarings up" of symptoms, were relatively easy to deal with, but that it was a much more difficult matter to prevent their recurrence. He came to explain chronic disease as due fundamentally to the presence of an underlying "miasm" (or more than one), capable of being inherited, and he regarded the symptoms which bring a chronic sufferer to the physician mainly as superficial manifestations of a deep-acting cause. Consequently he sought for (and believed he found) remedies correspondingly "deep" to deal with these conditions. They were (and are) prescribed on a basis of similarity, but the endeavour in selection is to match rather the symptoms that indicate profound constitutional changes than those of the more obvious tissue involvement. These last have their value (often great and decisive value) but rank lower in importance than symptoms that express the mode of life reaction of the whole organism to the external world, and thereby indicate varieties of temperament and constitution such as make up individuality.

Hahnemann's "miasms" were three, but his actual classification is of little importance. He never used what he thought to be the nature of the poison itself as a guide to his remedy but always the reaction of the patient as manifested in the symptoms. He placed syphilis as one great poison for instance: herein he was right in so far as when syphilis is present (however latent), or even when syphilis has been present, the tissue reactions of the patient will be thereby modified, and whatever his immediate complaint, his syphilis must be considered in treating him: indeed his syphilis

may be the ultimate cause of many groups of symptoms not in themselves characteristically syphilitic. The same is true of gonorrhœa, of tubercle, probably of other germ diseases (e.g., Pneumococcus and M. Rheumaticus): Hahnemann's "sycosis" corresponds closely to gonorrhœa and tubercle would fall under his heading of "psora," though many non-tuberculous disorders would figure there also.

To the extent to which we realise to-day the existence of these disease germs capable of prolonged sojourn in the body, giving rise thereby to a variety of lesions and of symptoms, we are conceiving chronic disease much as Hahnemann did when, in the days before bacteriology, he spoke of "miasms."*

But it is more fruitful for practice to think (as he always did), primarily of body-reactions and only secondarily of body invaders. Not so much the germ, as the mode and power of resistance to it, matters. These resistances, it is hardly possible to doubt, come in the end back to questions of internal secretions, their due quantities and balance and interaction with mineral salts: it is highly probable that there are infinite varieties of these adjustments, personal to individuals, counting indeed for much of bodily individuality. Some of these will be such as to render individuals immune to this or the other germ, others again will leave the possessors of them specially susceptible. These special conditions (making what the French physicians used to name a diathesis) can conceivably be inherited, and these (with all their dangers) would be the cases of inherited "miasms" of Hahnemann.

If therefore we regard chronic disease as curable at all by remedies, it will be to substances capable of modifying body reactions that we shall look. It can hardly be doubted that they exist. Outside Homœopathic literature, evidence accumulates of the measurable effect on like processes of a number of substances (arsenic, yeast, etc.), and homœopathic observers have

* Hahnemann made a shrewd guess when he suggested the poison of Cholera to be a living parasite infinitesimally small: he would have welcomed bacteriology.

their own experimental evidence. Granted that they may exist, the homœopathist affirms that they are best chosen on a ground of resemblance, seeking always first for the closest likeness in what may be called constitutional or (as they are usually named) general symptoms. The majority of local symptoms (and this is true of acute as well as of chronic disease), are the results of tissue changes. A drug that modifies the life reactions of a tissue (as for instance *Arsenic* and *Sulphur* can specifically affect the skin), may be of great value as a cell stimulant, but in the endeavour to find a remedy to help the patient as a piece of life machinery, the local symptoms are less important as guides. If, for instance, some chronic sepsis has resulted in a chronic arthritis, the source of poisoning may be (with good fortune) discovered and removed, but if there were a resistance defect that first allowed the invasion to become permanent or a metabolic defect that allowed "toxins" to accumulate, permanent recovery would require that these defects be corrected. The symptoms that serve as guides to the remedy will be the general reactions of the individual, not the aches and pains and obvious lesions in the joints, although drugs that affect tissues in and near joints may be adjuncts of great value. Indeed if it is possible to correct the fundamental defects by the "similar" remedy, it is often possible to obtain recovery when efforts to discover the true initial focus of poisoning have failed, because the system thus helped can at last deal with the (unknown) invader as it should have been dealt with at first.

It remains to discuss the nature of general and local symptoms. The first in the main are the reactions of the individual to external influences, to heat (of sun or fire), to fresh air, to wind, to rain, to damp, to dryness, to thunder, to close rooms: next the reactions to exertion and to rest, to sleep and to waking. The likings and dislikings of the patient for particular foods or drinks (fat, meat, milk, oysters, eggs, etc., etc.) may all show variations (unknown as yet but important) of constitution. A general state of hunger or anorexia, of thirst or of thirstlessness may have value as a

symptom. The mental characteristics of the patient from Hahnemann's day have been held to point strongly to the choice of the true remedy. If well marked permanent characteristics, they show a certain type of individuality, probably specially responsive to certain drugs (the humours of Ben Jonson and of so many other writers), and if they are the result of disease they indicate the needed help no less clearly. Degrees and kinds of anger and spite, of pride and melancholy, of aversion and distrust, all are of importance to the homœopathist. Throughout we follow Hahnemann in attaching special importance to the strange, rare and peculiar symptoms. These, however, apparently fanciful, may be, if genuine, priceless indications. Here let it be premised (and it cannot be too definitely or too often said) that *no* symptom is of value except in so far as it is clear and well marked. If the patient is not sure or does not feel strongly about any of his reactions, then no stress need be laid on his answers. No leading question should ever be put to discover these reactions, but knowledge of them should be derived from observation and from the patient's own statements, supplemented by indirect questions or the evidence of friends. The "strange" symptoms to which the homœopathist will attach importance often seem slightly ridiculous, but only because we lack the power to interpret them. Causes they must have, though we are as yet ignorant of them, and when they appear in drug pathogenesis, they are no doubt due to disturbances similar to those that give rise to them in disease. Therefore in seeking for the "simillimum" they have claims to consideration and experience, shows that they are of great importance. Reflection on the foregoing paragraphs will leave the student in a position to appreciate practical advice as to the selection of the remedy. The homœopathist confronted with a case begins necessarily, as all physicians must begin, with the most careful investigation to determine the diagnosis, using naturally every resource to this end that modern science and modern methods have put at his disposal. Examination may reveal an illness depending on some cause for

which surgical skill may be imperative, in which case clearly drug therapeutics must (if only for a time) take a secondary place, and apart from surgical emergencies diagnosis may reveal the need of adjuvant measures of massage, electricity, or hydrotherapy. (The homœopathist comes to the consideration of the desirable remedy last, not because of its less importance (on the contrary), but because he must have, before he can prescribe, a clear vision of the field of action for drugs, and a knowledge that there is no mechanical obstacle to the drug power. Let there be no misconception of this point: homœopathic therapeutics are an addition to the physician's resources and not a substitute for any measure of proved efficacy. They will take the place (with rare exceptions) of other drug giving (not highly valued even by those who practice it, if their statements are to be believed), and it is true that there are cases which non-homœopathic physicians would turn at once over to the surgeon, which the resources of Homœopathy can often deal with without surgical interference: but here it is not that the question of the possible value of surgery is brushed aside, it is duly faced, and if the point is decided against the surgeon it is so decided only on definite expectations of greater help elsewhere.

Thus having cleared the ground and assumed that problems of diet and nursing and air and exercise are considered and decided by the homœopathic physician as by his colleagues, there remains the decision as to the drug to be given.* This is to be chosen on the grounds of similarity between the symptom complex of the disease and the symptom complex of the desired remedy. The physical signs which are all-important in making a diagnosis are of much less value in choosing the remedy, and the subjective symptoms and individual reactions to outside influences (heat and cold, wet and dry, etc.) come into the foreground. The exceptions to this rule are the

* Homœopaths have always preferred a very simple and largely vegetarian dietary for their patients, and are enemies in general of tea, coffee and alcohol in any (even slight) excess, as all these substances seem to delay metabolism, and consequently interfere with drug action. Coffee, in particular, seems to be an antidote to many drugs.

straightforward cases of acute disease (e.g. pneumonia, gastric ulcer, acute rheumatism, etc.) characterised by few symptoms except the actual physical signs of disease, and symptoms obviously dependent on the gross physical changes (dyspnœa in pneumonia, joint pain in acute rheumatism, vomiting in gastric ulcer). In these cases there is clearly definite tissue involvement, and a similar tissue prescription is probably the best. Even so there will be room for some choice. *Phosphorus*, *Bryonia*, *Antimony* will have tissue claims in pneumonia, and the choice must be made by the presence or absence of one or two less obvious symptoms and similarly two or three drugs will compete for choice in gastritis or rheumatic fever: But when the tissue relationship is the most obvious ground of prescription, the choice is seldom a very wide one, and a general similarity often seems sufficient to ensure help from the remedy. In such cases it is best given in tincture or low potency and repeated. Tissues appear to respond best to stimuli thus administered, although here, too, if the patient can be seen at short intervals (e.g. in hospital), the golden rule of the homœopathic prescriber, which can never be too often repeated, holds good and should be followed; this rule is, *as soon as definite improvement of symptoms sets in, the administration of the remedy should be stopped, and no further dose given as long as improvement continues.* When improvement has followed a remedy and the time appears to have come for repetition, it is often advisable to go to a higher potency. Explain it how we may there is much clinical evidence to suggest that the action of the higher potencies is often (not invariably) more profound than that of the lower. There remain two points to be considered in the acuter cases, wherein the symptoms are relatively few and chiefly those arising from the tissue involvement. First there are some definite indications (and we may at any time have more as experiment proceeds), that certain drugs enhance specific processes of body resistance. *Arsenic* appears to be almost a general stimulant to phagocytosis, *Veratrum Viride* raises the opsonic index to the pneumococcus, *Phosphorus*

that to the tubercle bacillus, *Hepar Sulph.* that to staphylococcus aureus and *Baptisia* increases the agglutinating power to *B. Typhosus*. Furthermore before even Vaccine Therapy became general, homœopaths had begun to use potencies made from disease products, and the development of vaccination procedures has encouraged the use of potencies of "nosodes," as they are called in homœopathic pharmacy. Potencies (low and high) of *Tuberculin*, influenza and coli germs, of pneumococcus, streptococcus and others, are frequently used to obtain effects similar to those aimed at by the injection of laboratory vaccines, and there is plenty of evidence that the preparations of the homœopathist can often give good results. When therefore a bacteriological diagnosis can be made, should the appropriate nosode be given, or the drug which is known to affect the specific resistance mechanism? The answer with regard to the nosode, is that a dose or two at not too frequent intervals of the corresponding preparation may easily do good and is unlikely to do harm, provided the effect of each dose is watched as carefully as any injection of vaccine. Indeed the nosodes can be used in acute conditions when most physicians would hesitate to inject the more "massive" dose of the ordinary vaccine and the use of them can be (if desired) combined with the use of a tissue remedy chosen on the grounds previously considered. But as regards the choice of *Baptisia* in enteric or *Veratrum Viride* in pneumonia, these drugs have their characteristic symptom complexes: when the disease presents a parallel to them they should be given at once, but not on pathological grounds alone. Homœopathic experience tends to show that if they are needed for recovery they will be indicated by the symptoms. The only reason why the nosodes are given with less exactitude, is that they are relatively unproven: those (e.g. *Tuberculin*, *Lueticum*) for which long clinical experience has worked out a kind of proving, can be treated even as *Baptisia* and its colleagues, and given on symptomatic grounds rather than bacteriological.

The second practical consideration concerns the use

of remedies in alternation. The giving of an inter-current dose of a nosode has already been alluded to, but in general homœopathic practice it is ordinary to give two remedies in alternation for cases wherein no single remedy seems to cover the symptom complex satisfactorily. It must at once be admitted that practice of this kind often gives good results, and when the physician is aiming rather at a tissue stimulation than at a fundamental life mechanism, it is frequently convenient. But it is open to grave objections which should make it a practice "more honoured in the breach than in the observance." In the first place in the event of success it is impossible to allocate the praise to either drug with confidence, or in the event of failure to be sure that it may not have been due to drug antagonism rather than disease stubbornness. Thus knowledge becomes less definite and the practice of medicine loses.* (Secondly to give two drugs in alternation is generally a confession of the lack of knowledge to determine which is the better indicated, and it should be the aim of the physician to correct this deficiency. Closer examination will generally indicate which remedy has the greater claims. Let it have the first chance to cure. If it fails, re-examine the symptoms and try again. It must often happen that when two drugs are given cure is really due to one only. To determine this is to make a contribution to clinical experience.

To sum up then: in cases of acute disease, examine the entire symptom complex, noting especially any strange or peculiar symptoms, any general reactions to outside influences (heat, cold, etc.), any mental and temperamental symptoms, and lastly all the local symptoms, whether obviously dependent on the tissue involvement (e.g. character of pain, cough and fever etc. in pneumonia), or accompanying it (e.g. skin

* The objection of the homœopathist to mixtures of drugs is an objection to the combination as *unproved* and therefore incapable of exact choice. Doubtless satisfactory mixtures could be made, but exact choice can be used with exactitude they must be proved. Drug before they are not drug mixture, but it is not far removed from it, and alternation is knowledge as to the possible interactions of remedies which there is little enough indications when given singly.
have exact

eruptions, etc.). If the totality indicates any drug clearly—give it preferably first in a medium potency (12—30) and as far as possible watch the effect of each dose, repeating at first every two or three hours.* If improvement sets in, well and good, stop the remedy or at least lengthen the interval between doses while improvement lasts. If improvement ceases reconsider the case to determine if perhaps the indications now point to a change of remedy. If they do not, repeat the first chosen drug and preferably in a higher potency. If however a drug, apparently well indicated, fails to relieve in the first selected medium potency, give it a trial in a much lower potency before deciding that it has been wrongly chosen. As the case proceeds, however satisfactorily, fresh indications must be constantly sought, especially any that may point to some fundamental condition of constitution in need of correction. When a remedy of relatively swift and temporary action (e.g., *Aconite*, *Belladonna*, *Gelseminum*) has brought the immediate condition well towards recovery, a corresponding remedy of more profound action will nearly always be of benefit, but there should never be any haste to give any drug so long as progress is steady.

In chronic disease the search for the best remedy is more difficult. It is of the utmost importance to take enough time in considering the choice. To put a chronic disease (not showing any symptoms of pain or discomfort that call for speedy relief), on a placebo for a while is often very desirable. It gives time for suitable study of the case, and it also gives opportunity for the effects of suggestion and so called mental influence to become apparent. Every physician knows that wonderful results are thus obtained now and then, and it is as well, scientifically, to give such influences fair play, uncomplicated by drug therapeutics. If however the simillimum is apparent readily, it should never be withheld, for although the attempt to explain

* Unless the physician has deeply studied in the *Materia Medica*, a dictionary of symptoms, a so-called *Repertory*, will be necessary to determine the simillimum; nothing but prolonged experience will enable the physician to dispense with this, and there should be no hesitation in using it.

all therapeutic successes in terms of "suggestion" has often been made, the explanation has never been conclusively established.

In choosing the remedy for a case of chronic disease, the essential is a complete symptomatology. The question of diagnosis and adjuvant treatment is of course to be considered with the same thoroughness as for acute disease, but for the selection of the remedy, let it be said once more, subjective symptoms, and especially any reactions to external influences (heat, cold, damp, thunder, etc.) are of great importance. Here a necessary proviso must be made, necessary for that matter in all attempts to choose a remedy for any case of disease. A symptom is of value precisely in proportion to its "weight," to the degree in which it is marked, and in selecting the remedy, if a symptom is prominent in the case, it should be equally prominent in the drug pathogenesis. Remembering this, then every "curious," unusual symptom becomes of great importance as a guide to the remedy. A symptom that is ordinary in one kind of disease may be unusual in another: thus it is not at all wonderful that a febrile case should be thirsty (though even so the character of the thirst may have a distinctive value), but for a febrile case to be without thirst is unusual, and such a symptom should have prominence. It is common enough for sensations to be described as "burning," but when burning seems to accompany every kind of sensation in a case then the symptom gains in importance. Symptoms are often conveniently classed as general and local, but the distinction need not be forcibly maintained: it is generally easier to realise which symptoms are consequences of gross physical tissue changes (these are of *relatively* less importance) and those which have no such obvious basis. These, in many cases, indicate quality of life resistance and adaptability, and representing thus the resources of the patient, are better taken as guides to his remedy. Cases fall into two great classes:

- A. Those with many symptoms both objective and subjective, both general and local.
- B. Those with objective symptoms of tissue change

and others clearly dependent on the changes, but with few subjective symptoms.

In choosing a remedy for a case in class A the course is now tolerably clear. If the patient presents very well-marked reactions of a general kind, say an intense aggravation of suffering from heat or cold, or a marked aggravation at a definite time of day, these symptoms can confidently be used to narrow the field of selection, eliminating drugs which do not present them. Then choose another group of well-marked symptoms (general ones if possible) to narrow the choice further. Presently (the aid of the repertory (symptom index) being all but essential as a rule) the simillimum will be found to lie between some three or four drugs, even if one does not at once stand out above all the rest. To make the final selection it may be necessary to compare in detail the pathogenesis of the drugs with the case symptomatology, but often this labour can be spared by the use of the minor local symptoms, which may at once give the clue required. Having finally decided, give a single dose (or two at a short interval of hours) of a potency not lower than the 30^o, and give it a reasonable time to produce an effect. The results may be entirely negative or positive in a variety of ways to be presently discussed. If no result *at all* follows after ten or fourteen days the drug is probably wrongly selected; * there is nothing for it but to re-study the case. In so repeating the investigation, even more attention than at first should be given to possible inherited tendencies, to possible latent disease, such as syphilis, gonorrhœa and tubercle, to possible drug or diet habits, which may be antidoting the remedy. If considerations of these kinds bear any fruits, treatment by a "nosode" (virtually a potentised vaccine) may be necessary or previous drugging may need to be combatted. Especially may this be necessary when purgatives and analgesics have been much taken, and remedies like *Sulphur*, *Nux Vomica* or *Pulsatilla* are often of great value for this purpose, even in the absence of any very

* The chance that the case is incurable, having no power to re-act, has to be considered, but such cases, as will be seen later, very seldom are those now being considered, which present a good variety of symptoms.

close indications for them. However often the physician fails to produce an effect, yet if the case has a well marked symptomatology and the tissue change has not progressed far in the direction of destruction (e.g. sclerosis), it is salutary for him rather to conclude that the fault lies in his inadequate application of the homœopathic principle, and to devote yet more study and patience to the task.

So much for a negative result to the first prescription. A positive result may be, perhaps (a thrice fortunate one but often obtained by the good prescriber), an immediate improvement. In this case the choice of the drug is justified and all that remains now is not to spoil the case by injudicious handling. A chronic case that is of months or years duration must be allowed time to recover. Never repeat the remedy as long as improvement continues: when improvement ceases give the remedy in the potency first chosen; but if improvement does not follow this time, give a higher potency and so proceed, remembering that practice suggests (inexplicable as the results are at present) that as a rule the higher potencies maintain their effects for a longer time. If the general course of a case is towards recovery, the minor incidental aches and pains should not be separately prescribed for: it is a great mistake to multiply remedies. At the same time there is evidence that if an inter-current symptom (e.g., sleeplessness or neuralgia) is very troublesome, and apparently unaffected by the main remedy which is improving the general condition, then there is no harm, but only good, in the use of an intercurrent remedy to relieve it. This should be chosen from similarity to the particular symptoms in question, and will often be found to be related to the main remedy (as *Aconite* is to *Sulphur*) in curative power. It should be given, however, in a low potency, and never lightly given at all. From time to time the symptom-complex should be reviewed as a whole, for changes may occur in it which will call for a new remedy. It is a curious but frequent experience that in the course of a recovery there may be a return of symptoms of old, and often forgotten, previous troubles. These are not to be regarded as indications for a new remedy if they can be so identified. It is a

general rule that symptoms disappear curatively in the reverse order to their appearance, the last observed being the first to go.

Instead of immediate improvement there is sometimes seen a marked aggravation of symptoms. If the aggravation is mainly of local symptoms (e.g., pain, or intensification of a skin affection or joint swelling) and if simultaneously the patient has (as often he does have) a sense of improvement, then the aggravation is to be regarded as favourable rather than the reverse. A parallel phenomenon is the negative phase of Sir Almroth Wright, after a vaccine injection, and though it calls for caution, it is not, unless very severe, an untoward incident. Following a dose of a drug it will almost certainly pass over into an improvement (positive phase), which improvement is then to be treated exactly as described in the foregoing paragraph for an initial favourable response. Only, since the patient has shown a tendency to become temporarily worsened, even more care is needed in repeating drugs and in using higher potencies.

If, however, the aggravation does not pass over into amelioration, and particularly if the symptoms that become worse are the more deep seated ones, the outlook is more grave. There are undoubtedly certain cases (e.g., advanced phthisis) wherein there is not vital energy enough left to eradicate the disease, but where a careful husbanding of the strength will carry the patient along, albeit in a somewhat inefficient way. To give a deep acting remedy, like *Silica* or *Sulphur*, to such cases, is occasionally to induce a violent reaction, which uses up a great deal of the patient's strength, yet, not being enough to produce cessation of the disease, leaves him ultimately worse than before he was thus treated. *Tuberculin* treatment in other hands than those of homœopaths has led to similar failures. The true wisdom lies in exercising great caution at first in testing the powers of recovery of any patient concerning whose powers of recovery there is any doubt. If a deep acting remedy is used, do not use it at first in potency higher than indicated, do not proceed higher with much care. If the 12th and only there is reason to

believe that recovery is impossible, there is still much to be done by attacking the problem from the tissue side (the local symptoms). Many a chronic tuberculosis of the lungs, incapable of true arrest of disease, can be carried along in comfort with remedies like *Arsenic* and *Stannum*, *Iodine* and *Sanguinaria* in low potencies and repeated doses. Symptom similarity remains the guide to the choice of the remedy.

If the danger has been incurred and the aggravation persists, it is sometimes possible to antidote the effects of the remedy with another drug. Occasionally, even when the aggravation is not regarded as dangerous, it involves so much suffering that it has to be combatted temporarily. Many drugs have more or less specific antidotes in homoeopathic therapeutics and *Nux Vomica*, *Pulsatilla*, *Coffea*, *Camphor*, etc., are general drug antidotes.

Finally there are cases (e.g., advanced cancer) wherein subjective symptoms are few and unimportant, and local symptoms and gross physical signs hold the field. In these the disease has reached what is often called the "ultimate" stage. Broadly speaking a symptom-complex that has many subjective symptoms in it, may be regarded as evidence of the body reaction to disease: when this reaction is poor or absent the chances of successful cure are not good, and palliation may be the only resource. In any case the attention will now be directed rather to low potencies and tissue remedies and frequent repetitions. Dr. Cooper, indeed, records some very striking cancer cases recovering under rare doses of strong tinctures of certain drugs, and though the grounds of choice appear to some extent empirical, the aim is to employ similarity as the clue to them (notably the use of *Ruta* for rectal carcinoma): If all else fails, and pain has to be relieved, the employment of *Morphia* is naturally a resource, but homoeopaths find that by studying the characters of the pain they can often find a similar remedy more effective than *Morphia* with none of its attendant evils. It is fair to say that, so long as any symptom similarity whatever can be found between the disease and any drug pathogenesis, that similarity affords the best guide to the most suitable remedy.

In all arts old men speak of laws, using the laws of harmony to browbeat the young composer, the laws of prosody to check the budding poet. In these concerns (and also in others) the word law is a dangerous one. Even in science it can mostly stand for little more than a brief way of recording general experience, not hitherto subject to exceptions that cannot be accounted for. Thus we should do better to call the law of similars a generalisation from experience, valid within the bounds of our knowledge, and, in regard to the practical application of it, even more caution is required in laying down instructions and rules. The "laws" of the arts are actually the accepted practices of the masters. Each new genius has a way of breaking the laws of his predecessors, or at least widening their bounds, till his rebellion succeeds and his practice, which at first roused intense opposition from the pedants, becomes a new weapon for the armoury of the pedant's never failing progeny. Thus Mozart and Beethoven are denounced as blasphemous innovators until presently their practice is used to confute Wagner. History therefore gives little encouragement to those who wish to stereotype the practice of an art, even the art of therapeutics, and it would be an ill service to the student to leave this chapter of practical instruction without a reminder that it represents the results of experience but no more. The rules indicated above are those that the most careful and practised prescribers have found most generally valid. But greater knowledge and wider experience may lead to more effective practical rules, and it is for the physician not to fall back supinely upon the judgments of others, but to make his own, and, if he may, add a stone or two to the temple of therapeutics. Hasty dogmatism has long been the curse of medicine. Our ignorance is still vast, and we still grope in a darkness that is not made more penetrable by hailing every will of the wisp as the dawn of day. Humility, patience, and freedom from prejudice, which will lead to endless experiment and courageous record of experience, can alone be counted on to forward the time when the medical profession shall live in the full sunlight of assured knowledge.

LONDON HOMŒOPATHIC HOSPITAL.

THE SIXTY-EIGHTH ANNUAL REPORT.
(For the year ended December 31st, 1917).

The work of the Hospital during the past year has again continued under the cloud of the Great War, but the Board of Management is nevertheless gratified to be able to report continued progress, although the resources have been very severely tried.

The Board have decided, notwithstanding the increased cost of everything, to print and circulate the Annual Report as usual, but reduced in volume. They do this because of a sincere conviction of its usefulness in the propaganda work of the Hospital, and trust, after reading it, the many friends of the institution will feel the cost is justified.

DEATH OF PRESIDENT.—The Board record with regret the death of the Rt. Hon. the Earl Grey, the President of the Hospital, and can only re-echo the words of Lord Bryce, who says:—"No more beautiful or lovable character has adorned our generation."

A suitable resolution of regret and sympathy has been passed by the Board and conveyed to the family.

THE WAR.—Major E. A. Attwood (Special Reserve) after nearly three years' service with the Royal Field Artillery, having been placed on the retired list and to retain his rank, on account of ill-health contracted on active service, returned to his hospital duties on April 15th last, and all friends of the hospital will heartily congratulate him on his safe return, and wish him complete restoration to health.

WOUNDED.—Four wards have been devoted entirely to naval casualties during the year, and the eighty beds reserved for their admission have been fully utilised, by the Admiralty. The first convoy arrived on October 28th, 1915, and by the end of that year eighty-nine men had been received. During 1916, 330 cases were admitted, and to the end of December, 1917, 611 separate cases had been received, making a total of 1,030 to date. It is gratifying to record that a large majority of these

cases have been permanently benefited, and enabled to again take their place on active service. Among a recent convoy admitted were men from the "Rewa," the hospital ship torpedoed in the Bristol Channel.

Everything possible has been done to promote the comfort of these gallant men, who have endured so much in their country's cause. As a number of those admitted have been suffering from wounds or shock, the ordinary patients' dietary has been added to, and the rules relating to smoking have been relaxed. All whose duty it has been to attend to them have vied in their efforts to promote the sailors' comfort, and with complete success.

On Christmas Eve the following telegram was received from their Majesties the King and Queen:—

"Our Christmas thoughts are with the sick and wounded sailors and soldiers. We know by personal experience with what patience and cheerfulness their suffering is borne. We wish all a speedy restoration to health, a restful Christmas tide, and brighter days to come.

GEORGE R.I.
 MARY R."

The receipt of this gracious message afforded all ranks the greatest satisfaction.

The income of the Hospital for the past five years is set forth below under separate heads:—

ORDINARY INCOME.

Income.	1913.			1914.			1915.			1916.			1917.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Annual Subscriptions	2044	9	11	1981	12	6	1984	16	1	1911	13	6	1858	19	6
Donations	776	18	7	1165	14	11	1193	14	10	804	3	9	843	10	4
King Edward's Fund	600	0	0	750	0	0	750	0	0	1000	0	0	1000	0	0
Hospital Sun. Fund	437	10	0	507	18	9	713	0	0	736	19	2	753	19	2
Hospital Sat. Fund	148	0	0	177	0	0	201	0	0	228	0	0	331	0	0
Invested Funds and Rents	3539	9	5	3571	11	4	3513	19	0	3571	9	6	3636	9	6
Nursing Institution	*4	4	9	*8	5	11	*64	0	7	*12	7	5	*22	16	5
Paving Room Patients	526	19	6	1054	3	6	1009	1	10	1109	6	6	1534	4	0
Naval Patients	—	—	—	—	—	—	467	0	0	2534	11	0	5561	0	0
Out-patients' Registration Fees	1355	12	0	1272	16	6	1133	0	6	1274	18	0	1135	8	0
Other receipts and legacies under 100 guineas	375	8	0	1174	7	4	264	19	11	943	17	11	598	4	3
	9808	11	2	11663	10	9	11294	12	9	14127	6	9	17275	11	2

* Profit after payment of expenses. †£250 was also given to reduce General Fund Debt. ‡£500 was also given to reduce General Fund Debt.

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The expenditure for the last five years is tabulated as follows:—

ORDINARY EXPENDITURE.

Expenditure. Daily No. of Beds Occupied	1913. 128			1914. 181			1915. 108			1916. 130			1917. 155		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
<i>Maintenance—</i>															
Provisions	3023	4	0	3127	1	3	3844	7	5	5116	9	1	7099	18	3
Surgery & Dispensary ..	1309	7	6	1819	15	3	1395	17	4	1401	4	8	1327	10	8
Pathological Dept ..	298	0	8	346	12	5	186	17	7	229	12	9	247	12	8
Domestic	2631	3	0	2810	15	6	3001	5	8	3329	0	9	4117	16	4
Establishment Charges	300	3	6	305	3	1	982	12	9	392	7	8	559	14	11
Salaries and Wages ..	3742	9	4	3954	15	11	3904	17	6	4052	2	6	4377	14	2
Miscellaneous ..	327	8	10	371	11	9	297	9	0	299	0	0	300	2	6
<i>Administration—</i>															
Management and Finance	743	5	0	811	10	2	296	10	1	686	15	4	855	0	1
Rent, Rates and Taxes	987	0	2	1159	0	8	1093	5	6	867	13	0	896	7	11
	13362	2	0	14706	6	0	14504	8	4	16394	5	9	19781	12	6

EXPENDITURE.—The Board of Management has been greatly handicapped by the serious rise in the price of almost everything needed for hospital use, and they are still faced with the greatest difficulty in obtaining the necessary supplies. Perhaps in no direction has the increased cost been more felt than in hospital administration; they have had to pay an increase of £1,983 4s. 2d. under the heading provisions, £788 15s. 7d. under domestic, *viz.*, washing of linen, coal, gas, electric light, etc., the total cost of maintenance being £3,387 6s. 9d. in excess of the cost for 1916. The average increase in the cost of provisions in December, 1917, over the cost at the end of July, 1914, was 106 per cent. From June, 1914, to June, 1915, the general rise in the price of food-stuffs was 45 per cent. By the end of April, 1916, this had grown to 55 per cent., at the end of April last it had reached 97 per cent., and by December 31st had reached the enormous figure of 106 per cent. increase. Between June, 1914, and December, 1917, meat alone had advanced 140 per cent. in price, while butter and milk had gone up 80 per cent. and 100 per cent. respectively. The additional expenditure is directly due to this rise in prices, for practically every commodity used and every form of labour employed, in connection with the service of the Hospital, has increased, and all indications point to the fact that the

Hospital will have even a greater burden to bear in this respect during the present year.

The interest on the Bank overdraft and loans (£8,450) amounted to no less a sum than £454 13s. 7d.

Wherever economies could be effected they have been carried out, a noticeable instance of this being under the drug and dressings account, the only department to show a decrease. Although twenty-nine extra beds have been occupied daily during the year over 1916, and a very large number of naval surgical cases have been admitted, requiring heavy supplies of dressings, and all dressings have considerably advanced in price, there is a decrease over last year of £73 14s. This is in a very large measure due to the care and oversight of this department taken by the Drugs and Dispensary Committee. Also to many gifts of dressing and material from the British Red Cross Society, Queen Mary's Needlework Guild, etc., etc. The surgeons and nurses exercise all reasonable care, but the dressings bill is bound to be a heavy item.

To sum up the financial position, it is only too evident how much the expenditure of the Hospital exceeds the income. Were it not for the power granted to the Trustees, under Law 19, which provides that all legacies under £105, and the first £100 of any legacy over that amount and one-fifth of the remaining balance may be used in the current expenditure of the Hospital, it is clear the work would have to be reduced, and the Board feel great responsibility in maintaining the work at its present level while beginning the year with a loan to bankers of over £6,950 and some £7,717 due to the invested funds.

	£	s.	d.
The total Ordinary Expenditure for the year was	19,781	12	6
And the Ordinary Income	17,275	11	2
There remains a Deficit for the year 1917 (met temporarily by a loan from the bankers) of			
Deficit 1913, 1914, 1915 and 1916	2,506	1	4
	12,072	15	8
	14,578	17	0

Less raised by Special Appeal to Dec.
31st, 1917 4,172 14 11

Total deficit to date
December 31st, 1917 10,406 2 1

LEGACIES.—Five legacies have been received during
the year as follows :—

	£	s.	d.
The Executors of the late			
Miss Helen Carey	300	0	0
J. T. Daniels	10	0	0
Ellen Hahnemann	500	0	0
Grace Blyth	90	0	0
C. A. Stilwell	300	0	0

£1,200 0 0

In accordance with the Law 19, as before stated,
£560 from these legacies has been applied to current
annual expenses.

CAPITAL ACCOUNT.—The free capital of the Hospital—
that is to say, capital which is not earmarked for en-
dowments, or other special purposes—now stands
(December 31st, 1917) at the market value of £22,900
16s. 11d. The accumulated deficit for the past four
years at the end of 1917 amounted, as stated, to £10,406.
That amount is made up of £6,950 borrowed from the
bankers and others, and £7,717 withheld or withdrawn
from the Reserve Fund; and unless some generous
friends come forward to help the Hospital, £6,950
(the amount of the loans from bankers and others)
will have to be realised in the near future to pay off these
loans. As it is generally considered expedient, with
old institutions, that the free invested capital should be
equal to at least five years' expenditure, and as the
present amount only represents one year's expenditure,
it is a matter of great concern to the Board that no other
means can be found to pay off these loans and repay the
amounts still due to the invested funds.

The Board are resolved to replace these deficits if
possible, and in the present year they will continue
their special appeal to the friends of the Hospital

to renew the generosity which has never yet failed the Hospital in its emergencies.

APPEAL FOR £16,710.—Although, owing to the many war appeals before the public, it was recognised that the time was not very opportune for asking for funds, the Board was forced to the conclusion that an appeal must be made, and it was issued in November, 1916. Up to the end of 1916, £2,544 had been received in response, and the sum reached at the end of 1917 was only £4,172 14s. 11d. The needs have only been emphasised and strengthened by the past year's work and experience, and the finances are in a more straitened position now than when the necessity for appealing first arose. Many charitable appeals are being made, and their number is still increasing. They trust, however, that our friends will reserve for this Hospital a part of their charitable gifts and, by responding liberally, thus enable the Board to claim the following generous promises, totalling £584, if the appeal is completed by December 31st, 1918.

Amounts Conditionally Promised, provided the sum appealed for is subscribed by December 31st, 1918.

	£	s.	d.		£	s.	d.
Caird, R. H., Esq., J.P.	100	0	0	Witney, Mrs. Geoffrey	20	0	0
Donoughmore, The Earl of, K.P.	100	0	0	Mathews, W. Lee, Esq.	10	0	0
Poate, W. H., Esq.	100	0	0	Morton, E. Handfield, Esq.	10	0	0
Tate, Edward, Esq., J.P.	100	0	0	Russell, C. A., Esq., K.C.	10	0	0
Frere, E. R., Esq.	52	10	0	Neatby, Dr.	10	0	0
Turner, H. Hawkins, Esq.	50	0	0	Neill, Dr. Fredk.	5	0	0
Stilwell, John Pakenham, Esq., J.P.	20	0	0	Eccles, J. R., Esq.	5	0	0
				Moore, Miss Amelia	1	1	0
					1	0	0
					£584	11	0

A STRIKING OFFER!—One great need at the present time is increased annual support. The annual subscription list has been reduced this year by £53, and totals only £1,858. This is much too small in comparison with the expenditure of £20,000 a year, to ensure reasonable stability in the financial position of the institution.

Many of our regular subscribers have most reluctantly been compelled to withdraw their support "for the duration of the war," and in endeavouring to engage the sympathy of new supporters the Board are faced with a most difficult and uphill task. One of the leading financiers of the country, interested in the well-being of the institution, has given sound counsel, and

supported his counsel by a generous offer. The counsel is that the list of five and ten-guinea annual subscribers—lamentably brief—be increased without delay, as one of the least stressful methods of augmenting Hospital revenue. The offer is that in addition to an immediate donation of £500, the position will be favourably re-considered on condition that reasonable response shall have attended, within the coming year, this special appeal for the augmentation of the subscriptions.

The Board, therefore, make a special appeal to each subscriber to undertake, as a labour of love, the task of finding at least one new subscriber in the present year. Such help would secure the above handsome offer, and also relieve the Board of much of the care attendant upon the management of the Hospital.

The Board gratefully acknowledge the following new or increased Annual Subscriptions which, with others, have helped so much to keep the subscriptions nearly at the level of previous years:—

	£	s.	d.		£	s.	d.
A Friend (per Dr. Goldsbrough)	5	0	0	Hartley, Sir William	10	0	0
A Friend (per Dr. Neatby)	2	0	0	Higgs, Mrs. M. E.	2	2	0
Arkwright, Mrs. E.	2	2	0	Lang, Mrs.	5	5	0
Bell, H. M., Esq.	5	0	0	Leaf, Miss Jane	5	5	0
Bowditch, Mrs.	2	0	0	Newman, A. J., Esq.	5	5	0
Bullock, Mrs.	3	3	0	Payne, E. Vincent, Esq.	2	2	0
Darley, Mrs. L.	2	2	0	St. Aubyn, Mrs. Geoffrey	5	0	0
Donoughmore, The Countess of	5	5	0	Serle, J., Esq.	2	2	0
Fairbank, Mrs.	2	2	0	Simpson, J., Esq.	2	2	0
Farquharson, Mrs.	4	4	0	Smith, George, Esq.	5	5	0
				Tyler, W. I., Esq.	3	3	0
				Wellestey, The Hon. Mrs.	10	10	0
					5	5	0

ENDOWED BEDS.—The Endowed Beds have been increased in number by "The Clayton Dawson Bed." Mrs. Clayton Dawson having bequeathed securities to the hospital valued on June 30th, 1914, at £1,000, and which realised in April, 1917, (less Legacy Duty), £721 17s. 4d. £1,000 will name a bed or £750 a cot in perpetuity in the Hospital as a lasting loving memorial to the bravery of a soldier or sailor fallen in the war. A tablet is placed on the wall above the selected bed or cot, and will remain there as long as the Institution lasts. Is this not better than spending money on the erection of memorial stones or windows? Surely there is no more fitting way of perpetuating a revered memory than by an endowment of such a bed, in which many a suffering patient would find relief and solace, and

probably there would be no memorial more **after** the heart of the loved one.

BEDS AND COTS NAMED BY ANNUAL SUBSCRIPTIONS.

The number of Beds and Cots named by annual subscription remains the same. The Wimbledon League through Mrs. Vincent Green, has maintained the Wimbledon Bed since 1906, and Mrs. Robert Clotworthy has maintained two beds since 1910 and 1912, named the Robert Clotworthy Beds. A minimum of £50 per annum is required to name a bed by annual subscription, while a minimum of £35 per annum names a cot.

There is no better way of assisting the medical man residing in a district than subscriptions by his patients and friends for maintaining a bed in the Hospital, so as to enable him to send in his poor dispensary patients, who might otherwise be unable to gain admittance for treatment in the Hospital.

KING EDWARD'S FUND.—The visitors of King Edward's Fund in 1917 were Mr. W. G. Spencer, F.R.C.S., and Mr. Howard Morley. They inspected the Hospital on Friday, June 29th, and expressed themselves as much interested and pleased with all they saw.

The awards from the Fund are as follows:—

	1914.			1915.			1916.			1917.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
King Edward's Hospital Fund for London	750	0	0	750	0	0	1000	0	0	1000	0	0
To decrease deficit	250	0	0	250	0	0	250	0	0	500	0	0

HOSPITAL SATURDAY AND SUNDAY FUNDS.—The awards from the two funds were as below:—

	1914.			1915.			1916.			1917.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Metropolitan Hospital Sunday Fund	507	18	9	713	0	0	786	19	2	758	19	2
Metropolitan Hospital Saturday Fund	177	0	0	201	0	0	228	0	0	331	0	0
	684	18	9	914	0	0	964	19	2	1084	19	2

ALEXANDRA DAY, JUNE 25th.—The Hospital received a grant for 1917 of £25, being the third annual grant received.

WARD DONATIONS.—The following sums, mostly in small amounts, have been handed to the Sisters of the Ward as donations from grateful patients in 1917:—

	1914.			1915.			1916.			1917.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Barton and Queen Alexandra Wards	10	10	0	18	5	0	13	0	6	14	11	4
Rylands Ward	47	1	6	14	15	6	63	12	0	39	15	6
Durning Ward	27	12	0	12	11	0	31	12	0	111	0	6
Dysart and Ebury Wards	103	3	9	78	14	6	45	13	0	22	3	0
King Edward VII. and Quin Wards	65	10	6	56	17	4	4	6	10	9	12	0
Bayes Ward	6	2	0	14	14	0	12	11	10	23	0	0
Hahnemann Ward	8	12	0	6	9	9	5	0	0	53	6	0
Total	268	11	9	202	7	1	175	16	2	273	8	4

* These Wards are at present occupied with Naval Casualties.

IN-PATIENTS.—During the past year the total number of cases under treatment in the hospital has been 1,622.

OUT-PATIENTS.—New patients, 9,514; the total number of out-patient attendances was 53,030.

The following are the totals for the In and Out-patients for the last five years:—

Year	In-patients.	Out-patients (counting separate persons only).	Out-patients. No. of consultations.
1912	1,398	13,042	65,124
1913	1,443	11,549	62,685
1914	1,562	11,044	59,510
*1915	1,504	10,345	55,323
†1916	1,548	10,198	55,054
‡1917	1,621	9,514	53,030

* All the Hospital was closed for repairs from August 1st to September 6th.
 † Out-patient Department closed August 5th to September 11th.
 ‡ Out-patient Department closed July 28th to September 10th.

COST OF TREATMENT.—The following is the cost of In- and Out-patients. To ascertain the average cost of In-patients, as given below, the sum of £896 7s. 11d. for rates and taxes, and of £2,342 6s. 2d. for 9,514 new Out-patients and 53,030 Out-patients' consultations, making a total of £3,238 14s. 1d. is deducted from the expenditure for the year, £19,781 12s. 6d., in accordance with the requirements of the three Metropolitan Hospital Funds.

The average cost of each In-patient per week in 1916 was £1 19s. 10½d.; in the year 1917 the average cost was £2 os. 10d.

TABLE OF AVERAGES.

1916.		1917.
£1 19s. 10½d.	Total cost per week of each In-patient	£2 0s. 10d.
£9 14s. 1d.	Average cost of each In-patient	£10 6s. 1½d.
£108 19s. 7d.	Average cost of each occupied bed	£106 19s. 4d.
5s. 8d.	Average cost of each In-patient each day	5s. 10d.
130	Daily average number of beds occupied	155
165	Total number of beds in Hospital	170
12	Average number of patients who occupied each bed	10
1,548	Number of In-patients under treatment for year	1,621
33½	Average number of days each In-patient stayed	35½
66	Number of cases which ended fatally	38
8s. 10½d.	Total cost of each Out-patient	4s. 11d.
8½d.	Total cost of each Out-patient's attendance	10½d.
10,198	Number of new Out-patients	9,514
55,054	Number of Out-patients' consultations	58,030
£16,394 5s. 9d.	Cost of maintenance of the Hospital	£19,781 12s. 6d.
£2,266 19s. 0d.	Deficit on ordinary exp enditure	£2,506 1s. 4d.

LADIES' GUILD.—The Ladies' Guild has again earned the grateful thanks of the Board of Management for their work during the past year. The work has been carried on with vigour and success. The contributions in cash to the Hospital Funds have amounted during the year to £110 9s. 6d. The number of garments (797) received is a great help in the working of the Hospital; included in this number was 212 pillow cases, 120 towels, and 163 patients' bed table cloths.

The Ladies' Guild also held two Pound Days at the Hospital on October 16th and 17th, and in addition to 580 lbs. of provisions, they handed over £100 in cash towards the Special Appeal Fund as a result of their unflagging exertions. The Board especially thank Lady Perks, the President of the Guild, also the Countess of Donoughmore and Lady Southwark, for their help on these two days in receiving the gifts and in helping to make the Pound Days so great a success. It is hoped that the Ladies' Guild may be materially strengthened during the current year, and that other branches may be formed.

RETIRING MEMBERS OF THE BOARD.—The following members of the Board—Mr. W. A. Poate (Vice-Chairman), Mr. H. W. Prescott, Mr. C. Knox-Shaw and Mr. Edwin Tate, J.P.,—retire in the usual rotation, and, being eligible, are proposed for re-election.

The two medical members of the Board—Dr. Edwin A. Neatby and Dr. John Weir—retired in the ordinary course, and the Board have, on the nomination of the Medical Committee, re-appointed them.

MEDICAL AND SURGICAL STAFF.—The Board feel

some difficulty in adequately expressing their sense of obligation to the Honorary Medical and Surgical Staff, all of whom have given their valuable labour so ungrudgingly during the year. Their work has been carried through almost entirely by personal effort, and at a great sacrifice of leisure and convenience. The Board gratefully acknowledge the help that has been offered by members of the Consulting Staff, and the readiness with which extra duties have been undertaken by all concerned, the majority of the Assistant Physicians being on war service in the Royal Army Medical Corps.

The depletion of the staff is, of course, a source of great inconvenience, yet the Board are proud of the fact that so many members of the staff are serving our King and Country during this time of crisis in the history of the Empire, and though, through the war, the Hospital has suffered financially, its staff have responded, in a variety of ways, to the country's call for help, and the members remaining have had to deal with an exceptionally heavy amount of work.

THE HOSPITAL NURSING STAFF.—To the Matron (Miss Belsham) and to the Assistant Matron (Sister Firth), as well as to the Ward Sisters, great credit is due for sustained effort during times of great stress, loyalty to the institution and loving devotion to the patients under their care.

War has in no way interfered with the training of Probationer Nurses; all the Medical and Surgical Lectures have been given by the Medical and Surgical Staff, and classes held in connection with these lectures. The examinations which are in part *viva voce* and practical and in part written, show that the Nurses have profited by the instruction; twenty-four Nurses passed in the Senior Examinations, and twenty-four in the Junior Examinations, and twelve in Invalid Cooking (instruction under the London County Council).

The Board are again indebted to Miss I. C. Bennett, the Matron of the Metropolitan Hospital, for examining thirteen Staff Nurses.

GOLD MEDAL.—As an encouragement to Nurses undergoing training in the Hospital, the Board founded

in 1909 a gold medal and prizes to be presented annually to the nurses who gain the highest number of marks at the final examination. The standard of training amongst nurses has always been high, and these prizes help to maintain its excellence.

The prize-winners for 1916 were as follows:—

Gold Medal: Nurse Carter obtained 1,787 marks, maximum possible marks 2,050.

Prizes (Books) for the next two Nurses with highest marks: Nurse Walters, 1,729 marks; Nurse Stringer, 1,709 marks.

The examination for the Gold Medal for 1917 had not taken place at the date of the issue of this Report.

The Matron has pleasure in testifying to the unwearied zeal with which the Sisters have carried out their duties. The Nurses have stood the strain of their many exacting duties during the year with a minimum amount of illness. A great amount of appreciation is due to them, especially for the manner in which they have carried out their manifold duties during the trying times of air raids, both rumoured and actual. To them and to their care of the patients much of the success of the Hospital is due. Both by letter and verbally the Matron has had many expressions from patients testifying to their gratitude for the care and good nursing they received.

Good news reaches us from time to time of all our nurses who are working in various parts of the world. During 1917 eight have completed their training. A large number of the Hospital nurses have, since the declaration of war in 1914, joined Queen Alexandra's Imperial Military Nursing Service, Territorial Force Nursing Service, Red Cross Society, and other associations. A total of over forty-two nurses are now or have been, nursing the sick and wounded in military hospitals.

Honours have been conferred on our nurses of which the Hospital may well be proud, among the latest to receive decoration are Sister Cracknell, the latest to the Serbian Medal, and Sister Hester, who received Royal Red Cross, and a good number Robinson the tioned in despatches. have been men-

HOSPITALS AND INSTITUTIONS.

PLYMOUTH.

(We owe this report to the Secretary and can only endorse its appeal. If any can help to reduce this debt they will do a real service to Homœopathy.—
ED. H. W.)

REDUCTION OF THE EXTENSION DEBT.

Those present at the fifty-eighth annual meeting of the Homœopathic Hospital, Plymouth, yesterday, must have wondered how so much was done on so little money. Col. Swiney, J.P., presided, prayer being offered by the Rev. Charles Wickham.

The report presented by Mr. W. Wright Hooper (Hon. Secretary) was of an encouraging nature. In addition to its ordinary work, the hospital had accommodated many naval and torpedoed patients, and from all quarters recognition and gratitude had been forthcoming. The highest tribute was paid to the nursing and household staff under Miss Agnes Lynch (the Matron), and to the Working Men's Committee, whose Hon. Secretary (Mr. S. W. Wright) had handed over £92, in addition to £15 towards the extension account. The Ladies' Committee had also done wonderfully good work under Mrs. Ball, Mrs. McClusky, and the numerous lady helpers and the hon. chaplains (the Ven. Archdeacon Perowne and the Rev. Chas. Wickham) have been unremitting in their attention.

Mr. W. Lewis, the Hon. Treasurer, reported that the extension account had been reduced by £267 6s. 6d. during the year, and now stood at £1,623 19s. 7d. Although catering for thirty to forty persons per week, the maintenance account amounted to only £483, and the total expenditure to £1,526 4s. 3d., the deficit on the year's working being £96 18s. 5d.

The medical report, submitted by Dr. Wilmot, acknowledged the assistance of Dr. Francis and Dr. Travers Stubbs, whose election to the hon. medical staff was welcome, opportune and helpful. They also expressed appreciation of Miss Agnes Lynch, upon whom, in the absence of a resident medical officer, fell the burden of responsibility, and of the nurses, who

had been ever ready to deal promptly and effectually with casualties.

The Chairman, proposing the adoption of the report, did not think they could have heard anything more encouraging. They had to remember that all their officials gave their services free, and the nursing staff were performing miracles every day. Men were being brought in wrecks and yet patched up. The Homœopathic Hospital was a godsend to the Three Towns, on the authority of allopathic doctors, and surely it should be better supported. Many grateful letters had been received from officers and bluejackets who had been treated in the hospital.

The Rev. J. Robertson, seconding, paid a tribute from personal knowledge, to the kind and skilful treatment given in the hospital, for which the clergy must be very grateful. There were very many cases of overcrowding in the town, not confined to the poorest classes, and what was to be done in the case of illness? Only the hospital could give the necessary relief.

A letter from Mr. S. C. Ball (Hon. Auditor) offered congratulations to the matron for her splendid work; to the Hon. Treasurer for his excellent finance; and to the ladies of the Committee for their work.

A special appeal for the reduction of the Extension Fund was made by Admiral Wemyss. He remarked that skilled labour to-day drew seven times as much per day as the soldier in the trenches, and the higher mechanic drew more than the colonel in command. Therefore, the hospital should particularly appeal to them, as well as to the business houses in the town. Being near the centre, they dealt with more cases than any other.

Mr. T. J. Brewer seconded the appeal, and Mr. W. Lewis, in support, hoped that there would be a great response.

A vote of thanks to the officers, staff and committee was proposed by Mr. H. Hurrell and carried unanimously.

Dr. Wilmot, in response, expressed the admiration of the men from torpedoed ships who had been treated in the hospital.

vote of thanks to the chairman was carried with enthusiasm on the proposal of Rev. W. H. Burgess, seconded by Dr. Francis. The following gentlemen promised donations to the Extension Debt: Mr. F. C. Ball, £10; W. J. Vickary, £10; Mr. McClusky, £10; and F. W. Wright and a friend, £10.

SOCIETY'S MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fourth meeting of the session was held on the 11th, the President (Dr. C. E. Wheeler) in the evening. At the reading of the minutes, a brief allusion was made by the President to the death of Dr. P. Purdom, in an expression of deep sympathy carried unanimously. Dr. T. Patterson, of Catrine, was elected a member. Dr. Abraham Wallace was introduced as a member by the President, and some specimens were shown by Wynne Thomas. Dr. G. Burford then read a paper on a very interesting account of a very difficult case, conducted to a satisfactory conclusion, that illustrated many points of surgical and medical interest, and suggested others. Lantern slides were shown to emphasize the descriptions. The paper was heard with deep attention, and a good discussion ensued, conducted by Dr. Wallace, Dr. Wynne Thomas, Mr. Dudley Wright, Mr. Burford, Dr. J. Johnstone, Mr. Eadie, Dr. G. Hey, and Dr. Burford replied.

3.—Physicians having regard for the welfare of patients will not use *Digitalis* in physiological doses to sustain the hearts of fevers. It may apparently produce good results in some cases improve rather in spite of its use than otherwise.
HINSDALE.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MARCH TO 15TH APRIL,
 1918.

GENERAL FUND.

					<i>Subscriptions.</i>		
					£	s.	d.
Messrs. Gilbert and Hall	..	..	..	..	1	1	0
Mrs. Wallace Carter	..	..	..	..	1	1	0
Miss Ponsonby	..	..	..	..	1	1	0
E. Barnett, Esq.	..	..	..	..	1	1	0
Mrs. Bromley	..	..	..	..		2	6
Dr. Nankivell	..	..	..	..	1	1	0
J. G. Ronald, Esq.	..	..	..	..	5	5	0
Mrs. Paynter	..	..	..	..		10	6
The Rev. John Thornley	..	..	..	..		5	0
Miss Stormer	..	..	..	..		10	6

NATIONAL HOMŒOPATHIC FUND.

					<i>Subscriptions.</i>		
					£	s.	d.
J. C. Weston, Esq.	..	..	..	..	1	1	0
The Executors of the late Percy Harrison	..	..	..	..	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 9th April, at 2.30 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 16 April, at 2.30 p.m.

The Beit Research Fund Committee has held meetings on the 9th April, and the 16th April.

The Annual General Meeting of Members of the Association will be held at Chalmers House (43, Russell Square, W.C. 1.) on Wednesday, 29th May, when all friends and supporters are welcome. The President, Sir George Wyatt Truscott, Bart., will take the Chair.

OBITUARY.

DR. PERCY PURDOM.

It is a sad duty last month to announce the death of Percy Purdom, and attempt to express a sense of loss and of our sympathy with his friends. We are now able to give a few details of his life, which not only serve to emphasise and deepen

our sympathy, but also show that he was born at Newcastle, in 1882, and grew up at Clevedon. He entered as a medical student at St. George's Hospital, and was there in all eight years, holding after qualification (London) various posts of House Surgeon, House Physiotherapeutic Assistant. Throughout he had a keen interest in surgery, and in especial developed the surgical technique which his homœopathic colleagues had neglected. Being interested in Homœopathy, he was for a short time resident at the L.H.H., and later (on a Tyler Scholarship grant) to Chicago under Dr. Kent. In this way he gained a mastery of homœopathic therapeutics and his work, and well he showed his skill in many difficult cases.

He was in general practice at Sutton and from this he gained marked success to which his abilities were well entitled. He held at the L.H.H. the post of Physician for Diseases of Children, Assistant Gynæcologist, and greatly distinguished himself in both. He was well known at meetings, an admirable, clear, concise speaker, and his papers read at the Proceedings several excellent

years ago the death of his wife was a terrible blow, and shortly afterwards an attack of typhoid followed by severe empyema. A slow recovery followed, and a return to work, but a second attack revealed the presence of tubercle. From the time of his death it was a gallantly fought but

As soon as the tubercle seemed beaten down, it attacked another, until at last meningitis brought his brilliant and beloved life to a close. As

admiration
letter
which
could
factory

School
W. G. R.
M. G. R.

man, as a surgeon and a physician, he won love, admiration and respect everywhere. We append a letter received from a former pupil in the L.M.S.M., which shows well what kind of appreciation Dr. Purdom inspire. We lament a great loss but we hold a factory that shall long abide sharp and clear.

“ April 11th, 1918.

DR. WHEELER,

will mourn the early death of Dr. Purdom keenly than those students of the Missionary School who owe so much to his kind, sympathetic, and patient tuition. His disciples are widely scattered now throughout the uncivilised and civilised world, and to many a lonely mission station the tidings of his end will come like news of the loss of a friend. There was in his work and in his teaching a resolute attempt to perfect method, and to extend knowledge, and this spirit has certainly gone to the uttermost parts of the earth, and is there helping to carry on the work he loved—the healing of the sick. Happy are the students who knew him, and carried the contagion of his spirit so far away.

“ Yours sincerely,
“ STANLEY FRANKLIN.”

ALLEGED INCREASE OF CANCER.—The reported mortality from cancer is increasing in almost every part of the world from which reports exist, but Wilcox's (*Journ. of Cancer Research*, Baltimore, July 10th, 1917, No. 3) study shows that the real mortality, if it is increasing at all, is certainly not increasing with equal rapidity. In England and the United States the increase in cancer mortality is parallel with the increase in mortality from appendicitis and both may be due entirely, as they certainly are in a large degree, to the improvement of diagnosis. The cumulative evidence that improvements in diagnosis and changes in age composition explain away more than half and perhaps all of the apparent increase in Cancer mortality rebuts the presumption raised by the figures and makes it probable, although far from certain, that cancer mortality is not increasing. —*Medical World*.

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LONDON

MEDICAL AND SURGICAL WORKS.

[Homoeopathic World.
May 1, 1918.

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THE HOMŒOPATHIC WORLD.

JUNE 1, 1918.

DRUGS AND IMMUNITY.

The *New England Medical Gazette*, that most admirable of homœopathic journals, has been again attacking this question editorially in relation to some experiments with *Emetin* upon Amœbic Dysentery by Drs. H. Dale and C. Dobell published in the *Journal of Pharmacology and Experimental Therapeutics*. It is a matter to which our attention cannot be too often directed, and we make no apology for returning to it.

The main point of the experiments of Dale and Dobell is that although solutions of *Emetin* will kill *Entamœba histolytica*, they are only uniformly fatal in concentrations such as if produced in the circulation of a patient would be fatal also to him. Further they show that both *Quinine* and *Methyl-psychotrin* (differing from *Emetin* chemically only by two hydrogen atoms) though more strongly amœbicidal *in vitro* than *Emetin* have little or no clinical effect upon the disease, although the last drug, being not very toxic, can be given in greater doses than *Emetin*. Again a strain of Amœba which could be eradicated from the human subject by *Emetin*, was not curable by this means when affecting a kitten. The conclusion from these facts is surely obvious, that it is essentially the re-action of the host that determines cure and not the

parasiticidal action of the drug. It is interesting to find a recent editorial in the *Lancet* not obscurely hinting that a parasiticidal action of *Quinine* cannot be the sole explanation of its power to relieve malaria and that body reactions to the drug, enhancing natural processes of immunisation, must be considered.

But these conclusions are precisely those that homœopaths have always contended for, both in these cases and in the analogous use of *Arsenic* in syphilis, where as yet only Mr. McDonagh has clearly stated that the drug action is more indirect than direct. We rightly lay stress upon the remarkable fact that *Cinchona* is often "a similar" to ague, *Arsenic* to syphilis, *Ipecacuanha* to dysentery, and that if their respective effects are to be attributed to favourable body reactions, then they are so far confirmations of the wisdom of drug selection on homœopathic grounds. Further homœopaths would incline to question the need for the customary massive dosage of these drugs. If the drug is a parasiticide then clearly enough must be given to kill the disease germs. But if the drug is a stimulator of body reactions, we should seek for the smallest quantity effective for the purpose, since all three agents are deadly poisons. It is, however, to be noted, that modern practice approximates with them all to the method which we call that of the "unit dose" (albeit rather too frequently repeated according to our minds), and we know that, as it has been said, dilution in time may be more important than dilution in space, the body being capable of re-acting well to a large dose provided it is given time in which to do it.

NEWS AND NOTES.

DR. DAY'S SON WOUNDED.

regret to have to report that when Lieut. R. C. R.A.F., was returning from a bombing raid on April 20th, and landing with live bombs, one exploded, blowing away his left foot, shattering the lower ends of the tibia and fibula. Parts were so destroyed that the surgeon decided to amputate at once through the middle of the leg. A piece of metal was also removed from the right foot and he had besides several minor wounds.

Immediately the explosion took place, the engine burst into flames, but by a desperate effort he managed to get out of his seat, and by the prompt assistance of the observer, who was uninjured, was dragged away from the burning wreckage and exploding bombs. In this way he escaped being burnt to death. He is now in the London Hospital and doing well according to the last report.

APPOINTMENT AT THE L.H.H.

Dr. Edwin Awdas Neatby, M.B. Brux., M.R.C.S., L.R.C.P., has been elected Physician for Diseases of Women to the London Homoeopathic Hospital in succession to Dr. George Burford, who has reached the limit of service.

Dr. FERGIE WOODS.

We have received a characteristically cheery letter from our colleague, who is at Skegness on light duty after recovery from his "gassing." He seems to be making progress towards health, and we are sure that all our readers give him their best wishes.

A NEW YORK APPOINTMENT.

We learn with great interest that Dr. Royal S. Copeland has been appointed Health Commissioner

to New York. This post, we understand, is actually the head of the Health Department, and Dr. Copeland (well known to us as Dean of the N.Y. Homœopathic Medical College and Flower Hospital) is the first homœopathist to head the Health Department of any large American city. We offer hearty congratulations.

HOMŒOPATHY IN BOMBAY

We have received reports from Bombay of the work of a Homœopathic Dispensary conducted by the Social Service League. Dr. B. V. Rayaker is the secretary, and his skill and energy seem to be great assets of the League. The patients now number over three thousand annually and are increasing (3,782 in 1916-1917). As far as we can judge there seems to be no doubt that excellent work is being done.

AN INTERESTING CASE.

We owe this report to a correspondent in Ireland. It is difficult to resist the conclusion that the treatment was responsible for the result.

Edward Swayne, 51, agricultural labourer.

Kicked on left knee by cow twelve years ago. On crutches ever since (arthritis, the doctor said).

Knee contracted; leg, foot, toes quite rigid. Knee swollen, discoloured, intense pain—also severe pain tingling, pricking in fingers, toes and neck; pains shooting to top of head and eyes (especially when stooping).

If foot touched leg of table or any obstacle, agony of pain followed.

Face very pallid—looked ill and suffering. Twice been in Dublin hospitals for six months at a time—returned worse—all the doctors told him bone diseased, nothing could be done. Knee "fired" by local doctor.

Middle of November, 1917, gave 6 pilules *Hypericum* ix daily—knee rubbed every night with *Rhus* liniment.

At end of *three weeks* all pain disappeared from every part of body—could move toes, foot, and leg *every* tiny bit—pallor gone, looked well. Could touch the ground with foot (it had been about two inches from ground) and even walked a little *without crutches*! Leg quite warm *always*. Could bend knee *slightly*.

February, 1918—six pilules only on Sundays—patient used Tuesdays and Fridays—knee rubbed and used as much as possible *every* night.

Examined knee middle of March—swelling and discoloration all gone—(discoloration went down leg and into foot, gradually disappearing—now below ankle), kneecap quite flexible, can see muscles moving a little—and tiny wrinkle below kneecap.

Foot touching ground; can kick it against obstacle without pain; stand on bad leg alone for two or three moments.

Crutches discarded—stick for right arm, can take long walks—go up steps, etc.—no stick used in house.

Chest expanding; head erect; looks and feels in perfect health.

SUPRARENAL DYSPEPSIA.

Loeper, Berzard and Wagner (*Progres Med.*, Paris, July 21st, 1917, No. 29, pp. 241-248) comment on the gastro-intestinal disturbances which form part of the clinical picture in Addison's disease, and state that similar digestive disturbances are frequently encountered now in the soldiers suffering from the strain of the war or convalescing from disease or infections or wounds. There is nothing characteristic about the digestive disturbances of these "incomplete suprarenal states," as they call them, and we have no clinical means of detecting this relative insufficiency on the part of the suprarenals. But we can turn the searchlight on it by watching the effect of small doses of *Adrenalin*. They have made a practice for several months of administering to their patients with dyspeptic disturbances and obstinate constipation small daily injections of from 0.1 to 1 mg. of *Adrenalin*. Some

were not affected by it in the least, but others were transformed by it. By the third injection the digestive discomfort disappeared, the stools became regular and assimilation more perfect, so that the men soon increased in weight. Along with this blood pressure rose, the asthenia subsided, and in one man with much pigmentation this also cleared up as the intestinal phenomena improved. The improvement under the *Adrenalin* was in striking contrast to the lack of benefit from the usual measures applied to combat the dyspepsia. They explain the benefit by the tonic action of *Adrenalin* on the nervous system, thus enabling it to modify some of the nervous re-actions in the abdomen. An excess as well as a deficit of *Adrenalin* may generate abdominal trouble. We know that *Adrenalin* acts on the smooth muscle fibres of the vessels and bronchi, and probably the smooth muscle fibres of the stomach and bowel do not escape this influence. Insufficiency of the suprarenals may influence the secretory activity of other abdominal glands, and the study of these suprarenal dyspeptics seems to confirm this assumption. The difference between the gastric acidity after a test meal without repeated with a preceding injection of *Adrenalin* shows an appreciable rise in the acidity under the influence of the *Adrenalin*. Radioscopy also shows a marked regulating influence from *Adrenalin* on the motor functioning of the stomach and bowel. In six of the men in question the *Bismuth* had scarcely reached the transverse colon by the seventh hour, but after a dose of *Adrenalin* it was found in the rectum by the seventh hour, testifying to the acceleration of the passage of the bowel contents.—*Medical World*.

BARIIUM.—This substance is found in the loco plant but has absolutely nothing to do with the symptoms of loco weed poisoning. A few years ago the U.S. Department of Agriculture issued a statement to the effect that *Barium* was the cause of loco weed poisoning, but later investigations have caused them to withdraw their former statement. Dr. Marsh, of the Department of Agriculture, told the writer less than a month ago that it was difficult to disabuse the mind of the people that *Barium* caused loco poisoning.—A. E. HINSDALE.

ORIGINAL COMMUNICATIONS.

NUX VOMICA.

*Tincture or Trituration of the Seeds of the Strychnos
Nux Vomica plant.*

STRYCHNINE and its analogue *Brucine* are the chief principles of this drug, but for homœopaths *Vomica* tincture possesses qualities and powers are not all represented in its alkaloids, and since provings are of *Nux Vomica* it is to that homœopaths turn. They value precision of indication far beyond concentration of drug power, especially when the concentration involves a certain limitation of range. There are other alkaloids that resemble *Strychnine*, notably *Gelsemine*, and *Gelseminum* and *Nux Vomica* have certain interesting points of comparison, although to the homœopathist they have mainly different, even opposing, indications. It will be valuable first to consider *Strychnine* as it appears to the sceptic in Homœopathy, for it is a much used drug, and there is no reason why the homœopathist should not, if he chooses, avail himself of its possible virtues. It is held from experiment and observation that the main action of the poison is upon the spinal nervous system. The special senses are rendered more acute by small doses: for touch, taste and smell the cause of these results is probably central, but an action on the retinal cells may be, partly at least, responsible for the effect of the drug on vision. Homœopaths, it is perhaps needless to say, regard heightened sense perceptions as one of the indications of *Nux Vomica*, and night blindness has been successfully treated with it. Small doses of *Strychnine* delay the onset of fatigue and increase the capacity for muscular work. This power of the drug is made use of to tide patients over emergencies and as an emergency measure has a certain value of which homœopaths can on occasion avail themselves. But it is important to remember that this action does not mean that the increased energy is obtained miraculously, without

paying for it, but merely that payment is deferred. This is the universal comment to be made on all effective drug action (homœopathic or other): it can only be effective by the utilisation of natural reserves of power. It is quite sound practice so to utilise them to defeat disease, leaving them to be reconstituted in the peace of convalescence, but the homœopathist who aims at meeting the "totality" of a case is chary of regarding only one symptomatic need so long as he hopes to meet the whole. The action of *Strychnine* on muscular energy may be used to help, for instance, respiratory distress, but unless something can be done to remove the initial cause of the distress the effect of the *Strychnine* can be but a temporary palliation of a symptom. It may however be essential to do this and *Strychnine* is an agent for the purpose. In poisonous doses *Strychnine* causes convulsions of spinal origin. They are reflex, being only produced in response to a sensory stimulus, but as reflex sensibility is much heightened the lightest stimulus, avails to initiate convulsions. It is the change in response to external stimuli that is the essential effect of *Strychnine*.

Probably all impulses that reach the spinal cord are partly motor (to the appropriate muscles) partly inhibitory (to opposing muscles): in *Strychnine* poisoning the inhibitory factor seems to be cut out so that *all* the muscles contract (the contraction is always maximal, whether the stimulus be weak or strong), and the resultant movement depends on the relative strength of the muscle groups. After some tremors or twitchings all the muscles in the body contract violently, and remain so contracted for a time, with the subject cyanotic from cessation of respiration: prostration follows, then further spasms: ultimately death occurs in fatal cases from asphyxia, the respiration failing to return after a spasm, or the state of prostration going on to respiratory failure. Before the general convulsions set in there is usually preliminary spasm of certain muscle groups, usually about the jaw and the neck. The general effects may be thus explained: an impulse reaching the cord may there take a number of paths, arousing different motor cells

to activity or inhibition: the influences that cause "spreading" of an impulse may be figured as varieties of resistance and the result of their interference is normally a co-ordinated movement. Under *Strychnine* resistances are greatly reduced, the impulse along all the motor paths more strongly and for a stronger reaction from the motor cells. It is possible, though not certain, that *Strychnine* affects motor-cells directly. The resulting violent actions are unco-ordinated. Medullary centres affected as are spinal centres.

Depression and paralysis follow the violent stimulation of *Strychnine*. Indeed depression is mixed with stimulation very soon and greater fatigue is in evidence under *Strychnine* than normally, though its appearance is delayed. This is a very important point to remember in using *Strychnine* as an emergency means of aid. To spur the tired horse is proverbially an apparent remedy that often leads sooner to disaster.

When the effects on the respiratory nerve mechanism are alone considered it is found that respiration is quickened by small doses, but if persisted in the drug finally paralyses the centre. The heart is little affected directly. Small doses stimulate the vasomotor centres, but larger doses soon produce opposite effects. In the alimentary canal *Strychnine*, like most bitters, stimulates the flow of saliva. The increased muscular activity resulting from the use of the drug causes increased body heat: glycosuria appears in small mammals, and glycogen disappears from liver and muscles. Both these effects are no doubt secondary to the effect on muscles and respiration, and no homoeopathist would from this expect the drug to be of any special value in diabetes, where the causation of the glycosuria is so much more profound.

This in outline is the action of *Strychnine* as it appears to non-homoeopathic physicians. One disease would seem obviously to call for it homoeopathically, and that is tetanus.

It is of considerable interest that occasionally this drug has been used for this disease by non-homoeopathists, though its symptomatic similarity is unmistakable; cer-

tainly it would appear well indicated to any follower of Hahnemann. Good results have been reported from it, but it is difficult to collect enough cases for certainty, especially as at different times and places the virulence of tetanus seems to vary considerably. It is not the only remedy that Homœopathy might find suggested. *Hydrocyanic acid* has claims from its provings and *Gelsemium* (it is interesting to recall that the alkaloid of this drug is an analogue of *Strychnine*), and in general homœopaths would not feel helpless in face of the disease for want of implements to test their therapeutic method. But the recent extensive experience with anti-tetanic serum has brought out some points in the disease which are worth a comment. The great value of the serum has been as a prophylactic ; as a remedy for the established disorder it has been in most cases a failure. In other words, once the toxin has become fixed in the spinal cord it is all but impossible to detach it or neutralise it. But the symptoms that resemble those of *Strychnine* poisoning are the signs of the toxin fixation in the cord : in other words they are "ultimate" symptoms and by the time they appear the curable stage is for most cases past. The homœopathist should deduce the conclusion that the value of *Strychnine* ought to be greatest *before* the characteristic spasms appear, the drug, as it were, occupying or fortifying the susceptible parts of the cord and so preventing the toxin from making good its attack. If the anti-toxin were not available, such a prophylactic use of *Strychnine* would be at least worth a trial, but seeing that the value of the serum has been well established it would hardly be wise to neglect its certain claims for the more or less problematical ones of *Strychnine* and if *Strychnine* treatment were combined with the use of serum in prophylaxis, very long comparative series of cases would be needed before any valid judgment as to the value of the drug factor could be made. However the convinced homœopathist, working on the basis of his method, would do well to combine *Nux Vomica* or *Strychnine* with antitetanus serum (withholding for a time any dogmatic assertion as to its value, but

using it as a possible help) and in the event of a definitely established case to treat, then *Strychnine* would rank among the drugs to consider.

Nux Vomica has been well proved and much used, at the moment the field of homœopathic therapeutics is entered the crude outline of poisoning and experiment takes on colour and shading and precision in its application the remedy becomes valuable one. The spasm and the increased irritability which are so clear in the pathogenesis are naturally most important features from the homœopathic point of view and unless both are present in some degree *Nux Vomica* is not likely to be indicated. The spasm may be of voluntary or involuntary muscle, indeed therapeutically spasm of bowel, bladder or rectum is a very common symptom calling for the drug, while irritability and sensitiveness combine to heighten the effect and frequency of the muscular contractions.

If *Aconite* may be truly described as the drug of "anxious tension" *Nux Vomica* is pre-eminently the drug of "irritable tension." The irritability appears in the mental sphere; subjects suitable for the drug, are apt to be zealous and precise, prone to anger (especially to fits of excited temper), overbearing and ardent. They are often actually spiteful and malicious; this at least is the direction into which their temperament tends to degenerate, *Nux Vomica* is a drug for the highly civilised races, for town dwellers and those who under the stress of modern life develop both physical and mental symptoms. They are often sedentary brain workers more inclined to the waste of nervous tissue than of muscular, persons who get through their work largely on stimulants, addicted to the use of tea, coffee, alcohol, or drugged subjects. *Nux Vomica* is one of the best of antidotes for drug or alcohol taking (including medicine taking, purgatives and patent preparations). Its subjects are more often thin and choleric than fat, nervous and melancholy in times of reaction from anger or excitement. The loss of nervous energy for which *Nux* is suitable is the result of excessive waste, and without a history of past excitement, the remedy will seldom benefit.

They are apt to call themselves "bilious": they suffer from indigestion of a type to be described presently, they are addicted to condiments as well as to stimulants and are often debauchees. But the *Nux Vomica* type is rather the Renaissance tyrant (Eccelino or Malatesta) than the heavy jowled Nero type. The irritability may carry the patient to the verge of homicidal or suicidal impulses but in its characteristic quality of suddenness and intensity there is a certain "spasmodic quality" about even those mental symptoms.

Spasm plays a notable part in the symptomatology of *Nux* in other bodily spheres. In the alimentary canal for instance appears one of the most distinct of all *Nux* symptoms, a constipation characterised by frequent desire for stool which is nevertheless ineffectual. That is to say the normal peristaltic rhythmic contraction is replaced by spasmodic contractions which cause pain but are not effective in forwarding the passage of the bowel contents along the tract. Sometimes a patient will indicate *Nux* in whom there is diarrhoea: but then it will be found to be sudden, perhaps involuntary and represents a more violent degree of spasmodic contraction sufficient to cause untimely evacuation. These contractions are very painful and the pains are generally < from pressure but > for a time after evacuation: the stool is often hard and large, but even when small there is the same difficulty in getting an effective clearance, and a tenesmus after stool which suggests to the patient that the bowel is only partially emptied.

Another result of this spasmodic peristalsis is an interference with the circulation in the bowel and consequent hæmorrhoids. In *Nux* patients these generally bleed freely, indeed as will be seen presently hæmorrhage characterises the pathogenesis of *Nux Vomica* in other ways. These spasms of the bowel are very likely to occur in cases where a hernia has suddenly been forced through inguinal or femoral ring, the irritation of the pressure causing spasms which tend to aggravate the condition and so induce strangulation. Now it need hardly be said that it

would not be sufficient treatment for a strangulated hernia merely to administer *Nux Vomica*, but the administration of the remedy before strangulation frequently makes much easier the task of reduction when this happens to prove difficult.

In the upper part of the alimentary canal it is to be noted that the tongue in *Nux Vomica* cases is usually heavily coated and often dry and uncomfortable. There is a "scraping" sensation in the throat < from swallowing, and salt or sour taste in the mouth, or a bitter and unpleasant taste. Food often is all insipid and a dislike is taken to meat, bread, coffee or to tobacco, though as a rule before the disease has begun, the subject likely to need the drug is fond of meat and stimulants of all kinds, and of tobacco. This is one of the few drugs wherein appears a liking for fat food. In this as in so many features *Nux Vomica* and *Pulsatilla* are diametrically opposed.

Heartburn and pyrosis are common symptoms in *Nux Vomica* cases, nausea and empty straining or periodical vomiting. Hæmatemesis may appear but it rather suggests the bleeding of cases of gastro-stasis than of gastric ulcer, the "hæmorrhagic" powers of the drug being exemplified here. Pain in the stomach begins characteristically some time (often hours) after the meal: it is a sensation of pressure and colicky pain with considerable flatulence and great desire to loosen clothing; it arises in fact from the characteristic spasmodic peristalsis which accounts also for the constipation. Hiccough (again a spasm) is common.

Redness and burning of the face (especially of the nose) after meals is a *Nux* symptom, and frontal headache after meals. Indeed, a flushed face is rather characteristic of the drug. There is often hunger and yet aversion from food. Gastric complaints that are relieved by it are not so much inflammatory as states of dyspepsia and irritation, especially such as follow the immoderate use of condiments or of alcohol, and it is the spirit drinkers rather than the beer drinkers that *Nux* helps. The latter are more likely to require *Kali Bichrom.*

The sensitiveness of *Nux* subjects is shown by

a tendency to faint easily, from strong odours, from sudden pain, from straining at stool, from vomiting.

In the sexual sphere, desire is increased and very slight stimulus excites it. Labour pains are violent and ineffectual. The period in women is too profuse and too early and accompanied by cramping pains and tendency to faint.

In the respiratory sphere, *Nux Vomica* produces little catarrh, although it reproduces well the features of a "stuffy" cold in the head, with congestion and obstruction but little discharge, and cures such cases readily. It is also responsible for a kind of asthmatic condition and is of great value in asthma. A dry, persistent, fatiguing cough causing a splitting headache is characteristic. In asthma cases the paroxysms will probably be worst about 3 a.m., for this is a marked time of aggravation of the drug. This marks too its value in sleeplessness, which is considerable whenever the patient complains that he or she falls asleep quickly but wakes at 3 a.m., tosses about for hours and at last falls asleep again just before it is time to get up. The result of unbroken sleep (day or night) in a case that indicates *Nux* is always favourable, and may be said of the drug that its subjects are < when sleep is disturbed > after undisturbed sleep.

Nux Vomica does not produce any characteristic skin eruption, but violent and uncontrollable itching is a marked symptom of it.

Patients who benefit by this remedy are generally chilly, cannot get warm, sensitive to cold and desiring heat; worse in winter, subject to chilblains and cold blue extremities. Damp troubles them much less than cold, indeed they may often be better in wet Sou-west weather.

The spasmodic quality of the drug suggests its use in all varieties of violent muscular contractions, e.g., strangury, biliary or renal colic, etc., and when the general symptoms also agree in calling for it, it will speedily help, but as a rule there is a considerable prominence of alimentary canal symptoms in the cases that need *Nux Vomica*. It is particularly suited to

those who are meat eaters and stimulant or drug takers. Zinc is inimical to its action. It follows Sulphur well and Aconite: Sepia may be regarded as its nearest analogue among drugs of a very profound and long lasting action. Nux Vomica may be of considerable value in chronic diseases but requires some supplementing as a rule before a cure is obtained.

SYMPTOM INDEX.

General Symptoms: < 3 a.m.: < morning after waking: < mental exertion: < motion: < cold air and cold generally; often however > wet weather (if of mild, Sou-west type) < after food: very sensitive to all external stimuli; fainting easily induced: Rest > undisturbed sleep >.

Mental Symptoms: Very irritable and sensitive: impulsive, hypochondriacal: sullen: ardent and easily angered: prone to fits of temper; capable of spasmodic intellectual effort but not of steady hard work: often needed for people of sedentary occupation and no liking for physical exercise.

Head Symptom: Vertigo even to fainting: pressure on vertex: frontal headache < after food < coughing < tobacco or alcohol.

Respiratory Symptoms: Itching and smarting in mucous membranes or eyelids, nose and throat: mucous membranes dry: nose stuffed up, especially at night (there may be a little acid coryza by day): Hoarseness: asthma < 3 a.m. < eating: dry hacking cough causing bursting headache.

Alimentary Canal Symptoms Sour taste and nausea: tongue heavily furred especially posterior half (front half may be clean): weight and pain some time after eating: hunger but no liking for food: colicky pains: flatulence: constipation with frequent ineffectual urging or passage of small stools frequently. Some temporary relief to pain after stool.

Genito-urinary Symptoms: Irritable bladder: ineffectual urging: increased and easily excited desire: Seminal emissions: Menses too early and too profuse: spasmodic dysmenorrhœa: ineffective labour pains.

Joint and Muscular Symptoms : Spasms and cramps :
backache.

Skin Symptoms : Intolerable itching : burning of
face after meals.

Sleep : Cannot sleep after 3 a.m. : > undisturbed
sleep.

The drug responds well to indications in all potencies
but especially from the 6 upwards. It is best given
at night.

LYCOPODIUM.

Lycopodium clavatum (Club Moss) Trituration of Spores
or Ethereal Tincture of Spores.

THE spores of *Lycopodium* when collected form a
light dry powder, which is used as a coating to pills
and a dusting powder for excoriated surfaces, and is
generally held to be quite inert. A century or so ago
it had a regular place in medicine, being prized for
certain conditions which suggest that an unconscious
Homœopathy had found its way into the uses of it.
Hahnemann found it in use and by his method of
trituration quickly made it one of the most valuable
of all remedies. Within the outer coating of the spore
is an oily layer wherein seem to reside most of the
medicinal virtues of the drug and trituration by rup-
turing the spore sets this free. Ether will extract
the oil and an ethereal tincture is therefore another
method of pharmacy : but there are also mineral
salts in the spores which are included in the trituration,
and it is probable that they count for something in
the pathogenesis. Particularly prominent are the
elements *Silica* and *Aluminium* and resemblances
to the symptoms of the first named are significant
in the provings. The use therefore of trituration seems
desirable for lower potencies and tinctures (colloidal
solutions) or triturations for the higher ones.
Lycopodium is very highly valued in chronic diseases,
being chosen very largely on general constitutional
symptoms, but it has also a very marked relation to
the alimentary canal and the liver, and is frequently

indicated in disorders of this tract by the local symptoms. It will be well, however, to master first the general characteristics and peculiar symptoms. They are so definite that *Lycopodium* is one of the drugs most readily selected on a homœopathic basis.

It is particularly well adapted to patients in whom the mental powers have, as it were, outrun the physical, where the intellectual faculties and interests count for much, but the bodily strength is deficient, the muscles weak and the fundamental processes (digestion, excretion, etc.) apt to be faulty. This relation of drug to patient is true at any age: precocious, weakly children respond to it wonderfully. Dr. Kent instances Paul Dombey as a *Lycopodium* subject, and that is a convenient instance to fix the type in the mind. Older people become mistrustful of themselves and of others, hypochondriacal, complaining (often with reason) of failing memory and slowness of mental re-action, and this generally when they have been accustomed to consider their brain power above the average. The physical strength is nearly always below the average also, but usually the complaint is of failure of mental powers, for the typical candidate for *Lycopodium* has probably never rejoiced much in bodily activity or cared for athletics. He is a brooding, sedentary person, mentally absorbed, physically indifferent. *Lycopodium* has been called the "miser's" remedy: the hint is valuable if interpreted to mean (as it does), that the saving and meanness come out of a real gnawing anxiety for the future and undue sense of responsibility. It is not so much love of money as such, but anxiety as to the possible lack of all that money means for the individual and his dependants, that make up the "miserliness" that calls for *Lycopodium*. This sense of responsibility developed into a positive burden to life is characteristically shown also in a constant fear of breaking down under stress (e.g., the barrister fears he will lose the thread of argument in court), a fear which is constantly falsified, but nevertheless persists. This symptom is very marked under *Silica* and possibly the *Silica* in *Lycopodium* shows its effect in this characteristic.

A good deal of depression and of irritability is likely to accompany a condition calling for *Lycopodium*. Under nourished states, especially those due to chronic dyspepsia or threatening tubercle or congenital syphilis will often suggest its use. The skin is often dry and re-acts poorly, the hair falls readily: vasomotor disturbances (flushings and sensations of sinking and emptiness) are common especially at the characteristic time of aggravation of *Lycopodium*, to be present noted, and with them a consciousness of pulsation in the arteries that has led to some special uses of the drug.

Among the general symptoms there are some which are characteristic and easily recognised. Thus symptoms are worse from 4 p.m. to 8 p.m. (occasionally the aggravation endures longer, commencing at about 4 p.m. if the disease is characterised by paroxysms (e.g. asthma, neuralgia, etc.), the worst attacks will fall in this part of the twenty-four hours. Times of aggravation point generally to an alteration of the normal rhythm of life. In health there is a curve of the general vital activities which has a relatively constant maximum and minimum: in disease this curve is apt to be altered (the inverse type of temperature in tuberculosis is familiar) and alterations of rhythm, if shown by fairly constant times of aggravation and amelioration, have great value as general symptoms. The *Lycopodium* symptom is rather an intensification of the normal rhythm than an alteration of it, but is very characteristic. *Hellebore* is the only drug that shows the symptom in so marked a degree (for the twilight aggravation of *Pulsatilla* and *Phosphorus* seems rather marked it should be mind,) and whenever it is clear *Lycopodium* to the mind of the prescriber, as *Lycopodium* is a drug of much greater range of action than *Hellebore*. Typically (though variations occur frequently), the aggravation begins at 4 p.m., continues till 6 p.m. then tends to lessen till 8 p.m. After this it may disappear or begin again after a period of amelioration. The symptoms of pain, etc., that indicate *Lycopodium* characteristically begin on the right side and then travel to the left. Drugs that notably influence the liver

as *Lycopodium* does, have always a certain "right-sidedness" in the incidence of their symptoms, a predominance of right sided aches and pains and inflammations. It is difficult to explain the phenomenon: but it certainly comes out clearly in drug provings and equally is often prominent in disease, and the homœopathist finds it when well-marked (and no symptom is of much value unless well marked), a good indication of his choice of remedy. With *Lycopodium* it might show as a tonsillitis beginning in the right tonsil and then attacking the left, or it may be a headache or pain in the ovarian region, but if the symptom takes the direction right to left, that is so far an indication for *Lycopodium*. *Lycopodium* is a complementary drug to *Lachesis*, often completing a cure which *Lachesis* has begun, and with *Lachesis* the direction of symptoms is the exact opposite, being left to right, and *Lachesis* symptoms are as predominantly left-sided as *Lycopodium* symptoms are right-sided.

Relief to pain and discomfort from uncovering is a *Lycopodium* symptom. Thus in headache to remove the hat relieves, in abdominal pain the clothing is loosened. It is not only a desire for cool air to the head (although the candidate for the drug prefers the open air, is better out of doors and worse in a stuffy atmosphere), but also a dislike of pressure that is thus exemplified. It is interesting to note in view of the presence of *Silica* in *Lycopodium*, and the hint above mentioned that *Silica* makes its presence felt in some symptoms, that the headache of *Silica* is relieved by wrapping up the head warmly, the exact reverse of the condition sought for when *Lycopodium* is the indicated remedy.

Although open air and general coolness are preferred, any abdominal pains and discomfort are aggravated by cold food and drink and relieved by swallowing warm things. *Phosphorus* patients are chilly in type but their gastric symptoms lead them to desire cold food: *Lycopodium* patients are of a warm blooded type but suffer from cold food. It should be added that with *Lycopodium* patients the aggravation from cold food and relief from warm extend also to

headache or sore throat. Two curious *Lycopodium* symptoms may be noted here: the first is the frequency of to and fro movements of the alæ nasi in patients requiring it. These are not (as has mistakenly been maintained) the movements of dyspnoea: they are not synchronous with respiration, but are of the nature of twitchings, occurring with some rapidity. Spasms are not infrequent when *Lycopodium* is required, especially for instance of the tongue and of the facial muscles (Globus). The other curious symptom is that the right foot may be hot and the left foot cold. Much has been attributed to thrombosis of one side and so explained away: but it is a subjective symptom which is quite independent of any blocking of circulation. Its explanation is impossible at this stage of knowledge, but without a doubt it depends on some definite pathology, and there is ample evidence to be explained of it is an excellent indication for *Lycopodium*.

Other general symptoms are restlessness leading to a desire to move about which generally removes patients as with *Rhus Tox.*: dryness of the skin, especially of palms of the hands, dryness of mucous membranes, falling of the hair. The fear and apprehensiveness noted among the mental characteristics are apt to have a profound effect on symptoms affecting the body (e.g., gastric and liver symptoms) making the suitableness for obviously hypochondriacal persons: nervousness and irritability are frequent concomitants of these groups of symptoms, and form in themselves additional indications for *Lycopodium*.

Apart from the very definite general characteristics *Lycopodium* presents a relation to diseases of the alimentary tract. When it is needed there will generally be several present of the general symptoms already noted (as the time chiefly of aggravation) but in addition there are characteristic local symptoms which indicate a catarrh of stomach and duodenum with extension to the bile ducts. The tongue is usually coated:

characteristically dry, saliva being tough and scanty: there may be cramps or spasms of tongue muscles (the movements of the alæ nasi have been already described): the throat is sore and dry: ulceration or tonsillitis (diphtheria will react well to *Lycopodium* if the general symptoms of it are well-marked), will be on the right side with a tendency to spread to the left. The appetite is capricious, being sometimes lost and sometimes excessive: characteristic is hunger with sudden satiety after a mouthful or two. A sour taste in the mouth, nausea with sour risings, a general tendency to acidity is noted. Craving for sweet things is common and aversion from oysters. Patients who are labelled "gouty" are often candidates for *Lycopodium*. Without doubt there are several disorders of incomplete metabolism confounded often under one heading of gout, and each with its own particular excess of this or that waste product. There is a metabolic disorder of the vegetarian, as well as of the meat eater, and other cases may incline predominantly to one type or the other. *Lycopodium* seems generally more suitable to patients who eat little (or may even dislike) meat: they are liable to pass an excess of oxalates in the urine, though the characteristic excretion of *Lycopodium* contains also urates in quantity, precipitated as a "red sand." Nausea, vomiting, water-brash and gastric pain > heat locally, all testify to the involvement of the stomach. Flatulence is a very marked symptom of the remedy, but affects the bowels more than the stomach and is passed more by the anus, The result of the fermentation and distension is a sense of acute discomfort felt especially in the right hypochondrium and leading to a characteristic desire to loosen the clothing or be intolerant of any pressure. The liver may be felt enlarged and the patient may be jaundiced: the drug seems to have power to cause catarrh of the bile ducts and as this is a precedent condition to gall stone formation, *Lycopodium* may be useful in that disease, in the intervals between attacks. Cramping pains point to irregular peristalsis and rumbling and gurgling to the fermentative quality of the disturbed

digestion. The patients are usually constipated, with *Alumina* and *Silica* (both of which are prominent among the mineral components of *Lycopodium*) the constipation arises from an inertia of the bowels; the motions are only passed with considerable strain; hæmorrhoids are common, and there is often pain and bleeding from evacuation. The constipation of infants is often much helped by *Lycopodium*.

All these abdominal and alimentary canal symptoms are to be read as the signs of a general failure of the tract to function normally with consequent incomplete metabolism. Invariably with such cases, symptoms (conveniently though summarily labelled as "toxic") are apt to occur, such as headaches, neuralgias of the head or that nerve, joint pains and chronic swelling, to say nothing of mental symptoms such as have been already described, which lead to a diagnosis of "neurasthenia" or "hypochondriasis." Sometimes these (real) subsidiary symptoms, are more prominent than the alimentary canal symptoms, and mask them, whenever they are such as to call for *Lycopodium* the drug. The pains of the characteristic features of the headache will be worse from 4 p.m. to 8 p.m. and worse by pressure (as of the hat), the sciatica will be worse from pressure (lying on the affected side) and so on. The symptom complex is to be read as a whole, but if the abdominal symptoms are clear and are recognised early, then *Lycopodium* will clear the case, and these later evidences of uncured trouble will not appear.

Joint pains are often accompanied by cramps and spasms of muscles. External heat generally relieves the pain, so as a rule does movement. Wasting of muscle is common (*Lycopodium* patients are often emaciated) less from organic nerve disease than from general malnutrition and inability or unwillingness to exercise. The skin is not very characteristically affected by *Lycopodium*. Urticarial eruptions are perhaps the most generally seen, though chronic ulcers, if *Lycopodium* symptoms are present, do well on it. The dryness of the skin, especially of the palms, should be remembered.

In the genito-urinary sphere the drug is often called for. There is some evidence that it affects the prostate gland and chronic disorders of that organ may be benefited: (*Baryta* and *Digitalis* are more often helpful in enlarged prostate than any other remedies). Especially is *Lycopodium* valuable in premature or temporary loss of sexual power either following masturbation or excess. Characteristic is sexual desire without sexual power. Gleet remaining after gonorrhœa is often helped by it. In the female the periods are irregular, apt to be excessive (though not always) and there is generally increase of desire and local burning and itching.

The urine is increased in quantity, clear on being passed but depositing urates freely. Oxalates are often in excess. The urine is generally markedly acid and thus causes pain on urination in sensitive subjects. Renal calculus and gravel may be helped by *Lycopodium*.

The air passages and respiratory organs are (next to the alimentary canal) an important site of action of this drug. The voice is apt to be husky rather from tracheitis than from laryngitis: the cough is typically obstinate, dry and tickling, but there is also a condition met with in late phthisis or bronchiectasis that is helped by *Lycopodium* where the sputum is copious and purulent. It has great value in chronic lung affections, tubercular or pneumococcal, when any of the general symptoms are present: but the evidence seems to point to its power being exerted less against tubercle specifically and more against the secondary infections (catarrhalis, streptococcus, etc.) that so often are added to tubercle. The dry cough which it benefits is more likely to be pneumococcal or influenzal than early tubercular, and for chronic pneumococcal cases (pneumonias that resolve badly) it has great power. Chronic nasal catarrhs (catarrhalis, pneumococcus) will often benefit. There is noted often a tendency to slight capillary bleeding (not the big hæmorrhages of tubercle, but the oozing of surfaces) and the taste of blood in the mouth is often complained of. Asthma is often relieved by *Lycopodium* (cf. its relation

to **gout** will be remembered and the time of the paroxysm frequently gives the indication).

As regards the heart, pain, palpitation and anxiety are often complained of, but they appear to be secondary to the metabolic disorders, and not due to primary heart lesions. Nevertheless if they are notably

caused or aggravated by abdominal flatulent distension *Lycopodium* should not be forgotten. More important however is the effect of the drug in producing great increase in consciousness of arterial pulsation throbbing of arteries anywhere, and arterial excitement.

This symptom has led to the use of *Lycopodium* for inoperable aneurism, and so much success has followed it, at any rate as a reliever of symptom that it is difficult not to credit the drug with some influence on arterial tissues. Remembering its relation to alimentary "toxæmias," and how often gout in a form from this side affects arterial degeneration, it is probable

any results: it is in any case well worth remembering competing in this disease with *Barium* and *Adrenalin*. In Graves' disease if the vascular symptoms are prominent, *Lycopodium* has a place, though perhaps *Natrum muriaticum* is here more often called for and *Belladonna* for the ready relief of symptoms.

Lycopodium patients often sleep badly, as the four or eight aggravation may be continued through the early night or conduce to restlessness. In febrile cases the time aggravation should be marked if *Lycopodium* is indicated.

It is not too much to say that the physician who learns to use *Lycopodium* has at his disposal a most potent remedy for many chronic disorders, especially those common to civilised communities, and those classes who use to nervous tissue rather than muscular High results, but and infrequent repetition give the best results, but diseases of the alimentary canal will often be helped by low and medium potencies at a rate for a time.

The drug follows *Sulphur* well. When joint and limb symptoms are prominent it frequently takes up and completes the work of *Rhus*. *Iodine* and e

pecially *Chelidonium* are complementary to it in action. If *Lycopodium* seems indicated, yet fails, the case will often respond to *Chelidonium* and vice versa. *Graphites* too, especially in its abdominal symptoms, is a drug to be remembered in its helpful relation to *Lycopodium*.

SYMPTOM INDEX

General Symptoms: Right sided symptoms predominate with tendency of symptoms to spread from right to left : pains and symptom generally < 4 p.m. to 8 p.m. : Pains of joints and neuralgias < rest > movement, < pressure, > cool air though often < east wind : gastric and intestinal pains > warm drinks < warm applications Easily fatigued : emaciation.

Mental Symptoms: Silent, peevish, irritable : anxiety, over strained sense of responsibility with fear of failure : avariciousness : loss of mental power in intellectual persons : obstinacy, mistrust.

Head Symptoms: Headaches of all kinds, acute and chronic, < intellectual effort < pressure < 4 to 8 p.m. > walking slowly in open air > cold : skin and scalp dry and scaly : hair falls easily.

Special Senses Symptoms : Chronic catarrhal diseases of eyes and ears when general symptoms are present. Chronic catarrh of nose (especially post nasal) : acuteness of smell frequently : twitching of alæ nasi.

Alimentary Canal Symptoms : Dryness of mouth and tongue but usually little thirst : tongue foul and coated and stiff : spasms of tongue muscles : throat constricted, painful : pharyngitis especially right sided : anorexia or immoderate appetite : sudden satiety : craving for sweets ; dislike of meat : dislike of oysters : pains, nausea, vomiting ; water brash, hiccough : swelling of abdomen < pressure of clothes : sense of pressure in right hypochondrium colic as of gall stone : jaundice : sensitiveness in liver region : great flatulence mainly passed per rectum : long standing constipation ; hard stools passed with great straining : canal spasm : hæmorrhoids.

Urinary Symptoms : Excessive urination of pale urine or urine scanty, dark, depositing urates : often

oxalates in excess; urine very acid; pain in micturitic cystitis.

Sexual System Symptoms: Prostatitis: desire increased but sexual power lessened: menses late but excessive pains and dryness of vagina.

Respiratory Symptoms: Hoarseness, wheezing and aphonia: dry cough with tickling in trachea profuse yellowish sputum sometimes bloody; < 4 8 p.m. : > out of doors. Pains in the chest. Pneumonia that does not resolve normally: Asthma.

Circulatory Symptoms: Palpitation and dyspnea great arterial throbbing.

Limb and Joint Symptoms: All kinds of joint and muscular pains, drawing, tearing: characteristic < 4 to 8 p.m. > slow motion in open air. right foot hot and left foot cold.

Skin Symptoms: Urticaria: unhealthy ulcers warts: sensitive corns: chilblains. Great dryness especially of palms.

Sleep: Unrefreshing: restless: terrible dreams

SLIP NOOSE SUTURE OF THE ABDOMINAL WALL.—Chassagnon (*Presse Méd.*, Paris, July, 1917, No. 40, pp. 409-415) says that this method of suturing the deep layers of the abdominal wall has no tendency to induce stitch hole abscesses while it holds the parts firm and immovable as long as is deemed necessary, and then the silk can be withdrawn. The coaptation is better than with wire in the obese; there is no pain when the silk is removed in case of trouble, while the deep layers are left unmolested. The method permits the outer layers of sutures to be undisturbed. The slip noose is then drawn tight and the ends are drawn separately through the silk worm gut, holding it in the middle, and drawing the loop tight through the loop thus formed. Before tying the ends of this thread he passes another silk thread through the slip noose and bringing the ends out separately. The slip noose is then drawn tight and the ends are drawn separately through the edge of the wound. They are tied together and hold the noose in the wound. They are tied together and the sutures separately the depths very tight and firm, while the wound is being separately the noose can be opened and inspected without disturbing the noose ends. He has found this technique particularly advantageous in laparotomies, herniotomies and for suturing of the patella. It takes less time than other methods of suturing while there is no danger of its being absorbed as too often happens prematurely with catgut.—*Medical World.*

HOSPITALS AND INSTITUTIONS.

BRISTOL.

The Annual General Meeting of Bristol Homœopathic Hospital has been held, and the report of the year's work presented. Everything is excellent in this report, except the almost inevitable financial strain. Necessary repairs have had to be done upon the temporary premises, and the rise in all prices falls heavily on institutions. The prospects of the new hospital (so generously founded by Mr. and Mrs. Melville Wills) are so stimulating that we know every effort will be made in Bristol to find the money necessary to turn all the promise into fulfilment, and any help that homœopaths anywhere can give to Bristol will be timely and most welcome.

MANCHESTER.

The Report of the Manchester Dispensary has reached us. It shows an active year's work with 16,057 attendances of patients. The financial position is more than sound, with a balance at the bank of £281. There have only been twelve deaths during the year among the Dispensary patients, two being from cancer and three from advanced phthisis, so that the quality of the work of Dr. Jones, the Medical Officer, can be estimated.

CAFFEINE.—A dose of this drug will prevent the physiological dyspnoea which results from sudden, violent exertion, as seen, for instance, in athletes.—A. E. HINSDALE.

AGARICUS.—"The excitability of muscles is tremendously increased by the removal of *Calcium* ions. This is of toxicological interest in so far as the fibrillary muscle twitchings in poisoning by agents which precipitate *Calcium* (oxalic and other acids) may be attributed to the removal of *Calcium*." May it not be possible that the muscular twitchings of *Agaricus* which are so plentiful in the symptomatology of this remedy, may herein find their explanation?—A. E. HINSDALE.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C. 1.

RECEIPTS FROM 16th APRIL TO 15th
MAY, 1918.

GENERAL FUNDS.

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Miss Kate Simpson	1 1
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The usual monthly meeting of the Executive Committee was held at Chalmers House on Tuesday 21st May, at 4 p.m.

The Annual General Meeting was held at Chalmers House on Wednesday, 29th May, at 4 p.m. A brief report of the proceedings of this meeting will appear in the next (July) number of "THE HOMŒOPATHIC WORLD."

CYPRIPEDIUM.—Cerebral hyperæmia is its indication, and conditions incident thereto are more or less amenable to its influence.—A. E. HINSDALE.

EXTRACT.

CHELIDONIUM IN HYPERTROPHIC CIRRHOSIS
OF THE LIVER.*

A CASE REPORT.

Mrs. —, aged seventy-five, was admitted to the Medical Service of the Massachusetts Homœopathic Hospital, on October 19th, 1917, complaining of jaundice with intense pruritus, constipation with clay-coloured stool, and tenderness in the epigastrium, all of one year's duration, and without response to previous treatment.

Family History showed cancer on the father's side and paralysis agitans in one sister; otherwise it was negative.

Previous History was negative, save for a fracture of the right hip with complete recovery, and slight attacks of "rheumatism."

Present Illness began gradually about one year ago, with the appearance of sour stomach, nausea, vomiting, itching, and jaundice, accompanied by constipation and clay-coloured stool. Previous medication had given no relief.

Physical Examination showed a remarkably well-preserved old lady with a typical jaundice colour and dry skin. Each crystalline lens showed some cataract deterioration; the scleræ were jaundiced. The nasal septum showed a crust-covered erosion; the teeth were missing; the lungs showed no abnormalities. The heart had a systolic murmur at the apex transmitted to the posterior axillary line, soft-blowing in character; at the aortic area was a presystolic murmur transmitted to the carotids; the aortic second sound was greater in intensity than the pulmonic second sound; the left border of the heart on percussion was 1 cm. outside the left mid-clavicular line. In spite of these physical signs no history of definite dyspnoea or palpitation was obtainable, and the patient had found no difficulty in attending to her routine house-work at home. The

*From the *New England Medical Gazette*, with full acknowledgments.

systolic blood pressure was 130 mm. and the diastolic 70 mm.

The abdomen was level, soft and normally tympanitic. The liver dullness extended from the sixth rib to 5 cm. below the costal border in the right mid-clavicular line; it was palpable and showed a smooth edge with slight tenderness. The spleen and kidneys were not palpable. An x-ray examination of the stomach and intestines showed a moderate gastro-enteroptosis with no other apparent variations from normal; no suggestion of cancer was to be found.

Ascites, *caput Medusæ*, œdema and hæmorrhoids were absent; bile was found in the urine, together with evidences of renal irritation from that source.

After careful consideration the medical staff in attendance could arrive at no other diagnosis than idiopathic hypertrophic cirrhosis of the liver.

The patient was put on a diet selected with the view of reducing foods requiring bile salts in their digestion. At the same time *Chelidonium* was given in the form of two triturated tablets every two hours. A study of the pathogenesis and symptomatology of *Chelidonium* showed that both nausea and vomiting were frequently reported by provers: There are also many symptoms pointing to its action upon the liver, although jaundice is not reported. Diarrhœa was produced more frequently than constipation.

In one week's time the itching had decreased, and the jaundice faded slightly; ten days more showed a marked increase in the strength of the patient and less itching, which was now most troublesome at night; the jaundice had faded greatly, remaining most prominent in the scleræ, while the dryness of the skin had disappeared entirely. In three weeks the liver dullness seemed to be decreasing in extent, as determined by percussion and digital palpation. In less than a month after admission the patient was discharged as recovered, the stools were normal in colour, the jaundice had entirely disappeared, and the liver so diminished in size that it was no longer palpable, and its area of dullness extended only from the sixth rib to the costal border.

The interesting points of the case are its long duration, previous treatment without improvement, and rapid improvement under *Chelidonium*.

Conditions causing jaundice usually relate to disturbed or perverted bile elimination. In this case no history of hepatic colic was obtainable, no tender gall-bladder was palpable, and, although clay-coloured stools, jaundice, and vomiting existed, there appeared no definite evidence that a calculus or even cholangitis was the cause of the patient's condition. Pre-atrophic cirrhotic hypertrophy of the liver in patients with an alcoholic history is not uncommon as a cause of stagnation of the portal circulation with œdema, ascites, hæmorrhoids, *caput Medusæ* and with toxic symptoms from bile absorption—this picture was incomplete. Syphilis or cancer of the liver may result in analogous symptom groups, but the Wassermann reaction in this case was negative, the blood pressure was not high, no venereal history was obtainable, and the liver border, easily palpable, showed a smooth and even contour; the blood examination showed no cancerous secondary anæmia, cachexia was not present, and the loss in weight and strength not marked; no masses were palpable. In certain geographic locations hydatid and echinococcus cysts may involve the liver, which may grow to enormous size; no suggestive history of such a cyst was obtained, and no fluctuating mass was felt in an abdomen well suited for palpation. Adhesion formation and pancreatitis may be indirect causes of jaundice and its allied symptoms, but no previous abdominal illness had been experienced. Hæmolytic jaundice was excluded by careful blood examination which showed normal hæmoglobin percentage, normal erythrocyte count and very slight leukocytosis, with lymphocytes and polymorphonuclear neutrophils in well balanced percentages.

These various ætiologic factors apparently were not operative in this case; so that hypertrophic cirrhosis of the liver was the diagnosis arrived at by exclusion.

Although one case proves very little, yet the immediate improvement following the administration of *Chelidonium*, particularly in view of the failure of previous

Chelidonium

therapeutic attempts, may well be looked upon as evidence of its remedial value in this case. (Reported by H. L. Leland, M.D., from the Medical Service of the Massachusetts Homœopathic Hospital).

A CASE OF ECZEMA.

The following case is submitted from the Medical Clinic of the Out-Patient Department of the Massachusetts Homœopathic Hospital by Dr. Mary Parker.

Case of Miss C. McC. Age fifty-five years.

Family History.—Father had eczema. Mother's history negative.

Previous History.—Eczema for past twelve years every winter. Constipation for years. Takes physics frequently. Rheumatism in knees at times. Has been frequently treated at City Hospital and later at Massachusetts Homœopathic Hospital Out-Patient Department Skin Clinic for years. The latter since 1907, where she received *Ars.* 3x internally and local applications externally, including the following:

Calendula, Carbolic acid, glycerine and rose water, Lassar's paste, Zinc oxide, Mercurial ointment and other things.

December 22nd, 1915. Came to medical clinic complaining of a cold and inability to sleep well. Still taking the *Ars.* 3x and using the local applications. Stiffness in limbs, worse standing. Eczema on neck and face. Eyes red and under lids much swollen and red; eyes watery. Eruption oozes a sticky fluid, and scabs over with yellow crusts. Often has cracks behind ears. Is very constipated. Never has eczema much in summer, but it returns every winter.

Was told to stop all local applications, eat no meat, take plenty of water and fruit and vegetables, for sake of bowel condition.

B. Graphites 1m and **S. L.**

Use flour browned in oven if desired for dusting powder.

December 29th, 1915. Eruption came out furiously for two or three days and then cleared up. Felt better

* From the *New England Medical Gazette*, with full acknowledgment.

in general, although face was worse at first. To-day is absolutely free from scabs. Eyes not swollen and not red. Skin still pink where eruption was worse on side of neck, but absolutely clear, no eruption.

Prescription S. L.

January 5th, 1916. Bowels moving naturally every day, first time for years; is feeling better than she has for ten years. Slight itching of skin, and a little return of eruption in opposite side of neck and behind ear. Prescription, *B. Graph.* $\frac{200}{1}$ + S. L. Rest of skin clear.

May, 1916. Patient had not returned since for any more medicine. Wrote to her but letter was returned "address unknown."

Graphites given because of the oozing sticky character, cracks behind ears, condition of eyes (*Graphites* often attacking eyelids) and constipated condition. Patient was also what is generally called *Graphites* type, viz.: flabby muscles, and inclined to obesity.

(The difference in potency of the two prescriptions, due only to fact of not having same one on hand.)

CORRESPONDENCE.

PSORA.

[To THE EDITOR OF "THE HOMŒOPATHIC WORLD."]
Sir,—F. P. S's letter in the HOMŒOPATHIC WORLD of April 1st, says parasites do no harm to the healthy individual, and also that scrofula say that scabies cannot be a constitutional disease because it is caused by a parasite. He seems to accept as true the germ theory of disease, which I believe to be false, and to be standing in the way of progress in the art of medicine. I do not know what Hahnemann meant by Psora, but it is time we gave up looking upon any disease as constitutional. Physical characteristics may be transmitted by heredity, and it is natural to suppose that tubercle may be, but if tubercle is due to a parasite it cannot be transmitted by heredity. A weak muscle

or a weak liver may possibly be transmitted by heredity, but if not over-taxed no harm may come to the healthy individual. Scabies may be due to an insect, but the system must be in a particular state before the insect can live in the skin. What is it that gives rise to that particular state, or constitution? In my book I prove that food is the chief cause of disease, and I believe food causes disease by over stimulating some nerve centres, and leading to paralysis of eliminating power, which leads to poisoning of the system by retention of waste products, on which all sorts of parasites may breed. Thus the germ is the secondary and not the primary cause of disease.

I am etc.,

JOHN HADDON, M.D.

Denholm, Hawick, Scotland.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—I have just come across what must prove of great interest to homœopathic physicians and provers as follows. Mr. F. T. P., of London, has suffered for about thirty-one years with a skin trouble (Dermatitis (?) with a capital D). He has had *many, many* physicians all to no or little purpose, and at last has been recommended, of course from an obscure, non-professional source, to try the common yellow broom (now in flower on our commons) as a tea. His skin has been quite as elegant in appearance as any of the photos in Dr. Roberson Day's book on Salt Water cure, and he has frequently—on undressing—swept up *half a dustpanful* of bran-like scales—this quite regularly.

He has recently—under Broom Tea—made wonderful progress; having asked a country fern root and rush gatherer (or poacher) to bring him some "broom" and I think it came from Surrey.

As the blossom was just ordinary broom, and it has vastly improved a most extraordinarily severe and long standing case of skin disease, I hasten to advise

those most concerned and who probably alone can utilise the information.

I am, Sir,

Yours faithfully,

ERNEST L. VINDEN.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—Re *Nux Vomica* and warts in this month's journal.

For many years my wife had five or six warty excrescences on one hand which arose from particles of boiling fat, and resisted every kind of treatment used—even corrosives. A few months ago she was taking a tonic of *Strychnit.*, when suddenly one day she noticed all the warts had gone

Yours faithfully,

H. EWBANK SMITH.

5, Norman Road,
St. Leonards-on-Sea
May 4th, 1918.

AN IMPORTANT DISCOVERY IN MEDICAL SCIENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—I asked an Ex-Surgeon of U. S. army this question, "If a man should come before you and say that he was in pain, how can you tell if he is in pain or not"? His reply was "You can't tell, you have got to take his word for it." It seems strange to me that with all the advances made in medical science, with all the discoveries that have been made, no physician up to the present time has been able to find out whether a person was in pain or not!

I have discovered this fact, that if there is pain anywhere in the body, there will be an increased tension to the pulse, (be it ever so slight) and a contraction of the pupil of the eyes. If there is no tension to the pulse, and no contraction of the pupil of the eyes there

I have also discovered another fact, that there is a difference between the pulse of the right and left

no pain.
I have

wrist of a sick person. The pulse of one wrist will tell us of the vitality of our patient, while the pulse of the other wrist will tell us of the local disease or injury (whatever that may be) the real, the *true* condition of the sick person.

When the time comes by proper treatment that the pulse of *both* wrists are alike full, strong and regular, the patient is near well. It has been said that "you can't tell whether a patient is sick or well without a physical examination," but if a person has a healthy complexion, a clear bright expression to the eyes, tongue light red, moist and clear, pulse of both wrists full, strong and regular, the muscles of the arm firm, not flabby, the person is in normal health.

The average doctor has been taught to count the pulse, it has become a habit with him, he can't get away from it. We must remember when we read the pulse, that Dame Nature is sending a message over the wire (artery) to us and that it is our business to interpret the message correctly, if not then so much the worse for us and for our patient. Try this discovery out in your daily practice. There is more in it than you may realise. We don't want to know how many times the pulse beats, but we *do* want to know its character and quality, a child can count the pulse, but it takes a *man of brains* to read it.

Yours faithfully,

ELI G. JONES, M.D.

1331, Main Street,
Buffalo, N.Y., U.S.A.

[It would be interesting to know how Dr. Jones estimates the pulse tension—and if by sphygmomanometer to have a few *illustrative readings*.—EDITOR H. W.]

VARIETIES.

DAMIANA.—There is no creditable evidence that *Damiana* possesses aphrodisiac properties. It is noted here simply to aid in dispelling a popular but unfounded belief.—A. E. HINSDALE.

ACUTE POST-OPERATIVE OBSTRUCTION AND PARESIS.—Occasionally, Beckman (*Journal-Lancet*, Minneapolis, August 1st; 1917, No. 15) says, splendid results may be obtained with eserin or pituitary extract. On the other hand, it is often disappointing not to obtain the results expected. When all other results fail an enterostomy at the lowest point of the distended intestine is often a life saving measure, as in the case of a boy who had an acute attack of appendicitis. An unsuccessful search was made for the cæcum through a small McBurney incision. This was closed, and a midline incision made. After considerable manipulation and packing of the intestine it was found that the entire cæcum had a very long mesentery and lay on the left side of the abdomen. The appendix, which was reddened but not ruptured, was removed, and the abdomen was closed without drainage. The patient had an apparently normal convalescence the first forty-eight hours. At the end of that time he appeared exhausted; the pulse rate began to increase; he vomited, and no result was obtained with enemas. The abdomen was flat except for a little distension in the epigastrium. Routine washing of the stomach every four hours was carried out. After the third day oil was given through the stomach tube, and at the next washing almost the entire amount was obtained. Condition unchanged.

There was no abdominal distension, no complaint of pain and no temperature, but the pulse rate increased, and exhaustion increased in spite of salines given by the bowel. On the fourth day at 5 p.m. the midline incision was reopened. The abdominal fluid had not increased, nor was there any evidence of inflammation in the abdomen. The jejunum was enormously distended from its beginning for a distance of about four feet. At this point, and without any evidence of adhesions, the distension ended abruptly, the remainder of the small intestine being entirely collapsed and contracted. An enterostomy was done at the lower point of the distended intestine, and a good sized rubber catheter introduced into the bowel. Almost no gas escaped through the catheter. During the first night two or three ounces of secretion came through the catheter. The next day this amount increased, and twenty-four hours after the second operation a small amount of gas was passed by the bowel. Vomiting ceased, and convalescence progressed from this time on. Beckman is convinced that this patient would have died if an enterostomy had not been performed.—*Medical World*.

CALCIUM SALTS.—The writer has never treated a case of chilblains which did not react to the indicated remedy, and which could not eventually be cured. The usual prescription is either *Agaricus* or *Petroleum*. Calcium salts also have given remarkable results in the treatment of this condition; "in this remittent condition they may work like a charm." Tetany is a condition in which the Calcium salts are productive of better results.—A. E. HINSDALE.

SUDDEN POST-OPERATIVE FATALITIES.—Brindeau (*Arch. Mens. d'Obstet. et de Gyn.*, Paris, July, 1917, No. 4-5-6, pp. 97-192) refers to the sudden death, a day or two after an apparently successful operation, when the patient seems to have entirely recovered from the shock. Such fatalities have been ascribed to the anæsthetic, to insufficiency of kidneys or liver, to embolism, pleural adhesions, myocarditis, meningeal hæmorrhage or acute sepsis. Even when necropsy was possible the true cause of death was often left a mystery. Of late, literature has been accumulating on suprarenal insufficiency as responsible for these post-operative fatalities. With chronic suprarenal disease, it is easy to understand that the anæsthetic might break down the already damaged suprarenals which had evidently entailed acute insufficiency under the chloroform. One suprarenal weighed 16 and the other 7 gm; both were almost completely destroyed by the tuberculosis. Savariaud has reported a case in which a child of eight died the sixth day after general anæsthesia and both suprarenals were found the seat of a large hæmatoma. The liver in these cases also shows signs of having suffered, and the thyroid and the pituitary were always congested, but these changes are like those that have been encountered from the action of chloroform alone.

If the patient had been examined for suprarenal insufficiency before the operation, testing for white dermographism, the suprarenal white line, and for unduly low blood pressure, it might have been possible to have been forewarned as to danger from the suprarenals. Brindeau's patient had a very dark complexion—so very dark that he asked her nationality. She said she had always had this pigmentation. The suprarenal lesions in such cases might be discernible only with the microscope. In one case on record the suprarenal fatality followed a fall, the shock of the trauma alone, without any anæsthetic, being sufficient to upset the precarious suprarenal balance. The young girl had been supposedly healthy, but both suprarenals were in cheesy degeneration. This was the finding also in the case of an apparently healthy woman who died suddenly a day or so after a normal childbirth, also in a fatality following an operation for anal fistula. Anæsthetics modify the fat in the suprarenals, and when there is reason to suspect suprarenal insufficiency, the operation should be done under local anæsthesia. 'If this is not possible, adrenalin should be given systematically before and after the intervention.—*Medical World*.

MULTIPLE PROGRESSIVE OSSIFYING MYOSITIS.—Johannessen (*Norsk. Mag. f. Lægevidens.*, Christiania, July, 1917, No. 7, pp. 769-888) gives an illustrated description of a case of this rare affection in an apparently well developed child of two, with normal mucosa but a discharge from both ears. She screams if she is touched, but otherwise sits quietly, the head bent forward, watching with interest what goes on around but following objects only with her eyes, not moving her head. She

presents a typical example of this affection which usually commences with œdema and tenderness of certain muscles, with slight fever. Then follows a more solid infiltration and finally bone formation. The filtrations skip about abruptly from one muscle group to another, the temperature shows little change. There do not seem to be any data on record as to the length of the interval between infiltration and the bone formation, but in this case there was tumefaction in the superior serratus in November, 1916, and by the following January the X-rays disclosed bone tissue in the muscle at this point. In one case on record the disease progressed after a pause of twenty-three years. In the only case of the kind reported in Norwegian literature, the trouble began at the age of two and the girl died suddenly about twelve. She had been unable to feed herself for years, as she could not move her arms, but was able to take a few steps and could read and sing although she had never been able to go to school. The various theories that have been advanced to explain this affection ascribe it to a bony diathesis, a trophoneurosis, inflammatory processes in the muscles or defective differentiation of a mesenchyma. This later assumption is sustained to a certain extent by the almost invariably accompanying microdactylia. The latest and most comprehensive study of the affection was published by Gota in 1913, who repeatedly examined scraps of tissue from a boy of four as he grew up with the affection. In Johanssen's case, potassium iodide, thyroid treatment and other measures were systematically applied, but no benefit is mentioned. The child had a good appetite and slept well, with the natural functions in good order, but she fell when she tried to get about, and the part bruised would swell up instantaneously as large as half an apple.—*Medical World*.

CHAMOMILLA.—This drug contains a volatile oil which has the power of reducing reflex excitability in frogs even after its excitation by *Strychnine*. This may be interpreted as a laboratory demonstration and verification of the homœopathic use of *Chamomilla* in quieting nervous excitement in children, with an abnormally acute nervous system.—A. E. HINSDALE.

CALCIUM CHLORIDE.—This drug in the writer's experience cured, in a boy seven years of age, a severe case of angioneurotic œdema of several years' duration. The case had resisted all other methods of treatment but under doses of the 1x of *Calcarea mur.* improvement soon commenced, and within a few weeks the disease disappeared. At this time—a year later—no recurrence has taken place, and the child is apparently cured.—A. E. HINSDALE.

ALETTRIS.—Pilcher, of the University of Nebraska, studied the action of various "female remedies" upon isolated uterine strips. *Alettris* and *Pulsatilla* were among those which depressed the activity of the strips. "If these findings are confirmed, *Alettris* can be classed as an uterine sedative in full doses."
A. E. HINSDALE.

ALNUS.—This remedy will "clear up a crop of boils" in quick fashion. So states one who ought to know.—A. E. HINSDALE.

ACONITE.—This remedy is more frequently indicated in acute conditions, yet occasionally a chronic complaint may yield to its influence. Some time ago a chronic case of neurasthenia in which the mental condition was one of decided fearful imaginations, yielded very soon to *Aconite* 30th, and was eventually cured.—A. E. HINSDALE.

HAMAMELIS.—The vessels, especially the veins, of the skin and mucous membranes are constricted by this remedy to a degree not fully explained by its tannin content, even the gastroenteric tract responding somewhat to its influence.—A. E. HINSDALE.

INOCULATION WITH TUBERCLE BACILLI.—In attempting to do some experimental work with pleural effusions, Paterson (*Amer. Review of Tuberculosis*, Baltimore, August 1st, 1917, No. 6) found that the pleural cavity of rabbits, inoculated with virulent tubercle bacilli after a pneumothorax had been established, did not respond to the inoculation with the development of fluid. It was further discovered that a second inoculation of bacilli into the same pleural cavity some weeks later resulted in a rapid accumulation of bloody serous exudate, rich in leucocytes. The problem was therefore suggested as to whether a sensitisation of the pleura prior to inoculation was necessary for the development of an infusion and whether this sensitisation might not be a part of a general change in reaction produced by an already existing tuberculosis. Hence Paterson endeavoured to determine the differences in reaction, following the inoculation of virulent tubercle bacilli into the pleura of normal guinea-pigs and of those which have been previously vaccinated with bacilli of low virulence, and as a result have developed a localised glandular tuberculosis and show a tuberculin sensitiveness.

These experiments showed that intrapleural inoculations of tubercle bacilli in tuberculous guinea-pigs result in an exudation of serum, leucocytes, red blood cells and fibrin. Similar inoculations in normal guinea-pigs elicited no noticeable pleural reaction. The acute pleural reaction in tuberculous animals tend to localise the infection which rapidly disseminated in normal controls. The length of life after intra-pleural inoculation is much greater in tuberculous than in normal pigs. The effusions are capable of causing tuberculosis in normal guinea-pigs although no bacilli can be found. Tubercle bacilli are probably absorbed through both the parietal and visceral pleura. Fibrous adhesions are formed by the organisation of the fibrin. Clinical pleural effusions are caused by the infection of an allergic pleura.—*Medical World*.

LABYRINTHINE OPTHALMOSTATICS.—Stähli (*Cov.-Bl. f. Schweiz Aerzte*, Basel, July, 1917, No. 27) remarks that in a few years the centennial of the discoveries by Flourens in the field of

vestibular physiology can be celebrated. But only comparatively recently has medicine sought to utilise the data thus presented so long ago by the physiologists. Bárány the otologist and Bartes the ophthalmologist have contributed much in this line, and all within the last ten years. The ear-eye movements are observed almost throughout the whole animal kingdom, Stähli recalls, even in invertebrates. There is quite a literature on the ear-eye movements in crabs. He describes the physiological mechanism and the various features of vestibular nystagmus; the caloric reactions, etc. With rotation nystagmus there are always two phases, a slow and then a rapid phase. The latter does not appear in the unconscious, the prematurely born and in others with defective brain action. This seems to indicate that the ear is responsible for the first phase only; the second phase is the work of the brain. The nystagmus can be induced by only slight rotation, not more than for a few degrees. These ear-eye movements have proved most instructive in otology to date, the caloric and rotation tests demonstrating whether or not the vestibular apparatus is intact. Neurology also depends on these for diagnosis of intra-cranial tumours, ocular paralysis, etc. Certain features of miners' nystagmus indicate that influences from the ear are important if not the exclusive factors. The nystagmus of the blind is entirely involuntary, and ear influences are probably at work here also. In Stähli's practice at Zurich he has encountered many cases of tremor of the eyes or pronounced nystagmus in apparently entirely healthy persons. The nystagmus was horizontal in some, rotary in others, and vertical in a few. This nystagmus used to be ascribed to difficulty in fixation during early childhood, with more or less defective vision, but now we regard the ear as responsible for it. This is the more probable as examination shows normal conditions in the eyes as the rule. Recent research has indicated further that for certain forms of squint the ear must be incriminated. In short, these "labyrinthine ophthalmostatics" offer a new and interesting field for further study by physicians as well as by eye and ear specialists.—*Medical World.*

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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CORRESPONDENTS.

Mr. Ewbank Smith, St. Leonard's — Dr. Hooker, U.S.A — Mr. Vinden, London — Dr. Newbery, Bristol — Dr. Macfarlan, Philadelphia, U.S.A.

BOOKS AND JOURNALS RECEIVED.

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Hom. Rev. — Hom. Envoy. —

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THE
HOMŒOPATHIC WORLD.

JULY 1, 1918.

THE BRITISH HOMŒOPATHIC ASSOCIATION.

THE Annual Meeting of the B.H.A. turns our thoughts once again to that invaluable Institution. It is most creditable that so much has been found possible to be done, in spite of all the handicaps of the present time of stress; it is even more creditable that so many possibilities of future service are being kept alive. For it is highly probable that the end of the war and the consequent period of difficult reconstruction will render very arduous the task of keeping up causes of relatively small minorities. Reconstruction will assuredly not leave the medical profession where it now is, and we have still ill-wishers and enemies ready to take advantage of any opportunity to diminish or suppress our "heresy." Our power to survive may well depend upon our power to assert our claims, and that in turn depends upon our institutions and the support which they possess. The B.H.A. is the link that binds homœopathic public to homœopathic profession and as such it is essential. But if it is weak then our power to assert ourselves is also so much the weaker, while if it is strong, it can coordinate all other sources of strength. Whoever cares for Homœopathy, whoever believes in its power for good and its promise for the future, should strengthen the hands of the B.H.A. by money, by labour and by every kind of energy. There is no more urgent need for Homœopathy.

NEWS AND NOTES.

A CORRECTION.

IN the Report of the Neuilly Hospital, Dr. H. F. Biggar, of Cleveland, U.S.A., is spoken of as LL.D., of Harvard University. This is a mistake which Dr. Biggar asks us to correct. Dr. Biggar is A.B., M.A., and LL.D., of Victoria College, Toronto. The last degree was conferred in 1893.

"MANIPULATIVE SURGERY."

The Army Council has issued an instruction enabling soldiers to avail themselves of the services of "manipulative surgeons," even though unqualified, thus recognising the work of Mr. H. A. Barker, on whose behalf so many claims have been made and contested. On the evidence it seems to us a wise decision, which might have been taken a good deal earlier. But, better late than never.

SCUTELLARIA IN EPILEPSY, ETC.

We see that Fluid Extract of *Scutellaria* is being recommended for epilepsy and chorea. It is claimed that it will control the former as well as *Bromide* and its effect is attributed to increasing excretory activity. It has been familiar to Homœopathy since Dr. Hale introduced it, and used for nervous exhaustion principally, though it has been praised for chorea and epilepsy and chronic headache. Its fragmentary provings give support to these uses and to others, (notably to irritable, neurasthenic heart conditions), and certainly these orthodox recommendations have a homœopathic flavour.

A CURIOUS CASE.

We owe to Dr. Davidson a detailed account of an interesting case. It concerns a child who fell and

damaged a front tooth so severely that it became black and immediate nerve extraction was urged by her dentist. Her parents wished Dr. Davidson first to try the effect of remedies, and under *Kreasotum*, in three months, the tooth regained its normal colour and usefulness. When re-examined lately by an expert he pronounced it perfectly sound and the nerve healthy, and expressed his surprise at the recovery, saying that he had never known treatment save so badly injured a tooth on any other occasion.

BIO-CHEMISTRY AND THE SOIL.

OUR colleague, Dr. Stirling Saunder, as becomes a Bio-chemist, has been turning his attention to the fertilisation of the soil, and a preparation called Fluora is recommended by him in a pamphlet published by the Health Centre. There is much sound sense in the pamphlet, and if the preparation comes up to the claims for it or even half way it will be a blessing to the allotment holders among whom we now number most of the population of these islands.

HONOUR TO DR. BORLAND.

Our heartiest congratulations to Dr. Borland, who has been working for some time on the Salonica front, and has received the honour of being mentioned in dispatches.

THE L.H.H.

The Annual Meeting of the London Homoeopathic Hospital was held too late for due and proper notice this month but will receive a full report in our August number.

ORIGINAL COMMUNICATIONS.

SULPHUR.

Trituration of Flowers of Sulphur: A saturated solution in absolute alcohol is also taken as the medicinal tincture and potencies made from this; the quantity of Sulphur dissolved is .035 gram Sulphur in every 100 gr of tincture.

Sulphur is one of the oldest remedies in medicine, but of late years, except for homœopaths who place it among the chief of potent drugs, it is little used except as an external application and as a purgative.

A large dose of *Sulphur* readily causes a laxative action with a certain slight catarrh of the bowels, and with the purgation thus achieved passes away generally the whole mass administered with little or no absorption. A local effect is obtained but not a general one. But if the drug is taken in small repeated doses it is insufficient to produce at once active purging, and it is readily absorbed, and profound effects produced especially in chronic diseases. This is tacitly admitted by any physicians who make use of sulphur springs in chronic joint cases, for chronic syphilis, or for lead and other metallic poisonings, because the amount of *Sulphur* in most sulphur springs is not large. In the famous springs at Aix-la-Chapelle for instance, there is only one gram of *Sulphur* to 250 litres, yet the virtues of treatment with it are renowned and the power of small quantities is surely thereby confessed. Homœopaths, however, are almost the only physicians who deliberately aim at the profound effects of the drug by administering minute doses of it. It has to be remembered that a small but essential quantity of *Sulphur* is contained in the albumen molecule, so that it is not to be wondered at that quite a small disturbance of *Sulphur* equilibrium in metabolism should have a marked effect. It should be added that the virtues of the *Sulphur* in sulphur springs in producing improvement has been denied, and the value of the treatment attributed to the general hygienic meas-

SULPHUR.

of hydrotherapy, the heat of the bath, etc. But it is nevertheless true that physicians in general continue to choose sulphur waters for certain complaints, and not other waters, although if the Sulphur is inert, the waters should do as well. So that the verdict of general experience would seem to be that the Sulphur has a value, and it is at least interesting that the uses to which the homoeopathist is led by his proving of general empirical experience so often confirm the increase in the urea excreted under the influence of Sulphur. This suggests a heightening of general metabolism, a "speeding-up" of body machinery, and may account for some of the value of the drug in hastening elimination of metallic poisons or even toxins. Clinical homoeopathic experience would certainly encourage a belief in this power.

Professor Hugo Schulz, of Greifswald, almost alone among non-homoeopathic physicians, has a clear conception of the powers of Sulphur. In this as in matters his researches have led him to conclude largely accordant with those of Homoeopathy, he freely acknowledges, but the independence of his investigations adds great value to his confirmation of homoeopathic experience. He has had "proved" under his own direction, and based his clinical uses of it upon these findings. He emphasizes the great difference in the value attached to the two schools, and is not unfairly critical of the somewhat complacent lack of experimental work on the part of physicians, who, with the exception of the sulphur springs to give them suggestions, so little use of the remedy and decry with personal investigation, the conclusions of themselves and the homoeopathists) who have grounds of experiment for their convictions.

He quotes effectively the well-known lines of "Faust," addressed to the old and prejudiced counsellors, which may be paraphrased thus:

"All you can't grasp is wholly lost on you
 All you can't reckon is, you deem, untrue,
 All you can't weigh for you no weight can hold,
 All you can't coin, can't pass, you think, for gold."

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Wherever the truth lies in the homœopathic controversy, these lines are a fair criticism on the attitude (so terribly common) of the expert in the old to the experimenter in the new, as not only Hahnemann, Harvey, Semmelweiss, and a hundred others can testify.

Schulz points out first that *Sulphur* is an invariable constituent of albumen, and second that the *Sulphur* content varies with different tissues. Particular are epithelial tissues relatively rich in it, and the relation of *Sulphur* to the skin is a close one.

As a result of his "provings" Schulz states that of the early effects of taking small repeated doses of *Sulphur* is upon the higher nerve centres. The sign is a sense of discomfort, combined with increased sensitiveness and "nervousness": inability to concentrate and to pursue mental work, followed by fatigue after relatively slight exertion. Lack of interest in life deepens into apathy, almost melancholia. Drowsiness often increases: the sleep at night becomes heavy but unrestful, and presently the patient begins to drop off to sleep at any time in the day, but occasionally the reverse phenomenon is seen and sleeplessness or light sleep broken by terrifying dreams appears. Both these opposed effects can be seen as a consequence of *Sulphur* poisoning and sometimes even the one state will pass over into the other. This is an instance of a phenomenon which is found with great frequency in homœopathic provings, the phenomenon of the appearance of so-called primary and secondary symptoms. Thus a primary diarrhoea appearing under the influence of a drug will be replaced by constipation, a primary spasm by a secondary paresis, a primary neuralgia by numbness. Both effects are drug effects, and therefore on the strength of the homœopathic generalisation, either should be an indication for the use of the drug if it appears in a disease with similar characteristic qualifications. Clinically an attempt has sometimes been made to use either symptom-group as an indication, but to modify the potency of the drug according as the indication followed is primary or secondary. But the attempt

has not been conclusively translated though it has value in acute or subacute chronic disease most observers agree primary or a secondary drug symptom there is no clear evidence that it carries of high or low potency. Both high and low words will affect both primary and symptoms. If a case calls for *Sulphur* in its "totality" then *Sulphur* (both in high or low potencies) will relieve either sleeplessness or tendency to excessive sleep.

The paradox becomes less paradoxical on consideration of other well-known phenomena. All life energies in cells are compounded of what may be called a building-up factor and a breaking-down factor, a reaction and a preparation for reaction. A secretion is a breaking down of a previously built up substance, a muscle contraction an "explosion" of a previously prepared substance, a nerve impulse involves a chemical change for which a previous preparation must be made, and so on. Now the effect of a "stimulus" may be more exerted on one life factor than on the other. *Opium* is a nerve stimulant for a brief space, and it is as a stimulant that opium eaters take it as often as for a sedative, but its more abiding, predominant action is as a hindrance to nerve action, as a paralyser of muscle contraction. The most prominent action of a drug is apt to mask its opposite effect, but the latter is nearly always to be found if looked for. Now it can hardly be doubted that the regulation of life processes is carried out largely by agents analagous at least to enzymes, and enzyme action has one great characteristic in that it is reversible. Yeast will break down sugar into alcohol and CO₂ but will also synthesize it out of alcohol and CO₂. If then, what have just been called the life factors of building up and breaking down in tissues are controlled by enzymes, it is highly probable that one and the same enzyme controls both factors in virtue of this quality of reversibility, and if a drug acts (as it very well may) by influencing enzyme action (if not by directly supplementing

it), then while its effect will very likely preponderate upon one factor, it is almost certain to some extent to affect both. But in this case its remedial effect in disease will depend upon the direction in which enzyme action is modified by the illness. Normally, there is, as it were, a pendulum swinging with a definite rhythm and producing opposite effects as it swings in opposed directions. In disease the pendulum tends to become fixed to one side or the other: there may be excessive breaking down or building up with no capacity to break down. The effect of a drug which *ex hypothesi* influences the pendulum directly may very well be to set it swinging again, on whichever side it may have been fixed. This clumsy image may serve also to illustrate the advisability of discontinuing a drug when the desired effect is produced; once the pendulum is set swinging again to go on interfering with it might well produce new disorder. When a drug is being "proved," it will influence enzyme action first probably in the direction of heightening normal function, because as a cell exists to fulfil a certain function, there should be a certain definite readiness to perform it in response to any stimulus. The function of a muscle is to contract and the first effect of *Opium* is to stimulate contraction. But after the cells have been thus abnormally stimulated into action, they are apt to revenge themselves by an abnormal reaction in the opposite sense, and the reaction after an opium-produced contraction is a much more obvious lethargy. Non-homœopathic medicine inclines to make use of the secondary reactions and *e.g.*, uses *Opium* to check diarrhœa. Homœopathic medicine, at any rate in non-chronic cases, inclines to use primary action and uses *Opium* to relieve constipation, giving to that end a small dose, for the depth of the reaction is largely proportionate to the amount of drug given, and a dose small enough to produce a primary effect may have no *obvious* reaction at all. In chronic diseases the disturbance to life is more profound. Here in practice either primary or secondary drug symptoms can be used as indications.

Returning from this digression to the consideration of *Sulphur*, it must be next noted that Schulz finds

attacks of giddiness a prominent feature in provers. The attacks are slight at first, but become repeated and may go on even to fainting. Particularly do they appear on rising after sitting or after long standing, and the use both of alcohol and tobacco predispose to them. These phenomena are probably vaso-motor in origin, and are to be associated with the characteristic attacks of "flushing" of the skin, locally or generally, with sensations of heat and cold. The heart's action is quickened at first and afterwards slowed: irregularity of pulse and palpitation are common symptoms.

Schulz's provers constantly developed headache under Sulphur: the early morning on waking was a usual time for its appearance, and it affected principally the forehead and brows. Sensations of congestion were common. Homœopathic provings find the vertex of the head a most characteristic site of Sulphur action, but Schulz does not seem specially to have noted this, and speaks of the frontal regions as chiefly affected. Conjunctivitis appeared, with swelling of the mucous membrane and increased secretion. Vision was considerably affected in some subjects, who complained of their sight flickering and of objects seeming veiled and indistinct. Peripheral nerve disturbances took the form of formication and discomfort rising to neuralgic pain, sometimes following the course of large nerves (e.g. sciatic) sometimes more generally diffused. The motor nerve involvement caused tremour of extremities and a general sense of muscular weakness. Also whole groups of muscles and definite joints suffered from pain and discomfort which recalled lumbago and rheumatism. In the respiratory sphere catarrh of nasal, tracheal and bronchial, mucous membranes appeared, with cough and increased secretion. The alimentary canal was even more definitely attacked. Herpes on the lips was seen several times; the saliva increased, with swelling of the glands, the gums bled easily and were swollen. Anorexia, heartburn, gastric distension with sense of pressure and fulness, testified to the presence of catarrh of gastric mucous membrane. All the provers (taking small repeated doses) experienced at first constipation,

with hard, dry stools: after a few days this passed over into diarrhœa. Distension from fermentation and gas formation and marked hæmorrhoids were usual sequels. The colour of the stools suggested a gradual increase in the output of bile under the influence of *Sulphur*. Urine was generally increased: the genital organs in both sexes appeared to be stimulated.

Sulphur has an ancient reputation for affecting the skin, and the provers all showed marked effects of it on this tissue. Itching, crawling sensations, and burning came first. Then the hair began to fall, the skin became dry and scaly, and a tendency to local suppurations appeared, small boils and acne spots, and inflammation round the nails. The skin under *Sulphur* undoubtedly contains more blood and pigment is made and deposited more easily. Finally, Professor Schulz found good reason to think that the general level of body metabolism was heightened under *Sulphur*, and it is mainly in chronic diseases that he uses it to stir a system to better reactions by virtue of this general power. He notes (as homœopaths are interested to see) that the beginning of a course of *Sulphur* treatment often leads to a temporary aggravation of symptoms, but regards such a phenomenon as hopeful and expects it to lead to final improvement. He also adds that old half-forgotten troubles may re-appear under the influence of the drug and again regards this as of good augury for their ultimate complete disappearance. His whole point of view and practice with the remedy is of great interest and significance and while homœopaths more often use high potencies and single doses of *Sulphur*, Schulz's short courses of the tincture seem in his hands frequently to achieve admirable results.

From these confirmatory general provings it is time to turn to the more detailed indications of Homœopathy. *Sulphur* to the homœopathist is inextricably associated with chronic disease (although there are many acute and sub-acute conditions for which it may be indicated), since Hahnemann formulated his famous doctrine of the "miasms" and their profound effects. The greatest of all race-poisons to him was the one he

called "Psora," and *Sulphur* he indicated as one of the chief remedies for it.

Hahnemann's teaching, however modified in details, commends itself to the experimenting physician, in so far as chronic disease can be cleared up (with sufficient frequency at least to encourage the experimenter) by diligent application of the Hahnemannian method, as worked out in detail by Allen, Kent and others. And since the practice is fruitful, the homœopathist can have no scorn for the doctrine upon which the practice is founded, however odd some of its expressions appear to-day. But there is no need here to spend words over the conception of "Psora." Suffice it to make clear that Hahnemann did not mean by it ordinary scabies, as has been ignorantly asserted. He was aware of the parasitic nature of scabies and his Psora was a very different affair, but it was one of the characteristics of it that skin symptoms (especially itching eruptions) should be prominent and scabies was in his day often called Psora and thus the confusion arose. The Hahnemannian doctrine of chronic disease does not mean any abandonment of Homœopathy: the remedy is chosen by similarity and it is by its pathogenesis that *Sulphur* becomes so frequently indicated. But an appreciation of the possibility of a poison underlying a chronic symptom complex leads the homœopathist, when the remedies that seem obviously indicated fail or only relieve temporarily, to consider the drugs which may have a deeper action. Among these the choice must be made by general rather than by local symptoms, by the general body reactions. Even when these are not very definite, there is justification and value in the practice of administering a drug like *Sulphur*, because of its well established reputation of "clearing up" a case. Unquestionably it happens that the administration of *Sulphur* often brings into prominence new or half hidden symptoms which point the way to the real remedy, or else it speeds up a recovery that seems to hang fire, and enhances the action of a drug which, though well indicated, has till then shown little power. The explanation may lie, as Schulz suggests, in its

general metabolism: at any rate from Hahnemann it has been held good practice does not respond well to try if a dose of it does not avail to help, and clinical experience is used even when indications are few. Nevertheless, symptoms of *Sulphur* are many and definite, and the more they are marked the more confidently a prescription can be made.

Valuable of the indications for *Sulphur* are the general ones, those that concern the patient as a whole rather than any one tissue. The drug is found to be especially suitable to persons who approximate most closely to a type that may be defined as sensitive, delicate, but slack, lazy, shiftless, lacking energy and initiative, living on the wits rather than by hard work. It must be understood here and whenever *Sulphur* is thus associated with a well-marked type of case, first that the type described is only a guide to the physician, and does not exclude exceptions, and second that it is a guide in two ways. Persons who conform to the type are to be regarded as having a constitution which will readily respond to the drug. If indeed they conform closely to (say) the *Sulphur* type then *Sulphur* may be for them a general remedy capable of relieving most diverse complaints. Hahnemann would have said that they were "Psoric" by inheritance, and indeed they may quite conceivably be persons starting life with a certain balance of life forces (internal secretions or whatever) and *Sulphur* may have the power of amending the ordinary deficiencies of their particular balance. Or again, a person not notably of the *Sulphur* type may approximate to it under stress of illness. The hard worker, who may overwork and develop the slack and lazy condition of mind and body that so often goes with this drug. Then clearly his life balance is disturbed in a definite direction and again it is in the hope that *Sulphur* will correct it that the prescription is made.

A characteristic (though not invariable) appearance of a typical case for *Sulphur* is that of a spare, stooping, delicate looking subject, very disinclined to stand, always ready to sit or lie down, but if compelled to stand,

then constantly shifting about restlessly. The complexion and hair are often fair and the light coloured. Very noteworthy is the fact that it often looks (and is) dirty, for the patient finds that washing irritates his skin; symptoms worse after bathing is a note "as it is called. This is associated with a variety of skin eruptions to be described later than normal (as Schulz notes), for wherever the covering layer is thin, (lips, eyelids, orifices generally) there is a notable redness of the parts.

Corresponding to this permanent extra blood supply in the skin are the characteristic *Sulphur* "flushes" of heat. The blood suddenly rushes to the head, to the chest: heat and burning sensations of parts of the body occur, followed by sweating. These vaso-motor disturbances have a counterpart in the "sinking" "empty" sensations of which *Sulphur* subjects complain. These no doubt depend on vaso-motor phenomena affecting the abdominal circulation. They are of great importance as *Sulphur* symptoms. Several of the great remedies for chronic disease present them more or less, but with *Sulphur* they are unusually prominent, particularly about 11 a.m. That is a characteristic aggravation time for this drug for this particular symptom. It has more than a little importance. The sinking sensations at this time of day are common in women of middle age, and are one of the most potent causes of the habit of spirit drinking which temporarily relieves them. This, it need hardly be said, is a very undesirable practice, and *Sulphur* becomes a valuable weapon wherewith to fight it. The sinking often translates itself into hunger and hunger in the forenoon or about noon may be equally read as a *Sulphur* symptom.

The flushes are often associated with palpitation and sweating and *Sulphur* patients always feel too hot. They want windows open and all the air they can get. Particularly at night (another great time of aggravation for *Sulphur* symptoms) they are apt to find the bed-clothes a burden. To toss the clothes off or put

out into the air is a habit that children (and often acquire when they thus feel the heat, a good broad hint to the homœopathist for

Heat and burning are sensations that come and again with this drug both generally and

In the skin, itching goes with the burning, markedly worse for the warmth of the bed. The aggravation from the warmth of the bed is the most characteristic way in which *Sulphur* show aversion to heat and it is true for joint neuralgias, etc. *Sulphur* seems to affect the life rhythm in periods of about twelve hours, and midnight will be the points about which variations of symptoms turn. Periodicity of signs in any periods of twelve hours or multiples there suggests the drug. It has had success in malaria and workers in sulphur mines in mountain districts are said to be immune.

Burning sensations of *Sulphur* are marked out by its pathogenesis. They are also prominent in *Arsenicum* and *Phosphorus* but the subjects who are these are nearly always chilly and not averse from heat are *Sulphur* patients.

In the sphere of mental activity the symptoms produced (and therefore curable) by *Sulphur* are largely compatible with a good average intelligence going under a cloud as it were, and functioning generally badly. Thus characteristic is a weakness for names, for recent events, while affairs of the past are perfectly recalled. A condition somewhat similar is caused by *Lycopodium*, but with this it approaches nearer to mild degrees of aphasia, confused states, the using of wrong words, omitting words in writing and so forth. The pathological mechanism may be partly toxic and partly circulatory. Patients for *Sulphur* are indisposed to any exertion, to amuse themselves is too much trouble, and any kind of work is a burden: there is indolence of mind and body. "Men and women who are born to suffer," who will endure a good deal of physical pain rather than work steadily at anything, yet possessing excellent abilities, these frequently

suggest *Sulphur* as their constitutional "ragged philosopher" is a description that aptness. That is not to say that a general administration of *Sulphur* would empty the workhouse, but does mean that many who inevitably drift there are of a physical constitution which would find in *Sulphur* a remedy for many troubles to which they are liable.

Patients who need *Sulphur* often seem stupid and dull. They avoid conversation, take no trouble to answer questions or show any obvious interest even in their own symptoms (though, in fact, they do note these carefully), but the stupidity is much more apparent than real, it is mental indolence and not lack of intelligence that produces the impression. *Calcarea* subjects on the other hand are often earnest and well meaning but really mentally slow and inactive. A *Sulphur* subject would always rather dream or brood (it is flattery to call their broodings meditations, they are too lazy really to think), than do anything else. It is not wonderful therefore that they are often melancholy, inclined to self pity and hypochondriasis, but it is an inert condition with little anger or pride or impulse in it. Sometimes the day dreams go on to illusions, Alnaschar visions that produce a foolish kind of happiness. Children who tend to day-dreaming are frequently much helped by *Sulphur*.

Sulphur affects the head in all regions, forehead, vertex, and occiput, perhaps most characteristically the vertex. The headaches are associated with the flushes generally. They are often periodical, returning every week or month. In spite of the general desire of *Sulphur* patients for fresh air, the headaches (especially if one-sided sick headaches) are often < fresh air and > warm room. The head is hot and flushed and probably the brain congestion is relieved by the warm atmosphere that draws more blood to the surface. Exactly the opposite phenomenon is characteristic of *Arsenicum* where the headaches are > fresh air though the patient generally needs warmth, and hates cold of any kind. With the pain goes the characteristic of burning: the tendency of *Sulphur*

to develop acne spots shows well in the face and the symptoms are < from application of water, and generally < noon and midnight. Sometimes with the head very hot the feet are cold in spite of the general tendency of *Sulphur* patients to have hot burning feet and hands. The eyes, at any rate the superficial structures of the eye, are much affected by *Sulphur*. The usual burning and itching sensations are accompanied by marked conjunctival redness and catarrh. There are feelings of dryness and of grit in the eye and later increase in secretion, though *Sulphur* is not one of the drugs that produces very profuse secretion, as for instance *Pulsatilla* does. Vision becomes dim from the congestion of the surface rather than from affection of the deeper structures. Broadly speaking, *Sulphur* finds its place particularly in recurrent conjunctivitis of unhealthy children under suspicion of tubercular or syphilitic infection. Cases that do well for a time and relapse are here as elsewhere frequently indebted to the drug for a fresh start towards recovery.

Much the same may be said for the value of *Sulphur* in chronic ear and nose catarrhs. It is especially useful in deafness following chronic middle ear disease and in the nasal conditions where there is no polypus formation or much mechanical obstruction, but a constant infection with frequent exacerbations, no great amount of discharge but considerable discomfort. Sensations of itching and burning will, as usual, be present, and the nostrils are characteristically red in the *Sulphur* case. Apart from these cases, when rashes are accompanied by tinnitus, *Sulphur* often relieves the second symptom as well as the first. More acute cases of otitis in characteristic *Sulphur* subjects react well to it, but the choice is likely to be made more on the general than the local symptoms. It follows *Apis* well here; with chronic nasal catarrhs, sense of smell, and taste are often lost and simultaneously a subjective sensation of unpleasant odours may be prominent. Secretions and excretions of all kinds in *Sulphur* cases are usually foul smelling; this is also characteristic of *Guaiacum*, a drug that has

certain affinities to Sulphur, and very notably with *Psorinum*.

The alimentary tract is affected in certain definite ways. The lips are red, the tongue generally white with a red tip and edges, the pharynx congested with sensations of burning and dryness. The faintness and great hunger and empty feeling at 11 a.m. has already been noted as a characteristic subjective symptom. Thirst more marked than hunger is usual, and desire for sweets, though the latter is less prominent than with *Lycopodium* or *Argent. Nit.* Sulphur is unquestionably of value in combating the craving for alcohol, especially a craving for spirits, in middle-aged women where as already observed, it seems to arise from the attempt to check the empty sinking sensation which is so marked in the Sulphur pathogenesis. Objectively under Sulphur there is great tendency to flatulence, both gastric and intestinal, with rumbling and gurgling and emission of gas. Evidence also there is of portal stasis, hæmorrhoids and constipation. Constipation with rather large dry stools (somewhat like those of *Bryonia*) is the most usual condition when Sulphur is indicated, but there is a characteristic painless diarrhœa, coming on about 5 a.m., and compelling the patient to hurry out of bed for relief, which will respond quickly to this remedy. A similar symptom will be found under *Aloes*. Sulphur and *Aloes* are antidotes, and probably one of the reasons why Sulphur (like *Nux Vomica*) is often valuable in constipation when much purgative medicine has been taken, is that so many purgative pills contain *Aloes*. Children who are in need of Sulphur, besides the general symptoms already so much insisted on, frequently have a big, distended belly and emaciated limbs. *Natrum sulph.* is also a remedy for abdominal flatulence and diarrhœa, but as a rule, the diarrhœa is more persistent (though it begins only on rising) and the abdominal pains more marked. There are differences also in the general symptoms of the two remedies, though no doubt the presence of the Sulphur element in *Nat. sulph.* is a link of some consequence. Prolapsus ani, tenesmus, hæmorrhoids, excoriation and soreness of

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inistration.

n the respiratory sphere the power of *Sulphur* to
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ate diseases is very marked. Occasionally when the
neral symptoms calling for it are very clear it will
ontrol a case of pneumonia effectively from the
eginning, but more often its sphere is after the crisis,
resolution is for any reason delayed. Perhaps
t is more often needed in lobar than in broncho-
pneumonia, but many cases of chronic bronchitis
benefit by a course of it, and similarly chronic pleurisy,
or chronic laryngitis, will frequently be helped. *Sulphur*
symptoms are particularly likely to appear when the
fear of tuberculosis is threatening to the physician,
and even when the disease is unmistakably present
the drug will sometimes seem to arrest the progress of it.
But in tuberculosis a word of caution is required. The

arrest of pulmonary tubercle requires mobilisation of forces of resistance at early stage. If for any reason this is naturally or artificially, the disease is chronic and thereafter smoulders away with occasional exacerbations that permit, in favourable palliation, and of the leading of quite useful lives, but are rarely properly arrested. *Sulphur* is invaluable in helping to mobilise the resistance forces, and in early or threatening tuberculosis will often clear up a case admirably, but sometimes the disease has a stronger hold of longer duration than physical signs suggest. *Sulphur* administered to cases wherein resistance has been attempted without much success, often leads to a violent reaction, such as used to be seen after big doses of *Tuberculin*, and as in some of those cases, the final result is to weaken the patient and leave the situation worse not better. Unless the physician is convinced that the powers of resistance are good and the disease early, *Sulphur* in any potency above the thirtieth should be given with some caution. When there is any doubt, it is well to test the case with lower potencies, 3, 6 or 12 or the tincture, and only give higher potencies as the success of the lower warrants. Characteristic symptoms, that suggest it in chest disorders are:—great desire for air especially at night: suffocation, oppression and burning sensations in the chest; stitching pains shooting through to the back, < when lying on the back or breathing deeply; flushes of heat in the chest rising to the head and face.

In all chronic affections of joints, fasciæ and fibrous tissues, sulphur springs have a reputation which Homœopathy confirms and extends. The choice again is largely dependent on the presence of the general symptoms so often quoted, but especially notable are burning in feet and hands, aggravation from bathing, stiffness and cracking of joints, pain in the back (felt especially on rising after sitting), and cramps generally. The drug will help osteo-arthritis, old tubercular or syphilitic or gonorrhœal joints or chronic rheumatism when the symptoms correspond.

The skin is greatly influenced by *Sulphur*. The hair falls and fingers and toes and the surface generally tends to be dry, though local and partial sweatings (arm pits, genitals, etc.) are frequent and generally offensive and after a flushing, there is often sweating. The condition is rather of irregular sweating, the skin too dry generally but with excessive local or temporary perspiration. Burning and itching are prominent, relieved by scratching: vesicles and pustules readily form, and the skin grows rough, scaly and sore, made worse by washing as to sensation. There may be great itching with little to show for it but erythema: pigment is deposited readily. *Sulphur* appears to lower the resistance to staphylococcal infection (this has been experimentally proved for *Calc. sulphide*—(*Hepar. Sulph.*) which cf.) so that pustules and boils appear in the provers, and correspondingly medicinal doses raise resistance and *Sulphur* is admirable for pustular acne and furunculosis. Black gunpower has been successfully used for uppurations and septicæmias, both streptococcal and taphylococcal and no doubt owes much to the *Sulphur* contains.

Finally, *Sulphur* is often a remedy for sleeplessness, when the patient tosses unrestfully, with constant and quieting sense of heat and burning. Patients often wake at 3 a.m. as with *Nux Vom.* and cannot sleep again. There is a general aggravation of symptoms at night with *Sulphur*.

Sulphur on the whole is most successfully used in high potencies infrequently repeated. But short courses of the drug in tincture or low potency act sometimes very well. It is pre-eminently the chronic counterpart of *Aconite*, and whenever a case has done up to a point on *Aconite*, *Sulphur* will take up the torch and carry it on. It follows *Bryonia* gently, and *Mercury* and *Calcarea* follow *Sulphur* but the reverse is not true. *Sulphur* seems sometimes to act in a complementary way to both *Silla* and *Nux Vomica* and as a matter of fact are few remedies whose action it disturbs and whose power it will seem to enhance.

INDEX OF SYMPTOMS.

General Symptoms: Great exhaustion and, speedy fatigue: lassitude and muscular weakness: especially stooping gait: < muscular exertion especially standing: symptom generally < hot rooms and heat generally: frequent sensations of heat and burning: rushes of blood to head and other parts; < bathing, and wet applications: < night: < 11 a.m.

Mental Symptoms: Melancholy and disinclination for mental work: Egoistic day-dreaming: laziness and peevishness: memory weak for recent events: flow of vague ideas but no capacity to concentrate.

Head Symptoms: Rushes of blood to head: vertex heat and burning pain: confusion and vertigo < after a meal < motion: fullness, pressure and heaviness in head: throbbing pain: periodical headaches: hair falls; scalp dry.

Special Senses: Chronic inflammation of mucous membranes with itching and burning: eyelids feel dry and painful: some increase of secretions often smelling unpleasant.

Alimentary Canal Symptoms: Lips red: mouth dry and burning: vesicles or aphthæ in mouth, tongue dry rough, and coated white with edges and tip often clean: unpleasant taste in mouth: throat dry, sore, burning: anorexia: craving for sweets or intense dislike of them: craving for alcohol: heartburn: eructations or pyrosis: much flatulence gastric and intestinal: nausea: marked sinking, empty sensations especially at 11 a.m.: pains in abdomen: portal stasis (hæmorrhoids, etc.): constipation with hard, dry stools: anus red and sore: diarrhoea especially about 5 to 6 a.m. Burning and itching at anus: mucus and blood in stools.

Genito-Urinary Symptoms: Enuresis: Increased urine: old inflammations: prostatitis: urethra and vagina red and sore, itching and burning: sweating about external genitals: menses generally scanty: climacteric symptoms, flushes, palpitation, etc.

Respiratory Symptoms: Catarrhs, larynx and bronchi: cough dry or scanty secretion: asthma: stitching pains in chest: sensations of heat and burning:

BRYONIA.

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pulsations in chest : symptoms suggesting those of incipient tuberculosis.

Locomotor Symptoms : Chronic joint symptoms : stiffness, pain, swelling : joints crack : cramps < night : feet and hands burn.

Skin Symptoms : Skin dry and scaly : hair falling : itching and burning : pustular eruptions : furunculosis : pigmentation : symptoms < washing.

BRYONIA.

Bryonia alba. Tincture of root gathered just before flowering. *Bryonia dioica* is the common English plant and has been used with such success on the indications for *Bryonia alba* that the properties of the two plants are probably nearly identical, but as the provings of *Bryonia alba* it should be preferred.

Bryonia was in use in Hahnemann's day as a drastic purgative, and a line or two is given to it occasionally in modern text books emphasising this use. Also it appears sometimes in drug lists with recommendations to be used for pleurisy and arthritis. As will be seen, its provings and homœopathic experience amply confirm its value in these spheres, and the recommendations are probably unconscious echoes of homœopathic therapeutics. It seems to have been a favourite remedy of Hahnemann, its provings are good, and clinical experience of it very wide, so that its spheres of action can be defined with confidence.

There is one characteristic of *Bryonia* that stands out prominently, and that is the intense aggravation of arthritic cases, in pneumonia, even the slightest movement, in pleurisy, when the patient instinctively shrinks from any movement and finds suffering much increased by it. This is true of involuntary movements, like those of ordinary inspiration, when the pain is in the chest: thus in pleurisy that calls for *Bryonia*, the patient will prefer

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to lie on the affected side, so as to fix it as much as possible and limit its movement. Precisely where the opposite condition is true of Belladonna, pains of the muscular movement aggravates the *Bryonia* patient, but what may be called *Bryonia* cases of the nerve centres: in other words, mental exertion is distressing to the sufferer, and in *Bryonia* cases by any attempt to use the higher brain cells. which calls for *Bryonia*. Sometimes in the beginning but the symptoms of it will have suggested *Aconite*, fever will continue, and presently, the typical *Aconite* rath- this drug may have given some relief the *Aconite* will disappear and the choice come to be among *Bryonia*, *Rhus tox.*, *Arsenicum*, etc. follows *Aconite* well and will often continue satisfactorily. Typical influenza from the beginning. *Bryonia* is called for often finds its counterpart in *Gelsemium* but now and then *Bryonia* is called for cases often require it and enteric or typhoid. It will be clear from this sentence that typical *Bryonia* picture is reached. which worsen the onset is not however invariable, and *Bryonia* a symptom may appear early in rheumatic fever or pneumonia or pleurisy. When well developed the patient lies like a log avoiding the least movement; the senses and intellect seem dulled and any attempt to rouse the mind seems to aggravate the condition. This makes the sufferer very irritable of any interference or questioning, intensely irritable and averse from talking. There may be fits of anger. The memory is weak and attempts to remember cause suffering. At night there will very likely be delirium (usually of an active type) or broken sleep, and both delirium and dreams are very likely to be concerned with the affairs of the day or the patient's

ness and immediate personal concerns. The inability and weakness of the mind appears characteristically (especially in children) in the form of the inconstant desires for something which the patient fails to define. He wants something but cannot make clear what it is. Throughout the intense aggravation of sufferings from any movement persists. The head is lifted from the pillow there may be restlessness, nausea, even vomiting.

The headache that indicates *Bryonia* is a severe dull and throbbing with acute sharp stabbing at intervals especially after movement. It is felt in and over the eyes and is relieved from pressure and cool applications. This headache accompanies the fever, but there is a frontal headache characteristic of *Bryonia* in nonfebrile cases often associated with dyspepsia, at its worst in the early morning, much aggravated by movement and especially by stooping. It is a dull and aching pain and recalls in its features the headache of *Humulus muricatus* which is a chronic counter-indication.

Bryonia. Febrile patients are naturally thirsty but the thirst of *Bryonia* cases is characteristic of large quantities at fairly long intervals: *Senecio* on the other hand the thirst is for small quantities frequently. There is usually profuse perspiration, often sour, after the least movement, *Bryonia* is called for. The mouth is very dry, the tongue coated white or yellow down the middle (the sides may be clean): the lips are dry and cracked. The mucous membranes generally are dry—and scanty, but *Bryonia* does not affect them to the point of severe inflammation as does *Senecio*. *Bryonia* in febrile complaints comes to be considered in pneumonia and rheumatic fever both of which it can claim attention on the basis of local symptoms, as will be seen), and in meningitis (rarely), enteric and typhoid fever and the last named, Hahnemann valued it highly, and the *Bryonia* type of fever is perhaps more met with in that disease than in any of the enteric cases that call for it are generally

among that relatively small percentage wherein the sufferer is constipated. Typical cases with loose stools need more often *Arsenicum*: the characters of the *Bryonia* bowel symptoms will be described presently.

The brunt of the onset of *Bryonia*, as far as tissues are concerned, falls upon serous membranes and fibrous tissues generally. Thus *Bryonia* may be called for in meningitis or peritonitis but especially in pleurisy. Pains are sharp and stitching and worse from the least movement. The dry cough and general symptoms of pleurisy will often find their counterpart in *Bryonia* provings, and even if effusion has occurred it may still be the remedy needed, though it is most efficacious when given early. The patient lies on the affected side to limit the chest movement, as already noted. *Bryonia* will also benefit many cases of pneumonia: its characteristic general symptoms will give the clue to its use, and locally the presence of any pleurisy is a strong additional indication. It is a remedy for lobar pneumonia, seldom for broncho-pneumonia, and for pleuro-pneumonia most of all. If the pleurisy turns to empyema the case seldom then calls for *Bryonia*: it seems to have little power in checking suppuration.

Bryonia affects the muscles, making them sore and irritable. Probably it is upon the fibrous supporting tissue that it acts: it also affects fascia. But in the motor system its power is chiefly shown upon the joints. It causes an acute synovitis, with pain, redness, heat, swelling from effusion, all the symptoms of acute joint trouble, and aggravation from any movement, as always, is marked. The great distinction between *Bryonia* and *Rhus* in joint and muscle disorders is that when *Rhus* is needed, though the first movements may be painful, continued movement gives relief. In view of this definite power to affect joints (small and large but large rather than small on the whole) *Bryonia* is naturally a great remedy for acute rheumatism, and the heavy sour perspirations which it can cause form an additional point of resemblance. It is usually (especially when general as well as local

(Symptoms are present) a very speedy and satisfactory remedy and shows its curative power by minimising risk of serious heart affections. Pericarditis will need it and respond to it. As compared with usual salicylate treatment, homœopaths find *Bryonia* will relieve pain as quickly and more permanently, but it is true that cases are met with wherein *Bryonia* seems reasonably well indicated but fails to act. These are not, however, very common. At the same time no homœopathist can accept any routine treatment for any disease: each case must be individualised, and there are many drugs with greater power to influence joint structures (*Rhus*, *Spigelia*, *Satilla*, *Sulphur*, *Guaiacum*, etc.), so that in all cases a symptomatic grounds should exist before a confident prescription of *Bryonia* is made.

Besides its marked action on the chest and the lungs *Bryonia* affects notably the alimentary canal and the liver. Indeed it has been held that its main effect is exerted here. It is often indicated in meat-eaters (the so-called "gouty") and its power to influence arthritis may conceivably be secondary to its power over metabolism rather than directly to the *M. Rheumaticus* or other germs, seeing that notably metabolic disturbances seem to predispose to certain joint disorders. Both the heavy perspirations and the thirst for large quantities of water, which suggest *Bryonia* in such subjects may be indications of attempts at excretion of excessive uric products. There is no clear evidence that it irritates the gastric or intestinal mucous membrane, though it may fasten on the fibrous supporting structures. It unquestionably affects the liver, there probably by the road of the fibrous capsule and lobular supporting tissue. A certain degree of indigestion is not uncommon, and pain and discomfort in the liver region are generally prominent in *Bryonia* cases. The general result of its action on the alimentary canal and allied glands is shown in the following symptoms. There is a foul, yellowish coated tongue (like "washleather") with an appetite often deficient and for unusual things. *Bryonia* patients

are often coarse feeders. There is the characteristic thirst for large quantities at a time. The face is flushed after meals, and a chronic frontal headache appears, aggravated by meals (and especially also by bending forward). Food appears to the patient to be "like a stone" at the epigastrium: there is nausea, water brash, bitter and sour eructations. Belching of flatulence relieves gastric discomfort temporarily. Pressure and dull pain appear in the right hypochondrium, and often a yellowish tint to the conjunctiva, though seldom any marked jaundice. The secretions of the digestive glands in the stomach and of the bile seem to be affected. The bile is either increased in quantity (in which case there is diarrhoea < morning < movement < hot weather), or more frequently diminished, when there is constipation of a characteristic type, large, dry, hard, crumbling stools, brown or black almost as if burnt. All alimentary canal symptoms of pain and discomfort are aggravated by any movement. This is the un-failing characteristic of *Bryonia*. The symptom picture thus outlined is one that occurs frequently in so called "gouty" dyspepsias and *Bryonia* is invaluable in many such conditions. It is less often indicated in gastric or duodenal ulcer though as already stated its power over enteric fever is considerable. Its action on fibrous tissue gives it an influence on the peritoneum but the varieties of peritonitis do not very often present the typical *Bryonia* symptom-complex.

In the respiratory sphere its curative influence over pleurisy and pneumonia has been commented on. It has also value in laryngitis and tracheitis. The vocal cords are inflamed but bronchial mucous membranes (and nasal) escape its influence, so that it does not come prominently forward as a remedy for bronchitis. Typically there is hoarseness, with a dry cough, often an inclination to draw deep breaths, then stitching pains (< inspiration) commence and the respiration grows short and hurried. There is tickling in larynx and trachea, often referred to a point low down behind the sternum. Expectoration is scanty

and may be blood stained: it is raised with some difficulty. It meets many influenzal and pneumococcal infections of the air passages. There is little evidence of power over tubercle. Among other symptoms *Byronia* causes mastitis and is often valuable for this trouble. A pain in the left ovarian region seems a genuine symptom > lying on the affected side.

Most *Bryonia* symptoms are aggravated by warm rooms, warm weather or getting warm. Thus the typical dry cough will come on after entering a warm room and be relieved on going into the cool air. (*Phosphorus* shows exactly the reverse symptoms). Warm food is disliked and the large draughts of cold water, craved for, often seem to relieve. Yet dyspeptic symptoms seem sometimes to follow the drinking of large quantities of cold water in hot weather. Joint pains are > warmth. The aggravation from any movement cannot be too often insisted on. The times of intensity of symptoms are about 9 p.m., and for headache, diarrhœa, etc., in the morning on rising or a little before as with *Natrum muriaticum*.

Natrum muriaticum is a chronic counterpart of *Bryonia*, and *Alumina* also has many points of resemblance. *Calcarea* and *Bryonia* are somewhat inimical and follow one another badly. The drug has been praised and valued in all potencies from the tincture to the highest.

INDEX OF SYMPTOMS.

General Symptoms: < movement: < generally from warmth but pains in joints and limbs > warmth: < on waking and at 9 p.m.; < change from cold surroundings or weather to warm.

Mental Symptoms: Anxiety with irritability: inconstant and uncertain desires: aversion from speaking.

Head Symptoms: Vertigo, especially on stooping: headache in the morning on waking chiefly frontal: with dull congested face: headache often after eating: lips dry, parched and cracked: complexion yellowish or earthy.

Alimentary Canal Symptoms : Toothache momentarily > cold water : mouth and tongue dry : thirst for large quantities of cold water : tongue dry, heavily coated, dirty white or yellow : difficulty in swallowing from dryness of the throat : food tastes insipid but often abnormal hunger : after eating nausea, vomiting, pyrosis : sense of pressure in stomach or acute pain : hiccough : pain in right hypochondrium and tension : constipation with large, hard stools, dry as if burnt : occasionally early morning diarrhoea : all symptoms much < any movement.

Genito-Urinary Symptoms : Urine scanty, dark, often loaded with urates. Breasts swollen and hard : chronic mastitis.

Respiratory Symptoms : Hoarseness : breathing rapid and difficult because of stitching pains on inspiration : Pleurisy : if no pain inclination to take deeper breaths than usual : cough generally dry or with scanty viscid blood-stained sputum, excited by tickling in the larynx : fits of coughing which cause headache and pain in chest : dyspepsia with sense of heat and tension in chest. Pneumonia when other symptoms agree yields often to *Bryonia*.

Locomotor Symptoms : Neck stiff and painful : pains in any joints with synovitis : pains always much movement : stiffness of joints : numbness and torpor of limbs : < about 9 p.m. of pain.

Skin Symptoms : Yellow colour : easy sweating.

Sleep Symptoms : Much yawning : sleeplessness before midnight : disagreeable dreams, especially a tendency to dream of the events of the day.

When fever is present, the subject suitable for *Bryonia* will show a full, hard, tense pulse : chilliness but desire for air : desire for large quantities of cold water. Profuse sweating often sour smelling.

HOSPITALS AND INSTITUTIONS

TORQUAY.

THE Torquay Dispensary has sent us its seventieth Annual Report and its long and valuable career gives thereby another excellent record. There have been 2,080 attendances of 300 patients without deaths, and nearly ninety per cent. of the cases were cured or definitely benefitted. The financial position is sound. We congratulate the Dispensary and its officers, Dr. M. Cash and Mr. T. Rendall, L.D.S.

SOCIETY'S MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Society met for the fifth time this session on June 6th, the President in the chair. After the preliminary business, Capt. E. Cronin Lowe, N.Z.M.C., read a paper on "Points of Pathological Interest." The paper was of great value and illustrated by admirable preparations and specimens. It dealt with the following matters from the standpoint of a pathologist: transfusion of blood; early diagnosis of tubercle and the relation of pneumococcus to chronic lung disease; diphtheria carriers and throat affections; amoebic dysentery and its possible chronicity (two cases cited); acute atrophy of the liver in syphilis; syphilis tests. A good discussion followed by Dr. Moir, Dr. Wynn Thomas, Dr. Burford, Dr. Jagielski, Dr. E. A. Neatby, Dr. R. Day, Dr. Weir, Dr. Goldsborough, Dr. G. Hey and the President and Capt. Cronin Lowe replied.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MAY TO 15TH JUNE,
 1918.

GENERAL FUND.

	<i>Subscriptions.</i>	£	s.	d.
Dr. A. Midgley Cash		1	1	0
Mrs. Hutchinson		10	6	
Mrs. Henry Wood		1	1	0
Miss Carrick			5	0
James Eadie, Esq., F.R.C.S.		1	1	0
Dr. Byres Moir		1	1	0
Dr. Vincent Green		1	1	0
Dr. Goldsbrough		1	1	0
Dr. H. Henderson Patrick		1	1	0
Dr. Neatby		1	1	0
W. Lee Mathews, Esq.		2	2	0
Miss E. H. Burney		1	1	0

MAINTENANCE AND ADMINISTRATION FUND.

	<i>Donations.</i>	£	s.	d.
C. W. A. Stewart, Esq.		2	0	0
J. P. Stilwell, Esq., J.P.		5	0	0

A meeting of the Compton Burnett Fund Committee was held at the London Homœopathic Hospital on Monday, 17th June, at 3.30 p.m.

The usual monthly meeting of the Executive Committee was held at Chalmers House, on Tuesday, 18th June, at 4.30 p.m.

TENTH ANNUAL GENERAL MEETING.

THE Tenth Annual General Meeting of the British Homœopathic Association (Incorporated) was held at Chalmers House, on Wednesday, 29th May, 1918, at 4 p.m.

Sir George Wyatt Truscott, Bart., the President of the Association (in the chair), Mrs. Thirlby, Mrs. Wood,

Mr. E. Handfield Morton, Mr. H. Crewdson Howard
Dr. George Clifton, Dr. S. Judd Lewis, Dr. W. A
Martisus, Dr. John Weir, and the Secretary.

The Secretary read the notice convening the Meeting
The Chairman read the letter of regret for absence
which he had received from Mr. W. Lee Mathews, the
Chairman of the Council of the Association, in which
Mr. Lee Mathews referred briefly to the chief activities
of the Association throughout the past twelve months
especially to the Beit Research Fund work in which
department, he stated, the Association had done a good
deal more than to mark time—they had very strongly
progressed. In conclusion, Mr. Lee Mathews con-
veyed a most cordial expression of thanks to
colleagues on the Council and Executive Committee
for the unvarying support they had rendered during
the past very difficult year, particularly to Mr.
Handfield Morton, the Vice-Chairman, for his valuable
assistance in connection with the B.H.A. work.

The Chairman then said that apologies for absence
had also been received from the following:—
Mrs. E. Handfield Morton, Mr. C. Fellowes Pea-
Mr. J. P. Stilwell and Dr. C. E. Wheeler.

The Minutes of the Ninth Annual General Meeting
held on Wednesday, 30th May, 1917, were taken
read, adopted and signed.

The General Report of the Association was taken
read, and the Auditor's Report on the financial position
was read by Mr. Crewdson Howard.

The Chairman, on rising to move the adoption
Report and Accounts, remarked that the letter
just read from Mr. Lee Mathews formed a very
preface to the few remarks he was about to make
was sure all were exceedingly sorry that Mr.
Mathews was unable to be with them on the present
and he paid a warm tribute to the unfailing
Mr. Lee Mathews always took in the Assoc-
affairs.

Sir George then said that he had read the Report
with very great pleasure and felt that it was
satisfactory to find all the activities of the

in motion, in spite of the terrible war in which the country was engaged. He remarked that the war had afforded certain opportunities for Homœopathy—particularly in regard to the treatment of the sick and wounded at the Front, and he referred to the War Hospital at Neuilly, carried on under homœopathic auspices, which had run a useful course, as was shown in the Report of that Hospital recently published. He was very glad to learn that the B.H.A. had undertaken the preparation of a materia medica, the need for which work Dr. Neatby had emphasised at the last Annual Meeting, and he understood that the first volume would be published in the near future. With regard to the Beit Research Fund work, he was glad to see Dr. Judd Lewis present at the meeting, and took the opportunity of congratulating him on the splendid progress made in the investigation he was conducting under the auspices of the Beit Research Fund of the B.H.A., which, Sir George considered, would add lustre to Homœopathy. He referred to the Inaugural Lecture to the Educational Course of 1917-18, entitled "Present Aspects of Medical Education," which had been delivered by Dr. Byres Moir, and on which occasion he had taken the Chair, and he said how very grateful they were to Dr. Moir for the time he had spent in giving them that most interesting address. "The Case for Homœopathy," he was pleased to note, was being taken up well in America and in this country. In conclusion, Sir George referred to the "Obituary" chapter in the Report in which were to be found the names of several distinguished homœopaths, and he made particular reference to the death of Mr. Henry Wood, to whom, he felt, the Association owed a deep debt of gratitude for all that he had done for them in the past. And, in fully endorsing and emphasising the remarks of Mr. Lee Mathews in regard to the work of the members of the Council, the Executive Committee and the staff, Sir George moved that the Report and Accounts, as presented 1918, be received and adopted.

Mr. E. Handfield Morton, in seconding the adoption, referred to the deficit on the year's working of nearly £59, which, he said, was an unsatisfactory state of

things but yet was more satisfactory than it might have been. The Association had managed to increase the income of the past year over the previous year by nearly £42 and to decrease the expenditure by £13 10s., otherwise the debit balance would have been considerably more than £59; and, in regard to this he most strongly urged that every member of the B.H.A. would do what they could, during the year just begun, to wipe off this deficit by bringing in additional supporters to the funds and, by this means, increasing the utility of the Association. In expressing his agreement with the observations made by Sir George in his very interesting speech he said there was one other activity which he would like to bring to the notice of the meeting, and that was with regard to the Honyman-Gillespie Courses of Lectures. He said that certain members of the Council of the B.H.A., conjointly with certain members of the Board of the London Homœopathic Hospital, were endeavouring to obtain the sanction of the Trustees of the Honyman-Gillespie Bequest to extend the scope of these lectures, and he hoped that this utility might be enlarged in the future. He heartily joined in the expression of regret that Mr. Lee Mathews was unable to attend the present meeting, saying they were always backed up by his enthusiasm, and were much beholden to him for his constant support of the Association's work.

The Report was then put to the vote and carried unanimously.

Dr. Judd Lewis gave, by request, a brief account of the Research work in his hands, taking the opportunity of warmly thanking the Chairman for the way in which he had congratulated him on the progress of the Research, which, he said, was a considerable source of gratification both to the Committee and to himself.

Mr. Morton proposed the re-election of the President, referring to the valuable help which he had always given to the Association in past years, and the great aid he continued to be in our work.

Dr. George Clifton warmly seconded the re-election, which was carried unanimously.

The Chairman expressed his thanks.

The Chairman proposed the re-election of the Vice-Presidents and the Honorary Vice-Presidents of the Association, as shown on page three of the Annual Report presented 1918.

Mrs. Wood seconded and it was carried unanimously.

Mr. Crewdson Howard proposed the re-election of the Council, as shown on page three of the Annual Report presented 1918.

Dr. Martisus seconded and the motion was carried.

Mr. Morton proposed the re-election of the Auditors, mentioning with appreciation the careful and helpful manner in which they had discharged their duties.

Mrs. Thirlby seconded and it was carried unanimously:

A most cordial vote of thanks to Sir George Truscott for presiding was proposed by Mr. Morton, seconded by Dr. Weir, and heartily accorded.

CARREL TREATMENT OF SUPPURATING PROCESSES.—Gramen (*Hygiea*, Stockholm, September 15th, 1917, No. 17, pp. 865-912) applied the Carrel method first in a case in which the leg had been run over by a freight car. While waiting for the shock to subside to permit amputation, a trace of warmth was detected in the foot and conservative measures were applied, but in the course of six weeks the ulceration and necrosis had become so extensive that amputation seemed finally inevitable. The leg was then treated by the Carrel method, and in two days there was marked improvement and the lesions began to heal rapidly. The man is now walking with crutches, the leg 30 cm. shorter than its mate. In other cases of extensive suppurating processes, healing was more rapid and complete than under the ordinary measures. The method has been applied in several hundred cases at the Stockholm Hospital, and the general impression was equally favourable, but occasionally cases were encountered which did no better with this than with other methods. In thirteen cases of appendicitis, cholecystitis or salpingitis, a combination of the Carrel technique with the Mikuliez tampon gave excellent results, placing the Carrel drains inside the sac and tamponing around them. Warming the Dakin fluid to 37 C. seemed to reduce its strength about 0.007 per cent. per day. Patients with burns of the third degree complained of pain from the fluid. In one case of total streptococcus empyema, requiring rib resection, the collapsed lung showed no tendency to expand, but after secondary suture under Carrel treatment, healing proceeded by primary intention and the pneumothorax was gradually absorbed.

Medical World.

EXTRACT.

THE EFFECT OF QUININE
ON AUDITORY FUNCTION. A PRELIMINARY
REPORT.

By H. L. BARCOCK, M.D., BOSTON.

OF 275 cases either cited or detailed in
of Drug Pathogenesis, to which quinine
its forms had been given, 59 or 21.6 per
the symptom of tinnitus aurium. See
are also made in the same work to the
transient deafness caused by un-usua
(e.g., 16 grams).

It is known that large doses prod
and even hæmorrhage in the cochlea.

The above references suggested to
desirability of determining the exact de
ness caused by definite amounts of quini

METHODS.

Five healthy adult individuals were
careful examination made of the cochl
each case by the use of tuning forks, C
monochord and audiometer.

The latter instrument was chosen for
constant accuracy. Its operation is ba
fact that constant sound of a low int
confined in a box, and that when an op
in this box the loudness of the sound pa
this opening will increase when the open
and diminish when the opening dimi
structure of the instrument consists of
making a constant sound within a sou
(4 in. × 4 in. × 4 in.), having an openin

* From the *New England Medical Gazette* with full
to author and editor.

be varied, and tubes to carry the sound from the opening to the ears.

Several audiometer readings were taken on each individual to establish the normal average.

The monochord of Struycken was substituted for the Galton whistle, as being an instrument which more accurately records variations of the upper tone limit. This instrument consists of a 60 cm. flat steel bar on which a steel wire with adjustable set-screw is strung to definite tension. The tension of this wire is accurately measured by a simple control device, by means of which a fixed standard of tone may be obtained.

A metal sliding-block traverses the steel bar from end to end, is held both to wire and bar by sliding spring-clips and, resents a sharp margin at the front surface of the bar over which it slides, so that the actual tone produced may be read on the combined scale, stamped on the flat surface of the bar. This scale is indicated in centimeters from 1 to 50, and a second musical scale is recorded from G⁷ to C⁴. On the superior surface of the bar the longitudinal vibrations are marked in thousands, in Roman numerals, from 6 to 25, giving a longitudinally-vibrating range of tone from 6,000 to 25,000 v.d. At the proximal end of the monochord is a rounded metallic button by which the apparatus may be pressed to the mastoid or brought in contact with any other bone surface.

The longitudinal tone is evoked by stroking the wire in its longitudinal axis; with a metallic rubbing-flask filled with turpentine or benzene, supplied with an automatically moistened felt disc. In moving the sliding-block up or down, thus shortening or lengthening the wire, the longitudinally vibrating tone is made respectively higher or lower.

For this work Merck's *Sulphate of quinine* (crystals) was used, each prover being given a 0.5 gram capsule as the initial dose. Records of symptoms and the appearance of the tympanic membranes, audiometer and monochord readings were made at frequent intervals following the administration of the drug.

RESULTS.

Following is a detailed record of each case to date :

No. 1.

July 9, 1914, M.T. — R neg. R 86 0 + 1.0 *
Aud₃ — C³² — C^{2d} — Galton —
L neg. L 85 0 + 0.5

88

16, Aud₃ —
87

Aug. 14, Aud₃ — Mono — X
89 X

28, 0.5 gram quinine sulphate given at noon.

At 1.15 P.M. no symptoms. Aud₃ — Mono —
91 X
91 XX

At 3.30 high-pitched singing tinnitus and sense of fullness in ears (this after 1½ hours of tennis followed by a cold shower).

R 86 XVIII
M.T. — Faint pinkish tinge Aud₃ — Mono —
L " " " 87 XIV

No. 2.

July 10, 1914, M.T. — R cloudy C³² + 0.7 90
L + 0.7 91
Aud₃ —

16, Aud₃ —
91
90

Aug. 12, Aud₃ —
91
92

14, Aud₃ — Mono — XV
92 XVI

28, 0.5 gram quinine sulphate at 11.10 A.M.

At 12.30 P.M. no tinnitus. Slight feeling of fullness in head.

Aud₃ 91
—
92

* In all results expressed as fractions, the numerator is the reading for the right ear ; the denominator for the left.

Abbreviations. M.T.—membrana tympani.
Aud.—audiometer.
Mono.—monochord.

No. 3.

July 10, 1914, M.T. R ⁺ 0.7 89
 neg. C³² — Galton — Aud₃ —
 L " + 0.7 90
 90
 13, Aud₃ —
 91
 89
 16, Aud₃ —
 90
 91 XXV
 Aug. 14, Aud₃ — Mono —
 91 XXV
 28, 0.5 gram quinine sulphate at 12 noon.
 At 3.30 P.M. no symptoms Aud₃ —
 91
 93
 Sept. 9, Aud₃ —
 92

No. 4.

July 10, 1914, M.T. R neg. + 0.5 92
 C³² — Galton — Aud₃ —
 L neg. + 0.5 91
 XIII 91
 Aug. 17, Mono — Aud₃ —
 XV 92
 Sept. 10, 0.5 gram quinine sulphate at 11 A.M.
 At noon slight constricting frontal headache.
 At 1 P.M.—Gone. No tinnitus.
 92 XIX R Slightly pink
 " " Aud₃ — Mono — M.T. — " "
 92 XIX L

No. 5.

July 10, 1914, M.T. R Cloudy. Scar anteriorly
 L Slight congestion post. malleus.
 + 0.5 90
 C³² — Galton — Aud₃ —
 + 0.5 90
 91
 13, Aud₃ —
 91
 89
 16, Aud₃ —
 88

Sept. 9, 0.5 gram quinine sulphate at 10 A.M.
 R slight congestion, (uniform)
 At 12.30 P.M. M.T. — 88
 L neg. , Aud₃ —
 91

Has faint, high-pitched tinnitus when audiometer tips are in ears. Not noticeable at other times.

XIV

Mono —

XVI

Sept. 10, 1914, No further symptoms. M.T. — R Still slight congestion
 L Neg.

88 XIII

Aud₃ — Mono —
 92 XVII

CONCLUSIONS.

There is a normal variation in the hearing power of an individual.

The monochord in its present form is not suitable for practical use.

0.5 grams *Quinine sulphate* may be sufficient to increase the excitability of the cochlea by producing tinnitus, but is not sufficient to decrease the conductivity of the auditory nerve.

OBITUARY.

SISTER JESSIE WALLIS.

THE sudden death of Sister Jessie Wallis leaves a sad gap in the ranks at the London Homœopathic Hospital, and will come as a great shock to all who have known and valued her. Beginning her nursing career later in life than most nurses, she speedily showed that she had not mistaken her vocation, and under the late Miss Brew rose steadily from one position of trust and responsibility to another until she became and remained sister of a medical ward. There she was content to give without stint both energy and devotion and as sister of three wards she will be longest remembered. She was not the easiest of women to

know, and only those who could pass the barrier of reserve and even shyness came to understand the deep affections and self-sacrificing patience and courage that were hers. Her rectitude and high principle were quickly read. Truthful and exact herself almost to a fault, she had little sympathy with timidity or weakness in the performance of duty, and if there was one thing she never courted it was popularity. To those who would work she would give help and sympathy to the last fraction of her power. Similarly, though generous, even lavish to the limit of her private resources, she concealed these personal gifts with all the care of a shy, proud nature. For the hospital, and in hospital affairs, she would carry economy to the limit of heedfulness. It is easy and pleasant to be free in expenditure of money which one has not actually to find: it is a rarer virtue to be secretly open-handed with one's own and severely economical almost to a fault with public money.

Now however, when her long and devoted service ends, we find ourselves paying the tribute which in life we have carelessly neglected to offer. Few perhaps knew all her worth, but many will miss her and perhaps the reward she would have coveted most would have been just that half unconscious realisation of all the difference the loss of her will make in our little Hospital world. Peace and Honour to her memory!

LEPROSY.—Fages (*Semana Medica*, Buenos Aires, November, 1917, No. 46) says that prophylaxis of leprosy requires careful disinfection of mouth and nose and of the cutaneous lesions, to ward off contagion of others. These hygienic and prophylactic measures are never applied completely, according to his experience to date, so that each leper is a possible source of contagion. He knows of eighty cases of leprosy in his district of Argentina. They are scattered in seven different regions; no attempt is made to isolate them, except in one town where ten are gathered under one roof. It is now planned to construct a large leprosarium with accommodation for 500 in the Chaco district. He protests that an inland leper colony of this kind is just adding fuel to the fire. The leper colony should be on some island apart from the centres of population. Each member of the colony should be given land and everything for successful farming. It should be a free farming community except that the inmates cannot leave the island.

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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*: should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs

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| <p>Alcohol: Its Action on the Human Organism. Cr. 8vo, pp. 165. H.M. Stat. Office, net 2s. 6d.</p> <p>Athanasio-Benisty (Mme.) Clinical Form of Nerve Lesions. Preface by Prof. Pierre Marie. Edited with Preface by E. Farquhar Buzzard. Military Medical Manuals. Cr. 8vo, pp. 235. Univ. of Lon. P., net 6s.</p> <p>Athanasio-Benisty (Mme.) Treatment and Repair of Nerve Lesions. Preface by Prof. Pierre Marie. Edited with Preface by E. Farquhar Buzzard. Military Medical Manuals. Cr. 8vo, pp. 203. Univ. of Lon. P., net 6s.</p> | <p>Broca (A.) and Ducrquet. Artificial Limbs. Translated and edited by R. C. Elmslie. Military Medical Manuals. Cr. 8vo, pp. 178. Univ. of Lon. P., net 6s.</p> <p>Emery (W. D'Este). Tumours. Their Nature and Causation. Cr. 8vo, pp. 166. H. K. Lewis, net 5s.</p> <p>Imber (L.) and Real (P.) Fracture of the Lower Jaw. With a Preface by Medical Inspector-General Fevrier. Edited by J. F. Colyer. Military Medical Manuals. Cr. 8vo, pp. 211. Univ. of Lon. P., net 6s.</p> <p>Kingscote (E.) Victory in Air. Forceful Fact-. Cr. 8vo pp. 24. H.J. Glaisher. net 1s.</p> |
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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, c/o British Homœopathic Association, 43, Russell Square, W.C.1.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Cash, Torquay—Dr. Davidson, London—Dr. Biggar, U.S.A.—Dr. Day, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Ind. Hom. Rev.—Med Century.—H. Recorder.—N.A.J. of H.—

New Eng. Med. Gaz.—Hahne-
mannian Mon.—Pacific Coast
Journal of H.—Journal B.H.S.—
Calcutta Jour. of Med. Fran
Homœopatiens Värld.—Journal of
the American Institute of Homœo-
pathy.—Indian Homœopathic
Reporter.—Homœopathisch Tijd-
schrift.

The Homœopathic World.

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Bristol—Manchester.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED) :

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1, 1918.]

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THE
HOMŒOPATHIC WORLD.

AUGUST 1, 1918.

OUR INSTITUTIONS.

FROM month to month, we make brief, but we hope sympathetic, mention of the affairs of our Institutions, and in this month give a full report of the meetings of the London Homœopathic Hospital and Children's Homœopathic Dispensary in London, and an account of the work of the Devon and Cornwall Hospital, our furthest outpost in the West.

It is increasingly important that we should consider and support, under whatever difficulties, our Institutions, because the inevitable reconstruction of the next ten or twenty years will necessarily affect them in many important ways. It is impossible to forecast with certainty whether hospitals and dispensaries will become State supported and wholly State controlled, but that the State will have more than a word to say about them seems exceedingly probable. Now the more they flourish, with the more caution and respect will any interference take place, and the more definitely we can show that our special therapeutic method is a vital part of their work, the more consideration will be shown to our claims for its recognition. If we let the Homœopathy be minimised (and necessarily to-day it can only be a part of hospital work, however essential a part), then we may find the Institutions we have fostered and striven for absorbed into a scheme

wherein their characteristic feature will gradually fade. If, on the other hand, we make Homœopathy our chief and distinguishing mark, then some effort will be made to meet our wishes in keeping it prominent. Therefore not only for the present need, but for all the possibilities of the future, support our Institutions and make them flourish!

THE STERILISATION OF WATER BY ULTRA-VIOLET RAYS.—The sterilisation of water by means of the ultra-violet rays from a quartz mercury lamp has been carried out on a large scale in France with some success. An account of certain of the early experiments appeared in *The Lancet* five years ago. At first many difficulties were encountered, the chief one being to get the water completely exposed. Even minute traces of suspended matter present or turbidity prevented sterilisation, and the method was not effective until the water was first filtered bright. In a very exhaustive series of trials, the results of which are published in the Thirty-third Annual Report of the Provincial Board of Health of Ontario just issued, Mr. N. F. Parkinson reports favourably on the ultra-violet-ray treatment of water, and he regards his researches as proving that given certain conditions, which can easily be controlled, the results are satisfactory and reliable. He emphasises the importance of steadiness of treatment. The requirements for a constantly good effluent are that the lamp be burning under a constant voltage, and that the lamp itself be in a good condition. The treatment of turbid water has received particular attention. By means of a system of baffles adjusted according to requirements, the sterilising plant was brought to a high state of efficiency. Thus, in one case where a water showed a turbidity of twenty parts per million (American Public Health Standard) the removal of bacteria was well over 99 per cent. With a turbidity of thirty and a direct path between the initial and final exposure—that is to say with the horizontal baffles entirely removed—the removal was 97.5 per cent. and 98.4 per cent. as regards the bacteria growing at temperatures of 18.2° C. and 37.5° C. respectively. These researches are of great importance, since the method promises to provide a simple and expeditious way of sterilising water-supplies and to render chemical treatment unnecessary. The action of the ultra-violet rays appears to be entirely physical and it is very rapid. It was at first surmised that the destruction of bacteria was due to the formation of ozone or of hydrogen peroxide in the water, but this does not appear to be the case, since only a trace of such substances is formed after some hours, while the sterilisation requires only a short exposure.—*Lancet*.

NEWS AND NOTES.

DR. PETRIE HOYLE.

FROM a letter to the Journal of the A.I.H. we learn that Dr. P. Hoyle is, or was recently, Médecin Chef to a French Red Cross Hospital of some ninety beds. We all wish him the greatest success in his work.

THE NEUILLY HOSPITAL REPORT.

WE are informed that a copy of the Neuilly Hospital Report has been laid before His Majesty the King, and that Lord Stamfordham has conveyed His Majesty's thanks for the volume. Also, that a copy has been included in the Library of the House of Lords; a cordial letter of acknowledgment having been received from the Librarian of the Peer's House. To the Right Hon. the Earl of Donoughmore is due the best thanks of the Neuilly Committee for the initiative leading to these acceptances.

The Library of the House of Commons has also added a copy of the Neuilly Hospital Report to its holding: and to that well-known friend of Homœopathy, Henry Manfield, Esq., M.P., the Committee present their best thanks for making the Report available to the Commons House.

ELDERBERRY.

WE take this interesting paragraph from the *Manchester Guardian* :—

“In connection with the decision of the Ministry of Food to include the elderberry among the fruit to be conserved for food, it may be noted that this berry possesses highly valuable medicinal properties. The circumstances under which they recently came to be studied are curious. In 1890 an American sailor informed a physician of Prague that getting drunk on genuine, old, dark-red port was a sure remedy for rheumatic pains. This unedifying observation started a long series of investigations ending in the discovery that, while genuine port wine has practically no anti-neuralgic properties, the cheap stuff faked to resemble tawny port by the addition of elderberry juice often

banishes the pain of sciatica and other forms of neuralgia.

“Doctoring port wine with elderberry juice seems to have assumed such dimensions, that in 1747 this practice was forbidden in Portugal. Even the cultivation of the elder tree was forbidden on this account. But it appears that the inducement to sell cheap spirits masquerading as port wine are still strong enough to stultify any restrictions that may exist. It may perhaps salve the conscience of the faker to reflect that he is doing good by stealth, and, while filling his pockets with illicit gain, he is incidentally giving a blessing in disguise to many a sufferer on the bed of pain.”

A CASE OF “SEEING RED” AFTER EATING THE SEEDS
OF SOLANUM DULCAMARA.

While on military service Hilbert (*Munchen Med. Wochenschor*, No. 52, 1915) was called to see a child in a village, who had been suddenly taken ill. It was a healthy-looking girl aged 8½, who had eaten the scarlet berries of the *Solanum dulcamara*. She had vomited and some of the fragments of these berries could be seen in the vomit. The child was very restless, threw herself about in the bed and complained of pain in the head and stomach, giddiness and palpitation, and said that “everything is red, of the same colour as the berries that I have eaten.” The face was flushed and the pupils dilated *ad maximum*; small letters could not be read, and there was also paralysis of accommodation. The skin felt very dry, the pulse was 120, sometimes intermittent; the heart sounds were pure. Pressure over the stomach region caused pain. It was therefore a case of acute poisoning from *Solanum dulcamara*. As the author had not access to a stomach-pump, the child was given large quantities of warm water to drink, which helped to produce more vomiting. Diarrhoea also came on. This treatment was continued until the vomit consisted of clear water only. She was then given cold milk, after which the gastric pain ceased and she soon fell asleep. The following day there was still pallor of the face, loss of appetite and general

weakness; the pupils were still dilated, and the accommodation paralysed. She did not complain of "seeing red" any longer.

Five days later the child had recovered completely. Toxicologically, this case is to be regarded as *Solanine* poisoning. It has similar properties to *Atropin*, *Scopolamine*, *Duboisin*, *Hyoscyamine*, and *Daturine*, all alkaloids from plants belonging to the *Solanum* family. All these substances are severe nervous poisons, especially do they cause dilatation of the pupils and paralysis of accommodation. Seeing red has on several occasions been also observed as an action of *Atropin* and *Duboisin*. As regards the quantity of berries eaten in this case, the statement of the very intelligent child that she had eaten about a dozen, was probably correct. The mild symptoms and rapid recovery was probably due to the complete removal of the poisonous berries from the stomach by the vomiting and water flushing. Antidotes, such as *Morphine*, *Pilocarpin*, etc., were, of course, not accessible, but the remarkably simple therapy appeared to have an equally favourable effect.—*Medical World*.

THE MISSIONARY SCHOOL OF MEDICINE.

Owing to the dearth of speakers it was not found possible to hold the usual annual meeting this year. A small informal farewell meeting to the students was held at the residence of Dr. Neatby, the Hon. Secretary, when a practical souvenir, the gifts of the Hon. Treasurer, Miss Keep, was presented to each student by the Chairman, Dr. Cronin.

The number of students has been unusually small during the past Session, and the increasing difficulty of the teaching staff, owing to War conditions, has made the task of carrying on a very strenuous one. Yet they have stuck to it nobly and the full programme has been carried out.

The School tenders its hearty thanks for the very generous response of the subscribers to an appeal, recently issued by the Secretary, which will probably leave the Treasurer with a balance in hand at the close of the Session.

ORIGINAL COMMUNICATIONS.

THE CHILDREN'S HOMŒOPATHIC
DISPENSARY.

THE Fourth Annual Meeting of the Donors and Subscribers of the Children's Homœopathic Dispensary was held at 43, Russell Square, W.C. (by kind permission of the Council of The British Homœopathic Association, Incorporated), at 4 p.m., on Wednesday, 26th June, 1918.

Sir George Wyatt Truscott, Bart. (in the chair), Mrs. Wilkinson Brooks, Mr. G. W. Budden, Dr. and Mrs. J. Roberson Day, Mrs. Julia Johnson, Mr. and Mrs. E. Handfield Morton, Dr. and Mrs. J. C. Powell, Mrs. J. E. Rockliff, Miss Short, Mrs. Skinner, the Secretary and others.

Dr. J. Galley Blackley and Dr. Burford sent regrets for absence.

The Secretary read the notice convening the Meeting.

The Minutes of the Third Annual Meeting held 27th June, 1917, were taken as read, adopted and signed.

The Fourth Annual Report of the Dispensary, presented 1917, was taken as read.

On rising to move the adoption of the Report,

The Chairman remarked that, at the last annual meeting, Mr. E. Handfield Morton, who had kindly taken the chair in his absence, had been able to give a pleasing and satisfactory account of the previous year's work, and he noted, with much pleasure, that the Committee commenced the report before the meeting by a summing-up sentence, which, as a rule, came at the end: "It is with much satisfaction the Committee present this Fourth Annual Report." He felt the Committee were fully justified in having, at once, plunged into the main feature of the Report and characterised it as "satisfactory." It seemed to him, being, as they were, in the fourth year of the terrible conflict, that it was very pleasing that the Committee were able thus to describe their work for 1917. It was true that the Dispensary had had its birth in war time,

and he was afraid many of them had thought they were coming upon bad times. It had been difficult, indeed, to rear the young child—The Children's Homœopathic Dispensary—but, among many other things, this war had taught them the importance of caring for the child life. Where, he asked, would they be to-day but for the British youth, who will have saved England in the end? And when they considered, sadly enough, of the large number of young lives that will have been lost for ever as far as this world is concerned, and that their places have to be provided for by the youth of this generation, it became more and more important that they should look after the young life in this country. He was persuaded, by his knowledge of homœopathic treatment, that there was no body of men more able to rear and protect the child life than the homœopathic medical fraternity.

He considered it a matter of extreme regret that Dr. Sinclair had, from over-pressure of work, been unable to continue on the Staff of the C.H.D., and he expressed their gratitude to Dr. Galley Blackley for having very kindly undertaken to carry on Dr. Sinclair's work in the meantime. He was glad to see that the Dispensary continued to refer cases to the London Homœopathic Hospital, saying that he considered it most important that the good feeling between the two institutions should be thoroughly maintained, and he knew that it had always been felt that, in starting the enterprise, it should be, in some sense, a "feeder" to their main institution in Great Ormond Street. It was pleasing to note that that connection had been kept up. He wished they might see Dr. Petrie Hoyle soon among them again; he was always a tower of strength to anything connected with Homœopathy.

He noticed from the Report that their Honorary Treasurer, Mr. G. W. Budden, gave them quite a satisfactory report on the year's working, and he referred, particularly, to the large deficit on the 1916 finances, on behalf of which a special appeal had been made, with the result that that deficit had been completely wiped off, and he thought that, considering

the increasingly difficult times through which they were passing, the Committee were to be heartily congratulated upon the way in which they had carried out the work during the past year, particularly with regard to the manner in which they had kept down the expenditure, and in being able to present the accounts at the 31st December, 1917, with a small credit balance. He referred, with warm appreciation, to the way in which the Ladies' Committee had carried out their duties; he supposed there were no institutions where the ladies were more valuable than those where the care of the children was the most important work. He then remarked upon the place of the present meeting, viz., at the offices of The British Homœopathic Association, saying he was rather inclined to think that this Association must be, and will be in the future, a great centre for homœopathic work, and he hoped it would be a centre from which would radiate more and more activity on behalf of their particular system of medicine.

In conclusion, Sir George referred to the subscribers' list and appealed, most strongly, for additional annual subscribers, in order that the Committee might better ascertain a more regular annual income.

Mr. Budden seconded the adoption of the Report, emphasising the Chairman's latter remarks regarding the need for more annual subscribers.

Dr. J. Roberson Day proposed, Miss Short seconded and it was unanimously resolved that the President, Vice-Presidents, General and Ladies' Committees, the Honorary Treasurer, Auditors and Solicitors of the C.H.D., as shown on page 3 of the Annual Report presented 1917, but with the addition to the General Committee of the name of Mrs. Crawford, of Golders' Hill (recently elected), and with the omission of the name of Dr. Sinclair from the Medical Staff (since resigned) be elected for the year 1917-18.

The Chairman proposed a very hearty vote of thanks to the Medical Staff, acknowledging, particularly, their indebtedness to Dr. Roberson Day, chiefly through whose initiation the C.H.D. had had its being.

Mr. Morton warmly seconded the vote, remarking on the unstinted time and help the doctors had rendered to all the patients; and expressing the wish that their numbers had been considerably larger. Several of their doctors, he said, had been taken from them for military duties, but others (chiefly Dr. Galley Blackley and Dr. Shuldham) had gallantly stepped into the breach, and the Committee sincerely hoped that, before very long, they might find one or two more who would spare a little of their much-valued time to assist the Dispensary once or twice a week. In seconding the vote of thanks to the Medical Staff Mr. Morton referred to the Massage Department, which had been a feature of great help to the Dispensary, and he expressed their appreciation and thanks to Mrs. Julia Johnson, the Masseuse, for her steady and persistent services in this department.

The vote was carried unanimously.

Dr. Roberson Day responding to the vote just passed, warmly thanked the Meeting on behalf of the Medical Staff, and said that he knew his colleagues felt with him that it was always a labour of love to work among the children. He read a letter which he had received from Dr. Fergie Woods, who expressed his regret at being unable to attend the meeting, and wished the Dispensary every continuing success. Dr. Day then remarked that there never was a time when children were more to the fore than to-day; one rarely took a newspaper but learned of some work being done for the children. He said a Ministry of Health was promised, and that, if that institution came about, all the scattered efforts would be concentrated and the work done more efficiently. It was calculated that out of eight hundred thousand children, one hundred thousand died before they were one year old, and another one hundred thousand died before they were five years' old! Any effort to save the children was distinctly a *war* effort, and he considered it a great work to see that the children of the rising generation were made strong to carry on the traditions of our great dominions.

Dr. J. C. Powell proposed, Mr. G. W. Budden

seconded, and it was resolved that the best thanks of the Dispensary be conveyed to the Council of the British Homœopathic Association for the loan of their room for the present meeting.

Mr. Budden proposed, Mrs. Powell seconded and a vote of thanks was unanimously passed to the Honorary Auditors and the Honorary Solicitors to the C.H.D.

A most cordial vote of thanks to Sir George Truscott for presiding over the meeting was proposed by Mr. Morton, seconded by Dr. Roberson Day and heartily accorded.

LONDON HOMŒOPATHIC HOSPITAL.

REPORT OF THE SIXTY-EIGHTH ANNUAL GENERAL MEETING OF THE GOVERNORS, SUBSCRIBERS AND DONORS,

In the Board Room of the Hospital, on Wednesday, June 12th, 1918,

THE RIGHT HON. THE EARL OF DONOUGHMORE, K.P., P.C. (*Treasurer of the Hospital*), *in the Chair.*

THE Sixty-eighth Annual Meeting of the Governors, Subscribers and Donors of the Hospital was held in the Board Room of the Hospital on Wednesday, June 18th, under the chairmanship of the Treasurer of the Hospital, Lord Donoughmore, K.P., P.C. Among those present were Mr. R. H. Caird, J.P. (Chairman of Board of Management), Mr. W. H. Poate (Vice-Chairman), Dr. G. Burford, Miss E. H. Burney, Lady Durning Lawrence, Miss Bell, Mr. John Bird, Dr. Byres Moir, Miss Cameron, Mr. W. M. Crow, Miss Fanner, Mr. Edwin T. Hall, F.R.I.B.A., Mrs. Holman, Mrs. Kimber, The Misses Macfarren, Mr. E. Handfield Morton, Sister Alicia Sursham (Matron Convalescent Home, Eastbourne), Mr. H. W. Tinne, J.P., Mrs. Wall, Sister May Edgar, Sister Frances Hicks, Sister Lilian Niemann, Sister Elsie Stowe, Sister Mary Watkinson, Sister Firth (Assistant-Matron), Dr. and Mrs. E. A. Neatby, Dr. John Weir,

Mrs. A. Balfour Williams, Miss E. A. Eddison, R.R.C. (Matron), and Mr. Edward A. Attwood (Secretary) and a number of subscribers and donors. Letters of regret at non-attendance were read by the Secretary from Mr. Hawkins-Turner (Vice-Treasurer), Mr. E. Clifton Brown, Lady Thorold, Lady Herries, The Countess of Clanwilliam, Mr. and Mrs. Granville Wills, Mr. R. C. Owst, Dr. Wynne Thomas, Lady Margaret Marsham, The Hon. Sybil Legh, The Hon. Wm. Warren Vernon, Lady Hargreaves Brown, Dr. Goldsbrough, Sir George Wyatt Truscott, Bart., Colonel J. C. Tyler, R.E. Lord Dysart sent the following message :—

“ Lord Dysart asks me to thank you for your letter of the 1st inst., and to say that he is very sorry indeed that he cannot guarantee to be present at the annual general meeting, as it is impossible in these days, without a car, and with so much difficulty in getting about, to select one’s own day for going to London.

“ I am to say that it would give him much pleasure to support Lord Donoughmore should he be able to be present. And in any circumstances Lord Dysart thinks that the Hospital staff should be congratulated by all who are associated with Homœopathy, on the excellent results achieved in the Hospital. The record of national work during the war should, Lord Dysart thinks, go a long way to strengthen the cause of Homœopathy, and to break down much of the prejudice still existing.

“ Yours faithfully,

“ (Signed) WILFRED PRAEGER.”

Colonel and Mrs. Ditmar wrote, their absence in Devonshire prevented them attending. “ They trusted that an increased interest may be excited, and the great value of homœopathic treatment extended.”

General A. Phelps pleaded a previous engagement, and said: “ The importance of affording homœopathic treatment to those of our wounded who prefer that treatment is now more important than ever.”

The meeting was opened with a prayer in the absence of the Chaplain (the Rev. Harry Stork) by the Rev. T. J. Mackenzie, and the minutes of the previous Annual

General Meeting on March 9th, 1917, having been read and confirmed, the Secretary (Mr. Edward A. Attwood) submitted the Sixty-eighth Annual Report of the Board of Management, which was taken as read.

The Deputy Surgeon-General of Medical Services wrote as follows from the Admiralty :—

“ Medical Department,

“ Dear Sir,

“ Admiralty.

“ Thank you very much for the invitation to be present at the annual meeting which takes place to morrow.

“ I should much like to have been able to do so in view of the valuable assistance which we have received from the Hospital during the war, and for which we are duly grateful.

“ I much regret, however, that the nature of my work at present makes it impossible for me to get away at that time.

“ Believe me,

“ Yours very truly,

“ (Signed) D. McNABB,

“ Deputy Surgeon-General, R.N.”

The Chairman, in moving the adoption of the report, said he did not propose to refer to everything in it, but he was sure they would believe him when he said that because he did not refer to certain points in the report he in no way minimised their importance. He associated himself with every word the report contained. In the first place, he felt he ought to apologise to the subscribers for the delay there had been in holding the meeting. They generally met some time in March, but there were many reasons why they were late this year. There was great pressure of work on everybody, and it was almost impossible to keep things up to date. Personally, he was delighted that the meeting had been arranged for the present time, for, as many of them knew, he had been out of the country, and he had a suspicion that that fact might have influenced his colleagues on the Board in postponing the meeting. Anyhow, he congratulated himself that he was able to be present as usual. They would notice in the fore-front of the report that during the year they had lost

their President, Earl Grey. Nobody felt that loss more keenly than he (Lord Donoughmore) did. Earl Grey was, of course, a very distinguished public man, whose work during part of his life was outside these islands; but he was a keen homœopathist, and he would never forget the visit he paid to the Hospital either just before or just after he was elected President. He was no mere figure-head, and the careful inspection that he and Lady Grey made of the Hospital was very thorough, and showed that they knew a great deal more about hospital management than any of them expected, although, of course, they knew they were both people of experience in the world of affairs. In Earl Grey's death the Hospital had lost a very valuable friend, who would have been ready at all times to help them whenever they called upon him. They took leave of him, expressing their sincere regret and deep sympathy with his relatives.

In the next place, he wished to say that they were all glad to see Major Attwood back again with them (Hear, hear). The report told them that he was back but he (Lord Donoughmore) almost felt inclined to say he was sorry the report did not state that he had been found fit for duty, and they were going to lose him again. One naturally sympathised with Major Attwood as with all men who in these times were anxious to do all they could for their country. They missed him very much while he was away from the Hospital, in spite of the keenness of all to make up for his loss. Homœopathy was to blame for the fact that he was again fit to rejoin the army—(laughter)—and he (Lord Donoughmore) would only say that he hoped their Secretary's health would continue good, and that he would soon be back with them—and he hoped those two wishes did not contradict each other. As to the work of the Hospital, they continued to be busy in

TREATING NAVAL PATIENTS.

They had eighty-five beds at the disposal of the Admiralty, and, up to the date of the report, they had treated 1,030 cases. He personally, had lately had an opportunity, which he would never forget, of

travelling under the auspices of the Navy. He had actually been to sea in warships in time of war, and it was the same story wherever one went—no business was too small not to be done with every man's might and main, and that spirit still dominated the Navy. Since the report was printed, they had had a number of men in the Hospital who were wounded at the extraordinary fight that took place on the coast of Belgium—one of the proudest affairs that had ever taken place in connection with the Navy. (Cheers). It was a fight that would be remembered long after they had been forgotten. It was an episode that filled them with pride and all our Allies, and it was a matter of great satisfaction that they had been able to nurse back to health and strength some of the brave fellows who were wounded on that occasion. (Hear, hear).

The report, very rightly, laid special stress this year upon the financial difficulties of the Hospital. They all remembered that it was a year and a half ago since a special appeal was made. It was an unusual time to make an appeal, and many of the Board thought it was rather a dangerous time to ask for money. He was not certain that those views were absolutely right at the time. There were a number of war charities which had done exceedingly well in collecting money since the war; the reason being, he supposed, that there was more money available for the moment, while the flood of generosity remained the same. It was not exactly what they expected to happen, but it did happen, and it ought to have happened a little more with them. He realised that a number of their subscribers had had to withdraw their subscriptions, and he had no doubt they would do their best to resume after the war was over, but the work of the Hospital must go on, and he must repeat what he had said on previous occasions—that their great anxiety was to increase their annual subscriptions. The Board referred in the report to a very striking offer that was made last year, through their good friend Dr. Burford. It was an offer made by a subscriber—an offer which he was sorry to say they had not been able to take full advantage of. He thought it would

be as well if he read the actual letters that had been received. He did not think it was mentioned last year that the generous offer came from Mr. Otto Beit—a man of great financial experience, and who had taken a great interest in the Hospital, as his two letters to Dr. Burford would show. Mr. Beit said :—

“ Dear Dr. Burford,

“ I have only just had time to go through the last balance sheet of the Homœopathic Hospital, from which I gather that at 31st December, 1915, you owed to bankers and to your own funds, £13,000. To this, I suppose, a short fall for 1916 and 1917 will have to be added, and in this way you arrive at the figure of £16,000, which the committee have set themselves to collect by December, 1917.

“ In going through the list of Annual Subscriptions and Donations, I confess I am struck by the very small individual sums—very few only exceeding five guineas a year (Subscription). Ought not an effort to be made in that direction ?

“ However in response to your personal appeal, I am prepared to offer now a donation of £500 towards the special appeal, and will favourably reconsider the position when the time approaches the close of 1917—but it will largely depend on your success whether I add to the above figure or not.

“ Believe me,

“ Sincerely yours,

“ OTTO BEIT.”

The Chairman said the Board very gratefully acknowledged the very handsome cheque, and said they hoped to be able to show a better result as regarded subscriptions by the end of 1917, but as the report told them, their annual subscription list actually showed a shrinkage of £53, in spite of certain new subscribers who had kindly come to their assistance. Lord Donoughmore then read the second letter from Mr. Beit to Dr. Burford—

“ Dear Dr. Burford,

“ I have perused the draft report quite carefully, but I confess I am very disappointed at the poor results

of the special appeal as well as of the new subscriptions promised.

“Seeing that the Hospital is fully recognised by King Edward’s Fund, it seems to me quite inexplicable that you cannot get more money. Therefore I cannot fall in with the suggestion that I should accept the result as satisfactory and make good my promise, but I will hold that open until the end of this year. Perhaps, if your Annual Meeting is well attended, you may get some response then and there, if the promise of my further payment of £500 is held out.

“I am afraid you will be disappointed at my decision, but really it is for the good of the Hospital. It is not encouraging to see that subscriptions are falling off year after year.

“Yours sincerely,

“OTTO BEIT.”

—and said he was sure they could not contradict the last paragraph, and therefore he made a most earnest appeal for increased subscriptions. He hoped they would not think the appeal was made in any spirit of ingratitude for past help. It was not—it was in their anxiety to continue the work of the Hospital that they asked for increased subscriptions, because they claimed that the Hospital had justified itself over and over again. They were economical—nobody could deny that. The accounts showed that the cost per bed per week, was

AS LOW AS £2 os. 10d.,

and he thought that figure was a really remarkable one. For 1916, the cost was £1 19s. 10½d.—a rise of only 11½d. in the twelve months was one of the most remarkable things that they could find in any hospital in London. They were all aware how housekeeping expenses had gone up, and for the Hospital to have been able to continue with only that small increase seemed to him to be a fact on which they could congratulate all concerned. (Hear, hear). Another example of economy which had only been obtained by very careful watching, was shown in the drug and dressings account, which was actually less, although there had been a larger number of beds occupied.

That was largely due to the care exercised by the Drugs and Dispensary Committee, under the chairmanship of Dr. Burford, and he was told that they had just completed arrangements for disposing of the cotton wool refuse and other dressings to be remanufactured for war material. There was another point in regard to their finances on which he would like to say a word. On previous occasions he had expressed his views about legacies and about the pity of using them as if they were part of current income. He got into hot water in high places for making that complaint; but he was still unrepentant, and he was sorry that legacies should ever be used as part of income. Legacies were what their good subscribers left them as a help towards the continuance of the work to which they subscribed in their lifetime, and they ought to invest legacies and use the income for that purpose. As times were, however it was inevitable and absolutely necessary that they should use part of their legacies to make up for the deficiencies in their annual subscriptions. He was not exaggerating when he said that they ought to have at least

ANOTHER £1,000 IN ANNUAL SUBSCRIPTIONS

to put them, not in a flourishing, but in a satisfactory position. He had very little more to say. He wished to express their thanks to the King Edward's Hospital Fund and the Hospital Sunday and Saturday Funds for the help they had given them. They were also most grateful for all the good work that was done by the members of the Board, by the Ladies' Guild, and by all interested in the Hospital. As they knew, women were taking a much greater share in the work of the country than ever before, and the Board did not wish to be behind the nation. Nothing had been definitely settled yet, but it might interest them to know that the Board were coming to the conclusion that some day they would have the assistance of

LADIES ON THE BOARD

in their deliberations, and some announcement would be made as soon as they had decided exactly what they proposed to do in that matter. Since the report was

printed, the sons and daughters of Col. and Mrs. Clifton Brown had endowed a bed to their memory by the payment of £1,000. None of them would ever forget what the late Col. Clifton Brown, a very old member of the Board of Management, had done for the Hospital, and they were very glad to have their names associated with the work in that way.

They were very grateful to all their friends who had helped the Hospital in any way, and the Board would endeavour to continue to deserve their confidence. Their gratitude to the staff continued and could not be sufficiently expressed. They had lost Dr. Burford in one sphere, but they were keeping him in another. He had done a magnificent work by turning a small female department into a very important part of the Hospital, and they still retained him as consulting physician. At the same time they welcomed Dr. Neatby, who had taken over Dr. Burford's work. They had to congratulate themselves on the work that had been done by the nursing staff, and especially by Miss Belsham, the late Matron, and Sister Firth, the assistant matron. They had to regret the death of Sister Jessie, who would be remembered by many in that room. She served the Hospital for twenty-three years, and he was glad to know that a small memorial plate was to be placed in King Edward VII. Ward, where she worked so well and so long.

The report concluded with an appeal which he hoped would be generously responded to. The work continued at its same high standard, and it must go on for the sake of the sick and the suffering, and for the sake of Homœopathy itself. They had to speak very earnestly as regarded the financial position, but he could assure them they did not speak more earnestly than they felt the situation demanded. Nobody could fail to appreciate the enormous task which had been set their medical and surgical friends by the war, and

THE TASK WAS GROWING.

Hitherto the wounded had been almost entirely of the male sex, but by the bombing of hospitals at the Front by the Germans, women had been added to the

victims, so they must be prepared for more work in the future. He appealed to all interested in the Hospital for a continuance of their activities and support, because after all they had a heavy responsibility—they had to see that the Hospital was handed down to posterity, so that those who came after them might be proud of it as they were who had received it from their predecessors. (Applause).

Mr. R. H. Caird, J.P. (Chairman of the Board), in seconding the motion, said there were one or two points he would like to emphasise. One was the great debt of gratitude which they owed to the members of the Medical and Lay Staff who had carried on the work under very great difficulties during this time of war; and especially were they indebted to the older members of the Medical Staff, who had come back to help them, when the younger men had gone to the Front. He thought they were sometimes apt to forget that they were running a Hospital now with something like 170 beds, with practically the same staff as they had when their numbers were just under 100. He thought it was extremely creditable to the Staff that they had kept the work going in the satisfactory way they had. (Hear, hear). He was glad that Lord Donoughmore had referred to the figures of their expenditure per bed per week. Seeing that the price of almost everything had gone up 60 or 70 per cent., it was marvellous that they had only increased their weekly cost per patient by a little under 1s. Of course to some extent they owed that fact to the kindness of friends who had sent gifts of vegetables, &c., but at the same time it was largely due to the lady who had been managing their housekeeping affairs during these difficult times. She had managed in a most exemplary manner, and too much could not be said in her praise. He would also like to say how much the Board and the House Committee appreciated the work that had been done by the Drug and Dispensary Committee in arranging for the purchase of drugs, and the management of that department. Their thanks were especially due to Dr. Burford and Dr. Weir for their work in that connection. (Hear, hear).

The report was adopted.

Dr. Burford said he had pleasure in proposing a vote of thanks to the Board of Management and House Committee, Nursing Committee, Treasurer, Vice-Treasurer, Lady Visitors and Ladies' Guild. Having expressed the great pleasure it afforded him to see Lord Donoughmore in the chair after his journeyings abroad, Dr. Burford said it was with deep regret he had to refer to the death of Mr. Ridley Bax, an honoured and most useful member of the Board for over a third of a century, and he retained that position until his death a short time ago. He was the kind of man they could ill afford to dispense with, and they owed him a debt of gratitude for his able, faithful and continuous service. Coming to the resolution, his first thought with regard to the vote of thanks was that the Board of Management richly deserved it. They had worked for the good of the Hospital in season and out of season. It was a pretty big institution to manage, and during the past twelve months, in spite of the difficulties created by the war, there had been no shortage in the Hospital, whatever might have been the case in some similar institutions. So far, not a single department of the Hospital had had to close down, and no part of the work had had to be jettisoned because there were not sufficient homœopaths to do the work. Although they had a good proportion of their ordinary staff at the Front, other members of the homœopathic profession, not previously accredited to the Hospital, had stepped in and done the work, and he was sure that would continue to be the case until the end of the war.

It must have been a great comfort to the Board to know that whenever one member of the staff stepped out, there was always a very efficient substitute to take his place. The laboratory, it is true, had had to close down; but the work was being done at another laboratory, and, with that small exception, the whole work of the Hospital was being carried on as in pre-war times. He knew of some hospitals where the whole out-patient department had had to be closed, and in others they had been forced to shut down special

departments. In their case, a good deal of extra work had been done. The naval patients had constituted a considerable tax on the working hours of the staff; but, from all he could hear, the work that had been done in restoring sailors to health and strength had been a credit to them. They seemed to be too fond of doing their good work by stealth, and blushing to find it fame; and something which had occurred quite recently gave point to that remark.

Last winter, they had fifty cases of pneumonia in the Hospital—most of them bad cases. As they knew, pneumonia was not exactly an illness to be trifled with, and out of those fifty cases there was only one death. That meant that, as far as that Hospital was concerned, pneumonia had been practically removed from the category of malignant diseases. He knew of no hospital which could produce anything like that record. They were not picked cases, but ordinary cases—many of them being very serious—and, as a medical man, he felt proud of his colleagues for having been able to present such a wonderful record. (Hear, hear). There was another point he would like to refer to. There had been references in the Press to the reorganisation that would take place after the war, and Homœopathy would, no doubt, be somewhat in the melting-pot. He therefore would like to see their flag carried very high during the progress of the war, so that when the war terminated they might have some claim to be considered when the question of reconstruction was dealt with. There was some talk in the air about the municipalisation of hospitals. They wanted to show that they were doing really good work now, for if they could show that in time of war, it was fair to assume that they could do equally good work in times of peace. He could not sit down without saying something personal in regard to their most efficient and capable Chairman of the Board—Mr. Caird. During the last two years particularly he had been brought into contact with Mr. Caird's work, and it had filled him with admiration. (Hear, hear). Any hospital might feel itself honoured and flattered in having a chairman of the calibre of Mr. Caird, and as long as they had

him at the head of affairs, he (Dr. Burford) felt confident that none of the points he had referred to would be overlooked by the Board.

Mr. W. M. Crow, in seconding the resolution, remarked that at the last annual meeting Lord Donoughmore called special attention, as he had again that day, to the smallness of the number of their annual subscribers. Those remarks came home to him (Mr. Crow), with the result that he set to work among the little business circle in which he moved, and he had succeeded in getting several new subscribers. He mentioned that, not to praise himself, but in order to instil the same spirit into others present.

The resolution was carried.

Mr. Caird, responding on behalf of the Board of Management, said he was very grateful to Dr. Burford for the very kind way in which he had proposed the resolution. He was afraid Dr. Burford had over-rated his (Mr. Caird's) abilities in regard to his work for the Hospital, but he would like to say that he had never known a board of gentlemen who had been so regular in their attendance and so consistently sensible in the way in which they conducted the business, and that, of course had been an enormous help to him as chairman.

Mr. E. Handfield Morton, on behalf of the House Committee and the Nursing Committee, said they were all deeply grateful at the very kind expressions which had been used regarding the work of the various committees. As a member of both committees he could say that it gave them very great pleasure to do anything they could to aid the work of the Hospital, and to give that attention to detail which he believed was such a big factor in its success.

Dr. Neatby, responding on behalf of the "Lady Visitors" and the "Ladies' Guild," said that his lordship had referred to the question of the annual subscriptions. Mr. Crow had told them what he had done in that connection and he (Dr. Neatby) ventured to say that if they would all go and do likewise and just button-hole their friends they would not find much difficulty in

INCREASING THEIR SUBSCRIPTION LIST.

He said that, because he had tried and had met with a remarkable percentage of success. They had only got to go and put the matter personally before their friends and, if possible, bring them round to the Hospital, and show them what was being done, in order to get more annual subscribers. There would be no difficulty in disposing of the large subscriptions, but sometimes people who could not afford more than perhaps 5s. a year, did not care to give it. To such might he say that they could help the Hospital by sending their small subscriptions to the Ladies' Guild. Speaking for the ladies, he was sure they were gratified at the way in which the resolution had been carried, and he could promise that they would not relax any of their efforts on behalf of the institution. He had no doubt it had been very gratifying to them to hear from the Chairman that the Board were now considering how best they could utilise the services of ladies on the Board.

Mr. H. W. Tinne, J.P., proposed the re-election of the retiring members of the Board of Management:— Mr. W. H. Poate (Vice-Chairman), Mr. H. W. Prescott, Mr. C. Knox-Shaw, Mr. Edwin Tate, J.P., Dr. Edwin A. Neatby and Dr. John Weir. He said that in coming back to the Hospital after a long absence, he came back as a very solid ghost revisiting his old haunts. He was a member of the Board thirty-three years ago, and when he looked round the room in which they were assembled and contrasted it with the place in which they used to transact the business of the Hospital, he was amazed at the change that had taken place. He saw around him the portraits of many old friends with whom he used to work in the old days, and he was sure they were with them still in spirit. He thought of his old friend, Mr. G. A. Cross, the secretary, who had now been succeeded by Major Attwood. He remembered Major Attwood as a very young and charming man—now they knew him as a gallant officer who had come back to them for a time after doing service for his country at the Front. In those days they worked very hard to improve the

Hospital, and they had many difficulties to contend with. He had no doubt that the same spirit still animated the Board now as it did in those days—that of trying to do the best they could for the Hospital, and he hoped that the motto of the institution would be the motto of our gallant Navy—"Carry on." (Cheers).

Mr. Edwin T. Hall, F.R.I.B.A., seconded the resolution and remarked that it was his great pleasure to be associated with the members of the Board whom they were asked to re-elect, and he could assure the subscribers that they all desired to make the Hospital worthy of Homœopathy, not only as a building, but as a place where those who came to it might be restored to health and strength.

The motion was carried.

Dr. Neatby thanked the meeting on behalf of himself and colleagues for their re-election, and said it was a great pleasure to them to do what they could to help the work of the Hospital. Mr. Caird had referred to the regular attendance of the members of the Board—a thing for which they had reason to be very thankful. In the old times he (Dr. Neatby) remembered that oftentimes it was difficult to get sufficient members to form a quorum to carry on the necessary business. Now, however, all the members were keenly interested in the work, and they turned up at the Board meetings in goodly numbers. If he might, he would like to say just one word about Dr. Burford. Nobody knew the character of that gentleman's work better than he did, as he had been associated with him for a large portion of the time he had occupied the position to which reference had been made. The work he had done there had been very notable work, and (to use an Irishism) if those present had seen the gynœcological department before Dr. Burford took it in hand, and saw it now, they would see how enormously he had developed it and how excellent had been the work he had put into it. Dr. Burford had talked about the Hospital hiding its good deeds. He (Dr. Neatby) thought it should be known that since their last meeting a very handsome volume had been published entitled "The War Hospital at Neuilly 1915-16 under Homœo-

pathic Auspices," and Dr. Burford had taken the major share in bringing that to the knowledge of the public. They ought to congratulate Dr. Burford both on his modesty in omitting to refer to his share in that work, and on the excellence of the work he had done.

Mr. W. H. Poate (Vice-Chairman of the Board) proposed the re-election of the Honorary Medical Staff; re-election of Drs. Goldsbrough and Alexander who have passed the limit of service, and have kindly consented to continue to serve; and a vote of thanks to the Medical Staff. He said he was sure the resolution would appeal very strongly to the meeting. The strain upon the Medical Staff last year required somebody with more eloquence than he (Mr. Poate) possessed to properly describe it. Anyhow he hoped the staff would take the will for the deed, and believe that he was profoundly grateful for what they had done. He would like to specially to refer to the great help which had been given in the out-patient department by Dr. Stonham, Dr. Kennedy and Dr. Margaret Tyler, which had been a wonderful help to the staff. (Hear, hear).

Mr. E. Handfield Morton, in seconding the resolution, said that the work which Dr. Goldsbrough and Dr. Alexander had done in the past required no comment from him, and they were only too thankful to think that they were willing to continue their services. The work of the Medical Staff had been wonderful, and only those who were in touch with the institution could thoroughly realise how much they were indebted to them for their services. It had been one continuous labour of love. (Hear, hear).

The motion was carried.

Dr. Byres Moir, in replying to the vote of thanks said that his work as Consulting Physician was very light indeed, but the ordinary work of the Hospital increased year by year. He had always been very proud of his profession, and the training which they received at that Hospital was really good. There was the pleasure of the work and there was the scientific side of it. They received the very grateful thanks of

the civil patients for what they did for them, and at the present time they ought to feel very proud at being allowed to attend to the sick sailors in the wards.

On the motion of Dr. John Weir, seconded by Dr. Byres Moir, the auditors, Messrs. Prideaux, Frere, Brown and Hannay, chartered accountants, were re-elected.

THE HOMŒOPATHIC CONVALESCENT HOME.

The Secretary submitted the twenty-ninth annual report of the Convalescent Home, which was taken as read.

The Chairman formally proposed its adoption. He said the report was a very satisfactory one. They all knew the immense help which it was to the Hospital to be able to send patients to Eastbourne to complete their cure. He was very pleased to see the Matron of the Home (Sister Alicia Sursham) in the room—they all knew how well she did her work, and they thoroughly appreciated all she did for the patients who went there.

Mr. Caird seconded the motion, and the report was adopted.

Mr. Caird, in proposing a vote of thanks to the Chairman for presiding, remarked that he was sure that they would all feel that they could have not a better chairman than Lord Donoughmore. (Applause).

The vote was carried by acclamation.

The Chairman, in response, said he was quite delighted that they had not held the meeting in his absence—he would have been very sorry indeed if he had missed it. He was very glad to welcome their new Matron, Miss E. A. Eddison, R.R.C.. Some people might think it curious that in his absence they had had to go to Ireland to secure a matron, but he (Lord Donoughmore) regarded it as the natural thing (Laughter).

The meeting then terminated.

HOSPITALS AND INSTITUTIONS

DEVON AND CORNWALL HOSPITAL.

WE have received the Annual Report of this Institution. During this year also the hospital has done much valuable work among naval cases. Dr. Travers-Stubbs and Dr. Francis have joined the staff and the work done maintains its high standard: 322 patients have been treated and 277 discharged cured, with seventeen deaths. Such a record speaks for itself. There was a deficit on last year's working and this has been hardly at all increased, so that the year's work has virtually been paid for, and the debt on extension account is reduced by over £260. This seems to us an admirable record in these difficult times. But there is still a big debt to meet, and all friends of Homœopathy should have a special place in their memories for the needs of this Institution.

SYPHILIS OF THE STOMACH.—O. Clark (*Brazil-Medico*, Rio de Janeiro, April 8th, 1916, No. 15, pp. 113-120) gives the minute details of eleven cases, tabulating them for comparison. In three cases the patients had no suspicion of their syphilis, in five the disease had been acquired eleven, fifteen, twenty-seven or thirty years before. The stomach had given trouble for three months, eight days, ten months and eighteen months in these cases. In one case severe hæmatemesis on three occasions was the only symptom, and mercury soon conquered this. In another case the fatal hæmatemesis was the first sign of anything wrong. In conclusion Clark compares his experiences with twenty-six cases reported by Smithies, and emphasises the resemblance between the clinical pictures in syphilis and in cancer of the stomach in certain cases. In Clark's latest case there was stenosis of the pylorus from a tumour, with much dilation and positive Wassermann reaction, but he was unable to determine whether the trouble was of syphilitic or malignant origin. There was no free hydrochloric acid, and the man of fifty-five did not present the cachexia and pallor of cancer, the absence of anæmia testifying also against the malignant disease. The patient was ruddy and there was no trace of metastasis, although the symptoms had been noted for eighteen months. He refused to take a hospital course of treatment, so the diagnosis is still dubious.—*Medical World*.

SOCIETY'S MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the annual assembly at the end of the Session was held on July 3rd. The work of the evening consisted of a short paper and demonstration of cases by Dr. Goldsbrough to illustrate the use of the indicated remedy in chronic nerve diseases by intraspinal injection. The paper was of extraordinary interest and promise, and it is hoped that a more extensive review of its possibilities will be contributed next Session. Other cases and specimens were shown by Dr. Burford, Mr. G. Hey, Dr. Wheeler, Dr. G. Blackley, Mr. Dudley Wright and Mr. T. Eadie. They were of great variety and all noteworthy and important.

The second meeting of the annual assembly was held on July 4th. The report of the Council and Treasurer's statement were received and adopted and officers and Council elected. Dr. Byres Moir is President for the coming session, and Dr. Alexander takes the treasurership vacant by the regretted resignation of Mr. Knox Shaw. The coming session is to be limited to the length of the past one. On the proposal of the Council, it was agreed that the names of corresponding members belonging to enemy countries be removed from the list.

The President delivered a short address of farewell at the close of three consecutive years of office.

NOTIFICATIONS.

•• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

MR. JAMES EADIE, F.R.C.S.

Mr. J. EADIE, F.R.C.S., has moved to 71, *Harley Street, W.I.* Tel., Mayfair 11. Consultations by appointment.

DR C. E. WHEELER.

Temporary address.—For the present Dr. C. E. Wheeler is practising at 19, *Upper Wimpole Street, W.I.* Telephone 2697 Mayfair. Hours 11 to 1, except Saturdays; other times by appointment.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1

RECEIPTS FROM 16TH JUNE TO 15th JULY, 1918.

GENERAL FUND.

Subscriptions.

Sir George Wyatt Truscott, Bt.	..	..	..	..	10	10	0
C. Fellows Pearson, Esq.	..	..	..	..	1	1	0
Dr. J. Wingfield	..	..	..	..	1	1	0
Dr. C. E. Wheeler	..	..	..	..	1	1	0
Dr. Eugene Cronin	..	..	..	..	1	1	0
H. Manfield, Esq.	..	..	..	..	1	1	0
Miss Cunningham	..	..	..	..		5	0
Lady Oldroyd	..	..	..	..	1	0	0
Mrs. Thirlby	..	..	..	..	1	1	0
Dr. George Burford	..	..	..	..	3	3	0
Miss Millett	..	..	..	..		5	0
Joseph Howard, Esq.	..	..	..	..	1	1	0
Mrs. Kennedy	..	..	..	..	1	1	0
Mrs. Robert Gosling	..	..	..	..	1	1	0
John Jones, Esq.	..	..	..	..	2	0	0
Cruttenden Marten, Esq.	..	..	..	..		10	6
Mrs. F. Claughton Mathews	1	1	0
Dr. J. Roberson Day	1	1	0

Donation.

J. Carlton Stitt, Esq.	1	1	0
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NATIONAL HOMŒOPATHIC FUND.

Subscription.

Messrs. Keene & Ashwell, Ltd.	1	1	0
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The usual Quarterly Meeting of the Council was held at Chalmers House, on Tuesday, the 9th July, at 4 p.m.

The usual monthly meeting of the Executive Committee was held at Chalmers House, on Wednesday, the 17th of July, at 4 p.m.

EXTRACT.

RADIUM BROMIDE.*

By GUY BECKLEY STEARNS, M.D., New York City.

THE sole object of a remedy should be to increase the reaction of the body against disease. For prescribing, the qualities which characterise the reaction caused by a drug are not the physical nor the chemical nor the obscure physiological ones; they are the effects which a child can describe or its mother observe where the child has been poisoned by a drug. The other qualities are important but not essential.

The chemical and physical properties of *Radium* are intensely interesting; so striking are they that it is difficult to force them into the background while studying *Radium* therapeutically. Its spectacular qualities not only obscure its essential characteristics, but tempt the careless to try it on the slightest clinical indications.

Cases of arthritis, neuritis, psoriasis, enuresis, arteriosclerosis and *Rhus* poisoning have been reported cured; most of its verifications are of arthritis. Many verifications of symptoms have been reported, and many of the clinical cases have been very striking. Few, however, have been linked up in such a manner that one can determine, from the reports, on precisely what indications the remedy has been prescribed.

Of cases of chronic arthritis reported by His, where *Radium* was used empirically, 2½ per cent. were cured and about 47 per cent. were benefited. It causes pain in all the provers and these pains are located both in the muscles and the joints; to understand the remedy, we must study the character of the pains, their predominant localities, and their modalities. All parts of the body are affected, but the great toe joints and the sacro-lumbar regions are the most important seats of pain. The pains are of two pre-dominant types, sharp pains (in some cases described as lightning-like)

* From the *Journal of the A.I.H* with fullest acknowledgments.

coming or going suddenly, or coming slowly and going gradually. These are apt to change place and in some cases go from side to side. The other type of pain is a severe, dull aching, ranging from a pain situated deeply in the joints, to an aching all over the body, which torments the patient to a restless moving about all night, leaving him exhausted next day. This type comes on gradually and slowly wears away. Often the pains are hard to describe. Throughout the proving appears relief from continued motion, though often motion aggravates at first. Pressure relieves and warmth is disagreeable. *Radium* causes a marked desire for and relief in the open air. It should be noted that there is great weakness and from the lumbar region down, a sort of parietic languor and a great desire to stretch the muscles, which stretching gives relief. Sometimes nothing relieves the pains; they simply gradually wear away. Although local heat is disagreeable, there is marked relief of pains and other symptoms from a hot bath. Vasomotor disturbances occur so that some experience a sensation of internal chilliness, relieved by warmth, and others have a sensation of heat all over, so that they have to throw off the clothing. Another expression of this same type is a feeling as if the whole body were on fire, with the sharpest kind of needle pricks. In the provings there is no record of any actual increase of temperature. Many of the symptoms appear late in the afternoon and continue until after supper. Most symptoms are better after eating. A most striking unintentional proving was made on a chauffeur of forty-five, who was given a 12x tablet at night and another next morning, for lupus of the nose. He became so dizzy he "could not stand up or do anything." Every movement made him dizzy and he was "so weak" his muscles "just gave out." It was two weeks before he was normal, when the experiment was repeated. This time the symptoms were much more intense, He became so weak and dizzy that he could not stand and had to go to bed. When in bed the vertigo left but his legs, arms and neck felt hard and brittle, as though if he moved they would break. He had no pain

and was all right when lying still, but if he got up he felt, as he expressed it, "queer." It was three weeks before he was able to do his regular work. So, to the other sensations, we must add intense vertigo, with weakness, and a feeling as though the muscles would break if they are moved. The peculiar dis-equilibrium of the *Radium* atom seems to be equalled by the lack of equilibrium it causes in human beings, for vertigo is a marked symptom: "so dizzy had to walk with the hand against the wall," "tendency to fall to the left," are expressions used by the experimenters. This symptom is entirely relieved in the open air and when lying down, but remains when sitting, and is brought on and increased on rising.

A woman of 65, with high blood pressure but no kidney lesion, had, on two successive mornings, severe vertigo, worse from motion, better in the open air. She had to support herself against the wall. *Radium bromide* 200th relieved her in a few hours. She had several circular red, scaly spots that itched maddeningly on the calves of her legs; these were not helped by *Radium*, but were cured by *Tellurium*. Probably the relief of the vertigo, although a verification, was only palliative, as *Tellurium* causes vertigo in the morning and was probably the remedy from the start. To sum up these generalities, note the peculiar pains and their locations, especially in the toe joints and the lumbosacral region; parietic weakness from the lumbar region down; persistence of the pains gradually wearing away; aggravation from motion but relief from continued motion; general aching with restlessness; relief from hot bath; amelioration from pressure; aggravation in the late afternoon until after supper; relief after eating; overwhelming vertigo; marked craving for and relief in the open air. Remember that all the foregoing appeared early and characterised the first attempt at reaction. But many organs and functions are disturbed, and a knowledge of them must enter into our understanding. Headache is a prominent symptom. Like the pains in the muscles and the joints, there is in the head two types—a dull pain anywhere from a simple dullness to an intense, dull,

incapacitating ache. This type is usually in the occiput or forehead, at times in the vertex.

These headaches are better in the open air, better from cold, better from pressure and aggravated from lying down. The other type of headache is characterised by sharp pain which sometimes becomes throbbing. Usually beginning in the right temple or over the right eye, and extending backward to the occiput, or up toward the vertex. Sometimes it is on the left side; in one prover, pain began in the occiput and extended up over to the right eye. The aggravations and ameliorations are the same as described before, although in one case warmth relieved and pressure aggravated. The muscles of the eyes are affected by the same parietic weakness as are those of the extremities and ptosis occurs, so that sometimes the eye has to be opened with the fingers. The right eye is more affected than the left. Sharp pains occur over and in the eyeball. *Radium* causes the lids and conjunctiva to become inflamed and irritated, with a feeling of dryness. There is also a sensation of soreness and burning. In one proving the right eye was inflamed and a yellow discharge formed that ran down the nose and formed yellow crusts. The nasal mucous membrane becomes dry and hard crusts form in the nostrils. In the lower respiratory tract marked symptoms develop. It causes irritation and soreness of the throat, with inflammation beginning on the right side. This is followed in a day or two by tickling in the larynx, which causes a severe dry, spasmodic cough. This is worse at night and when lying down, and it is impossible to suppress the cough after it once starts. It is relieved in the open air. The irritation is in the larynx and the suprasternal fossa, as though dust was in the throat. Dryness appeared to be a characteristic of *Radium bromide*, as appears from the symptoms in the eyes, nose, throat and lungs. It causes rawness and dryness of the throat and the hacking of small amounts of white stringy mucus. The throat symptom is relieved by a drink of cold water and swallowing. It causes a sensation of a lump in the throat. The cough is irritated by smoking and from

being indoors; better out of doors and after eating. Expectoration is usually absent, and if present is scanty and stringy, yellow or white. Note that there is a consistency in the character of yellow discharge from the eyes, the yellow stringy discharge from the throat and the crusts from the nostrils. The cough does not seem to originate below the larynx, though there is a constriction of the chest that centres about the heart, and is accompanied by palpitation and sharp pain. The same character of dryness is observed in the mouth. The sensation in the mouth is dry and parched, and one must sip cold water to moisten the mouth. The breath feels hot. The tongue becomes coated a bluish white and is thick and feels swollen, so that speech is difficult. This last is probably due to the parietic state of the muscles. The teeth become painful and feel too long. In one prover a gum-boil formed on the lower jaw back of the molars, and she could not talk on account of the soreness and swelling. The mouth has a metallic taste.

The digestive function is disturbed as shown by the coated tongue, also by the symptoms related to the appetite, stomach and bowels. *Radium* causes a craving for fresh air, lasting for several weeks. Dr. C. M. Boger says this symptom is occasionally observed in persons who later have consumption. Aversion to sweets is marked, also a mild craving for sour. Like many of the antipsoric remedies, it causes an all-gone, empty feeling in the stomach. This is relieved by eating, but a small amount of food satisfies. Much gas is formed throughout the digestive tract. There is an eructation of tasteless gas. The sum of its effects on the digestion is sluggishness. Lower down, gas rumbles round in the abdomen and causes sharp colicky pains. These pains are better when the flatus passes or the bowels move. Pressure, bending double, and heat also relieve. Much flatus passes without pain, at times quite offensive. McBurney's point is the seat of sharp pains which come and go quickly. A physician, after one dose of the 30th, suffered for three months with pain in the epigastrium, like a bruise on the second day. He

lost fifteen pounds in these three months and in two years has not regained his former weight. At times griping localises around the navel. The stools are markedly changed in character, but the effects are so varied as to be difficult to sum up. It causes both constipation and diarrhoea, which may alternate. The soft stools vary in different provers, from clay colour to watery brown or yellow. The points that stand out most prominently are that the stools are apt to come with a gush, even though normal in character, and are accompanied with much flatus and the passage of the stools relieves all abdominal and rectal distress. Sharp stitches occur in the rectum. Upon hearing the abdominal and stool symptoms, Dr. Boger remarked, "*Radium* must be a great gout remedy." The muscular effects of *Radium* are manifested in the bladder, causing great difficulty in starting the urine. Clinically it has cured enuresis, a condition naturally following retention through muscular weakness. The sexual organs are disturbed both in men and women. In men emissions are frequent with dreams. The effect on women provers was to make the menstrual period easier and stop the usual monthly headache. It causes delay and intermittent menstruation. It causes also a white, cheesy leucorrhoea. The skin hardly escapes a remedy of the magnitude of *Radium bromide*. It causes macules, papules and pustules, which itch and burn, are aggravated from scratching and better in the open air. It causes a general scaly eruption, with desquamation of large amount of dry, branlike scales without sensation. Sebaceous cysts develop under its influence. Very significant is its effect in causing bunions and corns to become inflamed and tender. The last to be studied, because appearing last in the proving, are the mental symptoms. There is irritability and touchiness, which tend to develop into depression. Great apprehension as though something was going to happen, characterises the depression. Provers get blue and discouraged and dislike to be alone. The desire to have someone near is particularly marked. Fear of being alone in the dark. The mental state projects itself into the dreams, which are

vivid and troubled. "Dreams of fire, and when waking is it hard to realise that she has been dreaming." Bad dreams at night and low spirited by day.

Reviewing all these local symptoms ; note how the general modalities already mentioned appear. In addition, the right side is affected more than the left, as is shown by the effect in the right eye, the right temple, the right side of the throat, and in some cases pains are more in the right side of the body. Cold usually ameliorates and warmth is not agreeable, though warm bathing gives marked relief. Dr. Boger reports a case of neuritis in which burning pains relieved by a hot bath were his indication. All abdominal symptoms and some general ones are relieved by passage of gas up and down and by defecation. One prover, after the 30th, had pains in an old empyema scar every time the weather changed. Even now, two years later, always before a storm, he becomes exhausted and has bruised pains deep in the joints. Of less specific interest as therapeutic guides, but of general interest as showing the ultimate result of the disturbance of reaction, are the tissue changes induced. Albumin and casts appear in the urine, showing that either the kidneys are deranged through the effects of the *Radium* as it is excreted, or that the *Radium* has a specific action on these organs. The urine was radioactive from the dilution used in the proving, so that the kidneys may have been irritated by the drug.

A patient, thirty-nine years old, had for years excreted an excess of uric acid. For a year her blood pressure had steadily gone up from 110 to 185. Albumin and kidney epithelia appeared in the urine, but no casts were found. Lameness of the right knee developed at first, made better by walking and later aggravated by use. Slight puffiness and heat of the knee. Characterising symptoms were pain like a needle in the right hip joint and pain like a string down the right sciatic nerve. Indescribable pains in the lumbar region and the right side of the neck and shoulder. Hopelessness of recovery and of the future. Too frequent urination and sudden urging. Occasional diarrhœa attacks, especially if emotions were dis-

turbed, sudden gushing ; skin dry and the hair becoming grey within a few weeks. Brown spots on the skin. Awkward and drops things ; flatulence ; frontal headache in the morning as though the forehead were loaded. All symptoms were worse in the late afternoon, and hot weather prostrated. Everything was better in the open air. *Lycopodium* relieved the bladder and bowel conditions. This was followed in a few months by *Radium bromide*. Marked improvement of all other conditions occurred for several months, when an acute cold developed *Causticum* symptoms, which remedy appears to be finishing the case. The kidneys are now normal, the lameness is nearly gone and the blood pressure is down to 125. Note the sequence of *Lycopodium*, *Radium* and *Causticum*.

It causes a marked increase of the nitrogenous excretion of the kidneys and loss of flesh, demonstrating its profound effect on metabolism. It lowers blood pressure, which is consistent with the muscular weakness and let-down conditions which it causes. Blood changes are very interesting. It causes a marked increase in the type of blood cells that attack and destroy bacteria. Undoubtedly to this quality is due its effect in causing gum-boils and pustules.

All verification should be reported, not as isolated symptoms, but as complete symptomatic and clinical pictures.

Its abdominal symptoms, its effect on the joints, especially of the great toe, its irritating effects on bunions, and its upset of nitrogenous balance all point to its relation to gouty and chronic rheumatic conditions.

Its loss of flesh, its craving for pork, and its prostrating effect link it with the beginning of chronic wasting diseases, especially tuberculosis. I verified it in a case of incipient tuberculosis of the right apex in a woman of forty-two. She had not been well since a hard cold two years before, and a recent miscarriage had lighted the latent infection. Her urine showed low elimination and her blood an increase of leukocytes. Systolic pressure, 100.

She was mentally and physically prostrated, was worse late afternoons, and could not stand the least hot weather. She had pains all over the body which shifted about and made her restless. Stiffness of the muscles and pains that followed the nerves. Tired weakness, though if she walked in the open air she braced up; vivid dreams and apprehension. *Pulsatilla* and *Lycopodium* failed to help. After *Sulphur*, her temperature, which had been subnormal mornings and normal evenings, became normal mornings and one or two degrees high afternoons. Otherwise no change. Under *Radium bromide* in ascending dilutions, beginning with the 200th, she steadily improved. A year later no evidence of the lesion could be found. Skin diseases come under its influence, especially seborrheas and dry scaly eruptions. The fact that it makes scar tissues sensitive hints at its relation to keloid and perhaps to cancer. Von der Goltz says it is indicated in cancer to arouse reaction, much as *Sulphur* does in sluggish reaction in other conditions.

Acute conditions accompanied by much pain such as grippe, inflammatory rheumatism, neuralgia and neuritis, fall within its scope. It is related symptomatically to *Rhus tox.* and *Rhus radicans* and often cures where these help but do not hold. Intractibility seems to be one of its keynotes in rheumatic conditions. Digestive symptoms and modalities relate it to *Lycopodium* and *Pulsatilla*. Its catarrhal symptoms are like *Kali bichromicum* and *Kali carbonicum*. It resembles *Causticum* even more closely and complements it.

There is a variability about the action of *Radium*, in that it affects different people differently, *e.g.*, in one, there is a marked aggravation before a storm and in hot weather. In my verifications this has been absent, but there has been intolerance of summer heat. The chauffeur power had no pains, but only weakness, a stiff feeling and vertigo. One young man prover simply developed a frontal headache with no modalities.

This variability makes it a hard remedy to understand. Low potencies should not be used. Dangerous aggravations have occurred from the 30th.

CORRESPONDENCE.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—The following interesting announcement appeared in the *Daily Mail*, April 11th, 1918 :

"The system of cancerous subjects being particularly poor in magnesia, Dr. Durbard, of Dijon, has administered large doses of it to his patients operated on for cancer, and reports that 1,500 cases spread over ten years show that thirty-four per cent. survived beyond the fifth year after the operation."

Why, one naturally speculates, delay the exhibition of *Magnesia* until *after* operation? Is not prevention better than cure? Could not operation be forestalled?

It is quite worthy of notice that *Magnesia* enjoys at present enormous popularity as a domestic remedy for "acidity of the stomach."

Forbes Ross's researches indicated to his mind that it is potassium that is so singularly absent from the blood of the cancerous.

Yet, so far as I can ascertain, "potassium treatment" enjoys no very great vogue in the popular mind as "magnesia treatment" most emphatically does.

Such observations demand careful attention.

Yours faithfully,

Ferlys House,
Cheltenham.

R. H. BELLAIRS.

VARIETIES.

CLINICAL OBSERVATIONS ON THE PINEAL GLAND.—Clinical study by G. Horrax (*Arch. of Internal Med.* Chicago, May, 1916, No. 5, pp. 591-710) of three causes of supposed pineal tumour demonstrated that tumours of the pineal gland in children occurring before the age of puberty usually give rise to a syndrome characterised by precocious adolescence. In the first case there were no positive means of knowing whether or not the pineal is the organ mainly at fault. The history and findings, however, are suggestive and conform to the symptom complex of Frankl-Hochwart, except that the patient was a girl eleven years of age. Adiposity, though not great, was present to a definite degree,

this, with the other points, making the case very similar to Marburg's. There was an increase in the eosinophilic leucocytes. The second patient was a boy seven-and-a-half years of age. In this instance the author was unable to say what part the pineal may or may not be playing in the syndrome. Clinically, however the symptom complex was similar to that characterising a pineal lesion, but without adiposity. The sexual side of the picture is decidedly in the foreground. There has been little intellectual attainment, the latter sphere having been greatly limited by the boy's environment. In the third case the lesion was certified in full. The patient was a boy twelve years of age. There was a precocious adolescence; intracranial symptoms with diagnosis of tuberculous meningitis; xanthochromia. Necropsy revealed struma of the pineal gland. A striking feature of the tumour as a whole was the great number of lymphoid cells it contained. These were present both in large masses grouped together and also as scattered elements throughout the growth without definite arrangement. This enormous development of lymphoid tissue in a patient twelve years of age brings out the possibility of associated lesions elsewhere in the body, especially in connection with the thymus and lymph glands. The limited necropsy prevented studies of these tissues.

Medical World.

MENTAL DISTURBANCE IN SOLDIERS.—According to Urstein's (*Russky Vrach*, Petrograd, No. 11, 1916, pp. 241-264) observation, psychic disorders, caused by brain trauma develop usually only when more or less extensive portions of the grey matter of the cortex are involved, though it is possible for even circumscribed lesions of the brain, as, for instance, fracture of the skull, hæmorrhages, etc., to affect the mind. The immediate result of the brain trauma is mental confusion. The patients appear somnolent, dazed, forgetful and absent-minded. In severe cases unconsciousness may last for hours and even days. Other symptoms are headache, fainting, dizziness, vomiting, slow pulse, pupil disturbances, paralysis and convulsions. The mental confusion usually shows immediately after brain trauma, but in some cases only after an interval of hours or days. In addition there are observed changes in the character; excessive sensitiveness, excitability and irritation, exhilaration, maniacal states and hypochondriac ideas. In general, the clinical picture resembles that of a traumatic delirium. The symptoms of delirium become more pronounced when the course is unfavourable, which may be due to abcess formation or to a meningo-encephalitis. In such cases somnolence sets in, followed by coma, convulsions, paralysis and rise in temperature. The most frequently observed psychosis was catatonia, next in frequency, psychopathic constitutional anomalies, epileptic insanity, and, finally, manic-depressive states. Urstein has also encountered cases of so-called exhaustion psychoses, hysterical psychoses and progressive paralysis of the insane. The latter was observed only in soldiers over thirty years old. There does not seem to be any specific

psychoses, according to Urstein. He claims that a psychosis develops only where there was a certain predisposition. That is, the element of the psychosis were present before the man went to war; the latter hastened its development. In general the so-called war psychosis does not differ from those in time of peace, though the clinical symptoms may be somewhat peculiar, depending on the character of the warfare.—*Medical World*.

STUDY OF ACIDOSIS.—In three healthy subjects studies by Higgins, Peabody, and Fitz (*Journ. of Medical Research*, Boston, May, 1916, No. 2, pp. 131-272) a carbo-hydrate-free diet caused the development of varying degrees of acidosis. The acidosis was shown by a lowered CO₂ tension of the alveolar air, by an increased urinary excretion of ammonia nitrogen and of acetone bodies, and by the increased titratable acidity of the urine. The acidosis was accompanied by subjective sensations of malaise, an increased oxygen consumption, a negative nitrogen balance, increased pulse rate and increased ventilation. Alcohol given to the subjects on this diet in dosage comparable to that used for clinical purposes did not stop the progress of the acidosis or show any antikeyogenic action. Coincidental with its administration there was further increase in the oxygen consumption, and in the disagreeable subjective symptoms.—*Medical World*.

OSSEOUS CYSTS AND GIANT-CELL SARCOMA.—Platou (*Annals of Surgery*, Philadelphia, March, 1918, No. 3) reports cases showing that osteitis fibrosa with formation of tumour is not very rare. It occurs most often in young persons, but may also be found in persons of fifty to sixty. Trauma appears in many cases to be an etiological factor, although we are unable to explain how it can cause the disease or influence its genesis. The course of the disease is chronic with comparatively slight symptoms, rheumatic pains, and a slow swelling of the affected bone. The general health is good. Spontaneous fracture or bending of the bones may occur. The X-ray picture is often typical, but sometimes it is impossible to decidé whether the diagnosis might not with equal correctness be given as sarcoma. The treatment is exclusively surgical, all diseased tissue must be carefully removed, albeit with an obligation to be as conservative as possible. When the bone is opened the cavity is found to be more or less filled with a brownish-red or sometimes yellowish tumour tissue. The borderline is, as a rule, sharply drawn, although the same tissue may be found outside the periosteum. Under the microscope the destruction of the bone is seen to take place in the connective tissue with few cells, that is, fibrous marrow. Formation of new bone is also seen. The tumour-like tissue is built up partly by the polymorphous cells with numerous uncommonly large giant cells, partly from a fibrous tissue with four cells. Mucous tissue with softening and formation of cysts also occurs. It is sometimes difficult to decide that the diagnosis is not sarcoma. The disease is benign even when the perisosteum is perforated.—*Medical World*.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,
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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 19, Upper Wimpole Street, W.1.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. R. Day, London—Dr. E. A. Neatby, London—Mr. Eadie, London—Dr. G. Burford, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—N.A.J. of H.—

New Eng. Med. Gaz.—Hahnemannian Mon.—Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.

The Homœopathic World.

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Aug. 1, 1918.]

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THE HOMŒOPATHIC WORLD.

SEPTEMBER 2, 1918.

RESEARCH.

MORE and more the trend of orthodox medicine is towards the judgment that the generalisation of Homœopathy is at least not absurd nor even very unlikely: and as the time when the enemy is yielding is the time to press the attack, it is just in these years that homœopaths should seek to multiply pieces of evidence that may turn waverers into inquirers and thence into converts. There may be value in considering possible lines of research, especially as there are now certain funds available to help in the necessary expenses of investigations.

First there is Clinical Research. This should mean the results of series of well observed cases that should be strikingly above the average in, respect of recoveries. Particularly in this matter we would instance such a line of research as that worked on by Dr. Goldsbrough, and reported by him to the British Homœopathic Society. To influence chronic nervous disease strikingly in a series of cases would command attention and in addition Dr. Goldsbrough's new method of drug administration would arouse interest, while it does not in the least cease to emphasise the homœopathicity of the drug and disease relationship.

Second, there is the relation of drugs to immunity. More and more as they are looked for do relations appear between certain drugs and measurable immunity

reactions. We hope next month to publish a most remarkable article on this subject by Dr. Hooker, which not only recalls work already done and familiar here, but puts forward equally striking results that (as far as we know) have passed without comment in this country. It is work of especial value to the mind trained in orthodoxy, for if a drug which is frequently a simillimum for a disease is shown to have a specific influence in resistance to that disease, the choice by symptoms is well justified.

Thirdly there is the whole series of experiments that seeks to obtain demonstrable laboratory evidence of the power of infinitesimals. It is noteworthy that to-day it is the teaching of Dr. Kent that attracts most inquirers, and of this teaching the power of high potencies is an essential part. If their activity could be demonstrated non-clinically then the clinical evidence would be, to say the least of it, reinforced.

These three lines of Research seem to us at the moment the most valuable for Homœopathy. No one will do our work for us and we who believe in Homœopathy must labour at the demonstration of its truth: there is work enough in this field for all the labourers we can command.

TUBERCULOSIS AND MALIGNANT GRANULOMA OF THE AXILLARY GLANDS.—Prym (*Frankf. Zeitschr. f. Path.*, H. 1. Bd. 18) found among twenty-one cases of pulmonary tuberculosis, eleven times pronounced, and four times probable tuberculosis of the axillary lymphatic glands. The infection had taken place by pleural adhesion of the tuberculous lung. This could be demonstrated by the experimental transportation of charcoal from the lungs to the glands. This discovery is also of interest in cases of malignant granuloma. The latter is frequently found as a primary disease in the axillary glands. The author has seen four such cases. He is of the opinion that this granuloma had developed from a latent tuberculosis of these glands.—*Medical World*.

NEWS AND NOTES.

SAYINGS TO REMEMBER.

MEN who are really great, not only by the judgment of their contemporaries but by the considered verdict of posterity, give doubled value to sayings which would be true enough even if spoken by lesser personalities. We quote two from a recent article on Faraday, in the *New Statesman*, of the greatest importance to scientific minorities—one by Faraday himself. "Facts were important to me and saved me"—and one by Scheele the great chemist: "It is the truth alone that we desire to know: and what joy is greater than that of having sought it out."

DEATH OF DR. TINDALL.

We greatly regret to have to record the sudden death of our colleague Dr. Tindall, of Exeter. We hope to print some details of his career, but meantime we know that our readers will join with us in the expression of deep sympathy to his widow.

IODINE AND THYROID DISEASE.

Is a lack of metabolised *Iodine* the cause of myxœdema and excess of it the cause of Graves' disease? So it has been suggested, and homœopathic clinical experiment might base treatment on the conception and report some results.

THE PROBLEM OF MUSCULAR RHEUMATISM.

A. Schmidt (*Med. Klin.*, April 19th, 1914, No. 16, pp. 665-710) is convinced that the majority of cases of pain in muscles and nerves are of infectious or toxic-infectious origin. He has been confirmed in this view by the frequent complete cure of old rebellious myalgia and neuralgia after removal of the tonsils or evacuation of an empyema. The sudden onset of lumbago or the like after an abrupt movement he explains as the injury from the toxin on the fibres strained by the movement. Muscular rheumatism is in reality merely a neuralgia of the sensory nerve

fibres in the muscle. He found among fifty cases of sciatica that in 86 per cent. other muscles or nerve regions were painful, spontaneously or on pressure, as well as the sciatic region. There was pain in the lumbar region in 54 per cent. and in the femoral nerve region in 22 per cent. The knee-jerk was lost in 16 per cent. As the legs are used so much more than the arms, the greater chance for overstrain explains the predilection of the so-called muscular rheumatism for the legs.—*Medical World.*

PROFESSIONAL INJURIES FROM RADIO-ACTIVE SUBSTANCES.

In six of the twelve cases reported by F. Gudzent and L. Halberstaedter (*Deutsche med. Wchenschr.*, March 26th, 1914, No. 13, pp. 625-680) patients were connected with the radiotherapy department of the Charitè Hospital at Berlin; the others were physicians using radio-active substances or employees in industrial establishments where they were produced. The disturbances were in the form of changes in the blood picture and impairment of the genital glands, lassitude, drowsiness, headache, attacks of vertigo, slight syncope, etc. In two cases the menses were retarded. Lymphocytosis was marked in all, while the neutrophils dropped off. Characteristic changes also developed in the skin, paresthesia and loss of finer sensitiveness in the fingers, pain on grasping articles, and in the severe cases spontaneous and sometimes very severe pains in the fingers. The skin grows smooth and leathery, horny deposits develop around the nails, the fingers do not sweat and the nails tear at the tip and become deformed. Up to date none of these changes are serious, but the experience with Rontgen-ray burns necessitates caution. The radium and radio-active substances should be handled only with long tongs or forceps, never letting the fingers touch them. Specimens should be mounted with a rubber handle whenever possible. Workrooms should be thoroughly ventilated to get rid of the emanations, and the work table should be covered with metal to protect the worker's body. The workmen should be changed about

often so that the hours, at such work should be short and alternate with other work. Those working on a radio-active substance should be under repeated medical supervision and have their blood examined at least twice a year.—*Medical World.*

A NEW CHILDREN'S HOSPITAL AT ANN ARBOR. *

At their meeting in March, the Regents of the University authorised the immediate construction for the Homœopathic Hospital of a pavilion for children. The new construction will conform to the present building in general appearance and outline, with which it will be connected by a glass-covered corridor. It will be devoted entirely to the care of children. The plans comprise every convenience that modern institutions of similar nature possess. There will be two sun-parlours, one for boys, one for girls, each seventy feet by ten feet. There will be a large ward upon each of the two floors, private rooms, small wards, registration and interne offices, examination rooms, operating room, nurses' conveniences, etc. Accommodations will be provided for clinical laboratory, X-ray and other appliances, pertaining to diagnosis and special treatments. Forty children of each sex, eighty in all, can be accommodated.

For the past several years the present hospital has been over-run with children, the most of them state and county charges. Sometimes there have been forty children in registration in one day. The number of children received when the new part is ready will be limited only by room capacity and staff ability. *Michigan is doing well by her children.* The University is receiving them into her hospitals under special act of legislature, and our institution will do its share. State and county officers have an appreciation of Homœopathy. The addition will make it possible to establish an independent department in pediatrics abundantly supplied with patients for demonstration

* We take this paragraph from *the University Homœopathic Observer*, with grateful acknowledgments. It will be of special interest to those many of our readers who are working for Children's treatment by homœopathic methods.

and medical and surgical attention. The former system, that could not be avoided, of mixed clinics, can be done away with and patients classified, as they should be, into their proper age divisions.

The maternity ward has always provided for instruction in dietetics and the care of infants, but the acquisition of a special department for all children will materially improve the teaching value of the institution. It will materially increase a noble public charity.

HEROIC PROVING OF APIS. *

A correspondent of *Gleanings in Bee Culture* relates the following: One day he visited his bee hives and found that the bees were in an exceedingly bad humour, for they came at him by hundreds. Though well protected, they got under or through his guard, stinging him from head to foot.

The pain was not excessive, and by taking refuge in a cornfield he finally managed to get rid of his tormenters. On returning to his house he found that:

Water was literally running from him, his clothes being very wet, though the day was not a warm one, and he had not indulged in any violent exercise beyond a slow walk and brushing off the bees from his garments.

His face was swollen and almost purple.

The next development was:

Fluttering and violently pumping heart.

Next, though he did not faint, everything vanished from sight; he was weak and dizzy; the heart then grew weaker, pulse being hardly perceptible.

In a short time vision again began to return, he being able to see dimly. All this occurred in the barn, whence he had gone after returning to the house from his first experience.

When vision began to return he started to the house but at once sight vanished, he was in midnight darkness, and had to grope his way slowly home.

For half an hour his condition fluctuated between total blindness and very indistinct vision; was weak, limp, the heart very irregular and faint.

* From the *Homœopathian*, with thanks.

Consciousness and reason never left him, though there was a great depression. His face, he was told, was pale and ghastly.

In time, probably an hour, there was an urgent call for stool, and when the bowels were evacuated his sight returned to normal, the heart nearly so, and he felt that the danger point was passed.

During this experience there were no pains worthy of being called such. The following day he felt as though he had done a day's work of severe physical labour, the muscles of the whole body being very sore. The third day he was quite normal in all respects and has remained so.

SINO-AURICULAR BLOCK DUE TO TOBACCO POISONING.—A study of the history and clinical course of the two cases cited by Neuhof (*Arch. of Internal Med.*, Chicago, May, 1916, No. 5, pp. 591-710) showed that the two distinct types of arrhythmia, in so-auricular block and ventricular extra-systoles, were apparently caused by two different factors, the former by tobacco, the latter probably by myocardia and nephritis. The sino-auricular block disappeared very soon after smoking was stopped; the extra systoles only when compensation was fully restored. The cases seem to substantiate, in a degree, the results of animal experimentation. In Case 2 the extra systoles were the result of decompensation. The sino-auricular block represented the effects of nicotine poisoning on the vagus alone. Patient 1 had no organic disease. The moderate acceleration interspersed with irregularly occurring sino-auricular block was apparently a clinical prototype of the two opposed experimental effects of the tobacco alkaloid on the vagus and accelerator.—*Medical World*.

NEURASTHENIA IN SOLDIERS ON ACTIVE SERVICE.—Gerver (*Russky Vrach*, Petrograd, No. 11, 1916, pp. 241-264) found from repeated observation of neurasthenia in soldiers that it manifests itself in the war environment with the same clinical symptoms as in time of peace. The specific features are impulsive ideas and phobias; even the entire sphere of consciousness may suffer. The existing conditions of warfare imprint special features on the neurasthenia. The forms with agitation show during periods of hot battling, while trench warfare elicits the more torpid forms of neurasthenia. The physical symptoms also are the same as in times of peace, headache, dizziness, tinnitus and diminished hearing. Clavus, that is, in acute sharply localised pain, especially in the occipital region, is also very common, and hysteria is a frequent complication.—*Medical World*.

ORIGINAL COMMUNICATIONS.

PULSATILLA.

Tincture of entire fresh plant of the Pasque flower, Pulsatilla nigricans: this is allied to the Anemone Pulsatilla but not identical with it. An American species has been partially proved, with results comparable to those of P. nigricans but preparations of the latter should be preferred.

ALTHOUGH all but unknown to modern medicine, outside Homœopathy, *Pulsatilla* had a considerable reputation in earlier times. Hahnemann found it in use for eye diseases, especially for ophthalmia, and for a variety of other disorders, and the provings soon showed that some at least of its empirical success could be attributed to Homœopathy. Hahnemann appears to have had a large personal share in the provings of this drug, and it has always been a valued remedy by his followers. Clinical use has supplemented the tests of it on the healthy and it can be prescribed with a good deal of confidence according to definite indication.

Pulsatilla causes well marked local symptoms, mainly on mucous and synovial membranes and very definitely on the generative organs of both sexes, but especially the female. Probably this action is responsible for its relation to a very definite type of character and temperament. Wherever this type comes under observation *Pulsatilla* has claims to be considered for its treatment. The prevailing mood of these individuals is one of yielding, gentle, melancholy, often showing peevishness but seldom temper: they are lachrymose and easily emotional, moved to tears by the mere thought of suffering, especially of their own pains and sorrows; sometimes they cannot relate their symptoms without weeping and self-pity, and lack of moral and physical "backbone" are characteristic. They like and seek sympathy, while at the same time they are shy and self-conscious, absorbed in their own affairs, yet anxious concerning the impression

they make on others. They go easily from one mood to another: while their prevailing atmosphere is one of melancholy, they can quite readily for a time be moved to laughter, often at trivial, childish things: they have seldom much intellectual power or interest, are unbalanced and hysterical. The anemone, the windflower, moves to every breath of air, and the *Pulsatilla* subject is changeful, never the same for any long time, moving through grief to hilarious mirth and back to tears again, but never showing much anger or dermination or obstinacy.

These persons lack energy, both mental and physical, and consequently tend to put on fat: they are soft, sedentary subjects, who can be roused to momentary interest and exertion, but speedily relapse to inertia and self-pity. Mrs. Gummidge is a good example of a *Pulsatilla* patient in middle life, but the type can be found at any age. It must always be remembered, however, that the attempt to register typical characters in relation to drugs does not imply that only those who approximate closely thereto can be treated with the corresponding remedies. The descriptions are of those most likely to respond well to the particular drug action, and in so far as patients come nearer to the type, either by nature or as a result of disease, so the probability increases that the drug will be of value for them; but in certain (probably temporary) emergencies the local need of a particular remedy might be considerable, even though the general temperamental characteristics were absent.

It is a great mistake to think of *Pulsatilla* as exclusively a remedy for women and children. It is true however, that the particular gentle, yielding emotional temperament, changeable and weak, is very often found among women and children who have led a sheltered life. Those who have had to face realities of stress and difficulty generally harden and develop different characters or else go under. But however disconcerting it may be to masculine vanity, the characteristics that suggest *Pulsatilla* are by no means exclusively feminine and the remedy often is indicated and successful for men. It affects the generative

organs of both sexes very markedly: the testicles are swollen and painful: and the prostatic gland secretes more freely. Emissions may be frequent and sexual desire is usually increased. *Pulsatilla* has a general influence on the tissues of veins and is appropriate to conditions of venous hypercœmia and varicosis. Consequently it has a special relation to varicocele and in early cases is of great benefit. In the female there is usually also increase of sexual desire. The menses are characteristically irregular, the interval being generally lengthened. The flow as a rule is scanty. Inframammary pain is often present as well as dysmenorrhœa of a more or less severe kind. Amenorrhœa at puberty, irregular, delayed, and painful periods and a variety of nervous symptoms associated with them, respond well to this remedy, in many cases. Even for epileptic convulsions first appearing at puberty and associated with irregular menses, the drug can be hopefully prescribed, and minor troubles, headaches, neuralgias, etc., yield readily. Whenever indeed complaints are associated with scanty, painful, irregular periods, *Pulsatilla* should be thought of and, if any of its general symptoms are present, prescribed: for its action on the generative organs is an essential feature of its pathogenesis and should be given full weight in determining its choice. Leucorrhœa, bland and non-irritating, frequently accompanies other *Pulsatilla* symptoms and the period of the puerperium may need it. In Parotitis the "metastasis" of the disease to the generative glands strongly suggests *Pulsatilla* for this complaint.

Patients who benefit by *Pulsatilla* are generally "chilly": the circulation is not active, and they dislike exercise, but their condition as a rule is one of low oxygenation. The venous system is congested and the oxygen content relatively low. Consequently there is a great longing for air: patients are $>$ out of doors and $<$ warm room, and warmth in general, and this although they dislike cold weather and suffer much from such affections as chillblains. They prefer cold applications to relieve pain and headache and cold food and drink in dyspepsia. Another noteworthy

symptom is thirstlessness—even in fever typical *Pulsatilla* patients are not thirsty, and this feature will often determine the choice of the drug. It has been said that “the patient instinctively dreads increasing the body fluids because the vessels (venous) are already overfull”: the phrase may be a convenient way of associating in the memory the thirstlessness with the venous congestion. The headaches of *Pulsatilla* suggest congestion: they are dull and heavy < on stooping forward and > by tight bandaging. From several well-known passages of Shakespeare, it may be concluded that a headache > by tight binding was a familiar type in his day. It is not so common in these times, and interesting speculations as to possible causes of the change in type might be made in regard to dietary and mode of life now and in the sixteenth century: but whenever a headache of this kind appears *Pulsatilla* is one of its possible remedies.

Another characteristic of *Pulsatilla* is the great “changefulness” of its local symptoms. From day to day, characters of cough and expectoration or of joint pain or of stool will change as swiftly as do the mental features of the case, and this instability is always a strong indication for the drug.

Joints are notably influenced by *Pulsatilla* to the extent of swelling and pain. The choice of it in acute and sub-acute synovitis is determined mainly by the general symptoms, but in a characteristic case there would be a shifting of the trouble from joint to joint. Slow gradual motion generally relieves and cold applications, both features opposed to the choice of *Bryonia*. It has less value in chronic synovitis, though exacerbations of an old disease at the menses if these were scanty and delayed would suggest it.

The sweat is profuse and often sour or musty in odour. Skin eruptions are mainly of a character like the rash of measles: chillblains are common and small pustules. For varicose ulcers or eruptions associated with varicose veins, the power of *Pulsatilla* over the venous tissue may be used. *Hamamelis* and *Clematis* compete with it here.

The other great seat of action of *Pulsatilla* is upon the mucous membranes in general. Respiratory, alimentary, genito-urinary, all respond in the same way. From the mucous surface pours a copious, bland, muco-pus, and the tissue is swollen and engorged. Ophthalmia of this character yields quickly and even corneal ulcers, while styes are a marked indication: nasal and bronchial catarrhs also respond well. It should be noted that the lungs and larynx are not notably affected, and that with a typical bronchitis that calls for *Pulsatilla* there will usually be great variations in the character of the cough in any subject. The copious expectoration will stop for a time and the cough become dry and fatiguing, or it will be dry at night and loose in the day or *vice versa*: or cough will be only troublesome by day and cease at night, which is unusual when coughs are frequent and obstinate.

The alimentary canal symptoms indicate a general catarrh. The tongue is white as if whitewashed, there is nausea and vomiting of mucus and a changeable diarrhoea, often with mucus in the stools. The drug is of no great value in deep inflammatory conditions of these regions, but is excellent for the catarrhs that follow indiscretions in diet, indulgence in rich food, in pork or pastry for instance: there is the characteristic thirstlessness to look for and an absolute hatred of fat of any kind. *Antimony* is another most valuable remedy for such dyspepsias, but the mental characteristics when it is indicated are much more those of crossness and violent ill temper than those of the tearful self-pity and longing for consolation of *Pulsatilla*.

Pulsatilla affects the middle ear very markedly, and ordinary otitis media generally yields to it satisfactorily, whether or no suppuration has occurred. This is a last feature confirming others that give a leading place to *Pulsatilla* in measles and sometimes in scarlet fever. Other less defined catarrhal affections and sequelæ (e.g.,) to influenza may call for it. The inner ear is not so much in the sphere of action of *Pulsatilla* except as far as its symptoms may be secondary to those of the middle ear.

The daily life rhythm is not characteristically influenced by *Pulsatilla*. The changefulness of the drug shows in this respect: but there is very apt to be an aggravation of symptoms at twilight which should really be read as a mental symptom. The characteristic temperament of *Pulsatilla* yields easily to the suggestion of melancholy, of the transitoriness of life, the incompleteness of human effort, that readily arise at the end of the daylight. Venus is the evening star, and *Pulsatilla* patients are apt to pay homage to her in this and in other respects.

On the whole the remedy is most valuable for many acute and sub-acute catarrhal affections of mucous membranes and often for synovitis. In chronic cases there will generally be stress to be laid on symptoms connected with the generative organs, when *Pulsatilla* is required. It may be that its constitutional effect will finally be attributable to some modification of the internal secretions of the generative glands. Its chronic counterpart is *Silica* and in spite of the fact that *Silica* patients desire warmth as keenly as *Pulsatilla* patients dislike it, any case that has benefitted by *Pulsatilla* is likely to improve more fundamentally on *Silica*, and any chronic case that has responded to *Silica* will generally find in *Pulsatilla* a remedy for incidental minor disorders like, catarrhs and neuralgias.

Pulsatilla often helps anæmia—the characteristic state that calls for it is one of low blood pressure with diminished red cells and hæmoglobin, and if anything excess of white cells. It is an antidote to *Iron* and to *Quinine* (as well as to many other drugs), and if anæmias have been dosed ineffectively with “tonics” *Pulsatilla* has a special value. Like *Nux vomica* and *Sulphur*, the drug may often have usefulness when beginning the treatment of an overdosed case. It acts on good indications promptly in all potencies. Spaced out doses of the mother tincture often succeed admirably.

Pulsatilla is the antithesis of *Nux Vomica* in nearly every particular, and this is noticeable in its effect on sleep, for while the *Nux* patient sleeps early and wakes

early and cannot sleep again, the *Pulsatilla* patient is slow in sleeping but once asleep continues late in slumber.

SYMPTOM INDEX.

General Symptoms : Changeableness of symptoms : < warmth > cold and cool applications : > open air, < close rooms : thirstlessness : general chilliness : aversion from fat : < twilight : < before thunder.

Mental Symptoms : Changeable moods but constant reversion to tearful, gentle melancholy > consolation : slackness and aversion from mental or physical exertion : hysterical and capricious and hypochondriacal conditions.

Head Symptoms : Vertigo < close rooms, < menses > cool air : heavy headache > cool air or applications, > tight pressure.

Special Sense Symptoms : Catarrhs of mucous membranes of eyes, nose and middle ear, with profuse discharges of muco-pus : styes : corneal opacities and ulcers : otorrhœa.

Respiratory Symptoms : Nasal and bronchial catarrhs with profuse secretion or occasionally dry cough, fatiguing and irritating : > open air, < close room.

Alimentary Canal Symptoms : Thirstless : aversion from fat : desire for sour things : tongue coated white : anorexia (usual), nausea and vomiting : dislike of tobacco smoke : hiccough and water brash : dyspepsia from rich food : preference for cold things : mucous diarrhœa with variable stools.

Genito-Urinary Symptoms : Catarrh of bladder and urethra : swelling of testes : varicocele : desire increased : increase of prostatic secretion : menses delayed, scanty, and irregular : dysmenorrhœa : inframammary pain : amenorrhœa with anæmia : after pains : scanty supply of milk.

Locomotor System Symptoms : Joints swollen and painful : < warmth, > cold applications, > slow gradual movement : phlebitis.

Skin Symptoms : Eruptions like measles : chill-blains : varicose conditions : free sweating, sour or musty smelling.

Sleep Symptoms : Sleepiness by day : retarded sleep at night.

ARSENICUM ALBUM.

The White Oxide of Arsenic As₂O₃. Solution and Trituration.

THE sinister and deserved reputation of *Arsenic* as a deadly poison changes into a fame correspondingly great as a beneficent agent in many cases of disease, when the generalisation of Homœopathy is accepted and made the basis of practice. Beginning with the criminal uses of it in the sixteenth and seventeenth centuries it passed into therapeutics (though arsenical compounds in medicine were not unknown very much earlier), and to-day orthodox medicine regards it as a valuable "alterative," while it is an essential ingredient of compounds like *Atoxyl* and *Salvarsan* designed specifically to exterminate certain parasites. The homœopathist notes with interest how frequently its "altérative" action (*e.g.*, in certain skin diseases) corresponds more or less closely to Hahnemann's doctrine, and finds much to discuss in the problem of the "great sterilisation" of *Salvarsan*.

Knowledge of the effects of large doses of *Arsenic* is considerable, derived not only from cases of criminal poisoning but also from many accidental poisonings, for arsenical dyes and preservative solutions and contaminations from impure sulphuric acid (such as led to the poisoning epidemic of 1909, when the glucose used for cheap beer carried *Arsenic* with it from the sulphuric acid employed in its manufacture), have been responsible for chronic body effects that are often difficult to diagnose, but once realised, invaluable for the homœopathist. There are few remedies whose "morbid anatomy" is better known, and those who prefer to find a ground for their prescriptions in definitely damaged tissues naturally turn often to *Arsenic*. The presence of the poison is easily recognised even long after death, and this fact has led to a great diminution of the criminal use of it.

Large poisonous doses of *Arsenic* speedily produce constriction of the throat and gastric pain rapidly becoming violent and accompanied by vomiting and

water-diarrhœa, the latter soon taking on the character of the typical "rice water" stools of cholera, shreds of mucous membrane disintegrating in a serous fluid. Stools, and (more often) vomit may contain blood. The urine is diminished or even suppressed: muscular cramps, giddiness and headache accompany the other symptoms, and collapse ensues, passing into coma and death, preceded sometimes by convulsions. These are the symptoms of a large dose, and already the homœopathist would be led to think of *Arsenic* for Asiatic cholera and certain severe cases of enteric or other bowel affections. The remedy has often justified the homœopathic doctrine in such cases. Sometimes there are few symptoms but collapse and coma, and this again is a phenomenon not unknown in cholera.

Chronic poisoning may follow a single large but not fatal dose, but more often is seen when *Arsenic* is gradually absorbed, e.g., from wall-paper (dust inhalation) or beer or wine. At first the patient complains of general weakness, loss of appetite, nausea and vomiting and gastric discomfort: at this stage constipation is more common than diarrhœa. Presently, the respiratory mucous membranes become affected: the conjunctiva inflames and nose, pharynx and larynx with coryza, sneezing, hoarsness and cough. Jaundice is occasionally seen. The skin is notably influenced: the eruptions may be vesicular or papular or erythematous, but nearly always there is considerable formation of epidermal scales: pigmentation is usual, but is due neither to normal pigment nor to an arsenical compound, but to some other organic substance. The hair and nails fall off. Herpes is not uncommon, and is to be associated with the other nerve phenomena characteristic of prolonged poisoning. These are persistent headache, neuralgic pains, and finally peripheral neuritis with all its sensory and motor symptoms. First the nerves are irritated and formication and pain and variations in sensitiveness to heat and cold appear, while later sensation is dulled or lost and the gait may become thereby ataxic. The motor nerves being irritated cause cramps and spasms and later there is paralysis. If the spinal centres are

affected they are only so influenced secondarily: the primary and important lesions are those of the peripheral nerves. The affected muscles degenerate so that recovery is very slow and sometimes partial. An apathetic almost demented mental condition has been observed from severe poisoning and also epileptic attacks have supervened.

The effects of *Arsenic* on mucous membranes are not corrosive but resemble those of *Phosphorous*. The cells show cloudy swelling and fatty degeneration and the tissue is generally congested. Peyer's patches are special sites of arsenical action (cf. use of the drug in enteric). These signs are present in gastric and intestinal mucous membranes however the poison is absorbed, they are specific not only local, and the power of the drug to cause irritation and ultimately fatty degeneration of mucous membranes is clear. The increased fluid ("rice water" fluid) in the intestine appears to be a result of vascular action. Small doses of *Arsenic* given to dogs increase the gastric secretion, and it is, to say the least, noteworthy when the power of large doses thus to damage and destroy these tissues is so certain, that small doses should rightly have the reputation of encouraging digestion, for although Arndt's Law of Stimuli is generally admitted, only homœopaths (and Professor Schulz) consciously use it as a ground for prescription.

The heart is not obviously affected by *Arsenic*, except that in fatal poisoning the muscle degenerates. The blood pressure falls (as arterioles dilate from effects of the drug on the muscle coat), and more fluid accumulates in the splanchnic area: this is the ultimate cause of the increased fluid in the bowel. The provings where the arsenical absorption is very gradual show, as will be seen, a good many subjective cardiac symptoms, and the *Iodide of Arsenic* has a deserved reputation in some chronic heart cases, but the *Iodine* element without a doubt counts for much in this action.

The tendency to proliferation of the epidermis, with formation of scales has been already noted. The growth in thickness and cell multiplication may go on to epithelioma. *Arsenic* has certainly the power

to influence the body towards the appearance of malignant disease.

There is some evidence that *Arsenic* diminishes the number of red blood cells but it is not conclusive. Persons chronically poisoned by *Arsenic* are usually anæmic however, and seem to be more susceptible to microbic diseases, especially if under-nourished.

It has been asserted that the leucocytes will absorb minute quantities of the red sulphide from the blood stream: this would suggest that *Arsenic* might prove in small doses a stimulant to leucocytic action and it has been stated that phagocytosis is encouraged by the presence of minute quantities. It would follow that large doses would impede leucocytic action and thus chronic arsenical poisoning cases might be less resistant to infections, having in mind the part played in resistance by the white corpuscles. Conversely, therapeutic doses should stimulate resistance, and since it is very doubtful if the action of arsenical preparations in malaria, sleeping sickness or syphilis is that of a pure parasiticide (see below), the leucocytic stimulation may count for something when favourable results follow its use. * In fermentation of sugar by yeast, the presence of small quantities of *Arsenic* definitely accelerates the process, while that of large quantities retards it. The drug does not encourage the multiplication of the yeast cells: it is a stimulant to a function rather than to tissue building.

As regards general metabolism small quantities of *Arsenic* (like small quantities of *Phosphorus*, but less intensely) accelerate autolysis: large doses arrest it by destroying the ferment. Fatty degeneration occurs in poisoning, not only in mucous membranes but in liver and kidney, heart and other muscles, blood vessels and lung alveolar epithelium. If the fatty degeneration of the liver is considerable, pressure on the bile ducts may cause jaundice. *Arsenic* is excreted largely in the urine and may irritate and inflame kidney tissue in so doing. Homœopathy finds it often useful in nephritis. It is said that under the influence of

* Enlargement of lymphatic glands has been found in arsenical poisoning cases and also enlargement of the spleen.

Arsenic quantities of sugar can be assimilated such as would normally cause glycosuria—but the mechanism by which this effect is produced is obscure.

A tolerance to *Arsenic* can be acquired, and the Styrian *Arsenic* eaters are famous. They believe it improves their powers of respiration. The effect of it on complexion and hair (it is given to horses to improve their coats) is readily explained on Arndt's generalisation (homœopathically) for since large doses of the drug inflame the skin and damage it and cause hair to degenerate and fall, relatively small doses should stimulate skin and hair nutrition. The orthodox therapeutic use of *Arsenic* for skin diseases is particularly noteworthy by the homœopathist, since it is for psoriasis, chronic eczema and lichen ruber that it is chiefly recommended, and on the whole these are the diseases it can most readily counterfeit. Homœopathic provings, as will be seen, endorse its use for asthma (when other arsenical symptoms are present) and its presumed effect on leucocytes is recalled by the use of it in lymphoma and leucœmia. Neuralgia and cachexia are among its effects, and it is praised as a remedy for both. In chorea some physicians prize it highly: the lesser degrees of poisoning induce spasm of muscles, but when large doses are given with cessation of symptoms the effect is more probably on the conduction of nerve impulses. When the case is one that in its whole complex suggests *Arsenic* to the homœopathist, potencies (much too minute in quantity to produce any gross tissue effect) will cure chorea and their action can only be interpreted as a reversal (homœopathically) of the spasmodic effects of the disease poison by an agent itself capable of producing spasm.

Acute arsenical poisoning should be treated with prompt, copious and repeated washing out of the stomach. Chronic poisoning will tax the patience and resource of the physician, but *Sulphur* and *Pulsatilla* and *Phosphorus* are often called for by the symptoms.

These general effects of *Arsenic* are made by Professor Schulz the basis for its use in many conditions on his well-known view of drug action which so closely

resembles a (somewhat) crude homœopathy. His own provings bring out many of the finer points of *Arsenic* symptomatology familiar to the homœopathist and he treats with it not only neuralgia, chorea, malaria and asthma, and chronic skin diseases, but also choleraic diarrhœas and cholera (using the *Arsenite of Copper*) and a variety of chronic conditions wherein he finds drug symptoms and disease symptoms to correspond.

Before however, proceeding to homœopathic provings of *Arsenic* and the therapeutics founded on them, the question of *Arsenic* (especially of *Salvarsan* and allied compounds) as a parasiticide must be briefly referred to. The use of this compound has unquestionably been of great service to many sufferers from syphilis, but it is no surprise to the homœopathist that many cases (and especially the severe cases for which *Salvarsan* won its first laurels), should respond to *Arsenic*, for on a purely symptomatological basis *Arsenic* is often called for in this disease. Broadly speaking, *Arsenic* corresponds more frequently for the homœopathist to primary syphilis (and such tertiary symptoms as ulceration), while *Mercury* is more likely to be indicated for the secondary stage (although *Arsenic* may also be needed then), and although most followers of Hahnemann use low potencies of both drugs and continue the administration of them, yet in no case are large enough amounts given to make any parasitidal action credible. In other words here as virtually always, the homœopathist endeavours to stimulate a body reaction rather than directly to attack a body invader. In this connection it is of interest to recall that the older physicians were well aware of the value of *Arsenic* in syphilis and Donovan's Solution remains in use as evidence of their knowledge to this day. Therefore to Ehrlich and his followers the homœopathist is inclined to say "*Arsenic* as a remedy for syphilis I value and your organic preparation may have a special virtue, but before conceding your claims that it acts as a direct parasiticide I require much more evidence. If you can establish the fact I shall gratefully employ the agent, indeed if I am convinced that

its effect is a good one (better than I can otherwise obtain), I will use it thankfully, suspending final judgment, as to its mode of operation. But I note that you confess to certain risks in its use, from which at least my smaller doses are free, and your claims for speedy and complete cures are not now made with that confidence that at first filled newspapers with rejoicing optimism. Gone is the belief in the 'great sterilisation' and instead we have statements as to parasites becoming resistant to *Arsenic* to the point of invulnerability. Meantime Mr. McDonagh as one expert at least maintains that the drug effect is principally indirect and that commends itself to me on the grounds of much experience with drugs and their actions. If the virtue of *Arsenic* in syphilis is to stimulate a body resistance as I more than suspect, I doubt if your large dosage (with attendant risks) is needful: at least I add the comment that I frequently find *Arsenic* called for on homœopathic grounds and suspend my judgment as to its value when not so indicated." Such in brief is the general attitude of Homœopathy to the parasitocidal action of *Arsenic*, in sleeping sickness and malaria, as well as in syphilis. When indicated by the symptom complex as a whole, the homœopathist expects it to prove its value without any excessive dosage, and attributes success to the body reactions aroused or encouraged by it. If not indicated homœopathically he would doubt if mere increase in quantity of it would achieve a cure. Similar doubts attend the parasitocidal action of *Quinine* in malaria and *Emetine* in amœbic dysentery and it is noteworthy that opinion thoroughly orthodox begins to question as does Homœopathy whether the effect of either drug on its appropriate parasite be the sole or even principal cause of the undoubted success that often attends the use of each.

The way is now clear to the consideration of the indications for the use of *Arsenic* (*Arsenicum album* unless otherwise noted), as a homœopathic remedy.

There are some grounds for thinking that *Arsenic* acts more powerfully on vegetable eating animals than on flesh eaters: it is often useful correspondingly for

ill effects of excessive eating of melons, strawberries, etc., and for various disorders when affecting vegetarians. In this respect it is the opposite of *Nux vomica*. The Styrian *Arsenic* eaters are mainly vegetarians and they are said to believe that the *Arsenic* which they swallow is needed by them in the absence of meat from their dietary.

Arsenic has several well marked "general" symptoms, which frequently determine the choice of it. Thus it corresponds to constitutions that are very susceptible to cold and damp, especially to cold. Heat of sun or fire or clothes relieves symptoms of pain and discomfort, except for headache. The headaches of *Arsenic* are relieved by cool air and cold applications, but apart from headache, the patient is shivering from the least exposure and desires heat. Its symptoms show marked periodicity, recurring every day, every third or fourth day, every week and so on. There is a weekly headache well known to routine brain workers, that recurs regularly at the end of the week when the tension of routine is relaxed, as though the bill of fatigue were deferred till the time of stress is temporarily over. Such a headache often yields well to *Arsenic*. The time of symptom aggravation in the twenty-four hours is at midnight and after, up to about 3 a.m. a little later than that characteristic of *Aconite*. Pains and fever and delirium are apt to worsen notably then; asthma paroxysms habitually coming between 12 p.m. and 3 a.m. often yield to *Arsenic*. The time of onset of an asthma paroxysm or of any recurrent complaint is of great value as a symptom for the choice of remedy.

In the mental sphere the patient who needs *Arsenic* is both irritable and despairing: he shows anger, even fury, with hopelessness and misery. Many cachexias of serious disease produce a combination of sadness and irritability and *Arsenic* reproduces this (as well as the physical symptoms of cachexia) and will aid it, whether the cause be syphilis or tubercle, cancer or malaria, or over dosing with such drugs as *Quinine* or *Mercury*. No reader of the symptoms of chronic arsenical poisoning, outlined earlier in this article can fail to see that *Arsenic* produces a cachexia. The

homœopathist concludes therefore that it can relieve disease cachexias that show its characteristic symptoms and is justified by the results of such treatment.

Returning to the mental sphere the angry melancholy that belongs to *Arsenic* has one pervading characteristic of restlessness. Even if delirium sinks into stupor, fits of restlessness will occur, and generally the patients constantly toss about, shifting their position, and are anxious and filled with the fear of death or worsening of their symptoms. These features recall *Aconite* where is also restlessness and fear of death—but *Arsenic* shows none of the tension that goes with *Aconite*. The patient's power of reaction seems poor, his tension lowered rather than raised, and it is seldom that the prescriber hesitates between *Aconite* and *Arsenic*. The restlessness is often accompanied by jerking spasms of groups of muscles, especially when the patient is on the point of falling asleep. When for instance such symptoms appeared in chorea, *Arsenic* might be given with confidence and other nervous diseases of an acute or sub-acute type often need it, notably of course, neuritis and neuralgia. It is less often indicated in chronic nervous diseases of spinal cord and cerebral tissues.

The drug in its general picture corresponds to states so frequently found in the more profound bacterial poisonings and produces on the healthy a definite state of fever with a daily rhythm or one of longer range. Thus it is a great remedy for enteric (varieties of paratyphoid too) especially when the usual loose stools are present. Poisonings show its affinity for Peyer's patches. The constipated type of typhoid more often requires *Bryonia*. Influenza ordinarily is too short-lived a disease to need *Arsenicum* and seldom requires more than *Gelseminum* or *Baptisia*, but if a case drags on *Arsenic* symptoms will nearly always appear. Early tuberculosis often calls for it, when acute or sub-acute: pneumococcal affections less often: here *Phosphorus*, the congener of *Arsenic*, is more likely to be indicated. In general it can be briefly stated that any quality of "malignancy" in any acute or sub-acute disease (measles, scarlet fever,

diphtheria, enteric, etc.) should always suggest the use of this drug. The drug causes a rise of temperature comparable to that of all these conditions, as well as so many other symptoms apt to go with the fever. Hectic temperatures, if occurring without much formation of pus, often benefit from it. Considerable suppuration (*e.g.*, empyemas) seldom show *Arsenic* symptoms: as a rule when *Arsenic* is wanted, leucocytosis is not marked, even though in general it would be looked for in the disease in question. There may even be leucopenia. In more chronic cases, however (Hodgkin's disease, leukæmias, etc.) *Arsenic* has a value but these show not reaction leucocytosis, but pathological increases in white cells, and the indications for *Arsenic* are here more general, as also in pernicious anæmia. It is unfortunately true, however, that in all these serious disorders, though *Arsenic* often palliates (considerably when well indicated), it seldom cures. There is some evidence that small doses of the drug encourage phagocytosis but not that it modifies blood cells (red or white) very profoundly; it affects, in other words, function rather than structure, and consequently on pathological grounds is less likely to be of service in grave anæmia. Its provers develop anæmia, but this is of a simple type, and correspondingly *Arsenic* often helps chlorosis materially.

The pains that indicate *Arsenic* whether definitely neuralgic or the result of gastritis, enteritis or whatever, are severe and unbearable, and notably burning. This burning quality appears in the pains of *Sulphur* and *Phosphorus* also to a high degree, but there is no drug of which "burning" is more characteristic than *Arsenic*. And the "burning" is relieved by heat while *Sulphur* patients are notably averse from heat and though *Phosphorus* subjects are in general "chilly" folk the stomach pains characteristic of this drug crave for cold food and drink and violently resent hot things. The troubles of *Arsenic* on the other hand are relieved by heat throughout, with the one exception noted of the headache. Thus a dyspepsia that is caused or aggravated by ice water or ices will often find its remedy in *Arsenicum*.

Another general feature of *Arsenicum* is the great prostration it causes, often out of proportion to the obvious tissue lesions, and whenever patients are obviously overwhelmed and exhausted in the struggle with disease, *Arsenic* is a remedy to be considered. The patients are characteristically restless, yet every little exertion fatigues them excessively: the whole sum of vital energy seems diminished. This condition often accompanies one or other of those cases of "malignant" disease, which in themselves by their severity suggest this remedy: so that both an overwhelming attack and a weakening defence call for the use of it. The patients suitable for its prompt action are often the rather fat and plethoric, who are notoriously bad subjects for epidemic diseases, and œdema of tissues and puffiness are marked *Arsenicum* symptoms, whether from actual nephritis or heart failure. Conditions that follow losses of blood often need it.

Prolonged irritation from *Arsenic* undoubtedly can cause epithelioma and for the homœopathist it is an important cancer remedy. Whatever shall prove to be the mechanism of body resistance to cancer, unquestionably that mechanism is *sometimes* effective, since "spontaneous" recoveries from undoubted cancer multiply on investigation however rare they are. If, therefore, the body can ever defeat this deadly disease, conceivably it can be helped to do so if the defensive mechanism can be encouraged, and since massive doses of *Arsenic* tend to impede the mechanism, the homœopathist would expect small doses to support and stimulate it. Here as always in medicine there can be no routine treatment, and the remedy indicated by the whole symptom complex should be given, but cancer cases usually lack even a fair number of distinguishing symptoms, leaving the drug choice to be made on less assured and more empirical grounds. For the present it is very doubtful (in spite of many results of promise for the future) if the physician is justified in refusing surgical aid whenever the surgeon considers the chances of interference good. But the field of the physician, though thereby restricted, remains important. There are

unfortunately inoperable cases, recurrences and other : these should be attacked, and though clearly they will be more difficult to deal with than the early cases entrusted to the surgeon, yet helpful results if obtained will be the more significant. Secondly, surgical removal of a growth is not in itself a cure for the (problematical at present) cause of the growth : that cause, persisting, makes a tendency to recurrence which surgery can minimise perhaps, but never eradicate. The physician from the moment of operation, or before, should attempt to deal with this cause on the basis of the homœopathic generalisation. Such considerations have led Dr. George Burford to advocate the routine administration of *Arsenic* for long periods after operation, and his results as to non-recurrence are very encouraging. Probably indications should be sought for a closer adaptation of drug to patient. High as are the claims of *Arsenic*, there are others to be considered, notably *Thuja* and *Carbon* and a group of vegetable remedies such as *Symphytum*, *Ruta*, *Ornithogalum*, *Lobelia erinus*, etc. These last are mainly prescribed in occasional unit doses of tincture by the method of Dr. Cooper, who did most to find and fix their places in the *Materia Medica*, and have apparently tissue relations of some significance. Otherwise the advice of Dr. Burford should be followed. He uses the *Cacodylate of Soda* and gives appreciable doses persistently. If *Arsenic* symptoms (general or local) were clear, potencies would almost certainly be preferable.

Turning now to more local symptoms of *Arsenicum*, it must be noted that mucous membranes, peripheral nerves and skin are principally attacked. The effects on mucous membranes are similar whether they are respiratory, gastro-intestinal or genito-urinary. The tissue is violently irritated and ultimately inflamed and ulcerated : swelling and free secretion of pus are generally lacking : the surface is dry, sore and burning, the discharge watery, scanty and irritating. This corresponds to the diminished or hindered leucocytosis of large doses of *Arsenic*. Thus the coryza is typically watery, burning and corrosive, but not abundant :

herpes is often present and marked irritation of the skin over which the discharge flows: cool air aggravates the condition: and warmth improves it. The conjunctiva is affected similarly to the nasal mucous membrane and the pharynx shows the same group of symptoms: warm drinks relieve the sore throat. Hay fever is often helped by *Arsenic* when such symptoms as these predominate, and asthma finds a potent remedy in the drug when the secretion is scanty, the prostration considerable, the time of the paroxysm from midnight to 3 a.m., and the condition relieved by heat and aggravated by cold. There are sensations of burning and dryness in the larynx under *Arsenic*, with hoarseness and a tickling, suffocating cough, with very little expectoration, worse after midnight and in the open air. Trachea and bronchi are similarly affected, and the symptoms resemble those just noted. The cough of early tubercle may suggest (and be relieved by) *Arsenic* but in general affections of the lungs and pleura require other remedies. The *Iodide of Arsenic* is a great aid in the later stages of both pleurisy and pneumonia and tuberculosis, but it is likely, as previously noted, that the *Iodine* element deserves much of the credit for this value. On the other hand, emphysematous conditions frequently have a symptom complex that calls for *Arsenic*, and the *Arseniate of antimony* is probably the best single drug for this group of diseases.

The alimentary canal is perhaps the most important of all the many sites of action of *Arsenicum*. The tongue is dry and cracked, seldom heavily coated, often red and angry looking and ulcerated. Tongue and throat burn, saliva is tough and scanty: appetite is lost but thirst is excessive. Very characteristic is a constant thirst for small quantities preferably of hot fluids. "Little and often" is the thirst that calls for *Arsenic*, "large quantities seldom" that which suggests *Bryonia*. Nausea going on to regurgitation and vomiting appears early, with burning gastric pains and excessive tenderness. Heat relieves for a while. The vomit is acrid and burning and may contain blood, but is not as a rule copious (unlike that of *Veratrum A.*).

The stomach is inflamed and ulcerated and *Arsenic* is one of the remedies for gastritis and gastric ulcer, Colic and burning pains prevail over the abdomen with some flatulence and the stools are nearly always frequent and loose, passed with violent pain and tenesmus: they are at first yellow or greenish but become more and more watery. They are as a rule small but frequent. Blood may be evident and mucus and shreds of tissue. Cholera, enteric, dysentery, colitis, all of these are conditions that may need *Arsenicum*. Cramps are a feature of the drug and confirm the choice in many cases. In cholera and choleraic disorders, when they are very severe indeed, the *Arseniate of Copper* (cf. Professor Schulz) is particularly valuable. Finally as regards the alimentary canal, the subjective sensations of provers suggest that the appendix region is a favourable site for the action of the remedy: but the drug should not be chosen without some definite general symptoms of *Arsenic*, and these seldom appear at the beginning of this disease, while now that early operation is the rule (rightly), the grave conditions that might suggest it seldom obtain. *Belladonna* at the earliest signs and one of the Serpent poisons (*Lachesis* or *Crotalus*) up to operation, and if necessary afterwards, are usually the most appropriate drugs.

In the Genito-urinary sphere, *Arsenic* is called for in syphilis frequently on general grounds and the inflammations characteristic of the drug, painful and burning with scanty acrid discharges, suggest it in various conditions of leucorrhœa and urethritis. The kidney on the other hand is specifically inflamed by *Arsenic*, which therefore becomes a great remedy for certain forms of nephritis and albuminuria.

Acute nephritis (e.g., following Scarlet-fever), more often finds its remedy in *Cantharis* or *Terebinth* or *Apis*, but the sub-acute or early chronic stages are those wherein an *Arsenic* symptom complex is more likely to be found. It controls chronic interstitial nephritis with some success when the other symptoms correspond. Occasionally in *Arsenic* poisonings the urine has shown the power to reduce Fehling's solution.

On general symptoms it is indicated sometimes in diabetes and in the form (usually) of *Bromide of arsenic* and *Arsenate of Gold* some success has been claimed for it. As with most remedies in this disease however the effects are generally disappointing. In diabetes there is a metabolic deficiency, *Arsenic* is as likely perhaps as any one remedy to stimulate production to make good that deficiency, and if symptoms agree should be tried, but too often effective production seems impossible and then a cure by any drug is out of the question; all that remains is to attempt to adjust the life to the metabolic capacity. The hopeful time for "cure" would be before the defect became great, but to recognise it impending might require good observation of symptoms apt to be dismissed as unimportant.

The effects on the blood have been already discussed. *Arsenic* produces on the heart subjective symptoms of intolerable palpitation and irritability and has a real value in this last condition. But inasmuch as prolonged use of it tends to fatty degeneration of heart muscle, it is as a general remedy to encourage and make stable compensation that it is deservedly prized. To this end the *Iodide* is frequently used best for long periods in alternation with *Iodides of Barium, Lime, Potash, and Gold*, each remedy for a fortnight at a time. So used these drugs appear to help compensation, and in young children with hearts crippled early by rheumatic fever, such treatment persisted in with judgment over months and years seems of real and abiding benefit. The *Iodine* element is here not without its importance.

In the locomotor system the prominent symptoms of *Arsenic* are those due first to the irritation and then to the paralysis of the peripheral nerves, motor and sensory. Thus neuralgias (sharp, cutting and especially burning), twitches and cramps and spasms are prominent and also loss of sensation and paralysis. Whenever neuritis can be diagnosed *Arsenic* becomes of prime importance as a remedy: but here, as always, it acts in very definite proportion to the degree in which the whole symptom complex calls for it. The *Red Sulphide*

seems a particularly useful preparation in this disorder. It may be remembered in epilepsy also.

Those who indicate *Arsenic* are generally poor sleepers at night, because of the usual aggravation of symptoms from midnight onwards. But on the whole, drowsiness is a marked symptom of the drug and shows when pain remits by day or by night. Sleep is unrefreshing and dreams terrifying, but it is interesting, since sleeping sickness finds a remedy of some power in *Arsenic*, that the drug should show in its pathogenesis a definite drowsiness, although the homœopathist would find it even better indicated probably in many cases by the general symptoms that underlie the grave nature of that severe infection.

Finally, the skin is a site where the action of *Arsenic* is marked and persistent. Most often the eruptions are scaly (psoriasis, etc.), but urticaria, herpes, ulcerations (characteristically sluggish, with burning pain and scanty acrid secretion), papules and pustules, all of these have appeared under the use of it and for all it may be indicated. Falling of the hair occurs in the pathogenesis and can be helped by the drug. Sweating (worst at midnight and after) is heavy as a rule when *Arsenic* is required.

In the course of this discussion allusion has been made to various preparations of *Arsenic*. *Arsenious acid*, *Arsenicum album* transcends by far in importance every other; of the remainder the *Iodide* has great value in chronic lung and heart conditions. The places of *Sulphide* and *Salts of Gold* and *Antimony* and *Cacodylate of Soda*, have been indicated. All potencies of *Arsenic*, high and low, are prized. The *Iodide* is usually given in low potency, and in gastritis, enteric and nephritis perhaps the preference is for low and medium potencies. Material doses of the *Cacodylate* are given for cancer. In nerve and skin disorders the most success seems to attend higher potencies, but there is no firm general rule. Without a doubt the personal factor in the patient counts for much. The most that can be said with confidence is that if well indicated a failure of the first potency used should lead to the trial of another not to the abandonment of the drug.

SYMPTOM INDEX.

General Symptoms: Burning quality of pain: œdema of parts: < midnight onwards to 3 a.m. > heat (except headache): < cold (except headache): cachexia: overwhelming weakness and prostration: periodicity.

Mental Symptoms: Restlessness: anguish and fear of death: irritable melancholy and despair: ill-temper and impatience: despair.

Head Symptoms: Stupor and vertigo, even epileptic attacks: headache > cold water or cool air: periodical headaches < after eating.

Special Sense Symptoms: Mucous membranes inflamed, sore, ulcerated, burning: discharge scanty and acrid: > heat: dryness of surfaces: œdema of eyelids.

Alimentary Canal Symptoms: Mouth dry: tongue dry, sore, irritable, clean or dimly coated: throat burning: appetite lost: food insipid: thirst for small quantities frequently: > heat: frequent, excessive nausea: violent vomiting: gastric and abdominal pain (burning) and tenderness: hæmatemesis: vomit scanty but frequent: colic and flatulence: stools frequent, loose, small and watery, with much colic and tenesmus: involuntary stools.

Genito-urinary Symptoms: Nephritis: scanty acrid leucorrhœa: menses increased.

Respiratory Symptoms: Coryza with scanty burning secretion: voice rough and hoarse: larynx and bronchi feel dry and burning: frequent irritative cough with little expectoration: dyspnœa < any exertion, < cold air, > heat.

Locomotor Symptoms: General peripheral neuritis: burning neuralgia: cramps and twitches: paralysis of motion and sensation.

Heart Symptoms: Palpitation, violent throbbing: fatty degeneration.

Skin Symptoms: Sweating profuse and exhausting: scaly eruptions: chronic ulcers: herpes: cancer: urticaria.

Sleep Symptoms: Great drowsiness: unrefreshing sleep, terrifying dreams.

Fever Symptoms: Gradually rising temperature: prostration in fever: hectic: aggravation midnight and after: periodicity in febrile attacks.

HOSPITALS AND INSTITUTIONS.

BRITISH HOMŒOPATHIC HOSPITAL.

A VERY successful Produce Sale was held on Saturday, July 20th, at Cotham House, the site of the new Bristol Homœopathic Hospital. As the growing debt on the present hospital was becoming an object of great anxiety to all concerned, the House Committee decided that, instead of the usual Sale of Produce held at the hospital, they would launch forth into something larger, and possibly more attractive. The results justified their venture, and were most gratifying, especially as it was a first effort on a larger scale.

Besides a Produce Stall, there were a Shilling Stall, an Exhibition of Curios and (the greatest attraction of all) an excellent Concert-party, who gave three concerts during the afternoon and evening. The collections taken at all these, proved the appreciation of the audience. Tea was provided at a reasonable charge, and proved an additional source of income. A good number of tickets for entrance and tea had been sent for wounded soldiers, and all who were present seemed to enjoy the afternoon.

All expenses were met privately, so there was the satisfaction of knowing that every penny spent went directly towards the debt. As the President of the Hospital (Mr. W. Melville Wills) had promised to double the takings there was an added satisfaction of feeling that every penny became *two*.

The total receipts amounted to £85 7s. 7d., and the President added a cheque for £100, thereby more than fulfilling his promise.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16th JULY TO 15th AUGUST
 1918.

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THE ETIOLOGY OF UTERINE INVERSION DURING PROLAPSE.—
 Stephen (*Ztschr. f. Geburtsh.*, H. 1, Bd. 78) after referring to a case
 of this kind in a woman aged seventy-four, points out that in such
 a case the two contradictory theories, either of a total relaxation
 of the puerperal uterus or that of partial contractions of a circular
 kind moving in the direction of the cervix fail to explain the
 occurrence. In such cases the process of inversion must have
 commenced by a traction movement of the prolapsed vaginal
 walls on the everted cervix. The process therefore begins at the
 lower part of the uterus and proceeds from below upwards; it is
 favoured by the presence of lacerations of the cervix. A com-
 plete relaxation of the whole organ is necessary for the bringing
 about of this prolapsus-inversion; the patients are always old
 women or those at the menopause, when such conditions of
 relaxation are possible. In addition to the traction of the
 prolapsed vaginal walls, the actual impelling factor is the intra-
 abdominal pressure, increased by chronic constipation or great
 bodily exertion. It is possible that this severe relaxation of the
 uterus is brought about by a lessened activity on the part of the
 glands of internal secretion.—*Medical World.*

EXTRACTS.

HYPOCHONDRIA.*

By C. KING, M.D.

TWENTY-FIVE or thirty years ago the word hypochondria was very much in evidence in medical nomenclature, but more recently it has had to give way to the trend of modern terminology. Beard's epoch-making neurasthenia has absorbed some of the symptoms formerly attributed to hypochondria, while melancholia includes some, and hysteria still others. In this paper I shall retain the nearly obsolete term as being old-fashioned enough for me and expressing just the condition I wish to describe.

No one who has been long in general practice has failed to meet with cases of nervous people whose minds were wholly taken up with magnifying their own ailments, either trivial or imaginary. These people are the terror of the doctor. It makes but little difference what is said or done for them, they are still ailing, and are always in a deplorable condition, despite the failure to find anything of a tangible nature to account for their bad feelings. The main characteristic with them is the firm grasp which their ailments have upon the mental equilibrium, amounting almost to a self-centred insanity of the melancholic type. And indeed it has usually been considered that hypochondria should be classed with the mental disorders, rather than with the purely nervous or physical diseases.

Hypochondria is a disease of either sex, occurring in my experience with nearly equal frequency among men and women, the preponderance, if any, probably being in favour of the latter. It is a disease of adult life and occurs most often about the time of the climacteric in either sex. Mental worry with a natural pessimistic disposition, combined perhaps with overwork and some slight physical indisposition, are the usual precursors. A lowered state of health from any cause may undoubtedly predispose to it, which only needs some strong mental influence to apply the finish-

* From *The Medical World*, with acknowledgments.

ing touches. Once developed it may continue a few weeks or it may pass over into a true melancholia, and persist as long as life lasts.

Dubois, in his *Physic Treatment*, states that "there is no longer any malady called hypochondria," and then immediately proceeds to devote more than two pages to its description. He gives as his definition of it "that condition of the patient in whom his naturally melancholic preoccupations are centred chiefly upon his health, and upon the workings of his organs." Thus it will be seen he classes it as a special form of melancholia, but it appears to me much may be said in favour of its being a distinct entity.

Hypochondria, as I see it, is a hybrid, a cross between melancholia and neurasthenia, but differing decidedly from either. Thus, with hypochondria it is often possible to get the patient to talk rationally, and with a certain amount of cheerfulness, on some subjects, or even to smile, but if left to his own inclinations his mind soon reverts to the melancholy aspect of his health; and in neurasthenia the condition is much the same. But in true melancholia the poor unfortunate cannot show much interest or any enjoyment in any subject even for a brief period. The gloomy forebodings as to business, social, or religious matters present with each disease, are much more decided in melancholia and predispose to suicide; but this danger is also present to some slight degree in hypochondria. On the other hand, in neurasthenia the patient seems to experience a certain amount of actual pleasure in dwelling upon and "doctoring" his imaginary ills, and self-destruction is therefore an almost unknown termination in uncomplicated cases. These in my opinion, constitute the principal mental characteristics of the three diseases, although it must be conceded the line of demarcation is on all sides vague and indefinite and the discrimination between them in a given case is a matter of terms almost as much as of judgment.

Hypochondria, when it comes to the physician, is generally a chronic disease, and has already run the gamut of home treatment, patent medicines, symp-

thetic neighbours, and often other doctors. But this may also be said of the other diseases, especially neurasthenia. On account of this there may be some anæmia and general deterioration of the health, but a careful examination of the various organs and their functions will show little if anything out of normal. But the neurasthenic suffers much from nervousness, probably has disturbed sleep or insomnia, a poor appetite, functional inactivity of the abdominal and pelvic organs, especially of digestion, and a general loss of strength and weight. There is also apt to be dysmenorrhœa or amenorrhœa, a furred tongue, constipation, hæmorrhoids, vertigo, exaggerated reflexes, various parasthesias, and often neuralgia of different nerve trunks, generally the sciatic, the vagus, or the intercostals. Melancholia, if it has lasted for any length of time, is marked by a peculiar facies of a dull and more or less idiotic type, which we do not get with the other diseases. These, then, are the earmarks by which we must take our discrimination and which must guide us in our management of the case and our prognosis.

At this point I would like to bring this paper to a close, but I know something should be said of treatment. This is difficult and usually unsatisfactory. Very often the patient drifts along as a chronic drug taker, unable to do any work or perhaps leave his bed, and finally he develops some organic disease which close the scene or makes a true physical invalid. I know of nothing better for these cases than change of environment; and travel with a cheerful and intelligent companion as chaperon or attendant will sometimes work wonders for them. This is for the purpose of occupying their minds and giving them something to think about outside of their own feelings. Suggestion holds a valuable place in treatment, and the doctrine of good health or early improvement should be constantly preached to them by doctor and attendants. They should not be allowed to talk of themselves or refer to their ill health, but to circumvent this will require much tact and good sense. The late Dr. Gray advised hypnotism as a valuable measure but of this I have no knowledge. If there was any way of instilling

Christian Science belief by serums or other means it would be the ideal treatment, but as yet we have not quite reached that desideratum. Hydro-therapy in the form of colon flushings in the knee-chest position for the purpose of freeing the large intestine of putrefactive material or the cold spinal douch preceded by hot water fomentations, as advised by Baruch, may be of some benefit when it can be employed. These measures, together with high-frequency currents, general tonics, nerve sedatives, and placebos (and most drugs are placebos in this disease) constitute our only means of treatment.

One point of practical importance which I would mention in closing is this: Hypochondriacs are very apt to think that this and that article of diet "hurts them;" and they keep cutting out the really valuable foods, one by one, until they have little left to subsist upon. When possible it is best to humour their whims to a certain extent, but they should not be allowed to half-starve themselves under any false notions about diet. Ordinarily, some simple stomach remedy or digestive, if prescribed with explicit directions as to its use and results expected, will make them more tolerant of food and do much to aid nutrition.

CACHEXIA OF HYPOPHYSIAL ORIGIN.*

By Prof. M. Simmonds (*Deutsche med. Wchenschr.*, No. 7, 1916). Two years ago the author described a peculiar case of severe cachexia, which lasted for many years and finally proved fatal. The autopsy revealed no other pathological change than an extreme destruction of the pituitary body, probably the result of an old embolus. He then came to the conclusion that this progressive cachexia was an abolition-phenomenon, caused by the cessation of the internal secretion of the pituitary body, and pointed out that experiments on animals carried out by trustworthy investigators had shown the vital importance of this organ, and had also proved the occurrence of a cachexia hypophyseopriva. The author is now able to report

* From *The Medical World*.

another case of a similar kind. A shoemaker, aged fifty-eight, who had always enjoyed good health, had during the last two years become gradually paler, thinner and weaker, suffered much from cold and finally had to give up his work. In spite of careful, repeated examination, no organic disease could be discovered. The hæmoglobin was 60 per cent., the number of erythrocytes 3,500,000, the leucocytes 4,600. The analysis of the blood showed 47 per cent. lymphocytes, 48 per cent. polynuclear and 5 per cent. eosinophile cells. The shape of the erythrocytes showed nothing abnormal. Occasionally rises of temperature, lasting twenty-four hours, occurred. For months these were the only objective signs, and as the cachexia gradually increased, a diagnosis of an occult carcinoma was made. Not until eight days before death, which was due to pneumonia, was there any prolonged rise of temperature. At first the result of the autopsy was very disappointing. With the exception of the recent pneumonia and pericarditis, nothing abnormal was found in the thoracic and abdominal organs. Great quantities of iron were present in the liver, but in conformity with the result of the clinical examination of the blood, the bone marrow and heart muscle did not show any signs of pernicious anæmia. Only the examination of the brain threw light on the case. When taking out the brain, a greyish-white hard tumour of the size of half a hazelnut, which corresponded with the stalk of the pituitary body, at once attracted attention, and internal to this and separated from it by the diaphragma of the sella turcica, there was a second tumour of the same size, which was modelled after that of the cavity of the skull. The sella turcica was smooth, but wider than normal. The optic nerves had been displaced laterally by the tumours, but were not much compressed. No hypophysial tissue could be found under these tumours, which together resembled an hourglass. By microscopical examination, the tumour was found to be a basophile adenoma. It was therefore a case of an histologically benign tumour which in no way could lead to a cachexia, but which in the course of years

had led to the complete destruction of an organ of vital importance. As was the case in the author's first patient, this progressive destruction of the hypophysis had led to severe abolition-phenomena and to a puzzling progressive cachexia. That in this case the hypophysical tumour had not caused acromegalic symptoms, can be understood from its nature. It is only the eosinophile, but not the basophile adenomata of the pituitary body that cause acromegaly, according to our present knowledge. But on the other hand, the injury to the organ, and especially to the neurohypophysis, had given rise to the symptoms. The genitals, both the testicles and the prostate, were distinctly atrophic; the spermatogenesis had ceased entirely, the seminal tubules were narrow, thick-walled and filled with atypical cells. In addition the beard and pubic hair was very scanty. Otherwise the man had retained fully masculine type. To this group of cachexia of hypophysical origin belongs a third class, observed by the author in 1904. A girl of nine had for a year showed signs of gradually increasing debility, wasting and loss of appetite, without any organic changes being recognised clinically. During the final months of her life an intermittent polyuria was also observed. Any other symptoms pointing to a disease of the pituitary body were entirely absent, and as the condition of the blood was found to be normal, an occult chronic tuberculosis was diagnosed. The autopsy revealed a perfectly normal condition of the thoracic and abdominal organs. The only pathological change was a tumour of the hypophysis, of the size of a hazelnut, which had completely destroyed the organ. This tumour was also found to be a basophile adenoma, which accounted for the absence of acromegalic symptoms. In all these cases, therefore, there was a chronic extreme cachexia, ending fatally, for which the most careful clinical examination failed to offer an explanation. And in all of them the only pathological change was a total destruction of the hypophysis, twice through tumour and once probably by an embolic process. We may therefore assume that the cachexia was the result of the destruc-

tion of the hypophysis and the thereby induced abolition of the internal secretion of the vitally important organ. The question lies near why there has been no previous mention of this hypophysial cachexia in man, although the author has made three such observations. The probable explanation is that the great majority of hypophysial diseases are accompanied by other severe diseases giving rise to both local and general symptoms, so that the cachexia is overlooked, or at least sufficient stress is not laid on it. It is only in such cases where all accessory symptoms which obscure the clinical aspect, are absent, that this relationship can be brought to light. It must also be borne in mind that the cachexia does not occur until the organ is totally destroyed. As long as some intact tissue still remains, this remnant may postpone the occurrence of abolition-phenomena, as is the case with diseases of other organs of internal secretion. If the author's assumption proves correct, that a cachexia of hypophysial origin does occur in man (cachexia hypophyseopriva), it will be necessary in all cases of obscure progressive cachexia, to bear in mind a possible hypophysial disease and accordingly try, by the administration of hypophysial preparations, to compensate for the loss of the hypophysial secretion.

VARIETIES.

SKIN DISINFECTION.—As a result of their investigations Whiting and Slocum (*Annals of Surgery*, Philadelphia, May, 1916, No. 5, pp. 513-640) conclude that a solution consisting of acetone, alcohol and one of the coal tar disinfectants of a high phenol coefficient is more efficient than any other agent used for skin sterilisation. In such a solution the acetone (dimethylketone) acts as a solvent of the fatty or oily material of the skin and thus aids in exposing the bacteria to the germicides. The alcohol acts as a solvent; it has the power to penetrate into the cracks and crevices of the skin, through its ability to decompose small particles of air that may be present; it is germicidal in solutions as weak as thirty per cent. With its strongest germicidal powers in solutions ranging from sixty to seventy per cent., it also acts

as a good vehicle. The coal tar disinfectant that may be used acts simply as a powerful germicide, destroying all bacteria with which it comes in contact in a length of time varying with its coefficient and the degree of dilution. The advantages of such a solution are many. Patients do not complain of any irritation following its use, although it causes a burning sensation when used on the scrotum. It does not stain the skin. It reduces to a minimum the time consumed in preparing the field of operations, and its method of application is the simplest. It may be used on a wet or dry skin, for emergencies or for cases in which the consumption of time in preparing the patient is not of great moment. There is no exfoliation of the skin as is seen after the use of iodine, nor is there any blistering. It may replace all other solutions, in sterilising the hands, although its continuous use causes some irritation in some instances; in others no effect is noticed; others say the application of the solution gives rise to a decided feeling of warmth. The solution may be used repeatedly, any collected detritus being removed by filtration. The authors suggest that a solution consisting of thirty-five per cent. acetone, one or two per cent. of a coal tar disinfectant of a high coefficient, with enough alcohol to make 100 per cent. would answer the purpose. The method of application consists in rubbing the field of operation for two minutes with a piece of gauze saturated with the solution after either a wet or dry shave. A warm, cleansing tub bath is always advisable when not contraindicated.—*Medical World*.

ACTION OF ANTISEPTICS IN WAR WOUNDS:—The research described by N. Fiessinger, G. O. Guillaumin, P. Moiroud, and G. Vienne (*Ann. de. Med.*, Paris, March-April, 1916, No. 2, pp. 109-191) was done with eight of the antiseptics currently in vogue, including 1: 1,000 mercury chloride and Dakin's hypochlorite solution. The effect on the leucocytes was estimated from the movements of the granules and the staining properties as well as from the breaking up of the cell. Illustrations are given of the aspect of the cell at different periods under the influence of the various antiseptics. The alkaline hypochlorite solutions have a prompt dissolving action, liquefying the pus, red corpuscles and blood clots in the wound. This dissolving action is the work of the sodium, and it is annulled by too much boric acid and by salt. Living tissue protects itself against this dissolving action by its salt content. Irritation of the tissues around a wound being irrigated with hypochlorite solution can be warded off by keeping them covered with a compress moistened with a 20 or 40: 1000 salt solutions, Charts and tables are given to illustrate this protective action of weak salt solution, effectually protecting the cells and tissues against harm from hypochlorite solutions. Dakin's formula ensures sufficient dissolving action, while but slightly irritating normal tissues, and this irritation can be warded off with a two or four per cent. salt solution, the hypochlorite and salt just balancing each other.—*Medical Press*.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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- Chandler** (Asa C.). *Animal Parasites and Human Disease*. 8vo, net 21s.
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- Diseases** of Occupation and Vocational Hygiene. Edited by G. M. Kober and W. W. Hanson. Roy. 8vo, net 32s.
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- Macmanus** (James T.). *Modern Methods in the Diagnosis and Treatment of Phthisis, with Special Reference to Tuberculin. (Bibliography)*. Cr. 8vo, pp. 64, net. 2s. 6d.

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Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

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Dr. Clarke, London—Dr. R. Day,
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land—Dr. Anderschou, London—
Dr. Burford, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Ind. Hom. Rev.—Hom. Envoy.—
Med Century.—N.A.J. of H.—

New Eng. Med. Gaz.—Hahne-
mannian Mon.—Journal B.H.S.—
Calcutta Jour. of Med. Fran
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pathy.—Indian Homœopathic
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The Homœopathic World.

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THE
HOMŒOPATHIC WORLD.

OCTOBER 1, 1918.

THE NEW SESSION.

IN the middle of this month begins the Session 1918-1919 with an Introductory Lecture by a recently acquired colleague from Yorkshire, Dr. Eccles, already not unknown (by writing though not by name) to our readers. We certainly hope that there will be a good gathering to hear him, and confidently promise that those who come will be well rewarded. Thereafter the Burnett lectures and Honyman Gillespie lectures go on as in previous years—except that the latter course has now been made one instead of two, in that one lecturer will have charge both of the Systematic Materia Medica lectures and of the clinical illustrations. We hear reports also of certain new research work to be begun this winter, so that we hope to be able at the close of the session to look back on a time of satisfactory progress.

NEWS AND NOTES.

SOME MEDICAL NOTES FROM ANCIENT MESOPOTAMIA.

Dr. Paul Haupt, of Johns Hopkin's University, has, in the *United States Oriental Research Journal*, been giving a revised translation of the difficult cuneiform text in the Annals of Assurbannipal, king of Assyria, describing the illness of Teumman, king of Elam, with whom the Mesopotamians were at war. This record has been for the last forty years differently rendered, and was thought to indicate that the disease was rabies, because one sentence is capable of being read as "he behaved like a mad dog"; but Professor Haupt, after an elaborate discussion of the text from our knowledge, now so advanced, of the cuneiform vocabulary, and a comparison of the words with their congeners in other Semitic dialects, shows that the following is the correct translation. "At that time he (Teumman) had an attack, his lips slavered, his eye rolled; wildness was imported to it." This version agrees quite closely with the malady being an epileptic fit, for during an attack of morbus sacer the eyes roll wildly and the sufferer foams at the mouth. The ancients were agreed that such disease was specially inflicted by the gods, and in a further part of the inscription the origin of it is attributed to Assur and Ishtar.

The existence of veterinary surgeons in very early times in Babylonia is disclosed by the ancient law code of King Hammurabi. This is confirmed by a cuneiform tablet, Rm. 362 in the British Museum, which, though much defaced, scholars can detect gave a list of plants useful for treating colic in the horse. One line reads, "Plant for abdominal cutting pain in the horse." Other lines read in Babylonian what is most nearly translated by "Contunde in vino, ungue ad abdomen." This tablet probably presents the earliest known instance of cataplasmata being utilised for treatment of colic of the horse.

Dr. Felix von Oefele, whose residence appears now to be in New York, has been writing in the *Journal*

of the *American Oriental Society* upon a Babylonian statuette of the jerboa, or Egyptian jumping mouse, especially with regard to the accurate representation of zoological details showing careful morphological observation. The double length of the tibia in comparison with the femur is carefully copied. The animal is still to be found in the Western Babylon desert, and doubtless it was there, and not in the Sinai Peninsula, that the artist obtained the specimen he copied.—*Lancet*.

DR. KIDD.

DR. Kidd died at the end of August, and we hoped to have had some notice of his career this month, but it has had to be held over for the present.

PERIODICAL ACETONÆMIA IN CHILDREN.—V. Scheel's (*Ugeskrift f. Læger*, Copenhagen, June, 1916, No. 22, pp. 879-926) two patients were little girls under three and seven. The attack of uncontrollable vomiting, accompanied by the odour of acetone in the breath, and their periodical recurrence were typical of this affection which he calls Marfan's disease. The explosive vomiting and the intense thirst may be accompanied by albuminuria, fever and rapid pulse, and the acetone may be eliminated in urine and vomit as well as in the breath. The trouble is evidently an acidosis as in diabetes, but both the acidosis and the vomiting are undoubtedly the result of some other factor, some periodically recurring anomaly in the metabolism. In the younger child the urine contained 0.2 and 0.35 gm. of sugar. The child was recovering from nephritis and the sugar content of the blood was normal. Others have stated that glycosuria is never encountered with this periodical acetonæmia. In this case there was no further glycosuria after subsidence of the attack. The latter had commenced with convulsions, but there was no vomiting. He has seen cases of periodical vomiting in adults, accompanied by acetonæmia, and it is a question whether this is the same as Marfan's disease in children. As everything is vomited up, an alkali cannot be given to combat the acidosis; it is too irritating by the rectum. More important than doing anything to relieve the patient is the refraining from doing the wrong thing. One is apt to be misled into diagnosing some surgical affections, while operative measures are superfluous to say the least.—*Medical World*.

ORIGINAL COMMUNICATIONS.

BELLADONNA.

Atropa Belladonna—Deadly Nightshade—Tincture
of whole plant when beginning to flower.

From *Belladonna* are derived the closely allied alkaloids, *Atropine*, *Hyoscyamine*, and *Hyoscine* or *Scopolamine*. These are also found in the drugs *Hyoscyamus* and *Stramonium*. It is consequently not wonderful that the three possess many points of resemblance, but the tinctures none the less give rise to symptom pictures in provers which are by no means identical, and the three drugs have their own spheres of action. None of the alkaloids have been effectively proved (though some data exist for the use of *Atropine*), wherefore the homœopathic physician relies on the well-tested tincture of *Belladonna*, valuing as usual precision of indication beyond possible concentration of power. As however the alkaloids are largely preferred by non-homœopathic prescribers, and are held responsible for the main actions of *Belladonna*, it is important briefly to give an outline of their effects, which are at any rate important features of the drug symptom picture.

Atropine is a stimulant to the central nervous system: that is the cardinal feature of its action. A dose of $\frac{1}{2}$ grain (which is a large dose), will cause in man the following symptoms: marked dryness of skin and throat, thirst, difficulty in swallowing: hoarseness: nausea (sometimes vomiting), headache and giddiness: the pupils dilate, the respiration quickens, and the pulse rises to 100 or over. Redness of the skin is common and inflammation of the conjunctiva. If the drug is pushed still further the pulse rate runs up exceedingly, restlessness and garrulity lead to confusion of speech and finally to maniacal delirium. Marked muscular tremor and convulsions appear and gradually the stage of excitement passes over into one of coma: respiration and pulse become slow and irregular and death from asphyxia ends the

story. Some such symptom complex is seen as the result of accidental deadly nightshade poisoning which is not so very uncommon. Oliver Madox Brown in the *Dwale Bluth* gives a very excellent description of it as seen by a layman of great power both of observation and description.

The cause of these symptoms is briefly a stimulation followed by a depression of the central nervous system. Unlike *Strychnine*, which affects principally the spinal and medullary centres, *Atropine* stimulates most the brain centres. Not reflex but co-ordinated movements are made more active (speaking, etc.): the reflex sensibility also is heightened but this is much less marked a feature of the drug action. Yet the part of the brain chiefly affected is not so much that which rules the highest psychical function but chiefly the motor centres. These being stimulated become less and less controllable and increased action follows until at last depression ensues as the result of over-stimulation.

Most secretions are diminished by *Atropine*, saliva, gastric and pancreatic juice, mucus, sweat. This is the result of failure of the nerve impulses to these glands not to an action on the gland cells. It is interesting to note that as far as the salivary gland is concerned the action of *Atropine* is on one set only of nerve ends (chorda tympani nerve ends not sympathetic) a specialised action which is a good instance of the fact so well known to the homœopathist that drugs seem to pick and choose among bodily structures sometimes with extraordinary precision. The secretion of bile is checked also and the conversion of glycogen into sugar: milk is not affected. It is well known that this secretion is little controlled by the central nervous system.

Unstriped muscle (except in arteries) is affected by *Atropine*. The pupil dilates as the result of unopposed sympathetic nerve action, the ciliary nerve ends being poisoned by the drug: at the same time power of accommodation is paralysed. In the bronchial muscle fibres *Atropine* seems to paralyse the vagus nerve ends which cause contraction. In stomach

and bowel, however, vagus and splanchnic nerves are unimpeded by *Atropine*, but abnormal peristalsis (of non-vagal causation) is controlled by it. Large doses seem to increase peristalsis and may account for the vomiting and occasional purging of poisoned cases. Spleen, uterus and bladder also continue to respond to normal nerve stimulation after *Atropine* but are then immune to the poisons which otherwise induce violent contractions. Poisonous doses often produce a desire to micturate without ability to perform the act after a preliminary emptying of the bladder as an early effect of the drug.

- In the heart *Atropine* inhibits the action of the vagus. There seems to be some direct action on the heart muscle which causes a preliminary slowing of the pulse, then it quickens, the vagus control being removed.

Sensory nerve terminations are depressed by *Atropine* causing numbness but the unbroken skin prevents local absorption.

Atropine causes a definite rise of temperature, perhaps from an action on the heat centres in the brain.

The gross effects detailed above will be recognised in the provings but these also add the finer shades which clinical experience has elaborated into trustworthy indications for the use of the drug as a remedy. It must be noted again that Tincture of Belladonna is the subject of the provings and contains more than *Atropine*. For instance, among its mineral constituents, Phosphate of Magnesia is prominent. Homoeopaths know this as an agent to relieve pain when the general symptoms of the case correspond and it is possible, seeing that *Atropine* shows little power to cause pain even in large doses, that the undoubted efficacy of *Belladonna* in certain painful affections is due to the *Mag. Phos.* which it contains. This of course would not be the explanation of relief from its use in (say) biliary colic; there its successful action would have to be explained as a relaxation of spasm.

Primarily *Belladonna* acts on the brain; unless symptoms of cerebral origin are prominent, it is not

likely to prove the desired remedy for any case. Herbivora (especially the rabbit) are all but immune to its poisonous action, and it has been suggested that the explanation of this is to be found in the relatively poor brain development. It seems, however, more probable that in rabbits and other herbivora *Atropine* is broken up in the blood by a mechanism that does not exist in carnivora or in man. It is nevertheless a good observation that the more mentally developed respond on the whole better to *Belladonna* than the less developed. Hufeland, Hahnemann's famous contemporary, even said that on idiots it hardly acted at all. It would, however, be a mistake to push this idea too far. The deep-acting drug that corresponds most closely to *Belladonna* is *Calcarea carbonica*, which is notoriously often of extreme value in rather stupid children, though even here a qualification may be made, in so far as it is not so much congenitally stupid children, that respond as those who suffer from mental deficiency the result of disease. For instance, slight degrees of defect in thyroid secretion often become normal under *Calcarea* and the slow backward child becomes intelligent (see *Calc. Carb.*)

Belladonna is on the whole a remedy of swift but not very prolonged action, suitable for acute and subacute disorders. The most marked general characteristic in its pathogenesis is sensitiveness,—both general and of the special senses. Every stimulus becomes almost unbearable, light, noise, any motion or jar will aggravate suffering. Response is very quick and the heightened sensation causes great alertness and irritability. Its general reaction to heat is one of relief: subjects that need it are chilly, made worse by cold air or applications and relieved by heat. The pains developed in its provers were severe and of great variety, throbbing, burning, cutting, but all relieved by heat. It is characteristic for them both to come and to go suddenly: they are paroxysmal. Paroxysmal pains relieved by heat resemble the pains produced by *Mag. phos.* and it has already been suggested that possibly the presence of this mineral in *Belladonna* is responsible for the causation of

Belladonna pain and the power of the drug to relieve it. It is also noteworthy that both *Mag. phos* and *Belladonna* affect predominantly the right side of the body.

The pains that call for *Belladonna* are often those accompanied and caused by acute local inflammation: the classical signs, heat, redness and burning appear notably in the *Belladonna* pathogenesis, and it sometimes seems to abort acute local inflammations if given early *e.g.*, in furunculosis. Over inflammations of serous membranes, especially of the peritoneum, its remedial power is very marked. Pleurisy more often requires *Byronia* and *Meningitis Apis*, though either may present *Belladonna* symptoms and respond to the drug, but for any form of acute peritonitis *Belladonna* comes into the very front rank of remedies. Acute appendicitis, salpingitis or other pelvic peritoneal inflammation, whether or no operation is needed, will almost certainly benefit from its administration. The characteristic picture is one of acute onset, with sudden severe paroxysmal pain, constipation, high temperature, rapid full (not tense) pulse, flushed hot face and dilated pupils, a semi-stuporous state frequently broken by sudden starts, cries, outbreaks of delirium: there is a tenderness of the abdomen, which, like the pain, is relieved by heat locally, an excessive sensibility to any stimuli whenever the stupor is broken, a throbbing pulsating headache. The exposed skin feels hot and dry—though the parts covered sweat. There may be a definite erythema. The pains (apart from joint pains) are often aggravated by lying down—which leads to attempts to move about unless the illness is very severe, and easily distinguishes the case that needs *Belladonna* from the case calling for *Bryonia*. In pleurisy or pleurodynia the patient who is helped by *Bryonia* lies on the affected side to limit its movement, the candidate for *Belladonna* lies for choice on the sound side.

Such a symptom picture as that detailed above may appear in many acute conditions and whenever characteristic will call for *Belladonna*. The facts that with *Belladonna* the pharynx is dry and inflamed and the

skin shows a smooth red rash have naturally led to the use of the drug in scarlet fever but it is a great error to suppose that it is always indicated in that disease. It is necessary for the kind of symptom complex to be present which has been described; and the characteristic rash is the smooth, even, scarlet rash which does not appear in all scarlatina epidemics or cases. From the time of Hahnemann physicians have believed that *Belladonna* has a prophylactic value in epidemics of this disease: if the prevailing type is really similar to the *Belladonna* pathogenesis, a prophylactic use of the drug is possible enough to make it worth while to give likely sufferers the benefit of the doubt. But it is neither proven nor even likely that it will ward off any and every infection of scarlet fever. To establish its value in this respect is far from easy. Experiments made at a big fever hospital in America were entirely negative as far as concerned the existence of any protective value as a result of the repeated administration of low potencies. But before the point can be regarded as finally determined further experiments are desirable. Whatever the protective body mechanism may be that wards off scarlet fever infection or modifies its virulence, it can only be by a stimulation of this (if at all) that *Belladonna* possesses a prophylactic value. Presuming that it can stimulate this resistance, analogy to vaccines would suggest that the healthy should receive rather one (or two) large doses than repeated small ones. Conceivably also high potencies (in single doses) might develop resistance. *Baptisia* only causes the appearance of specific agglutinins in the healthy after large doses, and until *Belladonna* has been tried as a prophylactic in full doses of tincture (one or two), its claims cannot be finally dismissed.

In the mental sphere, *Belladonna* is characterised by symptoms of violence, delirium (furious and loquacious), agitation, and excitement. Between the attacks of excitability there will generally be a state of semi-stupor, which may end in dementia. Fantastic illusions occur, and terrors and startings from sleep (especially at night; the marked dread of

darkness is characteristic of *Stramonium*) : there is generally ill-temper, often anger, and fear is a prominent symptom. The mania that calls for *Belladonna* is furious but not obscene : the latter state is more often met by *Hyoscyamus*.

Acute headaches are often much helped by this drug. Congestion of the head, with flushed cheeks and dilated pupils, and a throbbing, pulsating, sharp pain, that both comes and goes suddenly, paroxysmally, these are the characteristic features. There will be marked vertigo, perhaps disturbances of vision. The pains are worse for lying down. Spasm and twitching are frequent symptoms, or convulsions. If exanthemata in children begin with violent convulsions *Belladonna* is often the remedy to give the cases a good start. Paroxysmal spasms and convulsions of cerebral origin are so characteristic of *Belladonna* that it is naturally thought of in epilepsy, and to the prominent symptoms of an attack it can show a close parallel in its pathogenesis. It is not however a very deep acting remedy. So that its undoubted value is mainly in quite recent cases or as a temporary aid to diminish the frequency of attacks.

With the special senses the dilating effect on the pupil is well known. Acute conjunctivitis with little secretion may be helped by it : the nasal mucous membrane is made dry and burning by *Belladonna*. Reactions to sense stimuli are generally heightened. Two cases of poisoning resulted in complete deafness. This was almost certainly due to a central cause, and Dr. Cooper reported some success in chronic nerve deafness with *Belladonna* in unit doses.

The mouth is dry and parched with thick viscid saliva. The tongue red, hot, dry and cracked, sometimes coated, The papillæ may be prominent. Toothache from inflammation with redness and swelling often obtains relief from *Belladonna* when pain is violent, paroxysmal and relieved by heat. The throat is dry, burning and painful : swallowing and talking are alike painful : the tonsils may be inflamed but except in the very early stages acute tonsillitis more often responds to *Baryta* and later to *Guaiacum* or *Hepar*.

Sulph. In the early stages however it may be checked by *Belladonna* or *Apis*. If *Belladonna* is indicated, heat is comforting to the patient. Follicular tonsillitis generally needs *Phytolacca* or *Mercury*, Diphtheritic cases *Cyanide of Mercury*, or *Lachesis* or *Lycopodium*. Chronic tonsillitis (when operation is regarded as unnecessary, as it often is when homœopathic treatment can be given steadily), generally responds well to *Calcarea* which is the chronic counterpart in so many ways of *Belladonna*.

So sore is the pharynx and dry that, although thirst is great, swallowing is avoided, and there may be spasms of the œsophagus on attempting it. So that *Belladonna* comes to be considered for hydrophobia, but there is not enough experience of its use in this disease available as yet to establish or discredit its value. On a symptomatic basis the prescription of it would appear to be worth a trial.

With the thirst there is sometimes considerable hunger: gastric discomfort is considerable, but the colic characteristic of *Belladonna* affects more the lower bowel. It causes violent, spasmodic pain, worse after eating (probably from stimulation of the gastro colic reflex) and there is generally constipation. The abdominal pain is severe, burning and cutting, and the distended abdomen is very sensitive to touch or even to jarring of the bed. It may be accompanied by vomiting so that a fairly close picture of biliary colic can be made out of the pathogenesis. *Atropin* is often of more value in this emergency than *Opium*, and though it is usually given in a material dose it is probable that its action is homœopathic (*i.e.*, it relieves spasm and can cause spasm) and *Belladonna* in potencies has been praised by physicians. More often however homœopaths think of *Calc. carb.* in potency for biliary colic, once more indicating the close symptomatic resemblance between this drug and *Belladonna*.

The patient who requires *Belladonna* is more often than not constipated. Spasm of the anus and tenesmus are common symptoms, and sometimes there are frequent small loose stools with little or no bile in them.

In the genito-urinary sphere *Belladonna* is useful for incontinence of urine (though in enuresis of children *Calcarea* is usually of more permanent value for the cases whose type suggests *Belladonna*). Spasmodic retention will benefit from it when other symptoms agree. It has value for spasmodic dysmenorrhœa and spasmodic ineffective labour pains if other symptoms confirm the choice. The menses are usually too profuse. The power of *Belladonna* to cause local congestion leads to hæmorrhage with some frequency in its pathogenesis: various bleedings (uterine, hæmorrhoidal, nasal, etc.), appear. In the respiratory tissues the effect of *Belladonna* on the nose in drying up secretions and causing irritations is continued into the larynx and trachea. Consequently it becomes a remedy for a dry, tickling cough, excited by any touch on the larynx, with a sense of constriction and often painful stitches in the chest. The voice is weak and hoarse. Often the cough is spasmodic and the orthodox prescription of the drug in whooping cough could often be justified on grounds of homœopathicity. The tickling is as of dust in the larynx, and the resultant cough fatiguing, the continued strain of it may cause hæmoptysis. Pleurisy cases may suggest *Belladonna* now and then, and the cough of early tuberculosis is often much relieved by it, although its chronic counterpart *Calcarea*, is as a rule preferable, because of its deeper curative action. If, however, *Calcarea* is being given in early phthisis in single spaced out doses (usually the method of choice), it is often convenient to give as well a palliative for such a troublesome symptom as the ineffective teasing cough, and for this purpose in these cases *Belladonna* is much the best. It can be given in low potency without interfering with the *Calcarea*.

Some of the dyspnœa of *Belladonna* is due to its action on the heart; symptoms that call for it here are tachycardia with violent palpitation. Asthma cases are not very often of the general *Belladonna* type, but the drug should not be forgotten when the spasmodic element is predominant and there is little or no bronchitis. The tachycardia suggests also its use

in Graves' disease, and it can show tremor in its pathogenesis and some indications of effect on the thyroid gland. Nevertheless the use of it is seldom efficacious in this disease, for such resemblance as there seems to be is really superficial, and the disease has as a rule too profound a causation to be much influenced by a drug of (relatively) brief and shallow action.

In the nerve-muscular sphere the neuralgias characteristic of *Belladonna* have been mentioned already. The pathogenesis shows many pains in joints and limbs, with cramps and tremors: the pains are severe and show the sensitiveness to external stimuli characteristic of the remedy. Its use may be now and then suggested in acute or sub-acute rheumatism, or more often in gout. Although the general reaction of *Belladonna* is to have symptoms made worse by rest, this does not apply to joint pains, which are aggravated by movement.

The effect on the skin is to cause an erythema which may become erysipelatous. Local redness, swelling, heat and pain are all *Belladonna* symptoms and it has real value in acute skin inflammation (Erysipelas, etc.) Laboratory evidence of its power is lacking as yet but from pathogenesis and clinical evidence it is quite probable that it would be found to have a specific influence on at least some varieties of streptococcus. In general *Belladonna* is indicated in acute illnesses with marked excitement and violent reaction. There is great tendency to congestion of parts and great general sensitiveness to external stimuli. The time of greatest suffering is usually by night rather than by day, although from three to four in the afternoon (earlier than with *Lycopodium*) there is frequently a secondary time of exacerbation of symptoms. The excitement passes into a semi-stupor for a time, and on the whole there is a good deal of somnolence in cases that call for the drug: the patients start from sleep or have terrifying dreams, and the stupor is broken by paroxysms of violence and excitement, but in the course of twenty four hours a considerable amount of sleep is usually obtained. Fever is generally continuous with a full, strong, but not tense pulse. The

skin is dry and burning, sweating chiefly or only on covered parts or amid thick hair. The head is nearly always hot, with a flushed face, the feet may be cold. It may be repeated that when *Belladonna* is required, head symptoms are always prominent: often they are the first to appear (headache, etc.) and the other parts of the body are affected later. - In spite of the signs of local congestions patients who need *Belladonna* are generally chilly and like hot applications and external heat.

Belladonna follows *Aconite* well: the deep acting drug *Calcarea Carbonica* has a very close relationship to it, which has been already sufficiently emphasised and whenever a case has responded well to *Belladonna* *Calcarea* should be thought of to complete its action. It is interesting to note that *Belladonna* grows best in dry limestone soils.

SYMPTOM INDEX.

General Symptoms. Excitability: Congestion: violence: General < from cold > heat: < night and 3 to 4 p.m.: tendency to spasm: great general sensitiveness to external stimuli: pains come and go suddenly: restlessness because many symptoms are < lying down.

Mental Symptoms: Excitability or delirium, violent and loquacious, alternating with condition of semi-stupor: night terrors: terrifying dreams: fear of all kinds: mania passing finally to dementia: anger and ill-humour: fantastic illusions: sensitiveness to impressions.

Head Symptoms: Congested face, red cheeks, dilated pupils: giddiness: tremor or convulsions: violent pains in the head, sharp, cutting, pulsating, which come and go suddenly and are relieved by heat and aggravated by pressure or even touch, and by external stimuli: sweat in the hair.

Special Sense Symptoms: Dilated pupils: illusions of sight: dry, inflamed conjunctiva: photophobia: nerve deafness: hæmorrhage from the nose, with dryness of mucous membrane.

Alimentary Canal Symptoms: Toothache from inflammation: mouth and tongue dry: tongue hot and cracked,

red or coated: enlarged papillæ: throat dry, sore burning: thirst but spasm on attempting to drink: great abdominal pain: paroxysms or colic chiefly in lower bowel: constipation: pains burning and stabbing generally > heat.

Genito-urinary Symptoms: Incontinence of urine: spasmodic retention: violent ineffective labour pains: paroxysmal dysmenorrhœa: menses increased.

Respiratory Symptoms: Hoarseness or loss of voice: dry, teasing cough: tickling as of dust in the larynx: paroxysmal cough with hemoptysis: stitching pains in the chest, patient finds relief by lying on the side least affected (unlike patients needing *Byronia*): cough < night or lying down: spasmodic dyspnoea.

Cardiac Symptoms. Tachycardia: violent palpitation.

Neuro-muscular Symptoms: violent neuralgias, paroxysmal > heat: tremor: cramps: joint pains < movement.

Skin Symptoms: Erythema smooth and deep red: local inflammation, redness, swelling heat and pain: erysipelas: sweat on covered parts.

Sleep Symptoms: Drowsiness and somnolence broken by fits of excitement or night terrors: vivid frightening dreams.

CASES FROM THE CHILDREN'S HOMŒOPATHIC DISPENSARY.

By DR. ROBERSON DAY.

ECZEMA CAPITIS.

William H. age $\frac{3}{4}$, was brought on *March 12th*, 1918, with eczema on the forehead, cheeks and behind both ears. The child was being fed by the breast only. Recently he had had bronchitis and there was still some cough remaining. *Ant. T.* 6 x 3 hours.

March 19th improved. Rep. and *Ol. Morrhuæ*.

April 2nd. Practically no eczema now Rep. ter die.

April 23rd. Yellow scales (seborrhœa) appear on the scalp—*Sulph.* 30 N. M.

April 30th. Mouth breathing from nasal catarrh. Chin strap and nasal toilet ordered and *Merc. sol.* 12 x ter die.

May 14th. Forehead quite clear only a little on scalp. Rep.

June 4th. Eczema quite disappeared.

PUSTULAR ECZEMA AND ECZEMA IMPETIGINOIDES.

Dora J., age $\frac{8}{21}$, was brought *July 16th*, 1918, a well nourished "Glaxo baby," illegitimate and greatly disfigured by pustular eczema and impetigo from the scratching the great irritation had caused. The hands and feet, arms and legs were the seat of the trouble. The baby had two teeth and was otherwise healthy. *Sulph.* 12 x ter die and *Ung. Hyd. Am. dil.* for the impetigo.

May 19th. The eruption was more vesicular, with discharging serum from the papules and very great irritation. *Rhus* 6 x 3 hrs.

July 23rd. Improved. Infant still very restless at night from the irritation. Rep. *Rhus.* 6 x. 25cc Isotonic S. Water and *Bryon.* 3x for cough which had developed.

July 30th. Cough much better and generally improved. Rep. ambo.

August 2nd. Skin of feet and hands greatly better.

August 6th. Only a few small pustules on soles of feet: going to seaside, *Ant.* 6x ter.

AN UNUSUAL CASE OF MENTAL DEFICIENCY DUE TO CONSANGUINITY.

Gerald B. age $6\frac{1}{2}$ (parents were brother and sister), was brought on *June 27th*, 1918, "because he was not like other children" he never speaks unless spoken to, never cries, and will sit or stand when he is told to and never moves! Phys. examination. Very short for his age 40.5 inches. Chronic nasal catarrh. Extremities always cold and legs remarkably mottled. The heart and lungs are normal. Teeth bad and irregular. App. good, B. regular. Mentally very deficient, no memory, can count up to 29 with one or two mistakes, can say simple prayers. Placid disposition, never cries.

No history of fits, knee jerks sluggish, especially right side, nocturnal enuresis, sleeps well.

Thyroid extract gr. $\frac{1}{2}$ ter die.

July 11th. Improved and enuresis much better.

PEMPHIGUS.

John D. aged $1\frac{1}{2}$, an only child, brought on July 6th, 1918 by his mother, a well-nourished child never had any eruptions previously.

There were scattered scabs and marks left by previous ones. They first appeared on the legs. There was a large bulla on left forefinger. Also an impetigo on his face. The heart and lungs were normal.

- *Arsen. Alb.* 12 x 3 hours.

August 2nd. Very much better, no more vesicles appeared. He had slept so much better and generally had so greatly improved that his mother has not brought him again.

LARGE VOMICA LEFT BASE OF LUNG.

Mildred C., age 10 $\frac{1}{2}$, came on July 17th, 1917, with the following history. In September, 1916 she had left pleurisy. The previous March she had diphtheria. She had been treated at Dartford Hospital, and from thence was sent to St. George's Home, Chelsea, where she had an "abscess of the lung." She is the eighth in the family, no history of phthisis in family. Phys. Exam. 23 inches round chest. Right side of chest moves better than left which is dull at base with weak breath sounds and marked pectoriloquy and signs of a cavity. Her breath is peculiarly offensive, suggesting bronchiectasis. There were no râles to be heard anywhere.

Her mother said she coughed up at intervals large quantities of very offensive expectoration. Her weight was 3st. 9lbs. 8oz. She complained of a troublesome cough: *Phos.* 6x 3 hrs.

August 7th. Cough < night and very little sleep. T. 99.4 Has gained one lb. in weight. *Bry.* 3x 2 hrs.

August 9th. T. 100.4 Cough better and slept better. Breath offensive.

August 10th. Exploratory puncture negative result. *Kreosotum* 10x ten. After this and a holiday the

cough greatly improved, and she returned *October 19th* very much better. Physical exercises were now given in the Physical Exercise Department at the Dispensary, so as to expand the left-side of the chest. *Sulph. 12x.*

November 9th. Breath again offensive *Sulph. 30, n. m.*

November 23rd. Cough very bad at night. *Hyoscy. 3x 3 hrs.*

December 7th. She coughed up a quantity of "corruption" and is now much better; before coming under treatment this used to happen about every six weeks. *Phos. 6x.*

December 28th. Weight 3st. 12 lbs. Sleeping better and cough improved.

January 25th. 1918. Sputum was examined for T.B. at the Lister Institute but result was negative.

February, 5th. She was very much better. Only coughs occasionally.

She greatly improved, laid on flesh, a colour appeared in her cheeks, the cough left her or was only at night.

June 14th. *Stannum 6x ter.*

June 28th. Mother said only once this year has she expectorated the "corruption." Formerly it occurred every three weeks or so.

She continues under treatment and improves in every way.

This is a case of unusual interest. The whole trouble apparently originated with the left pleural effusion. This became an empyema—and for some reason or other was not interfered with and was spoken of as an abscess of the lung. Her mother said at this time she spat up a quantity of "matter," and probably the empyema discharged through the lung, and was expectorated and vomited up, leaving a large pus cavity at base of the lung. When she first came to the C.H.D. this cavity was secreting freely and discharging its fœtid contents every few weeks—the physical signs were there of a large vomica, and the result of the treatment has been to greatly lessen this purulent discharge and generally improve the child's condition. There is no evidence that it is tubercular, and in time we may hope it will dry up.

INFANTILE SCURVY.

Jack H., age 2 $\frac{1}{2}$, referred to me by Dr. J. C. Powell, *May 10th*, 1918, was a typical case of Barlow's disease. The age was somewhat late and the condition was induced by the food difficulties, which now exist. Fresh milk being scarce the proprietary foods were employed.

The child was in great pain, crying with a terrified expression lest he should be touched. There was a large and very painful swelling above and around the left knee, also œdematous swellings of hands and feet. This large swelling, began at his left hip and extended to the left knee. The gums were very spongy and projected in places over the teeth which were few for his age. Bleeding has been observed from the gums. His flesh bruises easily; there was also watery diarrhœa. The epiphysies wererickety. *Merc. cor.* 3x 3 hrs. and orange juice.

May 14th, very much better. Rep.

May 21st. Greatly improved. Practically all tenderness gone and left knee only a little swollen. Motions 7 in 24 hrs. yellow colour. *Calc. C.* 12x ter.

His mother only brought him these three times and I have not seen him since. He is evidently quite well.

WEAK HEART.

John V., age 12, was brought by his mother *October 19th*, 1917 for "fainting attacks," for the last three weeks had been subject to attacks of vertigo. Restless and talking in sleep. He was a spare built lad with a sore throat, inflamed fauces and enlarged cervical glands. T. 98. P. 108.

There were no definite physical signs in heart or lungs. *Bell.* 3x 3 hrs.

October 23rd. Much better. Vertigo after sitting still or on getting out of bed. *China* 3x ter.

Physical exercises were then given and he continued to improve. Then he had vague abdominal pains accompanied with much flatulence for which *Lycopod.* 12x was prescribed. He continued to complain of vertigo especially when attending school. *Cactus* followed by *Cratægus D*, failed to help him, and on *June*

21st, 1918, I gave *Ars. Iod.* 3x ter. The result was most marked and he has continued to make rapid improvement.

July 12th. Only one faint in two weeks and this was the last reported; he continues the *Ars. Iod.* 3x ter and on August 23rd, was better in every way and hoping to join the Boy Scouts.

THE CONSTITUTIONAL REMEDY.

BY CAPT. FERGIE WOODS, R.A.M.C.

"The proper study of mankind is man," and all of us being egoists at heart, the most popular form of that study is oneself.

At our new birth into medicine, through "similia" in the first flush of homœopathic ecstasy, probably the first remedy we "worked out" was our own. This is quite as it should be. We often meet with the taunt, "Heal thyself"; but those of us who know our own constitutional remedy can, not seldom, perform that unbelievable thing.

On occasions when general symptoms are not, when rare and peculiar ones are conspicuous by their absence when, in short, all that there is to prescribe on is a conglomeration of indefinite symptoms, summarised as "feeling out of sorts," even then, if you know your constitutional remedy, you can often evolve ease from dis-ease and recover the joy of living.

The same potency, of course, will not continue *ad infinitum* to do this good work: it will need to be raised from time to time.

Moreover, knowing your chronic remedy you will often be able to treat successfully any definite acute complaints you are troubled with, by using the acute remedy corresponding to your chronic one.

For example, in the case of a certain patient having *Lycopodium* as his constitutional remedy, most acute attacks are nipped in the bud with *Bryonia*.

But to the physician a knowledge of one's own remedy is of more value than this. You will never miss a case which is needing that remedy. The signs and symptoms you have learned through personal experience will stand

out more vividly to you than to another whose own remedy it is not.

So you will have more and greater successes with your remedy than with any other.

Indeed, the danger is, I have found, in being unduly biassed toward your own remedy. You are apt to see the symptoms everywhere, the signs in every face!!

But allowing for that bias—and guarding against it—the balance of success will be, *ceteris paribus*, in favour of those who know their own remedy thoroughly.

Constitutional remedies are often hereditary: there seems no doubt of that. I frequently come across two, three or more members of a family with the same remedy which is equally successful with each. This is not surprising when one considers, first, the wide range of action of the polychrests; second, the likeness in personal characteristics between members of the same family (and remember it is personal characteristics that count first in constitutional prescribing); third, the transmission from one generation to the next of the tendency to the same diseases.

I often find it a distinct help when prescribing for children, if I have previously treated the parents, and know *their* constitutional remedies.

Speaking of children, the younger the child, apparently, the more limited the number of medicines likely to be his. An infant, one must suppose, has had so little time to be influenced by environment, and to develop its own personality, that the prescription can often be based—for other than acute attacks—only on family history; and as often as not a nosode based on the particular family weakness will clear up the baby's trouble.

Indeed, I would go further and say that, in the case of a baby born to parents either of whom had a bad family history, it would be wise to begin by giving the new-born child a dose of the appropriate nosode, and repeat it at intervals of some months.

These intervals should not be longer than a fortnight, perhaps less, as young children seem to "use up" remedies more rapidly than adults. In this respect they are like the animals. The reason for

this is probably that in the process of growth nearly all the vital force of a young creature is being used up, so there is comparatively little available for prolonged reaction to medicines.

As an instance, if a baby were born to parents with a bad family history of tuberculosis, I should like to give that baby a dose of *Tuberculinum* 6 as soon as it was born, repeating that twice at intervals of ten to fourteen days, and continuing with the twelfth and higher potencies. I should suggest the same remedy in the same way if the family history were of cancer—cancer being to my mind one of the manifestations of the tuberculous diathesis.

In this way one would hope to eliminate all or most of the inherited tendency, and so give the child a chance to grow up a healthier and stronger member of the race than were its forbears.

To digress for a moment—the nosodes should serve, before long, as a bridge of approach between our school and the orthodox. I have interested others in nosodes and subsequently in Homœopathy, by describing the nosodes as “highly sensitized vaccines, administered internally in very small doses.”

A sensitized (*i.e.* potentized) vaccine is now an orthodox *fait accompli*, so the bridge is already built.

The renowned von Behring, declaring as he did that there was no other word for vaccine therapy than Homœopathy, had the courage to cross the bridge even though he did not stay long on the other side. Who will be the next to cross—and stay over?

I was wondering how many remedies I had ever used or known to be used as real constitutional remedies. Let me explain that by a “constitutional remedy” I mean a remedy that does not only fit a passing phase in a patient’s life, but one that is found to help the patient again and again, even for various complaints of different names. I counted, and made exactly three dozen, but found that I could easily take off one dozen of these as remedies that only came up constitutionally once in a long while.

The abridged list was—*Arsenic*, *Calc. carb.*, *Carbo veg.*, *Ferrum*, *Graphites*, *Kali carb.*, *Lachesis*, *Lycopo-*

diurnum, *Manganum*, *Mercury*, *Natrum mur.*, *Nux. vom.*, *Phosphorus*, *Phos. acid.*, *Pulsatilla*, *Sepia*, *Silica*, *Sulphur*, *Thuja*, *Tuberculinum*. That is even less than I said—only twenty—but in my experience it is rarely necessary to go outside that list to find a constitutional remedy.

It may be added that a patient may have more than one constitutional remedy, each of which may be needed in turn.

If the above list were added to by means of new and extended provings of other drugs, it would no doubt result in a shortening of the period of cure in many a chronic case. It is highly probable that there are many of the lesser used remedies, which, if they were exhaustively proved with modern methods, would be found worthy to rank with our most valuable constitutional remedies.

It will be noticed that in the list of the twenty remedies there is only one nosode, *Tuberculinum*. It is a curious fact that the nosodes, with this one exception, do not seem—though others may have different experiences from myself—to serve as constitutional remedies in the sense that I have named.

As inter-current medicines, they are capable of causing profound changes in the organism, and of entirely altering the symptom picture; but I do not find that I can step from potency to potency with them, with progressive improvement in the patient, as one does with the true constitutional remedy.

Tuberculinum is a marked exception. One can sweep up the whole series of potencies in this nosode to C.M., and then begin again at the bottom, with steady improvement of the patient.

Is this because tuberculosis is the most wide-spread disease of the human race, not only in the guise of "consumption" and tubercular glands and joints, but in other forms of manifestations—rheumatism, asthma, ringworm, to cite only a few, and particularly cancer, as mentioned before?*

In conclusion I will say—find your own remedy,

* I have addressed arguments in a previous paper in favour of regarding these and other diseases as tuberculous manifestations.

or get it found for you, and keeping that and its allied remedies in mind, perchance you may save yourself many days in bed.

As for the methods of finding the constitutional remedy, are not these things written in the books of the chronicles of the Homœopathic Society?

BAPTISIA.

BAPTISIA TINCTORIA. *Tincture of fresh root and its bark.*

Baptisia is one of the important remedies introduced into the Homœopathic Materia Medica after the death of Hahnemann. It very rapidly came into use, because the indications for it are clear, and because as they generally occur in acute or subacute diseases its value can be speedily tested and thereby established.

Baptisia corresponds to febrile complaints of a definite type, the fever that indicates either a slower or more ineffective reaction to infection or a more poisonous invasion than is the case, for instance, with the fever that calls for *Aconite*. Its analogies are rather with *Bryonia*, *Arsenicum* or *Gelseminum*, and indeed either of the first two may be needed to complete the favourable re-action which *Baptisia* may initiate. When *Baptisia* is indicated the case from the first is obviously more or less overwhelmed by the invader: there is a great mental confusion, it may be amounting to stupor or suggesting intoxication. Concentration is very difficult, the mind wanders. A curious mental symptom is very characteristic of the drug, and in some degree is quite frequently encountered in practice if the physician is alert to notice it. It is a sense of a divided personality, expressed in a variety of ways: sometimes the patient thinks in delirium that his body is double or scattered in some way with the pieces retaining separate consciousness: or there will be a feeling of two contending wills. Naturally these illusions and sensations are heightened by the rising temperature and may go on into actual delirium. This is usually rather stuporous: the patient can be roused and will

answer questions often vaguely or in such a way as to indicate the characteristic "divided personality" and then sink again into sleep. Yet there are indications through the heavy drowsy condition of considerable mental restlessness. It happens that R. L. Stevenson has left on record an account of a personal experience which gives a masterly description of phenomena, analogies of which are not seldom met with though the sufferers from them have not the power either of analysis or of description to relate them clearly. The experience was during a bout of fever the result of an exacerbation of Stevenson's old enemy tuberculosis. This fact makes the symptom the more significant, for *Baptisia* is frequently of the greatest service in just such emergencies.* Stevenson relates that every day as his temperature rose he became aware of a conception arising in his mind that his sufferings were caused by the failure to join the ends of a certain piece of string. If the ends were joined (so his self of fever averred), the whole of his troubles would end. Simultaneously his normal "non-febrile" self knew that this was an absurd delusion, and struggled to hold back the expression of absurdity. But not finally with success for on at least one occasion he puzzled and distressed his wife by angrily asking in the person of his "febrile self", why she did not join the ends of the string and terminate the suffering. This is an admirable instance of a condition suggesting *Baptisia*. Recent studies of personality have rendered familiar (even to the popular press) the conception of it as no longer one and indivisible but as a compound of subliminal and supra-liminal selves with the liability of the invasion of the supraliminal "normal" consciousness by "uprushes" (in Myers' phrase) from the subliminal. These "uprushes" are coherent and beneficent in the inspirations of genius, incoherent, if not harmful, in delirium and madness. If then this conception, well fortified by many facts, corresponds to reality in the mental sphere, the brain, as the organ

* There is no reason to credit it with much power to combat or help the body to combat tubercle in its chronic forms, but to relieve the fever accompanying symptoms of acute and sub-acute exacerbations, there are few remedies more often indicated or more effectual.

of mind, has presumably a condition or a structure which represents the "threshold" dividing subliminal from supra-liminal and now-permitting now inhibiting uprushes. It is as upon this structure, or as influencing this condition, that *Baptisia* may be held to act: but only in the way in which the general circumstances of fever act upon it. The delusions and illusions of insanity are not often helped by *Baptisia*, it is when the delirium of fever takes this particular form that the drug is so well indicated. When the "threshold" wears thin, as it sometimes does, as a result of overwork or mental stress, without any approach to actual insanity the drug whose indications oftenest come to the surface is *Anacardium Orientale*. It also seems to act on this region or condition that constitutes the "threshold," but not in the "febrile" way of *Baptisia*.

Side by side with the mental state of *Baptisia* there are to be noted a variety of subjective and objective symptoms. Objectively the eyes are "bleared" the eyelids heavy, the countenance vacant, almost besotted. Subjectively the head feels large and numb: there is a bruised, aching soreness of head, especially in the occiput with drawing sensations in the muscles at the nape of the neck. The light tries the eyes, the lids may be even partly paralysed, the eyeballs are sore. The limbs ache, the back aches: numbness and soreness appear here also. The feet feel heavy and difficult to move, but it is a functional not an organic paresis. The pharynx is often inflamed and ulcerated, and the œsophagus feels contracted so that swallowing is difficult, but the throat is as a rule less painful than its physical appearances would suggest. There is little or no coryza.

The tongue is swollen, dry, parched, cracked or ulcerated, with a brown centre coat, and a good deal of thirst but no appetite. It feels numb. Nausea, retching and vomiting occur early, with gastric and general abdominal pain and soreness of abdominal muscles. Empty sinking sensations are frequent. The stools are frequent, loose and foetid. All discharges are apt to be foetid, when *Baptisia* is indicated,

stools, urine, sweat, and the breath is often foul from the ulcerated mouth and throat.

Symptoms are < on waking (as with the serpent poisons, which suit the profounder septic cases) < movement < open air and cold. Numbness, soreness and drowsiness recur over and over again in patients that need *Baptisia*.

When this very well defined symptom complex is reviewed it will be no matter for surprise that *Baptisia* has won such laurels in influenza and in enteric. It may be indicated also now and then in dysentery or colitis, or ill-defined intestinal conditions and it has been highly praised in some epidemics of small pox when many patients presented symptoms resembling the type of fever described. Its value in acute tuberculosis is considerable, and from time to time other febrile disorders may present a case that calls for it, but influenza and the varieties of typhoid are the conditions wherein it leaps to the mind of the homœopathic physician. Not that it is to be used as a routine remedy: its indications are clear, and save they are present it is not likely to avail, but they are shown in these diseases with great frequency. If influenza exhibits much coryza or acute pain *Gelsemium* has claims, but the ordinary attack with its weary aching and prostration, especially if gastric symptoms supervene, yields to *Baptisia* with great rapidity and leaves much less mental weariness behind than when the drug has not been used.

The case for the use of *Baptisia* in typhoid is founded, for any homœopathic observer, on the symptoms as detailed above. It is particularly valuable at the beginning of the disease; even before the diagnosis is certain the indications often appear. *Baptisia* given then aborts a certain number of threatening cases, such as our predecessors used to call "gastric fever" or "low fever." It cannot confidently be claimed that all or even some of these would if untreated have proved to be typhoid but a fact of great significance has recently been reported from America. Dr. R. Mellon,* working with young students, has

* *Medical Century*, 1914.

shown that *Baptisia* possesses the power of producing in the blood of healthy individuals an agglutinin which will agglutinate typhoid (Eberth) bacilli. Considerable doses are required to produce the phenomenon, but Dr. Mellon's experiments were conclusive as to its reality and definiteness. It was not mere shadow of a re-action that was produced, but one as clear and well-marked as would more than suffice for a confident Widal re-action and diagnosis. From this experiment emerges the significant result that a drug which on grounds of general symptomatology is indicated homœopathically for many cases of enteric, is found to possess the power of producing an antibody which can act as a specific resistance to the bacillus of enteric. The laboratory finding endorses the claim of the prescription from general likeness of symptoms between drug and disease.

One or two points suggest themselves for comment. First, although the agglutination re-action begins when regular doses of the 2x or even of the 3x are taken, it does not become unmistakable until the 1x and tincture are used and in large quantities. Yet cases seem to respond favourably to drop doses of tincture or of potencies such as 3x and higher. But it must be remembered that the production of typhoid agglutinin is not normally part of the body's work, and it may well be that a massive stimulus is required to start the process in a healthy body whereas if the process is already begun as a result of infection, a much smaller stimulus may encourage it suitably. In the provers persistent dosing with the drug ended in a cessation of agglutinin production, that is to say the power to make it was exhausted by over stimulation. This is a result only to be expected, a simple illustration of Arndt's generalisation as to stimuli, but suggests that in a case of disease the applied stimulus should not be too eagerly pressed. In practice *Baptisia* produces favourable results in potencies.

It might be deduced from this apparently specific reaction that all enteric cases should have *Baptisia* as a routine treatment. But the homœopathist, while agreeing that such a procedure would probably

be generally useful, should still seek for a symptomatological resemblance between the drug and the given case of disease before giving *Baptisia* with full confidence. For the problem of recovery from an infective disease, is not always simply and solely a matter of resistance to a given germ. The resistance may be effective enough and yet life, or at least health, be threatened through existing organic weakness and the temporary effect on it of disease. The point has been discussed in the introductory chapters: it is enough here to repeat that if the case requires *Baptisia*, symptoms will appear that call for it and if such symptoms are absent it is doubtful wisdom to give the drug on its laboratory virtue alone. If given when not indicated it may conceivably check the resistance process, which was going forward without it, and meantime for lack of another remedy indicated by the symptoms, some serious damage elsewhere may occur.

Rhus Toxicodendron presents a good many symptoms similar to those that call for *Baptisia* in enteric. It is desirable to test also this drug as to its agglutinating power. Other remedies that resemble it in much of its symptomatology are *Arnica*, *Gelsemium*, *Bryonia*, *Echinacea*, *Lachesis* and *Nitric* and *Muriatic acid*.

SYMPTOM INDEX.

General Symptoms: Sensations of numbness with pain and soreness: < waking: < cold: comparative painlessness of ulcerated surfaces: prostration: < foul secretions and discharges (sweat, urine faeces, etc.)

Mental Symptoms: Stupor and drowsiness: mind confused and wandering: illusion of two wills, or divided personality: delusion in delirium that the limbs are separated from the body: mentally restless but constantly relapsing into stupor.

Head Symptoms: Dull, heavy headache: eyelids feel heavy: head feels large: numbness or sore, bruised pain: face flushed, dark, besotted looking.

Special Sense Symptoms: Aversion from light: eyes look heavy and bleary and give pain if used.

Alimentary Canal Symptoms: Tongue coated yellow or brown in centre, cracked, sore, ulcerated: mouth and

tongue dry; foul breath: throat sore, constricted, often ulcerated: difficulty in swallowing: great thirst: gastric pain: nausea and vomiting: general abdominal pain: frequent small, dark, offensive stools very exhausting: little or no pain on passing them: blood and mucus in stools: prostration after defæcation.

Neuro-muscular Symptoms: Neck feels tired and aching: general muscular soreness: < movement: prostration and weariness: wandering pains or aching in limbs.

Skin Symptoms: Great heat and burning: considerable sweating often foul smelling. The fever is of the type seen in such diseases as acute Tuberculosis, typhoid, influenza or small pox. After the administration of the drug a profuse sweat may follow which relieves symptoms considerably.

TREATMENT OF THE INTERIOR MUCOUS MEMBRANES.

DR. H. W. ANDERSCHOU.

THE very satisfactory results obtained from external manipulations, through the different forms of massage, in the treatment of various phases of physical suffering, has many times raised the question, how far the respiratory or other interior organs and their mucous membranes could be influenced by similar treatment.

That a form of massage which would reach and affect these interior processes has not long ago been adopted in common practice is, no doubt, due to the fact that the ordinary masseur possesses too little knowledge of laryngology, rhinology or otology to carry out successful treatment along these lines.

As many people are troubled year after year with a more or less chronic form of nasal catarrh, which is one of the difficulties in the practice of most physicians, I should like to draw attention to the fact that a great number of cases of chronic diseases of the mucous membranes of the respiratory organs have been under close observation: many of these cases have been

treated by all the usual resources of allopathy, surgery and even homœopathy without success or a lasting improvement, while they have been greatly relieved, and in most cases completely cured, by means of interior massage of the mucous membranes assisted by suitable homœopathic remedies given from time to time in high attenuations.

During the last nine years I, myself, have made use of internal massage of the mucous membranes in cases of atrophic or hypertrophic forms of chronic nasal catarrh, or multiple polypus formations and ozæna with decided success. A cure has in most cases been established after five to nine weeks treatment.

This form of vibrational massage is performed by means of a probe twenty centimetres in length, which corresponds to No. 6 or No. 7 on Charrier's scale. The end to be used in the nasal or any other cavities is finished with a button covered with cotton wool.

The patient should be placed in a comfortable chair with the head back. After dipping the probe in a suitable lotion or ointment, the physician holds it lightly and loosely between the thumb and two first fingers, and when the button is in its proper position in the cavity to be treated, the vibrations are produced by short muscular contractions of the upper arm. Every part of the interior of the nose must by and by be brought under treatment and the position of the probe altered accordingly. The treatment should only last three to four minutes at each sitting and repeated every three, four, or five days. If a slight hæmorrhage occurs during the first few treatments this can easily be controlled by the local application of a dilution of *Hamamelis*.

In laryngitis, pharyngitis with cough, hypersecretion, pain, etc., I have known a number of cases, resisting other treatment, which obtained a cure after five or ten weeks by means of interior vibrational massage. In these cases I sometimes used a small electric vibrator constructed for this purpose by the Danish Professor Storch, but I have found that the manual vibrations as explained above are to be preferred for applications to interior mucous membranes.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH AUG. TO 15TH SEPT., 1918.

GENERAL FUND.

				<i>Subscriptions.</i>			£	s.	d.
E. Carr, Esq.	1	1	0
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NATIONAL HOMŒOPATHIC FUND.

				<i>Subscriptions.</i>			£	s.	d.
Frank Sellars, Esq.	1	1	0
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The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 18th September, at 4 o'clock.

NOTIFICATIONS.

•• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. MORFORD.

ARTHUR MORFORD, M.B., B.S., B.Sc. Lond., is now assisting Dr. Purdom at Croydon. His address for the present is 98, *St. James's Road, West Croydon*, near the late Dr. Munster's house. He will be at home 9-10 a.m., 2-3 p.m., 6.30-7.30 p.m. His telephone number is Croydon 534.

DR. C. E. WHEELER

On and after October 7th Dr. C. E. Wheeler will be practising at 71, *Harley Street, W.1.* Tel., Mayfair 320. Hours 11 to 1, except Saturdays, or by appointment.

EXTRACT.

NIGHT BLINDNESS (HEMERALOPIA).*

By L. WEEKERS, M.D.,

*Lecturer at the University of Liège; Surgeon to the
Belgian Army.*

THE present war, which has greatly added to our knowledge in many directions, has brought into prominence an affection of vision of which no mention, so far as I am aware, has ever been made in previous campaigns. I am referring to night blindness as met with in soldiers. Men whose vision is perfect during daylight complain that on the approach of evening, and particularly at night, they become absolutely blind. In the twilight, if called upon to get about, they blunder along, tumbling into ditches or shell holes, often indeed unable to find their way back in the absence of a helpful comrade; some, indeed, have preferred to stay where they were for hours together rather than run the risk of being drowned or of finding themselves possibly in the enemy trenches in lieu of their own. Men of this class, though of unquestionable courage, dread being told off as sentinels, owing to the feeling of helplessness that overtakes them as soon as the sun has set. During night marches their only chance is to keep in physical touch with their fellows, otherwise they are lost. I have come across quite a number of instances of mistakes from this cause which would have been comic were they not so often tragic in their results. Soldiers suffering from hemeralopia describe their plight in such detail that it is impossible to question their sincerity. For instance, one of them related to me that when marching at night he always tried to get behind a comrade with a goblet on his knapsack, the glint on which served to guide him. Drivers, under similar conditions are fain to let their horses find their way for themselves, powerless as they are to distinguish anything.

* From the *Medical Press*, with thanks and acknowledgments.

This condition is fairly common. Out of 3,977 patients who consulted us in respect of some ocular affection at the front, 400 *i.e.*, 10 per cent.—presented well-marked symptoms of hemeralopia.

The only defect discoverable in these men is lack of adaptation on the part of the retina. Objective examination reveals no deeply seated ocular lesion. They not unfrequently present some error of refraction (73 per cent.). As a general rule the general health is good, though one sometimes meets with signs of nervous depression.

The explanation of these cases of hemeralopia in soldiers is rather complex, the more so seeing that the normal physiology of retinal adaptation is still little known. Here, however, we must make a distinction. Some soldiers suffer from congenital hemeralopia; aggravated, it may be, by life in the trenches. It is highly probable that the victims of this aberration are themselves in ignorance of its existence, so they are tempted to attribute the troubles simply to their novel conditions of existence. Apart from congenital hemeralopia, there is an acquired variety which occurs in persons previously free from it. It is never the outcome of any one cause, but is the result of a whole series of factors.

The principal cause of night blindness is nervous exhaustion, a condition readily induced at the front by the fatigue and privation inseparable from active warfare, the monotony, worry and anxiety of an abnormal existence in the trenches, by the numerous repeated shocks to which the nervous system is subjected, and lastly by the depressing effects of home-sickness and anxiety about home affairs.

Hemeralopic troubles are often met with in miners, whose mode of life at the bottom of mines presents a certain analogy with that of the soldier in the trenches. Many instances were remarked during the piercing of the St. Gothard tunnel, and here again it accompanied a state of nervous exhaustion. I think, therefore, that there is a clinical form of hemeralopia which deserves to be placed apart—*viz.*, overstrain hemeralopia.

Working in the dark does not, as one might imagine, give rise to hemeralopia. Failing light renders the failing evident, but does not cause it. Ocular fatigue resulting from error of refraction or inflammation of the external ocular membranes may be an adjuvant factor in determining fatigue.

One well-known clinical variety of hemeralopia is that met with endemically in certain collectivities, as the result of too monotonous or defective a diet, such, for instance, as in penitentiaries, orphan asylums, and on board ship. During the seven weeks' fast preceding Easter in Russia one meets with a goodly number of cases of hemeralopia, but this can hardly be thought of as a factor in its production in soldiers, whose food is the object of special care. The only objection that might be urged against the soldier's dietary, is its monotony, the comparative absence of vegetables, and the undue proportion of preserved articles of food.

Treatment.—In olden times hepatic organopathy was recommended as a cure for hemeralopia, in the form of raw liver, extract of liver, cod-liver oil, and even ox-gall. This treatment might render service in hemeralopia of hepatic origin. I did not give it a trial in my soldiers, inasmuch as I found it of no use in previous trials in miners.

After all, the treatment must necessarily be causal, but we have to take military requirements into consideration. The dazzling resulting from prolonged exposure to intense light may be prevented by wearing tinted glasses, and hemeralopic subjects derive great benefit from the removal of this source of ocular fatigue.

An ætiological factor against which the practitioner can effectually intervene is ocular fatigue due to secondary inflammation or to some error of refraction. I believe I have been able to maintain in the ranks a number of men who, but for my intervention, could not have stayed there. In the presence of myopia and hypermetropia of course it is easy, but in respect of astigmatism more difficulty is experienced on account of the great variety of types and combinations, each calling for its own particular glass. If the necessary

facilities are obtainable, however, it can be done. It is hardly necessary to add that correction of the error of refraction does not do away with a congenital defect of adaptation of the retina, but the correction of a very minor degree of ametropia improves vision to such an appreciable extent that the men are enabled to remain at the front.

As far as possible the subjects of hemeralopia should have a generous and varied dietary. In exceptional cases, when it is associated with extreme nervous prostration, such patients should be hospitalised so as to have a few days' well-fed rest and suitable restorative medication.

It would be well in every regiment now and then to institute tests for hemeralopia, especially among recruits. It would be easy enough to devise tests enabling us to detect the hemeralopic subject, and care would then be taken not to confide important look-outs to such men at the front.

In most instances it is possible to improve matters to such an extent that the subject of hemeralopia is not incapacitated from service. As soon as we improve vision, especially by correcting any error of refraction, the hemeralopia becomes tolerable, though in only rare instances is it cured. In many instances merely lightening the burden of work will suffice to improve matters. Under no circumstances can hemeralopia pure and simple be a pretext for sending a man to the rear, though it may be otherwise when the condition is complicated with ocular lesions such as myopia choroiditis, optic atrophy, etc.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—I have read with interest in this month's issue of the Homœopathic World the account of the "New Childrens' Hospital at Ann Arbor."

The line in italics:—*Michigan is doing well by her children* arrested my attention. Can we homœopaths

say England and particularly *London is doing well by her children?*

I enclose the notes of a series of cases* taken from the case books of this Institution, which are typical of the work that is being done here.

If you think well I can continue such notes from time to time,

Yours faithfully,

J. ROBERSON DAY.

VARIETIES.

THE SPINAL FLUID IN TYPHUS.—Danielopolu's (*Ann. de Méd.*, Paris, September-October, 1917, No. 5) experience with sixty patients at Jassy has convinced him that the nervous disturbances are responsible for the deaths much oftener than the cardiac. For this reason he repeated lumbar puncture every few days, and in this communication describes the findings in the cerebrospinal fluid from twenty-four typhus patients with more or less serious nervous symptoms. In the majority of the cases the more intense nervous phenomena coincided with a high leucocyte count and a completed and pronounced reaction on the part of the meninges. The globulin reaction and the lymphocytosis seem to be the result of augmented permeability of the meninges on the one hand, and of the leucocytosis in the blood on the other hand. In some cases the leucocyte count was very high, up to 60,000, but there was no meningeal reaction and the patient did not show any serious nervous disturbances. Evidently the meninges were not much permeable. Two other patients presented from the very first grave nervous disturbances; the meninges were extremely permeable, but there was pronounced leucopeny and no signs of a meningeal reaction.

Medical World.

PREMATURE SENILITY.—Turenne (*Revista Medica del Uruguay*, Montevideo, December, 1917, No. 12) has encountered four cases in which puerperal fever in young women seemed to have damaged the organs to such an extent that they shrivelled away afterward, bringing on a premature senility. In the first case, a robust woman of twenty-eight within two years lost thirty-three pounds, her teeth had dropped out without caries or pains, she had lost most of her hair, and the skin was dry, yellow and wrinkled. The general health was good except for arteriosclerosis. This increased, and the woman succumbed to it at thirty-eight. Another primipara of twenty-two had had suppuration in the

*We publish the cases elsewhere in this issue.

uterus for two months and menstruation had not returned in three years. Four teeth had dropped out and much hair had been lost, but the general health was good and she had gained in weight, but the aspect was that of a woman of fifty. The two other cases resembled these, the young women looking old and wrinkled, with scanty hair, but they had not lost any teeth. The findings on palpation of the uterus were in all like those after subtotal hysterectomy. The persisting amenorrhœa had never been accompanied by the deficit symptoms of the menopause, and there was nothing to call attention in particular to the suprarenals, thyroid or parathyroids. In all his experience with atrophy of the uterus from other cases, he never witnessed symptoms like the above. For the premature senility, there must have been various factors at work, possibly damage of glands with an internal secretion. He reviews what is known in regard to the functioning of the various glands, and urges a watch for deficit symptoms in order to apply the proper organotherapy in time, heeding the reactions induced. Another practical conclusion from his experience is that women who have passed through severe puerperal fever should be long supervised to ensure hygienic conditions and remote absorption of exudates, etc., with the viscera in their normal positions.—*Medical World*.

FUNCTIONAL AND ANATOMICAL FINDINGS IN RENAL DISEASE.— A group of thirty cases of renal disease have been studied by Stengel and his associates (*Arch. of Internal Med.*, Chicago, March, 1918, No. 3) by certain of the recently introduced methods of renal functional testing, including the estimation of the plasma chlorides. Fifteen of these cases have come to necropsy thus affording an opportunity of comparing the functional anatomical findings. The cases of acute nephritis showed rather a pronounced impairment of all renal functional tests. The cases of advanced, chronic glomerulonephritis showed, in the most pronounced degree, elevation of blood pressure, depression of non-protein blood nitrogen, fixation of urinary specific gravity and the presence of albuminuric retinitis. These cases were characterised, however, by a normal or even a definitely subnormal plasma chloride level, and by a considerable reduction of the plasma bicarbonates. Those cases which exhibited marked tendency to proliferative changes in the glomerular tufts were characterised, as a rule, by higher blood pressure than the cases which exhibited chiefly hyaline changes in the tufts. The cases which might have been classed clinically as chronic parenchymatous nephritis or as nephroses, because of the very slight elevation of blood pressure, the less marked depression of phenol-sulphonaphthalein, the less marked elevation of non-protein nitrogen and the more nearly normal urinary specific gravity, and because they exhibited conspicuous œdema, especially of the face, and abundant albumin and casts of all kinds in the urine—these cases were less definitely characterised histologically than had been expected. While they showed pronounced degenerative

or necrotic changes in the tubular epithelium. they also showed conspicuous even advanced glomerulonephritis. Histologically, their separation from the clinical group of advanced glomerulonephritis would have been difficult, perhaps impossible.

Grossly, the kidneys in these cases were identical with those of the group just mentioned. The plasma chlorides were elevated in the two cases of this group studied in this connection. The cases which clinically and histologically were cases of renal arteriosclerosis, exhibited a variety of forms of kidney, grossly and could not have been properly classified on gross appearance alone. The blood pressure, and especially the pulse pressure, although much above normal, were usually lower than in cases of advanced glomerulonephritis. The plasma chlorides and plasma bicarbonates were normal or approximately so. In all cases with elevation of blood pressure some fall of pressure was noted in the last five or ten days before death. Contrary to expectation, however, the fall in diastolic pressure was closely proportioned to the fall in systolic pressure, and not less, as would have been expected.—*Medical World.*

GRAFTING METHOD FOR REPAIR OF SKIN DEFECTS.—Alglave, (*Presse Med.*, Paris, July 23rd, 1917, No. 41, pp. 417-432) has been using since 1901 a method of "dermo-epidermic seeding" as he calls it, which has given extremely satisfactory results for burns and lacerations in peace and has proved equally useful for repair after war wounds. When other methods have failed and the torpid surface seems to refuse to heal over, this method almost invariably answers the purpose. He hollows out with a curette a cup-shaped hole in the granulations, each hole about 8 or 10 mm. in diameter, and extending down to the aponeurosis or muscle plane of the wound. In this hole he plants a corresponding graft taken from the patient's thigh, including the epidermis and derma but not the entire thickness of the derma. The graft is only 6 or 8 mm. in diameter, and is not quite so thick as the hole is deep. Consequently the graft fits loosely in the hole, and the blood already in the hole clots around it and fastens it in place and also nourishes it. As the graft fits low down in the hole, the edges of the hole extend above it enough to protect it against friction from dressings and clothing. A number of these holes are scattered over the surface to be grafted, at intervals of 15 cm. These dimensions and intervals have proved the best conditions for healing of the grafts in his own extensive experience. In a case of which an illustrated description is given, twelve grafts were applied by this "drill husbandry technique" and the patient was up and about, entirely healed, in three weeks. His war wound had shown no tendency to heal during the six months preceding. Alglave ascribes great importance to the use of oiled tarlatan, "taffeta chiffon" which does not stick to the tissues, and can be renewed daily. He washes the surface of the skin with boiled water, at each change of dressings, letting the water drop gently on the grafts to rinse off the oozing around the

grafts. The grafts do better when taken from the patient himself. One instance is related in which the young mother gave the grafts for the child of four and they did not retain their vitality. Two trials failed, and then the grafts were taken from the child himself, and healing was soon complete. Another case teaches the familiar lesson that when the consequences of an operation or any procedure are different from what we have reason to expect, we must seek for some disturbing general cause, which in this case, as often occurs, proved to be unsuspected syphilis.

Medical World.

THE NEW DOCTRINE OF PLACENTA PRÆVIA.—Jaschke (*Ztschr. f. Geburtsh.*, H. 1, Bd. 78) points out that the dangers of placenta prævia depend chiefly on the recently much emphasised characteristics of the isthmus uteri, the middle section between the corpus, containing the expelling muscles and the cervix, which together with the isthmus forms the parturient canal. We do not now as formerly regard the overlapping of the placenta over the internal os as characteristic for placenta prævia, but the condition that an isthmus, normally free from placental tissue, has been wholly or in part utilised for the attachment of the placenta. A placenta prævia totalis may only be assumed in cases where with some dilatation of the os its whole circumference appears to be occupied by placental tissue, whereas at the commencement of labour, with an undilated os, such overlapping is also possible with a placenta prævia lateralis. The greater the part inserted over the isthmus, the greater the danger. Of more importance still is the nature of the primary implantation of the ovum at the isthmus. Either abortion is the result or the foetal elements penetrate beneath the loosened and seriously infiltrated muscle fibres, so that the cells of the trophoblasts become widely dispersed between the deeper layers of tissue. The villi themselves penetrate extensively the muscle tissue, and as a result the placenta gets an abnormally firm attachment, so that a later separation is only possible by laceration of the villi and profuse hæmorrhage. According to Hofmeier, the lobe overlying the internal os must always be a "capsularis" lobe, and the deeper the primary attachment of the ovum into the isthmus, the sooner will the placental insertion reach the os. The chief danger, however, does not lie in this, but in the insertion of the placenta into an only slightly contractile part of the uterus, the isthmus, which moreover is extensively penetrated by chorionic cells, seriously infiltrated and frequently overdilated during the parturient process. It is in these circumstances present before birth that the great danger for the woman lies, not so much because of the hæmorrhage during the birth, but during the third stage of labour and the time immediately succeeding it. It was this danger which induced Krönig and Sellheim to adopt other principles for the treatment of placenta prævia; the former an abdominal Cæsarean section and the latter the extraperitoneal incision. For fully developed cases the author

prefers Krönig's operation, by commencing isthmus dilatation, Sellheim's or a subperitoneal cervical Cæsarean section. In cases where it is certain that the foetus is dead or unripe, the old treatment is indicated, but if there is a suspicion of a primary isthmus-placenta, the Cæsarean section should be undertaken whether the child is living or not. The author describes three cases which give a striking illustration of the importance of the differentiation between primary and secondary isthmus-placenta, as well as the blessing of Cæsarean section both for the mother and child.—*Medical World.*

TUMOURS OF GASSERIAN GANGLION.—The history of Sachs' (*Annals of Surg.*, Philadelphia, August, 1917, No. 2) case is that in December, 1914, the patient began to have pains along the distribution of the ophthalmic division of the left fifth nerve. This pain gradually spread and two months later involved all three branches and was continuous. At no time was there any cessation of pain. Drugs, climatic conditions, local applications in no way influenced the pain. About this time the woman complained of double vision on looking to the left. Soon after this an impacted molar was removed, but afforded no relief. Some months later her sphenoid and ethmoid sinuses were opened without any improvement in her symptoms. The pain continued without any interruption and with great severity. Stereoscopic X-ray photographs showed no abnormality and none of the signs of intracranial pressure. No destruction of bone in the region of the middle fossa could be made out. In the region of the ganglion a smooth tumour about the size of a large cherry was exposed, which lay in a cavity in the floor of the skull about 1 cm. deep. It had apparently completely replaced the ganglion. With great care the tumour was dissected free and in this procedure what were taken to be the third and sixth nerves were exposed on the median side of the tumour. When the patient became conscious she had a complete third and sixth nerve paralysis and a complete motor aphasia with very slight weakness of the right hand. The motor aphasia cleared up at once and had completely disappeared on the fourth day after operation. The grip was normal on the second day. By the ninth day there was no trace of the third nerve paralysis and the sixth nerve paralysis improved steadily, so that finally a month after operation there was no longer any double vision. Another unusual feature and one difficult to explain was that after the third nerve recovered, the pupil which had been dilated (third nerve paralysis) became contracted. In about six or seven weeks the patient returned complaining again of nerve pains. The twelfth nerve paralysis was still present. The tumour was again attacked, but was found quite inoperable. A small piece was removed for diagnosis and showed the same histologic picture as the original tumour—endothelioma.—*Medical World.*

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

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| <p>Chandler (Asa C.). <i>Animal Parasites and Human Disease</i>. 8vo, net 21s.</p> <p>Deaver (J. B.) and McFarland (J.), assisted by Herman (J. L.) <i>The Breast, Its Anomalies its Diseases, and Their Treatment</i>. Roy. 8vo, net 40s.</p> <p>Diseases of Occupation and Vocational Hygiene. Edited by G. M. Kober and W. W. Hanson. Roy. 8vo, net 32s.</p> <p>Duval (Pierre). <i>War Wounds of the Lung. Notes on Their Surgical Treatment at the Front</i>. 8vo, pp. 107, net 8s. 6d.</p> <p>Gray (Henry) <i>Anatomy. Descriptive and Applied</i>. 20th edition. Edited by Robert Howden. Notes on Applied Anatomy revised by A. J. Jex-Blake. Roy. 8vo, pp. 1,340, net, 37s. 6d.</p> | <p>Jellet (Henry). <i>A Short Practice of Midwifery for Nurses. Embodying the Treatment adopted in the Rotunda Hospital Dublin</i>. 5th edition, revised. Cr. 8vo. pp. 477, net, 8s. 6d.</p> <p>Knapp (A.). <i>Medical Ophthalmology "International System of Ophthalmic Practice" Series</i>. Edited by W. L. Pyle. Roy. 8vo, net 21s.</p> <p>Mackenzie (William Colin.). <i>The Action of the Muscles. Including Muscle-Rest and Muscle-Re-education</i>. 8vo, pp. 283, net, 12s. 6d.</p> <p>Macmanus (James T.). <i>Modern Methods in the Diagnosis and Treatment of Phthisis, with Special Reference to Tuberculin</i>. (Bibliography.) Cr. vo, pp. 64, net. 2s. 6d.</p> |
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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

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

All advertisement and business communications to be sent to the 'MANAGER' of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Day, London—Dr. Burford, London—Dr. Goldsbrough, London—Mr. Frost, Chelmsford.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—

Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.

The Homœopathic World.

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BRITISH HOMŒOPATHIC ASSOCIATION

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Cæcæxia of Hypophysial Origin.

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Medical and Surgical Works.

To Contributors and Correspondents.

Oct. 1, 1918.]

HOMŒOPATHIC WORLD ADVERTISER.

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WINTER SESSION 1918-19.

HONYMAN-GILLESPIE LECTURESHIPS (11th YEAR).

A Course of Lectures on Homœopathic Materia Medica, Therapeutics and Clinical Medicine will be given by CHARLES E. WHEELER, M.D., B.Sc. (Lond.), Physician to the London Homœopathic Hospital, at the Hospital, on Mondays and Thursdays, October to December, 1918, at 5 o'clock, beginning on Monday, Oct. 14th.

THE COMPTON-BURNETT LECTURES.

A Course of Ten Lectures on Homœopathic Philosophy and Prescribing, as illustrated from the writings of the Organon and Modern Developments therefrom, will be given by JOHN WEIR, M.B., Ch.B., Glasgow., Assistant Physician to the London Homœopathic Hospital, on Fridays, October to December, 1918, beginning October 11th, and ending on December 13th.

FEES, SCHOLARSHIPS, SIZARSHIPS, &c.

All information as to Fees, Scholarships and Sizarships may be obtained on application to the Hon. Sec., Education Committee, London Homœopathic Hospital, London, W.C.

An Introductory Lecture to the whole Education Course will be delivered at the Hospital on Thursday, October 10th, 1918, at 5 p.m. by CHARLES HENRY ECCLES, M.R.C.S.; L.R.C.P. (Lond), of Nafferton, Yorks.

ALL MEDICAL MEN OR WOMEN ARE INVITED TO THIS LECTURE.

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THE
HOMŒOPATHIC WORLD.

NOVEMBER 1, 1918.

DR. JOSEPH KIDD

THE long and active life of Dr. Kidd only terminated in his ninety-fourth year, and he did not finally retire from practice until he was ninety years of age. Thus he lived through the stormy times, when to be a believer in Homœopathy was to be *ipso facto* ostracised, into these more peaceful days, when our faith is more a subject for gentle banter than for virulent opposition, when refusal of aid in emergencies is a forgotten weapon, and a difference of opinion in therapeutics is no longer a bar to friendly intercourse. This is not to say that Homœopathy has in any sense yet received justice from the enthroned and dominant school, but since the death of Dr. Kidd recalls the rather unseemly squabble over a point of etiquette at the death-bed of Disraeli, that recollection at once measures the distance we have travelled towards a juster recognition of the homœopathic position. Nothing, for instance, could be fairer and more appreciative from avowed opponents, than the obituary notice which appeared in the *Lancet*. It is true that Dr. Kidd in his later years was averse from the label of homœopathist, but the *Lancet* acknowledges that he retained his belief in the value of its therapeutic principle, and the praise

of the obituary notice is given with full recognition of this fact. This is a significant sign of the times in which we live, and it is to-day the merest justice to Dr. Kidd to acknowledge that his personality and abilities contributed largely to the bringing about of the changed conditions. Dr. Kidd was, as every homœopathist is, or should be, a physician and not a *doctrinaire*. It does not seem to us necessary or advisable as yet to refuse to write on our banner the name of our distinctive principle of practice, but we all recognise that we are therapeutic specialists who, outside the field of drug therapeutics, have no fundamental differences from our colleagues. The strength of Dr. Kidd consisted in this, that he was able to insist on his value as a physician even to those who distrusted his therapeutic heresy, and by so insisting he helped to make the pathway easier for those who succeeded him. Among our own ranks some may be glad to draw comfort from the fact that Dr. Kidd was markedly successful in curing and alleviating disease without recourse to the methods of Dr. Kent, which to-day are so persuasive and effectual. It is well to give this fact prominence, because the art of applying the homœopathic generalisation is not yet so perfect that we can say—this or that method is all-sufficing. There is room in our ranks for all the ways of practising Homœopathy, and our gratitude to Dr. Kent and his school need not be a whit the less because we think of Dr. Kidd (and many others), and remember that “there were strong men before Agamemnon.”

NEWS AND NOTES.

ALTERATION IN PRICE.

THE Homœopathic Publishing Co. announce that owing to the continued increase in cost of production they have been compelled to raise the price of the following popular handbooks:—

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Ruddock's Homœopathic Vade Mecum ..	6/-	to 7/6
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Do. Diseases of Infants and Children..	3/6	to 4/6
Do. Common Diseases of Children ..	1/-	to 1/6
Do. Common Diseases of Women ..	1/6	to 2/-

DEATH OF THE SON OF DR. SANDERS.

It is with the deepest regret that we record the death on active service of a son of our colleague, Dr. Horace Sanders. There is a special poignancy in such deaths at the very moment of victory, and we know that all our hearts go out in sympathy to the gallant man's father.

HEALTH LECTURES.

We desire to call attention to the following announcements:

A Sixth Course of Lectures and Discussions on "Public Health Problems under War and after War Conditions," will be held in the Lecture Hall of the Institute of Public Health, 37, Russell Square, London, W.C.1, on Wednesdays in November and December, 1918, at 4 p.m.

Wednesday, November 6th.—"Infection and Disinfection in War Time." By Professor J. M. Beattie, M.D. Chairman, Col. J. C. Adami, M.D., F.R.S., C.A.M.C.

Wednesday, November 13th.—"The Tuberculous Soldier." By Miss Jane Walker, M.D. Chairman, Lady Gough.

Wednesday, November 20th.—"The Care of Pensioners and Disabled Combatants in Relation to National Health and Wealth." By Sir John Collie, M.D., C.M.G. Chairman, The Right Hon. John Hodge, M.P.

Wednesday, November 27th.—“National Kitchens and the National Health.” By Alderman C. Spencer, Director of National Kitchens. Chairman, the Dowager Viscountess Rhondda.

Wednesday, December 4th.—“The Rôle of the Ports in the Protection of the Health of the Nation.” By Professor E. W. Hope, M.D., D.Sc. Chairman, The Right Hon. The Lord Mayor of London.

Wednesday, December 11th.—“The Organisation and Administration of Child Welfare Centres.” By G. Eric Pritchard, M.D., M.R.C.P. Chairman, Sir John Kirk, J.P.

Wednesday, December 18th.—“The Proposed Ministry of Health.” By Professor William R. Smith, M.D., D.Sc., LL.D., F.R.S.Ed., Sheriff of the City of London. Chairman, The Right Hon. W. Hayes Fisher, M.P.

A SHORT WAY WITH COCKROACHES.—The Bulletin of the Chicago School of Sanitary Instruction has been dealing with domestic pests, the latest issue describing a simple and effective way of ridding premises of these unpleasant arthropods. Commercial sodium fluoride mixed in equal parts with flour is dusted over the runways or applied with a dust-gun or powder-blower.

“The immediate effect will be noticed that the insects will come out of their hiding places, and after rushing about in a frantic manner for a time become paralysed and soon die. The dead or paralysed cockroaches may then be swept up and burned. As a rule premises can be ridden of roaches by this method in twenty-four to forty-eight hours.”

The same mixture is said to kill caterpillars who fed on foliage that has been dusted with it. The fluorides should be used however, with care, as the inhalation of the dust should, of course, be avoided, as these salts have an injurious action on the human system. Their use as preservatives in food is legally prohibited in the United States.—*Lancet*.

A PREVENTIVE AND CURATIVE SERUM FOR GAS GANGRENE.—Médecin-inspecteur Vincent, professor at the Military School of Medicine of Val-de-Grace, has announced to the Academy of Science the discovery of a serum, prepared in collaboration with M. Stödel, with which he has successfully treated gas gangrene. The action of the serum is both preventive and curative. Guinea-pigs injected with the serum after previous inoculation showed a mortality of four per cent., against a rate of eighty per cent. in the non-injected. On the strength of these results M. Vincent determined to try the curative effect upon man. Thirteen patients suffering from gas gangrene, all in a serious, four in a desperate, condition, were thus treated by him with the result that eleven recovered. These results augur well for the new method, details of which will be furnished later, as observations are being continued.—*Lancet*.

ORIGINAL COMMUNICATIONS.

HOMŒOPATHY: ONE OF THE ALLIES IN THE
GREAT WAR AGAINST THE ENEMY OF
MANKIND, DISEASE.*

By DR. ECCLES.

Most of us here who have thought for any length of time about Homœopathy, must have come, I think; not only to look upon patients as separate entities, separate individuals, each with his own peculiarities, which differentiate each one from any other, but at the same time, as we have studied our *Materia Medica*, we must have come to individualise, as it were, each drug, to see how each one stands out with its peculiarities; until at last, each drug has seemed to assume a separate, distinct personality.

The pretty Miss Smith, as she enters one's consulting room, in her mild, gentle tearful manner, is at once visualised as *Miss Pulsatilla*. While the haughty Madame, who comes in, making one wonder if she has noticed the worn appearance of one's carpet or that no crest is on our note paper, is no longer Madame High and Mighty, but plain *Mrs. Platinum*.

You will readily understand, therefore, how, when I received Dr. Goldsbrough's letter, asking me to deliver this lecture, I saw myself, not as I am wont to see myself when I shave in the morning, but as a poor miserable man in a state of weakness, embarrassment and dread, yclept *Dr. Silicea*; and seeing this vision of myself, like Shelley, I was affrighted.

However, I would like at the outset, to say how much I then and now appreciated and appreciate the honour done to me by the Central Education Committee; and if my ability cannot keep pace with my desire to prove myself worthy of that honour, I feel quite sure that—since this is a meeting of homœopaths—I shall at any rate be kindly received, and I assure you that I shall not suffer an aggravation from consolation.

* Introductory Lecture to the Educational Session, 1918-1919.

I suppose in trying to think or write on any subject it is impossible to everyone of us to keep our thoughts away from this terrible, this dreadful, this wonderful war!

When I began to ask myself: what shall be the subject of my lecture? the thought at once came to my mind of our Allies—Allies composed of all sorts and conditions of men and of nations, all united in one single aim, the overcoming of a great and terrible enemy. So I decided the name of my lecture should be: "Homœopathy, one of the Allies in the Great War against the All-Powerful Enemy of Mankind, Disease"; and to consider not so much how we differ in our methods, but, seeing that we are all out with the same great end in view, to try to find out how much we resemble each other and how we may consolidate our forces and as one great *entente*, go shoulder to shoulder, in the cause of humanity.

Perhaps as a sometime allopath—it is only four years ago owing to a course of the Compton-Burnett lectures that I realised what a great thing Homœopathy is—perhaps owing to this my heart goes out and back with a strange yearning to the predominant school. Let us take a glance—it can only be a sort of bird's eye glance—at what medical science has done in the last few years—the last quarter of a century.

I am young enough, and also, alas! old enough to remember the last twenty-five years.

Lister had worked the great miracle in surgery. And, looking back, I can see myself standing in an operating theatre. A big, copper kettle hissing on a spirit lamp is belching out a watery spray charged with strong carbolic acid. Ever and anon as the operating surgeon changed his position, like the limelight following the *première danseuse* on the stage, does this ghastly carbolic spray change and follow, so that it may fall on the opened abdomen. The idea was "Kill the germs." How I hated this carbolic spray! I believed at the time that it killed invading germs—I *knew* that it nearly killed me.

Then, later—after I had left my hospital—I remember being asked to go to the Middlesex Hospital to

watch John Bland Sutton—now Sir John Bland Sutton—do an operation without using this awful carbolic spray, without using any antiseptic whatever. Bland Sutton had boiled his instruments. He had washed and scrubbed clean the part he was to operate on, he was teaching us sterilisation. And his operation was successful, no suppuration followed: Asepsis *versus* Antisepsis had arrived.

Boil everything seemed to be the watchword. Later, since we could not boil our hands, somebody said, wear gloves which you *can* boil. It is wonderful how the germ of a suggestion grows so that now we see our surgeons changed into pierrots: masks cover their faces, they dare not even wink during an operation. When I see a surgeon masked, gloved and booted, standing on a porcelain floor, I agree with his use of all these methods of asepsis, but I cannot help wondering if Nature laughs, and while I say, "O, Civilisation, thou art great!" I remember Edward Carpenter's "Civilisation, its cause and cure!" Thus Listerism passing through the stage of carbolic kettle and caustic antiseptics has come to sterilisation. And sterilisation means—Be clean.

With the introduction of the knowledge of Asepsis plus, when circumstances make this necessary, Antisepsis, surgery began to walk fast. So fast has surgery walked that there has come a great danger, for just as Dickens' hero, when he saw a church said, "Here's a church, let's go in and get married," surgeons are too much inclined to say "Here's a something, let us cut it out." Homœopaths have always seen this danger, and the early homœopaths and often the later ones too, have been inclined to err as much in the opposite direction and to say, "No! OUR medicine will make surgery *non est*."

My little experience in Homœopathy has taught me very much, how often operative procedure may be avoided, but here and now I would like to state very definitely that surgery has its place to the ousting of ALL homœopathic procedure. And however much I may have been inclined to treat, say appendicitis, with medicines in the past, I now say, whenever the signs

of appendicitis present themselves, "away with him to the knife—to the surgeon." Many cases might get well under careful homœopathic treatment and watching, but so very many get sudden and dangerous relapses that I am obliged to believe that the best treatment for the patient is early operation. This applies also to many cases of adenoids and tonsils, though I am inclined to think not so much as in the case of appendicitis. In the former I would try all homœopathic methods, but if the tonsils were becoming fibrous and if the adenoids were beginning to cause serious mouth breathing with all its evil results, then I would say, wait no longer but have 'em out.

To briefly conclude my remarks on surgery, I would ask your consideration also of what this great war has shown us as the result of conservative surgery and so give surgery its proper—its glorious place in the alleviation of suffering and the betterment of mankind.

Of Medicine there is much that might be said—please remember I am speaking of the last twenty-five years—of my own times as a student of this art.

Since the discovery of the tubercle bacillus how much has been done. And here I may say that I am not obsessed by the idea of the tubercle bacillus being the causative agent of Phthisis, although in pronounced phthisis the tubercle bacillus is present. But whether it is a cause or a merely concomitant, possibly, as I think, a curative concomitant—I am not prepared to say. But I *would* like to say that long before Koch had filled the world with wonder—and *pari passu* killed many patients by his discovery! homœopathists had used as a curative agent *Tuberculinum Bovinum*.

Consumption, a little while ago, was known as the white scourge; but a little common sense, a little sanity, a definite approach to live under God's conditions has changed this, a scourge it is still, but one which if we were to speak of it as "Man's inhumanity to man" would be more truly named.

If we call consumption the white scourge, what of cancer? Surely the black scourge! This is a terrible disease. I wonder is there a single person here to-day who has not lost some relative or friend

from it. Everything, from tomatoes to tinned meats, has been pronounced a causative agent. Everything, from Homœopathy to colloidal treatment has been pronounced a cure.

I doubt whether anything has ever cured it if fully established. I read—you read—very often of cures following homœopathic treatment. I accept none of these cures. I deny none of them. I remember two cases occurring in my own practice.

One was a woman suffering from irregular uterine hæmorrhage. I made an examination and thought I felt the early signs of cancer of the cervix uteri. To make sure, I suggested a more complete examination. I had not told the patient of my fears.

With speculum and curette I scraped away as much as possible of what I saw and sent it to the Clinical Research Association. The report came back, "Cancer of cervix uteri,"

I therefore, advised a more complete operation, showing the report which I had received.

So indignant was my patient at my even suggesting that she had cancer that she went to a herbalist who—cured her.

I lost a patient, but I learned that very early removal of *all* the growth resulted in cure of cancer. It is fifteen years ago and so far there is no return.

My second case was a large hard lump in the abdomen. Fairly rapid emaciation. All the symptoms of cancer of stomach.

Suddenly, for no reason that I knew of—I was treating her allopathically—she got well.

Had I been, as I am now, an enthusiast in Homœopathy, I might have believed that my drugs had cured her.

It was a case of cancer spontaneously curing itself.

Please do not think by this I mean that Homœopathy cannot cure cancer. If anything can, I believe Homœopathy can. But I would like to emphasise the fact that just as "one swallow does not make a summer" so the cure of one or two or three cases of cancer following treatment by Homœopathy does not prove that cancer is or can be cured by Homœopathy.

If we turn to bacteriology, and serum and vaccine treatment we see the same marvellous strides.

If a patient have rheumatism, some enthusiast will show you the rheumatic germ or coccus. The pneumococcus explains pneumonia; and if on sending a swab, "No Kloebs Loeffler baccilli found" is received, the case is not one of diphtheria though he may later die of paralysis of the heart.

Antitoxines are the order of the day. For diphtheria, antidiphtheritic serum. As a preventive of typhoid, antityphoid and to prevent small pox, vaccination.

Now all these are true—more or less.

That our armies have escaped typhoid, cholera *et hoc genus omne* is due to these inoculations, I, for one, do not doubt.

And for twenty-five years bacteriology and its allied and resultant methods have achieved much. But this is Homœopathy, you say. For typhoid, typhoid; For small pox, cow pox. Well, I hae ma doots! Anyhow, my object just now is roughly to place before you what our profession has done.

Then, later in the field, and still not fully recognised, is psycho-therapeutics.

A patient, who has been for years under the allopaths, comes to us. We give a few powders. Lo, the patient is well! Psycho-therapeutics! says the enemy. And yet we know that allopaths consciously or unconsciously, are and have been using psycho-therapeutics as they give their soda and gentian. And while we know that our potentised medicines do not depend wholly or at all on "suggestion" on the part of the homœopathic physician, I think we must allow in the band of allies which I am trying to bring before you, psycho-therapy. Is it not time that we openly recognise the power of Christian Science? of which it has been most aptly said: "nothing new in it is true, nothing true in it is new." For this quasi scientific, this blasphemous travesty of Christianity *does* work miracles.

I wonder how many here to-day have been non-plussed and confounded when, on seeing a difficult case one has decided to give a placebo the while consider-

ation was being given to the symptoms. And after spending hours with the big, black Bible, the Repertory, reading the drugs in the various Materia Medicas and poring over Hering's "Guiding Symptoms," on the second visit of the patient, just when one is sure that *Lycopodium* is her drug, she tells one: "Doctor, these powders worked a miracle, I felt better and better with each one!"

Sach. lac in the order as numbered, one night and morning!!!

What was it that happened? Why did the patient get well on sugar of milk? Surely it was suggestion. But, what is suggestion? Here I would like to say that homœopathists are more likely to be the best psycho-therapists, *because to be a true homœopathist you must believe that cure or great bettering is possible.*

Who shall name the limit which can be set to the desire to help, the sympathy between physician and patient, who shall explain how much this sympathy can do in stirring up the great subliminal consciousness; and who shall dare to put barriers between my subconscious thought and your subconscious thought?

Then there is the X-Ray, both as a means to assist diagnosis and an instrument of cure. There is *Radium*, of which we know so much and whose power is so unknown.

We, as medical men, may claim all these things as our glorious heritage. All that scientific research has discovered as to the wonderful make-up of the human frame. All that scientific research has discovered as a means to ameliorate the suffering which disease causes. All the sanity which has entered into and changed our outlook upon things social.

All these belong to us as medical men—whether allopaths or homœopaths.

All these are Allies in the great *entente*, waging the glorious, the holy war against the enemy of humanity—**DISEASE.**

What claim, then, shall we as homœopathists make, when we insist on lining up as one and not the least of the Allies?

Surely it is as specialists in therapeutics.

What have the allopaths done? Much, very much. We join them, we must join them in their scientific endeavour after truth. I do not think that we can, I do not think that we ought, to compete with them in their schools of teaching. For what do they teach? They teach all that we must know. They teach scientific research, they teach the study of the anatomy, physiology and pathology of the human frame. They have opportunities which we have not, and which we ought not to seek, in learning how to be medical men.

But anatomy, physiology, bacteriology, the use of the X-rays and *Radium*, of electricity and God's sane laws of sanitation are no more theirs than ours.

When we have learned all that their schools can teach, when we have passed all the examinations which their colleges and universities set, then we have a right to say, "but you have not taught us how to help and heal men with drugs."

This will be no idle saying. For if we take a hundred of the best men of the old school and ask them, what reliable drugs have you? These can be counted on the fingers of one hand.

We claim the right to use all the methods which they use; but we claim one other method, a method which equals, nay, transcends all their methods of cure.

We say, if you will but try our methods you will see, you will be forced to see that instead of five drugs which are of use, there are five hundred, and these five hundred will not only do what your five drugs do, *alleviate* pain and suffering; but they will very often do more, they will cure. If you will try our methods, the methods of Hahnemann "*Similia similibus curantur*" you will learn that these things which you and we have been studying, these pathological things, are results of disease, not disease and given a few generations of our treatment, they will cease to be. Therefore I would urge that Homœopathy be a post-graduate course.

Learn all that the old school can teach, then practise what the new has proved to be true.

Thus I would make Homœopathy, not a thing apart, but an ally in the great war against the enemy of Humanity.

I am delivering to-night the introductory lecture to the Educational Course for the session which is just beginning. It is perhaps, well, therefore, that we ask ourselves, why we are medical men and women; why you, who are just entering upon this study, wish to become members of the medical profession.

Dr. J. Mitchell Bruce has answered this question, and he says there are two things which influence us in our choice in this decision. "The call of Nature," and "the call of the heart." Dr. Bruce says, "It is as natural for a child, when infancy is past, to ask, 'Why?' as it is to cry for food; the one craving is as strong as the other."

I think we shall all agree with this, it not from remembering ourselves when we were children, with our incessant, "But why, mummy?" At any rate, from the awful position, which we must often have found ourselves in, when in the presence of children.

I, at any rate, as a father of many, know how after escaping again and again this terrifying ordeal, by saying, "O, ask Mother," I have had to resort to that last acknowledgment of defeat by saying, "Now, *will* you go to bed! Can't you see I'm busy!"

If you want to see the real things, watch the children. Their incessant "Why?" is the cry of Nature, is the natural way. As we grow older we begin to be more and more indifferent to this prompting and by the time we are grown up we are too apt to take for granted whatever is put before us as a proven thing.

If, then, we enter the profession of medicine because of the call of Nature, the desire to sift into things, to find out the answer to this eternal "Why?" I would say that by studying Homœopathy we shall tend to keep this reason for our calling much more alive, than if we follow only the methods of the old school. I remember being stopped in a village by a cottage woman, who asked me to treat her little child,—it was suffering from some weakness of the foot. An allopathic friend was with me. After examining the foot, I began to ask

the mother about the mental and general condition of the child. Had it any craving for any particular kind of food, etc.? I learned that the child would steal all the salt it came across and gobble it up; that if crossed it would throw itself on the floor and become rigid, or would scream and try to bite anything or anybody in the room.

My friend said, "What a lot of rot you talked, asking all those silly questions! Why didn't you get on with its foot?" But I, quietly at home, asked myself, "Why does this child do this and that, why does it crave salt?"

Very soon the poor woman came to pay my bill, and said, "I am glad to pay this, sir, for I have saved it in shoe-leather already and besides, the child is like other bairns and I did think it would grow up a lunatic."

The cry of Nature was not only in that child; but I, as a medical man, had followed one of the reasons of my calling. I had asked the eternal "Why?" and my remedy had answered.

If the other thing which influences our decision to be medical men and women be "the cry of the heart," again I say, Homœopathy will not only keep that cry alive better than will allopathy; but it will also teach us how to make ourselves more powerful to help.

To every medical man or woman, whether allopath or homœopath, patients will come daily, full of misery and woe. We thump them and pummel them, we listen with our stethoscopes. We may advise fresh air or (if we are very tired and over-worked) change of air. But if we are homœopaths, we listen carefully and thoughtfully and kindly to all their tales of woe—not only because we are sorry, but because we are on the watch for some strange, rare and peculiar symptom or symptoms. We realise that these symptoms are the cryings of a poor soul in prison; and we are going with them as they talk, into this prison house, we are looking at the blank walls which hold them, we are trying with them to peep through the tiny windows, we are wondering how can we get out and take them with us? Homœopathy, *par excellence*, calls up in us this cry of the heart. Homœopathy, *par excellence*, teaches

us to know that these cries are not merely the hysterical clamourings of a tired and ill body ; but that here and here only is the key which will unlock the door. And if the door be thrown open, the soul will be freed and with its freedom the body will resume its natural, healthy harmony and poise.

Homœopathy, then, not only answers both these influences which lead us to be medical men and women ; but it enables us to respond more fully to these influences and more fully to understand the reasons and more easily to cure them than does Allopathy.

To come to the social side : I think we are all realising with what tremendous strides our profession is taking its proper place in the front rank amongst those who are to guide the nation.

Coming events have been casting their shadows before them for a long time. These shadows are giving place to those events, and when this war is ended, these events, these changes will be here. No longer will our profession be the conservative, close borough it has been. It must be democratic and if it is to lead, it must know how to lead.

Prevent us from being ill, will be the cry of the future. And those who are ill will want to know the best way of living, the *best* means of recovery from their illness.

As homœopaths, we can respond to this cry as well as can the allopaths. We can teach the people, we can urge those in authority to give better housing, better food, more natural environments. But we can do more. We can not only see to it that the bandy-legged child with the huge, sweating head, has more air, better food, but we can give that child our potentised medicines, and so help it to respond much more quickly to this improved environment.

Then there is the question of the babies. As some lady doctor said in a weekly paper the other day, "The nation has made a great discovery, the nation has discovered the baby."

The babies must not die in their thousands. Those about to become mothers must have better opportunities of bringing forth healthy babies. Pre-natal, as well

as post-natal conditions and influences must be of the very best. As homœopathic doctors we can, we shall join this great crusade. And as homœopathists we know we have drugs which will enhance our value tenfold.

We are, then, on the side of right, just as much as the allopaths. All the discoveries which science has made, we rejoice in, we welcome, we use. Those of us who are fitted, whether by opportunity or skill, are endeavouring to further these discoveries.

We, as much as the allopaths, are keenly alive to the need for that which the Ministry of Health stands for. We rejoice in, we welcome, we use all the known methods of prevention of disease. We, too, have discovered the baby. Nay, homœopathists have always realised the need for overcoming the seeds of disease implanted in the babies, and by properly applied remedies, we believe that we have for a long time been preventing disease.

Is there then, can there be, any reason why we should not line up not only as an ally, but as a *recognised* ally in this great war against disease? Not only is there no reason, but there is more than this, there is a need for us.

Everything the allopaths have with them with which to carry on this war, we have; but we have one thing more. We have one thing which they have not, one thing which can be proved to be true by anyone who will take the trouble to try it, we have a great law, the law of *Similia similibus curantur*. And if, since we claim to be an ally, we must give our reason for being a *separate* ally in the great *entente*, we say, and we must say boldly: Just as you have your specialists in surgery, just as you have specialists in this branch or the other of the profession to which we *all* belong, so we claim to be specialists in therapeutics, in the curing of illness by drugs.

In my study at home are ten volumes of Hering's "Guiding Symptoms." In the front page of the first volume is written, "To his friend, E. W. Berridge, from the author," and below this, "To his friend R.M. Theobald from E.W.B."

I do not feel that I can truly say, I did not know Hering. Certainly I never knew him in the flesh. But, as I have pored over these "Guiding Symptoms," long after yesterday has become to-day, in my endeavour to crack some particularly hard and chronic nut, I have felt his spirit talking to me from these pages and saying, "It has been my rule through life, never to accept anything as true, unless it comes as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was strong proof of its falsity."

Of E. W. Berridge I know nothing, but because I have as my friends, relatives of R. M. Theobald, through whom these volumes came to me, I seem to be more than acquainted with Dr. Theobald. It isn't so long ago since Dr. Theobald was struck off the register because he was courageous enough to accept and acknowledge the truth of Homœopathy. Burnett and others, smarting under the wrong and indignities heaped upon them, followed, and *strafed*, in language which now seems extreme, perhaps vulgar, those who in their narrow-minded bigotry, had sought to condemn as quacks these seekers after truth.

But all this is changed. No longer dare those of the predominant school call us anything worse than cranks.

I am a member of the British Medical Association, and I do not hesitate to preach the gospel of Homœopathy, fearing nothing save jealousy at my successful results with dynamised bits of sugar.

Homœopaths have gone out to the ends of the earth in the great war, and will return with all their accumulated experience of homœopathic treatment.

This Hospital has been acknowledged as a suitable place for the treatment of our wounded and sick soldiers and sailors; and we have the War Hospital at Neuilly run on homœopathic lines. Besides, the Great War is drawing nearer and nearer the great American Republic, where Homœopathy and its teachings are a recognised branch of the art of healing. And, above all, a great democracy is coming! Not only a democracy of the peoples, but a democracy of the arts and sciences.

It is up to us, therefore, not in fear and trembling, but with heads held high, to declare our beliefs, to show our results, to *demand* that our methods receive consideration.

We are not a peculiar people, in the scoffing sense applied to us. We are a peculiar people in that we are doing with our methods what nothing else can do ; achieving results of which the old school knows nothing and without which they achieve so little.

To help to increase the number of these peculiar people is the *raison d'être* of the educational course for the session.

The Honyman Gillespie Lectureship has been established by the trustees of the late Mrs. Elizabeth Honyman of Edinburgh, in co-operation with the Board of Management of the London Homœopathic Hospital and the British Homœopathic Association, the terms of the trust being, "For the purpose of founding or contributing to found a new School of Medicine, which shall embrace, as well as ordinary studies, the teachings of Homœopathy and other new and useful medical studies."

The Honyman Gillespie Lectureship, consists of courses of lectures in *Materia Medica* and Therapeutics, to be given by Dr. Wheeler.

Then, there is the Compton Burnett Professorship of Homœopathic Practice, founded in commemoration of the life and work of the late Dr. James Compton Burnett ; these lectures are given by Dr. John Weir.

And, I believe, moneys have been and are being spent in important research work.

Perhaps, in conclusion, I may be allowed to say from my own personal experience how valuable these lectures are. Unfortunately, I was able to attend only the course on Homœopathic Philosophy, by Dr. John Weir. To attend these, I had to travel every week two hundred miles, returning the same night, four hundred miles in sixteen hours for one lecture was "some" undertaking.

I can only say, I wish I had time to do it again.

To tackle the Repertory or the *Materia Medica* without some sort of a pilot must be awful. With the pilotage which these lectures afforded me, it was pretty

tough; but so fascinating that if there be any one among you here who contemplates studying Homœopathy and you are afraid of hard work and long hours, take my advice, Don't! A demon or a god (I have called it both) will enter you and will not only never leave you, but will never let you rest in the old way again.

Please accept my thanks for the consideration you have shown me in so kindly listening to my scrappy talk—and if I have wearied you, I feel sure no one will feel so sorry as I. For, the god who entered into me when I first commenced this great study, is still giving me no rest and as always, while urging me on, will not recognise that I being only a pint mug, cannot hold a quart and can therefore give out only a pint.

WHAT DO YOU REALLY KNOW ABOUT
 HEALING THE SICK?

By ELI G. JONES. M.D.,

*Honorary President American Association of Progressive
 Medicine.*

A PHYSICIAN may have spent four years in a medical college; he may have received the degree of Doctor of Medicine; he may be a legalised practitioner of medicine; he may be a member of one or more medical societies, a professor in some medical college, but what does he really know about healing the sick?

When a doctor graduates from a medical college, he is supposed to know the cause, symptoms and treatment of several hundred diseases, but how many can he actually cure?

When a young man or woman graduates from a medical college, the faculty certify to the fact that they believe that the student is qualified to practise medicine, but is he? That is a vital question that should give our teachers of medicine something to think about. If he or she can't cure the diseases common to our country, how can you conscientiously say that the student is qualified to practise medicine?

The professors in our medical colleges have a fearful responsibility on their shoulders, for it is their business, and it should be a matter of duty with them, to see that these young men and women who are sent out from the medical colleges in large numbers yearly are prepared to treat successfully the diseases prevalent in our country. We have all the way from twenty-five to one hundred and fifty professors in the medical colleges. They are supposed to teach about all the "ologies" in the dictionary; but of what real value are all the courses of instruction, if they fail to teach the students a definite treatment for the diseases common to our country.

A stream is no higher than its fountain-head; if a professor in a medical college is himself unable to successfully treat the diseases prevalent in our country, it is obvious that he will be unable to impart healing skill to his students.

A physician's reputation is based, or should be based, solely upon the cures that he makes. His usefulness in any community depends upon his ability to heal the sick. I know from an extensive experience and observation that the average physician in this country is weak on materia medica; he has only a superficial knowledge of the subject. Some of our medical colleges have cut out materia medica from their curriculum. Thus it is that our young men and women are being sent out into the world to practise medicine without a knowledge of the definite curative action of drugs; they are handicapped in their treatment of the sick, for the simple reason that they have not been taught a definite treatment for the diseases they are certain to meet in every-day practice. Is it any wonder, then, that with this kind of teaching so many of our doctors become disgusted with the practice of medicine, and finally become medical nihilists or drugless healers? The medical colleges that fail to teach definite medication to their students, as well as those medical colleges that declare there is no such thing as a definite medication for diseases by eliminating the Chair of Therapeutics, are largely to blame for this condition of things.

It is the custom of the merchant every year to take an account of stock to determine its quantity and value, and thereby his yearly profit or loss. It would be a good thing, likewise, for our doctors to take an inventory of stock to find out how much they really know about healing the sick.

Now suppose, dear reader, that an epidemic of pneumonia, typhoid fever, infantile paralysis, cerebrospinal meningitis or la grippe should sweep over this country, are you prepared to treat each of these diseases successfully? If not, then it is your duty as a physician to fit yourself to treat the above-mentioned diseases successfully, or else you have failed in your duty to suffering humanity. You cannot plead the excuse that you don't know how to treat such cases successfully, or that you were not taught how to treat them in the medical college from which you graduated. There are text-books that will tell you how to treat such diseases successfully, and it is your business as a physician to study them, and be prepared to meet the diseases named above, as well as others—and cure them.

It is said it is "the unexpected always happens in medicine," and that a good physician should expect the best and be prepared for the worst. There are certain diseases that are liable to occur unexpectedly, like lightning out of a clear sky. The good physician is prepared to meet any emergency that may arise in the "family circle"; he is "friend in need," a "tower of strength" in the sick room. He is the man upon whom the people have learned to depend when sickness occurs and death hovers over their dwelling.

Now suppose you are suddenly called to a case of tetanus, hydrophobia, blood poisoning, gall-stone colic uræmic or puerperal convulsions, would you know how to treat and cure such cases? You know our country is being taught the lesson of "Preparedness." Now it is likewise up to us as medical men to learn our lesson of preparedness and develop the necessary skill to treat and cure the diseased conditions that may arise in every-day practice.

Among some of the other diseases common to our country may be mentioned cancer, consumption.

diabetes, Bright's disease, spinal irritation, dyspepsia, ulceration of the stomach or bowels, rheumatism, diphtheria, tonsillitis, appendicitis, hydrocephalus, etc., etc. These are diseases that may be met with at any time, and a good physician should be prepared to treat such cases successfully.

In this article I propose to present diseased conditions to the reader as they may be met with in every-day practice. If a doctor is able to meet these conditions and treat them successfully it is a pretty severe test of what he really knows about healing the sick. When a doctor thoroughly knows his materia medica he will know definitely what to do for a sick person. It enables him to prescribe for the sick rapidly, intelligently and successfully. Remember this fact, and it should be burned into the brain of every medical man: "That theories may change, fads may come and go, but the true, the definite indications of a remedy never change." They are the same, yesterday, to-day and forever.

We prescribe a remedy because it is the remedy indicated in that particular case. We expect results and we get them. That does away with all guess work and uncertainty; it reduces the business of prescribing for the sick down to an exact science, and that is what we mean by "definite medication."

You may be called to see a little child. The mother will tell you: "Doctor, this baby won't give me any peace; he cries all the time. The only way I can keep him quiet is to carry him; the moment I put him on the bed he starts to cry." There is one remedy indicated, which, if administered, will quiet that child, and give the mother rest. Do you know what it is? Don't give the little baby any "dope," but give it the indicated remedy.

A woman may tell you she flows too much at the monthly period. That as soon as she gets up in the morning she starts to flow. The blood is dark, tarry, passing in clots. Upon examination we find inflammation of the os uteri, a thickening of the cervical canal, which is as hard as cartilage, with retroversion. She has a yellowish, fetid leucorrhœa between the

monthly periods. We call it chronic metritis. The condition indicates one remedy, and that will cure her. Do you know that remedy?

Men at or passed the middle age are sometimes troubled with chronic enlargement of the prostate gland. Many physicians send such patients away to the surgeon to be operated on. The above condition indicates one remedy. If you know that remedy, you would have many such cases to treat.

One of the most common diseases we find is spinal irritation (spinal hyperæmia), but the average doctor can't diagnose it, or treat it successfully when he sees it. A cure of one such case will often make a doctor's reputation in his community. Do you, dear reader, know how to treat such cases? Very likely not, for you were not taught how to cure spinal irritation in the medical college you attended.

The most common condition met with in every-day practice is indigestion, and the symptoms will be as follows: In an hour or two after eating the patient will have a sour taste, pressure in the stomach, bloating; patient feels as if her clothes were too tight; wants to unloosen her clothes. This is an American disease, and every doctor should know how to cure it. The above group of symptoms point like a finger-post to one remedy, and the doctor who knows materia medica will readily recall the remedy.

Intercostal neuralgia is another very common disease, but very few physicians know how to cure it. You will meet such cases that have been the rounds of the doctors, and they may come to you, hoping that you will be able to cure them. The above condition indicates one remedy, and that remedy will cure the patient so quick it will please you. Can you name this curative remedy?

You may have a case where the anus is cracked and fissured; piles protrude, bleed and are very sore. The patient walks the floor in agony of pain for an hour or two after each stool, even after a soft stool. This is one of very many cases where a doctor needs just the right remedy to cure and thereby gain the confidence of the sick person. The above condition points

directly to one remedy, and you, doubtless, know that remedy.

You may have a case of chronic diarrhœa in an old lady. She has a desire for stool in the morning as soon as she gets up and moves around. The passage is sudden, urgent, gushing, painless, with much flatus and of a brown colour. You will like to cure such cases when you meet them, and your patients will appreciate the cure. This condition calls for one remedy, and that remedy will cure. Can you give the name of this remedy?

Ferrum is often prescribed in anæmia when it is not indicated, and as a result your patient does not improve. When *Ferrum* is indicated you will know it by reading the face, tongue and pulse of the anæmic patient. The face, tongue and pulse tell you definitely when *Ferrum* is indicated and when it will cure your patient. Do you, dear reader, know the definite indications for the remedy *Ferrum*?

In reading the pulse of a patient, you may find quickness of the pulse without strength. The patient complains of weakness more than any other symptom. It indicates one remedy—do you know what it is?

In reading the pulse of a person at or passed the middle age, we may find it weak, with a marked interval between the pulsations. This peculiar character of the pulse warns us that paralysis has already taken place some time previously, or is about to take place, and it points to one remedy. Do you know what it is. The knowledge may be the means of prolonging the life of someone near and dear to you.

Women at the menopause may have hot flushes, weakness and perspiration. This condition calls for one remedy, and that remedy will help them from the start, for it is the remedy indicated. Such cases are so common that every physician should know how to cure them.

A large majority of cases of displacement of the uterus are caused by enlargement of that organ, the uterus sags down from its own weight. There is one remedy that will reduce the enlargement of the uterus and help you cure your patient, and you should know what that remedy is.

An old lady may consult you about a delicate condition. She will tell you that every time she coughs, sneezes or laughs, the urine passes involuntarily. This indicates one remedy, and when you cure such a case, your patient will appreciate your skill.

It is success in curing the little things, the simple ailments of your families that helps to make you solid in any community. Every cure you make binds the people more closely to you.

You may be called to a case where a man has had a fall or injured his head in some way. The patient suffers from mental trouble since his injury. This indicates one remedy. Can you name it?

You may have a case of anæmia, where the pulse is rapid, intermittent. The patient eats well, but is losing flesh. This kind of pulse with the other conditions call for one remedy. If this remedy is administered, your patient will get better from the start.

When you see a patient with bloating of the upper eyelids, swelling of ankles, patient has to get up in the night to urinate, it means kindey trouble, and it points unerringly to one remedy.

The above are just a few cases, taken at random, that are liable to occur in any physician's practice, and embodies a fairly stiff "quizz" to find out what he really knows about healing the sick.

To be a physician is to know materia medica; not the materia medica of one school of medicine, but of all. When we know all materia medicas, we have infinite resources to draw from in our battle with disease. Over twenty-five years ago I realised what our medical colleges were not doing for their students, and that our doctors should be taught, first of all, the definite indications of remedies; also a definite treatment for the diseases they meet in every-day practice. It was then I began to teach physicians, and I have continued in such work ever since that time. I have never tried to convert a doctor to any system of therapeutics. All I did was to try to help him become a better physician, to help him do more for the sick than he had been doing.

LACHESIS.

*The poison of the South American serpent, Trigon-
ocephalus Lachesis.*

The lance-headed viper whose poison glands supply this drug is one of the most feared, being one of the most deadly, of the serpents. Constantine Hering first (and principally) proved the poison, and knowledge of its effects on provers are supplemented by knowledge of the effects of the actual bite of the snake. Clinical use for some ninety years has again defined the outline of the symptom-complex and added features to it, and the indications for the prescription of this most valuable remedy are to-day recognised with little difficulty.

The serpent poisons resemble one another in their action on the body : they kill by their effect on the nervous mechanism of the heart and their power here can be used medicinally in treating disease. But if death is delayed or avoided through smallness of dose other effects appear. There is a local action on the blood, leading to lowered coagulability and destruction of red blood corpuscles, with extravasations of blood under the skin. These two marked effects on the heart and on the blood are both shown by all the serpent poisons used homœopathically, but the degrees of them vary with different venoms. Thus *Naja*, the cobra venom, affects the heart exceedingly and the blood but little, while *Crotalus*, the rattlesnake poison, causes marked effects on the blood and less on the heart, at any rate in the human subject. *Lachesis* acts intensely in both ways, and largely for this reason is the most used and most valuable of them all.

The powers of *Lachesis* over the different elements of the blood need defining in terms of laboratory experiment, but the symptoms that call for the drug clinically are usually clear enough. There is lowered coagulability with liability to subcutaneous hæmorrhages : great destruction of red blood corpuscles which may give rise to (hæmatogenous) jaundice (this is a very marked symptom of *Crotalus*), and apparently a lowered power of resistance to septic invasions, so that un-

healthy ulcers develop, and wounds are slow to heal, and inflammations readily suppurate, and signs of septicæmia appear. There is marked engorgement of veins and venules so that blueness and lividity are characteristic appearances when *Lachesis* is called for. Whenever sepsis attacks a case and resistance to it is poor, either *Lachesis* or *Crotalus* may prove invaluable. Similarly, when epidemic diseases occur in a specially virulent form, overwhelming the body resistance, whether it be enteric or small pox or a streptococcal infection, symptoms often appear suggesting the use of a serpent poison, and *Lachesis* or another can then be used with confidence. The *Lachesis* pathogenesis, though symptoms predominantly affect the left side, shows nevertheless a relation of the drug to the appendix region, and when cases are not seen till suppuration has begun, then if after operation there are signs of commencing septicæmia, this remedy or *Crotalus* should be given. In acute tuberculosis or acute exacerbations of the chronic disease, these poisons are invaluable, but on the whole *Crotalus* and *Elaps* are preferable here to *Lachesis*. For severe diphtheria cases again *Lachesis* is one of the most frequently used remedies, and its characteristic general symptoms often appear, apart from the fact that the pharynx is a notable region for its local action. In all these profound bacterial poisonings the effects of the serpent poisons can best be explained by conceiving them as powerful stimulants to resistance processes. They follow *Baptisia* and *Bryonia* well, act even more profoundly, and are therefore suited to most desperate cases. They are powerful aids given in minute quantities, because they are powerful and overwhelming poisons to body resistance in larger or long continued doses.

From this general relationship of *Lachesis* to virulent infections, it is time to turn to the specific symptoms which guide to the choice of it in these or other diseases. There are three very characteristic general symptoms (as distinguished from local ones) that belong to all the serpent poisons more or less (and all in a high degree to *Lachesis*) and a fourth which helps to distinguish *Lachesis* from *Crotalus* or *Elaps*. The first three are :

(A), Aggravation of all distressing symptoms (pain, delirium, etc.), after sleep; (B) Very marked sensitiveness of the body surface, so that even a touch is intolerable, and especially the slightest tendency to constriction; (C) Relief to distressing symptoms from the onset of a discharge: *e.g.*, dysmenorrhœal pains come before the flow and are at once relieved when it appears, or severe headache is relieved when a nasal catarrh begins. It is also true that if an expected discharge (*e.g.*, menstruation) does not appear normally symptoms of pain or discomfort begin or are aggravated if already present. The fourth symptom belonging to *Lachesis* itself though not to *Crotalus* or *Elaps* or *Naja*, is a predominant left-sidedness of symptoms (except as already noted for the appendix region), and especially a tendency for pains to pass from left to right. Thus in diphtheria, the left tonsil will show the disease first, and then the right. The exact opposite is characteristic of *Lycopodium*, which supplements the action of *Lachesis* in many ways.

Symptoms A, B, and C demand a little more discussion. The aggravation of distress after sleep is in itself, if well marked, enough to make a claim for the use of *Lachesis*. The physiological differences between sleeping and waking are no doubt numerous, and their interaction probably complex, but it is virtually certain that during sleep the waste products of active life are eliminated. To be eliminated they must pass, for however brief a time, into the circulation, and it is easily conceivable that certain constitutions and states of disease should be peculiarly sensitive to their presence in the blood. If this sensitiveness is enough to cause an aggravation of symptoms (*i.e.*, a further breakdown in the regions already affected by disease), it will produce this *Lachesis* symptom of aggravation from sleep. On the other hand, patients who are notably better for sleep suggest *Nux Vomica*; but aggravation of distress after sleep is a more important symptom than amelioration, just because it is a more striking and unusual occurrence. The symptom manifests in a multitude of ways; thus an asthmatic subject may wake to a violent paroxysm (it is character-

istic that the patient sleeps into the aggravation, there is no interval between sleep and increase of distress) ; pains of all kinds may become so acute that they wake the patient ; palpitation or vertigo may increase even at the first onset of drowsiness and effectually banish sleep. In such cases as this last example, if sleep does come on the patient will be the better for it, because sleep is impossible until there is a change in the body condition, thus the power to sleep is the indication of the change and the improvement after sleep the evidence that the change for the better has so far endured. The aggravation from sleep of the serpent poisons concerns physical rather than mental symptoms. Thus the night terrors of children more often find their remedy in *Stramonium* or *Belladonna* or its chronic counterpart, *Calcarea*.

Symptom B, the intolerance of pressure or constriction often stands out in a symptom-complex prominently. The patient desires all clothing to be loose and cannot endure collars or corsets to be in the least tight. The neck and throat particularly resent anything placed round them, and headache, if present, is worse for wearing a hat (as with *Lycopodium*). If the larynx is affected, merely to touch it externally will bring on a paroxysm of coughing or spasm and dyspnoea. Patients who suggest *Lachesis* as their remedy often suffer much from flatulence, but the desire to loosen clothing which they show is not only a result of this. Indeed the cause of the intolerance of any touch or constriction is not so much that pain follows as a kind of nervous uneasiness, quite uncontrollable as a rule. This points to the fact (confirmed in many ways) that nervous, unbalanced, hysterical subjects are very likely to come into the sphere of action of the drug, and the intolerance of pressure is to be read mainly as tactile hypersensitiveness. Associated with it is a strong desire for air ; patients who feel suffocated when windows are shut, who cannot endure heat well, and long for cool fresh breezes, whose symptoms are worse in the summer, these are often found to call for *Lachesis* by other indications. *Lachesis* (and serpent poisons generally) is emphati-

cally a remedy for those who are distressed by heat, the very reverse of the chilly subjects who need *Arsenicum* or *Nux Vomica* or *Calcarea*.

Symptom C, relief from the onset of a discharge, is sufficiently clear as an indication. The explanation of it probably lies in the fact that great vasomotor instability is a characteristic effect of the serpent poisons. Consequently local congestions and hyperæmias are common, and possibly the onset of a free discharge relieves these. The vasomotor instability is expressed in the provings by local flushings, rushes of blood to the head and face. These and allied nervous symptoms make *Lachesis* a remedy of great value at the climacteric, especially at the onset of that period when the menses are becoming delayed and when the non-appearance of the monthly discharge results in symptoms of discomfort and distress.

The "left-sidedness" of symptoms characteristic of *Lachesis* is one of the most marked of these preferences of certain remedies for one side or the other of the body. It is impossible at present fully to account for them, but clinical observation will soon show that a predominance of such a symptom as pain or skin eruption on one side is a common phenomenon, quite independently of obvious disease of a special organ. If the spleen or heart or gall bladder is the seat of disease it is of course easy to understand that symptoms should be referred to left or right, but apart from such simple explanations a right-sidedness or a left-sidedness of symptoms is often met with. Similarly it appears in drug provings, and when well marked, alike in case and in pathogenesis, it is a symptom worth noting. *Lachesis* markedly affects the left side (although for symptoms to proceed from left to right is also characteristic), and this feature of the remedy is often a helpful guide to the use of it.

The mental characteristics that suggest *Lachesis* have been determined for the most part clinically, by observing the types of individuals who respond best to the use of it. They somewhat resemble those of *Arsenicum*, in being a mingling of melancholy with anger. In spite of the greatly increased physical

sensitiveness and nervous irritability that is shown in the intolerance of constriction or pressure, the subjects that indicate *Lachesis* are often not obviously excitable, but their melancholy breaks easily into fits of anger, however lazy and sad they may be between the outbursts. It is said that women with red hair and freckled complexions often conform to this type. Thin rather than fat people suggest the drug, and it is more often needed for children or those past the prime of life than for men or woman between 25 and 45. Although melancholy the patient who requires *Lachesis* is the very reverse of silent. Loquacity is a characteristic symptom which becomes very marked indeed if the patient is delirious. It is a frantic loquacity, striving to express one thought after another with no apparent connection between them, while the mental powers now seem exalted, now depressed, and a swift succession of ideas sinks into incoherent confusion. The sense of time is frequently more or less disturbed in acute cases that call for *Lachesis*: (cf. *Mercurius* to which *Lachesis* is an antidote). Hysterical subjects who talk interminably will often show other symptoms of the serpent poisons.

The delirium that goes with the drug after its stages of loquacity and deranged time sense, sinks, in severe cases, into a low muttering condition with marked tremor; tremor of the tongue is characteristic: (cf. *Gelseminum*, but *Lachesis* is suitable to more severe illness than is *Gelseminum*). Tremors and trembling readily occur in *Lachesis* subjects apart from delirium, and cramps and spasms and even convulsions are often prominent. Spasms of the throat muscles are particularly characteristic and the drug has been used for rabies on this and other indications.

Fainting is a prominent symptom in the pathogenesis and attacks of faintness are generally accompanied by other troubles, e.g., cardiac pain or nausea or vertigo. It is to be regarded as a symptom of the nervous system and should be read in relation to the real value that serpent poisons often have in recent epilepsy, especially in *petit mal*. Subjective disturbances of sight and hearing are common com-

plaints of *Lachesis* subjects, and headache is apt to be a marked and persistent symptom. Characteristically it will be predominant on the left side and show intolerance of pressure and aggravation after sleep.

The alimentary canal is the site of many symptoms. Mouth and tongue may be inflamed and swollen and painful, the tongue trembling, dry, red and cracked, or brown or even blackish. Thirst is excessive. There is a constant tickling in the throat with dryness and burning. The tonsils may be inflamed (left worse) and ulcerated (*Lachesis* is often needed in diphtheria), swallowing is very difficult and painful, and spasms often check it, but solids are managed better than fluids, and empty swallowing is the most painful of all. Yet there is a constant desire to swallow. Touch or any external constriction exaggerates all the symptoms of pain and discomfort. After eating, the throat is temporarily relieved, and there is often a desire for food and increased appetite. Gastric symptoms are those of pain with convulsive vomiting, cramps and eructations. The pressure of clothing is intolerable; flatulence is excessive, making the abdomen hard and sensitive. Hiccough is a frequent symptom (another instance of spasm). There is sometimes obstinate constipation, but more often violent and painful diarrhœa, watery or pasty, offensive or bloody. Spasm of the anus occurs and hæmorrhoids are apt to appear, large and bleeding freely (venous blood).

The effect of *Crotalus* on the liver is very marked, producing a parallel to the effect of Yellow Fever, for which it is a most valuable remedy. *Lachesis* has no such profound influence but proves experienced pains in both hepatic and splenic regions. The value of serpent poisons in appendicitis has been mentioned.

In the urinary sphere there are symptoms of difficult and painful micturition and violent pains in the urethra, but nothing that can be translated very clearly into morbid anatomy. For the male sexual system its use in obstinate ulceration (syphilitic or malignant) is of value, but on the testicles and prostate there is little evidence of profound action. But its relation to the climacteric makes it one of the most important of

remedies for women. The drug can match all the general symptoms of "the change of life," the flushes, the nervous sensibilities, the multiple aches and pains, many of the mental and moral perturbations. It does excellent service also in dysmenorrhœa when menses are delayed, scanty (blood black and clotted), and when the pains and headache and discomfort *precede* the flow and are at once relieved by it. Pains in the left ovarian region are especially characteristic. Sexual desire is usually increased and some troublesome cases of abnormal desire at the climacteric may find a remedy in this drug, whenever general symptoms of it are also present.

Sensitiveness and reflex spasms are also found among respiratory symptoms.—The larynx feels constricted and touching it externally brings on cough or spasm. Tickling sensations are usually referred to the trachea or lower, with a fatiguing dry cough. Subjective sensations of discomfort and pain are prominent. Asthma (with little bronchitis as a rule) is well within the *Lachesis* sphere if general symptoms agree, *e.g.*, heightened reflex sensibility and aggravation after sleep. Pneumonia (especially of the left side) in its later stages, especially septic or post-influenzal or post-enteric pneumonia, with an enfeebled subject, a failing heart, and a persistent temperature will find a remedy often in *Lachesis*. If the disease is right-sided, *Crotalus* or *Elaps* is to be preferred. When chronic or latent pulmonary tuberculosis becomes infected with subsidiary organisms (streptococci particularly), and an acute exacerbation occurs with profuse (often blood-stained) expectoration, debility, sweats and hectic temperature, there are no remedies so likely to help as the serpent poisons. Here they follow *Baptisia* well. Also in miliary tuberculosis they are of great value, reinforcing the power of potencies of *Tuberculin*, which avails as a rule most in that most intractable and dangerous form of the disease. In all these conditions the indications are to be looked for in some or other of the well-known general symptoms accompanying cases obviously labouring under profoundly poisonous infections and lowered resistance thereto.

(To be continued.)

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH SEPTEMBER TO
15TH OCTOBER, 1918.

GENERAL FUND.

	<i>Subscriptions.</i>					£	s.	d.
Miss E. C. G. Bell	10	6	
Miss Ramsey	1	10	0
P. B. Roth, Esq., F.R.C.S.	1	1	0
Dr. T. G. Stonham	1	1	0
Mrs. Laing	1	1	0
Dr. Arthur Roberts	1	1	0
Dr. Jessie Murray	1	1	0
Dr. J. T. Finlay	1	1	0
Dr. W. A. Davidson	1	1	0
Dr. E. Capper		10	6
Mr. and Mrs. Harris		10	0
Mrs. Tuppen	1	1	0
W. Foat, Esq.	1	1	0
G. K. Smith, Esq.	1	1	0
Dr. H. Fergie Woods	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 16th October, at 4 o'clock.

COMPTON BURNETT FUND.

The Lecture given under the auspices of the Association to inaugurate the Educational Courses of the Winter Session, was delivered at the London Homœopathic Hospital, on October 10th, by Dr. Charles H. Eccles, of Nafferton, Yorks, under the title of "Homœopathy, one of the Allies in the Great War against the Enemy of Mankind, Disease," Mr. James Urquhart, of Edinburgh, Honyman-Gillespie Trustee, was in the chair.

VARIETIES.

THE PREVENTION OF SIMPLE GOITRE BY ADMINISTRATION OF IODINE.—In the *Archives of Internal Medicine* for July, Dr. O. P. Kimball and Dr. D. Marine have brought forward cogent evidence that "simple goitre is probably the easiest of all known diseases to prevent." Their method is the administration of small doses of *Iodine*. *Iodine*, is of course an old and most important remedy in the treatment of goitre, but its prophylactic use seems to be entirely new. A census of the condition of the thyroid gland of all girls from the fifth to the twelfth grades in the schools of Akron, Ohio (evidently a very goitrous district), was made. In April, 1917, 3,872 girls were examined, and the condition of the thyroid gland was found to be in percentages as follows: normal, 43.5; slightly enlarged, 49.8; moderately enlarged, 6.3; markedly enlarged, 0.18; adenomas, 1. In May, two grains of *sodium iodide* were given in 0.2 grain doses each school day to a number of pupils in grades from the fifth to the eighth, and four grains in 0.4 grain doses to pupils in the higher grades. In November the pupils taking that treatment were re-examined, with the following results. Of 283 normal thyroids on the first examination all had remained normal; 287 small goitres had remained unaltered; 141 small goitres had disappeared; 2 small goitres had increased; 34 large goitres had remained unaltered; and 17 had decreased. On the other hand, in pupils not taking the treatment 637 normal thyroids had remained normal and 259 showed slight goitre; 759 small goitres had remained unaltered, 10 had disappeared, and 103 had increased; 106 large goitres had remained unaltered and 5 had decreased. Thus, not a single pupil with a normal thyroid who took *Iodine* showed an increase, while twenty-six per cent. of those who did not show definitely enlarged thyroids—some moderately large goitres. More than prophylactic results were obtained. One-third of the small goitres had disappeared and one third of the "moderate" showed a decrease of two cm. or more. Of 1,000 girls who took the treatment only five developed any noticeable rash, and this was evanescent. The possibility of producing Graves's disease by the treatment was considered, but no evidence of this was observed. As the results were so definite, when the treatment was repeated in November, 1917, only two grains of the *Iodide* were given to the pupils in the higher grades. At the time of making this report it was intended to repeat the treatment in April, 1918.—*Lancet*.

PSEUDOLEUCÆMIA IN CHILDREN.—C. E. Bloch (*Ugeskrift f. Læger*, Copenhagen, May 25th, 1916, pp. 831-878) applied the X-ray treatment systematically and perseveringly in five of the six cases he reports. The effect was pronounced, in all the tumours retrogressed, the general health and the blood picture improved. The intermittent fever also subsided, and the children seemed to be cured; only a few small hard lymph glands could

still be palpated, no more than are found sometimes in apparently healthy children. This improvement was not permanent, however, the anæmia and fever returned, and the number of leucocytes rose again, but the lymph glands did not enlarge. Under renewed X-ray treatment the fever and anæmia declined again, but there was little or no influence apparent on the enlarged spleen and the palpable glands. The lymph glands seemed to cease to respond to the X-rays in time. Reclining out of doors seemed to have a favourable influence; when there was fever the children were kept in bed. It seems to be possible thus by combining arsenic and X-ray exposures to keep the disease down so that the children can lead a fairly satisfactory existence, but a cure is out of the question. Even this much can be said only of the chronic cases. In the acute cases, although the tumours retrogressed notably, yet the general condition did not seem to be influenced in the least, and the X-ray treatment seemed to depress the child's spirits, and consequently it was not applied in the sixth case. All that could be done was to relieve with opiates and complete rest. Otherwise the X-ray treatment had no unfavourable effect. There was no albuminuria or other symptom of toxic action, although the destruction and absorption of tumour tissue was on a large scale. At first the exposures were made only during afebrile periods, but later no attention was paid to this. In the first three cases the neck began to swell without known cause in children between three and five. In six months the broad tumour in the neck had attained a large size, but the general health persisted good, the trouble seeming to be a local one at first. In the three older children, from two to nearly five years old, the disease developed in acute form, and proved fatal in from one to three months. In these three acute cases both paratoid glands were much enlarged and tender, as in mumps, but they subsided nearly or entirely under X-ray exposures. Bloch does not know of any other acute cases on record with these parotid tumours. In one of the acute cases sub-periosteal flat, tender tumours developed on the skull and pushed both eyes out of the orbits. These tumours did not develop until the leucocytes had dropped to 4,000. The bones of the skull seemed to attract the lymphocytes, causing the tumours. Such tumours have been observed in a number of cases usually in children; in several cases deafness developed from infiltration of the internal ear with lymphocytes. There was green pigment in some of the tumours in one case. Some writers might call the case one of chloroma and the two others Mikulic's disease, but Bloch says all three are typical pseudoleucaemia. This disease thus occurs in children, both in the acute and chronic form, and does not differ from the clinical picture in adults more than one would expect.—*Medical World.*

A FORGOTTEN PHYSICIAN OF THE SECOND CENTURY.—Samuel, surnamed Schabour, and also Arioeh, and mentioned in Jewish literature as Mar Samuel, was born at Nehardea (destroyed by Odenathus in A.D. 259) about A.D. 160. His father, Abba, was an important person there. Physically insignificant, being abnormally short and ill-developed; intellectually Samuel was great. He was educated at Nehardea by Rabbi Leir, a learned man who turned out several famed pupils. Samuel studied and specialised in various branches of learning, but his chief reputation and, indeed, the profession he finally made his own, was that of the healing art. As a student he early made such progress in medicine that he was permitted to perform autopsies, and we have records of some of these. There is an account of a decision of his as to how large a piece of skull could safely be removed in case of fracture. He is quoted as stating after examination of an aborted foetus that it was forty-one days old, showing an intimate knowledge of the conformation of the product of conception at various stages. His opinion upon the abnormality termed spina bifida is also upon record. He must have carried out anatomical dissections, because there are extant quotations from his views on the limit of the spinal marrow. He appears to have been cognisant of the lachrymal gland and of the atrophy of which it is susceptible under certain circumstances in advanced age. His treatise upon the pathogenic symptoms following upon abrupt changes of diet is quite modern in thought. All varieties of regimen, he said, are liable to be the starting point of some malady.

For external diseases he sought natural causes for their occurrence and for their fatal termination; so for penetrating sores he accused the air of rendering them incurable. Also for wounds which finally poisoned the system, he said the cause was some virus upon the weapon that had inflicted the injury. In pathology he endeavoured to indicate for each malady the characteristic symptoms: for grave rhinitis, following probably a polypus ulcer, he said it could be detected by the offensive odour proceeding from the nasal organ. Migraine he attributed to excessive solitude and introspection. Magic as a curative he ignored. As to the propriety of attempting cures upon the Sabbath he was entirely favourable. He advocated the use of the speculum in order to ascertain if hæmorrhage proceeded from the vagina or the uterus. He was a great believer in bleeding as a remedy for many ills. Cleanliness was a main feature of his preventive teaching. The hands should be washed at least twice a day to prevent eye affections. He admitted his inability to cure three illnesses: that proceeding from eating green dates, if unripe and sour; the evil consequences of wearing a damp linen waistband as a girdle; and illness caused from going to bed after eating too hearty a meal and taking no exercise. Perhaps he also intended to convey that patients acting so foolishly were unworthy of being given remedial relief.—*Lancet*.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Forster (Emily L. B.). *How to Become a Woman Doctor*. With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.

Hart (Bernard). *The Modern Treatment of Mental and Nervous Disorders*. A Lecture delivered at the University of Manchester on March 25th, 1918. Cr. 8vo, pp. 28, boards, net. 1s.; 1s. 6d.

King (F. Truby). *Natural Feeding of Infants*. With an introduction by J. S. Fairbairn. Cr. 8vo, swd., pp. 33, net 1s.

Lukis (the late Surgeon-General Sir Pardey) and **Blackhaur** (Col. R. J.). *Tropical Hygiene*. 2nd impression of 3rd ed., revised and enlarged. Cr. 8vo, net 6s.

Rose and Carless's *Manual of Surgery for Students and Practitioners*. 9th ed., 8vo, pp. 1,408, net 25s.

Shera (A. Geoffrey). *Vaccines and Sera. Their Clinical Value in Military and Civilian Practice*. With an introduction by Sir Clifford Allbutt. 18mo, pp. 247, net 7s. 6d.

Stewart (G. N.). *A Manual of Physiology*. 8th ed., 8vo, pp. 1,269, net 21s.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

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

All advertisement and business communications to be sent to the 'MANAGER' of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Day, London—Dr. Burford, London—Dr. Goldsbrough, London—Mr. Frost, Chelmsford.

BOOKS AND JOURNALS
RECEIVED.

Med. Times.—Med. Advance.—

Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.

The Homœopathic World.

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Baptisia.

Treatment of the Interior Mucous Membranes. By Dr. H. R. Anderschou.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED):

Receipts from 16th August to 15th September, 1918.

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Night Blindness (Hemeralopia). By L. Weekers, M.D.

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LONDON HOMŒOPATHIC HOSPITAL,

Queen Square and Great Ormond Street, W.C.1.
Education Facilities for Graduates & Senior Students of Medicine.

WINTER SESSION 1918-19.

HONYMAN-GILLESPIE LECTURESHIPS (11th YEAR).

A Course of Lectures on Homœopathic Materia Medica, Therapeutics and Clinical Medicine will be given by CHARLES E. WHEELER, M.D., B.Sc. (Lond.), Physician to the London Homœopathic Hospital, at the Hospital, on Mondays and Thursdays, October to December, 1918, at 5 o'clock, beginning on Monday, Oct. 14th.

THE COMPTON-BURNETT LECTURES.

A Course of Ten Lectures on Homœopathic Philosophy and Prescribing, as illustrated from the writings of the Organon and Modern Developments therefrom, will be given by JOHN WEIR, M.B., Ch.B., Glasgow, Assistant Physician to the London Homœopathic Hospital, on Fridays, October to December, 1918, beginning on December 13th.

FEES, SCHOLARSHIPS, SIZARSHIPS, &c.

All Information as to Fees, Scholarships and Sizarships may be obtained on application to the Hon. Sec., Education Committee, London Homœopathic Hospital, London W.C.

An Introductory Lecture to the whole Education Course will be delivered at the Hospital on Thursday, October 10th, 1918, at 5 p.m. by CHARLES HENRY ECCLES, M.R.C.S.; L.R.C.P. (Lond), of Nafferton, Yorks.

ALL MEDICAL MEN OR WOMEN ARE INVITED TO THIS LECTURE.

NOW READY. pp. 336, F^{cap} 8vo. Cloth, 5s. Interleaved Cloth, 6s. Full leather gilt edges for pocket, 6s. net.

THE PRESCRIBER.

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Also in pamphlet form, the section on 'HOW TO PRACTISE HOMŒOPATHY.' Price 6d. net.

LONDON: THE HOMŒOPATHIC PUBLISHING CO., 12, WARWICK LANE, E.C.4.

THE
HOMŒOPATHIC WORLD.

DECEMBER 2, 1918.

PEACE.

The long black night is over and our eyes,
With sorrow dim and hope so oft deferred,
Look on the new day's dawn. O'er the grey skies
A flush is stealing and the waking bird
Cheerily calls. Hardly can heart believe
The reign of death is truly over : yet
Must many an aching bitter memory cleave
Too near for many a sufferer to forget.
Shall the day grow to cloudless blue ? Or red
With anger, clouded with revenge and hate ?
Surely some spell by wisdom can be said
To turn all thoughts to love howbeit late,
Ah ! in this dawning day, on each is laid
The task to strive lest its fair promise fade.

NEWS AND NOTES.

PROPHYLACTIC VACCINATION AGAINST CATARRH.

The ravages of the present epidemic has made the possibilities of prophylaxis against influenza and catarrh an urgent matter. We are proud to call attention to work of great value in this matter done by our colleague, Dr. Cronin Lowe, now pathologist in the New Zealand General Hospital at Walton-on-Thames. The work has been published in *The Lancet* and is of deep interest and significance.

LONDON HOMŒOPATHIC HOSPITAL.

Naval Hospital for Admiralty patients. (Over 1,500 Naval Casualties have been treated to date).

The Board of Management of the London Homœopathic Hospital gratefully acknowledge the transfer of War Stock to the value of £1,000 from John Mews, Esq., to endow in the King Edward Ward of the Hospital The Captain John Keith Mews Bed, 1918, in memory of his son, who made the great sacrifice on the Western Front, in 1918.

Donors of National War Bonds are Helping the State and the Hospital.

£1,000 will name a Bed or £750 a Cot in the Hospital in perpetuity, as a lasting loving memorial to the bravery of a sailor or soldier fallen in the War. A brass tablet is placed on the wall above the bed or cot, and will remain there as long as the institution lasts. There is no more fitting way of perpetuating a revered memory than by such an endowment, in which many a suffering patient would find relief and solace, and probably there would be no memorial more after the heart of the loved one.

These endowments are the highest form of benefit conferable upon the Hospital. It is the most satisfactory method of helping the Charity, as the amount is invested and thus becomes a permanent source of income.

Please help the work of this Hospital, which is of real National Service.

The increased cost of all necessities and of administration creates such anxieties that the Board are compelled to contract Loans for ordinary expenditure.

The Board also earnestly appeal for Legacies to enable them to keep pace with the urgent and increasing cost of maintaining their work and activities. A bed can be named and endowed in this way.

OFFICIALS AND MEETINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

Officials for Session 1918-1919.

President : Dr. Byres Moir.

Vice-Presidents : Col. H. E. Deane, Dr. Midgley Cash.

Treasurer : Dr. A. Speirs Alexander.

Council :—*Fellows*—Mr. C. Knox Shaw, Dr. Blackley,
Dr. Burford, Dr. H. Wynne Thomas.

Members—Mr. James Eadie, Dr. J. C. Powell.

Editors : Dr. Goldsbrough and Dr. Stonham.

Librarian : Dr. Neatby.

Secs. of Sections : Dr. Weir, Dr. Neatby, Mr. Dudley Wright.

List of Meetings.

1918—Nov. 7th.—Materia Medica and Therapeutics.

Dec. 5th.—Medicine and Pathology.

1919—Feb. 6th.—Surgery and Gynæcology.

April 3rd.—Materia Medica and Therapeutics.

June 5th.—Medicine and Pathology.

July 2nd.—President's Address. } ANNUAL

„ 3rd.—Elections, &c. } ASSEMBLY.

N.B.—No Post Cards will be sent this Session on the alternate months.

ORIGINAL COMMUNICATIONS.

LETTERS FROM THE FRONT.*

" C.C.S. 51,

" B.E.F., France."

" 14th October, 1918.

Having been called-up for service on the 13th, I travelled through to Chester; got to the D.D.M.S.'s Office about 12.50, found the D.D.M.S. had gone to lunch and would not return before 3 o'clock. I returned at 2.30 and had to wait for some time till the D.D.M.S. returned from lunch. In the meantime the A.D.M.S. interviewed me and told me they did not really need a surgeon; they had needed one a month ago and had applied to the W.O. which had sent one up a fortnight since. When the D.D.M.S. (General Julian) eventually turned up he said, 'We do not quite know what to do with you, but you had better report at Nell Lane to-morrow morning. I won't promise you'll be kept there long however.' Not having anything for me to do promised well for me getting leave to have my holiday, and it was with this hope in my soul I made my way to West Didsbury *via* train from Manchester.

At 9 a.m. on the 13th I reported as 'additional surgeon' at Nell Lane Military Hospital, after losing myself in the dark among the blind streets of West Didsbury. The O.C. was away on holiday and his deputy was not in the Hospital but was rung up by the lodge porter. I gathered that he also was surprised at my arriving and did not know what to do with me.

Next morning I met the Registrar and Deputy O.C.—Colonel Gamble—at breakfast. He also seemed at a loss to know what to do with me and rather implied another surgeon was not needed. I was to report in the orderly room at 9.30—I reported and was told I had better look round with Captain Bradley and duties would be assigned me on Monday. This

* These are extracts from a letter to Mr. Dudley Wright, kindly handed to me for publication.—(Ed. H.W.)

did not suit me at all—I wanted leave and asked for it. Then Colonel Gamble suddenly found that a surgeon was badly needed. I protested I had no uniform and that it was probably awaiting me at Windermere. He stated a uniform was not necessary. My reply was I only had the clothes I stood in—they would do till next week when I could have my others sent on. But I have not even a clean shirt I protested—that touched a sympathetic chord. Well go and return to-morrow. There was no train back on Sunday so I was to return Monday.

So I got back to Windermere in the rain. It rained all Sunday and was a deluge on Monday when I caught the train back with my brother-in-law.

An impressive man was leaning on the ledge counter when I got back to Nell Lane. Getting a glimpse of a crown on his uniform above I realised I was expected to salute officers of field rank. This I did.

“Are you Mr. Eadie?” My answer being in the affirmative, he said:

“We have been expecting you.” As he looked as if he had rested on the counter for some time I thought I ought to apologise for keeping him waiting, at the same time wondering who he was.

“I suppose I had better report to the C.O.,” I said.

“You are doing so,” he replied, “But we don’t like to be called C.O. rather O.C.”

I then observed what had escaped my notice that he had a star as well as a crown as insignia of rank. He told an attendant about getting me a room and said he would wait while I went and deposited my chattels and show me the way over to the mess as it was close on dinner-time—6.30. *En route* to the mess he called in to look at some boots for the German wounded and he and the Quartermaster almost shed tears over the excellence of the boots ‘wasted on those swine.’ I was shown a pair of splendid stout leather boots which I coveted, and was told I might have them if I gave a pair of my own instead. Alas! I only had one pair with me and moreover the boots were 11’s and not small ones at that. I tried them on but by no

ingenuity of which I am master could I make them fit—I had not more than twelve pairs of socks with me. It occurred to me to exchange for them, and have a few pairs made out of the material in them, but the difficulty of getting work done nowadays led me reluctantly to relinquish the idea.

Nell Lane Military Hospital is the largest hospital in the Kingdom, and totals about 3,700 patients, though it is supposed to increase its accommodation further. It is a Workhouse Infirmary taken over by the military and is divided by a road into new and old parts, the former occupied by about 1,700 German wounded and the latter by the British wounded. The Medical Superintendent—Dr. Gamble—was left in charge as Registrar and given the rank of Lieut. Colonel and a Territorial Lieut.-Colonel was also appointed by the W.O. as O.C. for disciplinary purposes. The medical staff numbers sixteen with two consulting surgeons and one consulting physician, and is totally inadequate for the needs of such a large hospital with the class of cases admitted. The nursing staff is the pre-war one and the matron acts as quartermaster—and very well and efficiently too. The institution is victualled and otherwise supplied by the Board of Guardians. Besides the nursing staff, which would be and is inadequate—even with orderlies—there are the latter on both British and German sides. The German orderlies are much superior to the British, the reason no doubt being that we make the best of the prisoners orderlies whereas only our men of lower physique are put in the R.A.M.C. Probably a similar state of things obtain in Germany and there, no doubt, our orderlies are better men than the German orderlies.

The hospital is on the whole very well equipped but I found a lack of instruments necessary for the refinements of surgery, and also anæsthetic apparatus, but there is no demur to providing them when asked for. They are not asked for, either because the men who have been there have not been accustomed to these refinements, or have not been left long enough to make them think it worth while ordering the instruments. The X-ray apparatus and the radiography compare

favourably with any I have seen and Captain Webster's localising of foreign bodies is more reliable than any I have come across.

It is not easy here to do work of a very high order. Many reasons militate against it. The medical staff are constantly being removed after a few weeks or months. General practitioners do the whole work of the place, with the exception of a few cases seen by the visiting specialists, and, the standard cannot be expected to attain that of men who specialise. So inadequate is the staff that a very large proportion of the cases go without treatment that might accelerate their recovery or even make it possible.

The bulk of the cases are compound fractures with or without foreign bodies still present. There are a large number of septic knees which are very difficult cases to treat and get satisfactory results,—many large wounds in soft parts requiring plastic operation and secondary suture—foreign bodies in all parts of the body with and without sinuses abound. Besides these one gets the usual cases of a general hospital—varicose veins, hydrocele, hammer-toe, renal calculus, hernia, appendicitis, etc. But the "clean" case is the exception rather than the rule in contradiction to the general civil hospital.

I was allotted two surgical wards, one British and one German, with about 300 beds, and was moreover to do all the emergency surgical work of the British side. Practically everyone of my patients required some surgical interference and when I got into stride I was doing twenty-five and twenty-three operations daily—indeed was informed I had created a record for the time I was there. There are three theatres—one British and two German, and I would operate on one side in the morning and the other in the afternoon, and emergencies on either side in the evening and night. Cases of secondary hæmorrhage occur daily and one has much ligation of arteries to do.

I found the nursing staff—at least the sisters—quite good on the whole: two of the theatre ones were excellent, and though I am afraid I worked them hard, they expressed much regret at my departure.

My day was :—

Breakfast 8.15-9.

Reported orderly room 9.30.

Operate 9.30 possibly till 1.

Lunch 1.15.

See cases in consultation 1.45 -2.30.

Operate 2.30-6.30 or later.

Dinner 6.30-7.30.

Billiards 7.30-8.

Operate or see cases or both 8-10 or later.

Two afternoons a week I was entitled to take off, but several of the staff were sick and on leave during my stay so I got outside very little.

So vast is the place that one gets plenty of exercise going from ward to theatre and from British to German side; even from bedroom to mess room takes seven minutes. A batman called one at 7.30 polished one's buttons, cleaned one's boots, brought hot water.

On the afternoon of the 27th September, while operating I was informed the Colonel desired to speak with me on the telephone and told me, "I would be sorry to hear I was to proceed to France on Tuesday, 1st October in company with another of the staff, Dr. —."

I was told I had a right to four days embarkation leave before going out, but when I applied to the Colonel for it he didn't see that I was, and was as reluctant as Pharaoh of old to let me go. Eventually, he let me off on the 28th, with many encomia and offers of help in the shape of testimonials—if I needed them.

I was sorry to leave. There is much good work to be done at Nell Lane and the staff were agreeable fellows—all of them, except Colonel Gamble and myself, having seen service.

One of the Staff—I. H. Campbell—was an M.C., and has been mentioned five times in despatches. He knows Dr. John Weir well and I found him a very agreeable man, of, I imagine, sterling worth. He was with the H.L.I. for eighteen months, and any one with that regiment is sure of stirring experiences—he got them, and could not speak too highly of the men and their *esprit de corps*. He related to me how the regi-

ment elected the recipients of the honours, V.C., D.S.O.'s and M.C.s, and how the names were mixed up by the W.O., and the wrong men got the honours, *i.e.*, the V.C.s got all the M.C.s and the M.C.s got D.S.O.s etc.

I caught the 7.20 a.m. train on the 1st October for Folkestone, and thence on to France—had to stand all the way in the train, ditto on the boat. The kits were hoisted out of the ship's hold about twelve to twenty at a time into a large pen where some of our army men yelled out the names on the individual packages and one claimed one's own. It took me one-and-a-half hours to get mine, and another half-hour to deposit it in a left luggage office. I then made my way to report at the D.D.M.S., wrote my name in the visitor's book with a dozen other R.A.M.C.'s; were told the D.D.M.S. would not see us, but we were all to report to the Transport Officer in the evening at 8.30 and go on somewhere else in France.

I dined and tead at the Officer's Rest Club and reported to the Transport Officer at 8.30 and was told to find accommodation for the night, and report at 7.30 a.m. again—could not get a bed in the Club so was reduced to a hotel which proved to be distinctly third class accommodation, and went to the T.O. at 7.30 a.m., who instructed me to proceed to — by a train leaving at 8.8. It left at 9.30, arrived soon after 10 and I reported with forty-seven other R.A.M.C.'s to the O.C. It took three hours for my turn to come, and I was informed I would have to wait till a surgical vacancy occurred, in the meantime having a gas and helmet course. The air there was very invigorating, and I found the trip not uninteresting and in the nature of a holiday, if a rough one. There were 100 in the mess, and this place was in the nature of an R.A.M.C. school where courses are given to all in time. It was rumoured that the G.O.C. said the week before that there was great need of medicals on account of some "epidemic" and then he did not know what to do with us.

The next morning we started with washing in relays in about eight tubs. Breakfast 7.30 to 8.30. Parade at 9 a.m. and received instructions to repair to the gas ground half a mile off, and get out gas helmets and

instruction in how to use them. That was not uninteresting and we were put through both lachrymatory and chlorine gas chambers and retained our helmets. This took till 11.30. We then returned and chose steel helmets, had a wash, and sat in the sun till lunch at 2 o'clock. Then had a lecture on skin diseases common in the army; walked up to the Base Cashier to get an advance pay book, found him inundated with others on the same errand, so left the matter till a more favourable occasion. Returned—had tea—met a man named Tough, son of a medical man in Accrington, who has come over from Italy where he appears to have had a leisurely time. After dinner I found my name posted to join the Fifth Army at an early date. Where—I was to learn from the T.O. at the station. The weather being fine, I quite enjoyed the vegetative rest there after the busy time I have had. There is a happy-go-lucky feel about that place with a pleasing uncertainty as to what one's destination may be. The little bed not one had at night was not too comfortable but I managed to get some sleep.

There was a kennel near there with possibly fifty to a hundred dogs, under the control of the military, but I did not see any of them used or being trained.

The place being so invigorating when it was cold it was very cold, but I imagine many of the men who looked none too well on the way out look very much better now.

My instructions on Friday night (5th) were to apply to the T.O. at the place I was in, at 6.35 a.m. Saturday morning and he would instruct me where to go to join the Fifth Army. I did so and was given a paper with a name on it and was told to report to the R.T.O. there. After taking ten hours in the train we got to a place sixty miles from the starting place. I was in the front of a long train, and after getting my valise out I reported to the R.T.O. who was at the back. He was at a loss to know why I was sent to his station, as there was nothing there except a station and many deserted houses which showed the effects of shell fire. He told me I had better get into the train and go on twenty-five kilometres farther to the Head-

quarters of the Fifth Army. Before I could do so the train started and there was I left in one of the most forlorn places you can imagine with no train for twenty-four hours. The R.T.O. then said he would ring up the D.M.S. It took one-and-a-half hours to get through to him, and he gave instructions to send me to C.C.S.32 for the night and to C.C.S.51 the next day. A car came for me and motored me to C.C.S.32—a matter of ten miles. Dinner was over when I arrived at 8.15 p.m., but I got something hot and inwardly thanked God to be there and not left at the other forlorn hole.

I was given a tent; my valise bed spread on a stretcher; and I spent a more comfortable night than since I left London. Was told breakfast on Sunday was sharp 8.30 to 9. Was called at 8.30 and thought I was late in getting to the mess at 9.15. Not a little surprised to find no one there. A padre came in immediately after me and then I was enlightened into the mystery that winter-time began at midnight the night before. Had breakfast, and arrangements were made to motor me over to C.C.S.51, Fifth Army—then I had a stroll round. This place was about twenty miles behind the fighting line. There is a fine old chateau with what must have been beautiful surroundings. In the garden round the chateau are planted hutments and tents representing the C.C.S. Some of the officers and sisters live in the chateau which is very large; and I understand the proprietor is also there. His live stock is in the fields around. There is no sign of garden now, except a sporadic bush, and the fishpond is a bullrush swamp. The fine architecture of chateau and gateway consorts ill with the present surroundings. I was motored over in an ambulance to C.C.S.51, and found it about to move nearer the front, being too far back to be of great value.

The country coming along was of considerable interest. We passed through mining districts with peculiar high pyramidal heaps of dross which form huge and ugly landmarks for many miles. We were behind the range of enemy guns for the most part, but here and there one saw evidence of shelling or bombing. It is a wonderfully fertile land and very fully cultivated

When I arrived I found the O.C. was away at H.Q.—presumably arranging about the fitting. Most of this C.C.S. is under canvas, with a few hutments—the latter had just been completed and then the notice to quit came. No more patients were being taken in. There had been all sorts of cases of specialities here—ears, eyes, shell shocks, skins, etc., but very few surgical cases apparently. I went for a stroll up the hill behind the camp to get a view of it and the hamlet below. The latter lies in a hollow between two ridges and a stream runs through it. There are many trees in the hamlet and the red-tiled roofs showing through looked very pretty; also the belfry of the church. The country above the hollow is of a wide undulating, well cultivated character. I walked some miles and saw a man harrowing a field with two excellent horses. He was of military age but only used his left hand. The right was either badly wounded or an artificial one. . . .

. . . The Colonel returned and brought the news of our movement forward as soon as possible. We were to be ready for 200 cases on Thursday and then expand. I was shown round the surgical wards which I took over, while the other surgeon went forward to the new site. As practically all the patients were to be evacuated there was not much for me to do. I had a tent allotted me that evening—quite a luxurious one, floored, carpeted, trestlebed, two tables, a couple of shelves, basin stand, two chairs. I spent quite a comfortable night and was called at 7 a.m.—breakfast at 8.30. The advanced guard for the new camp was to leave at 9. A message came through that a surgical team was to go to No. 1 Australian C.C.S. to help. That hospital was the farthest advanced and was getting the most battle casualties; and as we were moving there was nothing much for the surgeons to do till we re-opened in the new location. It was a question whether I or another should go with the team—which consists of a surgeon, anæsthetist, sister, and one or two orderlies. Such a team is lent to a busy C.C.S. by a slack one and returns to its home when the work is easier or when it is wanted by the home C.C.S. It is quite an excellent idea, and I am informed that as many

as seven teams may be working in a large theatre at the same time—sometimes two teams on one patient—one at his upper half and the other at his lower. I was told by the O.C. to pack up ready to go and having done so, I was then told I was not going. I had a look at the surgical cases just about to be evacuated to base hospitals.

I saw my first case for nine days that evening (6th)—a self inflicted wound of finger. This C.C.S. had been accustomed to take in the S.I.'s as they were called. This man did the common thing in the endeavour to get to "Blighty," *i.e.*, fired his rifle at his finger while cleaning it. In his case the resulting wound was not bad and only required stitching. He would be sent to base hospital till well and then tried by court martial. It is naturally very difficult to prove intentional infliction, but many are punished for carelessness—up to ninety days first field punishment, which is no joke. That evening I received instructions to proceed to 2nd Australian C.C.S. and left in a couple of hours.

No 2 A.C.C.S. was a quondam asylum which, I remember reading in the papers, was shelled while the lunatics were in it. It is occupied now by two Australian C.C.S.s which take turns of receiving patients from the front, which was then a long way off—at least twenty-five miles—and therefore not very busy. It is quite a large institution—a landmark on the flat landscape, and that I imagine was the reason why it was shelled and bombed. There is very little glass in the institution anywhere. The whole town was pretty well devastated and the church especially had been badly mauled. My team was on duty that night (7th) for twelve hours from 8 p.m., but we only had two cases and got to bed by 11 p.m., and were not disturbed during the night.

The next evening we had a concert to celebrate the anniversary of the formation of the Australian C.C.S. Bairnsfather's brother performed—he is a staff captain, and he said his brother is off to Australia on a recruiting stunt. The Australians there are great and include many most interesting men who are making history. A Major Flood was there who was taken prisoner by the Wolf between New Guinea and Australia, and was with

her until her captor was wrecked at Denmark ; then he joined up here and still remains. He and his wife and fellow captives were well treated and he had many interesting anecdotes to relate. We also had some interesting visitors from among the Air Force, and there were two Ruperts of the Air, one of whom, with two others, -bombed a German train a day or two previously and got struck by bits of their own bombs.

At 10 a.m. on the 11th the team moved up to C.C.S. 51 (which had moved forward) having bid farewell, or rather *au revoir*, to the 2nd Australian C.C.S. and to a roof. We were again under canvas with its spiders and beetles. The camp was in a very muddled state when my team got there. On the way up one got a sight of what destruction the guns have done. A little town not very far from this C.C.S. is now razed almost to the ground, and as usual the church and the market place have come off worst—possibly because they are most conspicuous and therefore offer the best target. We now partly occupy the château—or remains *i.e.*, the cellars and adjoining stables of a quondam distillery—the former is for the sisters and the latter, it is suggested, will do for our mess—so much for the hygienic practice of a body of medical men ; so far, however, we have kept to the green pastures and wet feet. One can hear the heavies going constantly.

Our arrangements here so far are—that I have a surgical team including surgeon, nurse-anæsthetist, sister and two orderlies for day duty—8 to 8, and another team is on night. There are physicians, X-ray officer, dentists and last and least padres. I am told one never knows out here when cases may roll into a C.C.S. up to 1,000 a day. We were startled just after lunch (12th) by a loud report about three-quarters-of-a-mile away. The Colonel rushed out of the hutments and reported a gun had been firing from the railroad three-quarters of a mile away—this resulted in much cursing from the mess and remarked that when the Huns started searching with their shells for that gun, we should get the stray ones in the C.C.S. The gun only fired about nine rounds then stopped.

We are about eight miles behind the front line and of course the enemy could shell us with their distant and long range guns if they chose, but I am told they do not lay themselves out systematically to shell a hospital. If the latter, however, is so unfortunate, as it often is, to be near something they want to shell, so much the worse for it. We, for instance are near the railroad and that gun I referred to, and the enemy searched for both with his shells and bombs.

On the morning of the 13th I went for a walk to keep myself or rather get myself warm. It was not our receiving day, so there was nothing much else to do. I walked down the river dotted with shell holes all along its banks, passed three shelled barges, across a bridge recently built to replace the one mined by the enemy, into ruined Merville, rooted round among the ruins finding all sorts of things—French, British, and German—then on to some trenches which had been in turn occupied by Germans and British. There are some excellent and dry dug-outs, and I collected all sorts of souvenirs—cartridges, bayonets, water bottles, etc., then returned to lunch. After lunch I went and had a search for that gun and found it camouflaged in an orchard.

October 15th.

Yesterday was beautiful here, but I was engaged practically the whole day in the theatre, as it was our receiving day and there had been a 'stunt' on a short front of 200 yards. We filled up our surgical ward with cases, and unfortunately several died—some were moribund on admission, and others survived operative interference by a shorter or longer period.

To-day the 2nd A.C.C.S., adjoining us, is receiving and we are resting till 8 a.m. to-morrow. There was a great playing of bands down the road last night as a division came out of the line to rest—to them it is almost as agreeable as going home. We nearly had a strike in the camp I am informed, through the men being billeted in a loft with a roof like the Irishman's coat—mostly fresh air; and the wind blew and the floods came and beat upon that roof and there was great discontent, with some reason too.

To-day, after visiting the wards, I spent morning inspecting the neighbouring trenches dug-outs. One frequently comes across ammunition artillery, etc., which has been left behind. A post was pinned on a grave by a bayonet with the inscription of an English soldier; name unknown. Five yards further in the long grass by the side of a stag stream I found his accoutrements.

The guns are going to-night again—"putting big stuff" as they say here—we'll have some case the morning as a result.

Yours very truly,

JAMES EADIE

DRUG INDICATIONS FOR INFLUENZA AND PNEUMONIA.

By DR. WEIR and DR. TYLER).

Gels.—Chills up and down spine : (*Pyrog.*, *Eup.*). Red face : (*Bapt.*; dark red face). Weakness, heaviness, limbs and eyelids. Relaxation. Aching muscles : (aching bones, *Eup. per.*). Occipital headaches. Band round forehead. No thirst.

Bapt.—Very red (dusky-red) face. Very drooping expression. Falls asleep while speaking. Rapid prostration : (*Pyrogen*). Bed feels hard (*Pyrogen*). Stupifying headache, with confusion of ideas. Typhoid state, with dry, brown tongue, sordes, and all of body feel scattered, patient very offensive (*Merc.*). Gastric influenza too, with diarrhœa (*Comp. Pyrog.*).

Bry.—Dryness everywhere. Dry tongue, generally white coat. Thirst for large quantities of water. Everything < for motion (Vertigo, cough, nausea, headache). Better for pressure, everything better alone. Stabbing pains, < motion : Irritation (i.e., lies on them). Nose-bleed. Pneumonia especially right side. Pleuro-pneumonia and pleurisy (*Comp. Kali-c.*).

Kali-C.—Much pains, stabbing : not necessarily motion, or respiration (reverse of *Bry.*). Pneumonia especially of right base (*Merc.*, *Phos.*). Pleurisy

pleuro-pneumonia < 3 a.m. Noise and emotions felt in epigastrium (? excite nausea). Cannot bear touch: starts if touched, especially feet.

Eup.-Per.—Chills, back (*Gels.*, *Pyrog.*). Bones ache and feel breaking. Eyeballs sore. < motion. < cold. Thirst during chill especially. < 7 to 9 a.m.

Phos.—Right base, especially. Bloody sputum, bright red. Desire cold drinks, vomited when warm. Pressure and constriction of chest. < lying on left side. < lying on painful side, Pt. and cough). Burning in chest. Sinking sensation, chest or stomach. Restless. Over-sensitive to all impressions. Apathy. Cough, worse talking, laughing. Nosebleed, bright.

Merc.—Filthy tongue, large, flabby, tooth-notched. Very offensive breath. Much saliva. Profuse sweat without amelioration. Acts especially on right base (*Phos.*, *Kali-c.*). Cannot lie on right side (reverse of *Phos.*). Thirst with moist tongue. Everything worse at night. Worse heat of bed.

Nat.-sulph.—Acts especially on left base. Yellow-brown, or greenish coat on tongue. Bilious symptoms. Nausea. < 4 to 5 a.m. Stitches in left chest. Thirst.

Pyrogen.—Chills, back (*Gels.*, *Eup. per.*). Rapid. decubitus (*Bapt.*). Pulse abnormally rapid for Temp. Bed too hard. Aching everywhere (*Bapt.*, *Arn.*). In typhoid states, tongue smooth, varnished, fiery-red. Everything offensive and foetid (*Bapt.*). Consciousness of heart.

EARLY CASES AND INTERCURRENT REMEDIES.

Acon.—Anxiety. Tossing. *Fear.* Fear of death. Stitching pains. < at night. Heart attacks, with anxiety and fear.

Bell.—Congestion. Red face: big pupils. Dryness and burning heat—skin, throat, etc. Twitchings and startings. Delirium.

DESPERATE CASES.

Carbo-Veg.—Cold. Even breath and tongue cold. Pallid. Livid. *Air-hunger.* Asks for windows open: to be fanned.

Ars.—Hippocratic face. *Anxiety.* Fear. Fear of death. (*Acon.*). *Restless.* *Extreme prostration:*

out of proportion to severity of disease. < 1 to 2
Thirst, little and often. Wants to get out of bed
be moved. Intensely restless.

TO CLEAR UP UNRESOLVED CASES.

Lyc.—Right side, or right to left. < 4 p.m.

Lach.—Reverse of *Lyc.* Dusky.

Sulph.—

Pneumococcin.

Tub. bov.—Especially where there is a F.H
phthisis.

LOCALITY.

RIGHT SIDE.—*Bell.*, *Bry.*, *Chel.*, *K.-C.*, *Lyc.*, *M*
Phos., *Sang.*

Upper.—*Calc.*, *Chel.*

Lower.—*Kali-c.*, *Merc.*, *Phos.*

LEFT SIDE.—*Acon.*, *Calc.*, *Lach.*, *Nat.-s.*, *Sang.*

Upper.—*Acon.*

Lower.—*Chel.*, *Nat.-s.*

TIME AGGRAVATIONS.

1 to 2 a.m.—*Ars.*

2 to 3 a.m.—*Kali.-c.*

4 to 5 a.m.—*Nat.-s.*

7 to 9 a.m.—*Eup.-per.*

4 p.m.—*Lyc.*, etc., etc.

EXPERIENCES.

By DR. R. STEPHENSON, N.Z.A.M.C.

At sea with troops, the amount of illness varies
the degree of overcrowding, the length of the vo
the provisions for ventilation, the temperature.

The voyage from New Zealand on a troop-ship
from eight to twelve weeks, owing to scarcity of
there is always overcrowding.

The ventilation is carried out by means of wind
portholes, and companion ways. These serve
purpose fairly well in the colder latitudes, especia
there is a head wind. I found that the health c
troops is mainly dependent on the ventilation,

sequently in cool weather to
Colds, sore throats, digestive di
called for *Bryonia*, were some

On entering the tropics how
went up rapidly to three or
size. Sixteen patients were
on one day. The patients had
104°, marked prostration v
tremulous lips, stupid appearar
sometimes sore throats and
diarrhœa.

They were treated under
removal to the open air was
symptoms as a rule, in three
died with symptoms of bronch
and *Gelseminum* were called
taken early appeared man
illness.

Arrangements were made fo
to sleep on deck—disinfectio
had been rigorously carried
epidemic, which was called
subsided when we passed th
into cooler latitudes with m
improved ventilation.

Pulsatilla did very good
steward who complained of
upper arm. The pain was
compelled him to get up and
in hot weather, worse when
about with the arm uncove
arm was hanging downward
recognised as well-marked
the cure remained good si

During the last winter o
number of cases of pneumon
published some cases whe
Veratrum viride 30 dilutio
remedies. I wish to empha
the thirtieth dilution of
previously used this rem
2 or 3x. I have had at

from heart failure ensued when the patient apparently improved and out of danger. With the dilution I had nothing like the marked success has followed the use of the thirtieth dilution.

In Nash's Leaders this heart failure following *Veratrum viride* is also mentioned.

In one severe case of cerebro-spinal meningitis attribute the recovery to *Veratrum viride* 30th. temperature was 105, the onset very sudden, the patient a big, strong, young soldier, headache very in frontal, and occipital, rigidity of cervical muscles typical brown red stripe down the centre of the trunk Kernig's sign was also present.

LACHESIS.

(Continued from page 471).

From much that has been already said, the use of serpent poisons for any septicæmic state will be frequently suggested. Just as poisonous doses of lower coagulability (causing hæmorrhages and evacuations of blood) and diminish resistance to invasions, so medicinal doses heighten resistance enable the body to combat sepsis. No remedy surpasses the serpent poisons for helping pro systemic bacterial poisonings. *Arsenic*, *Carbon*, *Nitric acid* compete with them, but the two first preserve general symptom of aggravation from cold. *Nitric acid* like *Mercury* affects most those to both extremes (heat and cold) are unpleasant. serpent poisons on the other hand find their success most readily among those to whom cold is grateful, heat distressing. Such diseases as bubonic plague would in general suggest to the homœopathist application of *Lachesis* or one of its congeners, and has already been indicated, symptoms calling for one of these remedies are likely to present themselves in the grave cases of many acute diseases, such as pneumonia, scarlet fever, etc.

Seeing that these poisons kill through their action on the nerve mechanism of the heart, it is no wonder

homœopaths prize them in cases of *morbis cordis* when affected. Palpitation with faintness and dyspnoea, quickened and constricted and intolerance and are the most prominent symptoms functional as well as will help correspond. When as is present, possibly *Naja* is the election, but *Lachesis* has much Malignant endocarditis, the treatment has had some striking results or *Naja* should be given between they seem to tend to heighten the body.

The effects of the drug on the skin its influence on the blood. Thus and bleed readily and heal badly and a Petechiæ are common Lymphatic variety of been recorded. Lymphatic glands (larly do ulcers and wounds show a bl unhealthy granulations when *Lachesis* Even gangrene or the tendency thereto helped by it.

Since sleep so often causes an symptoms in patients who require a apt to be much broken, and consequent often a period of great drowsiness. dreams are frequent, and unusually de are generally horrible, and terrifying. *Lachesis* is a remedy which has been all, used in potencies lower than in sixth *Crotalus* and *Naja* can be obtained in lower and there is some evidence that when sepsis and threatening, the lower potencies are given, however, characteristic repetition of highest potencies with infrequent general symptoms seldom fail to give satisfactory results. *Lycop.* complementary in its action to *Lachesis*, and *Iodine* extent *Hepar sulph.* and *Nitric acid.* especially in pulmonary con or follows it well,

SYMPTOM INDEX.

General Symptoms: General sensitiveness so that pressure (even touch) and especially constriction is intolerable, therefore desire for clothing to be loose; left-sided symptoms predominate; symptoms travel from left to right; marked < from sleep; < from heat and desire for cool air and cool applications; frequent fainting; flushes; spasms local and general and convulsions; > to symptoms if a discharge appears (e.g., coryza, menses, etc.).

Mental Symptoms: Melancholy and sadness, with fits of anger; alternating states of heightened and lowered intellectual power; great talkativeness; confusion in sense of time; delirium, frantic and loquacious.

Head Symptoms: Giddiness and fainting; frequent flushes; violent pains; all kinds of headache and neuralgia, principally left-sided; sensitiveness of the skin; great dislike of heat of the sun.

Special Sense Symptoms: Subjective disorders of vision, flashes of light and temporary dimness; noises in the ears; middle ear disease secondary to pharyngitis; coryza often accompanied by dark venous blood in acute infectious diseases.

Alimentary Canal Symptoms: Mouth dry and inflamed; tongue dry, red, cracked, or swollen and coated; tongue stiff on attempting to speak; tremor of the tongue; tickling in the throat; pharyngitis, tonsillitis (left side or going from left to right); ulcerated throat; constant desire to swallow but deglutition is very painful (especially empty swallowing); spasm of throat muscles; foul discharge from ulcers; great thirst; appetite variable but often increased; hiccough; distension and pains in stomach; vomiting; pain often < eating; cramps; pains in right hypochondrium and right iliac region of cutting and stabbing quality; < for least pressure; much flatulence; constipation; venous hæmorrhoids; sometimes violent colic and offensive loose stools.

Genito-Urinary Symptoms: Increased sexual desire, but loss of sexual power; climacteric disorders of all kinds; dysmenorrhœa, especially with pains in left ovarian regions, and > when flow begins.

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Respiratory Symptoms
spasm excited even by l
trachea with dry fatiguing
paroxysms; septic pneum
when left lung is affected.

Cardiac Symptoms: Vio
ness and pain; irregular pul

Skin Symptoms: Tende
blood; miliary and other
with little tendency to heal;
and ulcers; lowered co
lowered resistance to septic

Sleep Symptoms: Drowsi
< after sleep; terrifying c
in acute and sub-acute con
body resistance to infectio
ditions present.

LONDON HOMOPATHIC DAY

In the absence of Lady Beat
telegram from Scotland:

"At the last minute una
coming to you to-morrow.
say. Ethel Beatty," the th
was held in the beautiful Boa
in Great Ormond Street and
bury, on Tuesday, Novembe
have proved to be among th
of replenishing the stores, as th
for even the poorest to sho
practical form.

The Ladies' Committee und
Perks, had decorated the Board
flowers kindly sent by friends
was served at small tables at
The Countess of Donoughm
acting for Lady Beatty, were
by the President and Membe
Ladies' Guild, and passed thro

provided by the sailor patients in the hospital able to be present. As usual "Jack" proved the handy man of the occasion, and rendered considerable help as the "Silent Navy" always has done. Owing to the War, and its universal appeal to the generosity of the public, the Committee of the Hospital have found that their appeal for funds has not been responded to with the usual liberality, and therefore the need for the Pound Day was this year greater than usual. Gifts of money and of kind were asked for, and the response was most gratifying, if not equal to the need. The gifts included household articles, groceries, etc., totalling 1,000 lbs. and money, the donations in the latter amounting to over £125. This Pound Day Appeal, as in former years, has been depended upon to provide supplies and stores and additional luxuries for the use of patients in the Hospital of which there are an average of eighty per day. Over 1,600 casualties in addition to the civilian patients have been treated since October, 1915. Among those in attendance to receive gifts were: Lady Perks, Mrs. R. H. Caird, Mrs. Kimber, Mrs. E. A. Neatby, Miss Gripper, Mrs. Shotter, Mrs. Carter, Mrs. Galley Blackley, Rev. and Mrs. Stork, and the Secretary, Major E. A. Attwood.

Tea was served by Sisters Mary Watkinson, Hicks and Newman, and resulted in an addition of over £5 to the funds, all the provisions for the Teas being made or provided by the Ladies of the Guild.

A feature of the day was the work exhibited by the Sailors, and a Ladies' Band, under the direction of Miss Watson, added much to the enjoyment of those present.

One of the gifts was a very interesting and historical souvenir taking the form of a Golden "Pond" 1893, Zind Afrikansche Republiek or Kruger Sovereign. It is proposed to offer same to the highest bidder.

Homœopathic World.]
Dec. 2, 1918.

BRITISH H

Chalmers Ho

RECEIPTS FRO

F. H. Evans, Esq.
Lady Perks ..
Dr. Croucher ..
Miss A. E. Keep ..
Mrs. Machell Smith
Dr. J. C. Powell ..
Thos. Priestman, Esc

The usual Mon
mittee, was held
20th November, a

A Meeting of
was held at Cha
November, at 3.3

SOC

BRITISH

THE first meeting of
Homœopathic Ho
Moir, the Presiden
Dr. Moir's recent
ary occupation of
address is deferred
meeting on the 71
nature and treat
influenza and its

This proved a matter of interest and experiences of value and importance were interchanged. Dr. C. E. Wheeler opened the discussion and the other speaker were Dr. Goldsbrough, Dr. Stonham (who praises *Verat. vir.* for pneumonia cases), Dr. Jones, Dr. Barlee, Dr. Cronin Lowe, (who related his experiences in prophylactic work) Dr. R. Day, Dr. G. Hay, Dr. Byres Moir (who gave an account of the American epidemic), Dr. Powell, Dr. Weir and Dr. Kyle. In addition Dr. Weir, read communications from Dr. Wheeler of Southport, Dr. McLachlan and Dr. Edith Neild. The last named reported great and striking success in pneumonia from the use of an auto nosode.

VARIETIES.

A NEW EMPYEMA TECHNIQUE. Surgical drainage is carried out whenever possible from the most dependent part of a body cavity, but in the case of empyema it is often by no means easy to determine by physical signs the site for incision in order to have gravity entirely in favour of the operator. In the *Military Surgeon* for July, First Lieutenant Thomas R. Sealy, M.R.C., suggests a simple and ingenious technique for discovering the size and shape of an empyema before operation. Having aspirated what pus he can and accurately measured the volume drawn off, he injects through the not-withdrawn needle an exactly equal volume of a mixture of saturated boric lotion with an equal part of mucilage of acacia containing ten per cent. of barium sulphate or carbonate in suspension. The patient is then at once X-rayed, the outline of the empyema is defined, and the chest opened at what is now definitely known to be the most dependent point. In actual practice we believe that several considerations may limit the value of this procedure. In the first place, patients with empyema lie in bed, and the part of the pleural cavity most dependent in the erect position will not be so in the recumbent. Then the empyema patient generally lies on the affected side in order to give the healthy lung more play, making drainage easy wherever the opening is situated. Further, it must not be forgotten that when the cavity of an empyema has been emptied the space is left filled in part by the expansion of the lung, in part especially in children, by the falling in of the chest wall, and in part by the rising of the diaphragm. An opening made at the most dependent part of the pleura may soon become blocked by the

REMOVAL OF A PROJECTILE FROM THE CAVITY OF THE LEFT VENTRICLE.—At a meeting of the Académie de Médecine of Paris on August 6th, M. René Le Fort reported another case of a remarkable advance made in French surgery during the war—the removal of foreign bodies from the cavities of the heart. This appears to be the first case on record of removal of a foreign body from the cavity of the left ventricle. The history of the patient, whom he showed, was briefly as follows :—

A man, aged twenty-one years, was wounded on September 21st, 1917, at Verdun, by a grenade fragment which passed through his right arm and penetrated his chest. His initial troubles were hæmoptysis and right hæmothorax from which he quickly recovered. But the projectile, which was described as " intrapericardiac " remained. He suffered from dyspnœa on exertion and cardiac irritability, and could not work. The radioscopic report was that the projectile was situated at the apex of the heart and moved with it. In July, 1918, he came under the care of M. Le Fort, who made an incision in the fifth intercostal space, divided the fifth costal cartilage, turned back the pleura adherent to the pericardium, and opened the pericardium, which contained citrine liquid. Radioscopy showed clearly that the projectile was in the heart. With the gloved hand it could not be felt, but on removing the glove a sensation of altered contour could be felt near the apex. The intercostal incision was transformed into a " hinged shutter," comprising the fourth and fifth ribs. An attempt was made to hold the projectile near the apex while four fine double sutures of silk were passed with a curved needle, confining the projectile. The ventricle was incised at the apex, a grooved director was passed into it, and the projectile, which appeared to be entangled in the chordæ tendineæ, was gently loosened and removed with Kocher's forceps. The four sutures were tied, but one of them broke. When the heart was set free a jet of blood squirted out to a height of more than one-and-a-half metres. The hæmorrhage was arrested by passing two more sutures. The pericardium was first sutured, and then the thoracic wall in three layers without drainage. The operation at first accelerated the heart's action, but this was considerably slowed at the time of incising the ventricle. The beats fell below thirty for one or two minutes, and then rapidly rose to fifty-six. The respiration momentarily stopped on incising the heart, and the face paled. When the patient was put back to bed the face and lips had lost colour, but this was regained in a few hours. Recovery was uninterrupted. The grenade fragment measured eight by four by four mm., and was encrusted with a fragment of endocardium.

Most of the projectiles removed from the heart up to the present were imbedded in its walls. In only five of the cases recorded previously by French surgeons was the projectile removed from one of the cavities, and always from the right side—once from the auricle and four times from the ventricle. M. Le Fort has

removed eleven foreign bodies from the heart in the course of nine operations—in two cases from cavities of the heart. Only one patient succumbed; all the others were cured.—*Lancet*.

PULMONARY TUBERCULOSIS AND PREGNANCY.— Although very many contributions to the reciprocal effects of pregnancy occurring in the subjects of pulmonary tuberculosis have been published it is still true that our actual knowledge of the subject remains very imperfect. In respect of active treatment the only conclusion deducible by an unprejudiced student of the literature is simply that each case must be judged individually. A recent investigation by Dr. Th. Begtrup-Hansen affords some new facts of importance. Based on his extensive Scandinavian experience, Dr. Begtrup-Hansen summarises his researches somewhat as follows :—

The clinical material numbered 214 patients—fifty-nine from consumption hospitals, sixty from sanatoria, and ninety-five from lying-in institutions, while an additional eighty-five cases were gathered from the literature. The material for study was thus fairly eclectic. The first point of inquiry was as to the period of pregnancy at which phthisis appeared or became aggravated, and it is stated that the first symptoms of such were referred by more than half the patients to the first three months. Twenty per cent. named the second three months, sixteen the third, and only four per cent. specified the puerperium itself; with this anamnesis the results of physical examination tallied very well. When the disease appeared early—*i.e.*, in the first half of pregnancy, its course was distinctly favourable, as shown by decline in temperature, decrease of chest symptoms but most by pronounced increase in weight. This improvement was most noticeable in hospital and sanatorium, and occurred in all stages of the disease. Puerperal phthisis, on the other hand, behaved altogether differently; sixty per cent. of its subjects got worse, and nearly a third of them died. There were thus, the author concludes, three different phases of tuberculosis in pregnancy. In the first half a critical period with increased vulnerability, then a time of increased resistance in the second half, and, finally, at the puerperium a critical period of grave import. He attempts to explain these findings in what is perhaps a rather roundabout way, relating them with variations of body temperature. Before menstruation the temperature fluctuates and is raised, while it falls during and after the period. During pregnancy the temperature is of pre-menstrual type for the first three or four months and of post-menstrual for the latter half. At the puerperium it is first pre- and then post-menstrual.

If these generalisations are granted the epochs of pre-menstrual type of temperature coincide with the critical epochs of vulnerability to tubercle. Referring to a previous work, the author explains these temperature fluctuations as due to variations in albumin metabolism, which he found at its height in the first half of pregnancy and in the first week of the puerperium. Finally, the conclusion as regards therapeutics is that conservative

each case, as, indeed, we had surmised, must be judged on individual grounds.—*Lancet*.

WAR-TIME LINIMENTS AND OINTMENTS.—We referred last week to the Codex Addendum published in the *Pharmaceutical Journal* of August 31st, in which are set out the alternative formulæ for preparations containing lard or vegetable oils, modified in or withdrawn from the British Pharmacopœia, 1914. The addendum, which is published under the direction and by the authority of the Pharmaceutical Society, which alone is responsible for the formulæ and for the publication of them, has been prepared under the auspices of the Scientific Advisory Committee by the Pharmaceutical Society's Codex Sub-committee. We understand that the Home Office Committee appointed in August, 1914, to deal with questions of economy in the use of drugs, propose to draw the attention of the medical profession to these war emergency formulæ in a memorandum which they are issuing on the subject of economy in the use of the substances in question and preparations hitherto containing them. The lard substitute (*adepts factitius*) is made up as follows: wool fat, 5; hard paraffin, 10; soft paraffin white, 85. Liniment of camphor is made with yellow liquid paraffin, and the other liniments containing liniment of camphor are chloroform, mercury, turpentine, and acetic acid. The *Liquor cresol saponatus* is made up of cresol 50.00 (by weight), linseed oil (by weight) 18.00, potassium hydroxide 4.25, and distilled water by weight to 100 parts. Lard substitute is used in *Adeps benzoatus*, *Unguenta aconitinæ*, *Atropinæ*, *Cocainæ*, *Iodoformi*, and *Lanæ compositum*. Benzoated lard made from lard substitute is suitable for the following unguenta: *viz.*, *Cantharidini*, *Gallæ*, *Hydrargyri ammoniati*, *Hydrargyri iodidi rubri*, *Hydrargyri oleati*, *Hydrargyri subchloridi*, *Myrobalani*, *Plumbi iodidi*, *Potassii iodidi*, *Staphisagriæ*, *Sulphuris* and *Zinci*. No alternative is suggested for *Ung. hydrargyri nitratis*. Lard substitute is also used in the following unguenta: *Belladonna*, *Capsicum*, *mercury* (metallic), compound *Mercury*, *Iodine*, and resin. Lastly, tar ointment is made with tar 70 parts, yellow soft paraffin 5 parts, and yellow beeswax 25 parts. The Codex Revision Sub-committee, assisted by two representatives of the Drug Club, may be congratulated on arriving at the above war emergency formulæ, which are generally regarded as quite satisfactory.—*Lancet*.

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