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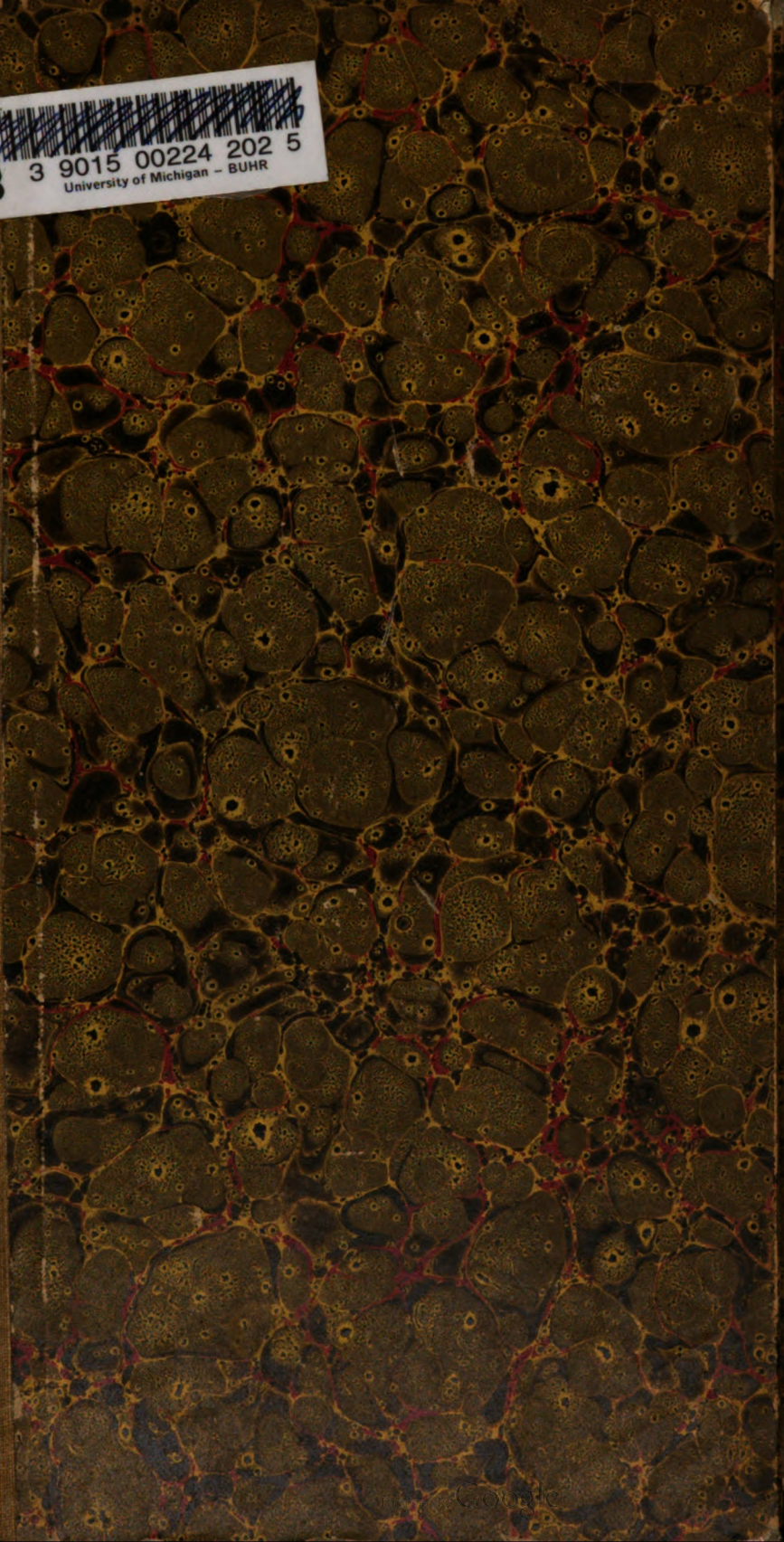




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THE MONTHLY

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HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.,

AND

D. DYCE BROWN, M.A., M.D.

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I N D E X .

Reviews of Books will be found only under the word "Reviews;" subjects from Extracts from Medical Literature under the word "Extracts;" Societies and Associations under the word "Homœopathic."

	PAGE		PAGE
A.			
<i>Acid, Hydrocyanic</i> , in Tetanus and Epilepsy, by A. R. Croucher, M.D.	12	BROWN, Dr. Dyce, On External Applications in Homœopathic Practice	165
<i>Acid, Salicylic</i>	88	BURNETT, J. C., M.D., Case of Loss of Speech and Paralysis of the Lower Extremities, by 14	
<i>Agaricus Muscarius</i>	265	BURNETT, J. C., M.D., On <i>Ceanothus Americanus</i> , by... 153	
Ague, Dr. Cooper, on.....	747	BURNETT, J. C., M.D., On the Revival and Further Development of Organopathy during the First Half of the Present Century, by	684
Alcohol, On the Action and Uses of, by Dr. A. C. Pope... 187		C.	
Allopath Practice Homœopathy, Can an?	883	<i>Calcarea</i> in Eczema of the Hands, Reply to Dr. Cooper's Remarks on	718
Allopathy of the Period... 118, 644		Calf Vaccine Lymph.....62, 124	
America, Dr. Pope in	441	CAMERON, Dr. F., On External Applications	106, 288
America, On Homœopathy in the United States of, by A. C. Pope, M.D.	584	CAMERON, G. Fenton, M.D., A Small Contribution to the Dose Question, by	557
Aneurism, Internal, On the <i>Baryta</i> Salts in, by F. Flint, M.D.	363	<i>Carbo Vegetabilis</i> , Re-proving of	468
Aneurism, Internal, On the Homœopathic Treatment of, by F. Flint, M.D.	692	Carpets, How to Destroy Moths in	444
Ants	444	Catarrh with Excessive Exhaustion, A Case of Chronic, by G. Prüll, M.D.	102
Applications, On External, by Fenton Cameron, M.D. 106, 288		Catarrh, <i>Natrum Muriacicum</i> in, by John H. Clarke, M.D. 280	
Applications in Homœopathic Practice, On External, by Dr. D. Brown	160	<i>Ceanothus Americanus</i> , On, by J. C. Burnett, M.D.	153
<i>Argentum</i> , French Provings of, by J. Murray Moore, M.D.... 287		Cerumen as a Cause of Deafness, by R. T. Cooper, M.D. 852	
<i>Arsenic</i> in Gloves, Poisoning by 44		Children in Vienna, Foundation and Opening of a Homœopathic Hospital for..... 85	
Arzenical Wall Paper Poisoning 411		Children, Opening of the Southport Sanatorium for	118
B.			
<i>Belladonna</i> in Acute Tonsillitis 61		Chinese Pharmacy	189
BERRIDGE, E. W., M.D., Index to Cases of Poisoning in the Allopathic Journals, by..... 485		CLARKE, Dr. Andrew, On the Present State of Therapeutics 653	
BLACKLEY, Dr. J. G., On difficulties in the study of Homœopathic Therapeutics	729	CLARK, J. H., M.D., <i>Natrum Muriacicum</i> in Catarrh, by... 280	
BLAKE, S. H., Esq., Notes on <i>Tabacum</i> , by	285	CLARKE, J. H., M.D., Diet in Sickness, by	19, 91
BLAKE, S. H., Esq., Notes from Dispensary Cases, by..... 399		Clinical Notes, by Dr. Purdom 753	
Blind, Physique of the ...464, 708		Clinical Teacher, On the Necessity of Appointing a Paid 835	
Bravery in the Field	571		
<i>British Medical Journal and Homœopathy</i> , The	442		
<i>British Journal of Homœopathy</i> , Criticism | .....	713		
bronchitis, A Case of Subacute, by Dr. Harmer Smith 397			

	PAGE
Clinical Teaching, On the Duty of the Profession in	389
Comparative Materia Medica, by Dr. Richard Hughes	841
Concert in Aid of the London Homœopathic Hospital	383
Congress, The Annual ...	440, 453
Constipation, Dr. Stokes, On Coca in	755
Convalescent Home, Bourne-mouth	761
COOPER, R., M.D., Cerumen as a Cause of Deafness, by	352
COOPER, R., M.D., Dispensary Experiences, by	550, 742
COOPER, R., M.D., On Sulphuric Acid in Ague	747
COOPER, R., M.D., Remarks on <i>Calcareo</i> in Eczema, Reply Co-operative Stores, On the Sale of Medicines at, by I. C. Thompson	718 866
CROUCHER, A. R., M.D., J.P., Hydrocyanic Acid in Tetanus and Epilepsy, by	12
Curvature, Notes on the Examination, Prognosis, and Prevailing Method of Treatment of Lateral, Collected by Dr. Roth	70
D.	
Davos am Platz in Winter, by A. C. Pope, M.D.	312, 860
Deafness, Cerumen as a Cause of, by R. Cooper, M.D.	352
Diabetes, Koumiss in	41
Diarrhoea, Some Cases Cured by Podophyllin, by Dr. H. Smith	862
Diet in Sickness, by J. H. Clarke, M.D.	19, 91
Diphtheria of the Genitals, by Dr. Day	418
Disinfectant, A New	387
Dispensary Cases, Notes from, by S. H. Blake, Esq.	399
Dispensary Experiences, by R. T. Cooper, M.D.	550, 742
Dose Question, by G. Fenton Cameron, M.D.	557
Doctor and Patient	189
Dramatic Performances in Aid of the London Homœopathic Hospital, The	440
DRYSDALE, Dr., and the London School of Homœopathy	511
Drug Proving	198

	PAGE
E.	
Eczema of the Hands, Reply to Dr. Cooper's Remarks on <i>Calcareo</i> in	718
Education and Hygiene, by Dr. Roth	232
Epilepsy and Tetanus, by A. B. Croucher, M.D.	12
Eruptions, Quinine	89
Examinations (Microscopic) of Triturated Metallic and other Hard Substances	401
Extraordinary Prediction	572
F.	
Fever Dens in London, by Dr. Roth	560
Fever, Intermittent Case of ...	416
Fever, Yellow	186, 257
FLINT, F., M.D., On Baryta Salts in Internal Aneurism, by	363, 692
FLINT, F., M.D., Salicylate of Soda in Menière's Disease, by	458
G.	
Gloves, Poisoning by Arsenic in	44
H.	
Hahnemann Publishing Society	575
Hahnemannism and Homœopathy	129
HAYLE, T., M.D., Some Sensations and Pains Discussed, with an Attempt to Determine their Mode of Origin and Production, by	477, 517
Heart Disease, Case of, by A. Stokes, M.D.	27
HELMUTH, William, M.D., Stretching of the Sciatic Nerve for Sciatica and Reflex Tetaniform Convulsions, by	459
Homœopathic Congress, British	575, 581, 610
Homœopathic Dispensary and the Norfolk and Norwich Hospital Sunday Fund	241
Homœopathic Hospital for Children in Vienna, Foundation and Opening of a ...	35

	PAGE
Homeopathic Hospital, The	
London, 88, 190, 392, 390, 323	
325, 383, 440, 574, 710	
Homeopathic Hospital, The	
Birmingham and Midland...	246
Homeopathic Society, British	
86, 190, 253, 322, 384, 710, 763	
Homeopathic Therapeutics,	
Dr. Blackley, On.....	729
<i>Homeopathic World</i> , The	513
Homeopathy and Hahnemann-	
nism	129
Homeopathy & Dr. W. Smith	766
Homeopathy and the <i>British</i>	
<i>Medical Journal</i>	442
<i>Homeopathy, British Journal</i>	
of, Criticism.....	713
Homeopathy, Can an Allo-	
path Practice?.....	383
Homeopathy in Switzerland...	124
Homeopathy in the Colonies	87
Homeopathy in the United	
States.....	181, 420, 534
Homeopathy: Its Present	
State and Future Prospects,	
by Dr. Richard Hughes	577
Homeopathy, The London	
School of ...	52, 65, 190, 191,
253, 303, 325, 334, 444, 499,	
511, 517, 569, 644,	709
Homeopathy Vindicated in	
Court	382
"Howard Medal," Statistical	
Society	709
HUGHES, Dr. R., Comparative	
Materia Medica	341
HUGHES, Dr. R., On Homoeo-	
pathy.....	577
HUGHES, Dr., R., On the	
Wyld-Richardson Letter ...	710
Hydrastis, Skin Pathogenesis	
of, by Dr. John Wilde	278
Hydrocyanic Acid in Tetanus	
and Epilepsy, by A. B.	
Croucher, M.D.	12
Hydrocele, Case of, by Dr.	
Parsons	417
Hygiene, On Popular Instructions	
in Practical, by Dr. Both	8
Hysteria, Case of, by Dr.	
Holcombe.....	417
L.	
<i>Ignatia</i> , Cases Illustrative of,	
by J. Murray Moore, M.D.	280
Index to Cases of Poisoning in	
the Allopathic Journals, by	
E. W. Berridge, M.D.....	485
Infinitesimality	250

	PAGE
J.	
JOUSSEFF, M. le Dr., Lectures on	
Clinical Medicine, delivered	
in the Hospital Saint Jacques,	
Paris, by (Review of)	706

	PAGE
K.	
<i>Kali Hydriodicum</i> in certain	
Uterine Diseases, Remarks	
on the use of, by Dr. D.	
Matheson	103
Key Note, Extraordinary	385
Koumiss in Diabetes	41
Koumiss in Wasting Disease,	
The Value of	330

	PAGE
L.	
Lectures on Materia Medica,	
by Carroll Dunham, M.D.	
(Review of)	375

	PAGE
M.	
MASSY, B. T., M.D., The Pon-	
tresina Boy	98
Materia Medica, Comparative,	
by Richard Hughes, L.R.C.P.	341
Materia Medica, Notes on, by	
Dr. Brewster	160
Materia Medica, Notes on, by	
Dr. Fiske	202
MATHESON, Dr. Duncan, On the	
Use of <i>Kali Hydriodicum</i> , by	103
Medicine, Professional Success	
in the Practice of	721
Medicines, On the Sale of, at	
Co-operative Stores, by J. C.	
Thompson	366
Menière's Disease, Salicylate of	
Soda in, by F. Flint, M.D....	458
Microscopic Examination of	
Triturated Metallic and other	
Hard Substances.....	401
MOORE, J. M., M.D., Cases	
Illustrative of <i>Ignatia</i> , by...	280
MOORE, J. M., M.D., French	
Provings of <i>Argentum</i> , by ...	287
MOORE, J. M., M.D., On Some	
of the Uses of the <i>Veratrum</i>	
<i>Viride</i> , by.....	355
Moths in Carpets, To Destroy	444

N.		PAGE
NANKIVELL, Herbert, M.D., Further Remarks on the Therapeutics of Phthisis, by <i>Natrum Muraticum</i> in Catarrh, by J. H. Clarke, M.D.....	670	280
Notes from Dispensary Cases, by S. H. Blake, Esq.		399
Notes on Homœopathy in the United States of America, by Alfred C. Pope, M.D.		584
Nursing Institute of the Lon- don Homœopathic Hospital		761
O.		
OBITUARY:		
Flint, Edward, M.D.	52	
Flint, Horace, M.D.	446	
Hempel, C. J., M.D.	710	
Kennedy, John F., L.R.C.P.	51	
Malan, Henry Victor, M.D.	254	
Quin, Frederick Foster, M.D.	44	
Smith, F., Esq.	765	
Trueman, Charles, Esq.	828	
Williams, Clement, M.D. ...	576	
Opening of a Homœopathic Hospital for Children in Vienna		85
Opening of the Southport Sanatorium for Children ...		118
Opening of the Hahnemann Convalescent Home at Bournemouth		480
Organopathy, On the Revival and Further Development of during the First Half of the Present Century, by J. C. Burnett, M.D.		684
Organopathy, Dr. Sharp, on		749
P.		
Paralysis of the Lower Extre- mities and Loss of Speech Cured, by J. C. Burnett, M.D.	14	
Patient and Doctor	189	
Pharmacy, Chinese.....	189	
Philadelphia, Fire in	385	
Phthisis Pulmonalis, On the Therapeutics of, by Herbert Nankivell, M.D.		670
Plagiarist Plagiarised, The ...	128	
Plague in Russia, The.....	166, 252	
<i>Podophyllum</i> , by Dr. Harmar Smith		362
Poisoning, Arsenical Wall- Paper		411
Poisoning by Arsenic on Gloves		44
Poisoning, Chronic.....		821
POPE, A. C., M.D., Davos am Platz in Winter, by	312, 360	
POPE, Dr. A. C., in America ...		441
POPE, A. C., M.D., Notes on the Position and Progress of Homœopathy in the United States of America, by.....		584
POPE, A. C., M.D., On the Ac- tions and Uses of Alcohol, by Pontresina Boy, The, by R. T. Massey, M.D.....		98
Practice, Cases from		416
Prize for Records of Cases.....		648
Professional Success in Medi- cine		721
PRÖLL, Gustavus, M.D., A Case of Chronic Catarrh with Ex- cessive Exhaustion, by		102
Provings of Drugs		193
PURDOM, Dr., Clinical Notes, by		763
Q.		
Quack Doctor, The.....		798
Quebracho, a Homœopathic Remedy.....		571
QUIN, the late, Dr.		186, 251
Quin's Collections, Dr.		184
Quinine Eruptions		89
R.		
Re-proving of <i>Carbo-Vegeta- bilis</i>		468
REVIEWS:—		
A Manual of Therapeutics according to the Method of Hahnemann, by Richard Hughes, L.R.C.P., Edin.		29
A Repertory or Systematic Arrangement and Analysis of the Homœopathic Ma- teria Medica, by Dr. Dud- geon		292
A Tabular Handbook of Auscultation and Percus- sion, by Herbert C. Clapp, A.M., M.D.		576
"Basil Ormond" and "Chris- tabel's Love," by the Au- thor of "The Lays of Ind" ...		112
Clinical Lectures upon In- flammation and other Diseases of the Ear, by Robert T. Cooper, A.B., M.D., Trin. Coll., Dublin		174

	PAGE
Coughs and their Cure, by E. B. Shulldham, M.D., Trin. Coll., Dublin, M.R.C.S., M.A., Oxon ...	178
Gold, as a Remedy in Disease, notably in Some Forms of Organic Heart Disease, Angina Pectoris, Melancholy, Tedium Vitæ, Scrofula, Syphilis, Skin Diseases, and as an Antidote to the Ill-Effects of Mercury, by James Compton Burnett, M.D., F.R.G.S.	492
Homœopathic Therapeutics, by S. Lilienthal, M.D.	564, 759
Homœopathy in America ...	567
Homœopathy Vindicated, by E. W. Berridge, M.D.	181
Horses, Ill and Well: Homœopathic Treatment of Diseases and Injuries, and Hints on Feeding, Growing, Conditioning, Nursing, Horse-Buying, &c., by James Moore, M.R.C.V.S., and Thomas Moore, M.R.C.V.S.	566
Is Diphtheria Preventable? Sewage Poisoning, its Causes and Cure, by E. T. Blake, M.D., M.R.C.S.	377
Lectures on Materia Medica, by Carroll Dunham, M.D.	375
Lectures on Clinical Medicine, delivered in the Hospital Saint Jacques, of Paris, by M. le Dr. P. Joussett	706
Lectures on Diseases of Women, by Dr. Ludlam	759
Medical Chemistry, including the Outlines of Organic and Physiological Chemistry, based in part upon Riche's <i>Manual de Chimie</i> , by C. Gilbert Wheeler	422
<i>Natrum Muriaticum</i> , as a Test of the Doctrine of Drug Dynamization, by J. O. Burnett, M.D.	34
On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department, by Dr. Roth	232

	PAGE
Practical Gynæcology: a Handbook of Diseases of Women, by Heywood Smith, M.A., M.D., Oxon.	425
Sleeplessness: Its Treatment by Homœopathy, Hydro-pathy, and other Accessory Means, by F. G. Stanley Wilde, L.R.C.P., L.R.C.S.	377
Spinal Weakness, Injuries, and Curvatures, by F. Graham Bennett, M.R.C.S.	423
The Application of Electricity as a Therapeutic Agent, by J. H. Rae, M.D.	499
The Encyclopædia of Pure Materia Medica, and Record of the Positive Effects of Drugs upon the Healthy Human Organism, Edited by T. F. Allen, A.M., M.D.	642
The Essentials of Diet, or Hints on Food in Health and Disease, by the late E. Harris Ruddock, M.D. Second Edition with Corrections and Additions, by E. B. Shulldham, M.D.	497
The Germ Theory of Infectious Diseases, by John Drysdale, M.D.	369
The Guiding Symptoms of the Materia Medica, by C. Hering, M.D.	497
The Homœopathic Therapeutics of Uterine and Vaginal Discharges, by W. Eggert, M.D.	565
The Nurse; or Hints on the Care of the Sick, including Mothers and Infants, and a Digest of Domestic Medicine, by Charles T. Harris, A.M., M.D.	498
The Operation of Sclerotomy; its Indications and Physiological Action, by Dr. Keersmaeker	179
Roth, Dr., Notes on the Examination, Prognosis, and Prevailing Method of Treatment of Lateral Curvature, collected by	70
Roth, Dr., On Popular Instruction in Practical Hygiene	8

	PAGE		PAGE
ROTH, Dr., On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department, by	282	Tabacum, Notes on, by S. H. Blake, Esq.	285
ROTH, Dr., The Fever Dens in the West Central and North-Western Districts of London, by	560	Tetaniform Convulsions, Sciatica and Reflex, Treated by Stretching of the Sciatic Nerve, by William Tod Hel-muth, M.D.	459
RUBINI, Dr., of Naples	125	Tetanus and Epilepsy, Hydro-cyanic Acid in, by A. R. Croucher, M.D.	12
Rubini Fund, The	252, 578	The Past Year	1
Russia, The Plague in.....	166, 252	Therapeutics, Dr. Andrew Clarke on the Present State of	653
S.		Therapeutics, Homœopathic, Dr. J. G. Blackley, on	729
Salicylic Acid	88	Therapeutics of Phthisis Pul-monalis, Further Remarks on the, by Herbert Nanki-vell, M.D.	670
Salicylate of Soda in Menière's Disease, by F. Flint, M.D....	458	THOMPSON, Mr. J. C., On the Sale of Medicines at Co-operative Stores, &c., by	366
Sanatorium for Children at Southport, Opening of the... ..	113	Tonsillitis, Belladonna in Acute Treatment of Lateral Curva-ture, Notes on the Examina-tion, Prognosis, and Pre-vailling Method of, collected by Dr. Roth	70
Sciatica and Reflex Tetaniform Convulsions, Stretching of the Sciatic Nerve for, by William T. Helmut, M.D.	459		
Sciatica, Simple Treatment of Sensations and Pains Dis-cussed, with an Attempt to Determine their Mode of Origin and Production, by T. Hayle, M.D.	477	U.	
Sewage Poisoning and Vacci-nation	254	Uterine Diseases, Remarks on the Use of <i>Kali Hydriodicum</i> in Certain, by Dr. D. Mathe-son	103
Sickness, Diet in, by J. H. Clarke, M.D.	19		
Sharp, Dr., On Organopathy	749	V.	
Skin Pathogenesis of Hydras-tis, by Dr. J. Wilde.....	278	Vaccine Lymph, Calf.....	124
SMITH, Dr. Harmar, A Case of Sub-Acute Bronchitis, by ...	397	Vaccinella, Case of, from Calf Lymph	62
SMITH, Dr. Harmar, Some Cases of Diarrhœa Cured by <i>Podophyllum</i> , by	862	Vaccinators and Sewage Poi-soning	254
Smith, Dr. W. & Homœopathy	766	<i>Veratrum Viride,</i> On some of the Uses of, by Dr. Moore... ..	355
Snake Bites	382	Volcanic Fumes in Strumous Disease	40
Society for Improvement of the Physique of the Blind	708	W.	
Spleen, Diseases of the, On <i>Ceanothus Americanus</i> , in its Relations to, by J. C. Bur-nett, M.D.	153	WILDE, Dr. John, Skin Patho-genesis of <i>Hydrastis</i> , by.....	278
Statistical Society, "Howard Medal"	709	Wasting Diseases, The Value of Koumiss in	380
Stokes, Dr. Adrian, Case of Heart Disease, &c., by	27		
Strumous Disease, Volcanic Fumes in	40	Y.	
Switzerland, Homœopathy in	124	Year, The Past	1
		Yellow Fever	186, 257

THE MONTHLY HOMŒOPATHIC REVIEW.

THE PAST YEAR.

As in an eventful life, each year varies in interest and importance—one recording exciting scenes of adventure and turning points in the life-history, while another is quiet and comparatively unimportant—so in the annals of the progress of homœopathy, we have sometimes to mark certain years with a red-letter, as chronicling features of great importance, while others appear unmarked by any striking event.

Such a year has been that of 1878, and yet it possesses a modest interest of its own, in that it has shown the steady progress of our cause, a progress none the less steady and sure, though its march has been comparatively silent.

The Congress held at Leicester was both successful and pleasant. Although nothing remarkable transpired in its proceedings, the main points there taken up were the importance of accurate evidence in regard to therapeutics and its results; the investigation of the value of recent speculations in medical science; and the application of the homœopathic law as explaining the action of other than internal remedies; while the general staunch belief in true homœopathy was abundantly manifested by all the speeches.

The London School of Homœopathy continues to thrive and grow in practical usefulness, in spite of those who, basing their prophecies on its name, augured its failure.

Apropos of this, we must notice the letter published in our December issue, from Dr. DRYSDALE, of Liverpool. The main subject of his letter—the pecuniary management of the school—we have no intention of discussing at present, but we refer to his manifesto to correct a statement which gives a most erroneous impression of what is the actual condition of the school. Dr. DRYSDALE says: “But all hope of success in five years, if ever entertained, must now be perceived to be chimerical, seeing that the entries in the third year are fewer than in the first, and that not one single *bona fide* medical student has as yet gone through a course.”

Now this assertion, well fitted to do much harm to the school, is perfectly incorrect, although not intended to be so by the writer. Dr. DRYSDALE is, in the first place, wrong in saying that the present is the *third* year of the school. It has been over and over again intimated that the session consists of a summer and winter course, and as the school opened in May, 1877, it is thus evident that the present winter course is the latter half of the *second* session. Secondly, Dr. DRYSDALE alleges as a bad omen that the entries this year are fewer than during the first. This, again, is barely correct, as, if we remember rightly, there were thirteen entries in the first year, and in the present there are twelve. But the value of this fact becomes the reverse of what Dr. DRYSDALE suggests, when we state that several of those who entered the first year had no intention of practising, or of completing a full medical education; while in the present year, out of the list of entries, some are already in practice, and all the others are actively preparing for it. We therefore consider the number of entries this

year as *de facto* larger than during the first. But the third and most extraordinary statement in Dr. DRYSDALE'S letter is that "not one single *bona fide* medical student has as yet gone through a course." Now, did we not know the peculiar views as to what constitutes a *bona fide* medical student entertained by Drs. DRYSDALE, and the other gentlemen who sided with him on the question of the name of the school, we should be at a loss to understand such a statement, and should ascribe it to erroneous information. Dr. DRYSDALE and his party understand a *bona fide* medical student to be a man who is, at the time, going through a course of study at one of the other medical schools, and refuse to admit the title of any one else to such a description. They consider that if a man has already completed his recognised course of study elsewhere, has taken his diploma, is either actually in practice, or is hoping soon to be so, and if he wishes now to add to his other knowledge the study of homœopathy, and comes to our lectures and hospital clinics for this purpose, *he is not a bona fide medical student!*

It will, perhaps, hardly be credited that we are stating the case correctly, but we can vouch for its accuracy. We have ourselves talked the matter over with Drs. DRYSDALE, DUDGEON, BLACK and HAYWARD, we have laboured to show them that if it is desirable to have students who are only in the position of acquiring the general foundation of medical training, it is, *a fortiori*, more desirable to have men as students who have already got this necessary foundation, and who are, therefore, in a much better position to appreciate and judge for themselves of what they are taught in our lectures, and see in our hospital practice—but all to no purpose. They cannot see that the latter class of students are entitled to the name "*bona fide medical student*" at all. This species of hair-splitting

must seem to most of our readers simply absurd. We could easily afford to let Dr. DRYSDALE and his party keep their own peculiar views if they chose, but when their doing so results in the public statement that "not one single *bona fide* medical student has as yet passed through a course," we cannot let it pass. Of the twelve entries this year, one is a student at one of the hospitals at the present time, while the others are all qualified medical men, some in actual practice, and the rest preparing for it.

We should think the lecturers must prefer to have the latter class of students rather than the former. We congratulate them in having classes of this size in the second year of the school, and we hope we shall hear no more of such statements as those Dr. DRYSDALE has made. The number of the students attending regularly at the hospital practice is much greater than last year, and we think we are justified in maintaining, from the facts just stated, that the school, so far from being a failure, is proving itself—in spite of much persistent opposition—a complete success; all the more complete, we believe, because it is called the LONDON SCHOOL OF HOMŒOPATHY.

The fact seems to be that in the minds of most of our friends the object of the school should be the dissemination of homœopathy, whether among students at the other hospitals, or among qualified medical men; while in the opinion of Dr. DRYSDALE and his party, recognition by the Medical Council seems to be the first thing to be aimed at, the actual spread of the doctrines being secondary; as they think, or seem to think, that until students take our course, *instead* of one at the other schools, nothing is gained by our teaching. We have more than once in these pages expressed our belief that in the present position and relations of the old and new schools of medicine, recognition is simply chimerical. When the time comes, we

shall claim and obtain recognition, but that time has not yet arrived, and what we have to do in the meantime is to disseminate the doctrines and practice of homœopathy through means of the *bona fide* medical students who attend our lectures, whether they be qualified as practitioners or not.

We have this year to record with pleasure the foundation at Bournemouth of the Hahnemann Convalescent Home. Such an institution has been long needed, and, thanks to the energy and zeal of Drs. NANKIVELL and HARDY, the Home is now ready to receive patients. The foundation stone was laid by the LORD CHANCELOB, whose belief in homœopathy sorely exercised the *Lancet*. We have no doubt that this Institution will prove a most valuable addition to our other homœopathic hospitals.

The Medical Benevolent Society has, we regret to find, fallen behind in its funds. This should not be. Those who are prospering in their profession should not allow themselves to forget the claims of their disabled brethren, or of the families of those who have died in harness, and who are left in difficulties. We trust the appeal of the Secretary will not be forgotten, but that increased, instead of diminished, subscriptions will have to be reported next year.

During this gay season in Paris, when so many have been attracted thither by the Exhibition, an International Homœopathic Congress was held at the French capital, representatives from all nations were present, and the meeting passed off pleasantly and successfully.

We have noted with pleasure during the past year many evidences of the way in which our views are steadily permeating the ranks of our opponents of the old school. A much more friendly feeling is everywhere manifested ;

the trades' union bye-law of the British Medical Association is openly spoken of by the members as a thing to be ashamed of; and we are glad to be able to inform our readers, that it no longer exists as one of the rules or bye-laws. It has not been openly and formally rescinded, but it has been quietly, but for ever, expunged from the rules of that influential body. The manner in which we have been so long treated by the old school is now openly, and in print, spoken of as disgraceful, and the true basis of union and friendship—perfect freedom of opinion and practice in matters medical—is admitted as the only means of true progress in science. This is a great advance, and we have only to maintain the dignified position which we have hitherto occupied, of unflinching adherence to our views, and open advocacy of them in their unvarnished plainness, to continue to merit the respect of those who may differ from us. Our victory is sure; it is only a question of time, and it every year becomes clearer that the less we try to smother our beliefs, and the more we stand up for our rights and our system, the more we shall be respected, and the sooner will there be union in the professional ranks. Perhaps the most interesting features of the year in the way of contributions to the allopathic journals, savouring strongly and openly of homœopathy, are the reception of a paper by our venerable *confrère* Dr. SHARP, in the *Practitioner*, and one in the same journal by Dr. ROSS, of Manchester, entitled, "Are there laws of therapeutics?" This latter paper we noticed fully in our leading article of August. We then showed how liberal were Dr. ROSS' views, and in fact from his own words we convicted Dr. ROSS of homœopathy. We hope we shall continue to find the *Practitioner* evincing this liberality, and desire for free discussion of medical differences. The existence of such a thing as heresy

or heterodoxy in medicine will then by degrees become a thing of the past.

Looking abroad, we are delighted again to refer to Dr. MAHENDRA LAL SIRCAR'S manly stand in Calcutta. He has made for himself there a position second to none in the profession, and the events of the drama recounted in our December issue prove the high respect in which he is universally held in India. All the more dignified and noble does his conduct appear when contrasted with the trades' union combination of the medical professors of the Calcutta University. We hope that this is the last time we shall have to record such a story, and trust that this series of events will be a new starting-point in the life of homœopathy in India. In America homœopathy continues to make vigorous advances, and every year shows us how our earnest and energetic brethren have no idea of laying on their oars, and contenting themselves with the position they have already won.

In the colonies of our empire our cause is taking fast root, and spreading its branches. In another part of our journal is to be found a sketch of what is going on in Adelaide and Bathurst. Dr. ALLAN CAMPBELL, of Adelaide, has made for himself such a leading position as to be chosen second on the poll out of four candidates for the Upper House of Legislature. We congratulate the Honourable ALLAN CAMPBELL, as his title now is, on his success, social and political, as well as medical, and trust he may long live to spread the truth, both in practice and by the influence which his new honours bring with them.

We have to record, with regret, the loss during the year of several of our *confrères* by death. First and foremost, Dr. QUIN, at the advanced age of 79. The founder of the British Homœopathic Society, and of the London Homœopathic Hospital, his influence on the progress of our cause

in this country has been unique. But as in our pages for this month we give our readers a detailed account of his career, we refrain in this place from further remarks. Dr. LOWDER, Dr. BRADY, and Mr. REYNOLDS lived to an advanced age, as did also Dr. KENNEDY, of Newcastle, while Dr. HARTMANN, of Sydney, formerly of Norwich, was taken away in the prime of life, and Dr. E. FLINT at the early age of 30. Each year we have to conclude our annual retrospect by this sad record, but we rejoice to know that our ranks are being recruited by young men of promise and ability, whose development and progress it is our pleasure to watch.

On the whole, the events of the past year, though comparatively unobtrusive, indicate the great and steady progress which it gives us so much pleasure to observe and record.

ON POPULAR INSTRUCTION IN PRACTICAL HYGIENE.

A Paper read at the International Congress of Hygiene at Paris,
Aug. 2nd, 1878.*

BY DR. ROTH.

ONLY a week ago, when I got the prospectus of the Congress, where I intended to be among the audience, I received a "summons," in a very gracious manner, from the organisers of these meetings, to read a paper on this subject; which, although familiar to me, I had not intended to bring before you in the shape of a written communication.

How is "Popular Instruction in Practical Hygiene" to be understood? This title must not be taken literally, or else it would lead to my talking hygiene to those interested, but who have never, perhaps, been able to acquire this useful knowledge in the course of a liberal education.

Instruction on this subject is wanted quite as much amongst the highest classes of society as amongst the lowest. I believe, in fact I know, that in this respect France does not differ much from England; I shall, there-

* Translated from the *Journal d'Hygiene*, No. 118. Oct. 31, 1878.

fore, ask you to leave out the word "popular" from the subject of this paper.

Hygienic knowledge and advice can be only *indirectly* imparted to the people at large, because we must first of all train the teachers who are to instruct them.

The first and most important point is to get hold of the mothers and female teachers, as the excessive mortality of children at the present day, and the numerous diseases to which they are liable, are dependent on the knowledge or ignorance of their parents.

For this reason I first proposed, and then assisted in organising, a model nursery, which, according to my views, should form a necessary part of every training school for school-mistresses, and serve as a sort of laboratory open to women in various conditions of life, such as mothers, governesses, nursery governesses, nurses, &c., where they could learn puericulture, or the science of rearing healthy children under the guidance of enlightened teachers.

Unfortunately, the first trial of a model nursery failed, because, in opposition to my views and the rules adopted by the Committee, diseased children, instead of healthy ones, were received.

In order to diminish the evil effects of ignorance and the great mortality of children, I, with the help of some philanthropic ladies whom I had converted to my views, established more than twenty years ago a Society known as the "Ladies' Sanitary Association," for propagating and popularising the laws of health. This Society is not satisfied with the theory of these laws, but tries to apply them practically, as you will see by an extract from their prospectus, which I will now read:—

"It is an acknowledged fact, that by far the greater part of the debility, disease, and premature mortality in this country, results from preventable causes; but very few preventive measures, bearing upon the personal habits of the people, have yet been adopted.

"The promoters of this Association, convinced that one of the principal causes of a low physical condition is, ignorance of the laws of health, have combined to extend and popularise sanitary knowledge.

"For this purpose:—

"1st.—They write and distribute simple interesting tracts on sanitary and domestic subjects. The greater part of these are written specially for the poor.

- "2nd.—They establish loan libraries of popular books, on subjects relating to health and social well-being.
- "3rd.—They arrange for the delivery of practical lectures on health, sanitary improvements, and domestic economy.
- "4th.—They form branch associations in various localities for carrying on practical sanitary work.
- "a. By distribution of the tracts among the poor of the district, and in schools, hospitals, and mothers' meetings.
- "b. By collecting money for sanitary improvements, such as opening windows, curing smoky chimneys, removing nuisances; giving soap, and lime for whitewashing; lending books, patterns of clothes, scrubbing brushes, saucepans, and cooking receipts.
- "c. By requesting the medical officers of health and other professional and well educated gentlemen, to deliver popular free lectures.
- "d. By instituting mothers' meetings and classes of adult girls, and giving them sanitary and domestic instruction.
- "e. By forming or aiding penny clothing clubs, coal clubs, baths and wash-houses, temperance associations, cooking depôts, and working men's clubs.
- "f. By establishing nurseries for motherless babes, which may serve as schools for mothers of all classes, school-mistresses, and nurses."

This is the work of a private association in England.

I was often ridiculed when I spoke of the necessity of the hygienic instruction of women, and of the establishment of model nurseries, which should serve as a school to all those who have the care of the young.

It was not without pleasure that I read a few years later the following passage in a pamphlet of Professor Arnstein, *On Agriculture in France*: "During the last few years there have been established in various parts of France, at Bordeaux, Nantes, Rheims, Tarbes, Pau, St. Mixant, &c., institutions, or rather schools for the better rearing and training of young horses, so as to bring out and further develop all their good qualities. A foal which under ordinary circumstances would have been a deformed working horse, can be thus reared into one of luxury and of great value. The directors of these schools give certificates to those coachmen, grooms, rearers, trainers, jockeys, &c., who pass through the course of these schools, in support of which the Government in 1863 paid 349,000 fr. (about £1,400)."

All I ask is—do for young children what you are doing for the horses, viz., train the educators and rearers of young children.

Besides instructing mothers, female teachers, nursery governesses, nurses, and adult girls in the model nurseries, besides teaching the general public by the help of sanitary associations, the detail of all that concerns the health of infants and adults, it is absolutely necessary to make known not only the science of health, but also of sanitary habits to all classes of the population, but specially to those who have a powerful and direct influence on others, through their profession or trade.

It is, therefore, a subject of congratulation that during the last few years the future officers of the French army have been obliged, in the military schools, to attend a course of hygiene, which cannot fail to be very useful to the soldiers under their command.

It is equally important that engineers, architects, and builders should be instructed in that knowledge which will enable them, while working with *earth, water* and *air*, to furnish us with such accommodation in our dwellings as is most conducive to the preservation of health.

For a similar purpose I have given a gratuitous course of instruction to the teachers of "The Woman's Education Union," an important society, trying to improve the English middle class education of girls; and to teachers of several large female training schools, on "practical hygiene," with the necessary additional information in the elements of anatomy, physiology, and the theory and practice of scientific physical education.

My aim was to show the advantages of a similar instruction in all primary, secondary, and higher schools.

Gentlemen, permit me to thank you for the attention you have paid to these few remarks, on a subject *the importance of which has not yet been recognised by the substitute of the Minister of Education in England* (an office which does not yet exist in England), where hygiene and scientific physical education are not yet put down among the obligatory school studies.

Hitherto they prefer to pay rates for the poor and infirm, to spend large sums upon hospitals, on the relief and cure of patients, instead of spending a much smaller sum comparatively for the prevention of disease, for the improve-

ment of the physique of the population, and the increase of the productive power of the country.

Last year the military standard of height has been lowered in England.

The London School Board, the most important municipal council of education in the world, having the care of the education of half a million of children, has lately proposed a scheme of obligatory studies for their future teachers, in which *hygiene and scientific physical education have not found any place.*

Such is the present sad state of instruction in practical hygiene.

TWO CASES ILLUSTRATING THE VALUE OF HYDROCYANIC ACID IN TETANUS AND EPILEPSY.

BY A. R. CROUCHER, M.D., J.P.

THE first case I here record is very instructive. My patient, a youth aged seventeen, in the early part of May last, had a fall, and struck himself on the back of his head and neck against a sharp corner of a desk; the next day he had a severe headache and pains about his shoulders, but these symptoms passed off in a short time. He felt no further inconvenience until the night of July 4th, when he found he was utterly unable to move his legs, having lost all motor power from the waist downwards. On July 8th he had what has been described to me as an epileptic fit, in which he lay perfectly unconscious for three hours; the fits recurred at intervals until July 11th, when he was brought to St. Leonards; he was then dragging his left leg, and his head was drawn down to the left shoulder. He then gradually improved, and seemed apparently well till July 28rd, when, without any warning, he had a fit, another on the 30th, and a very severe attack on August 8th, when I was sent for. I may mention here that on this day he had taken the first dose of a mixture prescribed by a quasi-homœopathic practitioner in London, which was mainly composed of *liq. strychnie* and *tinct. valerian ammon.* in full doses, and within an hour after taking this dose he became most violently convulsed. When I was

called to see him, I found him struggling furiously, and the efforts of four men were necessary to restrain him. After three or four days had passed I perceived that the attacks were gradually merging into tetanus, until at last the symptoms of tetanus were unmistakable; there was frequently complete opisthotonos. The attacks came on quite suddenly; he would be talking rationally and quite quietly, when suddenly he would appear drowsy, and for a few moments fall off to sleep; that was always a signal for preparation, as in less than two minutes the convulsions would commence.

I prescribed at first *gelsemium* ϕ , which appeared beneficial in the first few doses, but soon failed; then *bell. ign. aurum met.* but with no success. On August 24th I prescribed *acid hydrocyan.* 3x gttij 2nd horis; on the 25th he had a very slight attack, and was totally free from fits afterwards.

The superiority of the appropriate homœopathic remedy over the nauseating compound of medicines I have just mentioned as having been prescribed in this case, is signally shown.

I must not omit to mention that I found Chapman's spinal ice-bag of great service, as it evidently had the effect of blighting several attacks of convulsions, which might, as I judged from the symptoms, have been violent.

I have nothing to add, except that he steadily improved in health, with the exception of a little dyspepsia, which caused a few attacks of palpitation, but it soon yielded to treatment. As he was evidently anæmic, I completed the cure by prescribing *syr. ferri. phos. comp.*

The second case was that of a young woman residing at Guestling, who had suffered very severely from epilepsy for three or four weeks, and had been more or less subject to epileptic fits for some years. Before I was called in she had been under the care of an allopathic practitioner at Hastings, who had prescribed steel, and she had evidently become worse under his treatment. On the day before my visit to her she had had as many as eighteen fits in the twenty-four hours, and most of them of a very severe character. She was frequently insensible the whole night. The menses had been absent for three months previously. I prescribed *acid hydrocyan.* 3x gttij 3 tis horis, and there

has been no return of the fits since I was consulted on the only occasion that I saw her, which was June last.

It will be noted that in this case the epilepsy was not of recent origin, nevertheless the homœopathicity of *acid hydrocyan.* to the symptoms cannot be doubted, although some of our first authorities are, I believe, of opinion that this remedy is only applicable to cases of recent origin.

The uterine troubles have been relieved by *puls.* 8x *gttij* ter die, and *puls.* 30, *gttij* omni nocte.

October, 1878.

CASE OF LOSS OF SPEECH AND PARALYSIS OF THE LOWER EXTREMITIES—CURED.

By J. C. BURNETT, M.D.

ON August 15, 1877, Joseph —, æt. eleven, was brought to me to be treated for neuralgia and rhachalgia.

Previous history: Nine months ago he was observed to wince when being rubbed with the towel after his bath. At first he was scolded, as it was ascribed to naughtiness, arising from a desire to shirk his bath, but it was soon noticed that the wincing occurred only when his spine was touched, and that the nape was the tenderest part. He was placed under the care of the late Dr. Macdougall, of Liverpool, who blistered the nape, and told the mother that there was something wrong with the brain and spine. Very severe ear-ache next supervened, and the patient was taken to the Liverpool Eye and Ear Hospital, where wax was discovered in his ear, and dislodged by means of the syringe and warm water; oil was ordered to be dropped into the ear. Soon after this a pain in his head of a really terrible nature supervened; starting from the ears, going up the temples, over the eyes, and across the forehead; the pain was also very severe behind the ears. For this iodine was prescribed to be painted behind the ears. The pains were of a neuralgic nature, coming on in paroxysms every few minutes by day, but not by night. This state of things continued for about two months, and then to the pain on pressure all up the spine, to the otalgia and cephalalgia, was added loss of power of speech at intervals. This latter was such that there was physical but not psychical paresis; he could read mentally, and write and communicate with

his friends freely in writing. These attacks of dumbness lasted two or three days (and nights), and he had five or six of them in about as many weeks. Then he became *nearly* well for three or four months, excepting the spinal tenderness, having only slight attacks, and being able to go to school.

Three days ago, August 12th, 1877, these attacks of pain began again after his rolling on the grass. He is very fond of "turning cart-wheels," and "standing on his head," and as for climbing walls, trees, and water-pipes, he has no equal in these parts. Hence he has had a great number of falls in his life, some of them completely stunning him, and his mother stands in constant dread of his being brought home dead from some such fall; she says, "if we do not know where he is, and we want to find him, we look for him at the top of the tallest tree." This acrobatic skill causes his mother to fear that if he escape an untimely end from accident, he will "go on the stage."

Status praesens.—While making these notes in my case-book, patient has had two attacks of the neuralgia here in my consulting-room; it is very distressing to behold, and moreover very characteristic; he burrowed with his head in the soft arm-chair, and screamed and sobbed notwithstanding that he was unable to speak. He is said to be rather obtuse and bad at his lessons, and generally backward intellectually, but his looks do not bear this out. His nose is very flat at the bridge, as if it had been knocked in by a fall: small pieces of bone have at times passed from his nostrils, and he has ozæna, but his parents take no account of it. There does not appear to be any history of hereditary taint, neither does he strike one as scrofulous. Pressure on the spine and *hairy scalp* pains him, and causes him to cry out. Eyes brown, pupils equal, lazy; pulse 60; bowels costive; urine normal.

Progress and treatment.—The pathological conception *trauma* stands out boldly in this most interesting case, and hence I take advantage of our grand master's genial generalisation with regard to the *panacea lapsorum (arnica)*, and give one drop of it in the first dilution every three hours.

22nd. He was ill the whole of the day of his first visit to me, but the following day the pain left his head entirely at 11 a.m.; he was unable to speak the whole day,

but began to utter words at 7.30 p.m., and ever since (six days) he is quite well, both of the neuralgia and of the loss of speech.

Had the *arnica* anything to do with this cessation ?

Probably, for these reasons. The *mode* of the cessation of this attack differed from that of all former attacks. On *all* former occasions, the pain lasted as long as the loss of speech, but on this occasion the neuralgia ceased at 11 a.m. (he having taken three powders, on each of which was one drop of the medicine), but the speechlessness continued till evening. Besides, the attacks generally lasted longer.
R̄ *sac lac*.

Sept. 5, 1877. Excepting the spinal tenderness, and a little aching in the left ear, he continues well. R̄ *arnica* 1. One drop of the tincture daily.

17th. The ear-ache disappeared, and he continued well until to day, and now he has suddenly become paralysed in the lower extremities, with great pain in the cervical and lumbar portions of the spine.

Parents, of course, in dire distress. Sensation in his lower extremities is complete, he feels the slightest touch in them, and he has complete power over his sphincters. Otherwise nothing abnormal beyond his usual obtuseness and the ozæna.

We read in the pathogenesis of *gelseminum sempervirens* (Allen) symptom 459. "Loss of voluntary motion of the lower extremities," and symptom 492, "complete relaxation of the whole muscular system with *entire motor paralysis*." Therefore *gelsem. semp.* 1, two drops of the tincture in water was administered every hour.

18th. No amelioration, but less pain; slept well, appetite good; he has the same good spirits as ever, and now that he is paralysed in his lower extremities he still evinces acrobatic proclivities by making the maid-servant carry him on her back while he seizes hold of, and tries to hang on to rails and pegs; moreover, he has already discovered a peculiar mode of locomotion that amply suffices for his ordinary wants, and consists in working himself along the ground with arms and trunk. His mother cannot keep him in bed, is greatly distressed, and presses me for a prognosis.

19th. No amelioration; continue medicine.

21st. Same.

22nd. No amelioration ; the parents are getting very uneasy, and consider it a hopeless case. I accordingly suggest another opinion.

23rd. No amelioration. Continue the *gelsemium*.

24th. Has had a good deal of pain in the spine, and the parents want something else done at once ; in vain I plead that Dr. Drysdale has promised to come in the afternoon—something must be done instantly, so I prescribe *nux vomica*, 2, every hour.

24th, p.m. Dr. Drysdale kindly came over and fully entered into the case ; he agreed with me in giving a rather unfavourable prognosis. The parents expected no better, but the lad was thereby a little disconcerted, and consented to remain quietly in bed.

Dr. Drysdale and I then discussed various remedies, notably *secale cornutum* and *lathyrus sativus*, which he suggested, but before proceeding to one of these we agreed to give *arnica* a somewhat fuller trial than it had had.

R. *Arnica montana* A. two drops in water every 3 hours ; nothing else except rest in bed, and making the patient promise to remain six weeks in bed as a start.

26th. No amelioration. Continue the *arnica*.

Oct. 1. No amelioration. All through the case I could not divest myself of the traumatic idea, and it was particularly strong upon me at this time ; so before giving the *secale* or the *lathyrus*, I thought I would give *hypericum perfoliatum*, as being to injured nerve what *arnica* is to muscle. I cannot say that I expected much from its use, and I fully anticipated that I should not only have to give *secale* and *lathyrus*, but also many more paralyzers, and fail at last.

R. Tc. *hypericum perfoliatum* 2, four drops in water 4 times a day ; otherwise nothing but to continue in bed.

4th. Better, can move his legs a very little ; they tingle a good deal. Continue the *hypericum*.

8th. Still better ; begs to be allowed to get up, but I refuse. To continue the *hypericum*.

12th. I find him up and dressed, but sitting on the floor ; on enquiring if he has complete use of his legs, he jumps up and walks round the room. Sadly wants permission to go out, but I only allow him to go in an easy perambulator. Continue the *hypericum*.

17th. Perfectly well. My ordering him about in a perambulator had a tragic end, for Joseph got his brother

to wheel him up to Traumere (one mile), and they both returned with I know not what story, but with the perambulator in fragments under their arms. He could not help disobeying the doctor, as, the perambulator being broken, he was obliged to walk home. I allow him to walk, but not to run or climb. To continue the *hypericum*.

24th. Continues quite well, and has become intolerant of all restraint and medicine-taking. The spine, however, is still tender, and his ozæna continues as before.

May 29, 1870. Since I saw him on Oct. 24 last year, patient has remained quite free from either paralysis, ear-ache, head-ache, or loss of speech, but his spine has continued a little tender at times. Three days ago, however, a pain came in the middle of his back like a lot of needles running into it; the feet and legs also pricked for about five minutes. Of these pains and pricklings he has had a great many this morning (six) in distinct attacks.

The spine is excessively tender on pressure from the vertebra prominens down to the coccyx.

Repeat the prescription of Oct. 24, 1878.

He was well in a few days as to his spine; his ozæna now became object of treatment; this has been undertaken by my colleague, Dr. Reginald Jones.

Sept. 18, 1878. I made a call to enquire after patient, and find that his health is indeed excellent; his spine will now bear any amount of pressure. His obtuseness is very much less, and his mother epitomises his condition thus: "Except the smell from his nose, there is no boy better, and his nose is better than it was, especially since the injections."

What treatment he has had for his ozæna I do not know; and, indeed, that is a new chapter of some length.

I forgot to mention that the attacks of pain and prickling in May were due, in the opinion of patient's mother, to a fall, but patient would not confess to it.

Conclusion. I refrain from any pathological speculations, and leave the bare facts of the case, remarking only that I believe the *arnica* cured the neuralgia, and the *hypericum* the paralysis.

2, Finsbury Circus, E.C.

DIET IN SICKNESS.

BY JOHN H. CLARKE, M.D., Ipswich.

It was a great point amongst the earlier homœopaths to lay down the strictest rules for the dietary of their patients, and, for want of a better reason, the success of their treatment was often ascribed by non-believers to this careful dietary alone. Although it is not at all an uncommon thing for their successors, in these degenerate days of alternations, to hear the same charge, speaking for myself, I fear the implied compliment is not altogether deserved. It is in part with a view of clearing a reproving conscience that the present study is undertaken.

The aim of this paper is to set forth the best forms of diet for such persons as are sufficiently ill to have put themselves in the hands of their medical attendant, to show how, in the altered condition of the digestive organs, the strength may be best maintained till the disease is spent, and the digestive system has regained its normal condition. It is not intended to discuss the special *dietetic treatment* of diseases—such as diabetes for example—nor to consider to what extent a sick “bon vivant” may indulge his appetite with impunity.

It will be necessary at the outset to glance rapidly at the process of digestion in health. By digestion we understand that “process by which food is reduced to a form in which it can be absorbed by the intestines and taken up by the blood vessels.”*

Food is a combination of three elements :—

- 1st. Water (with salts in solution).
- 2nd. Albuminous matter.
- 3rd. Fatty matter (with starch).

No one of these elements, and no two of them will support life without a due proportion of the third. Water will stave off absolute starvation for two days. That is to say, a man who would die in eight days deprived of all food and drink, would live ten days if allowed to have water. Dogs, according to Magendie, will live from 34 to 36 days when fed on oil, gum, or butter alone; on white bread and water they will live 50 days; on cheese and white of egg they live a little longer.†

* Dalton's *Human Physiology*, 5th edition, ch. vi.

† Bennett's *Physiology*, p. 189.

The one substance which contains these three elements in a proportion that will sustain life unaided is *milk*. Eggs have not the requisite amount of earthy matter to constitute a perfect food, unless the shell is included. In the process of hatching this is seen by the fact that the shell is in a great measure absorbed, and from it the bones of the chick receive their earthy matter. The egg shell at the end of incubation is much thinner than at the beginning.

The blood is the nourishing fluid from which all our tissues grow, and have their waste repaired, and all our food must be converted into blood before it is available for use. Water is taken into the blood directly by the capillaries, and also certain salts and medicinal agents it may contain dissolved in it, but the other constituents of food must pass through certain changes before the blood will appropriate them. Blood contains albumen, but it is of no use to put albumen into the blood by injecting it into a vein. It may be that the chemist knows no difference between the albumen you inject and the albumen that is there, the blood finds it out and rejects it as an intruder, and it will be found deposited in the urine. Nature has her own ways of doing things, and abhors short cuts, as she has been said to abhor a vacuum.

Let us trace a morsel of food in its course through the alimentary canal. It first comes under the action of the teeth, being broken down by them, and at the same time washed with saliva. Saliva is a mixture of the secretions of several glands. It is alkaline, and consists of over 99 per cent. of water, with a peculiar principle called *ptyalin*, which has the property of changing the starch into sugar. This is what takes place in the morsel of food. The starch is changed into sugar, rendered soluble, and "rinsed out," and is then in a condition to be taken up by the blood vessels. Much of it is absorbed in the mouth and gullet. The albuminous and fatty elements are broken up and moistened in the mouth, but in no way changed by the saliva. When the morsel reaches the stomach it encounters a new secretion, which is acid, and contains another peculiar principle, *pepsin*, which acts on the albuminous part. The muscular coat of the stomach so acts as to bring all parts of the food in contact with its walls, and so under the influence of the gastric juice, which is not secreted till the food is present. This secretion acts on the albuminous part of the food as the saliva did on the starchy,

rendering it soluble, and in a condition for being absorbed. It is then called "albuminose." Part is probably absorbed in the stomach itself; the rest, and the fatty part—which is liquified in the stomach, but not changed—and the starch that has escaped the action of the saliva, is converted into a grumous mass in the stomach, and passed by that viscus, when the process is complete, through its lower gate, the *pylorus*, which is then opened to transmit it into the duodenum. There it meets with the bile and the pancreatic juice passed out together by a common duct. The bile has the property of arresting the digestion of albumen, by precipitating, it is said, the pepsin, and of rendering the whole antiseptic, and less liable to decompose in the intestines. The pancreatic juice contains a third principle, *pancreatin*, which has the property of emulsionising fat, and then it can be taken up by the blood-vessels and lacteals. The intestines then pour out their secretion, which as their regular contractions force the food along, washes out all that remains behind undigested by former secretions, whilst the blood-vessels and lacteals are busy taking up what is dissolved. It converts starch into sugar, and renders albumen soluble, even in the presence of bile. The daily amount of the secretions is nearly three gallons.

Saliva ...	3 $\frac{3}{4}$	pints.
Gastric juice	12	"
Bile ...	3 $\frac{3}{4}$	"
Pancreatic juice	1 $\frac{1}{2}$	"
Intestinal juice	$\frac{1}{2}$	pint.

Such, then, is briefly the process of digestion. Of the specific action of the three principles, ptyalin, pepsin, and pancreatin, we know absolutely nothing; and why ptyalin will not make albumen soluble, and pepsin not convert starch into sugar, is one of the many secrets nature keeps closely locked from our ken. It is not my intention to attempt to trace the products of digestion into the blood itself. In any case it would be greatly a confession of ignorance, and, at best, a setting forth of what is highly probable. Enough, however, is known to enable us to regulate diet in health and disease on rational principles, though not with mathematical precision. We cannot lay down rigid rules, and we must always welcome the results of experience, even where they seem to run counter to notions we have gained from a study of physiology, knowing that these are exposed to fallacy on so many sides.

We must now consider the state of the digestive organs in disease, and the subject under this head can conveniently be divided into the sections *acute* and *chronic*. I purpose to consider *acute* diseases in the first instance, and begin with *Fevers*.

The old maxim "feed a cold and starve a fever," the latter part of which has slain its myriads, and has only in late years relaxed its grip on the medical mind, is *not* one of the aphorisms of Hippocrates. What the ideas of the "Father of Medicine" were on the subject of diets may be gathered from the following.

"In chronic diseases a slender and rigid diet is always dangerous, and also in acute diseases where it is not kindly received; and again, diet carried to the extreme of slenderness is as pernicious as when carried to the extreme of repletion."*

"The physician must conjecture whether the patient with the appointed diet will be able to withstand the violence of the disease; and whether or not with such diet he will give way, or whether the disease will give way first and blunt itself."†

"Liquid diets are the best for all fevers, especially in children and those who have been used to such diets."‡

From the above it will be seen that the medicine of science, and the medicine of experience and common sense, are just shaking hands in the matter of diets over a bridge of twenty-four centuries! The physician has still to conjecture "whether the patient with the appointed diet will be able to withstand the violence of the disease." We do not, as our fathers did, confound the patient with the disease, we look upon our fever patient somewhat in the light of a city under a siege, and we no longer try to starve the besiegers by limiting the supplies of the besieged. It is our endeavour to throw in what provisions we know the city can take by all available roads.

How then are we to feed a patient suffering with fever? Seeing that the active agent in all fevers is still a mystery to us, and its essential action no less, we must be content with the nearest idea we can form of the state of matters in the alimentary system from a comprehensive study of the general morbid appearances and symptoms. We know that there is a great increase in the consumption of tissue

* Hippoc. *Aphorisms*. Bk. i., aph., iv.

† *Ibid.*, ix.

‡ *Ibid.*, xiv.

going on, and a corresponding increase in the amount of water, carbonic acid and urea given off. The functions of the body are disordered in many ways. Some show increased activity, as the circulatory system—others depression, as the majority of the secretions. At the outset of all fevers the general condition is much the same. The tongue is furred, the mouth dry, there is loathing of food if not actual vomiting.

“ It is going too far to say that every fever is accompanied by catarrh of the stomach ; neither the coated tongue nor the loss of appetite of the fever patients justifies this view. But as in every fever, in consequence of the increased temperature, the amount of water lost through the skin and lungs is excessively increased, it may be concluded *a priori* that less gastric juice will be secreted ; this supposition is confirmed not only by the analogous condition of other secretions, but by actual observations (Beaumont). (It is possible that in fever the composition of the gastric juice is also changed ; but this hypothesis is not necessary to explain the results of slight errors of diet on the part of fever patients). If the patients do not bear this in mind, and adapt their diet to the diminished secretion of the stomach, very distressing gastric catarrh will result.”*

The state of the mouth will forbid solid food from the first. The patient is little inclined to masticate it ; he has no relish to stimulate the salivary glands to action, and if swallowed, the food would only cause trouble. To liquids then we must look to sustain our patients, and first of all a word or two on *water*. As water constitutes from 76 to 80 per cent. of the blood, and 99 per cent. of the three gallons of the digestive fluids, and as it is the only one of the three elements of food that is taken up immediately by the blood vessels, its importance in the dietary of fevers can hardly be over-estimated. The old practice of withholding water from fever patients was not only cruel, it was highly injurious.

“ If a plain and wholesome liquid be taken the error is not likely to be committed of taking too much. After compensating for the loss by the skin and with the breath, the surplus passes off through the urinary channel, and it is desirable that the surplus should amply suffice to carry off the effete products forming the solid matter of the urine, in a thoroughly dissolved state. . . . It is a mistaken notion to think that when we are drinking with a meal we are diluting the gastric juice. The act

* Niemeyer's *Medicine*, vol. i., p. 478.

of secretion is excited by the arrival of the meal in the stomach, and the gastric juice is not there at the time of ingestion. It happens, indeed, that the absorption of fluid takes place with great activity, and the liquid which is drunk during a meal becoming absorbed, may be looked upon as advantageous by afterwards contributing to yield the gastric juice which is required."*

The above remarks, though written concerning the diet of health, are not the less applicable to the diet of disease, and apply with double force to fevers. Of all the elements of food a sufficient supply of water is the most essential, as it is that most craved by the patient, and most needed to aid in the assimilation of the others.

"Water is the one nutritive substance which the patient needs most, and of which he should partake as freely as a well person. In addition to the amount of water which, when well, we imbibe in the form of various drinks, a considerable quantity is introduced in our solid food. Even patients who seem tolerably conscious, usually fail to partake of the necessary amount of fluid, unless reminded thereof. One should, therefore, when they are not actually asleep, put the glass or the spoon to their lips every quarter or half an hour. They will often drink gladly, when they would never have asked for it, nor reached for the glass voluntarily. If they decline the proffered drink it should never be urged, and they should never be allowed to take much at a time. The kind of beverage used may be left a great deal to the choice of the individual, and it is well enough to change it frequently. Simple cold water, with or without ice, seltzer, or other similar mineral waters, wine and water, lemonade, tartaric acid, or mineral acids in water, with or without sugar, thin milk of almonds, a thin decoction of parched rice (especially where there is a good deal of diarrhœa), thin barley water, milk and water, and a number of others may be mentioned among the articles to be used."†

Such are the views held by the highest continental authority on this head. They refer specially to typhoid fever, but there is nothing peculiar in the other fevers to suggest different treatment in this respect. Indeed, they would seem to have additional force when applied to other fevers, if looked at from the old point of view of "feeding the disease." As in typhoid, liquids might, *a priori*, be thought likely to increase the diarrhœa. But that is an erroneous idea to take. We now know that if we cannot stay the diarrhœa by other means, we shall not do it by

* Pavy's *Food*, p. 312.

† Liebermeister, *Typhoid Fever*, in *Ziemssen's Cyclopaedia*, vol. i, p. 233.

stopping the supply of fluids, and it is our next aim to supply the blood with the material it has lost. So that really typhoid fever patients require more liquid than those who have no diarrhœa.

“ Coming to the substances usually termed nutritive, we find the use of the protein (albuminous) compounds in any large quantity to be interdicted. Apart from the fact that according to all that is known of their action, a diet consisting exclusively or largely of these substances, would lead to increased metamorphosis of tissue, it is further true that these articles in the form in which they are usually prepared, prove incapable of digestion by a sick man. Fats, in any considerable quantity, are also not digested, that is, not absorbed. It is evident, therefore, that the introduction of any large amount of such food would produce or increase gastric and intestinal catarrh. We must fall back then upon those nutritive substances, into whose composition the carbo-hydrates enter largely, and thus we arrive at about the same fever diet that has been advocated by experienced physicians of all times since the age of Hippocrates. The fact is, that mucilaginous barley-water, thin oatmeal gruel, and the like, combined with not very strong meat broth, constitute about the most desirable diet. According to Stromeyer, oaten grits is about the best thing to give to typhoid fever patients; this should be cooked for three hours and given without sugar. In addition to these things the patient may, if he likes, have milk, but only when boiled and reduced with water, seltzer water, tea, coffee, and the like; and the further advanced the disease, the oftener may the yolk of an egg be beaten up with the meat broth or barley water. It is often necessary to bring a good deal of persuasion to bear before the patient can be induced to take the requisite amount of nourishment. In those who are quite low it is well to use concentrated beef tea, prepared by long boiling of the meat in a close stoppered bottle, or Liebig's beef tea, prepared by macerating the meat with hydrochloric acid, both of these being improved by mixing with claret wine. Such cases might also be benefited by Liebig's meat and pancreas injections.”*

The above then is the proper way to feed typhoid fever patients, according to the same authority. Typhoid may be taken as a type of all fevers in the matter of food, as it is the most tedious and exhausting of all, and anyone who can feed a typhoid fever-patient well, can feed any fever patient. With English physicians the diet preferred consists very largely of milk, given in quantities of two or three

* *Ibid*, 234.

ounces every hour or two hours. If the patient takes it well, and it is retained on the stomach, it is given undiluted. If it coagulates, and is rejected, it is diluted with lime-water or soda-water. In all cases it is previously boiled; the object of boiling the milk is, considering the possibility that the milk may have contained the original contagium, to destroy the possibility of introducing more disease germs into the system. A second reason is that boiled milk is much less liable to become sour from decomposition than unboiled, and the third reason is that it is more easily digestible, the casein being to some extent coagulated and clotting, that is, coagulation of the casein and entanglement of the fatty part in the meshes, being thus rendered much less likely in the stomach. Beef-tea is the next important article of diet for the fever patients in this country.

“If the patient takes a good supply of milk and beef tea, not only is the imminent danger of death by starvation avoided, but the emaciation which follows during convalescence is much less extreme, and the danger in its wake much less formidable.”*

My own experience has been wholly confined to the milk and beef tea dietary, so I have no means of comparing this with the German method, but I have found it very satisfactory on the whole. Patients as a rule take milk well and assimilate it. It formed the chief part of my own diet through an attack of typhus. After the first two or three days of the fever I tired of the milk alone, and asked for soda-water with it. It was given me in about equal portions of each. I then took it gladly, and whilst all other food—beef tea and jellies—required an effort to take and bored me, I was always ready for the milk and soda-water. Buttermilk has high nutritious value and is easily digestible, the greater part of the fat having been removed, and the casein so finely divided as to make it easily reached and acted on by the gastric juice. Whey is refreshing and of small nutritious value. It is chiefly useful as a drink.

“Eggs are highly nutritious food; if taken raw and diluted with milk or water they are quickly absorbed. But should they be delayed and putrify, the products of their decomposition are peculiarly injurious; the sulphuretted hydrogen and ammonia evolved are poisonous to the intestines. I should recommend you to avoid eggs till convalescence has restored the gastric

* Chambers' *Manual of Diet*, p. 254.

powers. The same objection does not lie against milk, the lactic acid arising from whose decomposition assists in the solution of the casein."*

We may sum up the dietary of fevers as follows. As soon as a patient is found with the symptoms of fever all solid food must be stopped at once. A plentiful supply of water must be given in some form ; and milk that has been boiled, diluted as the patient likes, must be given at regular intervals, varied at times with beef tea. Should milk not be well tolerated water-gruel may supply its place. These are found in practice the best means of sustaining the patient's strength, and should be continued with the variations named above till all the symptoms of fever have subsided, and the digestive system has regained its normal state. In typhoid no solid food should be given till convalescence is thoroughly established, and pulse and temperature have been normal for some days. Relapse is frequently induced by allowing it too soon. We must not trust a clean tongue and ravenous appetite unless the morning and evening temperature have been normal for some days, and the pulse quiet and natural.

On the question of alcohol and its value in meeting threatened paralysis of the heart I do not propose to enter, as I deem that more a question of medicine than of diet.

Ipswich, Dec., 1878.

(To be continued.)

CASE OF HEART DISEASE, &c.

By A. STOKES, M.D., Sidmouth.

Mrs. K., a lady already some 60 years of age, sent for me on the 18th July to treat her for an eruption. On examination I found some patches of eczema scattered about on the limbs, and was informed that there were some of the same about the neck, back, and chest. I prescribed for the treatment of the eruption *juglans cin. A.* and *rhus. ven. A.* On the 26th she complained of diarrhœa and debility, for which she received *bry.* and *bap.* in alternation for a week. She had in fact a slight attack of gastro-enteric fever, but got over it in about 10 days. I found, however, that the lady had other troubles, which she described to me as follows,

* *Ibid.*

which had been her attached companions for years, and which had been prescribed for occasionally by a well-known provincial homœopathic physician.

The head was stupid, the faculties dull, the occiput heavy, the spine weak and aching, the limbs weak, so that she usually reclined on a sofa, and more or less she had uneasiness and weak pain in the sacrum, and in the sciatic nerves. The eyes were dull: appetite rather poor; tongue dry; pulse slow, occasionally intermitting a beat, 56 per minute. She felt often, sometimes for many hours in succession, a peculiar sensation round both wrists and ankles, but most in the wrists, as if a ligature had been applied on each limb; this gave her always a feeling of alarm, more or less. She is of rheumatic constitution, and has enlarged finger joints. The beat of the heart is feeble, dull, and seems to the ear to be a long way off. Valvular action is imperfect, as the ashy complexion and livid lips and finger nails clearly indicate. On 30th July I gave *digitaline* (alkaloid) 1st trit., to be continued for a fortnight. I did not see her again until the 21st, when another attack of gastro-enteric catarrh came on, for which she was treated with *acon.* and *ipéc.*, afterwards *ipéc.* and *merc.* In about eight days she had recovered, and informed me that the peculiar and distressing feeling of ligature on the wrists and ankles was very much diminished. She complained, however, of some sciatic pain in both legs, for which she got a course of *macrotin* and *caulophyllin*. The sciatica returned and became very troublesome in November.

I saw her on the 22nd November, and prescribed for her *coloc.* and *rhus* with much relief. On examining the pulse I found a remarkable change had taken place both in the frequency and character of the pulsations. Instead of the slow, halting stroke, it had become smart, quick, and even, eighty-two per minute. The complexion had lost its ashen hue, and the lips and nails had regained a natural tint. I made sure that this was not owing to any accidental excitement, or the presence of a recent meal in the stomach, by visiting one forenoon before lunch, and finding the pulse and complexion such as I had observed before. The agent in the production of such a very marked change was in my belief the *digitaline*. Still it could scarcely have been alone in this matter. The remedies used in the treatment of the skin disease must, I think, have had some effect.

For there was manifestly a metaschematismus: the skin got better, the nervous depression less: the spine ached less; and the gastro-intestinal mucous membrane became affected. Concurrently with this transfer of action from the nervous to the mucous structures came the relief of the troubles in the former, and the marked change in the pulse, and improvement in the rhythm of the heart's beats. The lady said that her feeling in living was quite changed; she now, instead of reclining on the sofa, and being disinclined to move, received me by rising from her seat, and declared she felt now inclined to be stirring, and professed her gratitude for being restored to a state of being and feeling to which she had been for years a stranger.

REVIEWS.

A Manual of Therapeutics according to the Method of Hahnemann.
By RICHARD HUGHES, L.R.C.P. Edin., Lecturer on Materia Medica and Therapeutics in the London School of Homœopathy. Second edition. Mainly re-written. Part II. London: Leath & Ross. 1878.

We have much pleasure in welcoming the second part of the second edition of Dr. Hughes' *Manual of Therapeutics*, which we should have noticed sooner had it not been for press of matter. The first part of this work was published last year, and looking to the joint bulk of the two parts of this work, and comparing it with the size of the first edition, it is evident that it is very much enlarged, and as our author says, mainly re-written. In this second part, Dr. Hughes treats of diseases of the eye, of the ear, of the digestive organs, of the respiratory organs, of the circulatory system, of the urinary organs, of the male and female sexual systems, of the skin, of the locomotive organs, with a chapter on casualties, and of diseases of children. A supplementary chapter is added of a few alterations in, and additions to, the first part.

In order fairly to judge of Dr. Hughes' work, it must be kept in view, as we stated in noticing the first part, that the author does not aim at producing a complete work on Practice of Medicine. Had he intended it to be so, he could not have prevented it attaining much larger dimensions than the present work. It is, therefore, not to be compared with such complete works as that of Bähr. Dr. Hughes intends it to be what the

title implies, a manual of therapeutics. He takes for granted that his reader is a qualified medical man, or at least is sufficiently acquainted with the general pathology, symptomatology and diagnosis of disease, and he only notices these points when it is necessary for the proper description of the therapeutics of disease. Nor does he even intend it to be a complete and exhaustive treatise on therapeutics, in which a much more complete list of remedies, and a much fuller description of symptomatic indications would be necessary. Dr. Hughes intends it to be a manual; a work which the student or practitioner can turn up, and in which he can find in a few minutes the principal medicines, or those most generally required, in a given case. This is a very useful form of book. One sees at a glance what drugs are as a rule employed in every well-known form of disease; only the chief medicines are given, and thus the student is saved the perplexity, which is at first unavoidable in studying many of the existing homœopathic works, in which a long list of medicines is given, and some time required to select out of the number the right one. The student, then, is supposed, or expected, at his leisure, to look up in the *Materia Medica* the minute indications of each medicine, and so assure himself that he has selected the right drug in his haste. This aim has been admirably fulfilled by Dr. Hughes; the result is a work which cannot fail to be of service to the student and busy practitioner, and we congratulate Dr. Hughes on the success of his undertaking.

The great objection, however, which may be taken to the work, is one which is inevitable where the aim is so limited. The essential point for success in homœopathic practice is the knowledge of the symptomatic indications for each drug, not in a mere general way, but minutely, so as to differentiate each in their special features, and in the totality of their action. We certainly miss full symptomatic indications, and were these given, the work would be greatly enhanced in value; still, as we have said, the aim of the book is merely to serve as a manual, and an introduction to the fuller study of the medicines in the *Materia Medica*, and we must not quarrel with an author who has produced an excellent work with a definite aim, and who has adhered to his original plan throughout.

Taking the diseases treated of as a whole, Dr. Hughes has named, and pointed out in a general way, the indications for those remedies which in the majority of cases are the ones required. We are aware that thus to select two, three, or four remedies for each disease will not satisfy many of our practitioners. They would rightly maintain that each case must be treated on its own merits, and that it must end in routine when two, three, or four, remedies only are given. But if it is legitimate, as it is necessary,

to describe a disease by the symptoms which are in the majority of cases present more or less fully, and call the disease having this distinct group of symptoms by a definite name, it is equally legitimate to point out the few medicines which in eight cases out of ten correspond to the disease in symptoms. We, therefore, are of opinion that Dr. Hughes' mode of writing a manual of therapeutics is not only legitimate, but thoroughly useful as an aid to the student. As a fair sample of the work, we quote the section on asthma :—

“ I of course limit this name to the true idiopathic paroxysmal dyspnoea, and do not include under its heading the varieties of difficult breathing which are sometimes miscalled ‘asthmatic.’ Yet I cannot distinguish it as ‘spasmodic asthma,’ for I think it has yet to be proved that spasm is of the essence of the affection. I know few more interesting pieces of pathological reasoning than Dr. Russell’s argument that the dyspnoea of asthma is a morbid exaggeration of the normal *besoin de respirer*, and that no real asphyxia is present or imminent. I am referring to his discussion of this disease in the ninth and tenth of his clinical lectures. He goes on to study the remedies most suitable to meet it ; and if to his remarks you will add the paper of Dr. Blundell in the second volume of the *Annals*, with the discussion following, you will have got the substance of English experience in the treatment of asthma. Jahr will then supply that of the older homœopaths, and Bähr and Jousset that of the modern school in Germany and France respectively.

“ First, what can we do in the paroxysm ? Have we any medicines which give speedy relief ? or must we resort to the stramonium-smoking or inhalation of the fumes of nitre-paper in vogue in the old school ? The latter, at least, is harmless enough if it is needed. But very often our remedies act with great rapidity. If you are called to a patient during an attack, ascertain first whether the exciting cause has been atmospheric, as fog, or cold dry air. If it is so, give him *aconite*, in repeated doses. If, on the other hand, the stomach seems to have given the provocation, administer *lobelia* in the same way,—not as an emetic or depressant, but from the second to the sixth dilution. If no exciting cause can be traced, *ipecacuanha* (mother tincture or first decimal trituration) should be administered when bronchitic symptoms co-exist, *cuprum* or *hydrocyanic acid* when the attack seems purely nervous (as when chloroform and other sedatives will at once arrest the paroxysms). If you have reason to think that the curative treatment of the case will have to be conducted by *arsenic*, you will do well to try it as a remedy for the paroxysm, in which, as Bähr says, it ‘sometimes exert a magical effect.’ To leave no possible aid unnoticed, I will add that Jousset has

had good results from *sambucus* θ when the obstruction of breathing was very pronounced.

“When by such means you have got your patient through his paroxysm, you will have to consider the best means for obviating the tendency to its recurrence. The chief medicines I shall mention under this head are *nux vomica*, *arsenicum*, and *sulphur*.

“*Nux vomica* is about the best curative medicine we have for simple ‘spasmodic’ asthma, where there is no bronchial lesion, but a standing reflex excitability of the pneumogastric to impressions from without or through the stomach. One of the early cases which made Hahnemann famous was of this kind; and the *nux* was given in material doses. Dr. Kidd, also, states that he considers it our best anti-asthmatic. While giving you confidence in the medicine, his testimony may also suggest the doses in which you should use it. You may often, indeed, get all the good effects of *nux* in this malady from its alkaloid *strychnia*.

“*Arsenicum* is placed by both Bähr and Jousset at the head of our remedies for asthma. Symptomatically, it is indicated by the supervention of the attacks towards midnight, by the severity of the patient’s sufferings and his distress at the time and prostration afterwards, while the susceptibility to exciting causes is not so marked as in the cases calling for *nux vomica*. Dr. Russell esteems it most highly where bronchitic asthma tends to become, or has become, chronic; and furnishes several illustrations of its efficacy. It is also obviously indicated by the co-existence of emphysema or cardiac disease. But arsenic is not less valuable when asthma presents itself to us as a pure and typical neurosis, hereditary (without the intermediation of gout), and interchangeable with other forms of nervous disorder. The growing favour in which it is held in ordinary therapeutics under such circumstances is but a reflex of that which it has long enjoyed in the school of Hahnemann.

“In a great number of cases of asthma you will discover on enquiry gouty inheritance or proclivity, or some form of cutaneous disease alternating with the dyspnœa (‘*asthme dartreux*’ of the French). In these cases (though in the second alternative arsenic may do well) you will get most satisfactory results from sulphur. You may send your patients to a sulphureous spring, as Dr. Russell recommends; but I think they will often do nearly if not quite as well at home under the usual potencies of the drug, of which here I prefer the lowest.

“There is another medicine which must not be ignored in the treatment of asthma, and that is *iodine*. The treatment of the disease by *iodine of potassium* is growing in favour in the old

school, and Bahr calls attention to the frequent occurrence of asthma among the symptoms of slow poisoning by this substance. In the *Deutschen Klinik* of 1857, he writes, 'three cases of iodine asthma are recorded, which are of considerable interest; the asthma set in after a protracted use of the drug, whereas an acute intoxication with iodine never causes asthma.' It is possible, therefore, that homœopathy is at work in this piece of therapeutics, in which case it will behove us to avail ourselves thereof.

"Lastly, I would direct attention to *aurum* as causing a marked dyspnoea which has not yet been studied and utilised."

In looking through Dr. Hughes' work we miss certain important medicines, or find them noticed in too slight a manner, in our opinion. For example, in treating of chronic bronchitis, Dr. Hughes says nothing of arsenic, except in quoting Dr. Meyhoffer, as recommending this medicine "if emphysema is present," and once in a list of remedies advised by Dr. Jousset. Now, we think it is a mistake that arsenic is not put prominently forward as one of the chief remedies in chronic bronchitis. Undoubtedly it is markedly useful when emphysema is present, but as Dr. Hughes writes, the student would not suppose that it was a remedy of particular value in chronic bronchitis. Dr. Hughes again mentions it when treating of emphysema, but this is not sufficient.

Again, in treating of diarrhoea, not only are the medicines recommended too few in number in proportion to the importance, variety, and frequency of the complaint, but such a medicine as *arsenicum* is not even named, except as among the remedies in the chronic form. We are aware, and we noticed the fact in reviewing the author's *Pharmacodynamics*, that Dr. Hughes considers that as *arsenicum* causes inflammatory irritation of the bowel, and as ordinary acute diarrhoea is not inflammatory, this medicine is therefore not suited to other than unmistakably inflammatory cases. This is carrying theory and pathology too far, and putting into the back-ground the value of symptomatology. We do not agree with Dr. Hughes' theoretical views on this subject, since all diarrhoea is the result of such a state of irritation of the mucous membrane of the intestines, that mere "functional" diarrhoea is but a mild form of what in a severe case amounts to inflammation, while if symptoms are to be of any value at all, those of arsenic point in the strongest manner to a particular form of diarrhoea, whether mild and "functional," or severe. We hoped Dr. Hughes would have at least mentioned such a difference of opinion, even though he could not agree with it. The practical result of the arsenical treatment in properly indicated cases, however mild, refutes the theoretical objection which Dr. Hughes has against it.

Again, in the chapters on Diseases of Women, *actæa*, which, from our experience, takes a high place, is hardly mentioned.

In treating of bronchial affections, the absence of a chapter or a section on the treatment of "cough," with indications, is a great want to a beginner. Often a patient has what one may term a bronchial or laryngeal catarrh, when the symptoms and physical signs are such as to prevent us dignifying the complaint by the name of laryngitis or bronchitis, and when the choice of the remedy depends almost solely on the character or type of cough. Any one, then, looking up Dr. Hughes' work for assistance on this point, will find himself without information. If we remember aright, a section was devoted to this in the first edition, and we think it a pity that Dr. Hughes has omitted it in the present one.

But while finding some faults with the work, we again repeat that, taken as a whole, Dr. Hughes has accomplished his aim most satisfactorily, and produced a work which cannot fail to be a great help to both the beginner in homœopathy and to the busy practitioner.

We therefore cordially advise every student of our system to possess himself of the book, and every practitioner to have it in his library, to refresh his memory when too busy to look up any larger and fuller treatise.

Natrum Muriaticum as Test of the Doctrine of Drug Dynamization. By JAMES COMPTON BURNETT, M.D. (Glasgow), Fellow of the Royal Geographical Society. London: E. Gould & Son.

THIS is a most charming little work, but its small size is no criterion of its value, as we consider it one of the most important contributions to homœopathic literature which has appeared for a long time. The doctrine of the dynamization of medicine by trituration is, as we all know, one of Hahnemann's theories which he promulgated to explain the power of infinitesimal doses of substances which, in the crude state, are inert or nearly so, as curative agents. In the present day, it is the fashion to consider it one of the "errors" of the great master, and very few men are found to express their belief in it, or to do other than permit it to be laughed at. It is a theory which is very difficult of proof, on account of the many sources of fallacy which may present themselves in the investigation.

To the solution of this question Dr. Burnett addresses himself. He begins by stating in the most unbiassed and philosophical manner the elements in the enquiry which are necessary for attaining an indubitable result, and he keeps clearly before his mind, and points out to his readers, the various sources of error

possible in drawing a conclusion. As the medicine which affords the best means of testing the truth of the doctrine of drug dynamization, he chooses *natrum muriaticum*, which, as common salt, is an article of our daily food. He brings forward 25 cases of cure of maladies of long standing, by means of the 6th centesimal trituration. These cases are admirably recorded, and most of them are completely convincing not only as to the cure, but as to the *nat. mur.* being the only means of the cure. In all of these cases, salt was a part of the daily diet, and, in one case, an extra teaspoonful and a half had been taken for a year, on a friend's recommendation. We should like to have quoted one or two of these cases, but we should thereby be doing injustice to Dr. Burnett, since it is not one case, or two, that will carry conviction, but the collective array of evidence.

Dr. Burnett does very valuable service in proving conclusively, 1, that infinitesimal doses (the 6th cent. trituration) have a marked curative action; 2, that *natrum muriaticum* in this minutely divided condition is a remedy of great value, even though in the crude form it may be taken as part of the daily food; and 3, he goes a long way towards proving the truth of Hahnemann's assertion, that the trituration of drugs which are inert in the crude form as therapeutic agents, have, by means of this process, a new power developed for cure.

To throw a bright light on these three points, especially on the two latter, is a work of the highest importance in these days of medical scepticism, and we congratulate Dr. Burnett on his masterly production. The thoroughly philosophical tone, the quiet, unbiassed argument, and the quaint pithy style of the writer, gives this book a charm which we have seldom experienced before in the perusal of a medical work.

We advise every one of our readers to possess themselves of it, on account of the treat they will have in perusing it, but still more, that their minds may be opened to hear how much of "latter-day" evidence can be thrown on a most difficult question by an earnest mind ever open to receive the truth, however unlikely it may seem.

NOTABILIA.

FOUNDATION AND OPENING OF A HOMŒOPATHIC HOSPITAL FOR CHILDREN IN VIENNA.

On Nov. 4, 1878, a memorable event took place in the beautiful city on the Danube. On that day the "Lebenswarthische homœopathische Kinderspital" was formerly opened. It is

situated in the densely populated district of Mariahilf, and is said to surpass anything of the kind either in the old world or the new. It is entirely due to the magnificent generosity of one man, whose name is thus writ large in the history of humanity; the name of our noble colleague is Surgeon-General Dr. Johann Taubes, Chevalier de Lebenswarth.

Dr. Von Lebenswarth has spent 10,000 florins (£1,000) on the building, and it is entrusted to the care of the Sisters of Mercy of Gumpendorf, a suburb of Vienna. At the opening he handed the sum of 80,000 florins (£8,000) to the Lady Superior of the order, as an endowment for the hospital.

It is intended "for the gratuitous care and treatment of sick children between the ages of 1 and 12, the offspring of poor labourers or artisans, without any distinction as to religion." The treatment is to be "*strictly in accordance with the homœopathic method of cure, and the institution is also to advance homœopathy.*"

The physician must be "*an experienced homœopath, a doctor of medicine and of surgery, and be acquainted with the latest advances in medicine;*" he must also be "*bound to treat the sick children strictly and exclusively according to the homœopathic method of healing.*"

Present physician, Dr. Ed. Huber; assistant physician, Dr. Ign. Klauber.

It is also Dr. Lebenswarth's intention to found an exhibition for young Vienna medical graduates, of the annual value of 500 florins, to afford the means to such to study homœopathy at the Gumpendorf hospital.

Dr. Von Lebenswarth is in his 77th year, and still hale and hearty; in handing over the institution to the trustees, he said: "May God grant His blessing upon it," to which we say a heartfelt Amen, and may His blessing be also upon its noble founder.

BRITISH HOMŒOPATHIC SOCIETY.

The fourth ordinary meeting of this Society will take place on Thursday, the 2nd of January, 1879, at seven o'clock.

The debate on Dr. J. WILDE's paper on *The Use of Aperients by Homœopaths* will be resumed. After which a paper will be read by W. DEANE BUTCHER, Esq., of Reading, entitled *Pharmacodynamics*.

HOMŒOPATHY IN THE COLONIES.

In the leading article of this month we notice briefly the fact of the advance of homœopathy in the Colonies, and the position which homœopathic practitioners are there making for themselves. Of this we have now the pleasure of giving some details, and first of Adelaide.

There Dr. Allan Campbell has attained a most important position. Professionally, we believe, his practice is very large; but what is more interesting to the homœopathic world is the high and important standing which he and the two other homœopaths have attained as professional men in the opinion of the community, and the absence of prejudice evinced by the public of Adelaide, and, we may say, by the allopathic section of the profession. His homœopathic views have not prevented Dr. A. Campbell being elected a Member of the Board of Health, of the Council of Education, and of the University Council of Adelaide. We have before us the first report of the Children's Hospital, and a report of the laying of the foundation stone of the hospital. The Acting Governor and Chief Justice took the chair, and was supported by all the leading men in the Colony. The site of the hospital alone cost £2,500, and the actual expenses amount to £8,000. This important institution, the first of its kind in the province, owes its existence mainly, as we see it stated in the local papers, and in the speeches at the opening ceremony, to the zealous efforts and influence of Dr. Allan Campbell. Our readers will be still further gratified to learn that of the six medical officers of the hospital, three are homœopaths, one of them being Dr. Allan Campbell. Quite lately, Dr. Allan Campbell has been honoured by the conferring of the highest dignity the Colony can give. At the last election of Members of the House of Legislature (the Upper House), Dr. Allan Campbell was requested to stand as a candidate, the voters numbering 280,000, and Dr. Campbell was returned *second* at the poll, the first being the Mayor of Adelaide. He now bears the title of the Honourable Allan Campbell. Such a fact requires no comment, as showing the magnificent professional and social position earned for himself by our distinguished *confrère*. It is interesting to know that no handle for opposition was made by his old school brethren, or by anyone else, of his homœopathic views. The only allusion to this in the public prints was in the Adelaide *Punch*, in which is a clever cartoon of the four candidates as figures in an old bas-relief, in which Dr. Campbell is drawn as holding below his arm the *Materia Medica Pura!* We congratulate Dr. Campbell, and feel proud of our colleague and his honours. We trust that he may find opportunity presented by

his new dignity and office to further the great cause of truth and freedom of opinion in medicine.

Turning now to Bathurst, New South Wales, we find Dr. Fawcett carrying on an extensive practice, and promoting with the utmost zeal the cause of homœopathy. But what shows this most is the erection of a hospital, called the General Hospital, at Bathurst, costing £2,000. This has actually been built solely at Dr. Fawcett's expense, and with unusual generosity has been handed over by him to the Homœopathic Medical Society, under the care of trustees, two of whom are Members of the Legislature. We have before us a photograph of the hospital, showing it to be a most elegant and enticing-looking building.

Such an act of munificent generosity is seldom equalled, and we do Dr. Fawcett honour for his large-minded generosity, and his zeal for the homœopathic cause, in which he is an enthusiast. We wish all success to Bathurst Hospital, and also to the Adelaide Children's Hospital.

SALICYLIC ACID.

"SALICYLIC ACID both free and as a salt, lowers, in small doses, the temperature, though not to any great extent. In large doses it not only does not depress it, but it *actually augments it to a very marked extent.*"—*Practitioner*, Nov., p. 384.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted during the three months ending December 18th, 1878, gives the following statistics:—

Remaining in Hospital September 19th, 1878 ...	40
Admitted between that date and December 18th	119

159

Discharged between Sept. 19th & December 18th	121
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Remaining in Hospital, December 18th, 1878 ...	38
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The number of New Out-Patients during the above time has been	1,575
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The total number of Out-Patients' attendances for the same period has been	4,814
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The following letter has been addressed to the Members of the Homœopathic Medical Profession practising in the London District :—

December 19th, 1878.

My dear Sir,—The Board of Management have recently had under consideration the question of adopting the principle of admitting “paying patients” to the hospital, by setting apart a portion of the building for that purpose ; such patients to be treated by the medical staff of the hospital.

2. The detailed arrangements for putting this measure into practice are now forming the subject of careful enquiry ; but the Board being desirous of having the benefit of a collective expression of opinion on the part of the Homœopathic Medical Profession of the London District, I am to ask if you will favour them, at your early convenience, with your views in the matter, and if you will state in what light it strikes you as bearing upon the future well-being of the hospital.

3. The arrangement would, of course, be intended not to interfere with the accommodation now afforded to poor patients treated free ; but to be a means of filling empty beds over and beyond all present requirements for free patients, and of profit to the resources of the hospital ; while, at the same time, meeting a want largely felt at the present time.

4. It is to be understood that only those persons will be admitted as “paying patients” who may require the close medical treatment, careful nursing, and regular diet which can be so readily furnished by the hospital, but whose circumstances do not admit of those highly important requisites being obtained at their own home.

Faithfully yours,

ALAN E. CHAMBRE,

Official Manager.

QUININE ERUPTIONS.

DR. WALTER G. SMITH, of the Adelaide Hospital, Dublin, relates in the *British Medical Journal* (Sept. 7) the following interesting illustration of the rash produced by quinine :—“A man, aged 28, was admitted into hospital April 10th, 1876, complaining of sore throat and *malaise*. His bowels were confined—a condition frequent with him, for his occupation was that of colour-fixing upon porcelain.

“After a few days, he was ordered a tonic mixture containing two-grain doses of sulphate of quinine ; and shortly after taking

the second dose, a rash came out over his chest and shoulders ; it was itchy, papulo-erythematous in character, and closely resembled the eruption of scarlatina. Within a few hours, it spread over the entire body, with the exception of the forearm and lower extremities. The quinine was stopped, and, next day, the rash had almost disappeared. On the following day the quinine was resumed, and the same evening a red rash appeared on the legs, and the chest was affected as before. Next morning the eruption on the legs was patchy in appearance, dusky red, and not effaced by pressure. Except itchiness, no other annoyance was felt. The quinine was omitted and again the rash faded, but had not entirely disappeared when he left hospital on April 17th.

“Considering the frequency with which quinine is applied, results such as above detailed are uncommon. In the *Dublin Medical Journal* (Reports on Materia Medica), 1870, 1871, and 1877, nine cases of an analogous nature are reported from various sources ; and in the *Annales d'Hygiene*, May, 1876, is a paper by MM. Bergeron and Proust, *Des Eruptions Quiniques*.”

VOLCANIC FUMES IN STRUMOUS DISEASE.

To the north of Naples, and in the rear of Pozzuoli (or Puteoli of the New Testament), is the crater of an extinct volcano called the Solfatara. The crater is easily accessible by carriage or by foot passengers, and presents the appearance of a mammoth circus ring of somewhat uneven surface, and having at different points—chiefly where the floor joins the circumferential wall—a number of fissures or volcanic vent-holes called *stufe*. From these holes is emitted steam and vapour in varying quantities, charged with fumes of sulphur and arsenic.

Dr. Horatio R. Storer, of Newport, sends to the *Boston Medical and Surgical Journal* an account of the benefits which have been derived from the inhalation by strumous and consumptive persons of the fumes, and among the number he includes the case of his son.

The first attempt of which he has knowledge when these fumes were utilised for medical purposes was by Dr. Abele Franza, in 1871. A Russian affected with advanced tubercular disease was removed from Naples to Pozzuoli, and during six weeks was carried from time to time to the Solfatara, in order that he might inhale the vapours. Improvement was declared to have been immediate and permanent.

A second case of acute tuberculosis was similarly relieved without resort to other measures. Prof. de Luca has made

numerous observations on the composition of the thermal mineral waters of the Solfatara, and on the temperature and exhalation of the greater throat (*fumarola*) of the crater; and his papers on the subject are referred to by Dr. Storer. Young Storer is said to have commenced to improve almost immediately after resorting to the crater, but he also drank of the waters found in the crater, containing sulphuric acid.

The beneficial effect of the treatment is presumed to depend upon the arsenic contained in the vapour.—*Medical Press and Circular*.

KOUMISS IN DIABETES.

Dr. THOMPSON, of Luton gives (*Lancet*, Aug. 17) the following illustration of the value of koumiss in diabetes: "On the 6th January, B. D—, aged twenty-nine years, presented himself at my consulting-room with all the symptoms of diabetes. His pulse was 100; weight 8st. 7lb.; bowels constipated; passed eighteen pints of urine in twenty four hours, and sugar was present in it in considerable quantities. Had a very jaundiced appearance. Could not lie long without having to get up to pass urine. For some considerable time before the above date he was under my care for this disease, and, after other attempts to alleviate his symptoms unsuccessfully, was put upon skim milk treatment. Upon this he improved for a time, so much so, indeed, as to be able to resume work, which he had been obliged to give up. This did not continue, however, and he gave it up and was soon obliged to present himself again. He was rapidly losing flesh and strength. Having not long before this read an account of some cases in *The Lancet* that were benefited by koumiss, I determined to give it a trial, and ordered an ounce five or six times a day.

"Jan 11th.—Says he feels better. Pulse 98. Is not so jaundiced in appearance. Bowels open every day; passed in twelve hours, from 6 o'clock last evening to 6 o'clock this morning, eight pints of urine, carefully measured, of sp. gr. 1086.

"I will not trouble you with particulars of every examination, but say that from this date to the 31st of March he continued this treatment, and that the improvement was remarkable. On the 31st March the urine passed in twenty-four hours was five pints (a great diminution compared with eighteen pints on the 6th of January), its sp. gr. being 1024, and of the usual amber colour it presents in health. The pulse was slower and stronger; the tongue clean; appetite good. The jaundiced appearance had almost quite passed off, and he had increased somewhat in weight. The inordinate thirst which was at first a marked feature had

disappeared, and he had been at work for some weeks, and said he has not felt so well and strong for more than twelve months.

“During treatment he twice neglected to take his koumiss for some days, and the effect was most noticeable. During these intervals no diminution of urine took place, but within forty-eight hours after resuming it the quantity began to diminish, and the diminution was continuous and gradual. So confident am I that the improvement was due to the action of the koumiss that I shall employ it with confidence should a case of this kind come under my care again. The koumiss was not employed to the exclusion of every other article of diet. He was allowed a non-sugar-forming diet.

“I saw the man last in May, and he was then at work, feeling fairly well, and the urine had not increased in quantity. I put the case on record without comment at present.”

THE ORIGIN OF MILIARY ANEURISMS.

THE researches of Bouchard and others on the occurrence of miliary aneurisms in a large number of cases of cerebral hæmorrhage have been amply confirmed. The cases in which the condition has not been discovered have been, for the most part, cases in which the hæmorrhage was secondary to chronic renal disease. An interesting study of the pathogenesis of the condition, by Dr. Eichler, of Kiel, appears in the last number of the *Deutsches Archiv für Klinische Medicin*, and is based on an examination of three or four hundred specimens. He has studied especially the early stages of the process. The first alteration is a multiplication and fatty degeneration of the endothelium of the vessel, and a notable thickening of the homogeneous layer of the intima which limits the endothelium on the outer side. All portions of the vascular wall take part in the commencing dilatation. The external coat is quite unchanged, and is separated from the muscular coat by a lymph-space which Eichler, following Axel Key and Retzius, believes to exist in that situation. All authors, with the exception of Roth, have described the muscular coat as early disappearing and becoming atrophied, and consider that the atrophy of this coat really conditions the aneurism. Eichler, however, not only found it well preserved in young aneurisms, but even in older ones its traces could be distinctly observed. The muscular tissue is, however, slightly changed, even in the earliest stages. The individual fibres do not, it is well known, form complete rings around the vessel, but extend through only part of the circumference and interdigitate to some extent. This arrangement is disturbed in the commencing aneurism.

No fatty degeneration could be discovered in the fibres. The thickening of the intima is so considerable that it forms a prominence within the vessel, sometimes homogeneous, sometimes laminated. On the inner surface it is covered with the thickened endothelium, and often by a layer of white blood-corpuscles, frequently degenerated. Sometimes the endothelium appears to degenerate and peel off into the lumen of the vessel. The outer and middle coats of the vessel are always normal in the young aneurisms, and hence it appears that these are due to the change in the inner coat. This is confirmed by the fact that where this change is partial, and affects only one part of the wall, that part only becomes bulged into the aneurism; whereas, when the change surrounds the vessel, the dilatation has a corresponding extent, and a fusiform aneurism results, and if the change is more marked on one side of the vessel than the other, the bulging is greater on that side.

The second stage of the aneurism is characterised by an enormous overgrowth of the intima, a gradual atrophy of the muscular coat, and a process of growth between this and the outer coat. The thickened intima presents lamination, and between the lamellæ are indications of groups of degenerated cells. Finally, a yellow homogeneous plate is produced, on which the endothelial covering can no longer be seen. The thickening of the intima is often inconspicuous, in consequence of the great dilatation and stretching of the wall which coincides with it, but sometimes it may be so great as to actually narrow the lumen of the vessel at part of the diseased spot, the other part being bulged. The atrophy of the muscular coat appears to depend upon the bulging of the vessel, but it is rarely so complete that traces of the muscular fibres cannot be seen towards the extremities of the aneurism. The external presents the least change. Only where a vessel enters the aneurism is there obvious thickening of the outer layer, which Eichler believes to be due to the accumulation of lymph-cells in the lymphatic space which he and Axel Key consider to exist between the external and middle coats of the vessel. The thickened intima may undergo calcification or, more frequently, fatty degeneration.

This description is, it will be seen, in effect, that of chronic endarteritis, and it follows from these observations that the aneurisms result from the common senile change. They are true aneurisms, involving the whole of the walls of the vessel, and have to be carefully distinguished from the so-called dissecting aneurisms of the same vessels, which are consequences, not causes, of cerebral hæmorrhage.—*The Lancet*.

POISONING BY ARSENIC IN GLOVES.

IN a recent number of the *Allgemeine Medicinische Central-Zeitung* is a brief report of a case in which the symptoms of poisoning were traced to the use of gloves charged with arsenic. A gentleman, Major von B., travelling from Schleswig to Berlin, bought in Hamburg a pair of marine-blue gloves, and, on arriving in Berlin, put them on and made several visits. Soon afterwards, he felt ill; he returned to Schleswig and sought medical advice. His hands were covered with a peculiar eruption, for which his physician could not account; and he had a sensation of general weakness. Reflecting on the symptoms, he thought of the gloves, and communicated his suspicions to the medical man, who at first laughed at them, but afterwards had the gloves submitted to chemical analysis, the result of which was the detection of a considerable quantity of arsenic in them.—*British Medical Journal*.

OBITUARY.

FREDERICK FOSTER QUIN, M.D.

IN our issue of last month, having gone to press before Dr. Quin breathed his last, we could only chronicle the bare fact of his decease. We have now, however, leisure to notice in some detail the career of this really remarkable man.

FREDERICK FOSTER QUIN was born in the year 1799, and pursued his medical education at the University of Edinburgh, where, in 1820, he took his degree of M.D., on the same day as did Dr. Chapman, who died some ten years ago. He was by this time well known to the leaders of London political and social life, and marked out as a man who promised to take a prominent position in his profession, hence, as soon as he had graduated, he was chosen by Lord Liverpool to occupy the distinguished Government position of physician to the exiled Emperor Napoleon at St. Helena. But on the eve of starting from this country, the news of the Emperor's death arrived, and he was at once chosen by the Duchess of Devonshire to travel with her as her physician in Italy, and saw much scientific and literary society. Dr. Quin, whose knowledge of continental languages was perfect, had great opportunities for seeing and enjoying the intercourse of the most cultivated, as well as the most distinguished. His wonderful gifts of conversation and wit soon made themselves apparent to all with whom he came in contact, and Lady Acton told the story of how in Naples at this time the young men used to exclaim,

"Dieu, qu'il est amusant ce petit Quin." He remained with the Duchess of Devonshire till her death in 1824, when he was appointed physician to Prince Leopold of Saxe-Coburg, afterwards King of the Belgians, by whom he was regarded, not simply as a physician but as a friend. So high was the Prince's opinion, not merely of Dr. Quin's professional skill, but of his judgment and tact, that Baron Stockmar stated that had Prince Leopold accepted the throne of Greece, it was his intention to appoint Dr. Quin his Minister at the Court of St. James'. No better proof could be given of the social position Dr. Quin was fitted to occupy, and of his discretion, judgment, and political capacity, than the expression of such an intention. While attendant on Prince Leopold, his attention was drawn to homœopathy by the illness of one of the household. The case had been given up by himself and other physicians, when to the surprise of all, the patient recovered under the treatment of a homœopathic practitioner. This made such an impression on Dr. Quin, that he resolved to look into and fully study this new and much-abused system of therapeutics. If it requires a considerable amount of moral courage at the present day to investigate this subject openly and thoroughly, much more did it do so at this time.

When in London with the Prince, shortly after the occurrence of this incident, Dr. Quin mentioned the subject of homœopathy to Dr. Johnson, who was at that time the editor of the *Medico-Chirurgical Review*. Dr. Johnson urged him to continue his enquiries into the new doctrine, and requested him to write an article upon it for his *Review*. Dr. Quin did continue his enquiries, but when he returned to England with the Prince in 1827, convinced that homœopathy was true, and when he was treating patients in London homœopathically, Dr. Johnson's request for an article was not renewed! It was in the year 1827 that Dr. Quin first practised homœopathy in England. He did so, however, only when his appointment to Prince Leopold involved his living in London, viz., during what is commonly called "the season." Determined, however, to give his undivided attention to the study of the new system, he resigned his position as physician to the Prince, and spent the greater portion of two years in studying homœopathy under the tutorship of Hahnemann, and with that enthusiasm, which was another trait of his character, when once thoroughly convinced of the truth of the new system, he became a devoted and admiring follower of the great reformer in medicine. In 1831 the epidemic of cholera was raging in Moravia, whither Quin went to put into practice his new faith, and did so with signal success. He was attacked himself by the disease, and this, with the hard work he had gone through, so affected his health, that he returned to this country in 1832, and

now devoted himself to the practice of homœopathy, as the first and only representative of it in England. The open adoption of homœopathy, and public advocacy of its treatment by Quin at this early period, when the system was violently abused, and the grossest ignorance of its merits prevailed, when he had no one in the profession in this country to back him up, and when in so doing he threw away, one might say, the magnificent prospects of advancement to the top of his profession, which lay before him, show in the strongest light that force of character, that honesty, that truthfulness, that energy, that fearlessness in the cause of truth, which characterised Quin throughout his life, and which, as much as his geniality, won for him the position he ever after occupied. There can be no doubt, that had it not been for his open confession of homœopathy, with his position, his wide aristocratic connections, his cultivated manners, and social gifts, he would in a short time have found himself the leading man in the medical profession, and occupying those posts of honour to fill which is the ambition of all young physicians. But all this weighed lightly in the balance, when truth and honesty were in the opposite scale.

Well it was for homœopathy that it had such an one to be its sponsor. Had a man of no note or position adopted it, it would have won its way by degrees, and slowly perhaps. But with Quin to introduce it to England, it got a firm hold of the highest grades of society first of all, and then permeated downwards to the middle classes. Quin's character and prospects were sufficient to dispel from the mind of every one who knew him the idea that he adopted homœopathy from any other motive than that which was inspired by a conviction of its truth. From the first he resolved to maintain the highest professional tone towards his opponents, and glad as they would have been to have picked any hole, however small, in his conduct, not one fault was ever found with him even by those who were most bitter against him, while by many, whose good opinion was best worth having, he was regarded with sincere respect, and even friendship.

He was on terms of intimate friendship with such men as Mr. Liston, Sir W. Fergusson, and Sir Charles Lococke, up till the time of their death. An amusing story is told of the latter. Meeting Quin one day in the street, "I have been treating a patient of yours," said Sir Charles. "Indeed?" replied Quin. "Yes, and cured him on your own method, too." "Indeed," rejoined Quin, quite interested, "what medicine did you give?" "Nothing," was Sir Charles' chuckling reply. "Well, it is curious," adds Quin, "that I have been treating a patient of yours too, and I used your method." "Well," said Sir Charles, "and what was the result?" "Dead," answered Quin, in glee at having given his friend as good as he had got.

Men of lesser mind, on the other hand, treated Quin very differently. A story, too good not to be related, as it is fact, was told by himself of his relations with Dr. Paris, then and for many years afterwards President of the Royal College of Physicians. Quin was going to be put up for the Athenæum Club, when Paris, one day at the club, in the presence of some of Quin's personal friends, used very strong and insulting language in reference to him, threatening to bring all his medical friends up to blackball him. On being at once called upon to apologise, he repeated his words, and refused. In those days, duelling was of common occurrence. Next day, Lord C——, a personal friend of Quin's, called on Dr. Paris, who instead of finding a patient, was shown in writing the words which he had used the previous day. Lord C—— requested Paris to apologise, and on his refusing to do so, he was quietly asked to name a friend. This Dr. Paris found himself obliged to do. His friend, after an interview, insisted on Dr. Paris withdrawing all his previous words, and made him apologise.

Dr. Quin's first residence in London was at 15, King Street, St. James', from whence he removed to Stratford Place, and thence to Arlington Street. In 1837, he conceived the idea of forming the British Homœopathic Society, but it was not till 1844 that all the laws and other arrangements were completed. In that year, on Hannemann's birthday, three other homœopaths, Mr. Cameron, Dr. Partridge, and Dr. Mayne, met at Dr. Quin's house in Arlington Street (since used as the Turf Club), and founded the British Homœopathic Society; Dr. Quin being, of course, the president. During the first few years of its existence, the Society met at Quin's house, every year adding to its numbers, till the London Homœopathic Hospital was founded, after which the Society met, and still meets, within the walls of the hospital. The office of president, though filled up annually, was held by Dr. Quin till his death, notwithstanding that for years, owing to failing health, he has been unable to be present. Those who were members while Dr. Quin attended regularly at the Society's meetings, speak in glowing terms of the capabilities he constantly displayed for the presidential office, of his powers of summing up argument, of his tact and acuteness in seeing the weak points in any speech, and of the gentle, and even flattering terms in which he used to encourage the utterances of the younger members.

His next pet project was the formation of a hospital. A large association of laymen, numbering 1,800, some of them of the highest rank, was formed, for the purpose of spreading the doctrines of homœopathy, and enlisting the interest of the public. The efforts of this association, with Dr. Quin as the soul and life of it, resulted, in 1850, in the foundation of the London

Homœopathic Hospital. Dr. Quin himself collected an enormous sum of money from his influential friends for its endowment, and from his having initiated the idea of a hospital, and having done so much to carry out his project, he must always be regarded as its founder. It was first situated in Golden Square, but during the cholera epidemic, was converted into a cholera hospital, and it was there that those remarkable results were obtained, which, although refused publication in the Blue Book on the subject, with the statistics of other hospitals, were afterwards, at the instance of Parliament, incorporated in a separate Blue Book. The results of Dr. Maccloughlin's inspection of the hospital at this time, led him to state in writing that, were he himself attacked with cholera, he would be treated homœopathically.

After the cholera epidemic was over, the hospital was moved to Great Ormond Street, where it now is. Dr. Quin's views as to the hospital were very liberal and advanced. He wished it to form not only a place for the reception of patients, but looked forward to its being a field for clinical teaching. The full name of the hospital at its institution was "THE LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL." The virulent feeling, however, at that time, among the allopaths against homœopathy was such that the "school" arrangements after a time fell into abeyance, until more recently revived in the shape of the London School of Homœopathy. These two institutions—the Society and the hospital—Dr. Quin always looked upon as his children, and he has shown, in the most large-hearted manner, this paternal affection, by bequeathing in his will £200, and his medical library to the Society, and the whole of the rest of his property (a few legacies excepted), amounting, we believe, to somewhere about £17,000, to the Hospital.

We have as yet said nothing of Dr. Quin's private practice. From the first it was most extensive, while his patients were almost exclusively drawn from the very highest class of society. From Arlington Street he moved to Mount Street, where his health began to fail, and compelled him to retire to a considerable extent; so that from the time he left Mount Street he never laid himself out for practice, albeit he continued up till quite lately to see those patients who would consult no one but himself, seeing such an one so lately as a few days before his last illness. On leaving Mount Street, Lord Granville, who entertained the warmest friendship and admiration for Dr. Quin, invited him to live at his lordship's house in Bruton Street; after residing there a short time, and during a very severe illness, he removed to Belgrave Mansions; here he remained till his lease expired. While looking for other quarters, the Duke of Edinburgh,

then abroad, wrote to him, begging him to occupy apartments at Clarence House. The Duke of Sutherland made a similar offer of Stafford House for his use; he accepted the gracious offer of the Duke of Edinburgh, and resided at Clarence House till the Duke and Duchess returned to town, when, although pressed to remain, he took a suite of rooms in Queen Anne's Mansions, where he died at the advanced age of seventy-nine. During his long career of practice, Dr. Quin was not merely the fashionable physician. His perfect manners, his thorough knowledge of human nature, his wonderful powers of conversation, anecdote, wit and humour, made him the pet of society, and no dinner-party, from that of the Prince of Wales downwards, was considered complete without the presence of Dr. Quin. But those who only saw him in the midst of rollicking fun, jokes, and laughter, knew but one side of his character. He was not merely an outsider, who was invited out for the sake of his wit and conversation, but having mingled from his youth on the most intimate terms in the social circles of the highest in the land, he became their personal friend, was looked up to and referred to for his advice on the most delicate matters, and his opinion was always trusted for tact, sagacity, and truthfulness. Of those who formed the society in which he lived, he was the familiar, the confidential friend, which he never could have been, had not the serious side of his character come out as prominently to those who knew him, as did its lighter traits. In all his sallies of wit he was never known to say anything of, or to any one, which bore a sting, neither did his intimacy with the highest personages in the country, as in the case of men of smaller minds, ever lead him to give up his professional and other friends. He was always as ready to dine with an old friend as with royalty, and his ear was ever open to any requests for advice or help in difficulty, from what quarter soever it might come.

Ever since an operation which he had undergone while at Lord Granville's house, he had been subject to severe attacks of asthma, which so affected his health as to reduce a frame at first plump, or even, we believe, burly, to one of great emaciation. He was as well as usual, and able to dine out on the 12th and 14th of November, but on the 15th he was attacked by severe bronchitis. His friend of long standing, Mr. Cameron, who had daily visited him for months before, called in Dr. Hamilton in consultation. They agreed in thinking that the end was at last approaching; he became delirious, and finally insensible on the 24th, when he breathed his last. It may be mentioned that the Prince of Wales visited him during his illness, and after his death, sent the following telegram to Mr. Cameron: "The Princess and myself are deeply grieved and distressed to hear that our kind friend has passed away. Many friends will mourn

his loss, and he cannot have left a single enemy." Such a tribute of esteem speaks volumes for the character of Dr. Quin, and we believe we are right in stating that his loss as a friend is grieved over by many of the highest in society, as well as by numerous friends in less exalted spheres of life.

Dr. Quin, in the midst of his many engagements, was not idle in furthering the cause of homœopathy, by literary work as well as in other ways. In 1834 he edited the *Homœopathic Pharmacopœia*; later on he edited Hahnemann's *Fragmenta de Viribus*, published a treatise in French, on cholera, and in 1836, he, with the assistance of Dr. Hamilton, translated the whole of the *Materia Medica Pura*. This translation was printed, but, strange to say, never published. We understand that of the 500 copies thrown off, only one remains extant, and is in Dr. Quin's own library. The premises of the printer were destroyed by fire, and it is believed that the rest of the copies were burnt.

An accomplished physician, a brilliant wit, a genial and never failing friend, one whose society has been sought after, whose friendship has been prized by the most distinguished of men and women during half a century of years, has passed away in Dr. Quin. But while the memory of him will be long retained by a large number of personal friends, the history of homœopathy with which, in this country at any rate, his name is so intimately associated, the hospital which during life he so earnestly succoured, and which by his will he has so munificently endowed, and the Society of which he was the founder, in its earliest years the assiduous director, and ever its honoured president, will prove to him a monument far more enduring.

The remains of Dr. Quin were interred at Kensal Green Cemetery on the afternoon of the 28th November. The Prince of Wales was represented at the funeral by the Marquis of Hamilton, the Princess of Wales by Lord Colville of Culross, the Duke of Cambridge by Captain Mildmay, and the Duchess of Cambridge by Colonel Greville. The British Homœopathic Society was represented by its Vice-Presidents Drs. Hamilton and Hale, Dr. Yeldham, Mr. Cameron, Dr. Mackintosh (Torquay), Drs. Mackechnie, Black, Dudgeon, Mr. Ayerst, and several other members; and the London Homœopathic Hospital by Mr. Alan Chambré, the Official Manager. There were also General Sir Hastings Doyle, and Mr. Percy Doyle. Among the carriages sent were those of the Duke of Wellington, Lord Lismore, and Lady Molesworth. Wreaths were sent by the Prince and Princess of Wales, Lady Molesworth and Lady Lismore.

JOHN F. KENNEDY, L.R.C.P.

THE death of Dr. Kennedy, of Newcastle-on-Tyne, on the 24th October last, has deprived the cause of homœopathy of one of its most sincere and devoted supporters.

Dr. John Ferguson Kennedy was born in Scotland in the year 1811, and prosecuted his medical studies in Glasgow, with much distinction.

He soon took a foremost rank among his fellow-students, and was one of those men upon whom teachers rely, on account of their solid knowledge and untiring industry, for assistance in the conduct of their classes. He took the first prize of his year for an essay on *The Anatomy and Physiology of the Nerves*, at the Andersonian University of Glasgow. Afterwards he settled in practice at South Shields, and soon achieved success by his great perseverance, knowledge, and abilities.

When war was declared against the homœopaths at the British Medical Association, at Brighton, in the year 1851, Dr. Kennedy, with the honesty, impartiality, and straight-forwardness which were prominent features in his character, determined to ascertain what this small persecuted band had to say for themselves, and to compare it with the unsparing charges which were made against them. His conclusion was soon drawn. On the one side he found candour, a fair amount of good temper, and a clear statement of facts. Some of these commended themselves at once to his reason. The necessity of proving medicines upon the healthy body, before trying them on the diseased, and of giving only one medicine at a time, appealed to common sense, and seemed to require no proof. The homœopathic law and the small dose he determined to put to the test of experiment. As on the other side he found an utter ignorance of the subject, and an unwarranted intemperance of language, there was much additional reason for entering on an experimental enquiry. The result was inevitable. After a sufficient investigation, convinced of the truth of the homœopathic law, with its accessories, like the honest man he was, he boldly announced his opinions, thus sacrificing the prestige he had acquired, and the vantage ground he occupied. The instance is a typical one, and shows us what the profession at large will do, when it has outlived its prejudices, and when it costs its members nothing to follow common sense and right reason. They say it takes three generations to make a gentleman; it takes at least that number to set a profession right with an unpopular, and, what seems at first sight, an improbable truth.

Dr. Kennedy was a man of large and general reading, and of most extensive and liberal views. He did not confine his exertions in the cause of reform to his profession, but took an active

interest in the social improvement of his town. He, indeed, entered the Town Council for the purpose of introducing the subject of baths and wash-houses, and having assisted in the achievement of his purpose, he retired into private life again.

In the year 1862 he removed to Newcastle-on-Tyne, as the successor of Dr. Hayle, now at Rochdale. Dr. Kennedy was a very successful practitioner, and commanded an influential practice. He was mild, gentle, and unassuming in his manner, but could not be long in a mixed company without making his influence felt. He had always the courage of his opinions. He was very modest in his estimate of himself, but very determined when he saw that it was right that a thing should be said or done; a kind and sure friend, and much esteemed by those who had the privilege of knowing him intimately.

EDWARD FLINT, M.D.

We have also to record with regret the death of this promising member of our profession, at the early age of 80. Dr. Flint studied at St. Bartholomew's Hospital, the London Hospital, and at the University of Edinburgh, where he took the degrees of M.B. and C.M. in 1870, and of M.D. in 1875. In 1878 he obtained the M.R.C.S. Lond.

He held the appointment of House Surgeon at the London Hospital, and subsequently at the Liverpool Homœopathic Dispensary. In 1875 he commenced practice at Canterbury, but not long after, his health became delicate, and last winter he was obliged to give up practice and go to Egypt. The benefit derived from this step was only temporary; it was evident to his friends that he was not improving, but becoming gradually weaker. He died on the 25th of October. Dr. Edward Flint was one of three brothers, all in the medical profession, the two remaining ones being Dr. Frederick Flint, of Scarborough, and Dr. Horace Flint, Junior Resident Medical Officer at the London Homœopathic Hospital.

CORRESPONDENCE.

THE HOSPITAL SUBSIDY FROM THE LONDON SCHOOL OF HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The letter which appeared last month in the *Review*, under the above title, from the pen of our highly-esteemed colleague Dr. Drysdale, contains many inaccuracies on points of fact, which, if uncontradicted and uncorrected, might injure the

London School of Homœopathy, and which, therefore, it is my duty, as honorary secretary, to contradict and to correct. It is always a pleasure to set crooked things straight, and especially to prevent grievous misunderstanding among those who ought to be friends.

Before commencing to do this let me express how much gratification it gives me personally, and must give to every member of our reformed medical school, to hear that Dr. Drysdale and his friends give a warm general approval to the formation of a "school" in which homœopathy is to be taught, and that his and their opposition, firstly to our name, and secondly to our support of ten beds in the hospital, for the purpose of increased clinical teaching, has been intended as a friendly effort to increase our efficiency, and to give stability to our organisation.

Seeing then that both Dr. Drysdale and his party have the same object at heart as the officials of the school, the whole question between the two parties is one of detail, and it is to be hoped that some means may be found by which Dr. Drysdale and his friends will abate the urgency of their demands, which in the bald form presented in Dr. Drysdale's letter, appear not a little dictatorial.

Stripped of the words of friendly assurance, Dr. Drysdale's letter is a threat on the part of his friends and himself, to attempt to strangle the school unless he or they, *though an acknowledged minority*, are allowed to rule the school, and to administer its funds, in a manner opposed to the wishes of the *majority of the donors and subscribers*.

Dr. Drysdale in his letter gives colour to this greatly-to-be-regretted conduct of his, by a series of grave inaccuracies. He says, 1stly:—"When the balance-sheet of the school was published in the spring of this year, several of the medical governors, anxious for the prosperity of the school, petitioned the managing committee that the subject of the subsidy should be reconsidered."

This was not the case; the Liverpool Homœopathic Medico-Chirurgical Society sent a letter to me, as honorary secretary of the London School of Homœopathy, on June 3rd, saying, "*We unanimously object to any further application of the funds of the school towards the support of the hospital,*"

In answer to this letter I wrote by return of post, asking the secretary of the Liverpool Society to favour me with the names of those members present, who were also subscribers to the school, that we might know what weight to give to their resolution, and *from that day to this no answer has been sent to me*. It is obvious that our school cannot allow the Liverpool Society to rule it or to dictate to it. No *petition* ever reached me, such as Dr. Drysdale's above paragraph asserts to have been sent.

2nd inaccuracy:—"Accordingly a special committee was ostensibly appointed by the honorary secretary for that purpose." No special committee was formed for the above purpose, nor did I appoint one for any purpose. I, as honorary secretary, have no power to appoint committees, nor to act otherwise than as directed by the committee of management. What was done was this; while the Duke of Richmond's Medical Bill was under consideration, our committee of management called a meeting of the council of the school together, requesting them to form themselves into a special committee, with power to add to their number the names of any men likely to assist them in their deliberations, to consider whether there was anything in the new Bill which might render it desirable to introduce changes into the constitution of our school. It was for this purpose, and this alone, that the council was called together, and that they added a few names to their own to form a special committee.

Dr. Drysdale, who was present, induced Drs. Black, Dudgeon, and Hughes (the last was not on the special committee, owing to Dr. Drysdale's objection to have any lecturer on the committee) to propose a series of resolutions to be considered at the next meeting of the special committee. Although this course might have been objected to as being *ultra vires*, yet, out of consideration for Dr. Drysdale, it was allowed to pass.

3rd series of inaccuracies:—"The whole summer and autumn, however, passed without any meeting having been called. On the 5th of November one was at last called, but it was stated that its function would merely be to suggest that the subject should be considered by the managing committee, and if necessary, that a further special committee should then be appointed with power to act. As, however, all this would take time, and could not possibly be got into operation before the close of this year, it would be too late to prevent the taking of the subsidy for 1879, as that had been done in 1878 at the beginning of the new year."

The non-calling together of the special committee had several reasons, but none of them were such as Dr. Drysdale wishes his readers to infer. In the first place, the Duke of Richmond's Act fell through, and therefore there was need to call the special committee together for its consideration. Next, as to the resolutions introduced by Dr. Drysdale and his party, it was desirable to put off the summoning of the special committee till the holiday season was over, and until the winter session of the school had commenced. There would have been nothing gained by calling the meeting earlier. Nor would any action have cut short the 1879 subscription, which had been already granted at the annual meeting.

4th inaccuracy:—"Therefore, as one of the additional members composing the above special committee, I declined."

Dr. Drysdale is one of the "members of the council," and not an "additional member," as he writes of himself.

5th inaccuracy, asserts truly that "the school or hospital were to be separate concerns," and that speaks as though the fact of our subscribing to the hospital broke the compact which insisted on their being separate concerns. But what is the fact? Our committees, council, management, funds, &c., even our library, museum, lectures, &c., are wholly separate from those of the hospital in every sense.

At the meeting of the special committee called on November 5th, Dr. Drysdale did not appear. But owing to circumstances his friends were in the majority. The members present were Dr. Kidd, Dr. Black, Dr. Dudgeon, Captain Vaughan Morgan, and Dr. Bayes.

The following resolution was passed: "That the subscription now given to the hospital be continued for 1879, and the committee be then recommended to discontinue it afterwards."

Drs. Kidd, Black, and Dudgeon were in favour, and Dr. Bayes and Captain Vaughan Morgan were opposed to it. At a meeting of the committee of the school held November 11, 1878, the proceedings of the council sub-committee of the 5th inst. were submitted, and the following resolution, proposed by Mr. Williams, and seconded by Dr. Marsden, was unanimously adopted in reply:—

"The committee, having received the recommendation of the sub-committee of the council, dated 5th November, 1878, have given it their fullest consideration. They, however, cannot adopt the recommendation having regard to the principles upon which the London School of Homœopathy was founded, and knowing that the support which it has received has been mainly from its connexion with, and the advantages it derives from its connection with, the hospital."

On what pretence, then, can Dr. Drysdale, as the pronounced friend of the school, have written a letter, breathing out "threatenings and slaughter" against the school on the one hand, while professing friendship and love on the other? Are the wishes of the majority of the subscribers and donors to count for nothing against his will? Is the resolution of his own party to be set aside? Much as we all respect Dr. Drysdale, we can but follow the usual rules in this as in any other debate, and yield to the wish of the majority.

One more, final, inaccuracy must be pointed out. He (Dr. Drysdale) ends his letter with this remarkable passage, "to destroy the school by using its funds as a mere stop-gap to the declining income of the hospital, would be a suicidal policy for the true interests of homœopathy."

Dr. Drysdale here rests his argument on a whole fabric of

fallacies. "The declining income of the hospital!" the "using the school funds as a stop-gap," are both creations of Dr. Drysdale's brains, and have no foundation whatever in fact.

In 1875	the income of the hospital was	£1,942
" 1876	" " "	£1,962
" 1877	" " "	£2,668

This shows conclusively that the income of the hospital is steadily *increasing*, not "declining," and it enables me also to dispose of an attempt to disparage the school by another set of detractors, who say that the school injures the hospital, by diverting the funds from that institution into the coffers of the school. The facts are, that the hospital, in spite of weak friends and persistent enemies, is steadily progressing. If all the homœopathic practitioners in England did their duty (as some few have nobly done), our hospital would already have been a leading institution among London medical charities, and moreover would have been a worthy and efficient medical school.

The struggles of our hospital for bare existence are the result of the infinitesimal support it has received, from all but a very few, of the medical men holding our views. And now, instead of a warm and genial support to an effort to found a school, and to promote the enlargement of our hospital till it shall be a fit clinical school for the demonstration and teaching of homœopathy, what do we see?

Firstly: Four men band themselves together and lay the axe to the very root of the tree, by attempting to destroy our special and distinctive name—the name we all ought to honour and revere.

Secondly: Three of the same men, finding their efforts to hew down the name were defeated, now try another method, by attacking the roots of the hospital.

Our little subscription of 350 guineas to the hospital gives us 10 more beds for clinical instruction. The hospital funds will not permit the authorities to keep more than 30 beds open; by the additional means afforded by our subscription, they are able to keep open 40. Therefore, if we cut off our subscription, in deference to Dr. Drysdale, away goes one-fourth of our amount of in-door clinical examples from which to instruct our pupils.

The late Dr. Quin, the founder of the British Homœopathic Society, and the founder of the London Homœopathic Hospital, has added to the many good deeds of his long life, by leaving a legacy to the hospital, which it is believed will add some £15,000 to its funds. A noble deed, which will support an additional 15 beds. This will enable the hospital to keep 45 beds open. To this add our 10 beds, and we shall have 55 beds from which to illustrate the curative powers of homœopathic medicine. To the

minds of the majority, the main object of a school of homœopathy will appear to be thus forwarded to an extent quite commensurate with the outlay.

Dr. Drysdale and his friends may rest assured that the payment of 850 guineas a year towards clinical teaching will not ruin the school. It is indeed our belief, and hope, that if the promoters and managers of the school adhere to the principles upon which the London School of Homœopathy was founded, and adhere to their original intention as expressed in their rules, that its success as an educational establishment is already assured.

Dr. Drysdale's whole letter is from beginning to end a tissue of inaccuracies, as far as "facts" are concerned. I willingly concede that his "intentions" may be good. He desires one kind of school, while we provide another. He and his friends want us to change our whole basis, *at their dictation*. We desire simply to carry out our original intention, viz., to supplement the teaching of the other medical schools, by supplying a knowledge of homœopathy to such physicians and surgeons as desire to add this knowledge to their other acquirements. We desire to do this openly, under no feigned name, and to make such demonstration as practical and as thorough as we can, we have secured the services of the two best teachers whom our body afforded; the one to teach *Materia Medica* and Therapeutics, the other to teach the Principles and Practice of Medicine—in both cases illustrating the homœopathic relations of drugs to disease. Further, we provide clinical teaching, both in the wards of the hospital and in the out-patients' department.

It is our desire to make our courses of instruction as thorough as possible, and we are forming a good library and a good museum for this purpose. But, above all things, *clinical teaching* must be the great object and aim of our school, and it is of the first importance that we should go to our utmost limit to support and add to the efficiency of the hospital (at least until Dr. Drysdale and his friends can offer us a better).

It is all very well of these gentlemen to disparage our hospital and our school. We don't profess to be perfect, but one of the reasons of our shortcomings has been the destructive efforts they have never ceased to make. First they want to destroy our name; next they want to destroy our 10 beds, which increase our power of clinical teaching; then they defame us by their ridiculous cuckoo cry of "no *bona fide* medical students."

This needs some explanation to the uninitiated.

The school has, from the issue of its first circular, stated what were its objects. The public need medical practitioners instructed in homœopathy. The ordinary schools do not instruct their pupils in homœopathy. We, therefore, offer supplementary teaching to such men as desire to add the knowledge of homœo-

pathy to their other acquirements. Every medical man who comes to our lectures is, therefore, a "*bona fide* medical student," (he comes to us to *study* a branch of medicine of which he is ignorant), Drs. Drysdale, Black, and Dudgeon notwithstanding.

We shall at all times be glad to see medical students (who have not taken a degree) at our lectures, but we are still better pleased, and it is more in accordance with our function, to instruct those who already have obtained their degree; and, further, our school affords to the sons of homœopathic practitioners, and other who are already convinced of the truth of our medical system, the means of perfecting themselves in the practice before settling down in their chosen sphere of work. These men are all "*bona fide* medical students."

What we have to do as a school is to provide good means of instruction, and if we use the best means which can be procured, we do our duty. Now, I confidently challenge Dr. Drysdale and his friends to deny that we have done this, and are doing it. Drs. Richard Hughes and Dyce Brown are lecturers of whom any medical school may be justly proud. Drs. Dyce Brown, J. Galley Blackley, Richard Hughes, R. Cooper, and other of the medical officers of the hospital, are men as capable of giving clinical instruction as we can find in our ranks.

Now let us turn to the other side of the question, that advocated by Dr. Drysdale and his friends. They desire to found a school which shall not by its name indicate that any homœopathy is taught within its walls.

This concealment of our flag is urged by them as being likely to induce the allopathic enemy to cease his opposition, and to give our homœopathic school an appearance of catholicity and non-sectarianism. Such a concession on our part it is supposed would so conciliate the allopaths that they would consent to recognise our lectures. This we, on our side, believe to be an utter misconception of the whole question, and also a "lowering of the flag" under which we have fought the battle of medical liberty all these years. We also consider that *lectures on homœopathy, without the name*, would be even more distasteful to the allopathic opponents, as savouring of a want of honesty. If we teach homœopathy, let us do so openly, and as of right.

We hold that we have the right, under the *Medical Act*, to teach our theory and practice of medicine openly and thoroughly, and we further believe that we cannot teach it thoroughly unless we teach it openly and avowedly. We have nothing to conceal, the name fits the subject, and the open avowal of the name forwards the teaching of the principle.

If we want to illustrate the allopathic feeling on this matter, let us refer Dr. Drysdale and his friends to what has recently occurred in Calcutta, as shown in the able leader in the *Review*

of last month, under the head of "Intolerance in Calcutta." Dr. Sircar published a medical journal called the *Calcutta Journal of Medicine*. It advocated *homœopathy*, but suppressed the name from the title page. Did that save him? Let Dr. Drysdale and his friends read that story and mark, learn, and inwardly digest it, till they fully understand that what we have to struggle for is the Magna Charta of our medical liberty. The liberty, fraternity, and equality in the domain of medicine which is our undoubted right.

This is of more import to us than the bare tolerance and false smiles of a few members of the medical pharisees of the other school. Does Dr. Drysdale for a moment think that if he changed his name to Smith, his Liverpudlian allopathic opponents would give him friendly welcome within their societies? It is the man's mind they object to, and not his name. It is our science and art, and not the name *homœopathy*, to which the prejudiced on the other side object. Then as to their ideas on the relative position of hospital and school; Dr. Drysdale and his friends desire that the hospital and school should be "separate concerns." They are so in a commercial sense, but in an educational sense, we consider that to cut the school adrift from the hospital would be injurious to the true interests of both school and hospital.

They have a wholly independent organisation, separate officers, separate banking accounts, separate administration. It is true that one-fourth of our large committee are also members of the hospital board of management. Happily for the true interests of the school that it is so, for very often, except myself, they are the only members who attend the committee meetings, and we should constantly have no "quorum" were it not for their presence. Dr. Drysdale's cry that the members of the hospital board ought not to vote in any question of subscription to the hospital is absurd. It is of no advantage to them personally to vote one way or the other, but the fact of their being on the hospital board is a guarantee for their strong and direct interest in the good of *homœopathy* generally. They are desirous to forward the interests of both institutions to their uttermost, and their interest is as strong in one as in the other.

Dr. Drysdale and his two friends desire to diminish, by one-fourth, the clinical instruction which the school now offers to its pupils.

We, on the other hand, desire to *increase* the number of beds in the hospital till they reach 120. We cannot expect to do this for some time, but if Dr. Drysdale and his friends will side with us, instead of against us, we shall accomplish this sooner or later. Once we have 120 beds we shall be in a position to *demand* recognition for our hospital, and to enlarge our school, for which we shall then find ourselves in a position to demand *recognition* also.

Dr. Drysdale and his friends would put school and hospital into opposition. We desire that the *School*, the *Hospital*, and the *British Homœopathic Society* should all work together, closely united in one great effort to spread a knowledge of the homœopathic system of medicine.

It is not by "cheese-paring" economy that we can form such a hospital, and such a school, as shall turn us out a number of well-instructed practitioners, to give the public the whole benefit to be obtained from Hahnemann's great medical reform. If we begin to "economise," as Dr. Drysdale and his friends desire, by *saving* 850 guineas a year, and *losing* 10 beds, we shall next discover that it will save still more if we close our doors altogether. What we want is not to *hoard money*, but to *provide instruction*, freely, generously, and thoroughly, even if we spend all our income and donations every year.

For this great object I appeal to every generous hearted man, not only among our own little body, but still more earnestly to the public.

By the liberality of Dr. Quin, over whom the grave has so recently closed, the hospital has benefited, as I have said above, to the extent of about £15,000. This gives the institution the means of supporting 15 additional beds. Now, let those of Dr. Quin's friends and admirers, whose name is legion, among the wealthiest and noblest in the land, come forward to help still further towards the completion of the noble hospital of which he was the honoured founder.

Let those who have not hitherto helped us—because they looked on the hospital as too much overshadowed by the great name of the founder—now come forward with such a noble liberality as he showed during his lifetime, and at his death. Let them prove to us that their *objections* were not merely so many buttons on their pockets.

If Dr. Drysdale and his friends will only join loyally in a great effort to give the hospital and the school the means of success, we are certain to succeed; £120,000 would do the whole thing handsomely and well. There are numbers of lay homœopaths who could easily afford to give us £1,000 a piece, and would do so if their medical attendants were properly to represent the great need for a really stern and determined effort to enlarge the hospital and school, till they both attain a size and importance which shall *enforce* recognition.

Yours, &c.,

WILLIAM BAYES.

4, Granville Place,
Portman Square, W.

P. S.—Subscriptions and donations may be sent to Dr. Bayes at the above address.

BELLADONNA IN ACUTE TONSILLITIS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Perhaps the following report, which I think is “evidence,” may be of interest to Drs. Clifton and Nicholson, as well as to the body of your readers.

I remember reading in the August number of the *Monthly Homœopathic Review* Dr. Pope’s article entitled “Acute Tonsillitis,” in which cases are described that were treated with large doses of *belladonna*, and in which the results seemed good and speedy. As I have had very doubtful results in similar cases with small doses of the usual remedies, I determined to try large doses of *belladonna* in the following case of my coachman.

He drove me on Sunday, the 27th October. On Monday, the 28th, he came to me complaining; he said he had stiffness down the left side of his neck, with some pain on swallowing; he had chills, and could not keep warm; his pulse was quick, and his tongue was foul with a yellowish fur; he complained of headache and inability to sleep; his bowels were all right. On examining him, his neck seemed swollen, and painful to pressure over the seat of the left tonsil. The throat looked rather red just anterior to the left tonsil, but there was not much swelling about the fauces. I gave him *merc. sol.* 1.

On the 29th he came, saying his throat was worse, that he had had very little sleep, could still not keep warm, and was much as on the 28th, but I found that he could hardly open his mouth to let me see the throat, which was quite swollen up, so that he could with great pain and difficulty swallow only the medicine. Now I gave him *belladonna* ϕ , and in three drop doses every two hours.

On the 30th he was able to swallow a little fluid food only, but I could not see the throat, as he was unable to separate the teeth more than a quarter of an inch. I gave him four drop doses of *belladonna* ϕ every two hours.

On the 31st I visited him at home. I could see into the throat, as he was now able to open the jaws. The swelling was all gone, except a little over the left tonsil, where there was also slight redness. Cont. *belladonna*,

Next day he came out, and was soon well. Latterly in similar cases I have used the sulphurous acid spray, which was certainly not so quickly curative as the above drug.

I remain, Gentlemen,

Faithfully yours,

W. A. KENNEDY.

Newcastle-on-Tyne,
December, 1878.

CASE OF VACCINELLA FROM CALF LYMPH.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—As Drs. Wyld and Wilson, in the circulars they issue concerning the calf lymph they provide, say, that out of two million cases of vaccination with this lymph, “there has been no case of erysipelas or other accident,” I think the following account may be instructive as showing that even this lymph is not without some power to do harm as well as good.

The patient is my own daughter, so I have had every opportunity of watching the case throughout.

On Oct. 20th I vaccinated her with calf lymph, supplied by the association presided over by Drs. Wyld and Wilson, but without success—this failure, however, I accounted for by my having kept the lymph ten or twelve days before using it, as the child had a cold.

On Nov. 2nd I vaccinated her a second time with some fresh lymph supplied from the same source. I prepared the arm by making three small blisters, and into the raw surfaces of these I carefully rubbed the lymph.

On the 7th it was evident that all the places had “taken,” and were producing much irritation, there was a bright red areola for half an inch round each vesicle.

On the 8th the irritation was much greater, the areolæ extended so as to meet (the vesicles being an inch and a half apart), and the child was sick after all food, and almost impossible to put to sleep: she constantly waved the arm about in very evident distress. I now gave her *bell. 3x*, a drop every three hours.

On the 9th the areolæ were no longer distinct, and were very much inflamed, there was a fiery red and swollen surface all round the vesicles, with trailing extensions towards the axilla and scapula. There was no general fever, at least the thermometer did not rise above the normal under the good arm, and she was too irritable to allow it to be held under the inflamed one, but the condition was unquestionably erysipelatous, if not a true erysipelas.

This evening many minute bright red spots appeared on the arms, legs, and trunk, clear, distinct, and round, while a few larger ones like flea-bites came on the face. The sickness continued as bad as ever, and the general distress. *Bell.* was continued, and the inflamed arm was painted with *verat. vir. θ*, a rag soaked in the same being left on the arm all night.

On the 10th, in the morning, the inflammation had almost left the arm, leaving only a dull red stain where it had extended, the swelling being quite gone. This, I have no doubt, was due to the *verat. vir.*, and no one who has seen the rapid benefit of its use in erysipelas will wonder at it. At the same time the rash

was much more prominent, the spots having in many places coalesced, those on the face being very bad, and causing much irritation, the whole of the left side of the nose being covered with it, and she was constantly rubbing it against the pillow. The sickness continued very severely, with apparently gastralgia, though she was very hungry. She now took *bell. 3x*, and *ant. t. 3x* every two hours alternately.

By the evening the spots had paled somewhat, and now presented the appearance of rings of bright red, with a pale or brownish centre, but no elevation or thickening of the skin, and no appearance of vesicles: on the back of the right hand, however, the rash was very inflamed, and the centres of the spots were quite dark, almost purple.

On the 11th the rash was much paler, though almost uniformly spread over the whole body. The areolæ became again very inflamed, though not in one mass, and the local application of *verat. vir.* again relieved it. The sickness also ceased this evening, and the general health began to improve. On the 12th the rash was very pale, and by the 13th had disappeared, having run its course in four days, and from this time the arm was nothing more than is common when vaccination "takes badly," the vesicles spreading widely, and discharging a great deal, in which condition the arm is as I write.

This is the first time I have used blisters for vaccination, and I admit that this mode of inoculation should perhaps share the blame of the subsequent inflammation, but should certainly not bear the whole of it, and the eruption of vaccinella was of course entirely due to the lymph. In reporting this case, I have no wish to prejudice anyone against the calf lymph, as it is undoubtedly the best lymph we can use. But while I believe its use is much less likely to be followed by unpleasant consequences, this case will show that even with it we have no absolute immunity.

I am, Gentlemen,

Yours faithfully,

Birmingham,

ED. M. MADDEN.

16th November, 1878.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We regret that the reviews of Dr. Shuldham's and Dr. Cooper's works must, for want of space, be postponed till our next issue.

We understand that Dr. Proctor has removed from Liverpool to Hamilton Square, Birkenhead, where, with Dr. Reginald Jones, he carries on the practice of Dr. Burnett, now of London.

We are pleased to learn that the following resolution, referring to proceedings which we noticed in our September issue, was adopted by the sub-committee of the Taunton Homœopathic Dispensary, Nov. 12th, 1878:—"The Committee of the Taunton Homœopathic Dispensary have invited Dr. J. Murray Moore (who came to Taunton with the highest testimonials to his medical ability, uprightness of character and efficiency in his profession) to return to his post as medical officer, and they desire to record their continued esteem and confidence in him both as a gentleman and as a homœopathic practitioner."

Communications, &c., have been received from Dr. BAYES, Dr. BOTE, Dr. BURNETT, Dr. MURRAY MOORE, Dr. KENNEDY, Dr. FRED. FLINT, Dr. TUTHILL MASSY, Dr. J. H. CLARKE, Dr. STOKES, Mr. ALAN CHAMBERE, Dr. H. M. PAINE, Albany, N.Y.

BOOKS RECEIVED.

- Registration of Prevailing Acute Diseases, and other Papers.* By Dr. H. M. Paine. Albany, N.Y.
- The Germ Theories of Infectious Diseases.* By John Drysdale, M.D. London: Baillière, Tindall & Cox.
- Diseases of Infants and Children, with their Homœopathic Treatment.* Edited by T. D. Duncan, M.D. Part III. Chicago.
- The Homœopathic World.* Dec.
- St. Louis Clinical Review.* November.
- Cincinnati Medical Advance.* November.
- American Homœopathist.* September.
- Homœopathic Times.* November.
- New England Medical Gazette.* October.
- American Observer.* November.
- Bulletin de la Société Médicale de France.* Oct., Nov., and Dec., 1877, and Jan.—Oct., 1878.
- Sammlung Wissenschaftlicher abhandlungen aus dem Gebiete der Homöopathie.* Nov. and Dec.
- L'Homœopathie Militante.* November.
- Rivista Omiopatica.* November.
- El Criterio Médico.* November.
- Revue Homœopathique Belge.* November.
- Boericke and Tafel's Quarterly Bulletin.* November.
- The House Surgeon,*
- Twenty-sixth Annual Report on the Public Free Libraries.* Manchester.
- The Chemist and Druggist.* November.
- Monthly Magazine of Pharmacy, &c.* November.
- Il Trovatore.* December.
- The Student's Journal and Hospital Gazette.* Nov. and Dec.
- Homöopathische Rundschau.* December.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW

THE LONDON SCHOOL OF HOMŒOPATHY.

DISCUSSION, full, free and honest, is essential to all progress. Without it, interest in a subject languishes, its development is checked. Equally so is discussion desirable for the attainment of the highest degree of efficiency in the management of public institutions. The merest points of detail are, ever and again, improved and rendered more conducive to the fulfilment of the objects with which an institution has been founded by conversation in a committee room. And if this be so, nothing is more important than that the principles by which a board of management should be guided should be thoroughly sifted; that all the light that different types of mind, different modes of regarding the same thing, can shed upon them, should be allowed free space. Ample opportunity ought, therefore, to be afforded of discussing, whether in committee, in public meeting, or in public journals, everything relating to the management of our public institutions. It is only when this is permitted, that they can be expected to be reared upon a safe foundation.

Necessary, then, as we admit the discussion of such topics to be, it is no less true that discussion has its

limits, limits beyond which it only does harm—harm to the institution involved, harm to those who are the disputants. When a question has once been thoroughly probed, when all has been said about it that can be said, and still more, when on one side the majority is so large as to render nugatory any further disputation, discussion is apt to degenerate into wrangling; assertions, already made often enough, are repeated, only to be replied to by counter assertions that have performed the same duty over and over again before. Feelings, too, personal feelings may become aroused, bitterness may be manifested, expressions may be used that a few months previously would not have been employed; a tone may become obvious which is, to say the least of it, undesirable. When discussion has got this length, it is more than time that it should cease; better is it that it should cease ere this length has been reached, but when calm onlookers can see that it is approaching.

The course which the discussion on the direction of the London School of Homœopathy has taken, has suggested the remarks we have now made. It has already reached the limits beyond which no advantage can be derived from its continuance, and though it has not gone beyond these limits, there is too much reason to fear that if pressed much further, it may provoke feelings, the ebullition of which will always be regretted. We trust that it will now cease; and, so far as this *Review* is concerned, it must do so. In bringing it to a conclusion, we will briefly review the past, and state as clearly as we can what is the present position of the matters that have been so long the subject of controversy.

A small but influential minority amongst us expressed their dissatisfaction with the title of the school, in the *first* instance; and *secondly*, with the payment by the school, or the amount of the payment, for some of the

advantages its pupils derive from the hospital. Both points of course, like all others, afford scope for a variety of opinions. These have been expressed in several ways; in speeches at public and committee meetings, by circulars addressed to homœopathic practitioners, by letters and articles in this *Review*, and in the *British Journal of Homœopathy*. Surely they have had ventilation enough! Everything on both points has been said that can be said. The result of all this disputation is, that of those who show their interest in the School by contributing to its funds, and of those who, while not subscribers, are yet as open professional adherents of homœopathy, eminently qualified to express an opinion on such questions, a very large majority desire that the name and objects of the school should be those set forth in the original circular; while a considerable majority also regard the payment to the hospital for the purpose of keeping open ten beds (which would otherwise be closed), as necessary for efficient clinical teaching.

We do not propose to discuss either point. Of the propriety of the title of the school, we, in common with at least fully eighty per cent. of those who are practising homœopathy in this country, have no doubt. It expresses exactly the object the founders of the school had in view, that, namely, of adding a knowledge of homœopathy to the other requirements of practitioners of medicine. The idea of obtaining recognition on the part of the medical authorities for our lectures, we have always held to be impracticable and utopian; and we have never yet seen or heard any argument tending to show either the possibility or probability of securing it until we are enabled to incorporate the present school with one that is fully equipped to teach all those branches of knowledge which constitute a full medical curriculum. That an opportunity of doing so will, sooner

or later occur, we have little doubt. Until then, the school, as it exists, ought to be known by the title it has. Some, we believe, style this "a popular and superficial" view of the matter. For ourselves, we regard it simply as a practical and common-sense mode of looking at it.

The expenditure of the money of the school is entirely in the hands of the subscribers to it. If it is the opinion of the majority that a portion of it can be most advantageously devoted to extending the facilities for giving clinical instruction, it is the duty of the minority to yield to the wishes of the greater number. They are perfectly right in endeavouring to convince the latter that they are wrong, but this they must do at the annual meeting of the subscribers, and it is merely shirking responsibility to avoid such a meeting on the ground that they are in a minority. On this, as on all other questions affecting the management of the school, and the distribution of its funds, all subscribers are entitled to have a voice—all, we say, whether members of the board of management of the hospital or lecturers at the school. Dr. DRYSDALE and others who think with him, and are naturally desirous of converting their minority into a majority, would appear from the correspondence that has taken place to desire to exclude from the discussion of the finances of the school, subscribers holding either position; but this is most unjust, and cannot be allowed. A subscription carries a vote with it, whatever appointment the subscriber may happen to fill.

At the ensuing annual meeting this question will possibly be raised, and, we trust, be settled. Meantime, it is the duty of all largely to support both hospital and school. We know full well that both are regarded with no very warm feelings by some amongst us. This we regret much. Whatever may be the cause of the enmity felt towards the hospital, whatever may be the source of the antagonism

which has sprung up towards the school, the net result is, that it is becoming very generally supposed, that some who have for years been the most earnest advocates of homœopathy are beginning to weary of the struggle to promote its full development, are growing fainthearted in the cause of scientific therapeutics, and would not be sorry if the word homœopathy were forgotten altogether. By those to whom such feelings are freely ascribed, we know full well that they are far from being entertained. That in attributing to them such weakness, a great injustice is done. But, on the other hand, they have, by the ceaseless opposition which has been levelled by them both directly and indirectly against the hospital and the school, done much to supply grounds for such conclusions.

Were our means of teaching and illustrating homœopathy to be cut off—we should very soon cease to hear of the doctrine we have so long striven to press upon the attention of the profession—striven, too, with an unquestionable amount of success, as witness the teachings of lecturers on *Materia Medica* in London to-day. Therefore it is that we urge the claims of both hospital and school upon the attention of our professional brethren, and upon all who value homœopathy. Funds alone are needed to make the hospital more successful than it is. It has just been munificently endowed by its founder, and we trust that those who regarded him with so much esteem when living, will, now that he is no more seen amongst them, take under their fostering care, and support by their contributions that institution which he originated and did so much to sustain. By those who look askance at the school, it is the fashion to talk of it as a “failure.” When, we would ask, in the history of homœopathy, have ten gentlemen, the business of whose lives is, or is to be, the practice of medicine, ever before united to listen to lectures on

the homœopathic *Materia Medica* and *Practice of Medicine*? If this has never occurred hitherto, and has by the London School of Homœopathy been accomplished now, we can look upon that institution in no other light than as a success. We heartily rejoice in its success, and we believe that if it only receive the support which is its due, if prophets of evil will cease from endeavouring to secure the fulfilment of their vaticinations by assuring young men that their professional prospects will be ruined by attending the lectures delivered in Great Ormond Street, will refrain from efforts to provoke dissension among the subscribers—will in short leave the school alone, and if they do not care to support it actively, at any rate let it have, as Dr. KIDD once wisely said regarding it—let it have rest.

It is because we believe that both hospital and school are essential to the progress of homœopathy, and because we are fully assured that some of the statements that have recently appeared regarding the latter, without being calculated to effect the least good in the world, are capable of doing infinite mischief both to the school and to homœopathy, that we have resolved in the future not to insert in this *Review* any communications regarding the points we have now endeavoured to explain.

NOTES ON THE EXAMINATION, PROGNOSIS,
AND PREVAILING METHOD OF TREATMENT
OF LATERAL CURVATURE.

COLLECTED BY DR. ROTH.

IGNORANCE of the public in matters of hygiene, neglected physical education, and I am sorry to add, professional ignorance regarding the pathogenesis, diagnosis, prognosis, and treatment of incipient lateral curvature, are, according to my conviction, the three principal causes of the prevalence of this deformity among young and old, of both sexes, a deformity which afflicts the patient, not only by the suffer-

ings it entails upon him, but also by making him a conspicuous object of the pity and gaze of others.

The following fragmentary notes form the skeleton of a work on this subject, the publication of which has been prevented by increased professional work and decreasing energy. As medical and surgical teachers in general do not pay much attention to this class of complaints, the consequence is that the majority of young men leave their schools without any or very little knowledge of them, therefore the following remarks, collected and extracted from the works of others (especially my friends Dr. Eulenburg in Berlin, and Dr. Dally in Paris), and partly from my own experience, might perhaps induce some of my younger colleagues to study scoliotic deformities more attentively; by treating these diseases scientifically, they might not only contribute to their diminution, but also assist in diminishing the number of victims of rubbers, bone-setters, electricians, dancing and calisthenic masters and mistresses, and orthopædic instrument-makers—classes resorted to in a great measure by the public, which is dissatisfied with the tolerably general professional ignorance of the rational treatment of these diseases. I must refer those who wish to know more on the causes and prevention of lateral curvature to a pamphlet on the subject published by me about twenty years ago.*

Examination of the Spine.

In order to find out a lateral curvature, *inspection*, *palpation*, *manipulation* (flexion and rotation of the spine), *examination* of the functional energy of single muscles, or of single groups of muscles, *mensuration*, and frequently even *auscultation* and *percussion* are required (Eulenburg).

Inspection.

The patient must be stripped down to both trochanters, as it is absolutely necessary that the entire surface of the back, neck, and all sides of the trunk should be seen by the medical man. It happens but too frequently that *the family doctor only looks at the upper part of the trunk, and therefore does not see the deviation of the pelvis and of the lumbar part of the spine—he does not see the lateral curvature beginning in the upper part, after it has*

* *The Prevention of Spinal Deformities, especially Lateral Curvature*, by Dr. Roth. Ballière & Co., 20, King William Street, Strand, W.C.

been developed for some time in the lower part of the spine, and after having considerably increased before the dorsal part of the spine is to some extent deformed.

The inspection of the body down to both trochanters is therefore an indispensable duty of the examining medical man, sitting first behind and afterwards before, the patient, who is placed with both feet at a right angle to each other, and with arms passively hanging down the sides of the trunk, which thus remains in a perfectly unconstrained position.

It is only in this manner possible to observe any pathological change of position and form along the whole spinal column, as well as of the neck, ribs, sternum, clavicles, shoulders, and pelvis.

Palpation

Aids in ascertaining very precisely the slighter deviations of the spinal processes in their relative positions and directions, especially when the trunk is kept in a vertical position.

Many professional men are in the habit, during their inspection and palpation, of placing the patient in a forwards bent position; this method causes a fallacious result, because a vertical rotation of the axis is easily combined with the forwards bent position, thus the lateral deviation of a higher degree is considerably diminished, and the slight scoliosis disappears momentarily.

Attention must be paid to whether both halves of the trunk show everywhere the normal symmetry, and whether the position of the head and whole spinal column are in a vertical line corresponding to the middle of a horizontal line drawn across both *acetabula* of the hip joints. We must observe whether the two concave lines from both sides of the head down the neck to the shoulders are equal; whether the shoulders, the scapula, the ribs, the loins, and the hips are symmetrical on both sides or not; whether there are in these outlines any projections or indentures; whether these last are caused by the soft parts or by the bones; whether one half of the trunk is projecting or receding; and whether these inequalities of the various parts can be either diminished, or entirely removed by passive manipulations, or by a horizontal position, &c.

Mensuration

Is used to determine exactly the degrees of the deviation. For this purpose a lead is hung near the spina ossis occipitis down to the pelvis, and the lines of the lateral deviation are noticed by the position of the line, and thus it is easy to measure the length and depth of the curves of deviation; the depth of the sinus is found by drawing a horizontal line from the point of the highest convexity to the lead line.

Passive Manipulations

Are used for the purpose of replacing, as far as possible, the distorted spine into the normal position, while the patient is perfectly passive; for this purpose one flat hand is gently pressed laterally on the convexity;—it will depend upon the result of this pressure how far the convex spine can be replaced, and thus we can form an idea of the degree of moveability of the curved part of the spine. Another passive manipulation consists in trying to alter and diminish the vertical rotation of the spine, either by a rotatory movement on the shoulders or on the hips while the patient is perfectly passive; we can then ascertain the amount of moveability, or whether rigidity or ankylosis has taken place.

When the patient is placed horizontally and prone on a firm horizontal surface, it is necessary to ascertain whether and to what extent the deviation observed in the vertical position is diminished. Both scapulæ are to be examined, partly by carefully comparing the position of both, partly by observing whether only one scapula has an abnormal position. If one scapula is placed abnormally high or low, we must find out which is the normal one; *this* covers with its whole anterior surface the posterior upper part of the thorax, the space between the second to the seventh rib, and thus extends from the first dorsal to the eighth dorsal vertebra; any higher or lower position is pathognomic (abnormal); the bases of the scapulæ must be parallel to the longitudinal axis of the body; a prominent abduction of the scapulæ while the arms passively hang down is abnormal; we must find out whether these irregular positions are primary, *i.e.*, caused by abnormal function of the muscles, or secondary, *i.e.*, caused by lateral curvature of the spine, and by the projection of the underlying deformed

ribs; the special muscles acting on the scapula are to be examined either by passive, active, and resistance-movements, or by faradisation; further, whether they are contracted, retracted, or have lost their tone. The abnormal state of the muscles varies from a minimum to a maximum. The inequality of both scapulæ might also be caused by unequal nutrition and development; they are really deformed after exostosis, rachitis, caries, and chronic paralysis of the adjacent arm.

The height, form, direction of both shoulders (not shoulder blades) must be compared; it is very frequently the case that a greater or less difference is seen in the lateral outlines from the head down the neck to the shoulders; the sinus is deeper on the side of the high shoulder where the neck appears shorter.

The position and circumference of the hips must also be examined, and whether the crista ossis ilium of one side is higher than the other, and whether the spinæ anteriores of the ilium are projecting beyond, or are in the natural square (front) line; the distance of the crista ossis ilium from the lowest rib to the arm-pit is to be measured, and compared with the corresponding lines on the other side, and the relative position of each hip to its adjacent lumbar surface, well observed.

In proportion to the more advanced stage of the scoliosis the difference in the deviation is greater, from the normal vertical line between the armpit and the top of the hip. In the so-called habitual lateral curvature the lumbar segment of the spine, whether primarily or secondarily affected, is concave to the right, and causes a corresponding concavity (indenture) of the right lumbar lateral surface-outline, while the left outline is almost perpendicular.

If the patient is asked to stand with the weight of the body fully on the left leg, while the right leg is slightly placed forwards, the outlines over both hips are more equal, because the muscular action of the left side is increased by the left carrying the entire weight of the body.

A comparative examination of the volume of both hips shows the right hip more voluminous in scoliosis habitualis.

On the anterior surface of the trunk the position of the acromion, the length and form of the clavicles, of the sternum, and of the ribs and their cartilages are to be compared on both sides, which will show symptoms useful for a differential diagnosis. The measurement of the periphery

and diameter of both halves of the thorax will be of value, both for diagnosis and prognosis as well as for the purpose of an exact scientific opinion.

Finally the lungs and heart are to be examined by *auscultation and percussion*, especially when there is some functional derangement which might be in an ætiological relation to the lateral curvature, or might secondarily be caused by it.

A similar complete examination would prevent any essential error in the diagnosis, and the lumbar curvature would not *so often escape observation as is unhappily at present the case*. According to Dr. Eulenburg's daily experiences, the majority of practitioners only examine the upper part of the spine, while the lumbar part and hips are hidden by the garments, and entirely escape observation.* Even when the lumbar curvature is far advanced, *the upper dorsal surface shows frequently only a very slight deviation in the position of the dorsal vertebræ and of the shoulder blades, &c.*; therefore those who have not practical experience in examining the spine do not even suspect the presence of a lumbar curvature; hence it is of the utmost importance that medical men should be most conscientious while examining for spinal curvature. Daily must we listen to the reproachful accusations of medical men for scarcely taking time for a conscientious examination of a spinal curvature, and for telling the parents and relations that there is no curvature, or such a slight one that it is quite unnecessary to prescribe any treatment.

The consequence of this professional ignorance or neglect is that in course of time the deformity is developed in all directions; the shoulders and hips are considerably dislocated, the lateral curvature is combined with a considerable rotation of the axis of the various parts of the spine, the thorax falls in on the concave side of the curve, while it protrudes so much on the convex side, that the patients appear humpbacked at this stage, and even the least experienced recognises the mischief, and is sure of his diagnosis. But the poor patient, hoping still to recover, hears now, when applying to a *conscientious* specialist, only the fatal words, "Too late!"

I am sorry to be obliged to confirm all that Dr. Eulenburg says regarding the neglect of so-called eminent pro-

* Extracted and translated principally from Dr. Eulenburg's monograph on scoliosis.

professional men while examining patients with slight spinal curvature; their time is so taken up that they can only speak a few minutes with each patient. But would it not be much better to charge a higher fee and examine the case conscientiously and minutely, than to dismiss the parents of the patients with the ominous words—“*Do nothing; the curve is very slight, your child will grow out of it*”? which means, the spine will spontaneously get straight, which is never the case; or, when a curve is more advanced, to send them to an orthopædic instrument maker for a spinal support, which is manufactured on a general scale, without any special instructions from the eminent professional man; the third advice is to go to a dancing-mistress, to a gymnasium, or through a course of calisthenic exercises.

I feel it a duty to protest against such unscientific proceedings, especially on the part of highly educated and scientific men, who are at the head of the profession, and to whom patients apply with the greatest confidence in their skill, or relying on their advice restricted to the three classes of (a) doing nothing, which is the least expensive and gives the least trouble; (b) spinal supports; and (c) gymnastic, calisthenic, and dancing exercises, under directions of people who have not the slightest knowledge of the osteology, pathology, and therapeutics of spinal curvatures. It is very painful to tell parents that nothing or very little can be done for their children, and that they have lost the time when a cure might have been effected; but it is still more painful to hear the parents say, “I beg your pardon, about a year, or six months ago, we consulted Sir, Dr. or Mr. — (mentioning the name of some eminent professional man); he looked at the spine, and told us not to do anything, to buy a spinal support at the makers, to have calisthenics—what more could we do?”

Another of the many instances of medical ignorance concerning lateral curvature came under my notice while preparing these notes.

Dr. Wolston, of Croydon, sent me for examination one of his patients, a boy of ten years; this boy had the lowest lumbar and three dorsal vertebræ, kyphotic with corresponding lordosis—besides this, a lateral curvature. The parents having for some time observed that the boy was weak, sent him, for the purpose of being strengthened, to a school in Margate, where the schoolmistress at once

suspected something wrong with the spine, and therefore asked her family doctor to examine him, but this good man had either no eyes, or was very ignorant about the normal form of the human body, and laughed at the idea of there being anything the matter with the spine. Thus from three to six months were lost, and it is doubtful whether more than an improvement will ever take place—a cure is out of the question.

There are many eminent London and provincial practitioners in the same position as the good man of Margate; it would be very easy for me to give many similar instances of cases rendered incurable by the loss of precious time at the period when a cure might be effected. It is a serious matter that such loss of time is caused by the opinions of men undoubtedly eminent in other branches of medicine and surgery, but certainly without eyes for the normal form of the human body, and ignorant of the bad effects of neglecting slight spinal deformities.

NOTES ON PROGNOSIS IN LATERAL SPINAL CURVATURE.

Every lateral curvature, even when apparently very slight, should be an object of special attention to the professional man whose advice is asked.

Firstly, because if permitted to develope, in its further stages, to a deformity, it spoils the natural form of the body, and is a lasting misfortune to the patient.

Secondly, because it undermines the general health and shortens life by its injurious influence on the function of the organs of respiration and circulation. There is the *greatest probability* that *every lateral curvature* when neglected gradually becomes worse; this happens especially in all those cases where a hereditary predisposition exists; but independent of hereditary, and any other organic, physical or external cause, a sufficient reason for the further progress of the curvature is the inevitable weight of the superincumbent parts on the pathologically distorted spine.

While considering the most frequent curvature, usually called *scoliosis habitualis*, two questions are to be considered.

1. Whether there is any probability reasonably based on theory and practice for a spontaneous cure, or at least an arrest of the curvature in its present stage, without any external or internal aid?

2. Whether by the aid of a rational treatment, a complete cure of the scoliosis can be effected, or its further progress arrested, and what are the conditions required for the purpose?

Regarding the first question we are constantly told by the parents or relations of the patient, at the first visit, that a scarcely observable curve had begun years ago, and had continued, very slowly getting worse and worse; most of these patients are from ten to sixteen years old.

The majority of the anxious mothers of these scoliotic patients say that they have consulted their family doctors, years ago (usually when the children were from seven to ten years old), and that they have pointed out to their medical friends that the child is not straight, that one shoulder, or one hip, is higher than the other, and that they made the observations, that the dress falls down on one shoulder, that the skirt appears longer on one side, that the walk is unequal, or else that the head always inclines to one side, &c. Their doctors assured them there was no reason for being anxious, or even when admitting a slight curve to be visible, declared there was no special treatment required, and that the child *would grow out of the curve*. Sometimes the doctor advised a corset of some kind, or that the child be sent to a gymnasium, or to do chamber gymnastics—in the latter case, the title of some book on gymnastics was mentioned, but no directions for any special exercise was given.

These are the reports unhappily heard daily in the presence of the scoliotic patients who suffer in a higher degree, from having several vertebræ deformed to such an extent as to have a wedge-like form, and we are placed in the sad position of being obliged to say that there is no more any hope for a considerable improvement, and that a cure cannot even be thought of.

We cannot explain in any way how it happens that medical men—notwithstanding the thousand-times' repeated practical proofs to the contrary, have such an unfounded belief in *spontaneous arrest and cure of spinal curvature*, a belief amounting to a kind of dogma.

Such a belief in a spontaneous arrest or cure of a scoliosis is decidedly a most injurious prognostic error. The cause can only be that a practitioner usually engaged in the treatment of internal complaints, takes little or no interest in the abnormal forms of the human body, that

his eyes are not practised in observing the slighter degrees of the deficiencies of the form of the body, and that he restricts himself to a superficial inspection, which has not the slightest claim to be called an exact examination.

This indifference of many practitioners while inspecting a beginning lateral curvature, is a great misfortune to their unhappy patients. It is strange that the same medical men, when consulted for other diseases, in the study of which they have not taken any special interest, as for instance, diseases of the eyes and ears, &c., are very glad to send their patients to some specialist, but when consulted for spinal curvatures, take, without any reason, the responsibility upon themselves, although the frequent sight of the numerous unhappy victims of this deformity, makes this responsibility very great.

Without denying the possibility of a spontaneous arrest of a commencing scoliosis, by carefully avoiding all the external circumstances which contribute to make it worse, Dr. Eulenburg says that he has never seen a spontaneous cure, and in this respect all the known observations of Delpech, Malgaigne, and Stromeyer confirm his experience.

If some practitioners have ever seen a spontaneous cure of scoliosis, it must then be admitted as one of the rarest exceptions, and cannot under any condition be considered as a rule.

But not only a spontaneous cure, but even a spontaneous arrest of a scoliosis belongs to the very rare exceptions. The number of Dr. Eulenburg's observations being very considerable, he is positive in stating that almost all the lateral curvatures he has seen left without treatment, have, after an interval of a year, for instance, very much increased, their curves increased according to the length of the intermediate time.

It frequently happens that parents or relations are by various circumstances prevented from placing their children under a regular treatment; they bring them only for examination; when they find that the deformity has much increased, then only do they decide to begin the treatment. Such a delay has usually an injurious, and sometimes an irreparable effect, because in the interval the deformity of the previously slightly deformed spine has so much increased as to cause the intervertebral substances and vertebræ to be wedge-shaped, which of course makes the prognosis worse.

These facts, which occur very frequently, prove that a neglected scoliosis of a lighter degree advances slowly to such a bad deformity, as cannot be beforehand expected.

Neither an apparently very good constitution, nor the regular continuance of the most essential functions of all the organs, are capable of preventing the injurious progress of the deformity.

Certain conditions have a decided influence on this increase of the deformity.

Thus the prevalent want of muscular energy in girls is the cause of their greater predisposition to the quicker development of the deformity; it is not only at the period of the first catamenia, but long before this, that this want of muscular power in the majority of girls is observed.

Do not believe that a very considerable lumbar curvature, with obliquity of the pelvis, has been developed within the last four weeks, as the mothers often assert; if you inquire more minutely, you will soon hear that a slight degree of curvature existed for the last five or six years. Very rapid progress of deformities is observed after acute diseases, as well as after severe chronic complaints, especially in early childhood, and during the period of puberty; but even at a later age, we observe quick increase of deformities after severe illnesses, and even after a normal course of childbirth. Hereditary predisposition, a generally weak constitution, and too quick a growth of the body, have a most injurious influence, and accelerate the development of the curvature.

The most injurious cause contributing to the increase of the curvature, is the maintenance of those abnormal bad positions, and habitual muscular actions to which the deformity owes its origin,—in fact, the school and the occupations connected with it have the greatest share in causing and increasing lateral curvature.

Without the aid of external injurious influences, scoliosis continues to advance more or less slowly in its various stages, from the sixth year till the body ceases to grow or even later; it is most stationary between twenty and thirty; even at this age, and later, bodily and mental exhausting over-work, and continually depressing mental influences, favour the further progress of spinal curvature, till finally an anchylosed immovability of the deformed vertebræ limits the further progress of the most advanced incurable deformity.

ON THE TREATMENT OF LATERAL CURVATURE.

I have elsewhere made remarks about rubbers, bone-setters, drill sergeants, dancing mistresses, professors of gymnastics and calisthenics, electricians, magnetine contrivance manufacturers, and orthopædic instrument makers being the classes of persons to whom the public resorts for the treatment of this deformity. It is a painful duty to say that the public is often encouraged by their medical advisers to resort to one or the other class of these persons, who have not the slightest idea of the cause, nature, and scientific treatment of a deformity which frequently requires a combination of medical, surgical, dietary, and mechanical treatment.

Every medical man who recommends rubbers, an electrician, a professor of gymnastics, or orthopædic instrument maker, without first giving him special directions—how, where, when, and how long the prescribed manipulations are to be made, or to the uneducated electrician how, where, how long, how strong, and which kind of electric current is to be used, or permits the orthopædic instrument maker to make an instrument of his own choice, and without giving him special instructions, or sends his patient to a gymnasium without special instruction regarding the movements needed—every medical man who acts in this way is doing harm to his patient and indirectly to himself—because he leaves his patient to the tender mercies of these unprofessional people; he would never like to act in this manner by sending the patient to the chemist with a message that he should give him some medicine.

The reason why many medical men act in this way is not that they attribute little importance to the manipulations, electricity, movement or orthopædic instruments, but because they have never been taught by their teachers the value and precise mode of these additional means, and consequently, having merely a vague idea that these means are useful and recommended, fear to betray their own ignorance by applying to those of their colleagues who have more experience, and have paid more attention to these subjects. They prefer therefore to recommend uneducated people whom they can patronise without losing dignity in the eyes of their own patients. If a part of the time which is taken up by mere medicinal therapeutics were spent in instruction in the use of the application of heat and

cold, of water, of manipulations, of localised electricity and movement, and of mechanical contrivances, and if the professors of medicine and surgery would pay as much attention to all the non-medicinal agents as to their drugs and knives, our young medical men would be able to leave their school more enlightened and less prejudiced towards everything which is not a drug or an operation.

Amongst the profession the most prevalent modes of treatment, are by *orthopædic spinal supports*, by the *lying down system*, the *do-nothing system*, and finally the least resorted to, the combination, where required, of a dietetic and medicinal treatment, with the passive, active, and resistance movements, as first invented by Ling.

ON THE BAD EFFECTS OF THE ANTI-RATIONAL AND ANTI-PHYSIOLOGICAL TREATMENT BY ORTHOPÆDIC PORTABLE SPINAL SUPPORTS.

“It is impossible to find a combination of such bad, anti-rational, and anti-physiological treatment as that of the manufacturers of orthopædic portable spinal supports, to whom the treatment of deformities and abnormal attitudes is left by the negligence or indifference (‘and ignorance’) of medical men.

“Long experience and numerous consultations, describing the bad results from the use of such spinal supports, have convinced Dr. Dally that deformities are *aggravated and more quickly developed from the moment that corsets and stays, with iron crutches, metal plates, and springs, are applied.*

“Some reasoning on the subject is sufficient for proving, even without direct observation, that such bad effects must necessarily follow.

“In fact, the only object of the so-called orthopædic instrument maker is to press back any projecting part; if a curved rod is to be straightened, pressure must be applied on the convex side; hence, his natural logic induces him to compress as much as possible the humps, curvatures, and other raised parts, which he finds on the trunk. Thus, if one shoulder appears too high, he places an iron downward pressing shoulder-piece on the corset; if the trunk inclines to one side, he puts a metal-plate on the projecting parts of the deformed ribs, which plate is supposed to push back the body in the opposite direction, and thus to cause the disappearance of the costal deformity. All this is absolutely of no use; the raised shoulder usually counteracts

the pressure of the metal plate, and while trying to act against it, the lumbar part of the spine on the opposite side serves as a point of support, and a lumbar curvature is developed; as soon as the shoulder piece which has caused the additional mischief is removed, the shoulder is higher than ever; the metal pieces for the depression of the projecting ribs act in a similar injurious manner, by offering a place on which the body counteracts: thus, the body is more bent to the other side, and the deformity is increased.

"Besides this, the irritation caused by the compression is frequently a sufficient cause for the development of an *osseous hyperplasy*, which constitutes a further cause to the previous and primary one of the deformity; the costal projections which have been subject to such a compression show enlarged hypertrophic ribs, with a larger space between them, and are considerably more voluminous than those which have not been subject to such an absurd treatment; the same symptoms occur here as in the epidermic tissue of the skin, which is more dense and hard in places generally subject to energetic pressure, as it is seen frequently in the callosities of the hands, feet, and other parts.

"The bad effects hitherto named are not the only ones caused by orthopædic spinal supports. They have, besides, such a bad influence on the general and constitutional state of health, that owing to this circumstance their spinal support is left off, and the young scoliotic patients have to thank this bad effect for some respite in the aggravation of their disease."

While translating this extract from Dally, I have been this day (January 18th, 1877), asked to undertake the treatment of a scoliotic girl of 14, who was kept (immediately after the mother had observed the curvature of the spine), by the advice of a personal friend of the family, a justly celebrated and well known surgeon and surgical author, in a spinal support, with crutches; as this surgeon did not perceive any improvement, he sent the patient to a well-known specialist and orthopædic surgeon, who continued the same treatment by another spinal support; thus the girl was kept during two years in irons which prevented any movement of the trunk, and caused no less *than nine small and large dark red deep coloured places, with suffusion of blood*, on which this beautifully-worked iron scaffold, with crutches, waistband, large metal plate, and shoulder straps, had been pressing for two years; on both armpits, on both

shoulder blades, on the projecting deformed ribs on the right side, on the upper curve and the lowest lumbar part of the spine, on both hip-bones, these dreadful effects of the pressure of the spinal support were visible.

I may add that the uncle of the patient was a well-known hospital physician. Professional etiquette does not permit me to give the names of the well-known surgeons, and to send an illustrated photograph of the state of this patient's anterior and posterior view of the trunk to all medical men, especially those professors of surgery and authors of surgical handbooks, who are advocating the use of spinal supports in their lectures and practice.

What are we to expect from orthopædic instrument makers, if a great surgeon, a good pathological anatomist and a skilful orthopædic surgeon pursue such a practice. Dr. Dally says: "Medical neglect and indifference leave spinal deformities in the hands of orthopædic instrument makers"—would it not be just to add *medical ignorance*? The case just mentioned is one of the copious proofs that first-rate surgeons might be very skilful and good operators, and still be ignorant of the simple physiological, pathological, and therapeutical principles according to which lateral curvatures are to be treated.

On 17th Jan., 1875, I was consulted for the purpose of recommending a spinal support in a case of incurable and immovable kyphosis, where all the dorsal and lumbar vertebræ formed one large ankylosed kyphotic curve, in consequence of an accident ten years ago, notwithstanding that the patient, who is 18 years old, has during ten years *constantly* worn a spinal support; the mother, although always advised to let her son wear the instrument, finally had the common sense of observing that these supports have never done any good, and there was not the slightest movement in the spine, which was curved to the highest degree. I need not say that I have advised her to save her money in future, and not to believe anybody who says that her son can be in the least improved.

According to my experience orthopædic specialists advocating spinal supports, and orthopædic instrument makers, *never* refuse to apply spinal supports, even in the most desperate ankylosed incurable deformities, and very rarely tell the patients candidly that there is not the slightest hope of an improvement.

An instance of the *abuse* of orthopædic supports came under my observation while revising these notes for the press. The following extracts are from a letter of a clergyman in Croydon, dated Jan. 2, 1878.

“One of the pupil teachers in my national school, daughter of a poor labourer, is suffering from lateral curvature of the spine, and has been examined by the surgeon of Orthopædic Hospital. I am very unwilling that the girl should be put into an instrument, and should much value your opinion of her case, and will gladly pay the usual fee. I know that you are interested in both teachers and scholars, and this has emboldened me to make this request.”

This clergyman had seen the result of treatment of lateral curvature *without* any instrument, which explains his objection to the anti-physiological orthopædic iron support. The following opinion was given by the surgeon.

“A. G. has been examined by me to-day. She is suffering from curvature of the spine and weak ankles, for which supports are necessary. I estimate the cost as approximating £7. She will have for the first month to attend here weekly, and afterwards at longer intervals, according to progress made. A. G., though suffering from lateral curvature of the spine, will not be prevented from following the usual duties of teacher in a school.”

Surgeon Orthopædic Hospital.

“Dec. 16, 1878.—The case promises to be a good one if instructions are implicitly carried out, as there is no overwork as regards standing and long hours.”

I am unable to judge whether the surgeon intended to give also some special support for the ankles, or only for the spine—but there is no doubt that the surgeon does not consider the case a grave one—as he wishes, besides the support, only eight visits should be paid to the hospital during the first month. As the patient did not name the special instructions, I cannot give them.

The result of my examination was, that the very strong girl of 17 years had such a *tight* dress, as to be unable to expand her fine chest or to take a deep breath, had a *slight* lateral curvature with flat chest, head bending forwards, and weak ankles; by placing the left arm in an *oblique* position, 45 degrees above the level of the shoulder, and the right arm horizontally sideways, while the feet touched each other at their interior edge, I was able to *straighten* her

spine; she was told to walk while the arms remained in this position, and was able to retain the straight position of the spine, while the head was in its normal position, and her previous flat chest nicely rounded.

This proves that the scoliosis is very slight, that the patient has still the power to redress herself, and even to remain for a short time in a good position; consequently I advised that no instrument should be used, but that the muscles which straighten the spine should be more developed, and that the surgeon's directions about *standing* and *long hours* should be carried out.

Without the clergyman's experience of the treatment of lateral curvature *without machines*, this girl's parents would have been obliged to make the great sacrifice of £7, for the benefit of the orthopædic instrument maker, or friends interested in her welfare might have clubbed together for the same purpose; she would have been encased in the usual spinal instrument, a description and recommendation of which is unhappily still to be found in the latest editions of many handbooks of surgery; she would have been prevented from using the muscles of the trunk, would have been dependent on the support—and after a time she would have *ceased* to make any effort to straighten herself, the muscles would have been more relaxed and less nourished; there is not the slightest doubt that, as Dr. Dally and other observers declare, from the moment the instrument would have been used, this patient would have been worse.

I do not reproach this orthopædic surgeon specially, because all London and provincial orthopædic and many eminent surgeons are still advocates of this pernicious system, against which Shaw, Delpech, Dally, many others, and myself, have been in vain fighting for the last fifty years.

Besides the omission of the spinal support, I have suggested that the dress should be changed, that the money necessary for the instrument should be saved, and rather be spent for placing her for a month in one of the homes in Brighton, that she should daily visit there one of my assistants, who would gratuitously treat her by spinal localised movements; an additional advantage would be there, the use of the tepid salt-water swimming bath.

Dr. Dally says, "It is my conscientious duty to call the attention of my colleagues to the bad effects of spinal sup-

ports; if orthopædic science has no other resources than these supports—which might belong to the primitive ages of the healing art, then it would constitute a *public danger*. Prof. Delpech, of Montpellier, called this treatment by instruments, '*an art which is more injurious than useful, kept up by collections of false plaster casts*' (made for the purpose of showing the imaginary results obtained by orthopædic instruments.

"Medical men must first give up all traces of physiological knowledge, in order to be able to imagine that the living body will mould itself like cotton, and that they can remove the projecting humps, and that they can reach and replace the costo-vertebral subluxations and dislocations by a mechanical compression of the projecting humps.

"The action of deformed joints is too complex, and cannot be cured by such a rude and rough treatment, which has been abandoned almost everywhere else except in France."

I am sure that Dr. Dally reading my notes will be sadly disappointed to find that old England is still boasting of numerous advocates of elaborate iron spinal supports, and that it is still at present too conservative to give up, during the present generation, the interests vested in these injurious instruments. I have in my collection, American and German spinal supports worn by patients of mine from these countries, which will convince my friend Dally that France is not the only El Dorado of orthopædic instrument makers.

The bad effects of the general use of spinal supports are confirmed by

A. SHAW IN HOLMES' SYSTEM OF SURGERY. 2ND EDITION.

"But the *efficacy of spinal supports is not to be relied on*. The endless variety of apparatuses of the sort invented, tried, and abandoned, shows the difficulties and disappointments connected with them. The main obstacles to applying mechanical supports successfully, proceed from its being impracticable to accommodate the rigid materials composing them, to the flexible and yielding form of a young person. Whatever ingenuity may be exhibited in the construction—in forming a secure *point d'appui* at the hips—in introducing contrivances to hoist up the column, or to unbend it—inserting props for strength, or compresses to push the gibbous ribs inward—it is liable to fail; because, while the metallic instrument retains one un-

changeable form, the compressible, flexuous body, encased within, is incessantly varying its position and shape.

“Lateral curvature of the spine in a young girl, however slight, ought always to be regarded as requiring immediate care; the patient ought not to be left to the chance of her ‘growing out of it.’”

Syme is also opposed to orthopædic spinal supports.

SYME'S PRINCIPLES OF SURGERY, PAGE 230.

“Should the patient unfortunately, during the process, fall into the hands of a machine-maker, who attempts to prop up the weak and twisted spine by means of iron frameworks, the morbid alterations which have been described will be accelerated; for all such contrivances must prove either insupportable to the patient, or inefficient in straightening the spine; and granting even that they could accomplish this, they would still labour under the great objection of confining the movements of the trunk, and preventing the muscles from obtaining that exercise which is essential to the recovery of their strength. The result would be not more satisfactory if the practitioner were to go to the opposite extreme, and, regarding the muscles as the sole seat of disease, attempt to strengthen them by enjoining exercise in the erect posture, or, still worse, recommending a weight to be carried on the head, in order to render their actions in balancing it more energetic than usual. Such means, however useful in preventing curvature, must manifestly tend to increase it when once commenced.

In the management of persons pre-disposed by their age, sex, temperament, or constitutional make, to this disease, every means ought to be used for strengthening the system in general, and the trunk in particular. All long-continued and constrained positions must be interdicted—frequent exercise of such kind as calls into action the muscles of the trunk, should be enjoined. The use of stays, corsets, and every rigid article of dress, however designated, must be strictly prohibited.”

THE LYING-DOWN SYSTEM.

The lying-down system, and the mechanical horizontal extension of the spine have been for some time in fashion, seemed to do some good, and are still advocated by some practitioners; but the improvement was only apparent, not lasting. The horizontal position (protracted sometimes

even for years), had a very bad influence on the general health of the young patients,—in fact it is not sufficient to diminish the curve, and to straighten the spine, but it is absolutely necessary to *invigorate the organs* which will maintain the straightened spine in its good position, therefore the weak atrophied or paralysed muscles must be strengthened.

This can neither be done by mechanical support nor mechanical extension, nor by a horizontal position, although this last, when used in combination with other rational means, is of the greatest value. Syme advocates the lying-down. If curvature has already taken place, it is evident that the first step towards reparation must be relieving the weak and bent spine from pressure. The only mode of effectually accomplishing this is to make the patient assume the horizontal posture, which can be done without any great hardship, if a smooth, well-stuffed sofa is provided, instead of the floor, or a board, which is sometimes used for the purpose. When the curvature begins to diminish, the patient may rise occasionally for a few minutes, and exercise the muscles by some suitable employment, which ought never to be continued after the slightest feeling of fatigue is experienced. By persisting in this system, the disease will certainly be arrested in its course; the distortion if not very great, will be removed; and the worst cases will be considerably improved.

During a short time, it appeared that Paré's iron corsets would give way to the tenotomy of the spinal muscles, advocated and performed by Guerin; but owing to Malgaigne's severe critical examinations of the results of the section of the tendons of the retracted and contracted muscles of the trunk and spine, these operations had soon to be given up.

GYMNASTIC TREATMENT.

Professor Delpuch, of Montpellier, was the first to try the scientific application of common gymnastics in the treatment of curvatures; he invented many apparatus on which special movements had to be done, and as he used special exercises in special cases he had many good results. But the inexperience and ignorance of the usual gymnasts of the nature and development, as well as of the treatment of deformities are the causes why the usual gymnastics have done more harm than good.

“There is no more difficult physiological problem than to determine exactly which positions and movements are the most suitable for the purpose of acting on a certain region of the body. Gymnastics, therefore, can be only of value when directed by a medical man acquainted with the study of muscular physiology, a study which is so complex that we frequently see parents justly alarmed because after having consulted two medical men about their scoliotic children, the one recommends the right-arm to be specially exercised, while the other especially recommends the movement of the left arm, although in the majority of similar cases, there is no rational indication for the special exercise of either arms. There is no doubt but that the common gymnastics, recommended by medical men, is sure to aggravate the scoliotic curvature, while the free exercises will only increase the strength of the parts which are well-developed, and which the patient uses naturally in preference to the weak ones.”—(Dally).

Electricity has also been used but merely empirically, just the same as vapour baths, fumigations, and other useful things. Unhappily, many of these means have been applied irrationally, and the consequences are that the public, followed by the profession, again take refuge in mechanical supports.

“I may now be justly asked what I suggest for all that which I have criticised. My answer is this—

“We do not find so much fault with the means applied, as with the unscientific mode of application, although we maintain that the so-called orthopædic corsets aggravate the complaints which they pretend to cure, and that there would be less hump-backed people if the iron corsets, cuirasses, metallic plates and levers, iron girdles, &c., were never invented; mechanical assistance may be used in cases where cervical extension is required, nor do I undervalue the help of apparatus when a part is to be fixed in a certain position—I have made use of all the means I have named.

“The treatment I am advocating is not a system based on the effect of a special agent, but on the combination of all those organo-plastic means, the good effects of which have been proved by experience, viz: suitable regime, fresh air, localised exercises and localised electricity, various hydro-

therapeutic applications, spontaneous or forced positions, and finally manipulation and passive movements."—(Dally).

My own experience confirms that of Drs. Eulenburg and Dally. I wish only to add that besides all the means named by Dally, I make use also of Ling's movements, with resistance, and the so-called self-straightening method; for which purpose the patient must be taught, first, to see when he is in a good or bad position; secondly, to try to retain it before the looking glass; thirdly, to be aware of the difference of mental impressions produced by the normal and abnormal position, and finally to change, by often repeated practice, the *intentional* good position (that is, the position which he obtains by the effort of his will for a short time) into a *habitual* one when the repeated efforts of the will are wanted no more. I lay special stress on the importance of directing the influence of the patient's mind to the effort of maintaining a good position, because no real cure of a lateral curvature can take place so long as the patient is unable to remain in the normal position without constantly thinking of this position.

DIET IN SICKNESS.

II.

BY JOHN H. CLARKE, M.D., Ipswich.

(Continued from page 27).

Rheumatic Fever presents a contrast in many ways to the exanthemata, and requires an exceptional diet. We know that patients suffering from this disease have an abnormal amount of lactic acid in their systems, and many think that the presence of this acid constitutes the essence of the disease.

"If meat in any form, solid or liquid, be eaten, it seems to turn into lactic acid, which many think is already in excess in the rheumatic blood—at all events, it adds to the quantity of organic acids in the body. The power of fully converting it into living flesh is wanting, and until this power is regained a semi-conversion into the substance named takes place. The smell of sour milk in the skin of rheumatic fever patients is well known, and seems to support the theory alluded to. Meat augments it, and adds to the acidity of the urine. The redder and more muscular the meat is the more it disagrees."*

* Chambers' *Manual of Diet*, p. 269.

Acting on the above hints I have lately restricted the diet of two patients suffering from rheumatic fever to a farinaceous diet, consisting chiefly of oatmeal gruel made with water. In one—a mild case—the perspirations were very slight and had very little odour, and in the other an excessive acid-smelling perspiration followed a good draught of milk taken just before going to bed. This was during convalescence when all feverish symptoms had subsided. In New Zealand acute rheumatism is one of the commonest diseases from which the colonists suffer, and the great cheapness of meat is offered as an explanation, certainly they take a much larger proportion of animal food than we do in this country.

The dietary of patients suffering from *inflammation* of any part or organ of the body does not differ essentially from fever diet. Inflammations however have this advantage, that the stomach is not so severely affected as in general fevers from blood-poisoning, the fever in the former case being only symptomatic. From this it follows that the diet need not be so strict, and should the tongue be clean and the appetite good, there is no reason why the lighter kinds of solid food such as soles, lightly boiled eggs, and light milk puddings should not be allowed. It is necessary to keep the quality of the blood up to the healthy standard if possible, as the healthier it is, the less fibrin it contains, and the more easily it circulates through the congested vessels.

I shall conclude my remarks on acute diseases with a few words on *acute dyspepsia*. The common form of this malady, which is accompanied by fever, and is termed by some "gastric fever," or "bilious fever," requires very little consideration in the matter of diet. The usual history is some error or excess, and if the patient can only be persuaded to lie quiet and fast, the offending matters of undigested and fermenting food will find their way into the intestines, which, irritated by their presence, will hurry them along and expel them with one or more loose stools and there the disease will end. The patient after a night's rest will rise with his usual appetite for food.

There is another kind of acute dyspepsia which is or is not accompanied by fever. There is the history of a chill followed by pains at the stomach of a neuralgic character, flying all over the chest and giving the patients alarm as to

their lungs. Food is taken readily, but about a quarter or half an hour after, the pain comes on severely and there may be vomiting of part of the food with mucus. Sometimes there is nothing but mucus. Flatulence is present and usually constipation. With cases of this kind the only means I have found of much service have been these, keeping the patient strictly at rest in bed, the bedroom being well heated, giving water gruel every three hours, and for drink, when there is thirst, as is commonly the case, barley water. They must have nothing *cold*. It is only in patients of low vitality that this is met with, and even a draught of cold water in this condition requires an amount of vital energy to heat it, which they are ill fitted to spare.

Chronic diseases. We shall commence our consideration of the appropriate diet for chronic diseases with *chronic dyspepsia* or *chronic gastric catarrh*. This form of disease is usually found in persons who have suffered from repeated attacks of acute gastric catarrh, or in drunkards; or it may depend on congestion of the gastric mucus membrane, consequent on the disease of other organs as the liver, heart, or lungs. It may also accompany other chronic diseases. It presents many varieties but all have much the same general type. There is a feeling of pressure or fulness at the stomach but not often severe pain. There is flatulence caused by decomposition of inješta which the gastric juice, being alkaline, cannot properly digest. The mucus acts as a ferment. The nature of the eructations depends on the nature of the food and may at one time be odourless, at another very offensive. The muscular action of the viscus is imperfect in consequence of its structure being infiltrated. Vomiting is rather rare. In the morning vomiting of drunkards the matter brought up consists chiefly of saliva swallowed during the night.

In these cases we cannot be too strict in the rules we frame for the patient's diet. Of course no general rules can be laid down to fit all cases, and each one must be studied by itself. But general rules are of service to the physician as guides in giving his directions. In all cases where the abuse of alcohol is the cause of the mischief its use must be entirely forbidden.

"Since the use of meat, and other animal food, particularly requires activity of the stomach, one might suppose that the

indication was to allow only vegetable diet to a patient with chronic catarrh of the stomach, the digestive power of whose gastric juice has become weakened, but experience teaches the contrary. The power of the gastric juice to convert the protein substances into peptone or albuminose, is diminished in chronic catarrh, it is true, but it is not wholly lost. If they be given judiciously and in proper form, the patients improve more than if fed only on amylacea, from which quantities of lactic and butyric acids are formed in the stomach. Fat meat and sauces are to be forbidden, the food is to be carefully chewed and only small portions of it swallowed at a time. Some patients get along very well when they only eat concentrated unskimmed meat broth; others do so when they only eat cold meat, and but little white bread. The latter prescription is especially useful in patients who suffer from excessive acidity, and, in very obstinate cases of this kind, instead of the cold meat treatment, we may recommend the use of salt or smoked meat. If it be considered curious that some patients bear meat better when it is in this indigestible form than otherwise, it is because the fact is overlooked that smoked and salt meat, even if indigestible, has this advantage over fresh meat, that it is not so readily decomposed as fresh meat. In one case that I treated, the patient who had chronic gastric catarrh with great inclination to acidity knew exactly when he must abandon all other food (because it increased the gastric juice) and limit himself to the use of lean smoked ham, sea biscuit, and a little Hungarian wine. The exclusive use of milk, the so-called "milk cure" agrees wonderfully with some patients while others cannot stand it at all, and we cannot tell before hand which will be the case. Buttermilk suits many patients better than fresh milk. In Krukenburg's Clinic I have seen very brilliant results from the prescription, "when the patient is hungry, let him eat buttermilk; when he is thirsty, let him drink buttermilk." Perhaps fresh milk is not so well borne, because it readily curdles in the stomach and forms large, firm lumps, while in the buttermilk the caseine is already curdled, but finely divided.*

To this I have nothing to add.

Gastric ulcer requires most careful dietary, which is often rendered extremely difficult by the depraved appetite of the patient. All kinds of indigestible substances are craved and not seldom the patient lacks the moral strength needed to overcome the craving. Every kind of food excites hypercemia of the gastric mucus membrane, but some kinds much more than others. A purely liquid diet is the best,

* Niemeyer's *Medicine*, vol. I, p. 498.

and if milk is tolerated nothing is better. If it curdles it should be given with white bread. Some patients who cannot take it fresh can take sour milk or buttermilk. I have known "koumiss" of great service in gastric ulcer. When milk is not tolerated in any form strong soups must be substituted. Malt extract is highly nutritious and easy of digestion.

There are many cases of *simple weak digestion* where there is no actual catarrh of the gastric mucus membrane, but where the body is in a generally feeble state and the digestive system along with the rest. This condition we often meet with in convalescence from acute diseases. In these cases the following points should be especially attended to. Food should always be taken warm, at regular and short intervals—not longer than three hours—in small quantities, and only one kind of food at a time, that is, not meat and pudding at the same time, but meat at one and pudding at another. Alcohol in some form is of real benefit in some cases of this kind. It raises the lowered tone of the digestive system till such time as it has been enabled to assimilate the food taken, and it should always be taken with food. When this is the case and the amount required has not been exceeded, there is no danger of depression following stimulation, the tone being kept up by the assimilated food. Care should be taken to limit strictly the amount, and to watch the administration as we do that of a medicine, stopping it when we find the good effect ceases. The form of the stimulant will vary according to the taste and constitution of the patient. Among the best wines are claret and hock, and the amount generally required is about six fluid ounces a day. Port contains too large a percentage of alcohol and should not be taken undiluted if taken at all. Half a pint of stout or ale twice a day is also a very good form in which to take alcohol. The quantity should never exceed what is required to increase the appetite and digestive power, and as soon as this has become unnecessary from permanent increase of strength and appetite, it should be discontinued. There is one thing which must never be left out of sight, and that is the possible ill effects of a moral kind it may have. Is the patient weak-minded? Are there drunkards in the family? Is the bodily good to be gained enough to counterbalance the possible moral evil? These are questions which the physician must put to himself and answer

before prescribing the remedy. Liebig's extract of meat is a valuable stimulant, and when taken with a little toast contains some amount of nourishing power as well. In a case I had lately, a patient past the climacteric, never at any time very strong, suffering from general debility after an attack of enteritis, was in the habit of taking half a pint of stout to her lunch each day. She wished to give it up if she could find a substitute. All the family are total abstainers, and she had been for many years till recommended by her medical adviser to take the stout. She derived decided benefit from it, although she greatly disliked it, and had strong objections to taking it. I suggested beef tea made from Liebig's extract, and she persevered with it for some days, but found she was not so well, could not take so much food, and had a sinking sensation at the epigastrium after what she did take. On resuming the stout, though she made no rapid gain in strength, she was decidedly stronger, and did not suffer inconvenience after meals. "Maltine," the non-alcoholic extract of malted barley, wheat, and oats, has been found of great service in cases of this kind.

Chronic Rheumatism—that is, pains in joints and muscles, from which some persons suffer, especially in changeable weather,—requires no special dietary, if the patients will accustom themselves to take mustard liberally with every meal, varying the quantity according to the severity of the pains. (Chambers.)

Gout should be met by a diet of abstemiousness, combined with plenty of exercise. Those who inherit the tendency should be accustomed to it from early years. Alcohol in no form should be given, and meat should be taken only once a day. Porridge may be taken *ad libitum*, and buttermilk is a good form of drink. If these points are strictly attended to, there is little cause to fear an attack of gout.

In *Chronic Bright's Disease*, we have a condition of anæmia depending on disease of the kidneys. There is inflammation resulting in blocking of some of the urinary tubules with degenerated epithelial cells, which have become distended with albuminous fluid. The circulation in the organ is obstructed, and the function of purifying the blood greatly impaired. There is failure also in the blood-forming process, and the number of red blood corpuscles is greatly diminished. In consequence of the

hydroemic state thus produced, of the increased pressure on the capillaries, consequent on the obstruction, and from some other reason unknown, there is an escape in many cases of watery fluid into the tissues and cavities.

To meet this condition, we must seek to supply nourishing food in most easily assimilable form, and to do this milk has been found sufficient in many cases. Niemeyer, and after him others have fed albumenuric patients solely on milk with most gratifying results, as much as six pints having been taken in the 24 hours. At any rate, the food must be rich in albumen, and strong meat broths will form a considerable item. As there is deficiency of red blood corpuscles in the blood, as well as a deficiency of albumen, iron in the form of *ferrum redactum*, taken after meals as a food, is often of great service. Water may be drunk freely to allay the thirst, and nothing is better as a drink. There is no danger of it "feeding the dropsy," which patients so much fear. It acts as a diuretic, and aids in clearing the obstructed tubules, and carrying away the impurities of the blood. Alcohol must be entirely forbidden.

Diabetics have lost the power of perfectly digesting sugar and amylaceous substances, and in choosing their dietary these must be as much as possible excluded. Koumiss has lately been tried with success as the exclusive diet of diabetics, and skim-milk is often of great advantage.

To describe with anything like minuteness the dietary of *Consumptives*, would require a separate paper. The great difficulty is to find anything the patients care to take. Milk and cream are most valuable food, if the patient can take them. Cod liver oil is an important item when it is tolerated, and we must exercise our ingenuity in devising modes of administering it to suit different cases. Fats of all kinds are, as a rule, loathed. Bacon fat is one of the most easily digestible, and another is mutton suet. The latter is often taken readily in milk. I usually direct an ounce of it to be chopped up very small, and simmered gently in a pint of milk for several hours. The milk must then be very carefully strained, and a cupful taken warm three or four times a day. This gives a rich flavour to the milk, and it is surprising how many patients like it. Pancreatic emulsion is mutton suet emulsionised with sweetbread, which renders it more easily digestible. Maltine should be of service in many cases.

I must here close this slight sketch of diet in sickness. It is a large subject, but if I have succeeded in pointing out broad lines to guide us in giving directions for the dietary of our patients—if I have helped any to form clearer ideas on the subject than they formerly possessed, the aim of the study has been attained.

Ipswich, *January 10, 1879.*

THE PONTRESINA BOY.

By R. TUTHILL MASSY, M.D., Redhill, Surrey.

(With Illustrations.)

DURING my recent wanderings on the continent, and while taking a morning walk from the Hotel Saratz, where I resided at Pontresina, to the "Five-cornered Tower," my attention was attracted by a strange faced boy, of the Mongolian type with a vacant, meaningless expression. I beckoned him towards me, and by a little bribery got off his soft hat, and then saw and felt his extraordinary pyramidal head, which reminded me forcibly of the Doge of Venice's



crown reversed from the side view. In front the width across the eyes to the prominent temples and zygomatic arch on each side was unusual. The remarkable flatness

above the nose gave this central organ a Wellingtonian outline. Next day I had a chat with Dr. Ludwig, the resident physician, and with his tact succeeded in getting a photograph. Both parents objected to have any exhibition made of this boy, but, as they had another younger—considered perfection—they finally consented to have the two grouped together, but not separate, and for this sitting they were to be presented with six copies.

After the first photograph was taken I managed to get the elder boy's side-face before the camera, and thus got this excellent profile. (See illustration.) The mother assisted



us here in pressing down his dark hair with her saliva, and making the deformity more visible on the cranium. On my return to Brighton I called on Mr. Edmund Wheeler, the photographic portraitist, to separate and enlarge the full face to correspond with the side view, and thus we are indebted to this art for the exact likenesses now before us. The boy is said to have a mathematical mind, at school keeps his place among the classes, and has a good character from the master. I have noticed this lad when playing on the road with bigger boys, to be their leader. His age is 13 years. The circumference of his head across the forehead and

temples measures twenty and a half inches. The greatest height from the ear openings over the elevation is fifteen and a half inches. From the same points behind the elevation, over the lowest part, measures twelve inches. This description will, I hope, give our phrenologists a distinct idea of this unique head, and the physiognomists of a Chinese face. As far as we could ascertain there was no skull shaping in infancy. The mother thinks the deformity is much less and the outline has greatly improved the last few years. His father, who is a member of the Guides Society, appeared to have a particular dread of my approach towards his house, for fear perhaps of my taking off the head of his precious son Luzin Lorenz.

Neither the father Hartm Lorenz, nor the son Luzin, have the physiognomy of the Saracenic type, which is oblong. The mother has a cast of that kind in the outline and expression of her features, which perhaps she has inherited from the Saracens, who built the tower about the tenth century to watch the traffic over the Bernina Pass. The entrance door is high up, like those in the Round Towers of Ireland, and would require a ladder to see the inside. The birds have taken up the seeds of the Cembran pine, for now this tree can be seen flourishing over the battlements. Its medicinal properties are especially anti-scorbutic.

I find by my diary that I entered Pontresina on the 25th of June, after spending a dull cloudy morning at St. Moritz. The day cleared up, and I witnessed a field day—the drilling of the Alpine volunteers. I met a Cambridge don walking off the accumulated fat of his superfluous dinners. Another day I ascended to the edge of the Morteratch Glacier. It was from the Piz Morteratch that Professor Tyndall, with his two friends and guide, were carried off by an avalanche, and found themselves all alive after tumbling and tossing a distance down of fully 1,000 feet. I may mention a little of my experience among the invalids I met in those “high altitudes.” One gentleman, with his wife, who spent a sleepless week at the Bernina Hospice, 7,658 feet above the sea level, looked the very picture of *wild misery*; another had bilious vomiting; another diarrhœa. A young clergyman at St. Moritz was attacked with serious fainting fits; another felt great lightness in the head, and so on were many complaining and had to return to the plains.



P.S.—*From my Diary.*—July 4th. Snow storms all day, cold, cloudy and damp at Pontresina, without the comforts of an English home. I did not believe that our English people were so gullible as to continue winging their way up here, and not observing and following the wise example of our Queen who seeks and finds health in the mountains of our island home.

July 5th and 6th. Clear sunny days from morning to evening, when the Roseg Glacier is seen clothed in all its beauty by the rays of the setting sun.

July 7th. Fine until 4 o'clock, then rain in torrents. The two mountain rivers rush and roar down the valley from the Roseg and Morteratch Glacier, to meet under my bed-room window, beating the boulders unceasingly by day and night.

July 9th. Dull, cloudy morning, valley overhung with mist after rainfall all night. Roads covered with thick mud. Sunshine at 1 o'clock, cleared up.

July 10th. Bright morning. Became dull and cloudy towards the afternoon with some rain, wind S., changed to N., became fine, and we drove up the Roseg Valley to the Glacier of that name.

July 11th. Cloudy; walked up the road with a cold wind and plenty of dust in our backs. Called on the collector of wild flowers, and then descended the pathway through the rich meadow, and over the wooden bridge to the other side, where I found the true *arnica montana* in full bloom.

July 12th. Lovely morning; all sunshine without clouds—their absence being felt by sensitive eyes.

July 13th. Fine all day until 8 p.m., when rain came down.

July 14th. Sunshine. Three degrees warmer than yesterday. Church cold inside, and felt so by many.

July 15th. Drove to the Bernina Hospice. Intensely cold biting wind.

July 17th and 18th. Dust, with great heat along the roads, so bad for the lungs. The Italian mowers have arrived with their short scythes.

Thus the days of July passed on, very uncertain sometimes, with cold winds and clouds of dust passing along the road. Some of our moonlight evenings were lovely, but the twinkling stars were not brighter or higher amid the orbs of heaven than I have frequently observed them from the Malvern range on the Worcestershire side, or from the Highlands in Scotland or Ireland.

A CASE OF CHRONIC CATARRH, WITH EXCESSIVE EXHAUSTION.

By GUSTAVUS PRÖLL, M.D., of Gastein and Nice.

AN American widow lady, fifty years of age, the mother of two children, was brought to Nice in January, 1875, in what was supposed to be an advanced stage of consumption. So ill was she on her arrival, that the proprietor of the hotel to which she went was at first unwilling to receive her, fearing that she would die before reaching her bed, so great was her state of exhaustion.

On visiting her I found that she had suffered for many years from leucorrhœa, the discharge being thick and green. Her physician had, to check this, prescribed injections of zinc, of alum, and of a solution of tannin. This treatment so far succeeded, that the uterine discharge ceased. But as it did so, cough, at first dry, and subsequently attended by a whitish expectoration, came on. Cough and expectoration increased daily, rest was prevented, and emaciation progressed rapidly and alarmingly. Again the remedies used were zinc, alum, and tannin; but now in the form of inhalation. No improvement took place, on the contrary, the cough became drier and more frequent. The general symptoms of consumption being present she was advised to resort to the mild climate of Nice. So ill was she that her family regarded her surviving the journey almost as a miracle. Her condition when I saw her was as follows:—

Face extremely pale; blue, lustreless eyes; fair hair; tongue coated white; very little appetite; great thirst; diarrhœa frequent, but painless; stools odourless; urine small in quantity, with white clouds and white deposit. The voice is weak; cough exceedingly troublesome, principally morning and evening, coming on in paroxysms every quarter of an hour, followed by profuse foul-smelling perspiration, and by the expectoration of a great quantity of stringy matter, resembling the white of egg, but without any blood. The respirations are 25; and the pulse 100, hard and not weak. The physical signs give no indications of tubercular disease in either lung, but simply of chronic catarrh, with commencing emphysema of the left lung.

The whole body is much emaciated, the skin very delicate, the perspiration emitting a foul odour. Her mind is clear, strong, and hopeful.

The inhalations I ordered to be stopped at once, and directed her to have milk for breakfast and supper, with rare meat and beer at dinner.

During the first two weeks of my attendance, I gave her *calcareo carbonica*, during the third and fourth *sepia*, and during the fifth and sixth *natrum muriaticum*. Each was given in doses of three drops on the tongue before each meal.

The cough diminished while taking the *calcareo*, improved still further under the influence of *sepia*, and on the twenty-eighth day leucorrhœa re-appeared, and daily increased in quantity. I then suspended the *sepia*, and gave *natrum muriaticum*, when the cough almost entirely disappeared, and the itching sensation of the vaginal and uterine mucous membrane, which so greatly disturbed her rest, diminished, fever became reduced, appetite returned, her strength was re-established, and by the end of six weeks she was quite well, and able in spring to take long walks, and during the summer to climb some of the high Swiss mountains.

Nice,
30th December, 1878.

REMARKS ON THE USE OF KALI HYDRIODICUM IN CERTAIN UTERINE DISEASES.

BY DR. DUNCAN MATHESON.

(Late Physician to Diseases of Women, at the London Homœopathic
Hospital.)

HAVING been in the habit, for a considerable time past, of making use of iodide of potassium in the treatment of certain uterine diseases; and, having been struck with the satisfactory results that have attended its use, I have become strongly impressed with the conviction that its value as a therapeutic agent is far from being appreciated as it ought to be by the profession at large. It may, therefore, be of interest to the readers of this journal if I indicate very briefly the nature of those results, as they have come under my own observation, together with the class of cases in which they have been obtained. In many diseases of the uterus, notably fibroid tumours, metritis in its various forms, and sub-involution, hypertrophy, or

enlargement of the organ, or of a part of the organ, is a very constant and prominent symptom.* It is in such cases that I have found this agent of special value. Its effect in all these cases, when judiciously administered, is to cause the partial or entire disappearance of the enlargement, with all the distressing consequences attending such a condition. The discutient properties of the drug have been, of course, recognised by the profession for many years. The difficulty, on the part of our allopathic brethren, has been to bring themselves to use a dose simply sufficient to produce its curative effects without injuring the constitution. Simpson, in speaking of the value of bromide of potassium in the same class of affections, refers to the iodide as fitted to be useful, but as incapable of being administered so as to procure curative results, from the simple fact that before it can accomplish this it damages the patient's general health; but the remedy for this seems obvious enough, viz., to follow the rule invariably acted on by every good homœopath—that the dose should be that which will cure without injury to the system, *and no more*. On the other hand, however, homœopaths fail to obtain the full benefit that might be derived from the use of the drug, in consequence of a similar unwillingness on their part to deviate from the principle of infinitesimals, a principle which forms no essential part of homœopathy, and which certainly does not meet the requirements of every case of disease.

The dose which I myself usually give ranges from a tenth of a grain to a grain, and it is of the results of such doses that I wish now to write. Such doses I have found generally to produce the most satisfactory curative results without any constitutional disturbance, though cases will occasionally occur in which, on account of individual idiosyncrasies, it may be necessary to reduce the dose very much lower.† In illustration of these remarks, I may be permitted to narrate a case or two.

Mrs. Z., aged 49 years, and the mother of five children, applied for advice on August 29, 1877. At that time her condition was this: Abdomen as large as that of a pregnant woman at six months; face emaciated and indicative

* A condition which, as we all know, is a frequent predisposing cause of hæmorrhage, and other very dangerous affections.

† In one case, well known to my friend Dr. Bayes, the tenth part of a grain on two separate occasions gave rise to most violent epistaxis.

of suffering, dysmenorrhœa, catamenia occurring once in four weeks, and lasting one week; constant leucorrhœa, urine natural. On examination, the uterus was found immensely enlarged, fundus occupied by a fibroid of the size of a child's head, and organ anteverted. Some years previously she had had constant metrorrhagia, as well as the swelling of the abdomen. For these symptoms she had applied for advice to my esteemed colleague, Dr. Drysdale, of Liverpool, to whom she expressed great gratitude for modifying the metrorrhagia, and other uterine symptoms, to the extent described. In order to subdue the acute congestion of the parts I, at the first interview, prescribed one drop of the first decimal tincture of belladonna four times a day, which, in the course of about ten days, had produced the desired effect. I then decided to act on the tumour in a direct manner, and ordered 1 gr. of *kali hyd.* thrice a day; and, in the course of a fortnight the swelling began to diminish, while in a few weeks more every external sign of swelling had disappeared, as well as the menorrhagia and dysmenorrhœa, and on internal examination the tumour was found to be reduced to the size of an egg. As a matter of precaution I have advised this lady to take a month's course of the same remedy several times from that date till now, and she remains to her own consciousness perfectly well, without any ailment or diseased symptom whatever. No doubt, though unfelt by the patient, the remains of the tumour can still be detected, but evidently without causing any uneasiness.

On October 30, 1878, I was summoned to Mrs. B., who was a stranger to me and was said to be apparently dying from flooding. I found the lady, who seemed to be about fifty years of age, in a faint and exhausted condition from hæmorrhage which had continued unchecked for several days, and on enquiry I ascertained that she had been liable to similar serious attacks every now and then for many years, at intervals, with one exception, of not more than two months. A tumour of the size of a large egg could be distinctly felt in the right iliac region, and a digital examination showed that it was contained in the uterus. The os was indurated and ulcerated, and very tender to the touch.

The case being grave and the flooding not yielding sufficiently rapidly to the ordinary homœopathic remedies, I had recourse to the hypodermic administration of ergotine, using

three of Savory and Moore's discs of this drug, which almost immediately controlled the bleeding. This having been accomplished I prescribed 1 grain of iodide of potassium three times a day, and up to this date the lady in question has not had the slightest return of the bleeding; she has recovered her former ruddy complexion which she had lost, no tumour whatever can be found either externally or by digital examination, the other symptoms—the indurated and ulcerated os—have also disappeared; and in fact she is in the enjoyment of a state of health to which she had been a stranger for ten years.

It would be an easy matter to multiply such cases, but the two described will serve as typical cases, and may encourage those who have not been in the habit of making an extensive use of this remedy to give it a more prominent place in their treatment of those very intractable and very important diseases I have specified.

4, Granville Place,
Portman Square,
January, 1879.

ON EXTERNAL APPLICATIONS.

BY DR. FENTON CAMERON.

“Do as adversaries do in law,
Strive mightily, but eat and drink like friends.”

—*Taming of the Shrew.*

THE readers of the *Review* are now in possession of Dr. Dyce Brown's views on the subject of “External Applications in Homœopathic Practice,” which he promised in the end of his short article on “Follicular Pharyngitis,” which appeared in the number of the *Review* of November, 1877.

As the writer occupies the chair instituted by the London School of Homœopathy for teaching the principles and practice of homœopathic medicine, anything from him connected with his subject necessarily acquires an importance which, did it not proceed “ex cathedrâ” as it were, it might not otherwise possess. And as his directions about “swabbing the parts” in obstinate cases of follicular pharyngitis were given to students (who very properly and naturally attach much value to the utterances of their teacher), and seemed to me to be in direct opposition to

the principles and practice of homœopathy as handed down to us, with full and clearly expressed explanatory reasons attached, by Hahnemann; and also to be exactly what may be heard any day in a lecture room, or read in a manual on the practice of allopathic medicine, I took exception to them at the Congress held at Liverpool in 1877. My remarks, although they were, along with those published in the *Organon*, the origin of Dr. D. Brown's paper in the *Review* of Dec. last, are now of little importance, since we are in possession of his views on "external applications" in full, therefore I will refer to them in justification but briefly.

The words to which I took objection are as follows: "Follicular pharyngitis is frequently, however, a very obstinate affection, and in certain cases you may require to assist the internal treatment by local applications, which may be either applied by swabbing the parts, or by the atomising apparatus. *The best* (the italics throughout this paper are mine) of these applications is the pure tincture of *hamamelis*, a drug which I will hereafter mention as a remedy of great value in chronic varicose states, and as having a special affinity for the venous system. Or you may use *nitrate of silver* grs. xx. to $\bar{3}$ i., or *tinct. ferr. perchlor.* or *alum* in solution v. to x. grs. to $\bar{3}$ i. You will understand, however, that I do not advise these local stimulants, *except in such obstinate cases as resist internal treatment.*" In regard to these instructions, given by the lecturer to his class of students, I confidently ask any one conversant with old school teaching, whether they are not wholly allopathic both in matter and manner? The remedies recommended are allopathic in their proportions. There are no directions given to individualise the case and to select a simillimum from among them. *Hamamelis* is indeed pronounced *the best*, because it has "great value in chronic states, and has a special affinity for the venous system." But the student is left free to choose, from among the four drugs named, whichever may strike his fancy, for are they not all local stimulants, and does not the case require stimulation? As I said at the Congress, I now repeat,—“If this is not allopathy” (under the guise of course of homœopathy) “I do not know what it is.”

But a question occurs to me, as it has done to our allopathic brethren, which is this. As the above-named external applications are recommended to be used in obstinate cases which have resisted internal medication, and are

therefore presumably more potent to cure than medicines used internally, why not commence at once to treat every case with them, instead of wasting the patient's time, health, and money by using the less efficacious means? because, if these applications are more to be relied on in obstinate cases than internal medication, they will, *à fortiori*, be still more potent to cure before the case has had time to become obstinate.

The instructions given by the lecturer are moreover in direct contradiction to those which Hahnemann gives for exactly such local affections as the lecturer was speaking of, which are contained in the 194th and following sections of the *Organon*, where besides detailing his reasons for objecting to applications "to the spot," he directs in *obstinate cases* the use of anti-psoric remedies, as taught in his work on "chronic diseases," by which he declares that a cure of the entire diseased condition can alone be wrought. To these directions of the Discoverer of Homœopathy the lecturer makes no reference whatever.

Dr. D. Brown, in November, 1877, says that "such local stimulants as nitrate of silver are quite different in their aim and action from those external applications which Hahnemann denounces, and which have the effect of driving in the external manifestations of 'internal psora,'" a statement the correctness of which the reader, after studying the sections of the *Organon* which I have referred to above, can judge for himself. But Dr. Brown has now (Dec., 1878) found out and "admits that Hahnemann strongly discouraged, or rather forbade the use of any external treatment whatever." He even says that he forbade the use of poultices and fomentations. Now so far from Hahnemann having forbidden all external medication, in a prefix to the 3rd part of the 2nd edition of his work on *Chronic Diseases*, published in 1837, and inserted in a footnote at page 299 of the *Organon*, he speaks of external applications as having been "very much tested" by him in chronic diseases, and "uncommonly efficacious," and "accompanied with the most strikingly happy results" if used according to the method which he there describes; and where he objects to poultices and fomentations I have not been able to discover. Indeed, one would rather infer that he did *not* object to them in suitable cases, from his remarks on heat and cold in a foot note at page 101 of the introduction to the *Organon*.

In this introduction Hahnemann fills many pages with an enumeration of cures homœopathically wrought by allopathic physicians, who were, of course, ignorant of the law by which the cures were obtained. Before commencing to detail them, however, he says that they "are by no means to be regarded as arguments in favour of homœopathy, because it stands firm without the aid of such support." That homœopathy stands firm without the aid of such support was also one of his reasons for refusing to sanction the use of adjuvants similar to those which Dr. D. Brown now advocates, which many in his own day also advocated; and although the doctor seems to think that he was influenced by the "tabooing and persecution" that he endured at the hands of his allopathic opponents and detractors, Hahnemann himself declares that he "heeded neither the ingratitude nor the persecutions that he met in his path, which, wearisome as they were, were not without pleasure on account of the great end to be attained." The reader can decide for himself whether Hahnemann knew, or whether his commentator now knows best the state of his mind in regard to this.

Dr. Brown says that "Hahnemann's immediate followers trod closely in the footsteps of their master, and *never even thought of disobeying the strict injunctions* they received to abjure the use of external adjuvants." This is simply a repetition of the old worn-out assertion that Hahnemann's immediate followers, and of course those who since their day have striven to follow him, were merely obeying his dictation, and "swearing in the words of the master," and were not guided in the course they pursued by reasoning, fortified and upheld by practical results. Such an assertion, for it has no claim to the title of argument, seems to me to be unworthy of the writer, and rather to weaken than strengthen his position.

Having now found out that Hahnemann *forbade* the use of such external applications as he advocates as showing that "the law of similars has a more extensive range in general therapeutics than the mere administration of medicines internally," (for which prohibition, however, Hahnemann gave ample and cogent reasons, to which, by the way, no allusion whatever is made in the paper) Dr. Brown goes on to develop his views as to external applications, including blisters, sinapisms, wet compresses, poultices, collyria, vaginal and urethral injections, and iodine.

It will at once be seen by the attentive reader that the author, throughout the paper, is advocating the *general therapeutic* principle, and any one acquainted with the *Organon* of Hahemann will see that his entire argument is in direct antagonism to the principles of homœopathy, enunciated at great length and with great clearness of expression, and practised with such success by its discoverer and founder. In fact I hold, and I believe that no student of Hahemann's *Organon* will decline to agree with me, that, *by his having published his paper on "External Applications,"* the author, a professed teacher of homœopathy, has avowed himself to belong to the number of those whom Hahemann combated in his day with many a bitter word and taunt, calling them mongrels, men ignorant of the meaning and spirit of homœopathy, &c., &c.

I could easily occupy the pages of the *Review* by repeating the arguments Hahnemann used against such a position as the writer takes up, but this would be the work of a mere copyist, for I have none that are new to adduce, and as they are all contained in his *Organon*, anyone who desires to make himself acquainted with them can readily do so. Besides, I do not see what good it would do to state them here, for the writer and I might fire off article after article at each other without much result.

There is, however, a way by which a definite settlement of the question between the writer and myself, or rather between him and Hahnemann, may be arrived at. To those who attacked homœopathy in his day, Hahnemann proposed a test, and that test is applicable as much in these times to those who advocate principles, though under the name of homœopathy, contrary to those held and taught by him, as it was to his more open and personal opponents in his lifetime. I maintain that Dr. Dyce Brown, and those who agree with him, ought in all fairness to submit themselves to that test, which I will transcribe immediately, before they assert that the homœopathy which Hahnemann has enunciated and handed down to us, with such minuteness of description and amplitude of reasoning, can be improved by such a loose and general application of the "law of similars" as they recommend and employ in practice.

In his preface to the third volume of the *Materia Medica Pura* Hahnemann gives the following challenge. "There is another method by means of which the homœopathic

doctrine can be overthrown, provided its overthrow is at all possible.

"This doctrine rests exclusively upon experience. Imitate its indications, and you will find them true. I ask of you what no author of any *Materia Medica* or system of therapeutics has ever asked before. I ask you, *most urgently (italics in the original)*, to judge homœopathy by its results.

"Take a case, of course one for which a homœopathic remedy has already been discovered, note down all its perceptible systems in the manner which has been taught in the *Organon*, and with a correctness with which the author of the *Organon* shall be perfectly satisfied, apply that drug which shall be perfectly homœopathic to all the symptoms, the dose having the size prescribed in the *Organon*, avoiding all those heterogeneous influences which might disturb the action of the drug, and if, under these circumstances, the drug does not afford speedy and efficient help, then publish the failure to the world in a manner which shall make it impossible to gainsay the homœopathicity of the drug, and the correctness of your proceedings, and the author of homœopathy will stand confounded and convicted."

Now, although the writer, who teaches the Principles and Practice of Homœopathic Medicine in the London School of Homœopathy, declares that "no one is a firmer believer in the law of similars than himself, (by which I presume he means homœopathy) and that he is equally jealous with the strictest of our body of any *unnecessary departure from the method of treatment which we are proud to uphold*, which is so scientific, and so *almost universally applicable to the cure of disease*;" yet I hold that before he continues the teaching contained in his paper, he is bound, nay doubly bound, by his position as teacher, to prove to open demonstration that such a "departure" is not "unnecessary" by publishing a case, or cases, which he has treated strictly according to Hahneman's directions, and which he has failed to cure thereby. Until he has done this, and neither he nor any one I have ever heard of has yet taken up Hahneman's challenge, he tacitly acknowledges that he is teaching, not homœopathy, but what Hahnemann (and surely he knew, and had a right to declare what is and what is not homœopathy,) denounced as *mongrelism*. I therefore challenge, and *I have a right to challenge*, Dr. Dyce Brown and all of his school to put

Hahnemann's test to the proof. If they can prove his homœopathy to be faulty, let them go on their way rejoicing, and enlarge homœopathy in any way they choose, but if they decline the attempt, or, having tried, fail, they have no right to proclaim and teach, as homœopathy, that which the discoverer and founder of the system declared to be antagonistic to it. In conclusion, not only of this paper, but of all I have to say on the subject, I would add, that were the *Organon* of Hahnemann and his work on *Chronic Diseases* to be more studied by professing homœopaths than they are at present, (I have myself conversed with a full-blown homœopath who owned that he had never read the *Organon*) we would see less of that loose professional morality now so much in vogue, which brings homœopathy into contempt and makes it a laughing stock among our allopathic brethren, but which enables any person, by calling himself a homœopath, to pose as a liberal and large-minded man, who declines to be restrained by narrow and sectarian bonds—but is bent on extending the boundaries of homœopathy it may be even into the region of "general therapeutics" itself.

REVIEW.

Basil Ormond, and Christabel's Love. By the author of "The Lays of Ind." London: Thacker & Co., 87, Newgate Street. 1878.

We had the pleasure of recommending "The Lays of Ind" to the attention of our readers about two years and a half ago, and now we feel, if possible, a still greater pleasure in introducing to their notice these two charming poems. Charming they are in every sense. Their fidelity to nature, the descriptive power by which they are so strikingly marked, the tender and most touching pathos which characterises them, cannot fail to secure highly appreciating readers. Seldom have we read truer or more healthy poetry, or any which bids fairer to afford real pleasure to all who can enjoy a simple tale told in pure and easily flowing verse.

Though published in a sense anonymously, they are so in a very limited sense, as most people are aware that the author of "The Lays of Ind" is Capt. Yeldham, of the 10th Hussars, the son of our old friend Dr. Yeldham.

NOTABILIA.

OPENING OF THE SOUTHPORT SANATORIUM
FOR CHILDREN.

TWENTY years ago Dr. Blumberg took the initiative in establishing a Convalescent Home for Children in the town of Southport. The building occupied has proved to be not only imperfectly adapted, but quite inadequate for the purposes designed by the founder and those who were associated with him in promoting its prosperity. Since Dr. Blumberg's return from the Continent a vigorous effort has been made to provide suitable accommodation for the patients. The new building was opened on the 28th December, 1878, when a memorial stone was laid by Lady Lindsay, and the members of the committee and their friends were afterwards entertained at luncheon by Captain Hesketh.

At the first portion of the ceremony there were present the Right Hon. Lady Lindsay, the Right Hon. Lord Lindsay, the Mayor (S. Boothroyd, Esq.), J. Atkinson, Esq., president of the institution; J. J. Banning, Esq., vice-president; B. Boothroyd, Esq.; J. Gillet, Esq., treasurer; Dr. Blumberg and Dr. Harvey, medical officers; Miss Annie Ainsworth, hon. sec.; the Mayoress, Mrs. Ainsworth, Mrs. Hall, Mrs. Nicholson, Mrs. Atkinson, Mrs. Knowlys, Miss Hesketh, Mrs. Riley, Mrs. Betham; Aldermen Nicholson and Welsby; the Revs. Canon Clarke, D.D., Dr. Porter, C. H. Knowlys (Rector of North Meols), C. S. Hope, Holland, J. Fergie (Wigan); Captain Hesketh, J.P.; Messrs. T. S. Rogers (Hesketh Park), Doke (Birkdale), Betham, T. C. Riley, E. Fletcher, Sutton, and many others.

The party being assembled in the vestibule of the new building, which was decorated for the occasion with wreaths of holly and appropriate mottoes executed in evergreen, the Rector of North Meols offered up a brief prayer. Lady Lindsay occupied a seat on a chair near the place for the reception of the memorial stone, and to her the Mayor addressed some kindly words of welcome. One of the child inmates of the institution next presented a bouquet of hothouse flowers to Lady Lindsay, who received them with many kindly expressions of pleasure.

Mr. J. Atkinson said it was his happy privilege, as president of the institution, to state emphatically his pleasure at being present on such an occasion, and in declaring from that day forward the building in which they were assembled would be dedicated to the relief of poor children for the north and north-west part of England. When children rose from a bed of protracted sickness, they were greatly weakened, and sometimes fatal results took place from the miserable surroundings in which they were placed. Living in the midst of our large cities and

towns, and breathing the impure and poisonous atmosphere of the manufacturing districts, they had but little chance of battling with disease. Besides that, the sad poverty of their homes, the want of good nourishment, and of kind nursing, are much felt in such cases. On the other hand, they invited those children to Southport, which is considered the Montpellier of the North—at least it was generally supposed to be so—and in taking them from their wretched surroundings to the institution, every effort was made to give them a hearty welcome and make them as happy as possible. They had a liberal diet, good nursing, and excellent medical attendants; gentlemen who, much to their honour, did not take any contribution for their services. Their efforts to create a healthy constitution in the weakly bodies of the children had been most successful. Last year out of 93 cases treated during the twelve months, only two proved fatal. There were 62 restored to their homes quite recovered, and the rest partially so. And this was achieved, notwithstanding all the disadvantages they had been working under for the last seventeen years, in the wretched building which he believed was one of the worst in Southport. Now they had a noble building, with its appliances all that could be desired; and they were ready to receive their patients at once. Convalescent homes were of very recent origin in England. It was not until 1840 that the first for adults with two branches for children was opened at Walton-on-the-Thames. The example was soon followed, and soon after the one for adults in Southport was erected. The Committee had long been wanting the present establishment. An attempt was made four years ago to procure funds to raise a building similar to the one they were about to open. This failed; but at the end of the four years they repeated their attempt. When they had got about £560 they began to feel their way, and relying upon the generosity of the public, they undertook to incur an expenditure of £4,000; and so began operations with only about £560 in hand. In the course of a month it became known to them that there was in Manchester a large fund called the Lancashire Cotton Famine Distress Fund, and they thought theirs was a case in which help could be given. At first the committee for the fund told them that they were not within the scheme of the fund's operations; but, nothing daunted, the committee of the Sanatorium put their institution within the scheme and sent in a second appeal. The committee of the fund entertained the application and sent their architect down, and in September last five of the governors, amongst whom were Lord Derby and Lord Winmarleigh, came down to Southport, and had a personal inspection of the building. They took the matter into consideration, and the committee was told at the close of the meeting that they had resolved to give them the grant.

(Hear, hear). The £2,500 which was thus given was not yet in hand, but the Committee of the Famine Fund were merely waiting until the conveyance was complete, and then they would get their money. The financial position of the Institution was:—£1,400 had been realised by donations; £200 by the efforts of the Ladies' Committee, of whom he was proud, for he could do nothing without them, for whenever they had a difficulty one of their ladies took action, and they were in funds at once—the sale of their stock realised about £600, and they had enough to pay all their debts, and to leave between £500 and £600 in their favour. (Loud applause.) In conclusion, he had extreme pleasure in thanking Lady Lindsay, on behalf of the committee, for the honour she had done them by appearing on the occasion. He had the further pleasure that day to be enabled by the liberality of one of their chief supporters, Mrs. Knowles, who was unable to appear, to present her with a trowel, with which she might lay, in a workmanlike manner, the memorial stone. He therefore begged her acceptance of it.

Lady Lindsay, on receiving the trowel, said "It gives me great pleasure to come to Southport, a town I have known from childhood, and more particularly as the occasion of my coming is the opening of a new home, a valuable and well-managed home, the Southport Sanatorium for Children." (Loud applause.)

Lady Lindsay then performed the ceremony of laying the memorial stone, after which she said:—"Mr. Chairman, Mr. Mayor, Ladies and Gentlemen,—I thank you for your kind reception, also for the trowel which has been given to me, and which I will keep as a memorial of this hour. I hope the new building for the reception of sick children will have many, many years of prosperity."

The Mayor then proposed three cheers should be given for Lady Lindsay, and the proceedings closed with a verse from the National Anthem, an invitation being given for all to inspect the building who chose.

The luncheon took place at the Victoria Hotel, when upwards of a hundred guests were entertained by Captain Hesketh, who, after the customary loyal toasts had been disposed of, proposed the toast of the day, the "Sanatorium for Children," in doing so he said that he had seen in the hall of the new place his name painted up in large letters, amongst many others, as a supporter of the institution, but he believed it was the first time he had had an opportunity of publicly wishing success to the Sanatorium; and he did it then cordially, and he would always be happy to do what he could for them. He believed that in the present hard times such institutions were doubly useful and necessary. He desired to thank Lady Lindsay very cordially for her kindness in coming down to open the new building.

Mr. John Atkinson, president of the institution, in responding, said he was glad that Lord and Lady Lindsay had expressed their pleasure at seeing the noble structure which had been opened that day. It was an institution which was giving invaluable aid to the community, for they were improving the nerve and the muscle of the rising generation throughout the country as far as their means went. It ought to be noticed that this was not a local institution. (Hear, hear.) It was for the benefit of the community, and he thought they ought to feel a response from every part of the community whence they received patients. It was equally notable that they did not meet with that response; but he hoped that they would soon do so. After the contribution of £280 by Southport there was only the small sum of £40 additional contributed by all the different districts of the country. They had Liverpool, Manchester, Blackburn, and many other large places, all of which sent patients to them; and yet the sum contributed by those places was not more than £40. He hoped that would not occur again; and he hoped that the institution would increase, because it was of vital importance to the country.

Dr. Blumberg then proposed the health of Lady Lindsay. There was no pleasanter hour in the life of an individual than when, after a long toiling for some favoured plan which has taken the energies of the mind, he at last sees the moment come when the crown of success is awarded. Such a pleasant moment he was then experiencing. Twenty years ago, when the idea first struck him, a Convalescent Hospital for the poor sick children of the neighbouring manufacturing district, to give them the benefit of the beautiful air which Southport possessed, of the good nursing, and he might say the improved medical treatment of that system of which he was a humble disciple—he never thought that in the course of a few years that simple cottage in which they commenced would be enlarged to so magnificent a building as they now had. Nor did he think that the few friends who helped him then—and amongst whom he had the great pleasure in saying was the late lamented Rector—would increase to the number, which was represented by the splendid assemblage of that day. He must not tell them how well the task of declaring open the Institution had been done; how gracefully and efficiently the ceremony had been performed by Lady Lindsay. He thanked her in the name of all present. But he wished also to couple with the toast the name of Lord Lindsay. They were honoured with his presence not only by his rank, but because he was a man who had added lustre to his name. He was not going to speak of him as a legislator, but as a man of science, the man who went out to observe the transit of Venus, and whose observations on that occasion had met with

universal approval. He thought they would appreciate the kindness of Lord and Lady Lindsay in tearing themselves from a circle of friends and coming amongst them, to grace with their presence, and to give *eclat* to the opening of the Sanatorium. He would conclude with the words of the poet which he thought were very appropriate to Lord and Lady Lindsay :—

A noble pair—a son of earls—
Renowned in song and story—
And she, whose highborn beauty adds,
A glory to his glory.
A noble pair—may God above
Shield them from grief and sorrow,
Grant them to live a life of love
Increasing with each morrow.

Lord Lindsay, in responding, assured them that the hearty reception Lady Lindsay had met with went to their hearts ; and the cordial feeling shown to them in the last speech was a matter of further gratification. He could only say that having been instrumental that day in the opening of an institution which, he hoped, would flourish and continue its good work, he was certain it would be very many years before they would ever forget that day. He was extremely pleased and gratified to find that the institution they had opened that day was not merely a local institution, but was to extend its operations all round the north-west parts of England. He was quite certain that if the fact were better known, it would cause more subscriptions to come to their coffers, and he hoped the meeting would have a good result in that direction. He could only say that if Southport went on increasing in the manner it had done in the past five years—for really when he got out of the station he did not know where he was, as the whole face of the town appeared to have been changed—it would be one of the finest health resorts in the country. He hoped it would go on increasing ; and, in conclusion, he asked them all to drink to the prosperity of Southport.

The Mayor in responding, said that the prosperity was not very great in Southport at present ; but when prosperity returned to the Earl of Balcarres' own district of Wigan, and to the rest of the country, he was quite sure they in Southport might expect a fair share of it. With respect to the Institution he did not think it was imposing enough. The title of the Institution did not represent the objects at all. He would suggest, in passing, that it would be a much more proper title if they called it the Northern Counties Sanatorium, Southport. He offered that as a mere suggestion for the Committee to deal with. If they continued to call it the Southport Sanatorium they would get but little support outside Southport ; but if it were made a national thing of, they would get support from all parts, and people who

sent children to the Institution would also furnish a large amount of contributions. In conclusion, he thanked Lord Lindsay and all present for the kind manner in which the toast had been proposed and received.

Alderman Nicholson then proposed the health of the chairman, through whose kindness they were met there that day.

Mr. J. Atkinson responded on behalf of the chairman.

Canon Clarke, in proposing the health of the medical officers, Dr. Blumberg and Dr. Harvey, spoke in high terms of their skill. He rejoiced that the institution had been so successful, and that they had so fine a building. He was glad, too, to think that the day on which the opening ceremony was fixed was Innocents' Day; it was very appropriate.

Dr. Harvey responded to this toast.

Mr. J. Atkinson, who occupied the chair, Captain Hesketh having left to accompany Lord and Lady Lindsay to the station—next proposed the health of the ladies. It was principally owing to the exertion of the ladies' committee that they owed their present success.

Mr. H. Bolland, in reply, said that the benevolent action of the ladies on the committee of the institution, was only another proof of the kindness the other sex invariably displayed; and of their aptitude for all good works. He hoped the ladies on the committee would go on with their good work, and he thought that if he might speak on their behalf they would promise to do so.

ALLOPATHY OF THE PERIOD.

In America it would seem that the allopathic authorities are following the example of Drs. Ringer and Phillips, in serving up homœopathic treatment as the newest thing in allopathy, and as a substitute for the old unsatisfactory treatment. Dr. Bartholow stoops, while adopting the new system of therapeutics, to the meanness of calling those to whom he is indebted for his valuable information "quacks."

The following letter, showing the effect of such conduct on the mind of an enquirer whose views are in an unsettled state, is too good not to give to our readers entire. It is extracted from the *St. Louis Clinical Review* :—

THE VALUE OF ALLOPATHIC TEACHINGS IN MATERIA MEDICA.

An Open Letter to Professor Roberts Bartholow, M.D., Author of "A Practical Treatise on Materia Medica and Therapeutics."

BY SAMUEL POTTER, M.D., MILWAUKEE, WIS.

My Dear Professor,—When your valuable text-book first made its appearance (1876) I bought it, and have studied it

carefully and systematically, in order to ascertain if modern research has found any straight or sure path through the hitherto tangled maze of therapeutical science. I had read the strictures of the most eminent men in the profession on its scientific value, and, though partially committed to the doctrines of similia, small doses, and the single remedy, I could not make up my mind to fully accept the homœopathic doctrine (or any other) as the guide of my professional career. But, out of this condition of doubt and irresolution, I came forth, after a careful perusal of your book, and it would be ungrateful in me if I did not acknowledge the debt, and wrong if I neglected to point out to others one of the means whereby the darkness was dispelled, and my therapeutical gaze fixed upon the light of truth. Having heard a good deal of abuse of homœopathy from the medical press, and individual members of the old school, I turned to the newest text-book published then in England (Ringer's), but found it so full of homœopathy and little doses, that I was disgusted. Consequently, when an illustrious American teacher, like yourself, announced a new book, I eagerly possessed it, and at once turned to the articles on "*aconite*" and "*belladonna*," the two remedies which homœopaths are vulgarly supposed to administer in all diseases that flesh is heir to.

On page 412 of your first edition, I found that *aconite* "is used by these *quacks* (homœopaths) because it is a powerful agent, which will produce manifest effects in small doses, that may easily be disguised." You then say that "*aconite* is, however, an antagonist to the fever process, and is not applicable in accordance with the so-called law of similars." But in the next paragraph you "agree with Dr. Ringer in the statement that *aconite* is a very valuable medicine in the class of cases to which it is adapted. It lessens the pulse-rate, lowers arterial tension, diminishes the abnormal heat, etc." Here, it seemed to my ignorant mind, that you were giving a somewhat better and more logical reason for the "monopoly" of this drug by homœopaths than you had stated in the preceding paragraph. However, the term "*quacks*" was encouraging after reading Ringer, who quotes many of these *quacks* approvingly; and your direct acknowledgment of the value of the drug seemed an improvement on the opinion of your German *confrere*, Binz, who says (Spark's edition, 1878, page 22) that "nothing definite is known about it." What a liar the renowned Liston, of Edinburgh University, must have been when he acknowledged our debt to Hahnemann for this drug: and what absurdities must the hundreds of symptoms obtained by the revered Samuel and twenty-three other provers be, alongside of the solitary case you mention—that unnamed medical student who "swallowed by mistake a teaspoonful of the tincture of the root." Great

medical student! Why do you not give us his name, that we may enshrine his memory in our hearts high above Hahnemann, or Reil, or the Austrian Provers' Society! !

On reading your able chapter on "*belladonna*," I was particularly struck with the beauty, pungency, and mathematical lucidity of the following (page 284): "This remedy is also very admirably adapted to the treatment of *ordinary sore throat*. As a constant physiological symptom of *belladonna* is redness and dryness of the fauces, its therapeutical action, in sore throat with increased secretion, is antipathic or substitutive; or, as it may be more scientifically expressed, the action of *belladonna* is the physiological antagonist of the disease-action." And then, following your practical aim, you modestly insert, "When there is much fever it is useful to combine *aconite* with *belladonna*." Not much homœopathy in that! oh no! After the blaze of light which broke in upon my mind from your elucidation of that heroic medical student's proving of *aconite*, I was for a long time unable to see clearly the meaning of the above extract, though I knew it must perforce be admirable in its logical consistency and scientific value, coming from the possessor of your superbly analytical mind. But a few pages back (282) I read that "a full dose of *atropia* is frequently followed by a diffused redness of the skin, not unlike the rash of scarlatina. * * * Redness of the fauces, and some difficulty of swallowing, owing to the dryness of the mucous membrane, occur at the same time, rendering the similitude to scarlet fever very striking. * * * The *belladonna* rash is sometimes followed by desquamation." And on page 285 "the points of resemblance are so superficial, and the differences so wide (you forgot to state the difference, however), that no more striking instance could be adduced of the uncertainty in the application of the homœopathic dogma, even admitting its truth. * * * *Belladonna* is a useful remedy to relieve some of the symptoms in scarlatina."

Again, on page 282, you say that "*belladonna* in large doses 'produces a busy delirium,' yet, on page 286, 'according to the author's observation, *belladonna* is indicated when there is much low muttering delirium,' and on page 286, 'although *belladonna*, in a physiological state, induces wakefulness and busy delirium, in certain morbid states of the brain it is *hypnotic*.'"

Arsenic being another favourite remedy of the homœopaths, I also consulted you in regard to its action. I found, on page 105, that in large doses it causes vomiting and nausea; yet that, in the vomiting of pregnancy, and chronic gastric catarrh, "a drop of Fowler's solution will afford astonishing relief" (page 109), and that in small doses it checks the vomiting in chronic ulcer of the stomach; and that "in cancer of the stomach it is very serviceable by diminishing the pain and checking the vomiting"

(page 109). You also assert that in full medicinal doses it causes "epigastric pain and soreness, diarrhœa, tenesmus, and sometimes dysenteric stools" (page 105); but two pages on you state that gastralgia and enteralgia "are sometimes made to disappear in a very surprising manner by the same remedy. In the treatment of stomach disorders only small doses of *arsenic* are admissible. Large doses, by creating an irritation of the gastric mucous membrane will only defeat the end in view" (page 107). "Chronic diarrhœa and dysentery * * are often greatly benefited by the same remedy" (page 108). You say (page 105) that under full doses of *arsenic* "the action of the heart becomes irritable and feeble, * * oppressed breathing, œdema of the eyelids and general œdema occur;" yet on page 109 you prescribe the same remedy "when, in consequence of feebleness of heart, there are present short breathing on slight exertion, and œdema. * * It is indicated when there are * * puffiness of the eyes." In full doses you say its effects on the skin are to cause "the following phenomena: eczema, pityriasis, psoriasis, and * * herpes zoster (page 105). *Arsenic* produces, in the course of its medicinal administration, affections of the skin (page 109). * * In cases of psoriasis (page 110) much good may be expected from it. * * Acute eczema is rather exasperated by *arsenic*, but chronic eczema * * is often greatly benefited by it."

On page 106, you give the following "symptoms of the gastrointestinal form of acute arsenical poisoning. Burning at the epigastrium, * * violent and uncontrollable vomiting, * * intestinal irritation, bloody and offensive stools, * * cold breath, involuntary evacuations, collapse." Yet on page 108, you say, "Arsenic is one of the numerous remedies proposed for the treatment of epidemic cholera. It is a curious circumstance, first demonstrated by *Virchow*, that some cases of acute arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera."

Reading further, I found that "the preparations of arsenic are applicable to the treatment of the diseases of those tissues upon which it has a selective action (page 107). That, wherever applied, it manifests a selective action on the mucous membrane of the respiratory and digestive tracts, is a curious fact." (Page 105.)

My astonishment at such rank homœopathy ["quackery" you call it] from your pen, was only further increased by finding you stating that "an acid given before meals is the proper remedy" for acidity of the stomach (page 189), prescribing (page 188) a small dose of an alkali to correct alkalinity of the organ, giving *cinchona* (page 129) for gastric catarrh; though in large doses, long administered, it "sets up a gastric catarrh" (page 116); calling it (page 185) "the most valuable remedy" in erythema,

though "a full dose of quinine will cause an erythema" (same page); prescribing cantharis for chordee, in a drop dose, though in large doses it "causes vascular turgescence of the sexual organs" (page 479); giving the same remedy in small doses, for chronic cystitis, though (page 478) in full doses it causes violent irritation of the same organ, with strangury and bloody urine; prescribing turpentine as curative in chronic intestinal catarrh, acute dysentery, intestinal hæmorrhage, hæmaturia, vomiting and fevers, bronchorrhœa, and bronchitis (pages 460, 461, 462); while stating on the same pages that in large doses it causes intestinal irritation, purging, strangury, hæmaturia, vomiting, thirst, a febrile state, and bronchial irritation, and increased secretion; recommending aloes for hæmorrhoids (page 441), though on page 440 you say that by this agent "the blood supply to the pelvic organs is increased;" calling the iodides and iodine "serviceable" in acute catarrh, chronic and capillary bronchitis, in which it affords "astonishing relief," though it causes (page 165) "frontal headache, coryza, lachrymation, * * * phenomena strikingly similar to summer catarrh;" and (page 164) announcing that "the vapor of iodine is very irritant to the broncho-pulmonary mucous membrane, causing cough, spasm of the glottis, and increased flow of mucus;" prescribing mercury (page 486) for both deficiency and excess of bile; strychnia (page 259) for tetanus, which, you say, is caused by the same remedy (page 256); sulphate of copper (page 198) as effective in the vomiting of pregnancy, though (same page) it is a very prompt and effective emetic; stating that the same drug, "in minute doses, renders excellent service" in gastro-intestinal catarrh, and is "most useful in acute dysentery, though on the preceding page (197) you said it produces "a gastro-intestinal catarrh, * * * colic, tenesmus, and dysenteric discharges;" recommending (page 120) eucalyptus for various renal disorders of inflammatory type, though in the same paragraph, you say "it will cause irritation and congestion of the kidney;" stating that "alcohol is an important remedy in the various forms of pulmonary phthisis," yet "it is an interesting fact that an intractable form of phthisis is induced by alcoholic excess." (Page 312.)

I could continue for a dozen pages more to quote homœopathy from your book, but forbear, in the thought that perhaps some mysterious mental action, in accordance with the law of contraria, may have prevented your recognition of the fact that you have been teaching what you call "quackery" (page 412) on every page of your book, and that perhaps some similar influence may have made my eyes see black where I looked for white, or like Job, "when I looked for good then evil came unto me, and when I waited for light there came darkness."

At present, however, I am satisfied with your proofs of the law of similia, and would earnestly recommend all weak-kneed homœopaths to take a few small doses of your teachings, which will, I am confident, prove to every impartial mind, that *similia similibus curantur*, even though they may likewise create a suspicion as to the honesty of your teachings and practice.

I am, truly your debtor,

SAMUEL POTTER, M.D.

THE PLAGIARIST PLAGIARISED.

It is well known, and we have referred to the matter more than once in this *Review*—that Dr. Leared endeavours to make people believe that he was the first physician to point out the value of *arsenic* in “curing severe forms of gastralgia!” The date of his earliest paper on this subject is November, 1867! We commented upon it in the *Review* for January, 1868, and showed that Dr. Leared had no more claim to be regarded as the discoverer of the power of *arsenic* to cure gastralgia, than he has to be esteemed the first to have noticed the purgative properties of Epsom salts! Long before Dr. Leared was ever heard or thought of, Hahnemann had pictured the very cases of gastralgia in which *arsenic* was curative. From that day to this, those who have relied upon the law of *similars* to direct them in selecting medicines, have been in the habit of using *arsenic* in just such cases as those described by Dr. Leared in the paper we have referred to. Following suit, Dr. Thorowgood, in the *Practitioner*, went a step further, and in a cautious and tentative, not to say apologetic manner, set forth the virtues of *arsenic* in irritative dyspepsia! Dr. Thorowgood, however, did not set up as an original observer, on the contrary, he rather threw the responsibility of testifying to the worth of such obvious homœopathy upon Drs. Ringer and Wilson Fox.

Dr. Leared, in all human probability, obtained his information from some work on homœopathic practice; but, of course, any announcement that he did so, would have been fatal to the publication of his paper. He has, however, become in course of years, so much attached to his adopted child, that he feels quite hurt if he is not acknowledged as its father! In the *British Medical Journal* of the 28th December, after having stated that the late Dr. Austie, when, in his work on neuralgia, alluding to *arsenic* in gastralgia, refers to his papers, he adds, in a somewhat injured tone, “several more or less recent systematic works could be mentioned, in which the arsenical treatment of gastralgia is recommended, without acknowledgment of the source from which the practice was derived.” Possibly the authors of these “more recent systematic works” are better informed than

Dr. Leared imagines, and knew quite well that he, at any rate was not "the source from which the practice was derived." While they are also aware that the prejudice of the bulk of the profession is too considerable to allow of their naming the real source, and therefore in their own interest, and that of their publishers, they omit all reference to the original observer of "the remarkable power which *arsenic* possesses of curing severe forms of gastralgia."

HOMŒOPATHY IN SWITZERLAND.

We have much pleasure in informing our readers that Dr. Ernst Mende, of Zurich, has kindly undertaken to forward to us from time to time reports of the progress of homœopathy in Switzerland, and of the meetings of the Swiss homœopathic societies.

CORRESPONDENCE.

CALF VACCINE LYMPH.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—With reference to Dr. E. M. Madden's letter in your last number I must say a few words.

Dr. Madden reminds me that in my circular I say—"Out of about two million cases vaccinated with calf lymph, there has been no case of erysipelas or other accident."

I made this statement on the evidence of my own limited experience, and on the evidence of Dr. Henry Marten, of Boston, U.S., the most experienced vaccinator, and the best informed writer on the subject of calf lymph in the world.

Since making the above statement I have found that it requires some qualification.

If the word *serious* be inserted before the word erysipelas, then my statement, so far as I have been able to ascertain, remains correct.

It is true that the vaccine I sent Dr. Madden produced very active local and constitutional results, but no serious injury, and I will promise no permanently evil results.

In one child vaccinated by myself, the pustules became as large as shillings, and the excavation was considerable, but the mother said the child took its food and slept as if nothing had happened.

An active case occurred in October, at Leicester, and the anti-vaccinationists performed pilgrimages to witness the case, and made a great out-cry, but no permanent evil followed.

Dr. Madden committed an error in blistering his child's arm preparatory to inserting the lymph. A blistered surface is an

irritable surface, and the additional irritation produced by the active calf lymph might produce erysipelatous results.

The instructions I give in the above-named circular is to the following effect "scratch the arm gently with the lancet-shaped ivory point, and having moistened the point in tepid water, rub in the vaccine." This process requires some care and experience, but it is so effectual that I have never failed on the first attempt to vaccinate children excepting under the following circumstances:—

In October last one of our calves produced lymph in every visible respect excellent, and yet not a single success followed in about 150 cases vaccinated therewith.

I wrote to Dr. Marten for an explanation of this most surprising and annoying result, and he replied that in his experience about one calf in 150 thus failed to produce effective lymph, but the cause was to him a complete mystery.

I find that some calves produce very active lymph, and others mild results—this also as yet remains unexplained.

The whole question of the production and use of calf lymph is most interesting and important, and I take this opportunity of adding that I find with Dr. Marten that its merits are more appreciated by the new than by the old school of medicine.

Not that the great majority of medical men do not at once admit its superiority to the old sources of supply, but they do not appear so alive to its merits as those whose minds are in search of the newest truths.

As an illustration I may say that whilst there are in Great Britain almost exactly 100 old school practitioners for one homœopath—I yet find that they patronise calf vaccine not in the proportion of 100 to 1, but in the proportion of about 10 to 1 only.

GEORGE WYLD, M.D.

12, Great Cumberland Place,
Hyde Park.

DR. RUBINI, OF NAPLES.

To the Editors of the Monthly Homœopathic Review.

Dear Sirs,—It is with the greatest pain that I announce the fact that Dr. Rubini is in want of the actual necessaries of life.

Born in 1800, he is now in his 80th year, and unable any longer to pursue that profession which for nearly sixty years he adorned.

Few names are better known in this country than that of Dr. Rubini. There is not a chemist's shop—allopathic or homœopathic—in Great Britain in which "Rubini's Camphor" is not sold. And without preferring for him that claim which he considers himself entitled to maintain, viz., that he has, in the saturated spirits of camphor, discovered a specific for Asiatic

cholera in every stage of that disease, it may, I think, be affirmed that it is admitted by homœopathic practitioners to be almost invariably curative in choleraic diarrhœa, thereby, when employed, preventing the disease proceeding to its more alarming stages; and that they hold it to be of great service in advanced stages of the disease, though they do not consider that it should alone be relied upon; arsenicum, cuprum, and other homœopathic remedies, indicated by Hahnemann—as indeed was camphor, though not in the saturated preparation—being frequently required to complete the cure.

As mere philanthropists, and knowing as we do, and as they themselves admit, that the profession of the old school of medicine have nothing approaching to a specific for Asiatic cholera, should we not feel that the man who has done so much for the public, ought not to be left destitute in extreme old age? And, as homœopathists, should we not regard it as an honour of the highest order that so great a boon was conferred on society by a member of our body, and be eager to cherish the flickering lamp of one who has been the instrument in saving so many thousands of lives?

Statistics in the *Lancet* of 20th October, 1866, now lie before me, and from these it appears that up to that date the following was the result of allopathic treatment during that year's cholera visitation:—

BELGIUM: 49,558 cases: 27,810 deaths=55 per cent.

HOLLAND: 29,320 cases: 18,262 deaths=62½ per cent.

LOWER AUSTRIA: 6,000 cases: 3,806 deaths=55¼ per cent.

BRESLAU: 5,875 cases: 4,158 deaths=70½ per cent.

The death rate in England was the same. And the *Lancet*, in an editorial article of 5th January, 1867, thus writes: "The futile experience of all previous epidemics has been repeated during this, and with like results. But is it the function of physic to multiply failures? What good could be expected from confirming the evil results of the treatment of 1832 in 1848-9; of that of 1848-9 in 1853-4; and of that of 1853-4 in 1866?"

In a weekly periodical called *The Revival*, devoted to missionary work, Mr. Lewis, of Mile End, thus writes—August 16th, 1866:—"I have given away 4,400 bottles of Rubini's camphor; and I have given small stocks of it to missionaries, who all report good results: many of the cases were very severe indeed, and yet recovered. Last evening," he adds, "a doctor in large practice called on me, and said: 'I hear of your good work everywhere I go. You have been the means of saving hundreds of lives.'" On the 15th September, 1866, Mr Lewis again writes: "I suppose we have given away 8,000 bottles of Rubini's preparation. I believe the course we have adopted has

done much to arrest the progress of the disease. I have publicly stated, and I now state again distinctly, that it is my opinion cholera is to be held in check and mastered by the use of camphor."

It was in the east of London that, in 1866, the cholera raged; the other places in which it appeared in a virulent form in this country were Southampton and Swansea; and from both these places similar testimony as to the efficacy of Rubini's camphor lies before me.

I come now to the point which constitutes the special claim of Dr. Rubini at once to the admiration and to the support of philanthropists. Everything done in this matter by Dr. Rubini has been done gratuitously. He gave to the world his discovery—gratuitously; he offered his services to the Neapolitan authorities to treat the soldiers and the poor—gratuitously; he offered to come over to England in 1867, should the cholera re-appear, as the *Lancet* had proclaimed it most probably would, to treat the poor of this country—gratuitously!

It may well be believed that a man who has thus done so much *gratuitously* would be the last man in the world to make a public appeal for assistance. Philanthropists are not beggars; their genius is to confer—not to accept. Dr. Rubini is no exception to this principle. It was not till after months of communication with this noble-hearted man that I was able to prevail upon him to permit me to make known his case to the British public. There is, however, a limit beyond which the shrinkings of the most sensitive nature cannot pass—and that is the stage of threatened starvation.

With these remarks I commit the case of Dr. Rubini to the British public. But, though I say the *British* public, I do not forget that we have relatives and connections on the other side of the water; and I feel assured that no sooner will these facts be published in London, than there will be set in motion a wave which, vibrating across the Atlantic, will cause a thrill of sound amongst our American cousins, and that from the 8,000 practitioners in the United States, and their three millions of patients, a response will come which will gladden the declining days of this noble-hearted Italian.

I am,

Yours faithfully,

FREDERICK SMITH.

Leeston, Weston-Super-Mare,

January 20th, 1879.

Mr. Frederick Smith and Dr. Bayes will act as treasurers, and will be happy to receive any donations in aid of Dr. Rubini. They head the list with £5 each.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Dr. STANLEY WILDE requests us to state that, since the publication of the *Homœopathic Directory* for 1879, he has removed to No. 13, Upper Phillimore Place, Kensington.

THE ARBORETUM, LEAMINGTON.—Our colleague, Mr. MABERLY having gone to Australia on account of his health, has handed over the care of the Arboretum to Dr. OWENS. We have no doubt that, in Dr. OWENS' hands, the Arboretum will maintain the high position it has long held as a thoroughly equipped and admirably conducted establishment for hydropathic treatment. We wish its new proprietor all success.

In reference to a paragraph in our last issue, relating to a resolution by the Sub-Committee of the Taunton Dispensary and Dr. MURRAY MOORE, we have received a letter from the Rev. C. P. QUICKE, Ashbittle Rectory, Wellington, calling in question the accuracy of our facts, and requesting us to correct them. On inquiry, we received a letter from one of the members of the General and Sub-Committee, who was present at all the meetings, substantiating in every particular the correctness of our paragraph.

We regret that unavoidably the reviews of Drs. COOPER'S and SHULHAM'S works have been again delayed. They shall appear in March.

Communications, &c., have been received from Dr. DRYDALE, Dr. BAYES, Dr. OWENS, Leamington; Dr. ROTH, Dr. STANLEY WILDE, Dr. J. H. CLARKE, Ipswich; Dr. TUTHILL MASSY, Dr. FENTON CAMERON, Dr. MATHESON, Dr. MURRAY MOORE, Rev. C. P. QUICKE, Wellington; FREDK. SMITH, Esq., Weston-Super-Mare.

BOOKS RECEIVED.

- British Journal of Homœopathy.* Jan.
The Homœopathic World. Jan.
The Organon. Jan.
Homœopathy, Past and Present. By W. Balls-Headley, M.A., M.D., Cantab. S. Robertson: Melbourne.
Transactions of the Homœopathic Medical Society of the States of New York. Albany. 1878.
Medical Chemistry. By G. Gilbert Wheeler. Chicago. 1879.
Sclerotomie, son Manuel opératoire, ses indications et son action physiologique. Par le Docteur de Keersmaecker. Brussels. 1878.
Homœopathy Vindicated: a reply to Dr. Joseph Kidd's Laws of Therapeutics. By E. W. Berridge, M.D. Liverpool: Holden. 1879.
Report of the York Homœopathic Dispensary. 1878.
St. Louis Clinical Review. Dec. 15, 1878.
Cincinnati Medical Advance. Jan.
Revue Homœopathique Belge. Dec., 1878.
New England Medical Gazette. Nov., 1878.
The Chemist and Druggist. Jan.
The Student's Journal. Jan.
Allgemeine Homœopathische Zeitung. Jan 1, 7, 21.
Homœopathische Rundschau. Jan.
Liverpool Daily Courier. Jan. 11.
Western Independent. Bathurst. Nov. 23, 1878.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY AND HAHNEMANNISM.

EVER and anon it would seem requisite to set forth afresh the therapeutic doctrine conveyed by the word homœopathy, to ask ourselves what is it that we understand by this term, what is it against which such a hubbub is occasionally raised by the medical journals, and why it is that the public avowal of the rationale of homœopathy by those who believe in it is not only desirable but necessary.

The doctrine that a substance which will give rise to a certain morbid state will cure a similar condition of ill health when occurring naturally, has been known and occasionally acted upon—sometimes wittingly, more frequently unwittingly—since the days of HIPPOCRATES. It was reserved for HAHNEMANN to demonstrate the vast importance and wide scope of this principle; nay more, it was by him that a definite method of putting it into practice was first worked out. He it was who pointed out the true source of all our real knowledge of the action of drugs. STOERCK and one or two others, before his time, had, indeed, made experiments similar to those that HAHNEMANN subsequently carried out to such a large extent; but they entirely failed to recognise the vast import of their enquiries. With the law of similars to guide him, and with a *Materia Medica*,

which had been tested on the healthy as his instrument, HAHNEMANN designed a method of applying drugs for the cure of disease. This method he has set forth in a strictly dogmatic manner in *The Organon of the Healing Art*.

The basis of this method is *homœopathy*; the method itself is *Hahnemannism*.

Homœopathy, we have in this *Review* repeatedly shown, consists simply and solely in the prescription of a remedy which has an action upon the healthy like that presented by the disease to be cured. This, and this alone, is homœopathy. Without a goodly number of drugs that have been proved or experimented with upon healthy people, it would of course be impossible by any method to carry out this principle in practice. To give a medicine on this principle in a dose capable of eliciting its physiological action would in many instances be dangerous, and in all would probably thwart our purpose in prescribing. And finally, to order a combination of two or three drugs in one dose, would be to prescribe an entirely new medicine—one, that is, which has not been proved. We know, for example, in what way opium will affect the healthy man, and in what direction he will feel the influence of mercury; but we do not know with any degree of certainty how calomel and opium in combination will affect him.

Hence, howsoever homœopathy is practised, drug-provings—small or relatively small doses—and single medicines are essentials in practising it.

Whenever, then, we find a medicine prescribed, in a comparatively small dose, which is known to give rise to a condition similar to that to cure which it is prescribed, homœopathy is practised.

“Hahnemannism,” however, is not only all this, but much more. To practise “Hahnemannism” is to use medicines precisely as HAHNEMANN has directed in the

Organon that they should be used; to act under the influence of every precept he therein enjoined, to accept as absolutely true every doctrine he taught, and to admit, without hesitation, the accuracy of every explanation he offers of the principles he asserts to be true.

Hahnemannism comprises the interpretation of the homœopathic law given by HAHNEMANN (*Organon* § xxvi.); the doctrine that all chronic diseases arise from one or other of three miasms—psora, syphilis, or sycosis; the assertion that “a homœopathically selected remedy does, by reason of its appropriateness, and the minuteness of the dose, gently remove and annihilate the acute disease analogous to it * * * yet it *usually, immediately after ingestion—for the first hour, or for a few hours—causes a kind of slight aggravation;*” the principle that “it is not useful either in acute local diseases of recent origin, or in local affections that have already existed a long time, to rub in, or apply externally to the spot, an external remedy, *even though it be the specific, and, when used internally, salutary by reason of its homœopathicity,* even although it should be at the same time administered internally;” the injunction never to give any but the very smallest dose in one of the highest dynamisations (30), and only to repeat it according to the instructions given in the note to paragraph ccxvi., and in paragraph ccxvii.; rigid adherence to the diet and regimen described as orthodox (§§ cclix.-cclxiii.); it insists on the necessity of preparing medicines in one way, and that only (§§ cclxvii.-cclxxi); and demands an unflinching faith in the development of medicinal power by succussion and trituration in all instances, and in the capacity of a medicated globule to impart its healing virtues by olfaction.

These are the distinguishing features of HAHNEMANN'S method of practising homœopathy. We do not propose to

call in question the correctness of either on this occasion. We simply set them forth as constituting *a* mode of applying the homœopathic principle, and as consequently constituting *a* method of practising homœopathy.

But they do not form a definition of homœopathy. Dr. SIDNEY RINGER, for example, when he gives *minim* doses of *aconite* to check sthenic fever, or of *ipecacuanha* to quell vomiting, is practising homœopathy as clearly and unmistakeably as when a Hahnemannian is prescribing the same drugs under the same conditions in doses which, for brevity's sake, are marked "m." and "c.m."

Further, through whatever structure the medicine is introduced into the body—be it one of the mucous membranes or the skin—be it by hypodermic injection, as suggested by KAFKA, or by being thrown up into the bowel or along either vagina or urethra, if the drug produces in health a condition like that to be cured—homœopathy is practised. "Every part of our body," writes HAHNEMANN, "that possesses the sense of touch, is also capable of receiving the influence of medicines, and of propagating their power to all other parts. Besides the stomach, the tongue and the mouth are the parts most susceptible to the medicinal influences; but the interior of the nose is more especially so, and the rectum, the genitals, as also all particularly sensitive parts of the body are almost equally capable of receiving the medicinal action; hence, also, parts that are destitute of skin, wounded or ulcerated spots, permit the powers of medicines to exercise almost as penetrating an action upon the organism, as if the medicine had been taken by the mouth, or rather by olfaction and inhalation" (*Organon*, cclxxxix, ccxc). The two or three following paragraphs are much to the same purpose. If, then, the teaching here is correct, why not utilise these sensitive surfaces in the administration of medicines? Why

should HAHNEMANN, only a few pages previously, have denounced so strongly the external application of drugs? We believe that he did so simply because of the evil effects which he had seen follow such a method of administration among allopathic practitioners. But when a truly homœopathic remedy is applied to the external manifestation of disease, in small doses, these evil effects do not follow. Often enough have we seen ulcers and eruptions, similar to those produced by mercury, rapidly cured and the health of the patient completely restored by an ointment containing 1 to 4 grains of *unguentum hydrargyrii nitratis* to the ounce of cerate; aye, and that too after mercury in the 3rd and 6th dilution given internally had failed to afford any relief, either generally or locally. The treatment was homœopathic; the therapeutic method homœopathy. If such treatment is not homœopathic, what is it? It is not allopathic—the tissues diseased are the same as those the drug influences in health. It is not antipathic—the mode in which the drug influences the tissues of a healthy person is similar to that in which they are affected in the disease!

This then is the doctrine to confess a faith in which is, in consequence of the ignorance and narrow-mindedness which prevails among those who occupy the high places of medicine, so prejudicial to the professional advancement of medical men. Its value, its power to direct the cure of disease is however felt over an ever widening area. Unfortunately social considerations, the possibilities of being denied posts of honour and emolument prevent this value, this power being openly acknowledged. When the race is between self interest on the one hand and a desire to uphold the truth on the other, "the odds" as the betting man would say, are largely on the former outstripping the latter. Hence it has come to pass that the man who nowadays has the greatest amount of professional success, is he who

prescribes homœopathically, while he rarely allows an opportunity to pass by him of decouncing homœopathy as humbug!

Therefore is it, that it is important, increasingly important that those who have the courage of their opinions, those who have confidence in the ultimate triumph of truth should openly confess that to be true which experience has taught them is true.

To confess that homœopathy is true is, we hold, the duty of all who know that it is so; not only of men of long experience in the practice of homœopathic therapeutics, but also of such as have seen and studied sufficiently to have become convinced that it is true, true at any rate within the range of their, so far, limited experience.

While confessing that homœopathy is true, it is equally incumbent upon us to confess that the law of homœopathy has, like every other natural law, its limits. This has been oftentimes demonstrated, but never better or more satisfactorily than by Dr. SHARP, of Rugby, in his essay on *The Limits of the Law (Essays on Medicine, Leath & Ross)*. Cases, and more especially parts of cases, do arise where we may with advantage to the patient administer a palliative, where, indeed, all that can be done to afford relief is to be found in some empirical measure. If our profession is that of the physician, desiring solely the benefit of his patient, we shall not merely confess that homœopathy is true, and carry that confession into daily practice, but we shall equally acknowledge that it is not applicable to every phase of disease and injury that may come within our range, and equally shall we act accordingly. The exceptions we know are few, but they are occasionally of importance, and their existence must be admitted and provided for. With the Hahnemannian it is otherwise. He is bound by his

self-imposed fetters never to prescribe for a patient under any circumstances, on any other principles than those laid down in the *Organon* of HAHNEMANN. The agony of gall stones, the acute suffering of renal calculus, the tortures of cancer, and all the misery arising from extensive and irremediable organic changes within the body, must be met by medicines prescribed on precisely the same principle as that which will direct us in the endeavour to cure a functional disturbance !

Not only is he cramped practically, but his scientific researches are limited. What Hahnemann has said is with him true for all time ! To deviate one hair's-breadth from the dogmatic assertions of the *Organon*, from statements, that is, of which no proof is given, to sustain which no evidence is offered, is with the Hahnemannian little short of criminal ! Hence he cannot endeavour to enlarge the scientific scope of homœopathy, he cannot enquire whether it has a wider range than Hahnemann allowed that it had. "Fidelity to the master" prevents any such investigation.

The distinction, then, between a physician practising homœopathy and the Hahnemannian is considerable, whether their respective positions be regarded from a practical or a scientific standpoint. The former has on suitable occasions admitted that so far as his experience has gone, what he understands by homœopathy is true, presents the best method known at the present day of selecting a medicine as a curative agent, and he prescribes in harmony with the principle of similars, uses comparatively small doses, and gives single medicines. But should his knowledge of pathology convince him that a given case can only be relieved by an antipathic palliative, the whole field of empiricism is as open to him as it is to any one. He is a physician, using that method

of treatment which he believes to be best for the individual case before him.

If he has had much experience of homœopathy, if that experience has been carefully thought over, if his *Materia Medica* has been diligently studied, and his knowledge of disease is considerable, the occasions, when he will feel it to be to the advantage of his patient to divert from homœopathy will be only few in number and very brief in duration. Save in a few well-defined cases, the frequency with which a physician who knows that homœopathy is true, resorts to some empirical—be it allopathic or antipathic—palliative or expedient will, we believe, without exception, be found to be in inverse proportion to his knowledge of the *Materia Medica* and of pathology.

To confess a faith in homœopathy, then, is not necessarily to admit that the Hahnemannic method of putting homœopathy into practice is infallibly true; it, for example, compels no man to avow with Hahnemann that "it holds good, and will continue to hold good as a homœopathic therapeutic maxim, not to be refuted by any experience in the world, that the very best dose of the properly selected remedy is always the very smallest one in one of the high dynamizations (30) as well for chronic as for acute diseases." No, when once it is admitted that drugs to cure disease may best be selected to do so, in proportion as their action on the healthy is like that prescribed by the disease it is desired to cure, homœopathy is confessed to be true. The duty of the physician who is prepared to acknowledge so much, is then clearly to ascertain how far this doctrine is true, and in what way it may be put into practice. And farther it becomes his duty to acknowledge, in the sight of his profession that he has arrived at this conclusion. It is so in order that he may induce others to make the enquiries that he has made, that others may possess the power over

disease that he has acquired. If it is considered discreditable to use a secret remedy, to keep from the knowledge of one's profession a means of relieving a single form of disease, how much more disgraceful is it to withhold from our medical brethren the knowledge of a principle capable of directing them in the prescription of many scores of medicines. With those who confess homœopathy, it is the importance of a *principle*, of a *doctrine* that they desire to make known, and to press upon the attention of their fellow practitioners. While those, who, from whatever motive, are content to advocate the use of certain medicines in certain cases, who keep back all information regarding the principle which led to their selection, who, in point of fact prevent, to their own advantage, the scientific development of therapeutics, are in very deed guilty of a far higher professional misdemeanour than he who retains within his own ken the virtues of some one medicinal agent. On the other hand, those who refuse to allow the slightest departure from the *ipsissima verba* of Hahnemann, who affect to regard any attempt to criticise his opinions and assertions as presumption, are, by so doing, retarding the fullest development of the greatest of truths ever discovered in medicine.

ON THE ACTION AND USES OF ALCOHOL.

BY ALFRED C. POPE, M.D.

To the physician or the philanthropist, to the student of physical science or the political economist, there is no substance in common use, either as a remedial agent in disease, or an article of diet, which presents so wide and interesting a field for investigation as does alcohol. The evidences of its power for good and for evil are daily under our notice. There is, perhaps, no physician of experience who has not frequently seen the apparently dying snatched, as it were, from the very jaws of death by a timely dose of alcohol. On the other hand, who has not witnessed the dire effects

of continuous over-indulgence in the use of this seductive agent upon the mind, body, and estate of some of his fellow creatures?—effects, too, not limited in their influence to him who has induced them, but including within their scope wife, children, relatives, and friends. Yes, Dr. Moxon writes truly as well as eloquently, when he says of the drunkard, “the beloved wife may join her hands imploringly; his pallid, starving children may look timidly up in his face; he goes by to ruin himself and all, as you go through cobwebs on a fresh September morning.”

The interest felt in the study of such questions as those which have recently formed the subjects of a series of articles on alcohol in the *Contemporary Review* (November and December, 1878, and January, 1879) is one which all must desire to sustain. It would be difficult, when the subject is of so much importance, to discuss the properties and uses of alcohol too frequently, or from too many points of view. I, therefore, propose once more to review the questions involved; and, in so doing, shall endeavour to point out what appears to me to be *rationale* of the action of alcohol, and to deduce therefrom the cases and conditions in which, as physicians, we may use it to the advantage of our patients.

The first necessity in the study of any substance, it is proposed to introduce into the body for any definite purpose, is a knowledge of its effects upon the body. Will it modify health? Will it alter tissue? If so, how is such modification exhibited; what are the characteristic features of such alteration? We ought, as Dr. Wilks (*Contemporary Review*, December) remarks, “in endeavouring, with any hope of success, to form a true estimate of the value of alcoholic beverages, we ought to possess a knowledge of their precise action in the animal economy, and to be able to judge correctly of their effects in individuals according to the different circumstances of life.” With a substance in such general use as alcohol is, with one that has been made the subject of experiments so numerous and exact as it has been, there ought to be no difficulty in arriving at tolerably accurate knowledge on these points. Neither do I think that there is.

Here I will quote, first of all, the summary of the physiological effects of alcohol given by Dr. Brunton in his interesting paper on *The Action of Alcohol* (*Contemporary*

Review, November), and pass on to consider the results recorded by previous observers. "Alcohol," writes Dr. Brunton, "appears to excite the circulation through the brain reflexly from the mouth, and to stimulate the heart reflexly from the stomach, even before it is absorbed into the blood. Shortly after it has been swallowed, however, it is absorbed from the stomach, and passes with the blood to the heart, to the brain, and to the other parts of the nervous system, on which it then begins to act directly. Under its influence the heart beats more quickly, the blood circulates more freely, and thus the functional power of the various organs in the body is increased, so that the brain may think more rapidly, the muscles act more powerfully, and the stomach digest more easily. But with this excitement, the effect of alcohol may be described as one of progressive paralysis. The higher centres suffer first, and the judgment is probably the first quality to be impaired." Fairly accurate as is this description, one evidently drawn from general observation, the results of exact and definite experimentation are necessarily more satisfactory. In the enquiries made by the late Dr. Edward Smith, so well-known twenty years ago as a diligent and painstaking enquirer into everything bearing upon health, we shall find just the kind of information that Dr. Wilks so justly says is essential in endeavouring to form a true estimate of the action of alcoholic beverages. In his experiments, Dr. Smith associated himself with a friend. The symptoms resulting from taking a moderate quantity of duly diluted alcohol, of brandy, gin, rum, ale, and porter, on an empty stomach early in the morning, are given by him in the natural order of their succession, the duration of their action and their attendant circumstances. They are recorded in the first volume of the *Lancet* for 1861. From the account there given, we learn that the circulation was the function first impressed; and, almost immediately, the brain became excited; shortly afterwards, the spinal cord, the respiration, and, lastly, the sympathetic system, gave evidence of being influenced by the alcohol. "In three minutes after taking the spirit and water the action of the heart was increased, and continued so from thirty to forty minutes. This was attended by a sense of dryness, heat, and evident fulness of the exposed parts of the skin, as the hands and feet, and also a general sensation of heat. The skin was

as harsh and dry as when exposed to an easterly wind. After about twenty to forty minutes, this sensation of heat gave place to one of cold, first felt in the most sensitive parts of the body in reference to temperature, viz., between the shoulders, and at length, notwithstanding the existence of a suitable atmosphere, became distressing, and led even to shivering. This was sometimes so marked, and occurred so suddenly, that it gave rise to a shock. It did not correspond with the temperature of the skin, but it was usually co-existent with the cessation of increase of the heart's action." In these details we have the action of alcohol on the circulation, and some of the consequences thereof well delineated. The heart is at first stimulated to increased activity. The blood circulates in greater volume, and with more rapidity, carrying with it increased heat to the surface and extremities. As its primary influence passes off, the central organ of the circulation works less vigorously, abnormal contraction of the capillaries follows their previously abnormal dilatation, and the recently acquired warmth of the body gives place to a sensation of cold, so considerable as to amount to "shock."

The first indication of the cerebral organisation being influenced by the alcohol, was felt by Dr. Smith almost co-incidentally with increased cardiac action, and to the state of the circulation it was probably due. "A sensation of fulness at the crown and back part of the head, or at the temples, according to the kind of spirit taken," was the first symptom of nervous disorder noticed. In from three to seven minutes the mind became disturbed. In the words of Dr. Smith, "consciousness, the power of fixing the attention, the perception of light, and, we believe, of sound also, were lessened; the power of directing and co-ordinating the muscles was also lessened, whilst there was a very marked continuous purring or thrilling, and not unpleasant sensation passing from above downwards through the whole system. This latter symptom was most pronounced in from fifteen to forty minutes, and continued without much variation during twenty to thirty minutes. After this period the whole effect recorded under this head diminished, and oftentimes suddenly, as was shown by an increased perception of light, as if a veil had fallen from the eyes, and by increased consciousness; but, nevertheless, the last power to be completely regained was consciousness."

Again, the effect of alcohol is manifested in the mental condition induced. "Rum, and some other spirits," says Dr. Smith, "made us very hilarious, so much so that my friend was altogether a king; but as minutes flew away, so did our joyousness, and little by little we lessened our garrulity, and felt less happy, until at length, having gone down by degrees, we became silent, almost morose, and extremely miserable."

Through the medium of the nervous system, again, the muscular apparatus of the body becomes disordered. "The thin layers of the voluntary muscles found about the body showed great relaxation. The respiratory muscles acted in a gasping manner, so that there was a pumping and quick inspiratory effort in the earlier, and a feeble expiratory effort in the later stage. At all periods there was a sense of impediment to the respiration." Though I cite these symptoms here as evidence of the lack of nervous force induced by alcohol, they are but partly due to this cause, being probably the more direct result of that vitiated, that imperfectly aerated state of the blood, to which alcohol gives rise. To continue, "The muscles of the limbs were inactive. There were relaxation of the muscles, and stiffness of the skin of the face, forehead, and upper lip, so that the features fell. The state of the muscular system followed the commencement of the effect upon the consciousness, and other functions of the brain, and also the excited state of the heart. In reference to its cessation, the power of co-ordinating the muscles was the first regained, whilst the buzzing sensation and semi-cataleptic state continued, and the disposition to use the muscles was regained the last of all."

In the earlier of the symptoms I have detailed, we find a diminution in the nervous power of the senses; a partial paralysis, as it were, of sight and hearing, accompanied by a general excitability of the whole nervous system, as remarked in the continuous purring and thrilling passing from above downwards. We subsequently saw a perversion of nervous energy in the mental phenomena evoked. The brain, the medium of the mind, was disordered, and evinced its morbid state primarily in excitement, and secondarily, in depression. The former depending on the increased activity of the circulation throughout its substance; the latter arising from the specific action of the alcohol upon it, from the depraved condition of the

blood. The spinal cord, though less powerfully and less permanently affected by the alcoholic fluid, is, nevertheless, very strikingly influenced by it, as seen in the impaired power, if not altogether of moving, at any rate of co-ordinating the action of the muscles.

In these experiments of Dr. Smith and his friend, we find ample evidence of the sphere in which alcohol exhibits its peculiar influence. Physiological and pathological investigations point in a similar direction. To some of these researches I will refer.

Dr. Marcet, in the course of a series of experiments detailed before the British Association at its meeting at Aberdeen, in 1859 (*Medical Times and Gazette*, March, 1860), showed that frogs, into which he had injected alcohol, died more quickly from poisonous shock, when both the circulation and nervous communications were free, than when any mutilation of nervous trunks had been previously practised. Thus demonstrating that the nerves themselves are conductors of the alcoholic poison; that the nervous system is influenced in all its parts, in its tracts as well as in its centres. From an ingenious comparison between the observed action of alcohol, and an experiment of M. Claude Bernard's, Dr. Marcet infers the nature of the influence of alcohol on the sympathetic system. He remarks, at page 13 of his work on *Alcoholic Intoxication*, "when fermented beverages are taken in moderate quantity, it is obvious from the increased rapidity of the circulation, they induce in the membranes with which they come in contact, that the alcoholic fluid exerts a local action on the nerves ramifying in those membranes. It is difficult to determine the precise seat of this action, but we may surmise that it is exerted principally on the sympathetic, this system supplying twigs which accompany arteries into their minutest divisions. If we now bear in mind the facts revealed to us by Claude Bernard, that by cutting a branch of the sympathetic nerve, the circulation of the part which is supplied by that nerve is greatly increased, and also that this very same increased rate of the circulation takes place when alcohol is present in the stomach, it is but rational to conclude that alcohol, when first absorbed by the minutest blood vessels, has the property of lessening the normal functions of the sympathetic nerves which supply those vessels." The same observer has, in the series of experiments already alluded to, shown that the

shock which has been known to follow the sudden imbibition of large quantities of raw spirits, is due to their direct action on the extremities of the cerebro-spinal nerves. Thus in a frog, in which the circulation has been arrested, temporary insensibility was induced when the hind limbs were immersed in alcohol, while in one where the circulation was undisturbed, but the nerves of the limbs placed in alcohol severed from their centre, no shock occurred. Thus demonstrating that in sudden shocks the impression is conveyed to the centre solely by the nerves, and independently of the blood vessels.

Further evidence of the spinal action of alcohol upon the brain is derived from the observations of Dr. Ogston of Aberdeen, and Dr. Percy, both of whom detected alcohol in the ventricles of the brain of persons dying in a state of intoxication. The same kind of influence is shown in a case recorded by Dr. Todd in his *Clinical Lectures on Acute Diseases* (p. 44, 1st ed.) of a child three years old poisoned with about two ounces and a half of gin, and brought into King's College Hospital in a comatose condition. Her left arm and leg were paralysed. Epileptiform convulsions occurred two or three times an hour. The paralysis, and with one brief exception the unconsciousness, continued until her death three days after admission. The brain presented an extreme degree of pallor; but beyond this there was no abnormal anatomical appearance, either of its grey or white substance, neither was there any effusion into its cavities. There was no cerebral congestion, no alteration of structure to explain the severe nervous shock that brought life to a close. The power of the brain to create nervous force was simply obliterated, more completely so in one hemisphere than in the other. For lack of nervous energy supplied by the brain the patient died. The only cause of such sudden deprivation of nerve force being the gin which she had swallowed.

While then such experiments and observations as those now given point to the nerve centres as the parts upon which alcohol exerts its chief, its ultimate influence, the facts recorded by Bœcker, Bourchardat, and Sandras, show that the blood is, through it, altered in character. Dr. Chambers, in commenting upon these experiments, remarks "the blood is less vitalised, is anæmic, and at the same time too venous, too much in the condition of the portal system; it retains too much of the effete matter,

and is deficient in new active globules." (*Digestion and its Derangements*, p. 231.)

Again, Dr. Smith, in the experiments already alluded to, found the respiratory movements diminished in frequency. "At all periods," he remarks, "there was a sense of impediment to respiration."

The attentive study of the experiments of Dr. Edward Smith proves distinctly that alcohol has a double action—a primary, irritant, and exciting influence—exerted chiefly and almost exclusively upon the circulation, and a secondary depressing, exhausting action upon the nervous centres. "In three minutes after taking the spirits and water, the action of the heart was increased and continued so for from thirty to forty minutes;" and again, "rum and some other spirits made us very hilarious, so much so that my friend was altogether a king; but as minutes flew away so did our joyousness," &c. In the essays by Sir James Paget, Dr. Radcliffe, and Dr. Garrod, this double-action is distinctly recognised. In the clear understanding and appreciation of it lies, I believe, the key to the medicinal use of alcohol.

Before passing to this part of my subject I would ask is alcohol a food? By Dr. Brunton, Dr. Kidd, Mr. Carter, and Dr. Garrod, it would seem to be regarded as such. This view is indeed one very generally entertained, and one advocated, both eloquently and earnestly, by the late Dr. Anstie, but it is nevertheless one which is still largely open to question.

Various arguments have been advanced in support of the nutritive power of alcohol. It increases the animal heat, say some. True, but it is a febrile heat, that excited by an irritant, not a nutrient—a heat that speedily passes away—a heat that, when it has gone, leaves the subject of it colder than he was before he took his spirits and water. The evidence of Arctic travellers has abundantly proved this. It is a source of fat, others assert. The beer and porter drinker is often an obese individual, but the votary of gin is thin, worn, and withered. The saccharine matters contained in the first two may well be credited with the fat creating powers of the beverage, while the alcohol in which they are held in solution must be regarded as accountable for the thoroughly unhealthy character of that fat. In no way can alcohol be held as answering to Liebig's definition

of "food"—that, viz., which exerts "neither a chemical or peculiar action over the healthy frame." Most assuredly it does both. Mr. Carter argues that the cases which have been reported of persons living for more or less considerable periods of time, without taking anything into their stomachs, except some form of alcohol, conclusively prove that it is a supporter of life, and therefore a food.

Were such cases at all numerous, were they any more numerous than or indeed as numerous as those where, under very exceptional circumstances, life has been prolonged for an unusual period without any food at all, or without anything going into the body, except water, this argument would certainly have some degree of force, and be very difficult to reply to. But the cases alluded to by Mr. Carter are few in number, and their attendant circumstances so exceptional, so unusual, as really to have no influence whatever in favour of the doctrine that alcohol is "food." It was upon such cases that Dr. Anstie chiefly relied in arguing the nutrient character of alcohol.

We must then look upon it simply as a drug; as a means of modifying, not of sustaining health. In this light it has, as I have shown, a twofold action. It is in the first instance an irritant of the nervous system, an excitant of the circulation; and in the second a depressor of nervous power, a depression which runs, as Dr. Brunton remarks, in the direction of progressive paralysis.

In using alcohol as a medicinal agent, it is within the power of the physician to avail himself of both these actions.

As an irritant of nervous matter and an excitant of the circulation, its effects are stimulating. Dr. Wilks, indeed, denies that it is a stimulant, urges that such a definition is a misnomer, and asserts that "its stimulating effects may be regarded as *nil* compared with those which may be styled its sedative or paralysing ones." The premiss is correct, the inference, far otherwise. All here hinges on the words "compared with." Brief as may be the duration of its stimulating power, protracted as may be its sedative effects, the stimulating power nevertheless exists, and is oftentimes of infinite value at the bedside. In cases of sudden exhaustion from hæmorrhage, with approaching faintness and impending death, who has not witnessed the stimulating influence of alcohol? True, we have to contend with the subsequent depressing influence which it inevitably exerts,

but that after all is a small matter in such cases. I remember giving a lady, who had all her life, and she was 60 years of age at the time, been a rigid teetotaler, a bottle of brandy a day for more than a week, to meet the faintness arising from hæmorrhage caused by a fungus hæmatodes uteri. During the whole of that time she was not conscious of the taste of brandy. Frequently have I noticed, especially in *post-partum* hæmorrhage, that when the call for the stimulating action of alcohol was urgent, when keeping the heart going was the first consideration, the taste of the spirit was scarcely perceptible.

In such cases as these, cases which may be defined as sudden shock, cases where death threatens to begin at the heart, it is that alcohol displays its power as a stimulant, and as such it must be given with an unsparing hand, its effects being carefully watched, and itself gradually withdrawn at the earliest possible moment. Often enough a single full dose of brandy or a pint of champagne is sufficient, but the cases are not few in which indications of flagging on the part of the heart recur, and are a signal for the repetition of the dose. The absence of any fear of a return of the threatened collapse is the only safe guide to the discontinuance of the remedy.

In such cases alcohol acts as a palliative merely. It removes for the time being a formidable, life-threatening condition, the source of which it itself is powerless to cure.

I now proceed to consider its secondary action, and to enquire how we may be guided by it in selecting the kind of cases in which it will prove more or less curative.

It has been shown by experiment, and from the unanimity evinced by the experience of the authors of the essays in the *Contemporary Review* it is made still more clear, that exhaustion of nerve force, in a greater or less degree, a degree proportionate to the amount of alcohol taken, and the constancy with which it is indulged in, is the characteristic result of its poisonous action. The type of exhaustion, too, is less that of muscular than of mental fatigue. It is the exhaustion of the man of business, the exhaustion of mere muscular exertion, carried out somewhat beyond the limits of individual power that the destructive influence of alcohol upon the nervous system resembles. We rarely see the athlete, for example, injure his brain by the excessive use of his limbs; it is rather his heart that

becomes disturbed by such undue exercise. True, if this be combined with intense excitement, the result will be otherwise, but then it is, as with the other instances I have mentioned, and from the same cause, the nervous system that is overstrained and consequently exhausted.

In such cases, alcohol becomes what is termed a sedative. As Dr. Wilks puts it, "soothes a worried nervous system." Nay, I think we may fairly conclude that it does more, and say that it specifically restores that portion of nerve tissue the injury to which is the result of worry. Dr. Risdon Bennett, too, in considering the cases where exceptions may be found to the moderate employment of fermented liquors, writes in "those past middle age who are subjected to the wear and tear of the ceaseless struggle of life in our populous cities, or even in many of our country districts, the exceptions would probably not be more than will serve to prove the rule." Again, "I am of opinion," says Dr. Garrod, "that individuals in whom the nervous system is much taxed require a moderate quantity of alcohol far more than those who are accustomed to great physical exertion. It is mental, rather than physical labour which demands it." Sir William Gull puts the same conclusion in the following words. "I think," says he, "there are conditions of the system under fatigue and exhaustion where it might be useful; where the nervous system might be deadened, if I may say so, or that alteration made in it which was requisite." The hypothesis of deadening the nervous system is quite opposed to that condition of renewal of vigour which one sees following a timely dose of alcohol in such cases, while such a result is thoroughly consistent with the effecting of the requisite "alteration" which I have already suggested as the probable nature of the good accomplished by alcohol when so given.

But, it may be asked, supposing alcohol to be useful in such circumstances as those referable to nervous exhaustion, this would not countenance its daily use even in moderate quantities by persons in health. Who is in perfect health all the day long? I would ask in reply. Few, indeed, of those who are burdened with the cares of business, few of those who expend a large amount of nerve force in the anxieties of professional life, few, too, of those who tax beyond what the brain was ever designed to endure, their intellectual powers in literary or scientific work. Daily do they feel that nerve power is below what it ought to be, and

daily therefore to such is the specific remedy a necessity. Very truly does Dr. Kidd, in his contribution to these essays, remark "in the ordinary wear and tear of civilisation, few are the individuals who can be called perfectly healthy." Mr. Carter conditions the necessity of alcohol for some persons by saying "if they are to exert the full measure of their powers;" and, we might add, that it is still more necessary for that ever increasing multitude who, at the present day, are compelled to exert more than their full powers. In short we have to deal with man as we find him, and as indeed in this age of competition and excitement, he must be, if he is to survive in the struggle for existence. And we do find him, in far too large a proportion of instances, taxing his strength beyond his power of endurance, and consequently needing a daily remedy to bring his nervous system into a condition of health adequate to meet the exigencies of the day to come.

Again, in advanced life, nervous force becomes more readily and more constantly exhausted, while the process of repair is now slower. Hence, we find, that in old and elderly people a moderate daily dose of alcohol enables them to recover from the effects of exertion more readily than they would do without it; while, it must be remembered that to them "exertion" represents a degree of effort that would not be felt by a younger person.

In diseases where the powers of the nervous system are especially affected, alcohol is a remedy of considerable importance. Of such, diphtheria, which when its full course is run, tends to give rise to a singular form of paralysis, is a well known instance. It is not as a mere stimulant of the circulation that alcohol is required here, but as a specific restorer of impaired nerve tissue.

Such then are the chief circumstances in which alcohol is necessary. On the other hand, for children and young persons of both sexes, it is not only unnecessary but injurious, save under exceptional circumstances or in diseases calling for it. In them, none of those conditions are present which require alcohol, while at the same time repair is both active and rapid. "In young men," writes Dr. Brunton, "a short interval of rest between fatiguing exertion and a succeeding meal, will enable the stomach to regain its power, and alcohol is then unnecessary." Dr. Garrod states that "during the growth of the body, while the

function of nutrition is in a state of great activity, there is little or no need for its employment."

It becomes injurious when there is no physical call for its employment by the fact that where there is no sphere for the exercise of its healing properties, its physiological action will, in all probability, be produced. Further, the seductive nature of alcohol alone should make us insist upon withholding it from the young. There is nothing more dangerous, and yet few things are more easily accomplished than creating a taste for wine or beer. This unfortunate taste is acquired in the larger proportion of instances before the age of twenty-five; while it is after that age, that, in most persons, alcohol becomes useful. It is this acquirement, too, which leads to that most destructive form of taking alcohol known as "nipping." A "brandy and soda" early in the morning is fatal to a good day's work, and creates a craving for a repetition of the dose, in that or some other form, an hour or two later, and so on throughout the day. It is in cases where alcohol is taken in this way day after day, that its pernicious influence on the brain is most surely felt. It is in such, that it gives rise to that progressive paralysis to which Dr. Brunton refers. The intellect becomes blunted, the temper irritable, the animal passions are uncontrollable, and while, it may be, seldom actually intoxicated, he who thus indulges in frequent doses of spirits or wine or beer throughout the day is never thoroughly clear, never fully up to his work, and always more exhausted when it is over, than he would have been without it. In the man who gets thoroughly drunk, more or less frequently, and is sparing in his indulgence in the intervals, it is in the abdominal organs that the effects of alcoholism first show themselves. In the "nipper," never drunk but never sober, the brain it is that shows the earliest signs of giving way before the poison. It is in these cases that paralysis and too often insanity bring to a premature conclusion the lives of men in whom a taste for alcohol, having been early formed, has become a craving that nothing short of frequent small doses of spirits will satisfy, a craving that the longer it is allowed to remain unresisted becomes the more difficult to resist, and finally when the brain has become "dense and small, its covering thick," impossible of resistance.

It seems to me, in treating of the effects of alcohol, especially needful to dwell upon this important and most

melancholy phase of the abuse of this invaluable medicine. It is, I am convinced, in this direction that alcohol is doing untold mischief at the present day. Drunkenness, open, habitual drunkenness, is much less common among the more educated classes of society than it once was, but who can pass through a crowded railway station and look in at the refreshment bar, who can walk along the streets of the city during the morning and see the numbers of business men standing around the counters of the numerous "bars" and sitting in the "wine cabins," without feeling that an enormous amount of alcoholic drinking of the most deleterious and insidious character is constantly going on? This form of drinking it is, that, from my observation, appears to be that which is undermining the nervous organisation of the young men of the present day. This it is, against which all, who see the injury it cannot fail to produce, should loudly raise their voices.

There is yet one other class of persons from whom alcohol should be withheld at all cost. I refer to those who having, at one period of life, given way to habitual excess in alcoholic drinking, have, by total abstinence, succeeded in losing their appetite for the seductive fluid. To them alcohol has become a poison, under any and all circumstances, and, save as a stimulant where life is threatened, for them it ought never to be prescribed. Better far that they should endure the fatigue consequent on excessive exertion, than that they should seek to repair the nerve tissue by a remedy, the craving for which is certain to return with every fresh indulgence, however slight.

If, then, alcohol is necessary to some people, the question yet remains, how much is desirable as a dose, and when should it be taken?

Few questions are more difficult to answer than the first of these. One thing is clear, however, that the smaller the quantity that is taken, provided the end is gained, the better it is for the person using it. It is impossible to dogmatise upon the dose. There is no one dose for all individuals. Dr. Garrod says, "A prudent rule is never to take so much alcohol as will cause flushing of the face, heat of surface, marked quickening of the pulse, or subsequent thirst." And again, "the quantity of alcohol taken in twenty-four hours should seldom exceed that contained in half a bottle of claret of good quality," or a little less than one ounce of absolute alcohol. Dr.

Bernays finds "three or four brandied cherries" fulfil all the indications of a want of alcohol, so far as he is concerned. Mr. Brudenell Carter's personal experience teaches him that his alcoholic requirements are met by half a wine glassful of whiskey largely diluted, or half a tumbler of light wine. Dr. Kidd states that to one needing the use of wine in ordinary daily life, three table spoonfuls of brandy, two glasses of port or sherry, or twice as much hock or chablis, is the dose to be advised. To Mr. Carter, however, that is an amount which he tells us would produce discomfort. Hence it is impossible to lay down any rule which shall be applicable to all persons. The proper dose is exceeded when, in the words of Dr. Radcliffe, it goes beyond "balancing, calming, comforting" one.

In advising the use of wine or spirits, then, it is desirable to begin with as small a quantity as is likely to achieve the results desired. This can be easily increased if necessary. A table spoonful of brandy in a tumbler of water, or a glass of claret, is often sufficient for medicinal purposes in the larger proportion of cases.

The period when alcohol should be taken is as important as is the dose. By unanimous consent of the writers in the *Contemporary* this period is meal time. During work, save for the purpose of assisting in making a special effort (and then it is used as a stimulant), alcohol should never be taken. It is after the work is finished, when the necessity for repair has come, that the remedial effects of alcohol are as valuable as useful. Various striking illustrations of the truth of this doctrine are given by the essayists I have referred to. It will not, if taken prior to any great effort being made, or during any such effort, prevent the resulting fatigue being felt; on the contrary, it will rather increase it; but the labour having been undergone, the excessive expenditure of nervous force will be remedied by it more rapidly than by food and rest alone. A man cannot be safely primed for work by brandy, but he may be freed in a very great degree from its cost to himself by subsequently taking it.

It should, therefore, be taken with, or immediately after, food. The chances of any injurious effect arising from a dose somewhat larger than the necessity of the case demands are in this way diminished. It is on this ground that some physicians, who prescribe *arsenic* in unnecessarily

large doses, generally direct it to be taken with food. The dose of *arsenic* is, however, much more readily regulated, and is a matter less affected by individual idiosyncracies than is that of alcohol.

In conclusion, I would ask, is the proclivity to habitual intoxication curable? If it is, under what circumstances is it so?

Dr. Moxon writes hopelessly of the endeavours to cure an habitual drunkard of his craving for strong drink. The morbid anatomy of the drunkard, of which he gives so vivid a description, as well as the experience of superintendents of inebriate asylums in the United States, do much to excite despondency in the minds of philanthropists. But while, beyond doubt, there comes a period in the drunkard's life, when alteration of brain structure has proceeded so far as to deprive him of all power of will, as to render him incapable of resisting the craving for spirits, as to justify restraint being placed upon his freedom, there is still much scope for the exertions of those whose efforts are directed to the moral and physical regeneration of such as have through drink gone far to destroy their health and happiness, and the comfort and prosperity of those depending upon them. The period when the brain is shrunk, and its covering thickened, is not reached at one bound. Before that time has arrived, opportunities present themselves, affording much to encourage the philanthropist in his efforts to save his fellow man. The instances of reformed drunkards within the knowledge of every minister of religion in populous cities are not few. This alone should stimulate the true friends of the drunkard to persevere, while the fact that a time will surely come when their most earnest expostulations, their most serious warnings, will be of no avail, when the drunkard's grave will certainly claim its victim, should urge them to direct their influence most earnestly to the young, and to those who have but recently commenced their downward course. Among such the advantages, to them, of total abstinence from alcohol in every form cannot be presented in an exaggerated manner; while, if properly pressed, and if at the same time a sense of responsibility can be aroused, and the heart be touched, the social reformer may pursue his honourable mission with every hope that the blessing of God will rest upon it.

2, Finsbury Circus,
February, 1879.

ON *CEANOTHUS AMERICANUS* IN ITS RELATIONS TO DISEASES OF THE SPLEEN.

BY J. C. BURNETT, M.D.

For several years I have been in the habit of using this drug in true Rademacherian fashion as an organ remedy. The perusal of Rademacher's *Magnum Opus* is one of the greatest literary treats that ever fell to my lot; based on Hohenheimian bizzarries, avowedly and obviously merely an attempt at reducing his genial erratic *pretended* mysticism to the concrete form of a practice of medicine, by depolarising it, if I may so speak, it is nevertheless the most genial and most original production it is possible to find in medical literature. It is the most bare-boned lawless empiricism that one can conceive, and yet there are two leading ideas running through the entire work, and these are the *genius epidemicus morborum* and organopathy; and, considered from the pharmacological side, the other two ideas of universal (general) and particular medicines. For Paracelsus there were only *three* universal remedies, and so also for Rademacher and for their followers. Hahnemann has but *three* fundamental morbid states, psora, syphilis, and sycosis. Von Grauvogl has but three constitutions of the body—they might have all been working out the fatherlandish proverb, *Aller guten Dinge sind drei!*

The *genius epidemicus morborum* is beyond question a fact in nature, but it is dreadfully eel-like, hard to get a grip of. The same may be said of Hahnemann's tripartite pathology and of Grauvogl's three constitutional states.

Rademacher's organopathy (that an otherwise able modern writer appropriates with child-like *naïveté*) is no more and no less than the homœopathic specificity of seat, with just a dash of a mystic psychic something in the several organs; if we set aside this little particular soul for each organ, it is only local affinity, or elective affinity. And it is quite true in nature, and the mind that cannot, or will not, recognise it, is wanting in catholicity of perception; and *in practice will often go a mile when three paces would have reached the goal*. Whatever else *cantharis* may be, it is first and foremost a kidney medicine; whatever else *digitalis* may be, it is primarily a heart medicine; and let *belladonna* be what it may, it is before all things an artery medicine, and just in this sense *ceanothus Americanus* is a spleen medicine.

The spleen constitutes a dark corner in the human economy, whether considered physiologically or therapeutically. I have heard it professorially very ably argued that the spleen is the principal manufactory of our blood corpuscles. I have heard that theory equally ably and professorially refuted, and in its stead the thesis set up that the spleen is, as it were, the *ultimum refugium* of the old and effete blood corpuscles, wherein they are broken up and their *débris* sent off again into the circulating medium. A third argued that all this was veritable nonsense, as the spleen had nothing whatever to do with either making leucocytes or breaking up their reddened descendants, that in fact the spleen had no other function than to act as a reservoir for the blood, being, indeed, a kind of living sac in the side, to swell or shrink according as the circulation required more or less of the circulating fluid.

I fondle this latter theory myself, and like to call it mine; whose it really is I do not know. Perhaps the erudite editors will kindly add a foot-note, and say what they think the spleen is good for beyond serving as the anatomical whereabouts of that enigmatical something that supposedly sends my dear fellow-countrymen in shoals off London Bridge into the Thames on a rainy or foggy day—I mean, of course, *le spleen!* This great bugbear of our Gallic and Germanic brethren—as applied to ourselves *bien entendu!* for they consider it essentially a *morbus Anglicus*, just as we like to think it is principally those naughty French who commit suicide—is really only another name for being “hipped,” or suffering from an attack of hypochondriasis, and there cannot be any sound reason for refusing it a habitat under the *left* ribs, since so many have welcomed it under the right ones.

My first and only literary acquaintance with *ceanothus Americanus* is the very short empirical account of it in Hale's *New Remedies*, which I read some five or six years ago. Previously I had frequently felt a difficulty in treating a pain in the left side, having its seat, apparently, in the spleen. *Myrtis communis* has a pain in the left side, but that is high up under the clavicle; the pain that is a little lower is the property of *sumbul*; still lower of *acidum fluoricum*; a little further to the left of *acidum oxalicum*; more to the right of *aurum*; right under the left breast of *cimicifuga rac.*

These remedies promptly do their work when these left-sided pains are a *part* of the disease-picture, but they will not touch the pain that is deep in behind the ribs of the left side; more superficially *bryonia* has it; a little deeper than *bryonia*, *pulsatilla nuttall* will touch it; and so will *juglans regia*, which poor Clothar Müller proved as a student. But the real splenic stitch requires *china*, *chelidonium*, *berberis*, *chininum sulfuricum* or *contum*, or *ceanothus Americanus*.

Some years since I treated a lady in Chester for "violent vomiting, pain all up the left side, cough, with expectoration, profuse perspirations, and fever." She was not a Cestrian, but came only for a short visit, and took lodgings in a small house facing a meadow on the banks of the Dee; the locality was at one time a part of the Port of Chester, but was many years ago reclaimed. At my first visit she told me she often got inflammations on the chest with cough, and finding considerable fever, cough, pain in left side, and dulness on percussion of the same side, I quickly ticketed it *pleuropneumonia sinistra*, and gave *acidum oxalicum*, which seemed to cover all the symptoms, and to correspond also to the supposed pathological state within. *Oxalic acid* somewhat relieved the vomiting, but nothing more, and I then gave various remedies, such as *aconite*, *bryonia*, *phos.*, *ipcc.*, and thus elapsed about three weeks, but patient remained as ill as ever. Then I went into the case with very great care, and examined my patient very thoroughly, and, see, there was *inflammation of the spleen*. I gave her *ceanothus Americanus* in a low dilution, and all the symptoms, subjective and objective, disappeared right off, and my previously ill-treated patient was sitting up in a week, and quite well in a few more days. I had never before met with splenitis in the acute form, and have never since met with it.

A few cases of chronic pains in the spleen occurred subsequently in my Chester practice, and they rapidly yielded to *ceanothus*, one of which I well remember; it is this:—

Chronic splenitis. A young lady of about 26 consulted me for a chronic swelling in the left side under the ribs, with considerable cutting pain in it. She stated that it was worse in cold damp weather and she always felt chilly; the chilliness was so severe and long lasting that she had spent the greater part of her time during the previous winter sitting at the fireside, and now she was looking for-

ward to the winter with perfect dread. In the summer she had felt nearly well, but the lump and the chilliness and pain nevertheless persisted, but it being warm she did not heed it much, it being quite bearable.

Ceanothus Americanus quite cured her of all her symptoms, and subsequent observation proved its permanency. Often during the following winter she called my attention to the fact that she was not chilly and felt well.

One of the first cases I treated at the Wirral Homœopathic Dispensary in Birkenhead was that of a young man somewhat similarly suffering.

Chronic splenitis. This young man was sent to the dispensary by the then manager of Messrs. Thompson and Capper's Birkenhead establishment, and was occupied in the Liverpool post office in some light but ill-paid employment. His whole trouble consisted in *severe pain in the left side in the region of the spleen*, and he had long vainly sought relief of many, probably at dispensaries. He therefore put in an early appearance at my new dispensary to try the new doctor, probably on the well-known principle of the new broom. He had become quite low spirited and began to fear he would become totally unfit for work, and naturally that was a very serious matter for a young married man. He told me he had formerly helped his wife in her household matters, doing the heavy rough work, but the pain in his side had now become so bad that he could not carry a bucket of water into the house or even sweep up their little yard, as handling the broom pained him so dreadfully. I was pressed for time and prescribed *ceanothus Americanus* in pilules of a low dilution, and promised to go into his case that day week, meaning to percuss the part and ascertain whether the spleen was enlarged. He returned that day week almost well, and the following week was quite well. At my request he again reported himself some time afterwards and he still continued well.

I resolved to begin my next case with the physical examination. My next case was this—

Chronic hypertrophy of the spleen. A middle aged lady consulted me, shortly after the above case, for a *severe pain in the left side and a large swelling in the same position*. Remembering the last case I said I must examine the side. She objected, so I declined to treat her, then she said she would think about it and consult with her husband on the subject. In a fortnight or so she returned (driven by the

severe pain in the side), and I examined the side and found an enormous spleen occupying the entire left hypochondrium, and reaching inferiorly to about an inch above the crest of the ileum; it bulged towards the median line and ran off to an angle laterally. It was of long standing.

Gave *ceanothus Americanus* in a low dilution.

This lady being very intelligent I begged she would allow me to examine the side again after I had finished the treatment. She promised to comply.

Fourteen days after this she came full of gratitude and reported that the swelling was smaller and the pain considerably less.

To continue the medicine. She never consulted me again, but as she was a near neighbour of mine I often saw her, and somewhat six months afterwards she called to pay my fee, and then informed me that she had soon got rid of the pain entirely and the swelling was much smaller, so she had discontinued the medicine altogether, and did not deem it needful to trouble me again.

This is the usual thing. People will not be at the trouble of seeing the doctor as soon as they are better, they seem not to understand any interest one feels in the case. We can only make periodical reliable examinations of patients in a hospital; in private practice it is extremely difficult, as all practitioners know to their chagrin. Still, *faute de mieux*, we must put up with those fragments. This patient had had no children, and had a very fresh complexion.

My next case is also one of *chronic hypertrophy of the spleen*, though only about half the size of the one just narrated. Subject, a poor woman of about 30 or 32 years of age, whom I was requested to see by a very kind hearted benevolent lay minister well known in Birkenhead and the neighbourhood. She is the mother of several children, very poor, ill fed and overworked, but withal a good respectable woman and very clean. She had a considerable and very painful swelling in the left side under the ribs, that had been there for some time, and latterly she could not get up on account of the severe pain. I carefully examined the tumour and satisfied myself that it was a very much swelled spleen, and the pain seemed to me to be due to its pressing against the ribs. I marked its size on the skin with ink, made her engage not to wash off the ink mark, and promised her I would call in a week, having first prescribed *ceanothus* as in the other cases. But the fates

were against my laudable plan, for I received a message, the day before my next visit was due, to the effect that Mrs. — felt herself so much better than she was up at her housework, and begged me not to call again, as she thought it unnecessary.

Since then I have at times had cases of deep-seated pain in the left side to treat, and have mostly found it yield to *ceanothus*, though not always. In one case in which it failed the pain was cured with *berberis vulgaris*.

In one case of jaundice, characterised by very severe pain in the left side, I gave *ceanothus*, with very prompt relief of the pain only; *myrica cerifera* then finished the icterus. Before giving the *ceanothus* I had given *cheli-donium majus*.

In one case of severe metrorrhagia, characterised by pain in the left hypochondrium, *ceanothus* gave instant relief to the pain, and checked the hemorrhage. It failed me in a subsequent similar attack in the same person when *conium* was effective, and was suggested by Dr. Thomas of Llandudno.

Chronic splenitis, chills, and leucorrhœa.—Some four years since, perhaps a little more, I treated a lady of about 55. She complained of rigors at frequent intervals, and pain in left side, both of long standing.

The leucorrhœa had lasted some twenty years, and was profuse, thick and yellow. She had been for years under the best allopathic physicians of Chester, and finally given up as beyond the reach of medical art, evidently on Molière's principle that "Nul n'aura de l'esprit que nous et nos amis." Nevertheless, the patient bethought her of homœopathy, and came under my care. Her last physician had finally suspected cerebro-spinal mischief, and hinted at incipient paralysis.

The pain in the side was the most prominent and distressing symptom, and for this I prescribed *ceanothus*. In a month the pain was entirely cured, and also the leucorrhœa, while the cold feeling was very much diminished, but not quite cured. I have also never succeeded in quite curing it with any subsequent treatment. I watched the case for nearly four years, and am thus enabled to state that the pain in the side and the leucorrhœa never returned, and the chilliness never again became very bad, but still she had it a little when I saw her last.

Cases calling for this remedy are not very common with me, but every few weeks I meet with one. Thus, since coming to London, I have met with one such, viz., a girl, Ada, æt. 14, who came under observation on Nov. 29, 1878, with *pain in the left side for some months, and right-sided headache*. She received *ceanothus* 1 in pilules.

Dec. 13. Cured of pain in left side, head better. Pergat. Did not return.

Ceanothus Americanus never having been proved, at any rate as far as I know, I have always used it about 1x or 1, and sometimes in the mother tincture.

Most of the persons with these splenic disturbances were in fair condition, and many complained of nothing else; many were women, and two of these were drunkards; many had "chills," but not all; none had ever had ague.

As a first contribution to a proving, I will add two or three data.

Pathogenesis of Ceanothus Americanus.

1. It very frequently relaxes the bowels, and I have known this even amount to diarrhœa.

2. *Ceanothus Americanus* 1, four drops in water three times a day was once given by me to a young lady (26) for *severe pain and fulness in left side, with inability (for years) of lying on left side*. In a few days she could lie comfortably on either side, and the pain in the side was said to be nearly well. This was my second visit, and I said, Go on with the medicine. She did, and I took these notes at my next visit:—

"Had been taking it for about a fortnight, when one day I felt *great nervous excitement, with chilliness, loss of appetite*; felt as if the nerves were shaken, and one day at dinner could scarcely hold knife and fork." The chilliness was chiefly down the back; she *shivered with cold chills (i.e., rigors)*.

Thinking these symptoms were due to the medicine, she left it off for two days, and the symptoms entirely passed off. Then she resumed the medicine for one day, and the same symptoms again appeared; she again discontinued the medicine, and again the symptoms ceased. *Her bowels were relaxed*. Subsequently her *menses appeared ten days too early, and very profusely*, a thing that had never happened before in her life, as her mamma informed me.

I mentioned this medicine to Dr. R. Hughes at the Manchester Congress, and Dr. Edward Madden and I partly agreed to prove it; I am not aware whether this gentleman has ever done it, if so, he has done more than I have in the matter, still it is obviously worth proving, for our good spleen medicines are not so very plentiful.

I have several times had the honour of calling attention to *ceanothus Americanus* at the various meetings of the Liverpool Homœopathic Medico-Chirurgical Society, but do not remember ever hearing any of the members mention having used it; they probably never need it, or very properly object to using an unproved drug as a remedy. Also as no notice of it ever appears in our journals it is probable that it is not a usual remedy with the profession.

We are overwhelmed with new remedies, and certainly need rather a better knowledge of what we have than the addition of any fresh ones. I therefore think it would be a useful undertaking for some one to prove the needlessness of *ceanothus* by showing how *deep seated pain in the left hypochondrium, acute and chronic splenitis, hypertrophy of the spleen, &c.*, can be more promptly cured than I here show. Some one living in a malarious district would have a good opportunity of showing its worthlessness in ague cases also.

2, Finsbury Circus, E.C.,
February, 1879.

NOTES ON MATERIA MEDICA.*

Lilium Tigrinum (Tiger Lily).

BY A. J. BREWSTER, M.D.

THE above-named drug, according to W. E. Payne, acts primarily on the generative organs of the female, and on the heart in the male. Burt puts this remedy in the ovario-uterine group. Other eminent physicians think that it acts directly upon the *great sympathetic*. Hence, all the organs that are connected by this system of nerves are, primarily or secondarily, affected by it. Therefore, not only the organs of the pelvis, but also those occupying the cavities of the abdomen and chest, are affected by this

* From the Transactions of the Homœopathic Medical Society of the State of New York.

remedy directly or indirectly. The great sympathetic is constituted of a series of ganglions joined to each other by a nervous trunk, and extending down the side of the spine. It communicates with each of the spinal nerves, and with several of the encephalic. In that kind of uterine derangement which calls for *lilium* we find functional derangement of the bowels, of the kidneys, and of the bladder. We often see, also, in this connection, loss of appetite, nausea, and sometimes vomiting, indicating that the stomach also is in sympathy. And still farther on in the history of these cases, we find heart-symptoms developed; such as palpitations and irregular beating of the heart, oppression of breathing, and sometimes a tendency to faint. We are of the opinion, from observing the long and continued action of this drug on the provers, that it will be found especially useful in cases of long standing.

Although there are cases on record of acute attacks being cured by this remedy, in *my experience* it is especially useful in those cases that have been long in the process of development; when the functions of the heart, lungs, and head are disturbed, and the attention of the patient is attracted to these organs as the seat of some much-to-be dreaded malady; and it may be only when the attention is called to the uterine symptoms by the attending physician, that they recollect that the beginning of all their trouble was not in the head, heart, or stomach, but in the pelvic organs.

The first sensation such patients have is the feeling of giving-way in the hypogastrium, and soon follow the dragging down, and the almost instinctive movement of the patient to support the vulva.

This giving-way feeling referred to by the patient, is the break in the chain that supplies the nervo-vital fluid to the organs of the pelvis. This supply being cut off or diverted, those organs soon begin to suffer loss of vitality, and, in obedience to the unchanging law of gravity, begin to settle down in the pelvis. The nutritive process being thus interrupted, we soon find a great variety of lesions; and quite prominent among these is *retroversio uteri*.

Retroversion is a morbid inclination backward. An interesting question now arises: What causes this morbid inclination backward? We have referred above to the disturbance in the nerve circulation; and as a consequence, we find in the retroverted uterus where this position has

been maintained for any length of time, that the anterior uterine fibres have become thinner and weaker, while the posterior tissues have grown thicker, and have increased in *volume* and *weight*. Hence, the *natural* tendency now is for the organ to fall back against the *sacrum*; and if replaced by *art*, the law of gravity will speedily incline it back into its former morbid position. If art fails to remedy *permanently* this morbid condition as it has in many cases, the science of therapeutics may be able to render some valuable aid.

Retroversio uteri is a pathological condition recognised unmistakably by the following group of symptoms: The most strongly marked symptom indicative of retroversion of the uterus, is found in the difficulty of emptying the bladder, accompanied with pain and tenesmus, which, in greater or less degree, is always present in complete cases of displacement. Next to this is the pressure on the rectum, and consequent more or less frequent calls to stools, with great difficulty or impossibility of evacuating the bowels. A fixed gnawing or other variety of pain in the back, backache, and difficulty in walking, with inability to stand for any length of time without suffering, are also common accompaniments. (Thomas.)

The above symptoms form a central group in the proving of the drug under consideration. Theoretically, *lilium tigrinum* must be a good remedy for uterine displacement, and especially for retroversion. The crowning glory of the young science of homœopathy is that it is founded upon facts established by the proving of drugs upon the healthy, and corroborated by clinical experience.

I will now report some cases cured by this remedy:—

Case 1.—Mrs. P., aged 45, after several months' treatment, consulted the writer, and gave the following report of her condition: She had been treated by a professor of surgery, who informed her that medicine alone could never cure her; "for," said he, "you have prolapsus (or falling of the womb), which can only be cured by being *replaced*." So the woman endured *replacement*, only to suffer *displacement*, for weeks and months. Despairing of ever being cured, she, as a last resort, applied to homœopathy for relief. The first *marked* symptom in her case was the *mental depression*, reaching almost the condition of *despair*. She had a settled conviction that some incurable malady, like *organic* heart or lung disease, was about to

close her existence. "For," said she, "my head is so heavy, I cannot walk without staggering; faint feeling; fear of falling, especially worse in a close, warm room—the fresh air affords some relief; and, besides, such a fulness in the head, with pressure outward, as if the head would burst; oppressed breathing, with palpitation of the heart; nervous trembling." Says that she is unable to be on her feet, and suffers from a constant dragging-down sensation, affecting the chest, the abdominal and the pelvic organs; nervous, tremulous; and obstinate constipation. This woman had almost forgotten the original trouble, her mind being so fully occupied with the sympathetic or secondary symptoms. She received *lilium tigrinum*, third dilution; continued to take it for several weeks. The symptoms gradually disappeared, and she told me, some months afterwards, that she had found it unnecessary to have the organ replaced. Her general health has so much improved that she is able to walk whenever and wherever she may wish, and she complains no more of prolapsus.

Case 2.—Mrs. S., aged about 35, had for several months the premonitory symptoms of some uterine trouble, which she was fearful would result in something very serious. She had consulted her physician at different times, and received medicines which he assured her would bring the desired relief. Yet no relief came, but rather an increase of the symptoms to such an alarming degree, that she was compelled to seek counsel elsewhere. The writer was consulted, and the following pathological condition found: An examination, *per vaginam*, found the *os uteri* near the symphysis pubis, and the fundus fallen back against the sacrum, attended with urgent and persistent desire to evacuate the bladder; obstinate constipation of several days' duration—in fact no movement of the bowels had been possible for days by any means. There was constant pressure upon the bladder and rectum, and a feeling as if the whole contents of the pelvic cavity would be forced out at the vulva, if not supported; constant backache, and inability to be on the feet, for it aggravated all the symptoms. The woman looked pale and thin, and the nervous system completely unbalanced. Here was a case where the equilibrium of the organism had been disturbed by some unknown cause—that is, unknown to me, and the patient disclaimed any knowledge on the point. The examination revealed nothing that could give any light on the subject; for the

organ, to all appearance, was in a perfectly healthy condition, the position only being abnormal.

The interesting inquiry now was : By what means can this missing link be restored, and communication opened, by which the organs of the pelvis can be brought into a healthy relation with the vital forces of the body, and again receive their share of nutriment, which will enable them to take their position in the healthy organism? I could think of nothing but *lilium tigrinum*, and, in the sequel, it proved to be the right thing; for it cured not only the retroversion, but also the constipation, the tenesmus vesicæ, and the dragging-down sensation, so much and so long complained of. In short, it put the woman upon her feet again. Some eight or ten days after receiving the remedy, she walked a mile, and stepping into my office, said : " Doctor, I want some more of that last medicine, for it builds me right up." She has continued in the building-up process for several months; has become a strong, robust woman; can walk or work as well as she ever could, and attend to all of the duties of the housewife. I will add, that this patient, after taking the dilutions with little or no benefit, received the mother tincture in three and five drop doses, and the restorative process commenced at once.

I have in mind another case; that of a youngish woman, who, after a fall, was violently attacked with the same general symptoms as those described above. She took the lower potencies with no benefit; but the 200th produced rapid improvement, which went on to a perfect cure.

This drug, like all others in our Materia Medica, has a *definite sphere* of action, which appears to me to include those cases where the vitality of the organism has become impaired, and where there are no organic lesions or abnormal deposit. In a case of prolapsus from increase of the weight, or of abnormal deposit of uterine tissue, I should think of some other remedy; and especially if there was induration or chronic inflammation of the uterus, or a condensation of the uterine tissues, or—but more rarely—a softening of the stroma at the neck or body, I should not use the tiger lily, but remove the condensation or softening by the use of the chloride of gold; and the uterus would rectify its own position. Several cases of long standing have been reported, in which the gold cure was very satisfactory.

Bromide of Potassium.

By H. F. ADAMS, M.D.

Pathogenetic symptoms of repeated large doses (according to the U.S. Dispensatory): Spasmodic jerking; frothing at the mouth; insensibility, and incontinence of urine.

A patient was subject to monthly paroxysms of epileptic convulsions, and to constant incontinence of urine. Dose: Twenty grains dissolved in six ounces of water; a teaspoonful every six hours. Within a week the patient was able to control the incontinence day and night. Afterwards, medicine was continued another week. Patient continued well for thirteen weeks. Then a recurrence of the epilepsy was readily controlled by *kali brom.* 200th. Afterwards, for some months, the patient had no return of the convulsions, but finally died of pneumonia.

I often use *kali brom.* 200th successfully in cases of spasms and convulsions, in which another remedy is not positively indicated.

Puerperal convulsions: *kali brom.* 200th; os uteri partially dilated. Two doses cured.

ON EXTERNAL APPLICATIONS IN HOMŒOPATHIC PRACTICE.

By D. DYCE BROWN, M.D.

It would be easy to reply to Dr. Fenton Cameron's strictures on my Congress paper, and the views I therein advocate, by going into the same detail as Dr. Cameron has done.* But such, I conceive, would not really further the solution of our differences. I take my position as that of a physician who has the strongest belief in the truth of the great law of similars as a guide to the treatment of disease, who has studied the writings of Hahnemann, those of other homœopaths, and the *Materia Medica*, but who claims his right to think for himself, and to develop, as far as he is able, the great truth of homœopathy, although in so doing he may not be adhering to the strict "letter of the law" as laid down by Hahnemann.

If the founder of homœopathy was inspired, then I am wrong, and every homœopath is bound to adhere in doctrine and practice to every iota of Hahnemann's writings,

* See *Monthly Homœopathic Review*, February.

but as not even his most rigid follower believes him to have been inspired, it follows that it is open to every one to think for himself, reject any point urged by Hahnemann to which he cannot subscribe, and develop, as far as he can, the principle of homœopathy, even though his mode of doing so may have been denounced or objected to by the master.

The views on the use of certain external applications which I advocated, and which I endeavoured to show were fully in accordance with the law of similars, are a fair field for discussion on their own merits, and no one need adopt them unless he chooses, but I decline to put the argument on the basis of the *ipsissima verba* of Hahnemann being our medical Bible. The perfection to which Hahnemann alone brought homœopathy is marvellous, and singles him out as one of the greatest geniuses that ever lived, but it is too much to suppose that any one uninspired could make a therapeutic system so perfect as to preclude any suggestions for its further development, or render any one who tries to do so open to the designation of "mongrel," and such other narrow-minded epithets.

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THE PLAGUE IN RUSSIA.

THE devastation which the Plague is now working in Russia, and the fears which are entertained that it may extend its lethal influence over Europe, render any trustworthy accounts of it matters of deep interest at the present moment. We, therefore, reprint from the *British Medical Journal* the following extracts from a leading article in that journal of the 1st ult., together with reports concerning it which are published in the issues of the 8th and 15th ult. :—

"However wishful we may be to believe, with the Russian Government, that the very fatal disease which has appeared on the right bank of the Volga, in the province of Astrachan, is a malignant form of typhus, the latest news from the infected localities leaves us no choice but to conclude that the malady is in truth bubonic plague. We know of no other malady which, suddenly beginning with racking headache, followed by mental confusion, great prostration, rapid development of buboes in the groins,

armpits, and elsewhere, with petechiæ, vibices, and hæmorrhage from the lungs, runs a very speedy and almost invariably fatal course, ending in from twelve to forty-eight hours. Yet these are the symptoms, and such the usual progress, of the new disease in Eastern Russia. In fact, the disease there is not to be distinguished from that which a few months ago prevailed in the Caspian provinces of Persia, and which was undoubtedly true plague; and the outbreak in Astrachan is most probably an extension from those provinces.

“It is now four years ago since Mr. Netten Radcliffe in this country, and two years ago since Dr. August Hirsch, the most distinguished epidemiologist on the Continent, raised warning voices as to the probable reappearance of plague in Europe, and, in the event of their forecast proving correct, deprecated panic, on the ground of our better knowledge of the mode of propagation of pestilences and of the conditions by which these visitations may be controlled. Especially, both pointed out the futility, as shown by experience, of the traditional measures of quarantine for the arrest and repression of plague, and urged that the attention of Governments should be concentrated on the strengthening and extension of such measures of internal local sanitary administration as had proved most efficacious in the control of infectious maladies. The warnings both of Mr. Netten Radcliffe and of Dr. August Hirsch have probably been forgotten by the persons who had most concern in them, and these gentlemen have suffered the customary fate which befalls prophets in their own country. We recall the fact in regard to their vaticinations as of interest in view of the actual reappearance of plague in Europe, and to show how little the wisest counsels affect Governments in view of a novel, and to the majority (forewarnings notwithstanding) an unexpected, danger.

“When Mr. Netten Radcliffe and Dr. August Hirsch sought, by their warnings, to prevent, or to suggest measures for the prevention of, panic, if plague should again appear among us, they had, no doubt, the mass of the people in view. It was inevitable that the reappearance of a disease known from tradition and history as the most formidable of all maladies should unsettle people’s minds, and tend to panic. But it may be questioned whether it ever entered the minds of the two epidemiologists referred

to that the Governments which their appeal most concerned should themselves be the first to give example of panic. But this is, strange to say, precisely what has happened. The German and Austro-Hungarian Governments, infected, as it were, by the alarm of the Russian Government, have obviously entirely lost their heads in the present crisis. Russia, although it must be patent that the quarantine measures which she maintained, under peculiarly favourable circumstances, against panic in 1877-78 have wholly failed, has rushed into a frantic excess of quarantine in the province of Astrachan, in the vain hope of limiting the extension of the plague there. Germany and Austro-Hungary are preparing to follow suit on their frontiers towards Russia, although the invariable failure of the attempts to arrest pestilence there by these governments at various times is notorious. As Dr. Hirsch has pointed out, if sanitary conditions on the frontier have not proved successful in arresting the dissemination of cattle-plague across, when the suspected animal could be destroyed, what possible ground can there be for the belief that they will arrest the passage of a human infection."

"Mr. Netten Radcliffe has said, speaking with the responsibility attaching to his official position, and with full regard to the gravity of the disease under consideration, that, in the present state of our sanitary legislation and administration, we may contemplate without any serious alarm the introduction of plague into this country, if local sanitary authorities be prepared to do their duty. But any attempt to revive the obsolete practices of quarantine could end only in diverting public attention from the sole trustworthy means of safety and substituting for them a mere fictitious appearance of safety. The Government would do well to consider this question in time, and take measures for bringing the quarantine laws into closer accord with the principles and practice of our present sanitary legislation and administration."

"The *Vratschebniya Vedemosti* of January 14th (26th), reports that a meeting of the Society of Russian Physicians took place on the 12th (24th) of January, with the special purpose of discussing the nature and treatment of the outbreak of epidemic disease, which has filled not only Russia, but also Europe with alarm. Professor Botkin, Physician to the Emperor, spoke at some length, mainly to the following effect:—

“Up to a very late period, telegrams, etc., had been published in the papers, containing only very brief notices about the spreading of the epidemic and the disease itself. Dr. Krassowski, who had been sent to Wetlianka by the Government, had telegraphed that it was not the plague, but an acute typhus fever. However, the enormous mortality made Dr. Krassowski's diagnosis appear rather doubtful. Suddenly Dr. Döppner's telegrams arrived, in which the advance of the epidemic and the symptoms of the disease were described. Having carefully studied and weighed all the symptoms mentioned in the telegram, Dr. Botkin came to the conclusion that the sickness which prevailed in Wetlianka was the plague, and the worst form of it—the Indian plague, or the black death of the fourteenth century, which was particularly characterised by affecting the respiratory tract. As to the diversity of opinion which has long reigned on the subject, whether the disease were really the plague, and the hesitation of Dr. Döppner to emit a decided opinion, Dr. Botkin thought that this might be explained by the fact that, at the outbreak of every such pestilential disease, not only in Russia, but also in other countries, there had always been at the outset much difficulty in agreeing what the newly occurring disease really was; some calling it the plague, and others some form of typhus fever. It was true that typical cases of every zymotic disease presented certain symptoms which might help to form a diagnosis; but in the course of an epidemic, a large number of cases occurred which it would be difficult to classify as typical from the symptoms alone. Even a pathological examination might fail to give decisive explanations. To answer the question as to the classification of a given affection, it is necessary to attend to the causation and diffusion of the disease, its mortality, &c. A physician, arriving in some locality, and being ignorant as to its peculiar climate or tendency to develop some contagious disease, might be perfectly unable to make at once the diagnosis of the given malady. The plague, he added, appeared under very different forms; hence it was very difficult to say, especially at the onset of an epidemic, when few, if any, typical cases had come under notice, that it was the plague. This question could not be decided till the typical cases prevailed to such an extent as to convince even the most sceptical observer. The Russian climate was, he added, such, that the plague never broke out in it; it was

always brought from the east. This point was a most important one in identifying the disease. Dr. Botkin himself would have been doubtful as to whether the epidemic which appeared in Wetlianka was really the plague, or only a pestiform typhoid fever, if he had not positive facts as to its spread, and could not directly prove whence it came.

“In 1877, in Astrachan and other places, there prevailed a febrile disease, which was complicated with buboes; but the patients generally recovered. The same disease appeared in Wetlianka shortly before the outbreak of this fearful epidemic. It was also known that in Recht, in Persia, the plague prevailed in 1877. There was a constant communication between Recht and Astrachan, by means of which the infection had been brought to Russia. At the onset of the disease, the cases were slight, and the patients recovered; but towards the end of last year, they assumed, in Wetlianka, the character of an epidemic, followed by an appalling mortality.

“The question was finally settled by these facts, viz.: the epidemic of 1877 in Recht, the frequent communications between it and Astrachan, the pestiform affection which subsequently appeared in Astrachan and its neighbourhood, and, lastly, the serious form which these slight cases finally assumed. Dr. Botkin differed from Dr. Hirsch regarding the Indian plague. The latter looked upon this disease as a special form of the plague, while Dr. Botkin thought that it stood in the same relation to the bubonic plague as did bilious typhoid fever to intermittent fever. The Indian plague was a very acute form of bubonic plague, so that death occurred before the buboes had time to develop.

“Professor Tschudnowski read a paper on the best method of treating the disease. The first point was to obtain absolute purity of the air, because the patient who was obliged to breathe in a pestiferous atmosphere, continually took in new poison, which was more dangerous because his organism was unable to resist its influence. The best way of treating the plague was by warm baths, which acted favourably on the respiration and the heart, thereby counteracting the deleterious effects of the poison, and assisting the organism in its excretion. The baths were also very useful in combating the fever, although quinine and salicylic acid would have the same effect. In cases requiring stimulation, the patient must be put into a tepid bath, have cold water poured over him, and enemata of iced-water should

be administered. If the condition required it, slight aperients must at once be administered; slight attacks of diarrhoea had best be let alone. Should there be dyspepsia, great care should be taken in administering emetics, because of their effect upon the heart; it was better to use, in such cases, antiseptic drugs, such as a weak dilution of hydrochloric acid. The action of the skin must be kept up by friction. If the use of jaborandi had not so many drawbacks, it would be a capital remedy for promoting excretion. The nutrition of the patient must also be attended to most carefully, and the buboes and carbuncles dealt with according to the rules of surgery.

“ We gather from the historical papers that Russia seems to have been rather a favourite place of the plague. Since 1090, when seven thousand people died within a fortnight in Kieff, there have been twenty-two outbreaks at different times up to the present epidemic. Whole towns were unpeopled; the streets were literally covered with corpses. It seemed as if some cities were doomed to be visited by this dreadful guest, as outbreaks of the epidemic would occur repeatedly within a very short time of each other; this was probably due to the total absence of sanitary arrangements, which we first meet with in 1654. Peter the Great, with his usual energy, adopted a vigorous method of dealing with the disease when a new epidemic occurred in the south in 1718. He ordered a cordon to be stretched along the Dnieper and Don, which nobody was allowed to pass under penalty of death. To enforce this last order, gallows were erected everywhere on the highways, upon which trespassers were to be hung without delay. All the letters which came from the infected places had to be exposed to a high temperature and copied three times, and only the last copy was to be forwarded to the recipient. In 1771, the plague again appeared in Moscow, when the panic was almost incredible, and the population would not hear of any prophylactic or sanitary means, regarding the latter as the cause of the disease. The archbishop Ambrosius, a highly educated and zealous priest, tried in vain to reason with the terror-stricken people; they openly accused him of having conspired with the physicians and the police to kill them, and, dragging him from his convent, murdered him. During the whole month of September, twenty-one thousand four hundred and one persons died in Moscow and were buried, according to official documents;

while the number of those who died and were buried in secret is unknown.

“As far as the treatment was concerned in the last century, it was advised to have continually an open or running sore on the body ; never to go out into the air fasting ; to take every three or four hours forty or fifty drops of sweet spirit of nitre in water ; to rub the face, hands, and swollen places with strong vinegar ; and to drink water mixed with vinegar or lemon-juice. It was considered especially necessary to make the patient perspire, and accordingly he was directed to swallow as many diaphoretic drugs as he possibly could at night, and was well wrapped up in warm blankets. Vapour-baths were also prescribed, the patient having either to stand or sit over a vessel containing boiling vinegar or heated bricks on which vinegar was poured. If he felt collapsed, stimulants were given and blisters applied ; but, if the latter could not be had, a poultice was made of rye-dough, onions, mustard, and leeks, and placed on different parts of the body. Another remedy was the cold water treatment : the patient was rubbed daily with ice, drank much cold water, and was kept in a room without a fire. The treatment proved efficient, as far as we know at least, in one case. Professor Tschudnowski lays great stress upon the importance of keeping the people’s spirits from drooping. The Russian nation is much given to melancholy and despondency. Both the long years of serfdom and the severe climate have developed this tendency, which is said to exist in all nations that dwell in plains. Such disasters as the plague have always been considered by them as direct signs of the wrath of God and the displeasure of the saints. It must, therefore, be strongly impressed upon their minds that God will not forsake them, and processions, masses, etc., ought to be held as often as possible, and encouraging addresses must be given. In order to prevent infection from overcrowding, similar services and processions ought to take place at the same time at different places.

“The great drawback, however, to all treatment of the plague, lies in the unsanitary surroundings of the lower classes. Cleanliness is, therefore, to be insisted upon, and the patient must at once be removed into better air. The action of the lungs, skin, kidneys, bowels, etc., must be carefully watched and stimulated. The best stimulant is the bath ; the patient being placed in a tub of warm water, and cold water poured over him. This treatment generally

meets with strong opposition from the patient's friends, who beg or insist that he may be left to die in peace. The patient himself very often begins to breathe more deeply, to groan, mumble, gesticulate, etc.; but the cold water must still be poured over him till at last he energetically resists any further application, and perhaps even swears at his 'tormentors.' Another good application of the cold is the wet pack, the sheet being previously dipped in iced water."

"Professor Hirsch of Berlin, the leading epidemiologist of Germany, who has been appointed first German representative on the International Plague Commission, has, before leaving, addressed a communication to the Medical Society of Berlin on the subject. After tracing the historical lines of the pest, he expressed his agreement in the view that on this occasion it has been brought to Russia from the Persian town of Rescht, on the Caspian, which has considerable intercourse with Astrachan. He pointed out that the characteristic and dangerous symptom of the present disease, which he calls 'the Indian plague,' is an inflammatory affection of the lungs. It is the same form of bubonic plague which was observed in the beginning of our century in some parts of the East Indies, and which in the fourteenth century swept over the whole of civilised Europe and disappeared afterwards. From the descriptions of this fearful calamity which were compiled at the time and still exist, we gather that the principal symptoms of this affection were the same which are observed in the present epidemic, viz., affection of the lungs and buboes. He thinks that the real cause of the disease in the plague is a blood-poisoning, which produces not only very serious general typhoid symptoms, but also localised ones, especially in the lymphatic glands, either externally as buboes or internally in the retroperitoneal glands and the spleen. The follicles of the intestines, however, are never affected as in typhoid fever; the carbuncles develop in a way similar to noma. The illness lasts for three to five days, but may also end with death in twenty-four hours.

"The speaker then went on to discuss the important point of the diffusion of the disease. He has come to the conclusion that it does not belong to the group of contagious affections in the full sense of the word—i.e., where the virus is reproduced in the affected organism—but to the zymotic group, where the virus may be propagated either through some object or an individual, but can only be developed if it fall on a certain soil."

REVIEWS.

Clinical Lectures upon Inflammation and other Diseases of the Ear: being a Course of Lectures delivered to the Students attending the Class of the London School of Homœopathy during the Winter Session of 1877-78. By ROBERT T. COOPER, A.B., M.D., Trin. Coll. Dublin, Physician, Diseases of the Ear, London Homœopathic Hospital. London: The Homœopathic Publishing Company. 1878.

WE have much pleasure in noticing this work. A treatise on the homœopathic treatment of diseases of the ear was certainly a desideratum, as no such work had hitherto been published, and in fact the ear had been very much neglected from a homœopathic point of view. Dr. Cooper has succeeded in giving us a really excellent treatise on the subject, which, though not intended to embrace all ear diseases, embraces the most important of them, viz., inflammations of the middle ear, with its concomitants and consequences.

Dr. Cooper makes his work thoroughly practical, and we are sure that all those to whom the homœopathic treatment of ear-diseases is a new study, will benefit much by its perusal. Our author describes clearly and most interestingly the anatomy and physiology of the parts of the organ of hearing which are the ones chiefly involved in inflammations, a knowledge of which is essential to the thorough understanding of these diseases and their treatment. He does not confine himself to mere drug treatment, but recognises the necessity for occasional surgical interference. All this part of the work is well done, though not pretending to originality, but when we come to the drug-treatment, Dr. Cooper displays his usual acumen in observation of the effects of drugs, and in deducing their therapeutical import and sphere. We find several points brought out which are to be found in no other work. The first of these we find noticed is his use of glycerine as an application to the membrana tympani. We quote a passage on this point, which explains what we refer to, and gives a good sample of Dr. Cooper's writing:—

“Connected with the discussion of the dryness of the membrana tympani will come in the way in which it is influenced by glycerine, and as this bears closely upon the treatment of accumulations within the middle ear, it will be well for us to deal with it on the present occasion.

“One of the physical laws to which a membrane placed as is the membrana tympani is subject, is this: that if two liquids of different density are placed on either side of it, they will by virtute, as Draper has it, of simple capillary attraction, interchange, and, as it is generally though not quite correctly stated, the lighter

fluid will move towards the denser and *vice versa*, the movement of the one being termed by its discoverer, Dutrochet, endosmosis, and that of the other exosmosis, names quite unnecessary and even misleading.

“ You can perform this simple operation for yourselves. Take two ordinary clinical test-tubes, place on both a tampon of cotton-wool moistened with water, then tie across the mouth a piece of ordinary parchment; against the one place a pledget of cotton-wool moistened with glycerine, and against the other one moistened with water only. If you watch them closely you will soon observe active movement taking place between the glycerine and the water through the parchment, while the fluid in the other remains quiescent.

“ I think we may reasonably hope to put to practical account such simple experiments in the removal of serous or hæmorrhagic accumulations within the tympanic cavity, and that in effecting an interchange between the fluid on the outside and that upon the inner surface of the *membrana tympani*, we may set up such stimulation as will lead to its entire dispersion. This would quite accord with the ordinary physical laws by which the transposition of fluids in the process of absorption is effected in the human body. It is a point to which attention ought to be more earnestly directed.

“ You will doubtless ask me for some instance in actual practice of glycerine having had any such effect; it is difficult to adduce positive proof. This is unquestionable, that the local application of glycerine has long been a popular remedy for deafness. In 1851, Mr. Wakley, backed up by a Mr. Tindal Robertson, brought out a work upon ‘the use of glycerine in the treatment of certain forms of deafness.’ The critique of this work in *Wilde’s Aural Surgery* is painfully adverse; still I suppose they had seen some cases cured with it, and our colleague, Mr. Tate, of Blackheath, the other day told me that his wife had been completely cured a short time since of a catarrhal deafness by means of its local application to the meatus. Patients, too, have often told me they invariably cure their catarrhal deafnesses by the instillation of glycerine to the meatus. The idea we would moot is, that these occasional cures of deafness with glycerine are instances of an impervious state of the Eustachian tube, with possibly catarrhal accumulations in the middle ear, and that the glycerine, as it were, sets up a certain amount of capillary activity, a discharge of fluid taking place all along the mucous surface of the tympanal cavity and tube, which in this way frees, or, in fact, washes out the passages.

“ This would be, in my mind, a thoroughly allowable scientific exercise of the imagination.

“That glycerine acts in this way we have no other proof than that referred to; but in regard to the other extremity of the middle ear, if I may so term the faucial orifice of the Eustachian tube, we can understand that this effect would more readily be induced if we but bear in mind that the mucous membrane can constitute an endosmosing surface.”

Again, when speaking of the diathetic conditions of children, which influence their liability to inflammations of the ear, we have some interesting and original remarks on a medicine little known in this connection, *terebinthina*. Of this medicine Dr. Cooper says:—

“Then there is that familiar old remedy *terebinthina*, to which I have already referred, and which, as I have said, I believe to be much too neglected by us in the treatment of children’s diseases. I am one of those who regret that as homœopaths we have devoted so much attention to the investigation of the actions of substances that were unfamiliar to the profession at large, to the exclusion of our old and standard drugs.

“Turpentine is known not alone to exercise a very decided irritating effect upon the intestinal mucous membrane, but to have as well a very pronounced cerebro-spinal action. Thus symptoms of intoxication, vertigo, mania, and other well-developed cerebral effects belong to it. Extreme restlessness at night is amongst its symptoms. Now, if you look to the article on *Terebinthina* in Hull’s *Jahr*, you will find amongst the curative effects, *a burning soreness and interstitial distension of the gums*. From whence this symptom is taken I am unable to say; but this I can confidently assert, that there is no remedy which in cases of difficult dentition has given me such uniformly happy results as *terebinthina*, used in purely infinitesimal doses. Where dentition is accompanied by suppression of urine and convulsions, or where the child is wakeful at night, screaming as if frightened, has a staring look, clenches her fingers, twitchings in different parts of the body being prevalent, where she picks her nose and is troubled with cough, whether or not worms are present, in these instances I have found *terebinthina* positively curative. The little girl is cross and irritable, her temper is very changeable, she has a dry short cough, complains of aching in her limbs and her head, and is very often feverish; these are indicative symptoms.

“As to its special relation to otitis, I can only say that I have often found it curative in the otalgia of children old enough to express their sufferings, and conclude from this its utility in the otitis of those too young to pronounce upon it; and even amongst the allopaths its internal use is sometimes resorted to for the purpose of preventing the onset of inflammation after paracentesis

of the membrana tympani and catheterisation of the Eustachian tube. (*Weber, Monatschr. für Ohrenheilkunde, 1871.*)

“In one case of obstinate eczema in a child, situated in front of the left ear, and tending to affect the eyelids as well, I was unable to effect a cure until *terebinthina* was prescribed. These eczematous affections of children that border upon the ear often alternate with otitis.

“This remedy seems to be peculiarly appropriate to the affections of children, its intestinal irritations are accompanied by symptoms like in every respect to those we meet with in association with the diseases of child-life; and more than this, in presence of its symptoms, it never disappoints—an assertion that, while it certainly holds good of all remedies, is yet more obviously true of some than of others.”

Dr. Cooper's remarks on the value of *calcar. phosph.* in cases of chronically enlarged tonsils (pp. 96, 97) are well worth attentive observation, and also those on the use of *soda chlorata*. The value of *hydrastis* in the treatment of chronic catarrhal otitis with otorrhœa and deafness, is an important point, unknown till brought into notice by Dr. Cooper. We can best illustrate his views and practice by quoting the following case with the remarks upon it.

“*Case III.—Catarrhal Otitis with Deafness succeeding Scarlatina.*”

“Barnard Dyer, a boy of seven years of age, admitted to the London Homœopathic Hospital, May 24th, 1877, being deaf in both ears, worse on the right side, the cause of which is traceable to scarlatina which he had two and a half years ago, and which was followed by an otorrhœa that continued for three months, since when he has been invariably deaf, though worse at some times than at others. Before scarlatina he had had very large tonsils, but these subsided in consequence, apparently, of the severe inflammation attendant upon it.

“He takes cold easily, and in winter is troubled with a hollow cough; otherwise his general health is very good.

“The left membrana tympani is dark and shiny, as if polished, while the right—the worst—is red and inflamed-looking along the handle and neck of the malleus.

“*Treatment.*—Air-bag inflation of the tubes, once performed; and for medicine:—*Hydrastis canadensis* 2nd dec., 7 drops to 3 oz. of water, and a teaspoonful three times a day.

“June 23.—Certainly better. Medicine continued; no inflation this time.

“June 30.—Has gradually and decidedly improved. Watch can be heard at all distances. Inflamed look has disappeared from the right membrane.

“July 21.—Is quite well. Cold does not affect him nearly so

much as it used to do, and his hearing is perfect. Discharged CURED.

"The last is a most important case, and may be regarded as typical. *Hydrastis* has probably the strongest pathogenetic action upon the ear of any known drug, and has certainly, in my experience, a very strong curative action. In pathogenetic powers it may be equalled by *quinine*; in curative properties it certainly far excels *quinine*.

"With diluted *glycerine*, *hydrastis* forms a lotion incomparably superior to any other in the treatment of old-standing otorrhœa. *Hydrastis* in this respect is approached only by *calendula*, to which it is superior by reason of its specificity.

"I am, I believe, the first to recommend *hydrastis* as remedial against deafness, although for noises in the ears it is a well-proved remedy."

Were it for nothing but his hints on the value of *glycerine* and *hydrastis* in deafness and otorrhœa, we should feel repaid by the perusal of this book.

Dr. Cooper is not behind in mechanical invention. He has devised an ingenious form of ear-syringe, with the view of getting the water at once behind the plug of wax, instead of the ordinary mode of injecting the water directly against the accumulation.

Altogether, we congratulate Dr. Cooper on his work, and can highly recommend it to the study of all interested in this subject. We wish Dr. Cooper all success in his speciality, and hope to have at a future time the further results of his experience.

Coughs and their Cure. With special chapters on Consumption and Change of Climate. By E. B. SHULDHAM, M.D., Trin. Coll., Dublin, M.R.C.S., M.A., Oxon. London: the Homœopathic Publishing Company. 1878.

Dr. SHULDHAM, in his preface, informs us that his work is "written for the public more than for the profession, pointing out the chief dangers of chest affections, showing how they may be avoided by common-sense rules of health, and giving some simple outlines of drug-treatment." This acknowledged aim at once disarms criticism, as works written for the public must be judged by a different standard from those written for the profession. Whether it is desirable to write works on medicine for the public at all, is another question, but without entering on this, we may say that Dr. Shuldham's work is one of the best of the kind that has ever been written. His style of writing is eminently fitted to attract the public, being lively, chatty, and even humorous, combined with a large amount of graphic power of description. This leaves the reader in no doubt as to the author's meaning, and in no difficulty as to guessing what is the

probable nature of his cough, while the indications for the various medicines recommended are clear and well put. All through we find an excellent supply of common-sense advice, which is certainly of importance for the public to know. The chapters on consumption and change of climate are particularly good, and the latter will give much useful information to the professional man as well as to the patient and the public in general. The book is, taken all in all, an excellent one, and one that does credit to Dr. Shuldham. We have difficulty in selecting a passage short enough for our space, which would at the same time give a fair sample of the chief portions and merits of the work, and prefer, therefore, to leave it to the personal perusal of the public, assuring them that they will enjoy it as a piece of writing, and derive benefit from its advice.

The Operation of Sclerotomy, its Indications and Physiological Action. By Dr. KEERSMAEKER. Brussels. 1878.

THIS brochure, written by a member of the "Société Belge de Médecine Homœopathique," covers a far wider range than its modest title would indicate. It treats of the whole etiology, pathology, and treatment both medicinal and surgical, of glaucoma, keratitis, opacity of the cornea and staphyloma, in short, of all the diseases of the eye in which an excess of intra-ocular pressure plays a part.

This excess of tension is produced by a perturbation of the normal process of endosmo-exosmosis. In health the aqueous humour which is secreted by the whole uveal layer of the ciliary processes and iris, is also continually drained off by endosmosis into the ciliary vessels, and the venous plexuses of the canal of Schlemm. Any obstacle to free circulation produces congestion and stasis, with engorgement and partial obliteration of the natural channels of evacuation. At the same time an afflux of blood to the ciliary region may cause an hypersecretion of fluid; hence an increase of ocular tension and disturbance of nutrition. Disorganisation of one of the histological layers of the cornea follows, which if it invade the endothelium of the membrane of Demours, results in infiltration and consequent opacity of the cornea. This is, briefly, the commencement of most idiopathic or sympathetic lesions of the cornea, which our author believes to be due to "passive congestion of the vessels of the uveal tract, and engorgement of the lymphatic spaces of Schwalbe."

To remove this increase of tension, Quaglino and Baron de Wecker introduced the operation of sclerotomy. It consists in puncturing the sclerotic two millimetres from the cornea, passing the sclerotome through the anterior chamber, making a counter-puncture on the opposite side, and slowly evacuating the aqueous

humour. To contract the pupil and thus protect the iris and lens from injury, Dr. Keersmaecker recommends the previous instillation of *eserine* (the alkaloid of the Calabar bean, *physostigma venenosum*).

It will be seen that the procedure differs but little from the operation of paracentesis corneæ, which was practised in England fifty years ago.

The author claims great success for this treatment in old and obstinate cases of keratitis which have defied all remedial measures, homœopathic and allopathic.

The result of the operation is twofold: the escape of fluid and immediate relief of intra-ocular tension, and the formation of two fragile and extensible cicatrices, which act as the orifices of permanent drains allowing the filtration of any excess of liquid which may be re-secreted.

The second part is occupied with a careful *résumé* of the etiology and treatment of glaucomatous affections of the eye.

In the pathogenesis of glaucoma, the essential characteristic is an obstruction of the venous circulation, of which the predisposing cause must be sought in a diminution of the elasticity of the tissues. This may be the result of fatty or atheromatous degeneration, or arthritic or herpetic diatheses. These and many other causes produce a disturbance of circulations, and increase of tension, which tension may be primarily relieved by the operation of sclerotomy. At the same time there is much to be said for the view which regards glaucoma as a secretory neurosis, caused by direct or reflex irritation of the trigeminal nerves, and consequent disturbance of vaso-motor innervation. The morbid irritation of the fifth pair acts by exciting a hypersecretion of fluid. Under this head, the author points out the well-known action of *aconite* on the trigeminal nerve, and dwells on its therapeutic action in modifying glaucomatous symptoms, especially when accompanied by analgesia or hyperæsthesia of the face.

The writer then discusses the question of sclerotomy versus iridectomy in the treatment of glaucoma. Iridectomy, he says, is in fact sclerotomy, "plus a useless mutilation of the iris." Whether the mutilation of the iris is so useless as Dr. Keersmaecker supposes, may well be doubted, especially when we consider that the traumatic inflammation set up in the iris by the iridectomy may possibly be homœopathic to the original disease, just as in an analogous case a curative inflammation in the sac of a hydrocele is set up by acupuncture or the injection of iodine.

In conclusion, we cannot but admire the clear and able argument, and vigorous style of the work, and we shall look eagerly for the records of clinical observations—" *pièces justifications au présent travail*," which Dr. Keersmaecker promises to present to the Homœopathic Society of Belgium.

Homœopathy Vindicated: a Reply to Dr. Joseph Kidd's "Laws of Therapeutics," By E. W. BERRIDGE, M.D. Liverpool: Adam Holden, 1879.

THIS is a cleverly written, but coarse and contemptuous attack upon Dr. Kidd and the views he has set forth in his recently published work entitled *The Laws of Therapeutics*. It proceeds, however, on a thoroughly unsound basis. Dr. Kidd, in the book referred to, states that he regards homœopathy as a therapeutic law, that in his opinion there are other therapeutic laws of which the physician can avail himself in the treatment of disease. Dr. Berridge, however, seems to imply that if Dr. Kidd does the former, he has no right to do the latter! If he believes that there is truth in homœopathy, he is bound to believe all that Hahnemann ever wrote, it is in fact his duty to practise homœopathy just as Dr. Berridge does!

Dr. Kidd, if he believes that homœopathy is true, that it is to some extent, indeed to a considerable extent, the best method of drug selection, is only fulfilling his duty in saying so. Were he to tell the world that he thought homœopathy was universally available in the treatment of disease, he would be saying what he did not believe, what he never professed to believe, and would, therefore, be doing that which he has no right to do.

That Dr. Berridge points out some serious blots in Dr. Kidd's book, some undoubted flaws in his arguments, and makes the most of them, is true enough. But all this is utterly spoiled by appearance of self-conceit on the part of the writer, and the grossly insulting tone he adopts towards the object of his criticism.

NOTABILIA.

HOMŒOPATHY IN THE UNITED STATES.

(FROM OUR OWN CORRESPONDENT.)

MEDICAL affairs this side of the "big pond" have been in a ferment for a year or more. This results from ignorance and lack of clear thinking; from an imperfect understanding of the limits of the law of *similia*; from the unrest of faction-making men; from the overweening confidence and gushing enthusiasm of fanatics; from an evil spirit in some persons, that can only be ascribed to "pure cussedness."

Proselytising seems the acme of happiness to some men, and certain believers in infinitesimal nothings, and disembodied dynamics, would have us believe that our darling law controls the mistakes of the cook, the gyrations of brick-bats, the telluric disturbances, and even the stellar emanations. The attempts of certain cliques to force their constructions of the law upon others

have caused contentions and divisions ; and societies have uttered their declarations of principles in one way, by a minority of the membership, at one meeting ; and had them reversed in full meeting the next time. Some of them have been so absurd as to declare with pompous words, arranged in whereases and resolutions, that *they believe in similia similibus curantur*, when the members from early youth have fashioned their lives and studies by the dogma. This is just as absurd as the attempt of certain religious enthusiasts in times past to get the American Congress, ruling a nation founded upon Christianity, to announce by resolution that " We the people of the United States, impressed with the solemn occasion, hereby announce our belief in the existence of Almighty God." Conflicts innumerable have arisen in different sections of the country, and in New York, our wickedest city, discontented members of the homœopathic society have split off, and established a medico-chirurgical society, in which no principle of therapeutics rules, and hence it is a lovely place for irregulars and heretics.

Strangers would suppose our guns should be turned against the common enemy that surrounds us, rather than against divisions of our own brethren in arms ; but the fact is homœopathy in the United States marches triumphantly on, with a force of 10,000 physicians and millions of believers in them ; and they annoy the old school more than the latter do them. Thus with the system an established, recognised fact, its practitioners have become careless in their security, and now indulge in the petty squabbles which arise from proximity of practice, conflicting interests, and jealousies, excited by ambition for professional and medical society positions, while a few fight for principles and convictions.

It is a historical fact that just in proportion to the ignorance of a people are their tendencies to superstitious beliefs, and tyrannical exercise of power. This is true of small numbers of men as of large, and is a touchstone by which you can measure intelligence. Certain men, by obscure expressions, supernatural allusions, and brazen impudence, have awed many young men of the United States into servile imitations, and gagged others into humiliating silence for a long time back ; but thank God the shackles are being broken, and the clank of cast-off chains, metaphorically speaking, greet us, and announce the escape of truth from fetters, and the intellect from surveillance.

Henceforth the younger men of our profession will not train in company with bigots and braggarts ; but with earnest, modest, conscientious searchers for truth in science, who seek the purification of our excellent system from its dross. Do not believe, however, this picture embraces all in our ranks. It is but a sketch of a war cloud, behind which the great mass of the pro-

fession are of one mind, harmonious and happy. It is the "sins" and schisms that colour the history of a period, as these contentions do ours.

We have four kinds of homœopathic physicians in this country which I will name in the order of merit, beginning with the worst:—

1. Those who are incapable of success in the old school, owing to their ignorance of principles and constitutional laziness; and who have joined our ranks, and reduced their doses, because they know the system is popular, and they can make more money by so doing. They are too stupid or too lazy to study homœopathy, and so practise upon the few hints they have gathered in allopathic schools, and give medicines on pathological hypotheses, according to empirical or *contraria* data; but in very small doses. They are generally disbelievers in the value of medicines, cowards in the face of danger, and contemptible frauds.

2. Those who are deficient in general education, and in knowledge of the *science* of medicine, but possess an alarming familiarity with symptomatology. They believe the *Organon* the perfection of works; cherish its slightest foot note, and its every statement as truth; believe its author a god, and his every utterance an inspiration. Times and seasons may change, but with the *Organon* they will meet all dangers, and cure all diseases. Their faith is sufficient to remove mountains, and they believe they can cure the most virulent cancers, and the most ponderous uterine fibroids, with the c.m. potency of the *appropriate* medicine. They scoff at pathology; place great value upon times, sides, fancies, key notes, and potencies, and scorning all adjuvants, practise upon a deluded community by rule of thumb.

3. Those who have had a good literary and medical education in old institutions, have struggled along in practice, studying and testing methods of treatment by the keen observations of senses trained in methods, until they have been led step by step to a recognition of the value of the law of *similia*, and an acknowledgment of its truth. Having once settled these, they are as firm as a rock, and seek by study and the lights of science to improve the system they have adopted, by lopping off its absurdities, and harmonising pathology with its rich symptomatology. They practise by a symptomatology based upon characteristic physiological disturbances, and modified somewhat by the constitutional estimates. This is rational scientific homœopathy.

4. Those who, starting out with a deficient knowledge of medical science, but well trained in the art, have gone through all the phases of belief set forth in Number 2, and by observation, experience, and much study, have made themselves true physicians, well educated in sciences kindred to medicine, and

in pathology and the methods of physical examination of Number 3. They have abandoned the absurdities of earlier times; believe the *Organon* and the teachings of Hahnemann susceptible of improvement in some measure, and seek to perfect homœopathy by modifications of the symptomatology, and connecting it with proved pathology. They practise strictly by the symptomatology, but try to note the connection of diseased tissues with the symptoms, and do not hesitate to use adjuvants, which are outside of *similia*, under the domain of other departments. This is also rational scientific homœopathy.

Of numbers 3 and 4 consist the great mass of the homœopathic practitioners in this country; their acquirements command respect and esteem, and it is chiefly owing to their labours, that homœopathy holds such a proud position amongst us. With the people there is an impression that a homœopathic doctor is a clean, well educated gentleman, and he is always a favourite in society.

Unfortunately these men have a great deal of work wherever they locate, and therefore do not write often for the journals; so that our literature includes much crude stuff, furnished by young men fond of seeing their names in print, and by others who make a great waste of ink to attract attention to themselves. As consequences our journals are generally below the standard of yours, and of the old school. Every American thinks he can run a railroad, keep an hotel, and edit a journal, which accounts for some of the failures we see in the management of all three.

Eagle Cliff, U.S. America,
Feb., 1879.

DR. QUIN'S COLLECTION.

THE modern pictures, engravings, porcelain, furniture, and books belonging to the late Frederick Foster Quin, M.D., the well-known physician of the homœopathic faculty, were sold by Messrs. Christie and Manson, the sale occupying four days, and being brought to a conclusion with the pictures on Saturday last (Jan. 25). The pictures were by no means remarkable as a collection, consisting chiefly of small and unimportant, though pleasing examples of the English school, with some few by old masters, of which may be mentioned one by Lancret. Three figures in a garden, which sold for £29 10s., and a Vangoyen village on the bank of a river, with a waggon and figure before an inn door, signed and dated, which brought £82 19s. Among the English pictures were a pretty river scene, with boys fishing from a boat, by William Collins, R.A., which sold for £110 5s.; by G. S. Newton, R.A., a lady seated at a table, sold for £24 8s.;

by T. Uwins, R.A., "The Tarantella," with the engraving by Outrim, for £23; by F. P. Stephanoff, "The Triumph of Rubens," £6 10s.; by Scarlett Davis, "Interior of the Long Gallery of the Louvre," £4. The engravings were all of modern pictures, chiefly portraits of royal and noble persons, with a number of those from Landseer's pictures, all of which bore the autograph of the painter. The presentation proofs of these brought rather high prices. "The Cover Hack," sold for £16 5s. 6d.; "The Peregrine Falcon" and "Hawk," a pair, £9 19s. 6d.; "Shoeing," £17 6s. 6d.; "Saved," £11; "Midsummer Night's Dream," £20 9s. 6d.; "Hawking," £5 5s.; "The Sentinel," £7 17s. 6d.; "The Twins," £8 8s. A portrait of Count D'Orsay, by himself, a life size profile drawing in pencil, washed with Indian ink, sold for £2, and a statuette caricature, also said to be of Count D'Orsay, sold for 12s. A set of four statuettes of Venus, Minerva, Diana, and Apollo, in oxidised silver, sold for £23. An old Italian bronze statuette of "The Fighting Gladiator," sold for £29 8s.; a small bronze bust of Canning for £2; and a statuette in bronze of Baron Marochetti's Richard Cœur de Lion for 46 6s.; an inkstand of standard gold, formed as a canopic vase, weighing nearly seven ounces, for £88. An ormolu Louis XVI. clock, by Le Masurier, with enamelled dial, £22; a pair of oviform vases, in white porcelain, in ormolu mounts, £12 12s.; a pair of large ormolu candelabra figures of boys bearing lily branches, 88 inches high, £35 10s.; a pair of fine Louis XVI. candelabra of ormolu, figures of boy and girl with flower pots, on marble pedestals, 16 inches high, £250. The library contained many French books, including a large collection of French novels, in 264 volumes, which sold for £5 19s.; Collections des Auteurs Latins avec Production Française, publiée par Nasan Dedot, 1850, £6 5s.; Crébillon (fils) L'Ecumeiro et la Sopha, plates, La Chandelle d'Arras, 1775, and Stevenson's Crazy Tales, 1780, and Libro del Perche, £2 8s.; Dickens' American Notes, a presentation copy, inscribed "from his friend Charles Dickens, 18th November, 1842," sold for £5 5s.; W. S. Lardor's Literary Hours, by various friends, portrait by Count D'Orsay, privately printed 1837, £1 4s.; Thackeray's Mrs. Perkins' Ball, coloured illustrations, 1847, a presentation copy, with pen and ink sketch of the author, by himself, and in his autograph—

"Dear Quin,

"Accept the wishes of a grateful art,

"And this poor token which I pay in part."

Sold for £4; the Duke of Wellington's Supplementary Dispatches, edited by his son, presented by the editor, 22 volumes, £4 15s.; The Passage of St. Gothard, poem by the Duchess of Devonshire, with views by Lady Elizabeth Foster, privately printed, £2 15s.;

Venezia, Segge e memorie Venete, sulla prostituzione, fino alla caduta della Republica, plates, Venezia, 1874 (the catalogue states that only 150 copies of this very curious book were privately printed at the expense of the Earl of Orford); Marguerite Reine de Navarre, Heptameron Français ou Nouvelles, engravings and vignettes, by Longueil, after Frendenburg, 8 vols., uncut, Berne, 1792, a piece of the titles cut off, £12 12s. The sale realised altogether £2,189 12s. 0d.—*The Times*, Jan. 27, 1879.

THE LATE DR. QUIN.

At the January meeting of the British Homœopathic Society the following resolution was passed and recorded in its minutes:—
“The members of the British Homœopathic Society desire to express their deep sorrow at the loss the society has sustained by the death of their venerated president, Dr. Frederick Foster Quin, and also to testify their grateful remembrance of his services to medicine by establishing the homœopathic method of treating disease in England. To Dr. Quin's memory this society is bound to pay its grateful tribute for the many years he presided over it with rare judgment, wisdom, and urbanity, and for the wise counsel he was ever ready to afford when failing health deprived its meetings of his presence. In Dr. Quin, the society mourns the loss of one who gave his strength to the reform of medicine, and left his fortune to its promotion and advancement. And, lastly, this society must ever remember that its late president, by the force of precept and example, inculcated a high standard of professional conduct among its members.”

EDWARD HAMILTON, M.D. }
R. DOUGLAS HALE, M.D. } *Vice-Presidents.*
W. VALLANCY DRURY, M.D., *Hon. Secretary.*

YELLOW FEVER.

THE following letter in *The New England Medical Gazette* describes the work done by a commission appointed to enquire into the homœopathic treatment of yellow fever, during the recent epidemic in the Southern States of North America:—

“I have been too busy to write you before. We had copies of *New Orleans Times* sent you, showing our progress from day to day. Upon our arrival in New Orleans we organised for work in St. Charles Hotel. We issued a polite invitation to any homœopathic practitioner in the city and vicinity, of whom we could hear, to attend a meeting, at which we would explain the objects of our visit and purposes of the commission. The

attendance was quite general, including the officers of the New Orleans Homœopathic Relief Association.

“I was assigned to the chairmanship of the meeting, and explained everything fully and kindly, saying we wished every one to aid us, that we should deal fairly and impartially with all reports coming into our hands.

“The reports from Holcombe, Robert Bayley, Murphy, Richard Angell, and others, make a fine showing for homœopathy in New Orleans.

“The records of the Board of Health were put at our service, and from them we get *the number treated and number lost* by certain *malcontents*. So they have to furnish us testimony, *notens volens*. Well, the conduct of Belden, Baily & Co. led us to make some enquiries, and, as a result, we are prepared to say that the ‘Homœopathic Relief Association’ was not a necessity, and that its management has not been above suspicion.

“The papers sent you show much else of our doings in New Orleans. Before leaving we shaped our report for Congress, putting up the frame-work to be filled out when all reports come in. Dr. Holcombe, assisted by Dr. Robert Bayley, whom we made assistant secretary to the commission, will send us a printed proof of the report, which we will read and return, before the final issue.

“I may say, in regard to our work, that it will mark an epoch of great importance in the history of medicine. Nothing ever made public has done homœopathy the good that our report will do, when issued by Congress.

“The old school has abandoned the field of therapeutics in yellow fever; they claim nothing hopeful in that direction, and look only to *quarantines* for safety. How different on our side—we find a disease generally less fatal than pneumonia, or scarlet fever, or dysentery—one manageable under the law *similia*.

“Well, we broke up into sections, after being together a week in New Orleans, and Breyfogle, Price and myself went up to Vicksburg. There we found the *Banner City* for homœopathy in yellow fever. Dr. T. J. Harper, seventy-seven years old, and Dr. A. O. Hardenstein (an old friend of your father’s) seventy-three, had stood their ground and worked through the epidemic, coming out covered with glory. With the aid of two young men, sons of old Dr. Hardenstein, and Mrs. Pease, wife of the post-master, and Mr. Pegram, a retired merchant, and Mr. Hazing, a worthy layman, treated over twelve hundred cases, with a loss of less than *seven per cent*. Here I speak in general terms and round numbers. Our report will show exact figures, capable of full verification. No one in Vicksburg will or can deny the correctness of the returns, as they give names, dates, and residences, with great minuteness.

“ At Jackson, Miss., we found Dr. Hough worn down and in poor health, having had the fever himself, in the midst of the epidemic. He is able to make a favourable showing for homœopathy however.

“ At Granada, where nothing stood before the pestilence, where nearly the whole population, not gone to places of refuge, was swept to the grave in a short time, we had no homœopathic physician. With mournful interest we looked over the place, lying under nature's great disinfectant, the hoar-frost of the early morning, and passed on to Memphis. There we were joined by our fellow-commissioner, Dr. Morse, who soon had us comfortably fixed in the fine Peabody hotel.

“ Dr. Quinby took us around, pointing out the place where the first case of yellow fever occurred, and showing us how, thence, it radiated into all parts of the city and out into the country beyond.

“ We visited the Board of Health, examined its records, talked with Dr. Mitchell, President of the Howard Association (a brave and noble physician of the old school), had a meeting of our physicians at our rooms, gathered up their statements and reports, and did what we could to encourage them and stimulate them to keep careful records in all such epidemics.

“ We were sorry to find that Dr. Morse was an early subject of the fever, and that Dr. Buddeke was prostrated by over-work and loss of sleep, so that both had to leave the field to recuperate. Dr. Quinby alone remained to battle against the plague with homœopathic weapons. He did a good work, however, and is ready for future engagements.

“ I must here mention that our old-school brethren, much to their credit as well as success, adopted our *aconite*, in many instances, and also our *arsenicum* and *argentum nitricum*. The old-fashioned heavy dosing was quite generally abandoned.

“ In conclusion, I must say that the reports coming from Savannah, Charleston, Mobile, New Orleans, Galveston, Vicksburg, Natchez, Jackson, Memphis, and Chattanooga, placed *aconite* at the head of the list of remedies in the first stage of yellow fever, and *arsenicum* at the head of the second stage. There was a most remarkable unanimity regarding treatment, showing the influence of *a law of nature as a therapeutic guide*.

“ I must here say that the thanks of the profession, and of the homœopathic school throughout the world, will be due to you, as the President of the American Institute of Homœopathy, for having organised a commission to go, upon the very heels of the great epidemic, to gather reliable data regarding its treatment. We have taken no man's simple 'say so,' but have gone behind his reports, upon the field and among the people, challenging and verifying every statement. What we submit in our final

report, will stand and bear strong witness for homœopathy in all coming time.

“It has been my fortune to occupy the highest places assigned to members in our school in this country, but I declare to you that I feel more pride in having been a member of the Yellow-Fever Commission appointed by you, and in having taken a humble part in its labours, than in any of the high positions accorded to me in times past.

“Hoping to have the full text of our report for Congress before you soon.

“Fraternally and truly yours,

“To CONRAD WESSELHOEFT, M.D.

J. P. DAKE.

“President of the American Institute of Homœopathy.”

DOCTOR AND PATIENT.

“SAVE me, Doctor, and I'll give you 1,000 dols.” The doctor gave him a remedy that eased him, and he called out, “Keep at it, Doctor, and I'll give you a cheque for 500 dols!” In half-an-hour more he was able to sit up, and he calmly remarked, “Doctor, I feel like giving you a 50 dol. bill.” When the doctor was ready to go, the sick man was up and dressed; he followed the doctor to the door, and said, “Say, Doctor, send in your bill the first of the month.” When six months had been gathered to Time's bosom, the doctor sent in a bill amounting to 5 dols. He was pressed to cut it down to 3 dols.; after so doing he sued to get it, got judgment, and the patient put in a stay of execution.—*Danbury News*.

CHINESE PHARMACY.

AMONG the pharmaceutical products exhibited at the Paris Exhibition in the Chinese Section were the following:—Bear's gall—a sovereign antidote; Bezoar stones—an infallible panacea; skins of the python—for paralysis and rheumatism; dried fowls' gizzards—as a substitute for pepsine; inner pellicle of eggs—for jaundice; human urinary calculi—for renal complaints; hippocampus (seahorse)—for women in confinement, the woman to hold one in her hand; powdered elephant's skin—rheumatic complaints; fossil bones—for chorea and fever; ashes of roasted grasshoppers—for headache; tincture of scorpions—stimulant; decoction of small green serpents—for skin diseases; tiger's bones in jelly—a costly medicine, said to possess high tonic virtues; inside of a stag's horn—colds and bronchitis; buck's sinews—for rheumatism and sciatica; glue made from asses' skins—enjoys a great reputation as a remedy in lung diseases;

the dried excrement of silk worms—for eye diseases; dried earth worms—for secret diseases; toad's mucus—this is prepared by keeping live toads in a vessel half-filled with flour, when the flour is sufficiently impregnated with the slimy excretions of the toads it is separated and dried—this remedy is used in convulsions.—*Chemist and Druggist.*

BRITISH HOMŒOPATHIC SOCIETY.

THE next Ordinary Meeting of this Society will take place on Thursday, the 6th of March, 1879, at seven o'clock. At eight o'clock a paper will be read by Dr. Galley-Blackley, of London, entitled "*Some Interesting Cases of Skin Disease.*"

1. *Two Rare Varieties of Pemphigus.*
2. *A Case of Dysidiosis.*

A paper is promised for April by Dr. Murray Moore, of Taunton, entitled, "*On the Pathogenetic Analogies of Isomorphous Drugs.*"

THE LONDON SCHOOL OF HOMŒOPATHY.

DR. BAYES, the Honorary Secretary, entertained at dinner on Thursday, the 20th, the lecturers and students of the school, most of whom were present. A very enjoyable evening was passed under Dr. Bayes' hospitable roof, and several interesting speeches were made as to the prospects, progress, and mode of conducting the school. All the students who spoke expressed themselves warmly as to the great value of the school, the importance of the work done, and the ultimate success of homœopathy as the treatment of the future.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted during the two months ending February 20th, 1879, gives the following statistics:—

Remaining in Hospital December 18th, 1878 ...	38
Admitted between that date and February 20th	82
	120
Discharged between Dec. 18th & February 20th	73
	47

The number of New Out-Patients during the above time has been	1,182
The total number of Out-Patients' attendances for the same period has been	8,839

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have great pleasure in enclosing you a letter I have recently received from one of the young physicians, who has recently gone through a course of instruction at our school and hospital. I commend its perusal to the careful consideration of your readers,

Yours, &c.,

WILLIAM BAYES, M.D.,

Hon. Secretary.

4, Granville Place,
Portman Square, W.

Jan. 19th, 1879.

Dear Dr. Bayes,—Thinking you would like to hear how I am prospering, I write to let you know. In reference to myself I am getting on very well with Dr. — and the patients. I am pleased to find I am making progress in the teachings of “our school,” and are more than pleased with the results. I am sure that no one who gives homœopathy a fair trial can conscientiously practise otherwise.

I feel that I have gained greatly by my experience in actual practice. The charge of patients, and the responsibility connected therewith, necessitates a study of the various cases, and gives one greater confidence.

I saw the *Monthly Homœopathic Review* a few days since, and read your letter in it with great interest.

I for one, and I could mention others, found the clinical teaching most useful, as a practical demonstration of the lectures, and without it their value would have been materially diminished. I sincerely wish both the school and hospital every success, and hope, ere long, to have it in my power to promote their prosperity, by laying the matter before friends and patients, and asking them to help and support institutions so valuable and so much needed.

I have always been a strong partizan in whatever cause my sympathies have been enlisted; and when my knowledge increases, I shall aim to follow in your footsteps, and endeavour to the best of my ability to advance and support the cause.

Yours sincerely,

D. B.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Mr. HENRY ROBERTSON, of Shrewsbury, writes to us to say that he and the late Dr. Hering were both present at the meeting at the late Dr. Quin's residence, when the British Homœopathic Society was formed—an event to which we alluded in our notice of Dr. Quin's career in our January number. Dr. Hering and Mr. Robertson not long after withdrew from the Society. The omission of these names would have been mentioned last month, but Mr. Robertson's letter notifying it arrived too late.

Letters, &c., have been received from Dr. YELDEHAM, Dr. HALE, Dr. BURNETT and Mr. CAMERON (London); Dr. WOODGATES (Exeter); Dr. MASSY (Redhill); Dr. MOORE (Liverpool); Dr. MURRAY MOORE (Taunton); and the Rev. G. BARRETT (Norwich).

Reviews of Dr. ROTH's work and Mr. GRAHAM BENNETT's have been unavoidably postponed till next month; also Dr. DRYSDALE's.

BOOKS RECEIVED.

Practical Gynæcology. A Handbook of the Diseases of Women. By Heywood Smith, M.A., M.D., Oxon. London: Churchill, 1877.

On the neglect of Physical Education and Hygiene by Parliament and the Educational Department, as the Principal Cause of the Physical Degeneration of the Physique of the Population, &c. By Dr. Roth. London: Baillière & Co., 29, King William Street. 1879.

The Year's Progress. An Address Delivered before the American Institute of Homœopathy by the President, J. C. Burgher, M.D. Philadelphia: Sherman & Co.

British Homœopathic Medical Directory, 1879. Thompson & Capper, Liverpool.

The Homœopathic World.

The Organon. A Quarterly Anglo-American Journal.

The Medical Record. A Weekly Journal of Medicine and Surgery. New York.

The Homœopathic Times. New York.

New Remedies. A Monthly Journal of Materia Medica, &c.

The New England Medical Gazette.

The St. Louis Clinical Review.

United States Medical Investigator. Nov., 1878—Feb., 1879.

L'Homœopathie Militante. Bruxelles.

Revue Homœopathique. Bruxelles.

Allgemeine Homœopathische Zeitung. Leipsic.

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Spinal Weaknesses, Injuries, and Curvatures. By F. Graham Bennett, M.R.C.S. and L.S.A. Whittaker & Co., London. 1878.

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DRUG-PROVINGS.

It is now acknowledged by well nigh all students of therapeutics, that to ascertain the *modus operandi* of a drug, that drug must be the subject of experiment upon healthy men and women. To poison dogs and cats with such a substance may be more or less helpful as supplementary to investigation on the human subject, by showing the tissues affected, and the manner in which they ultimately become so altered as to be inconsistent with life, but they are nothing less than misleading when relied upon exclusively. The different degree in which different animals are influenced by the same substance is a fact too well known to require any illustration. That alone, to say nothing of the different ways in which the functions are performed by different animals, fully justifies our rejecting such experiments as adequate to determining the action of a drug upon the human body. This it is which we must know in order rightly to understand how we may convert a drug into a remedy.

To HAHNEMANN belongs the credit of having been the first to make such a series of experiments in a manner capable of enabling us to prescribe drugs as remedies. The results of his researches, of his experiments, have stood the

test of time. They have been relied upon with ever increasing confidence, in hours of the most trying and anxious character, by thousands of physicians in all parts of the world for sixty or seventy years. This fact alone is well calculated to assure us that the symptoms recorded as the effect of a given drug were really and truly so. It at the least should dispose us to examine his method of drug-proving with respect and attention; and not only so, but to put to the test of clinical experiment the drug-symptomatology he has left as his legacy to his profession.

To the enquirer, to one ignorant of all that HAHNEMANN did, to one who has little or no knowledge of the results which have followed the use of the *Materia Medica Pura*, and especially to one whose honest endeavours to relieve disease according to prevailing methods have fairly disgusted him with drugs as remedies altogether, the number and variety of the symptoms stated by HAHNEMANN to be the effect of one drug alone are absolutely perplexing. How, it is asked, were these provings made; what reason have we for supposing that they were made under a supervision as careful as the momentous nature of the enquiry demands? We might, indeed, content ourselves with referring such an enquirer to Dr. RICHARD HUGHES' excellent *Lectures on the Sources of the Homœopathic Materia Medica Pura* (Turner & Co., Fleet Street), and while endeavouring ourselves to present some account of the manner in which our provings have been gathered, we would urge all who are desirous of knowing as much as can be learned on this subject to spend an hour in reading these three most interesting and instructive lectures.

As we remarked in our opening sentences, all experiments having for their end the acquiring of knowledge regarding the action of drugs must be made upon men and women. The knowledge we have of the symptoms of dis-

ordered health, which drugs will produce, has in every instance been obtained from this source. The necessity for restricting experiments of this kind to members of the human family was recognised by HAHNEMANN from the first.

In the proving of drugs the points upon which he insisted were chiefly the purity and genuineness of the substance (*Organon*, § cxxii); that it should be taken in the simplest possible form (*op. cit.*, § cxxiii); that "during all the time the experiment lasts the diet be strictly regulated" (*op. cit.*, § cxxv.); and in a foot-note he says: "The subject of the experiment must either be not in the habit of taking pure wine, brandy, coffee or tea, or he must have totally abstained for a considerable time previously from the use of these injurious beverages, some of which are stimulating, others medicinal."

The following paragraph insists upon the prover being in good health at the time he commences his experiments, and on his being free from all disturbing mental influences during it. "His body," writes HAHNEMANN, "must be in what is for him a good state of health, and he must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms." The next direction is: "The medicines must be tested on both males and females, in order to reveal the alterations of the health they produce in reference to the sexual system."

The doses of medicine given by HAHNEMANN in his experiments varied at different periods of his career. In his earlier enquiries we learn his method from his essay *The Medicine of Experience* (*Lesser Writings*, translated by Dudgeon), where he writes: "In order to ascertain the effects of medicinal agents, we must give only one pretty strong dose to the temperate healthy person who is the subject of the experiment; and it is best to give it in solution. If we wish to ascertain the remaining symptoms

which were not revealed by the first trial, we may give to another person, or to the same individual, but to the latter only after the lapse of several days, when the action of the first dose is fully over, a similar or even stronger portion, and note the symptoms of irritation thence resulting in the same careful and sceptical manner. For medicines that are weaker we require, in addition to a considerable dose, individuals that are healthy, it is true, but of very irritable delicate constitutions."

Such are the leading instructions given by HAHNEMANN on "proving." That they evince the greatest caution in observing, no one, we think, will deny, while from all we know of the character of HAHNEMANN we may be perfectly certain that what he directed his pupils and co-workers to do was done. He was before all things a man having authority, and how sternly he exercised this authority, how severely he rebuked the slightest departure from his instructions by any of his disciples, the history of homœopathy during the first half of this century presents many instances. That he had exercised the greatest care in collecting his observations, that he had studied them in a "sceptical manner," is shown by Dr. CONSTANTINE HERING, of Philadelphia, almost the last if not *the* last of those of HAHNEMANN'S disciples who were associated with him in the work of drug-proving who still remains amongst us. Dr. HERING says: "HAHNEMANN'S way of conducting provings was the following. After he had lectured to his fellow workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point or locality, the observation and the mentioning of everything that influenced their feelings, the time of day,

&c. When handing their papers to him, after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth, to the best of their knowledge, by offering their hands to him—the customary pledge at the Universities of Germany instead of an oath. This was the way in which our master built up his *Materia Medica*.”

In so far then as the contributions to the *Materia Medica* made by HAHNEMANN and his disciples are concerned, we have ample ground for believing that the work was most conscientiously done.

In addition to these, HAHNEMANN'S researches into the literature of medicine supplied him with a large fund of symptomatology, drawn from cases of poisoning and of overdosing. Such symptoms are, in the original editions of *The Materia Medica Pura*, distinguished from those derived from direct experiment, by being classed under the heading *Observations of Others*. To each symptom is appended the reference to the author from whom it was taken. That much care was bestowed upon this part of his labour, and that at the same time his accuracy was not absolute and his inferences not uniformly sound, has been proved by the labours of Dr. RICHARD HUGHES, who has been through the whole, we believe, of these *Observations of Others*, and has traced all, or nearly all, to their original source. Several important and valuable corrections have resulted from Dr. HUGHES' study, but at the same time it must be acknowledged that HAHNEMANN'S claim to our confidence has received additional strength from the large proportion to which so acute a critic could take no exception. These corrections all appear in the *Encyclopædia of Materia Medica*, which is being published—we believe we may now say which has been published—by Dr. ALLEN, of New York. In this work each symptom is referred to its own authority,

and under the head of that authority is given all available information regarding the circumstances under which the observation was made. The symptoms themselves, thus illuminated to their utmost, are also corrected or bracketed as dubious wherever required.

Before proceeding to point out other sources of drug-proving we may here give a very striking illustration of the accuracy of HAHNEMANN in recording drug symptoms, sensations that is correctly traceable to drug action.

M. TROUSSEAU had on one occasion lectured upon *arsenic*, and in doing so he said, "We will not speak here of the singular reveries of hypochondriac homœopaths, and the innumerable symptoms they have discovered in *arsenic*; we leave them in the ideas which they cherish, and which they force themselves to believe."

Dr. IMBERT-GOURBEYRE, the professor of *Materia Medica* at Clermont-Ferrand, was at that time considering the subject of homœopathy. TROUSSEAU's remark gave him the clue to a method of ascertaining for himself whether the symptoms attributed to *arsenic*, and, *à fortiori*, to all other drugs by HAHNEMANN, were as delusive as TROUSSEAU had declared them to be. He determined to examine the action of this drug for himself, and to study it thoroughly, the result he has given in the following words:—

"I took *arsenic* in preference, just on account of this passage from TROUSSEAU. Who spoke the truth, HAHNEMANN or TROUSSEAU? Must I pass over to the side of HAHNEMANN, or remain in the ranks of the majority? Such was the problem I had to solve. I did not hesitate to study it exhaustively, and set to work first by searching out all that had been recorded on the subject. I have consulted all the books, monographs, essays, and theses on *arsenic*. There does not exist the smallest observation of arsenical poisoning in all degrees which I have not verified. I have given a place in my library to all that has been published

on this subject in Europe as well as America, in France as well as in Germany, in England, in Sweden, in Russia, in Italy, and everywhere. Not only did I wish to read everything, but I desired to see and repeat for myself the experiments with *arsenic*, in doses varying from that commonly used, up to the highest infinitesimal degree; and after this arduous work, which has now lasted nearly fifteen years, and which goes on yet, what was my astonishment. when I saw that HAHNEMANN, in describing these numerous symptoms of *arsenic*, was in agreement with all tradition, with a thousand observations of poisoning, published by toxicologists, with a thousand physiological facts, published by the allopaths themselves; while, at the same time, I saw the same facts perpetually repeated in my personal experiments. Thenceforward I hesitated no longer: I was sure of the truth; I had mastered it; it must be defended. I ventured into print, and I demonstrated the value of that which M. TROUSSEAU had denied with so much assurance in a series of essays, wherein is proved the reality of the eruptions, the palsies, the articular pains, the febrile accidents caused by *arsenic*, and of a crowd of other symptoms belonging to that medicine. My labours even show that the number of symptoms caused by *arsenic* is still greater than that given by HAHNEMANN."

While the work accomplished by HAHNEMANN constitutes the foundation of our *Materia Medica*, and is probably that portion of it which has been best done, and received the largest amount of clinical confirmation, numerous additions to it have been made by German, French, American, and English observers. These additions have been acquired both by direct experiment, and also from the records of cases of poisoning. Of such observers, Professor JÖRG, of Leipsic, was one of the best known. He was no follower of HAHNEMANN, but recognised in the proposed method of drug-proving a better means of acquiring a knowledge of the action of remedies than any that had been set forth. His observations were published in Leipsic

in 1824, and consisted of experiments made with thirteen drugs. Dr. HUGHES (*op. cit.*) says of them: "All these substances were taken in moderate doses repeated (and if necessary increased) until a decided impression was made. The experiments of each prover are related in full, just as they were made, and as the symptoms occurred. In the preface a description is given of the age, temperament, and constitution of those engaged in the work, and the assurance afforded that all were in good health."

Another series of provings, or rather of re-provings, demands notice as illustrating, *first*, the caution with which HAHNEMANN'S followers have received his experiments, and *secondly*, the testimony they bear to the wonderful accuracy with which he had recorded his observations. A society of physicians was formed in Vienna in 1842, for the purpose of re-proving a series of drugs. They had re-proved *aconite*, *bryonia*, *colocynth*, *natrum muriaticum*, *sulphur*, and *thuja*, and had made original provings of *coccus cacti*, *argentum nitricum* and *kali bichromicum*, when the repressive laws of a revolutionary era compelled the dissolution of the society. In these re-provings details are given in full of each experimenter's alteration in health while taking the medicine. While confirming the reality of the drug-symptoms recorded by HAHNEMANN, they enable us to obtain a clearer insight into the action of each drug than the HAHNEMANNIAN method of arranging the symptoms permits us to do. American physicians have by their personal experiments, and the researches they have made amongst records of cases of poisoning done much to aid us in our drug resources.

In England comparatively little has been done, but that little has been unusually well done. We need only refer to the proving of *kali bichromicum*, by Dr. DRYSDALE; *naja*, by Dr. RUTHERFORD RUSSELL; *cedron*, by Dr. CASANOVA; *cotyledon umbilicus*, by Dr. CRAIG; and the *nitrate of*

uranium, by Dr. EDWARD BLAKE, and ask our readers to study them in their original dress in the *Hahnemann Society's Materia Medica*, and in the *British Journal of Homœopathy*, and feel sure that they will rise from the study of them, convinced that in the work there recorded, the greatest care is evinced in securing reliable experiments and trustworthy results.

Such, then, are the sources whence our vast and apparently perplexing *symptomen codex* has been derived. That a fundamental error was committed by HAHNEMANN when he contented himself with publishing merely a list of symptoms, separating them from their connection one with another, is much to be regretted. It has done more than almost anything else to repel an enquirer, to confuse a student, and to embarrass a practitioner, and that others should have followed in his footsteps in this particular, is equally a cause of regret, and still more unpardonable. All disjointed as they are, however, these catalogues of the symptoms of drugs have done admirable service, and are destined to do still greater.

The vast number of symptoms recorded as the effect of some drugs is a cause of much bewilderment at first sight. But we think that a little study and reflection will soon disperse the cloud thus raised. It must be remembered that HAHNEMANN carefully noted every apparent disturbance of health in every one of his provers; he has published every symptom he could find attributed, with apparent justice, to every case of poisoning he could meet with in medical literature. Hence, we often find the same symptom frequently repeated in different words, each being numbered as though it were a different symptom or indication of another form of disturbed health. Here, then, is one reason for the large array of symptoms met with in our registry of drug-provings.

The same comprehensiveness and minuteness of observation account for the considerable number of symptoms, which physicians, who are accustomed to pay attention only to the grosser and more marked indications of disease, not unnaturally regard as trivial, as fanciful, and as unworthy of notice. That they are often important, that they are indeed real manifestations of morbid action, and that they have proved of value in deciding the relative claims of two otherwise similarly-acting remedies, is the testimony of every physician who has surmounted those

prejudices of education which run counter to taking notice of such phenomena, and been ultimately guided in his selection by them.

We have, therefore, we conclude, ample reason for placing confidence in our Materia Medica symptomatology, and equal cause have we for admiration of the self-denying zeal of those who have devoted so much time and labour, and have willingly endured so much suffering in providing us with it.

NOTES ON MATERIA MEDICA.*

Salicylic Acid.

By W. M. L. FISKE, M.D., Brooklyn.

It is often difficult for the busy practitioner of homœopathy to carefully prove a remedy upon the healthy organism, before he attempts using it empirically; yet there are remedies continually being brought to our notice, that, in the light of medical science, as advanced by the microscope and chemistry, and consequent knowledge of the cause of many diseases, with the possibility and probability of a germ-origin, and the possibility of a cure by the use of a germ-destroying or antiseptic treatment, that it may be, and to my mind is, an absolute necessity—that we, as homœopaths, at least, thoroughly investigate the field which is being developed so assiduously by our allopathic brethren; and the thoroughness with which they are experimenting not only on the sick, but the healthy, and their physiological study and experiments with remedies, require us to be continually on the alert, or our laurels as therapeutists will be taken from us.

We have to study more closely the chemical relations of remedies, and not depend upon a purely symptomological action of a drug. Many of our remedies are compounds, and it will be found that their symptomatology agrees with that of their single constituents—as, for instance, *spongia*. We find that most of its symptoms are found also under *nat. mur.*, *cal. carb.*, *cal. phos.*, *carbo* and *ferrum*. *Spongia* contains all, and more than these, in its composition. The same may be mentioned of *nitrum* and *cinchona*; and, as I proceed, it will be seen that we can take up the study

* From the Transactions of the Homœopathic Medical Society of the State of New York.

and use of salicylic acid, with the proving of carbolic acid to sustain us. Chemists have, for a long time, been familiar with salicylic acid, but its most prominent property was only discovered by Prof. Kolbe, of the University of Leipsic, about eighteen months ago; and, in reading some of the experiments made at that time, my attention was drawn to it, on account of the minute quantity necessary to prevent fermentation. It is not necessary in this paper to give a history of the drug, further than to state that it exists, ready formed, in the flowers of the *spiræa ulmaria* indigo, meadow sweet (as methyl-salicylic acid), in oil of wintergreen, and is prepared from salicine, a substance found in the bark of several species of willow and poplar. It is also artificially prepared in the laboratory, by passing dry carbonic anhydride into warm phenol, with additions of small pieces of sodium. A stiff paste is formed containing the isomeric salts of salicylate and phenyl-carbonate of soda, together with unaltered phenol; this paste, being treated with hydrochloric acid, heat and filter, yields salicylic acid. Its properties are the same as carbolic acid or phenol, with the advantages of being odourless and almost tasteless. Taken in small quantities, it is innocuous, and is claimed to possess good antiseptic properties. I will give a few of the experiments by Prof. Kolbe: Brewers' yeast had no effect upon a solution of glucose containing one-thousandth part of salicylic acid. Milk treated with 0.04 per cent. of salicylic acid remained uncoagulated for thirty-six hours longer than milk not so treated. Eggs immersed in a solution of the acid for an hour were perfectly fresh at the end of three months. Fresh meat, dusted over with the acid, keeps its freshness for weeks. Water keeps sweet for an indefinite time. These experiments, with the results, show its sphere of action, and reasoning from them, Prof. Kolbe predicted its beneficial action in the treatment of scarlatina, diphtheria, measles, small-pox, syphilis, dysentery, typhus and cholera.

Now let us look at a portion of the pathogenesis of carbolic acid, as given in Allen's *Encyclopædia*, which should be a fairly reliable guide to us in salicylic acid, on the observed ground of chemical relation:

Head—Fulness of head all over the brain, with dull pain; feeling of tightness across forehead, directly above frontal sinuses; dull frontal headache, as if an india-rubber band was stretched tightly over the forehead.

Neck lame and stiff; great sense of weight, and tenderness to touch.

Nose—Both nostrils plugged up; bloody mucous discharge, upon blowing; tickling in nostril, with sneezing and watery discharge.

Mucous membrane of mouth and throat white; hypersecretion of saliva; mouth often filled with mucus; much mucus in pharynx and posterior nares, with stricture of œsophagus—inability to swallow; heart's action irregular and very weak; short hacking cough, with tickling in throat; afterwards expectoration of large quantity of mucus; stertorous respiration.

Objective symptoms: Great languor; easily fatigued with the least walk; profound prostration; general anæsthesia.

Subjective: Feels as if he had taken a violent cold; general soreness; thoroughly unfit for study; every exercise increased symptoms, especially pressing at occiput.

I have thus given a few symptoms which show its action upon the general system and the respiratory and nasal membranes.

Drs. Satherwaite and Curtis, in their experiments on "Bacteria and their Relation to Diphtheria," found that salicylic acid and carbolic acid do not destroy the poisonous properties of putrid substances, but that a one-per-cent. solution of either prevents the formation of bacteria. Now bacteria invariably accompany septic diseases; yet in healthy persons they may be found in countless numbers, from the mouth to anus; that they increase in proportion to the intensity of the disease is true, and the proof now wanting is: Can we have these diseases independent of bacteria? If so, then we have not, as yet, a specific in salicylic acid.

I have been experimenting with it topically and internally, both with the crude and attenuated. In follicular pharyngitis, with that peculiar irritability and tickling of the throat, with inclination to swallow, and cough upon the least exposure—even having the arm outside the bed-clothes at night—the 2x in water gives the best temporary relief of any remedy I have used. At this strength, if taken dry upon the tongue, it will produce the same prickling, burning sensation that *aconite* does, only more persistent; and its action upon the throat led me to use it as above. In an ordinary catarrhal sore throat it often

works like magic. I have also used it as a wash, 1 to 100, locally, in nasal catarrh with offensive discharge, and have repeated assurances that, as a local remedy, it has produced marked beneficial results. In a case of tertiary syphilis under treatment, it has completely stopped the horribly offensive odour from necrotic ulcers of the frontal bone. A great deal of hope was placed in this remedy—on account of its antiseptic qualities, and the ease with which it is taken, compared with carbolic acid—in curing diphtheria; and some of our allopathic brethren have claimed that in it they have found a specific; and, indeed, I think it is, nineteen times out of twenty; but the twentieth will die, in spite of all the medication, feeding, and stimulation that can be brought to bear; so that the failures are just enough to keep one in doubt. My experience with it in this disease extends over a period of eight months, and includes the treatment of about forty cases; but, as the disease, with us, has been of a mild type, I cannot call *all* these test cases. Of its efficiency in malignant blood poisoning, my experience has been limited to eleven cases, one of these dying with paralysis of lungs following diphtheritic croup. I use a gargle if the patient is large enough; if not, then simply continue the internal use, but given in powder, dry; it will certainly clean the membrane off as rapidly as the chloride of lime, without the injury to the teeth that I have seen with the latter drug.

I have used it with marked success in three cases of protracted dysentery, with the greenish, frog-spawn stools in which *magnesia* seemed indicated and failed. It has also been of service in diarrhoea of infants, with undigested and frothy or fermented stools. During the last season, I had but very few cases of cholera infantum, and did not use it with any of them.

In vaginal leucorrhœa, locally used, it has accomplished nothing more than to change an offensive to an inoffensive discharge—it has not so far cured a single case. In cervical leucorrhœa, with congestion of the neck of the womb, it has in three cases been of decided benefit, and in two cases of ulceration it has increased the granulation decidedly, but not the cicatricial tissue, as I had hoped it would. In using dry dressings after surgical operations, it has been of excellent service, aiding greatly in healing by first intention, and checking suppuration in open sores. Dr.

Curtis Smith, of Detroit, recommends the following in otorrhœa :

<i>Acid salicylici</i>	...	...	...	ʒi.
<i>Magnes carb.</i>	...	...	...	ʒij.

Powder very finely and mix. After cleaning the ear thoroughly with dry cotton, introduce a little in a gum tube and blow it into the ear, being careful to have it deposited on the diseased portion. He relates some striking cures by this plan. Prof. Kolbe, in late experiments, states that in very small quantities it is one of the best preservatives of the teeth and to sweeten the breath; also beneficial in removing the foul perspiration of the feet, as it prevents the formation of butyric and valerianic acid, and other related acids which corrode the feet, without suppressing the perspiration. A powder prepared from salicylic acid, talc and pulverised soap removes every vestige of bad odour, and gives them a pleasant softness. It is used with perfect satisfaction for disinfecting hands, for vaginal douches, etc., in solutions of 1 to 300 to 1 to 900, or as a powder mixed with amyllum, 1 to 5 parts.

It is an excellent anti-pyreticum, equalling *chin. sulph.* so says Dr. Butt, of St. Gallen, and he never saw symptoms of collapse or intoxication from it. He gives it with excellent results in abdominal typhus, erysipelas, and rheumatism.

Crotalus Horridus—(*Rattlesnake Poison*).

By R. B. SULLIVAN, M.D.

Prepared by triturating the virus with sugar of milk, or by dissolving in glycerine. It is one of our most powerful remedies, and yet its position in our works on therapeutics is not conspicuous. It affects principally the blood, the solar plexus, and pneumogastric nerves; also the cerebro-spinal system.

Its neurotic effects are marked and decisive, producing at the moment of inoculation, vertigo, with nervous trembling; headache, generally occupying the frontal and orbital regions, lasting several hours.

There is a singular likeness between the symptoms and lesions of *crotalus* poisoning, and those of certain maladies, such as yellow fever and malignant scarlatina. Dr. Mitchell points out that in either there is a class of cases where

death occurs suddenly, as though caused by an overdose of the poison.

A second class survives the first shock of the malady, and then begins to exhibit the train of symptoms suggestive of terminal degradation of the blood.

These maladies vary among themselves, seeming, as it were, to exhibit preferences for this or that organ, yet agreeing in the destruction of the fibrine of the blood, which their fatal cases show.

The likeness to the venom poisoning is most distinctly preserved in yellow fever, as we trace the symptoms of both diseases to the point where the diffuent blood transudes into the mucous and serous cavities. Also in jaundice there is an element, in the resemblance of its phenomena to those of yellow fever.

Dr. Frerichs writes that it is not caused by obstruction of the flow of bile, but depends either upon disordered innervation, or upon changes in the blood, hindering the due metamorphosis of the reabsorbed secretion. From the former cause, we have an instance in that form which suddenly follows mental emotions.

The sudden yellowness which sometimes supervenes upon bites might suggest this explanation; but, later on, in the course of *crotalus* poisoning, appears an icterous condition which rather denotes that which is characteristic of yellow fever, and which not unfrequently complicates pyæmia, typhus, and other acute blood-infections.

In these lesions, Hughes remarks, there is no change in the secreting structure of the liver, and hardly enough in its circulation to account for the deep and lasting jaundice observed. Moreover, it is worthy of notice, says Frerichs, that when the diseases just alluded to are complicated with jaundice, a group of severe symptoms, such as hemorrhages from the gastro-intestinal mucous membrane, ecchymosis of the surface, albuminuria, hæmaturia, suppression of the urine, etc., manifest themselves.

Dr. Neidhard was led to rely almost exclusively on *crotalus* in the treatment of yellow fever, and the bilious remittents of his vicinity, which assumed a malignant form, closely resembling the true typhus icterodes. The following narrative, found on page 452, Vol. XIV., *Monthly Homœopathic Review*, suggests the homœopathicity of *crotalus* to glanders. On the Rio Grande, in October, 1857, two horses were bitten by the same rattlesnake, while

grazing. A few hours afterward, the sub-maxillary, parotid, and all glands about the head and neck, were greatly enlarged. From the nostrils and gums a clear mucus discharged. The eyes were glaring, with pupils greatly dilated; coats rough and staring. After antidotes, both recovered in about three weeks, greatly emaciated. The pathogenesis of *crotalus* contains many symptoms common to other drugs, and many which are characteristic. These closely resemble the hæmatic diseases which are very fatal in character; therefore a powerful remedy is required to arrest them, and is found in *crotalus*. On the mind it produces an excessive excitability, with delirium and convulsions, particularly at night; marked depression, with indifference to everything. Dulness of the intellect, rendering the prover unable to express himself properly. Loss of the senses, with cold skin and rapid pulse. Violent frontal headache, with nausea and bilious vomiting. Must lie down, yet is better from walking in open air; headache extending into the eyes, with severe stitches all through the head; great prostration of the vital forces; violent itching of the scalp, with sensation as if bruised, particularly in the occipital region.

It produces a deep, yellow colour of the conjunctiva. Blood exudes from the eye, with extravasation of blood into the retina, producing a condition similar to retinitis albuminica.

Drs. Allen and Norton say this drug is very useful in combating hemorrhage into the retina, whether occurring during the course of this disease, or of a spontaneous origin. Prickling and stinging pains felt above both eyes; redness, burning and itching of the canthi; puffiness of the lids; nausea on moving the eyes; bleeding from the ears and nose, with violent sneezing; the parts feel as if bruised. Face is of a pale yellow, leaden colour (leaden colour is lasting during life). Face, head, and body become enormously swollen, with bruised pains. Teeth become loose in their sockets, and crumble when pressed against by the tongue. They, with the entire jaw, feel bruised, with hemorrhage from the gums. Tongue red, sore, and greatly swollen, nearly closing the throat and protruding from the mouth, rendering articulation very indistinct, and deglutition difficult. Throat is dry, with marked thirst, especially at night. The attacks of sore throat and bronchial catarrh, calling for this drug, are those recurring

every night. Dry, spasmodic cough, without expectoration, provoked by tickling in the pit of the throat. Larynx is very painful to touch, feeling as if bruised. There is no appetite, but an unquenchable, burning thirst, which is an attendant symptom from the very first. Sour, rancid eructations ; feeling as if the œsophagus were filled with rancid food. Vomits everything taken into the stomach ; vomit is green, very bitter, mixed with blood, and accompanied with terrible pains in the stomach. Epigastric region very sensitive to touch, with burning. Abdomen greatly swollen, with inflammation of the viscera ; hemorrhage from the anus. Dark, involuntary, bloody stools. Bleeding from the urethra, with increased quantity of very high-coloured urine. There is no blood found in the urine of the prover, although common in these cases. Inflammation of the lungs, with severe, dull, sore pains, as if bruised. It poisons the secretions of the mammary glands, rendering the milk a deadly poison to nursing babes. There is yellow colour of the entire surface ; body becomes covered with yellow spots ; blue and yellow spots at place of bite, recurring yearly. Old sores break out again ; oozing of blood, in form of perspiration, in large quantities. Blisters and livid spots, surrounded by a red areola, filled with dark red bloody semen ; swelling and maculæ recur yearly.

Dr. C. Henning reports a case of a child who became swollen and died, the next year when the spots returned. Hemorrhage from every orifice of the body, even from the pores of the skin, at times flowing suddenly. Relaxation, with depression of the vital powers. Is easily tired by slight exertion ; tremulous weakness all over, as if some evil were apprehended. Bruised pains in all parts, particularly when awaking, disappearing after arising.

Crotalus and *naja* have usually been given in the first three attenuations ; *lachesis* in the higher. The curative action of these poisons, especially of *lachesis*, if worth anything at all, proves the truth not only of our therapeutic law, but of the infinitesimal dose. The results gained with it are all due to the sixth or higher. Dr. Hayward has recently provided the profession with a fresh supply of rattlesnake poison, and is endeavouring also to replenish the stock of *naja* and *lachesis*. It will then be interesting to ascertain if *lachesis* will do more in the lower than in the higher potencies.

Cantharis.

By J. NOTTINGHAM, M.D., Syracuse.

I think that to *cantharides* has been given a more limited range of action to any other of the animal poisons.

Hughes says that, in studying this drug, we had better concentrate our attention on the urinary organs; but afterwards adds, that its secondary effects on the nervous system cannot be doubted. These come on some days after taking the poison, and assume the form of delirium, tetanic or epileptiform convulsions, and subsequently coma. Goullon reports cases of *diabetes insipidus* cured by *cantharis*.

It has cured atony of the bladder, caused by long retention of urine. Ludlow says it is useful for the prostration attending and following diphtheria. It has cured erysipelas where *rhuis* failed. There was much irritation and burning; the vesicles were large and exuded a good deal of watery matter.

I have read of an interesting case of inflammatory suppuration of the uterus cured by *canth.*, where there were no urinary symptoms present.

For scalds and burns I consider it the most valuable remedy in the *Materia Medica*, and from experience can testify to its almost magical influence in the few cases that have come under my care. Little children, just large enough to run about and get into all sorts of mischief, will oftentimes pull over upon themselves a dish of hot water; a large blister rises; the mother dresses it with oil, but the child screams terribly; now give it a dose of *canth.*, and it will soon be asleep. Such has been my experience. It would seem, therefore, that clinical evidence would not limit the action of *canth.* entirely to the domain of the urinary organs.

The inflammation which *canth.* produces is of a destructive nature, going on to suppuration, differing in this important respect from *apis*, which does not produce destructive inflammation. Hence, in Bright's disease, *apis* would hardly be indicated, but rather in that derangement of the kidney following scarlatina, where the trouble has been brought about by a disordered condition of the blood, caused by the previous existing disease; *canth.*, on the other hand, acts on the parenchyma of the kidneys and destroys them. Such a knowledge of pathology, and of the pathogenetic action of drugs, is, to my mind, a valuable aid in prescribing, particularly where characteristic subjective symptoms are wanting.

Naja Tripudians.

By L. L. DANFORTH, M.D.

The clinical report I am about to make is that of a case where *naja tripudians* was indicated, and proved rapidly curative. In order to show the similitude between the symptoms of the patient and those of the drug, so far as known, I will briefly mention the sphere of its action, as published in Hughes' *Pharmacodynamics*, in Burt's *Characteristic Materia Medica*, and in one or two clinical records.

Hughes says of *naja*: "It is of great value in cardiac affections; not, I think, by direct action on the substance of the organ, but by influencing its innervation. It is Dr. Russell's favourite remedy for chronic nervous palpitation, for the restoration of a heart damaged by acute inflammation, and for assuaging the sufferings of chronic hypertrophy." Burt gives us another symptom, on the recommendation of Dr. Russell. "Temporo-frontal headache, accompanied with great depression of spirits, and associated with spinal pain and palpitation of the heart."

Dr. W. H. Holcombe reports in the *U. S. Medical Investigator*, vol. 1, p. 234, that while giving *naja* to a physician's very intelligent wife, for organic disease of the heart, "she complained that it contained a symptom altogether new to her; a violent, crampy pain in the region of the left ovary." A similar case was cured immediately, a few weeks afterward, with *naja* 3rd dec.

Again, in another case, the patient related the curious fact that she had violent palpitation of the heart whenever the ovarian pain came on. He gave *naja* 3, and both symptoms disappeared as if by magic.

In view of the above facts, listen to the following history:

In the winter and spring of 1875, treated Mrs. V., aged 33 years; married, and the mother of one child; first began to suffer in 1872; subject to headaches and pain in the cardiac region; very easily excited; was frightened in 1873; and on account of the singular condition resulting therefrom was taken to St. Luke's and afterward to Bellevue Hospital; does not know what the physicians pronounced her disease to be; remained in hospital only a few weeks, and then returned home; never felt well after that; suffered pain in the left temple, the cardiac, and left ovarian regions; patient supposed she had "heart disease," but physical examination revealed nothing unusual in the sounds or

action of the organ ; had sharp, stabbing pains in the cardiac region ; *great mental depression ; countenance wore an expression of sadness ; aversion to talking ;* indeed, it was almost impossible to induce her to tell me how she felt ; when thus gloomy, her heart symptoms, viz. : the stabbing pain and sudden irregular action were greatly aggravated ; had frequent attacks of violent cardiac palpitation (coming on in the night), compelling her to sit by the open window in order to get relief ; *pain in the left ovary simultaneous with pain in the heart ; sensation as if heart and ovary were being drawn up together ;* a sense of contraction between the two organs ; *numbness of head and back of neck ;* would sometimes prick herself with pins and pinch her flesh to see if she still had sensation left ; momentary vanishing of sight ; felt weary. After trying many remedies—*lachesis* particularly—in high and low potencies, without effect, the italicised symptoms mentioned above corresponded so closely with those belonging to *naja* that I concluded to give it, and did so, in the 6th potency. Complete relief followed ; and in a few days she was well. I did not see her again for several months ; when I did, her countenance was cheerful, and she had been entirely free from all unpleasant symptoms. A little more than a year later, she sent for more medicine, saying that she had experienced a slight return of her heart symptoms. *Naja* was prescribed, with speedy relief as before.

 DAVOS AM PLATZ

IN WINTER.

BY ALFRED C. POPE, M.D.

My first acquaintance with Davos was made at the Congress held at Leamington in 1873, when Dr. Gibbs Blake alluded to the good results which, during the previous year, he had seen to follow from phthisical patients wintering in this Alpine valley. Little, comparatively speaking, was generally known in England regarding it, until the publication of Dr. Clifford Allbutt's papers in the *Lancet* of 1877 and 1878, and of Mr. Symonds' interesting and elegantly-written essay in the *Fortnightly Review* for July last. The beneficial effects which have been witnessed from the residence of cases of pulmonary disease at Davos during the last few years are now beginning to make themselves felt, and much interest is attached to the observation

of disease there. During the past winter I availed myself of the opportunity presented by the necessity for rest, to visit Davos, to see it during winter, to observe the kind of life led by the invalids congregated there, to endeavour to obtain a clear idea of the climate of the locality, to note as far as possible the sort of cases most advantaged by living in such a climate, to ascertain the indications which should lead us to refrain from recommending a visit there, and to collect hints which might serve to guide us when advising a winter residence for an invalid.

The result of my observations and enquiries I shall now endeavour briefly to lay before the readers of this *Review*. While doing so, I would at the same time draw attention to two most interesting papers by Dr. Clifford Allbutt, of Leeds, in the *Lancet*, of October 20 and 27 for last year. Without being disposed to accept his pathological views of phthisis, I can endorse all that he has written regarding Davos. The account of the locality is clear and accurate, while to the value of the various hints he gives as likely to be useful to patients I can also testify.

Prior to the year 1862 Davos am Platz was for all practical purposes unknown. In that year Dr. Sprengler, who had practised in the village for a considerable period, published an article in the *Deutsche Klinik*, pointing out that his neighbours never suffered from phthisis while residing there; and, secondly, that those who, having left home for occupation in Italy, Germany, France, England, and elsewhere, had, while absent, contracted it, recovered on their return. This attracted the notice of a German physician, Dr. Unger, who at the time was suffering from phthisis. To Davos he went, together with a friend, Herr Richter, of Basle, who was similarly affected. There both regained health and strength, and there both still reside, the one in practice as a physician, and the other in business as a bookseller. From that time forwards phthisical patients from all parts of the world have resorted to Davos in ever increasing numbers, of whom a very large proportion have left the Alpine valley with a degree of health and strength they had never expected to acquire; while some, like Dr. Unger and Herr Richter, have made it their permanent residence.

Davos am Platz, the chief village of the district of Davos in the Graubunden, is situated in the centre of a valley about four or five miles long, running

N.N.E. by S.S.W., and is 5,200 feet above the level of the sea. The nearest railway station is at Landquart, a small village a few miles from Ragaz. The distance of Davos from Landquart is 28 miles, a somewhat tedious diligence journey occupying nearly eight hours. On either side of the valley run mountain ranges, which, from a Swiss point of view, are of no great magnitude, but look sufficiently well calculated to test the climbing powers of those who have passed their time in flat countries.

The climate, as I found it in November and December, on what is there called "a typical Davos day," requires almost to be felt to be credited. Snow lies $1\frac{1}{2}$ and 2 feet deep over the entire valley, and its pine-covered mountain sides. At 9 o'clock the sun appears above the mountain tops casting a flood of golden light upon the snowy peaks. The sky is intensely blue, not a cloud is to be seen; the air is fresh and cold, and yet, within an hour, the solar thermometer will in all likelihood stand at 145° to 150° Fahrenheit; while, by that in the shade, from 35° to 40° are registered. All is now bright and warm. In walking overcoats are out of the question, and invalids who do not care for a walk, or a drive in a sledge, sit out in the verandah basking in the sun, inhaling the while a still, pure, warm, dry air. Such is the condition of the atmosphere until 3 o'clock in the afternoon, when the sun retires. The change in the temperature then is both sudden and rapid, so much so as to render it desirable for invalids to retire within doors for half-an-hour, and then to put on additional clothing before taking another stroll. The air now becomes cold, and yet it is not a cold that makes one shiver, but one that stimulates to exertion, and it is a cold, moreover, that, with warm clothing, is in no way prejudicial to health. The nights are uniformly frosty, and as the winter advances, the thermometer has often registered a temperature of several degrees below zero. Such is a fair description of "a typical Davos day." During my stay, from the 12th November to the 10th of December, such days were by no means frequent. There were, I think, six of them. Snow fell at intervals of a few days, but rarely to an extent requiring anyone to remain within doors. The snow is light and dry, easily shaken off, and in no way an impediment to outdoor exercise. Rain fell on one day only during the month, and this was regarded as a most unusual occurrence. The south wind,

or *föhn*, as it is termed, blew several times, on one occasion for three days in succession. Its influence upon all persons, whether invalid or healthy, is most depressing. It is felt immediately on rising in the morning, so much so as to enable one, after very little experience, to feel sure of its presence or absence before leaving one's room. Depression of spirits, languor, inability for exertion in any form, enfeebled appetite, together with an inexplicable sense of restlessness, constitute the effects of this wind upon the mind and body. It is when it is blowing that grumblers at their enforced isolation from the world of active, busy life, are in their most unpleasant moods. Nothing is right, they are no better, the cook has not done his duty, the stoves are all wrong, the rooms are too hot or too cold, the whole place is "stuffy," and so on. Observations of this kind are generally due to *föhn*.

Föhn is, in fact, the sirocco so frequently felt on the Riviera. Enthusiastic admirers of Davos are apt to refer to it somewhat slightly—thus, "*One Who Knows Davos Well*," writes: "The *föhn*—a Swiss name for the dreaded sirocco of Italy—is far less felt here than in most similarly situated districts, as its ingress is happily impeded by a double and treble bulwark of mountains;" and Mr. Symonds (*Fortnightly Review*, July, 1878) says: "The most disagreeable winds, whether keen north-wester, or the relaxing south-wester, known by the dreaded name of *föhn*, are fairly excluded." During my stay, we we must have had at least seven or eight days of *föhn*, and I think more, while during January it was the prevailing wind for fifteen days. This winter has been exceptional in the matter of climate, so I was told; but then one of Dr. Allbutt's correspondents, whose letter appeared in the *Lancet* of last October, says that the winter of 1877-8 was exceptionally bad. I am afraid that it must be admitted that this depressing wind finds access to the valley every winter much more frequently than is desirable.

Fog and mist are not so entirely unknown in Davos as some have led us to suppose. The Land-Wasser runs throughout the entire length of the Valley, and on several evenings, frequently too in the morning, a cold, heavy mist hung over it. A slight thaw—said to be a most unusual circumstance in November—occurred during my visit, and then the air was loaded with cold moisture, giving one a faint idea of what a thaw would be in April!

Such features of the climate as these must not be lightly passed over. They must be recognised and provided against, and if they are, they will, I feel sure, not detract from the health-restoring properties of the air. It is when *föhn* is blowing, and a mist is hanging over the valley, that colds are taken, that slight congestions are set up in tender lungs, that the temperature rises and waste is once more in excess of repair. These are times when the invalids of Davos require to take a great deal more care of themselves than they are in the habit of doing.

The effects of a day or more of *föhn* rapidly pass away, when once a patient has become acclimatised. This acclimatisation process is one that is somewhat trying for the first week or two after arrival. The symptoms characterising it differ somewhat in different individuals. Generally they consist of depression of spirits, incapacity for exertion, restless, often sleepless nights, frequently diarrhœa, and some loss of appetite. They are, of course, aggravated should the *föhn* blow during this period. After a week or so they diminish, and presently altogether pass away; the invalid then begins to pick up flesh, to take exercise, and enjoy his food. To meet the contingencies of acclimatisation, rest is the principal remedy. Wrapped in shawls, the patient should content himself with sitting in the verandahs, walking but little. Great advantage, too, will be found in taking daily two or three glasses of the Veltliner wine—a refreshing wine of low alcoholic strength, brought to the district from the northern wine-growing valleys of Italy. Prepared to experience these symptoms, and being made fully aware that they will in a few days yield, and be followed by a sense of renewed vigour, a patient ought not to give way to despondency when they present themselves. Further, they are said to be less severely felt during the early part of the season, or at any rate to be less trying to the patient then. Hence invalids should be advised to go to Davos before the end of September. It is hardly desirable, especially when the character of the journey is considered, for any one to set out thither later than the middle or end of October. The best time is July or August. At the end of March, or commencement of April, the exodus begins. The snow melting rendering Davos as unsuitable for a weakened lung as it had been during the previous ten months desirable for it.

To facilitate the discussion of the climate and its effects upon health, I have been furnished by my friend Mr. Reginald S. Gunnery, of St. John's College, Cambridge, with the following record of his meteorological observations during my stay there; and that it may be compared with the climate of a well-known English health resort for phthical patients, Mr. E. E. Glyde, F.M.S., of Torquay, has kindly sent me similar observations, taken by himself, on the same days.

Mr. Gunnery's were taken at the Belvidere, at 9 a.m. They are as follows:—

Date.	Barometer.	SHADE TEMPERATURE.		In Sun.	Humidity of the Atmosphere.
		MAX.	Min.	MAX.	
Nov. 13	24.70	38.5	11.5	157.5	51.0
„ 14	24.49	40.5	24.5	148.5	100.0
„ 15	24.60	26.5	15.5	76.0	70.0
„ 16	24.69	36.0	14.0	150.0	75.0
„ 17	24.70	37.5	17.0	114.0	83.0
„ 18	24.78	36.0	9.0	150.5	78.0
„ 19	24.99	36.0	12.0	137.0	72.0
„ 20	25.03	37.0	18.0	129.5	95.5
„ 21	24.80	35.0	24.0	86.0	64.0
„ 22	24.90	40.0	25.0	81.0	88.0
„ 23	25.00	26.5	12.0	78.0	64.0
„ 24	25.00	39.0	11.5	140.0	90.0
„ 25	25.00	39.5	26.0	114.5	66.0
„ 26	24.85	45.0	37.0	137.0	84.0
„ 27	24.80	44.5	37.5	68.5	100.0
„ 28	24.66	44.0	36.0	120.0	100.0
„ 29	24.68	40.0	25.5	44.0	100.0
„ 30	24.75	33.5	22.0	95.0	49.5
Dec. 1	24.75	27.5	19.5	65.0	63.0
„ 2	24.68	24.0	9.0	66.0	48.0
„ 3	24.69	31.5	2.5	123.0	58.0
„ 4	24.70	22.5	3.0	101.0	84.0
„ 5	24.77	21.0	12.0	45.0	79.0
„ 6	24.80	27.0	14.0	46.0	86.0
„ 7	24.56	25.0	12.0	121.0	84.0
„ 8	24.39	18.5	-1.0	70.0	26.0
„ 9	24.37	25.0	4.0	110.0	56.0
„ 10	24.63	17.0	10.0	58.5	33.0
„ 11	24.42	17.5	-3.0	95.5	48.0
„ 12	24.52	22.0	6.0	38.5	68.0

The following are those made by Mr. E. E. GLYDE, at Kirkham, Babbacombe, Torquay, 294 feet above mean sea level :—

1878. Date.	At 9 A.M., LOCAL TIME. Barometer reduced to 32° sea level.	SHADE TEMPERATURE.		In Sun. Max.	Humidity of the Atmosphere.
		Max.	Min.		
Nov. 13	29.512	45.6	36.1	99.3	86.0
„ 14	29.674	46.7	37.1	100.1	77.0
„ 15	29.475	43.8	36.6	59.0	84.0
„ 16	29.460	46.1	37.5	101.9	92.0
„ 17	29.670	48.9	38.3	102.2	77.0
„ 18	30.011	47.8	41.3	98.5	77.6
„ 19	30.409	46.6	37.9	93.2	88.0
„ 20	30.405	41.4	35.3	49.1	87.0
„ 21	30.173	39.0	35.4	46.1	91.5
„ 22	30.090	39.8	34.4	48.6	86.0
„ 23	29.973	45.7	39.2	59.1	77.0
„ 24	29.466	52.9	42.5	65.8	99.0
„ 25	29.410	51.4	41.9	58.1	94.0
„ 26	29.493	43.1	39.2	71.1	92.0
„ 27	29.468	41.7	37.4	78.3	83.0
„ 28	29.576	38.5	34.2	39.3	96.0
„ 29	30.033	43.0	32.0	88.2	77.0
„ 30	29.985	42.9	37.0	86.9	97.0
Dec. 1	29.852	45.7	36.1	85.2	96.0
„ 2	30.036	43.7	36.6	85.0	83.0
„ 3	30.133	38.1	34.2	48.3	83.0
„ 4	30.337	43.0	33.5	88.8	87.0
„ 5	30.193	43.9	30.2	78.1	93.0
„ 6	30.217	39.9	30.3	82.1	72.0
„ 7	29.722	41.9	33.2	87.4	88.0
„ 8	29.563	38.9	29.1	93.1	84.0
„ 9	29.714	39.9	26.8	85.9	85.0
„ 10	29.825	31.6	24.1	70.5	90.0
„ 11	29.929	32.4	20.6	74.0	92.0
„ 12	29.844	31.7	24.3	43.0	100.0

The following *resumé* of these figures will perhaps enable the general reader to appreciate their meaning more readily.

The maximum temperature in the shade was in Davos from 40° to 45° on six days—the highest temperature registered being 45° on one day only; from 35° to 40° on nine days, from 30° to 35° on two, from 25° to 30° on six, from 20° to 25° on four, and from 15° to 20° on three days—the lowest maximum being 17°.5.

In Torquay the maximum was between 50° and 55° on two occasions during the same period—the highest maximum being $52^{\circ}.9$; between 45° and 50° eight times, from 40° to 45° ten days, from 35° to 40° , seven days, and from 30° to 35° three times—the lowest maximum registered being $31^{\circ}.6$.

In Davos the minimum was between 35° and 40° on three days—the highest minimum being $37^{\circ}.5$; between 25° and 30° four times; 20° and 25° , twice; between 15° and 20° four times; between 10° and 15° on eight occasions; between 5° and 10° four times; 1° and 5° thrice, and below zero twice—the lowest being -3° .

In Torquay the minimum was from 40° to 45° on three occasions—the highest being $42^{\circ}.5$; from 35° to 40° , fourteen times; from 30° to 35° , eight times; from 25° to 30° twice; from 20° to 25° on three occasions—the lowest having been 24° .

In Davos the solar thermometer registered over 150° three times—the highest point reached being $157^{\circ}.5$; it was from 140° to 150° twice; from 130° to 140° twice; from 120° to 130° four times; from 110° to 120° thrice; from 100° to 110° once; from 90° to 100° twice; from 80° to 90° twice; from 70° to 80° thrice; from 60° to 70° thrice; from 50° to 60° once; from 40° to 50° thrice; below 40° ($38^{\circ}.5$) once.

At Torquay, the solar thermometer registered over 100° on three occasions, the highest being $102^{\circ}.2$; from 90° to 100° four times; from 80° to 90° eight times; from 70° to 80° five times; from 60° to 70° once; from 50° to 60° thrice; from 40° to 50° five times; below 40° once ($39^{\circ}.3$).

The average degree of humidity of the atmosphere during these thirty days was at Davos 68.7, and at Torquay 84.765.*

The climate of Davos, a glance at these tables will show, is far from being of that equable character which has been generally supposed to be so highly advantageous in

* I had intended drawing a similar comparison between Davos and Nice, but the tables my friend Dr. Meyhoffer was kind enough to procure for me from Mr. Dominelli, of Nice, arrived too late to enable me to make use of them. This is, perhaps, the less to be regretted, as Dr. Meyhoffer writes me: "During the twenty-three years I have lived here, I never experienced such a wet and cold winter as this has been."

promoting the recovery of phthisical patients. At Davos, indeed, the changes of temperature, and even the variations in the degree of atmospheric humidity, are not only considerable, but frequent, and, at sunset, sudden. Yet, for all this, patients suffering from a disease more or less incurable in a mild and equable climate, one often generated in such a climate, and never in that of Davos, are there cured, and not only so, but with very slight precautions, are able to live out of doors, more or less of nearly every day, throughout the entire winter! The advantages of a mild and equable climate have been supposed to consist in the diminution of risk in contracting cold, and in so far in preventing the development of fresh inflammatory deposits, and of congestions. At Davos, however, it may, I think, be shown that circumstances are present, rendering such a patient, or indeed any one, less susceptible of such influences, and hence exposure to variability of temperature is less felt there, so much less indeed as, with very ordinary precautions, to render a person practically proof against causes of catarrh.

The elevation of 5,200 feet above the sea level, diminishes, by fully five inches, the pressure of the atmosphere: What is the effect of this diminished pressure upon the body? It is, I apprehend, both local and general. Locally, it allows of an easier and more equable expansion of the chest walls, though, at the same time, it must not be forgotten that the removal of atmospheric pressure renders the heart more excitable, more irritable; just as an increase of pressure, as in the compressed air bath, steadies and quiets its action. Increase of chest expansion power is of great importance when a portion of lung is inactive. It exerts a stimulating action upon the entire organ. Enabled to move more easily, it does so more regularly, more completely, and in so doing the muscular structures are strengthened, as they are in what are called *Lung Exercises*.^{*} Coughing is attended with less exertion, and therein one cause of hæmoptysis is diminished, while expectoration of effete matters is more easily accomplished. The influence of diminished atmospheric pressure upon the body generally will also be seen in increased disintegration

* "The effect of this practice on debilitated lungs," says Dr. Herbert Nankivell, "is remarkable."—*On Some Forms of Phthisis and their Special Treatment*. *Homoeopathic Review*, Oct. 1873.

and absorption of such morbid products as the infiltration of catarrhal pneumonia, and probably of the caseous matter into which such infiltration has, in more advanced cases, been converted. That such may be the case, seems warranted by the hypothesis put forth by Professor Tyndall, in a paper published some time back in the *Practitioner* (on which, unfortunately, I cannot lay my hand at present), in which he shows that diminished atmospheric pressure increases the mobility of the particles of oxygen, rendering the process of oxidation more rapid and more thorough. In this way, not only is nutrition more complete, and therefore effective, but morbid products become more readily broken up, and dispersed, and a healthy action set up where, as in a pneumonic cavity, healing is the chief desideratum.

Again, the amount of atmospheric humidity, though varying widely, is low even during a winter said to be so exceptional as that of 1878-9. For it must be remembered that we are examining the state of the atmosphere during that part of the year when, in all health resorts, the degree of humidity is highest. At Davos, during the month I was there, the average was 68.7, and during January it was only 65,* while at Torquay it was 84.765, between the 10th of November and the 12th of December; notwithstanding that the former had four days of saturation, while the latter had only one. The air inhaled is, therefore, singularly dry, but not so dry as to be irritating. Further, this diminished moisture prevents the cold air being felt as it otherwise would be. It will be within the experience of all that a low temperature on a thoroughly clear dry day is much less likely to give rise to chill, to produce all the unpleasant sensations commonly ascribed to a cold day, than is a temperature several degrees higher on a day that is damp and foggy. To this dry state of the atmosphere may, I think, in a large measure be ascribed the impunity with which delicate people, who, at home, would be carefully confined within four walls, are able to sit in the open air, walk and drive for several hours a day at Davos.

There is, however, another, and that a very important feature of the climate, one which I think con-

* See Mr. Reginald Gunnery's observations published in the *Lancet*, Feb. 15, 1879. These are very complete, and well worthy of careful study.

duces greatly to its salubrity, viz., the stillness of the atmosphere. The force of the wind was not observed by my friend, Mr. Gunnery, during my visit, but in his record published in the *Lancet*, this is taken into consideration. The force of the wind being estimated on a scale of from 0 to 12, during the 31 days of January it averaged only 1.6. Hence exercise is more easily taken, the coldness of the air has less influence.

We have then at Davos, a still, dry, cold atmosphere, with a low atmospheric pressure. These most important elements, while in themselves conducive to the disintegration and absorption of infiltration into parenchymatous textures, further promote the "renewal of life," by stimulating the appetite, promoting rapid and healthy metamorphosis, enabling an invalid to avoid close and overheated rooms, and to spend the major portion of his time in the open air.

It is not, be it remarked, the high altitude alone that is curative, but it is this combined with unusual atmospheric dryness, and, from the sheltered position of the valley, the great stillness of the air that together render Davos, a place exceptionally appropriate for the cure of some forms of disease.

Dr. Allbutt ascribes the curative character of the Davos climate to its antiseptic properties. "Germs" cannot live at so great an altitude. Test infusions will remain free from germs for weeks and months together at Davos. Meat hung up dries but does not putrefy. Regarding a cavity as an ulcer, incurable because it cannot be dressed with an antiseptic lotion, Dr. Allbutt thinks that at Davos the bacteria proper to ulcerating surfaces and abscesses cannot live; cannot multiply; and argues that the supply of infective material (bacteria) being checked, disease is cured.

But cavities, tubercular-pus-discharging cavities, recover much less frequently, and when they recover, do so much more slowly and much less perfectly, than simple infiltrations without any cavity, at all. Dr. Allbutt's theory of *phthisis pulmonalis*, appears to me to exclude constitutional predisposition far more than the histories of the major proportion of phthisical patients would warrant; it ignores the existence, or at any rate the special consequences of

the tuberculous or scrofulous diathesis far more than the evidence he adduces in support of his views, seems to me to justify.

True enough, we have a local lesion to deal with, but what is of greater moment still, we have in *phthisis pulmonalis tuberculosa* a constitutional, a diathetic condition, far more difficult to meet. A pneumonic abscess in a previously healthy subject—how different is it to the cavity of tuberculous phthisis! In both instances we have destruction of lung texture, and a suppurating surface—bacteria there may be in both—but the one patient recovers, and the other dies. The difference in these two cases is simply the difference in the constitutional condition of each. In the one the infiltration is determined to simple pus, in the other to tubercular pus.

The *rationale* of the curative influence of such a climatic state as that prevailing at Davos appears to me to be, that while rendering respiration more easy and more complete, the patient is enabled, without incurring the risk of pulmonary congestions and exudations, to remain in the open air so large a proportion of his time, conditions under which nutrition is more perfect and the absorbents also act more rapidly. In a word, morbid products are removed and animal vigour is increased.

The accommodation provided for visitors is good, but in some points susceptible of improvement. English people resort chiefly to the Belvedere, the Hôtel Buol, and the New Belvedere; there were also a good many last season at the Hôtel Rhatia, a few at the Kur-haus, and two or three at the Seehof at Davos-Dörfli, a hamlet about a mile to the north of Davos am Platz. The first of these was that at which I stayed, and nothing could exceed the attention and courtesy of the proprietor, Herr Coester. With two exceptions the visitors were all English. The chaplain resides at the Belvedere, and there the service of the English Church is performed twice every Sunday. A site has been obtained for the erection of a church, and as soon as the necessary funds have been secured, it will be forthwith proceeded with. With regard to this, I may mention *en passant*, that the Roman Catholics have set a noble example to English Churchmen. The only son of a French gentleman residing in Normandy, who was said

by his physicians to be decidedly phthisical, was sent to Davos. There he had been two winters, when he was completely cured. His father, in token of gratitude for his son's recovery, has, at his sole expense, built a chapel for the worship of God according to the rites of the church to which he belongs, and I believe he also pays the priest who officiates there.

To revert to the hotels. The rooms are all warm, comfortable, and of a fair size. The chief difficulty was with the ventilation. The stove is the source of heat, and the want of a chimney to carry off the foul air of a heated room, having double windows, with several people remaining in it for some time, was much felt. The same defect is met with in every hotel in Davos. Herr Coester is, I believe, in correspondence with a London firm to remedy this defect by means of Tobin's system, or an improvement upon it. The advantages of the adoption of so admirable a method of securing a constant current of fresh air, will be very great. The drainage of the Belvedere was, so far as my experience went, admirable. At some of the German hotels both ventilation and drainage were decidedly bad. From enquiries I made of visitors at Buol and at the New Belvedere, I have every reason to believe that they are as well provided for in the matter of drainage as is Herr Coester's House.

The "pension," or boarding-house system prevails at each hotel. Breakfast is at any hour from 8 o'clock until 10, luncheon at half-past 1, and dinner at half-past 6. The variety of food is considerable, and the cooking good, while the appetite provoked by the bracing air of Davos enables a visitor to do ample justice to the provision made for him. However good the pension system may be for a person in ordinary health, it is not adapted for an invalid with the weak digestion of phthisis. It was, indeed, a matter of frequent surprise to me that the patients by whom I was surrounded were able to do so well, with so much rich and varied food. It is true that simple dishes are prepared according to order for invalids, but for them extra charges are made, the result of which is that a person has to pay for a dinner he cannot eat, and also for one that is within the scope of his digestive powers. It would be conducive to the comfort and good humour of the sick if some arrangement were made which, while obviating this

rather frequent source of discontent, would also induce them to restrict themselves to articles of diet more suitable to their health than the productions of an accomplished *chef de cuisine*.

Having now given some account of the climate and accommodation at Davos, I will endeavour to point out the kind of cases that may be sent there with advantage, those for whom it does not offer a suitable climate, and such indications as seem to militate against the probability of its being useful in patients for whom it might otherwise be well adapted.

That cases of phthisis recover at Davos has long since been placed beyond dispute, but that all cases of phthisis do well there experience has not proved; while it is equally probable that not a few would derive greater advantage in a totally different atmosphere. No cases seemed to me to be so much benefited as those where catarrhal pneumonia or pulmonary congestion had been extensive and protracted, leaving behind a greater or less amount of infiltration into the alveoli, and condensation of lung texture, with loss of weight and emaciation. These are the cases that tend to terminate in pneumonic-phthisis. They improve rapidly, and after a few months' residence at Davos, the physical signs vanish, cough disappears, weight increases, and strength is regained. I saw several such patients during my visit, and nothing, I think, is more likely to promote the thorough cure of a serious catarrhal pneumonia, to render improbable the formation of a cavity, and to prevent any future delicacy of lung texture, than to send a partial convalescent from such a condition to Davos for the winter. Again, cases where indications of tubercular deposit have existed for a considerable time without having made any rapid advance, or produced much emaciation—these do well at Davos. Small non-tubercular cavities have been known to heal there.

Where, however, the cavity is large, the temperature high, emaciation considerable, and especially when the patient is irritable and restless, Davos is distinctly contra-indicated. With rare exceptions, patients sent in this condition have either died or have left without benefit, although they may have been able to live somewhat more

freely during the short remainder of their lease of life than they would have been elsewhere. Hæmoptysis is not, as is commonly supposed, a reason for restraining a patient from Davos. On the contrary, its occurrence there is decidedly infrequent. The fact that a high altitude, so far from increasing a liability to hæmorrhage, diminishes it, first insisted on by Dr. Archibald Smith, after long years of experience in the treatment of phthisis in the mountains of Peru,* has received abundant confirmation from the experience of physicians at Davos. In fact, congestion rarely occurs in the lung when the power of resistance to atmospheric changes is so largely increased as it is in a well-sheltered valley several thousand feet above the sea-level.

Any valvular disease of the heart, or any dilatation of that organ, is a decided obstacle to visiting Davos. The action of the heart is much increased, and the organ itself becomes irritable. Nothing could well be more undesirable than that a patient with organic disease of the heart should be sent there.

Persons of a highly nervous, excitable temperament, do not do well at Davos; neither is it a suitable locality in which a case of "brain-fag" should take his needed rest. The action of *föhn* upon such cases is especially severe, and very ill-borne.

Though the influence of Davos has been most pronounced in cases of phthisis, it is yet resorted to largely, and with much benefit, by convalescents from fever and acute organic disease. In these, however, the condition still holds good that the heart, brain, and spinal cord must be in a quiescent and practically normal state to enable the patient to derive advantage from his visit.

The chief point to be guarded against at Davos is taking cold. Were invalids to live there as carefully as they would do at home, it is scarcely too much to say that catarrh would be unknown. But they do nothing of the kind. They are out all day, in every kind of weather, and even indulge not unfrequently in a walk to Davos lake by moonlight! Nothing, in short, stops them, except *föhn*. To see a party of Davos invalids at dinner, no one would be surprised at such temerity—all look so well, and are so

* *Edinburgh Medical and Surgical Journal*, 1840.

actively employed! But with suitable precautions, a great deal of time may be spent out of doors without the least risk. The body should be warmly clad—flannel ought to be worn next the skin both of the trunk and the limbs. Boots should be made of good strength and well oiled; while on every return from a walk in the snow, boots and stockings ought to be changed at once, and the feet and legs well rubbed with a rough towel. For men the "Davos boot" is admirable, and ensures a large amount of protection. For practical hints on this and several similar points, together with a large amount of interesting matter regarding the history, natural resources, and excursions of the locality, I cannot do better than refer my readers to a little book entitled *Davos-Platz; a New Alpine Resort for Sick and Sound in Summer and Winter, by One Who Knows It Well*, published by Stanford, of Charing Cross. The authoress is fully entitled to the *nom de plume* she has taken, having, I believe, spent five winters at Davos. She came as a thorough invalid, and is now as well as most and much better than many people.

A patient going to Davos should be provided with a supply of aconite. That, taken when the first chill is felt, and persevered with, would, I am sure, speedily check any Davos catarrh, and prevent the congestion that would otherwise arise. Arsenic is another remedy that struck me as well indicated in the exhaustion and depression caused by *föhn*. This will pass away without medicinal help in most cases, but in some great weakness and nerve irritability remains, and for such I think arsenic would be useful. The physicians at Davos have one and all a great repugnance to the use of drugs. A very wholesome feeling, it is true, when the only mode of using drugs known is that which entails the prescription of large doses of powerfully acting substances for the purpose of exciting their physiological action. But were remedies used specifically, and in appropriate doses, much more good would be done than is otherwise possible.

The only physician at Davos who speaks English with any degree of fluency is Dr. Ruedi, who devotes himself most earnestly to the care of the patients entrusted to him, and is well worthy of their confidence and of that of his professional brethren in England. Medical attendance at Davos is remunerated—if such a word can be used re-

garding it—by a fee of thirty francs a month! For this ridiculous sum, a patient expects to be seen every day for a while, then two or three times a week, and, indeed, whenever he thinks he requires the doctor's visit! This is the fee which represents Swiss and German notions of indebtedness to a physician! I trust, however, that English people do not leave without showing that they do not take so low a view of their obligations, or place so indifferent an estimate on the value of the medical services they receive.

A patient, on leaving Davos at the end of March, which is necessary in order to avoid the rapid and heavy thaws which then commence, is usually advised to go either to the Lake of Geneva or to Baden-Baden, before returning to England. Some such stepping-stone homewards is certainly needful. The change is indeed great, greater than anyone who has not experienced it would imagine. The susceptibility to cold would seem to be greatly increased by a long stay in that pure quiet air, while the sources of chill abound in England during April and early May. The weather generally is damp and often cold, while east wind is felt at every corner. To bring a convalescent from lung disease home at such a time is almost certain to induce catarrh, and so to ensure a recurrence of disease under very unfavourable circumstances.

During the few weeks I have recently spent at Malvern I have been very much struck by the lightness and clearness of the atmosphere, and have thought that, though it would be unwise to go to Malvern direct from Davos, yet the period of expatriation might be shortened by a visit there in the second or third week of April. London or the immediate neighbourhood, and anywhere on the south or east coast, would be decidedly injurious, but Malvern seems to me to be a locality where, with care, a Davos convalescent might spend the first month of his return home with safety, and indeed advantage. The following tables have been kindly placed at my service by Mr. Woods (of Messrs. Burrows, Opticians, Malvern), by whom the observations were taken. They give the averages for each month named. Since 1870 Mr. Woods has ceased to record his observations:—

	Barom.	Humidity	Therm. Max. in Shade	Therm. Min. in Shade.	Therm. Max. in Sun.	Rainfall. Inches.	Ozone.
1867.							-
April -	29.307	78.0	55.7	42.8	85.0	2.81	4.0
May -	29.480	72.0	62.1	41.6	99.8	3.03	4.8
1868.							
April -	29.499	69.0	57.3	40.3	94.0	2.23	4.8
May -	29.560	65.0	67.5	46.5	108.0	2.31	5.5
1869.							
April -	29.549	77.0	59.5	42.1	90.3	1.62	4.4
May -	29.337	79.0	58.5	42.7	97.0	5.90	4.0
1870.							
April -	29.708	65.0	60.2	40.6	107.2	0.63	5.1
May -	29.615	64.0	65.1	43.9	133.2	1.22	5.8

These tables show a low humidity for an English climate, with a temperature well adapted to the wants of the invalid, and a good supply of ozone in the atmosphere. These facts, together with that very important one that, in the matter of drainage, water-supply, and hotel, boarding, and lodging-house accommodation, Malvern is infinitely superior to any continental town, induce me to suggest it as a suitable halting-place for the convalescent from Davos before returning to his usual home.

One more suggestion I would offer to the invalid preparing for Davos, is that he or she should have a *compagnon de voyage*. The resources of the place in the way of amusement are of the most limited character; and, though great sympathy and kindness are met with by a solitary invalid from all around him, still the attention of a relative or intimate friend is oftentimes a source of the greatest comfort, and tends much to relieve the inevitable tedium of a sojourn in a mountain valley so far removed from ordinary sources of interest. Such companionship too, is, I am certain, largely conducive to recovery, and diminishes the home-sickness which is inseparable from an eight or ten months' expatriation and isolation from the world.

2, Finsbury Circus,
March, 1879.

CASES ILLUSTRATIVE OF *IGNATIA*.

By J. MURRAY MOORE, M.D.

1. Mrs. M., of Norton, aged 41, dark-haired, of fresh complexion, and nervous, somewhat anxious temperament, sent for me July 28th, 1878. I found her suffering under sub-acute articular rheumatism, pericarditis of five days' standing, incipient endo-carditis, and mental derangement. Her second child had been born in April, after a rather long labour, terminated by the forceps. The milk-supply had been deficient, but she made a fair convalescence, and the only peculiarity noticeable was unusual irritability and restlessness. About five weeks after her accouchement she most imprudently exposed herself to a wetting in some gardens open only once a year, near Taunton, and almost immediately an intense attack of rheumatic fever supervened, preceded by the weaning of the infant, and the suppression of the milk. This suppression of the milk was stated to have been effected by one or two doses of some powerful medicine (*iodide of potassium?*), after which delirium came on, and from that day her mind never regained its balance. When the acute attack of articular rheumatism had subsided, she was sent a few miles away in the country, when this pericarditis came on, and the friends determined to abandon allopathy. Her mental symptoms at once arrested my attention. Her look was vacant, and wandering, yet full of *ceaseless anxiety*; she was quickly moved to anger, which as quickly subsided; impatient; continually wanting to change her position; fearful of being alone; very timid at night; complaining of noises scarcely audible to others. The memory was gone, and consciousness of time, place, and the people in the house, was much confused. At night there was almost complete insomnia, and this had been combated by her former attendants by giving very strong injections per anum of *hydrate of chloral*, which had for the previous ten nights not only failed to produce sleep, but had aggravated the mental symptoms. Her face was haggard, with a most distressed expression constantly upon it.

I treated the pericarditis, &c., with the various medicines homœopathic to the symptoms, from day to day, commencing with *aconite* and *bryonia*. But the insomnia and the other brain symptoms remained quite unrelieved, until I ordered *ignatia* 1x, five drops at bedtime, repeated

once only during the night. This remedy acted like a charm. The first night she obtained two hours' refreshing sleep, and so on, until the state of the mind became each day *less cloudy and anxious*; and I had the satisfaction of seeing her become not only *sane*, but sufficiently well of her heart disease and rheumatism, at the end of three weeks, to be moved away to her own home. She made so rapid and complete a recovery, that many of her friends have become in consequence adherents of our system.

2. Mr. D., aged 46, a stout, florid man, had the misfortune to slip on the ice, December 23rd, 1878, and fracture, transversely, his left patella. He called me in the next day; I set it, *secundum artem*, and adjusted the leg with a straight splint behind the ham, so as to dispense with the use of Malgaigne's somewhat painful (though very efficient) hooks. All promised well for osseous union, when, four days after, I found the splint loosened, and ascertained that Mr. D. had been subject for five years past to involuntary twitchings and *jerkings of the legs in bed*, on, or shortly after *falling asleep*. These were quite involuntary, and affected either leg or both legs indifferently: if he stretched the leg out stiffly to stop it, the foot quivered. Compare symptoms 604, 646, 647, 714, and 715 of *ignatia*, in Allen, vol. v. *Ignatia* 1, two drops at bedtime, arrested these spasms, and they have not returned since. The fracture united well by true osseous callus in five weeks.

3. Mrs. T., aged 56, a thin, nervous, loquacious woman, somewhat fond of beer, and sometimes indulging in gin, subject to a chronic morning diarrhoea in consequence, consulted me October 1st, 1878, for involuntary twitchings of her hands and arms, and sometimes of the muscles of the thigh, after anything that caused her grief or anxiety. She had been subject to this trouble for twenty years, and was too ready to take brandy and water to "steady her nerves," by way of stopping these movements.

Ignatia 3x, in one drop doses, in three days cured this complaint permanently. It is in the hope of calling attention to this valuable power of *ignatia* in controlling reflex abnormal muscular movements that I have submitted cases 2 and 3 to my colleagues.

Taunton,

Feb. 13th, 1879.

REVIEW.

On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department. By Dr. ROTH. London: Baillière & Co. 1879.

ALL who know Dr. Roth are perfectly well aware that whatever cause he advocates, he advocates with a degree of energy not often equalled and never surpassed. For thirty years has Dr. Roth pressed upon the Government and people of this country the importance of the scientific training of the body in children and young people. For fully as long a time also has he endeavoured to make all having the direction of education alive to the necessity of imparting knowledge on the principles of hygiene. That his success so far has been slight, very slight indeed, is discreditable to the intelligence and discernment of those who are entrusted with providing for the education of the country. While other European nations have, long years gone by, seen the value of physical education, of a really scientific physical education, nothing whatever has been done to promote it here. Nothing daunted by the deafness of those he has addressed so often, Dr. Roth again comes forward and shows, in the pamphlet before us, that the physique of our population is degenerating for lack of training and information; that abroad physical education is (especially in Belgium, France and Germany) carefully studied and regularly enforced with the greatest advantage to the youth of those countries, while in England little or nothing is being done in this direction, either in public or private schools, and that little is for the most part done badly, unscientifically, and carelessly.

The consideration of such questions as those here discussed is of vital importance to the health of our nation, and, indeed, to the maintenance of our position as the first and most powerful country in the world. Feeling it to be so, we shall quote more largely from Dr. Roth's *brochure* than is ordinarily necessary in a review. That physical education which may be defined as "The inculcation of some sound, though elementary, principles of hygiene, combined with the practice of simple though scientifically devised exercises, founded on sound physiological and anatomical principles" (Mr. Butler-Johnstone, M.P.), has never attracted any official, and but a very limited amount of non-official attention amongst us, will, we think, be allowed by every one. Dr. Roth traces this want of consideration in some measure to the non-existence of an Educational Minister in the Cabinet, and to the fact that the Vice-President of the Committee of Council on Education is already overweighted with official duties; as well as to the lack of appreciation of the scientific requirements of physical education on the part of such bodies as the British

Association for the Advancement of Science, and of the Society of Arts.

To the absence of proper physical education, Dr. Roth ascribes the progressive degeneration of the physique of our population. That such degeneration is taking place, he shows by the following facts:—

“ 1. The surgeon-major of the London Recruiting District said, a few years ago, after inspecting 25,000 recruits—“*I must candidly assert that the physique of the infantry is not up to the standard of our race.*”

“ 2. Mr. Tuffnell, one of H.M. Inspectors of Union Schools, gave evidence *on the inferior stature and physique* of the children of the London (Union) Workhouse Schools.

“ 3. Of 1,000 recruits, after having accepted the shilling, 400 are rejected because they suffered from eye disease, small malformed chest, curvature of spine, varicose veins, varicocele, muscular tenuity, and other complaints.

“ 4. Of 5,567 boys, 4,410 were rejected; they were under standard of chest, width, and under standard of height.—(Dr. Ord's Report in 1869.)

“ 5. Of 580 candidates for railway employment, 201 were rejected; the chief cause of rejection was small malformed chest in 92 cases.—(Report of Medical Officers of Great Western and Associated Railways, 1862.)

“ 6. Of 358 children under 15 years of age in a metropolitan suburban workhouse, 84, or 23.4 per cent., are affected with *chronic disease*.

“ 7. The prevalence of deformities among young girls *applying* for work at a large manufactory is thus described by the proprietor of the establishment in Nelson Street, Liverpool:—

‘It is most distressing to stand at our counter on a Monday morning and see *the number of little girls deformed in their persons*, by being employed in nursing. I can pick them out in a moment, one shoulder is lower than the other, the neck awry, shuffling, walking gait.’—*All the Year Round*, Vol. 15, p. 89.

“ 8. During my visits to girls' ragged schools, I have found **MORE THAN 50 per cent.** affected by deformities of the spine and limbs, by chest complaints, and strumous diseases; a very considerable amount of these complaints is also seen in those girls' schools of the middle and higher class, where constant cramming is going on, and no attention paid to the development of the bodily faculties; although the boys have the advantage of more school games, the round shoulders, the flat chest, headaches, weak and deformed spine and other ailments, are more frequent than the public in general admits.”

After citing some observations of Mr. Roberts regarding actory and school children, and of Mr. Jolley respecting

the physique of the Highlanders and Lowlanders of Scotland, all tending in the same direction, Dr. Roth adds, that "the military authorities have been obliged to lower the standard of height of recruits for the army." He then gives some striking facts illustrative of the excessive mortality among infants, saying that "as long as the teachers are not trained in the knowledge of 'attention to small things,' there is no hope of a diminution of the present excessive mortality." Neither can there be. The rearing of children cannot, save fortuitously as it were, be accomplished without some knowledge of the principles of health.

Having thus described the position in which we, as a nation, stand in relation to this question, Dr. Roth proceeds to give in detail the results of a series of enquiries as to the degree and kind of attention paid to physical education by Continental Governments. These enquiries were made, under his instruction, by Dr. Bernard Roth, during a recent professional tour abroad. They were instituted in Belgium, Prussia, Austria, Sweden, Saxony, Hesse-Darmstadt, Baden, Switzerland, Italy, Hungary, and Russia. In all we find that gymnastic exercises are more or less insisted upon as a part of the education, not only of the boys, but also of the girls in *all* schools.

As an illustration of the kind of teaching given, we extract the following account from Dr. Bernard Roth's report on physical education in France:—

"On February 6th, I visited the corresponding training college for Schoolmistresses, viz., *Ecole normale d'Institutrices* du département de la Seine. Mr. Laisné teaches here: the lesson took place at 12.30 p.m. The very spacious oblong dining hall, constitutes the gymnasium, by removing the tables and benches to one side. The 75 young women, from 16 to 22 years old, came in accompanied by three lady teachers, who were present the whole time, and kept order and helped Mr. Laisné in correcting any mistakes on the part of the pupils, services which were hardly ever required. The pupils arranged themselves, sized, and in position for simple arm exercises very quickly. Before doing any given arm movement, Mr. Laisné sang the first few words of the appropriate song, and then gave the command to begin. The singing was admirably done, and as a consequence the movements went on with the regularity of clockwork. Rather a quicker time was sung while the flexions and extensions of the arms upwards, downwards, forwards and outwards were being executed: on the other hand a much slower time for circumduction (swinging round) of the arms. This last movement was extremely well done; their chests could be seen to enlarge visibly, although they stood immovably in their places, not moving any part more than was required. Every now and then between the arm movements, alternate raising of the knees in quick time was

done, accompanied by a sort of pretty chorus, which thus gave a rest to the arms. The juniors now sat down, while the seniors, viz., those of the third year, went through various most useful exercises with the xylofons; these are wooden sticks, some 5 to 6 ft. long, strengthened and weighted with a rod of iron, the invention of Mr. Laisné. The vigorous manner in which the more complicated movements were done was extremely pleasing, especially when the pupils did exercises two and two together. The couples stood facing one another, and seized the ends of one another's sticks; these were then raised laterally, directly upwards, which requires some dexterity, as the sticks have to be kept horizontal the whole time; these, like the other exercises, were accompanied by singing. To give these seniors a rest, those of the second year did a few simple movements with light dumb-bells, between 2 and 3 lbs. in weight; here again alternate leg raising in quick time with chorus singing was repeated at intervals. The seniors now did some curious but useful movements with sticks, on which wooden spheres slid. The ball, some 6 to 7 inches in diameter, being prevented from slipping off by means of an indiarubber rim at the opposite end of the stick; there is another rim with another elastic ring at the other end of the stick. These movements were useful, although curious, because they helped to expand the chest, and brought many of the back muscles into action. In stretching the arms outwards from arms bent position, the spheres would fly outwards and increase the energy of the movement very much. Finally all the pupils were ordered to get into position, and went through several very simple arm and leg movements, suitable for very young children, from 2½ to 6 or 7 years old, in the 'écoles gardiennes.' The songs consisted of several fables of Lafontaine, arranged for music. Mr. Laisné is very musical, and gave the time of the various songs without the help of any musical instrument. They then advanced with a kind of gymnastic step, viz., right leg and right arm carried forward at the same moment; then the left limbs, and so on alternately; then various arm movements whilst marching and singing. Finally two pupils were placed as centres, and with the aid of the iron pillars which happened to support the ceiling, a series of various serpentine, zigzag, concentric and eccentric marchings were performed, the pupils being led by one of the seniors; all still; and at last they walked out of the room still singing to return to their several studies."

In Milan, Dr. B. Roth visited a school for ricketty children, of which he gives the following report:—

"Before leaving Italy, I must mention the Day School for Ricketty Children (*Pio istituto dei rachitici in Milano*), which is quite peculiar to Milan and to Turin; not existing in any

other town in the whole of Europe. The one at Milan was founded more than a year ago by an enthusiastic young physician, Dr. Gaetano Pina. Forty children are taught here daily. They are fetched every morning by an omnibus from the various parish schools, and returned every evening by the same conveyance. There is a lady director, with two schoolmistresses; all have a diploma. Froebel's system is followed. While some hours are daily given to ordinary instruction, special attention is paid to position and free exercises, and special therapeutic movements, when required, are daily employed. I saw several rocking-horses, and three different sizes of tricycles, for the amusement and treatment of the children. They are also fed; the necessary expense being met by subsidies from the Italian Government, the province, and the town itself, in addition to some private charitable subscriptions. The age of the children varies from 2½ to 6 or 7, and the object of this school is to prevent such rickety children becoming more deformed, and thus helpless cripples."

Dr. Roth adds in a note, "In London are cripples' homes but no schools for rickety children, in order to prevent them from being crippled." This is only too true, but is it not possible for the managers of such homes to make an effort to develop the muscles of some, at any rate, of the poor little helpless creatures who are the objects of their charity, and so do somewhat to prevent them being always, and of necessity, objects of charity? A little success would stimulate further attempts to improve the condition of children more susceptible of improvement than are the majority of those now in cripples' homes.

Lord Sandon, the late Vice-President of the Committee of Council on Education, having stated that the Government had by substituting military for ordinary drill, done all that could be expected of them, Dr. Roth goes on to show that military drill is for the development of the body comparatively useless. This he says is proved:—

"By the military authorities having introduced for the last sixteen years a kind of systematised (although unscientific) gymnastics and special model gymnastics for the army; because they found that military drill was in practice *not at all sufficient* for the physical development of the recruits and soldiers.

"If military drill is, according to the military authorities, not sufficient for the soldiers, it is certainly *not sufficient for boys, still less for girls.*

"Many medical and school authorities on the Continent, and Mr. Maclaren of Oxford and others, who have paid much attention to the subject, *almost unanimously object to military drill for little boys under the age of 13 or 14.*

“ ‘It is a mistake to suppose that military school drill will produce desirable results for the army or volunteer corps. If military school drill really possessed the virtues ascribed to it by some authorities (especially its English advocates), it would have been introduced long ago into the schools of Germany, where the whole male population must serve in the army.

“ ‘They consider it of greater importance that the youth should have gone through a thorough course of gymnastics ; for bodily strength, endurance, skill and address are qualities highly valued in the German army, and cannot be acquired in a few weeks.

“ ‘In Switzerland, where cadet corps have existed for many years, serious objections have been made by competent authorities on moral grounds, quite as much as on account of the uselessness of thus *playing at soldiers*.

“ ‘Persons believing that military drill is calculated to raise the physique of our boys, should repeat the experiment of Mr. Brooke, who divided the boys of the National School at Much-Wenlock into two sections : the height and girth of chest of each boy was measured ; one section was placed under a drill-master, the other under a gymnast. After a few months the boys were again measured, and the height and girth of chest of the gymnasts far exceeded that of those who were drilled.’—Ravenstein, *On Physical Education*.

“ ‘It is generally admitted, without contradiction, that military drill is not suitable for girls ; consequently, half of all school children are entirely to be neglected, although the health and physique of the girls (the future wives and mothers of the working men) is not only of the same, but even of greater importance than that of the boys.’”

Dr. Roth insists with equal earnestness on the teaching of hygiene in all schools. He writes :—

“ ‘In connection with physical education, hygiene must be taught as a complementary and indispensable branch of the former ; the school must be made use of for imparting the knowledge of the laws of health in their practical application to the preservation of health in general, of the various parts and of the senses, to the necessity of fresh air, suitable food, cleanliness, suitable dress and exercise, of temperance, and in fact to all the influences upon which health depends, and by which it is injured. By choosing the human body and its single parts, as well as the functions of the body, as object lessons, an intelligent teacher will make the subject of health very interesting, even to children. The hygienic part of physical education has, with some exceptions, made very little progress, even on the Continent ; and everywhere much is still to be desired in this direction. Thus

the hygiene of the senses includes the so-called gymnastics of the senses."

In enforcing his subject, Dr. Roth gives the following as the special advantages of a scientific education in physical development and in hygiene:—

" 1. An arrest of the progressive degeneracy of the population, proofs of which have been given.

" 2. Diminution of the excessive infant and general mortality.

" 3. Diminution of scrofulous, consumptive and other diseases, of spinal and other deformities.

" 4. Increased value of more productive work performed.

" 5. Increase of the defensive power of the country. 'According to the ancient constitution of the realm, every Englishman was liable to home defence of his country.'—(Lord Elcho.)

" 6. Considerable saving of the expenses of military training.

" 7. Shorter periods of time and less labour required for training recruits for the army and boys for the navy.

" 8. Smaller amount of rejections of recruits and boys.

" 9. Instead of hunting through the public-houses for men, and bribing sergeants and 'bringers' to corrupt and deceive, the men would come forward and try to get into the army as they do into other employments.—(Sir Chas. Trevelyan.)

" 10. Diminution of poor-rates, police-rates, and the expenses of criminal machinery in proportion to the large number of able-bodied inhabitants of a district, because ill-health and disease cause poverty, misery, and crime.

" 11. Finally, the number of healthy, strong, and beautiful mothers will be increased; they will know how to take care of and manage their children, and pay attention to sanitary laws in their household, and not rely on the official inspector of health.

" 12. The average of life in all classes will be prolonged, joy and happiness will be more general, and in case of need the whole male population from the age of 20 to 40 will be ready for the defence of the country, and form a reserve for the army.

" 13. A German author, Dr. Werner, illustrates the influence of physical education on the moral and intellectual development in the following succession of causes and effects:—

Health of the body—	Cheerfulness of mind.
Hardening of the body—	Manliness of mind.
Strength and skill—	Presence of mind—courage.
Activity of body—	Activity of mind.
Fair development of body—	Beauty of soul.
Acuteness of the senses—	Strength of the thinking faculty."

Dr. Roth's suggestions for the practical introduction of physical education and hygiene, are:—

" 1. These branches of education should be *compulsory*.

" 2. The teachers should be paid for the extra work in the same proportion as for reading, writing and arithmetic.

" 3. The pupil teachers, schoolmasters and mistresses, should be trained in training schools, in the elements of sanitary knowledge and physical education, in which they should not only pass a theoretical examination, but prove their proficiency for teaching these branches practically.

" 4. Teachers who are already practically employed, should have an opportunity during a limited time (say, during the holidays) to go through a supplementary course of instruction, to enable them to teach their pupils at least the rudiments of the knowledge.

" 5. For some time *unattached* teachers of physical education should go to the various school districts, to give theoretical and practical instruction to such teachers as are unable to leave their schools even for a limited period.

" 6. In all schools a minimum of sanitary knowledge and physical education should form the standard according to which the teachers should be paid.

" 7. *Elementary* books on sanitary knowledge and physical education, approved by the Council of Education, to be used.

" 8. A NATIONAL CENTRAL INSTITUTION FOR PHYSICAL EDUCATION AND HYGIENE should be established, on the model of that institution in Sweden—which was established in 1813, and is probably the best—or of that in Berlin.

" Only *certificated* schoolmasters and mistresses are to be admitted, who should go through a special course of instruction in the elements of anatomy, physiology, hygiene (in their relation to physical education), and theory and practice of bodily exercises; after passing an examination they would obtain a certificate as special teachers of physical education and hygiene. Officers of the Army and Navy might be also admitted to these courses, as in Sweden and Prussia.

" These special teachers of physical education could be employed as *unattached* teachers to give the supplementary courses named (Suggestions 4 and 5); while the military and naval officers could, when certified, begin similar courses in naval and military schools, in their regiments and ships.

" 9. From my personal experience of the few voluntary courses I have given to intelligent schoolmistresses, twenty-five lessons of one hour and a half, given by certified and *unattached* teachers, would be sufficient for the supplementary course in the *elements* of physical education and hygiene.

" 10. During the holidays, teachers from the country could be invited to come to the large towns and to attend to these supplementary courses.

" 11. The expenses of these country teachers should be paid to those teachers who pass their examination.

" 12. After having passed their examination, the teachers should be obliged to make physical education an integral part of the course of instruction, for which they are to be paid in proportion to the time spent on it, or according to the results of examination in the various standards of physical education and hygiene, which, like the other subjects of instruction, will be required.

" 13. According to my humble opinion, the future school-mistresses in all training colleges should also be practically instructed in the management of babies and infants; for which purpose A MODEL NURSERY, for six to twelve orphan babies and infants, should be attached to each college, under the superintendence of an educated and well-trained nurse; every pupil teacher could thus learn how to feed, dress, wash and manage a baby in order to keep it well and strong. The general ignorance of mothers in all classes of society, of nurses, of nursery governesses, regarding the first physical education of a baby and infant, is *the* cause of the great infant mortality, to which no doubt *neglect* contributes very much.

" 14. The importance of SWIMMING for all school children of both sexes is not yet sufficiently appreciated. All School Boards of large towns should take the matter of swimming baths in hand as a part of physical education. The ratepayer would soon find out that every penny well employed by a School Board, saves twopence in poor and police rates, and in the expense for medical attendance and chemists' bills.

" 15. My last suggestion is the appointment of MEDICAL INSPECTORS OF SCHOOLS, to prevent the large class of school diseases, which are partly imparted and spread by infection, partly caused by unsuitable school arrangements.

" In Dr. Virchow's report (mentioned in the answers of the Prussian Minister of Occupation to my Question 14, see page 80), he insists upon the introduction of medical science into the management of schools, and closes thus: 'Only through the joint labours of school men and medical men perfectly acquainted with the subject, will the State and community obtain a suitable organisation for school supervision, which shall be capable of reaching a solution of that great problem of the times—the physical and intellectual health and development of coming generations.'"

Dr. Roth has in this pamphlet clearly shown that though physically the present generation of the people of this country is inferior, no steps are being taken to improve it. On the Continent, on the other hand, every effort is being made to develop the physique of the population. He has also shown

that this effort is made by the universal teaching of gymnastic exercises, founded upon a scientific basis ; exercises so arranged as to produce the full and harmonious development of the muscles of the body. It is not military drill that is required. When it was proposed some time back to introduce drilling as a part of the education supplied by our board schools, a newspaper that has made itself notorious by its apparent anxiety to promote the interests of every foreign enemy of this country, protested against anything of the kind, as tending to develope our military strength! Even the partisan of the Emperor of Russia, of the Ameer, and Cetewayo, need not, however, be alarmed by Dr. Roth's proposal. Military drill is of comparatively little use. It is indeed better than no exercise at all, as is evidenced by the rapidity with which young officers and recruits grow after joining their regiments, but it is not so well adapted for muscular development and harmony of muscular action, as are the gymnastic exercises taught by the scientifically instructed gymnast. We trust that those to whom are entrusted the educational interests of our children, will thoughtfully and carefully consider the appeal which Dr. Roth has in the pages before us addressed to them, and imbibing therefrom some little of the zeal and enthusiasm with which he is inspired, take measures for the growth in health and strength of the children who are rapidly rising up around us.

NOTABILIA.

THE NORFOLK AND NORWICH HOSPITAL SUNDAY FUND, AND THE NORWICH HOMŒOPATHIC DISPENSARY.

A DISCUSSION upon a most extraordinary and uncalled for question appears to have taken place at a recent meeting of the supporters of this Hospital Sunday Fund. The City Hospital, the City Dispensary, and a Nursing Institute are desirous of dividing the entire produce of the collection on Hospital Sunday among themselves. They wish to leave the Homœopathic Dispensary out in the cold ; albeit, so great is the liberality of the citizens of Norwich, and—as it is a county affair—we presume of the residents of the entire county, that the share of the Homœopathic Dispensary would only have amounted to £5! This it was sought to deprive the Dispensary of, on the ground that, although supported by an influential minority, homœopathic treatment was not worthy of recognition by the promoters of the Hospital Sunday Fund. The discussion, however, brought out a great deal of warm testimony to the good work being done by

Dr. Roche and his son, and so far, good has come out of what was evidently intended to have been a source of injury. Only two speakers appear to have been sufficiently regardless of their reputation, to have spoken against a proposal which was simply an act of justice and fair dealing. The Bishop of the Diocese took, as bishops commonly endeavour to do, the safe side; and while not opposing the grant, succeeded in getting it shelved at least for a year. Thus, though while for the time being, depriving the Homœopathic Dispensary of that to which it is justly entitled, his lordship can hardly be charged with desiring to act dishonourably to that institution in the long run.

As the discussion is interesting, and in some points suggestive, we give it as it appears in the *Eastern Daily Press* of the 5th of February.

Mr. J. J. WINTER moved the subjoined resolution:—"That the following charities participate in the distribution of the fund to be collected in 1879: The Norfolk and Norwich Hospital, the Norwich Public Dispensary, the Jenny Lind Infirmary, the Norfolk and Norwich Eye Infirmary, the Norwich Lying-in Charity, and the Norwich Staff of Nurses." When they considered the immense mass of suffering relieved by the united agencies of these institutions, they must all feel that it was a privilege to take part in the good work of augmenting their incomes. (Applause).

The Rev. W. H. COOKE seconded.

Mr. FLETCHER moved as an amendment, "That the Norwich Homœopathic Dispensary be added to the list." It seemed to him desirable that all medical charities which were doing good work in the city should be included. In London, Birmingham, and other large towns, the Homœopathic Dispensaries were included in the list of participants from the Hospital Sunday Fund. This fund was subscribed to by people of all opinions concerning medical science and from all places of worship, and was distributed by a public committee; and as this dispensary was admittedly doing a good work alongside other societies, by relieving which to some extent of cases it at the same time saved their resources, it was fairly entitled to be included in the list. (Hear, hear.)

Mr. F. HARMER seconded the amendment not because he was a believer in homœopathy, for he was nothing of the kind, but because he considered it only a matter of justice that the Norwich Homœopathic Dispensary should be included in the list. But the fact that this Hospital Sunday Fund was supported by a large number of gentlemen who believed in homœopathy ought to settle the question. They contributed money, and their institution should be entitled to a fair share of the fund.

The Rev. G. S. BARRETT desired to say a word or two on this

question, as it had arisen after two years. When this motion was brought forward in 1876 he then differed from his co-secretary (Mr. Copeman) as to including it in the list. The objection was made that the Homœopathic Dispensary was not a *bonâ fide* medical charity. It was then a paying medical charity. Since that time the committee had altered the constitution of the Dispensary, so that it was now a genuine *bonâ fide* medical charity. Thus the only questions this meeting had to consider were—1st. Is it a medical charity administered by qualified medical men? 2nd. Is it a charity doing the work of a charity? Now, to both those questions the Homœopathic Dispensary could answer in the affirmative. It was administered by well-qualified medical men, who had passed through the same training as their allopathic brethren. It was a charity, inasmuch as it was wholly supported by voluntary contributions. Last year, this institution treated 947 out-patients, whilst 868 in-patients were visited at home by its two medical officers. Mr. Fletcher and Mr. Harmer had justly said that as some of the subscribers—doubtless a minority—to the Hospital Sunday Fund, were homœopaths, it was fair to recognise that fact. But suppose a majority were homœopaths and the minority allopathic, and there was one allopathic charity, the allopaths would feel it right that their small charity should be recognised and participate in any fund to be distributed. There was no place where Hospital Sunday existed in which the homœopathic charity of the neighbourhood had not its equitable share, and he did not think Norwich would like to be the only place less charitable, generous, and just in this respect than other large towns of the kingdom. But he was afraid if this resolution were not passed, some congregations would say, “Since they do not recognise our charity, the one in which we feel most interested, we will withdraw our contributions, and give it to that charity ourselves.” That would be a great misfortune; for what the committee wanted was to get all the collections into the central fund, instead of distributing their collections themselves. But after all, what would this proposition come to? It was not so much the amount of money as the recognition of their position that the committee of this Dispensary desired. If the Dispensary had been on the list, it would have received, he had found on calculation, the sum of £5. That was all. But what he pleaded for was simply justice. This charity, to his knowledge, was doing good work among the poor. It was administered by *bonâ fide* medical men, and it was a general charity. The meeting would do well to include it amongst the medical charities to share in the Hospital Sunday Fund, and they would do ill to degenerate into a discussion as to whether homœopathy or allopathy was the true theory of medicine.

Rev. Dr. DUCKETT was sorry he could not agree with Mr. Barrett. There was, he believed, a strong prejudice against homœopathy. If the Homœopathic Dispensary were admitted amongst the institutions participating in the fund, the effect would be very contrary to what Mr. Barrett expected—a decrease, not an increase of the fund. Though the amount which might be given to the Homœopathic Dispensary might be small, by increasing the number of participants, the amounts received by the other charities would be lessened. Had he been present when it was proposed to add the Staff of Nurses, he should have opposed it, because he thought that institution, if properly managed, could be made self-supporting. (Hear, hear.)

Mr. F. DIX was convinced that the homœopaths adopted the right course of treatment, as he had found they restored patients as quickly as the allopaths. However, as a subscriber both to the Hospital and the Homœopathic Dispensary, he hoped that the latter, as a medical charity, as well as the former, would receive its share.

Mr. S. CULLEY, speaking as a representative of St. Mary's Chapel congregation, said they were very earnest that their collection should be paid into this fund. But the question had been discussed amongst them whether, if the Homœopathic Dispensary were excluded from participating in the fund, some portion of their collection should be allotted to it. Thus, instead of that Dispensary receiving only £5, as Mr. Barrett had said would be its portion, it would probably receive two or three times that amount.

The Rev. H. W. PERRIS supported the amendment on the grounds diametrically opposed to those stated by Dr. Duckett. The question of prejudice ought rather to operate in favour of the amendment. The simple fact was that the homœopathic practitioners were qualified to practice allopathically, so that they possessed a double qualification. They could not, therefore, withhold any recognition of their claim on the ground that they were not equally qualified with other medical men.

The Rev. W. A. ELDER said the question to decide should be whether the Dispensary was conducted by qualified medical practitioners.

The Rev. W. F. CREENY—Do not the patients pay ?

Mr. LIVOCK (secretary to the Homœopathic Dispensary)—Certainly not: it is perfectly free.

The Rev. G. S. BARRETT—It is now conducted on the same basis as the Norfolk and Norwich Dispensary. If you subscribe a guinea, you get so many recommendations. There are no paying members.

Rev. Canon HEAVISIDE was sorry that this question had been raised, after it had been disposed of at previous meetings. He

agreed with Dr. Duckett that there was such a strong prejudice—an unjust prejudice, it might be—in the minds of a vast number of people against homœopathy. He also agreed with Mr. Barrett that it was desirable to make their collection on Hospital Sunday as large as possible. But he thought if the Homœopathic Dispensary were included in the list of participants, it would be detrimental to the movement. However, he was glad to find that if the Homœopathic Dispensary were excluded, it would be the gainer, rather than the loser, for Mr. Culley had told them that if it were not allowed to share, it would receive a larger grant than if it were put in the list. Therefore, as he was not doing any harm to the Homœopathic Dispensary, and at the same time as he thought best serving the interests of the Hospital Sunday Fund, he should oppose the amendment.

Mr. W. T. Livock said that he had heard people express their grateful acknowledgment of the services of Dr. Doyle of the Norfolk and Norwich Dispensary. He had also heard like testimony as to the services of Dr. Roche of the Homœopathic Dispensary. Both helped the poor in the time of need, and that was the claim made for including the Homœopathic Dispensary. The objection of Dr. Duckett and Canon Heaviside ought to have no weight. They ought not in these days to pander to people's prejudice, but rather to try and enlighten them. Mr. Culley's remark referred to by Canon Heaviside cut both ways. If money were given by St. Mary's congregation to the Homœopathic Dispensary, there would be consequently less to be divided among the charities in the list.

Mr. J. J. COLMAN, M.P., said that if he had been consulted as to whether this motion should have been made, he should have recommended that it should have been discussed privately before it was brought forward for public discussion. However, the question was not between two systems of medicine, or between the merits of the doctors mentioned. The question was a broad one. Was the Homœopathic Dispensary doing an evil or a good work? He thought it was doing a good work. Therefore he could not help feeling that it had a claim upon the fund. The institution was in their midst, and if its promoters came forward and asked for a subscription of £5 or the recognition of its claims, they had to consider whether they would say "Yes" or "No" to the application. Though not an homœopathist, many of his most intimate friends favoured that system, and having seen a great deal of homœopathic practice, he could say there what he had certainly often said to medical men, "If I saw homœopathic doctors lose more patients in severe cases than other doctors, I should say their system is wrong." But he had seen severe cases cured by homœopathists—whether through their medicine or want of medicine he could not say—and if they

could treat cases skilfully, he was not prepared to say they were not equally doing good as other practitioners.

The LORD BISHOP did not wish to express an opinion as to whether in the abstract this institution should be regarded as a fit and proper one to be included in the list; but as this question had been considered at a public meeting more than once, and as they had a committee of management to bring before them the business to be discussed, and they had made no recommendation on the subject, it would be hardly wise of them to discuss the question without referring it back to the committee. He therefore suggested that the committee of management, representing all the different congregations, should be asked to re-consider the subject, and report thereon at the next annual meeting.

Mr. FLETCHER said that he had a precedent for his amendment, because last year the Norwich Staff of Nurses was brought forward to be included in the list.

The Rev. G. S. BARRETT explained that the proposal to include the Staff of Nurses was made in committee and lost, whereupon the gentleman who proposed it said he should bring forward the subject at the annual meeting. His own feeling in reference to this matter was, that nothing would be further from the wishes of the Homœopathic Dispensary than to incur the suspicion of having stolen a march on anyone. After what the Lord Bishop had said, it would be desirable to refer the matter to the committee of management.

Mr. FLETCHER and Mr. HARMER then withdrew their amendment, and the original motion was adopted.

A vote of thanks to the Mayor concluded the proceedings.

We understand that there is every probability that next year Norwich will follow the example of London and every other town, and no longer display any narrow-minded injustice in the settlement of this matter.

BIRMINGHAM AND MIDLAND HOMŒOPATHIC HOSPITAL.

THE annual meeting of the friends of this charity was recently held in the Lecture Theatre of the Midland Institute. The Hon. and Rev. G. B. Legge (the President) occupied the chair, and amongst those present were Miss Martineau, Councillor Martineau, Dr. Gibbs Blake, Dr. E. Wynne Thomas, Dr. Madden, Dr. Huxley, Dr. J. Craig, and Messrs. R. L. Chance, J. Bassano, B. Thompson, C. Corfield, E. L. Tyndall, James Cadbury (Banbury), N. Neal Selly, S. N. Solomon, and R. L. Impey (Hon. Sec.)

Mr. IMPEY read the committee's report, which stated that the past year was a favourable one as regarded the work and

efficiency of the hospital and dispensary. The number of patients treated in the hospital was 181, as compared with 228 in the former year. The number of patients treated at their own homes was 196, as compared with 184 in 1877, and the number of visits paid to them was 2,202, as compared with 2,116 in 1877. The number of out-patients during the year was 8,440, as compared with 8,257 in 1877, and the total number of their attendances was 21,076, as compared with 20,234 in 1877. The only change in the staff of the hospital has been that Dr. J. C. Huxley, who had resigned the post of honorary surgeon to the home-patient department, had been appointed an honorary surgeon to the out-patient department. It would be remembered that at the last general meeting it was decided that the admission of patients to the wards of the hospital should be free, and no longer dependent upon tickets. This method had been found to work most satisfactorily, as by this means the friends of patients urgently requiring admission were saved the trouble and loss of time involved in seeking for a ticket, while the medical staff were better able to select such cases as were most suitable for hospital treatment. By this means also the committee had been able to effect the economic reform of reducing the number of free beds to twenty, which could not have been done under the old ticket system. No opening had as yet appeared whereby they could utilise their dispensary department for the furthering of the movement in favour of establishing provident dispensaries, but it was under the consideration of the committee whether a provident department, on the principle of small weekly payments, entitling the members to free medical attendance as out-patients or at their own homes, might not be added as a further development of the existing plan of admitting paying patients. The operations of the Wardrobe and Home Relief Fund Committee had been of a satisfactory character during the year. The debt on the building fund with accumulated interest was £3,800; the debt on current accounts which was at the end of last year £733 12s. 6d., was now £822 5s. 1d.; the whole debt of the hospital thus being £4,600, to meet the interest on which, the annual sum of £180 was required. The committee, recognising the serious condition of the finances, and determined not to in any way increase the debt, decided at Midsummer last to reduce the number of free beds to twenty, which was the maximum number they could maintain with the present income (without providing for interest on the debt), and were prepared if necessary, to make a still further reduction, though it was earnestly hoped that the necessity for such a course would be avoided. Although the number of beds available for free patients was thus for the present reduced to twenty, they would remind their friends and subscribers that there were fifteen other beds, any or all of which were open to patients

who were able to pay 10s. a week. The committee having curtailed the annual expenditure to a sum not exceeding the annual income, were very desirous to clear off the accumulated debt on current account, and to increase the income sufficiently to enable the in-patient department to do its full work and provide for the annual interest upon the building debt until it was paid. As one means of accomplishing this, they would suggest that if all present subscribers were for this one year to give a double subscription, or better still, to induce a friend to become an annual subscriber of an amount equal to their own, the debt on current account would be nearly extinguished, and in the latter case the annual income would be ample for all requirements. The income during the past year had been £1,358 9s., from all sources, and though they could very much wish to see it increased, they could not but congratulate themselves on its amount, and especially that the annual subscriptions had not fallen off during the past year, as had been the case in many similar institutions, owing to the badness of trade, and the urgent demands upon the purses of their supporters to lighten the distress of these hard times. In the meantime, the half-finished hospital would be a standing appeal to all who could help them to come forward, when the better times arrived, to clear off the debt on that portion already built, and complete the building so well begun. In conclusion, the committee acknowledged a legacy of £100 free of duty, from the late Matthias Royce Griffin; also the acceptable contribution of £124 14s. 8d. from the Hospital Saturday collection.

The PRESIDENT, in moving the adoption of the report and statement of accounts, said it might occur to some to ask what reason there was for keeping up an institution of that kind. He might say at once that there was no reason, so far as homoeopaths themselves were concerned, for he did not think it had come about from any wish they had ever expressed to keep themselves apart from those who administered medicines under any other system—(hear, hear). He thought it had rather come about from what he might call a sort of curious twist in human nature, which seemed to object to any thing that was new because it was new, particularly where there might be any interests affected by the change—(hear, hear). He was happy, however, to think that every day tended to bring about more accord, and they might trust that it would not be very long before the hard and fast line which had arisen between the old and new school might disappear—(hear, hear). Birmingham, which had always been noted for its progress, had already taken a step in that direction, and he believed that the medical practitioners of both schools now met in friendly intercourse at their institute, even though etiquette might still debar them from consulting together at the bedside of

the patient. The difference between the two schools seemed to lie practically in the administering of drugs. The revolution brought about by the great German physician, Hahnemann, seemed to have aroused the over-sensitive conservatism of the old school, and for some reason or other the physicians of the new school were ostracised. But those who had watched the gentler treatment that had been adopted in consequence of the scientific researches of that German physician had gladly welcomed the pleasanter and not unsavoury remedies that could relieve so rapidly and so easily the intensest suffering, and so often save the patient the dread of the surgeon's knife. (Hear, hear.) In the course of time homœopathy might be generally admitted to be purely a scientific law. That, however, was a matter upon which he did not profess to give an opinion, but he was sure of this, that whatever might come in the future, homœopathy had been a grand stepping-stone to a much more rational and scientific treatment of disease, as regarded the administering of drugs (applause). Reverting to the report, the hon. and rev. President expressed his satisfaction that the operations of the institution had been so successful during the past year. On the subject of the financial condition of the charity, he said he had often thought that one weak point in all hospitals was that there was too much that was gratuitous in them (hear, hear). Those that worked among the poor found that the poor valued more what was done for them if they themselves could in any degree pay for the benefits that were conferred upon them. In his opinion a small charge might, with very good result to all concerned, be placed upon out-patient tickets. If that course were adopted, it would not only help the institution, but also tend to keep up the self-respect of the patients (hear, hear).

Mr. R. L. CHANCE seconded the proposition, which was adopted.

Dr. BLAKE, in moving that a vote of thanks should be given to the Hon. and Rev. G. B. Legge for his services as president during the past year, and that the Mayor of Birmingham should be elected president of the institution for the ensuing year, remarked that the improvement in the character of the patients had been very satisfactory since the notes had been done away with. The twenty beds had constantly been full, and the ailments that were received for treatment were of a more acute character.

Mr. THOMPSON seconded the motion, which was carried.

On the proposition of the PRESIDENT, seconded by Mr. BASSANO, a vote of thanks was passed to the retiring committee, and a committee was appointed for the ensuing year. A similar compliment was also paid to the ladies who had acted as the committee to superintend the home relief fund; and after a number of ladies had been appointed to perform the duties during the ensuing year, the honorary medical officers were thanked for

their services. A vote of thanks having been passed to Mr. Thompson, the treasurer, and to Mr. Impey, the honorary secretary, they were reappointed for the ensuing year.

The proceedings terminated with the customary compliment to the chairman.—*Birmingham Gazette.*

INFINITESIMALITY.

WHATEVER we may think of the administration of infinitesimal doses of medicines as a practical fact, and whether we accept or reject the evidence which is often alleged in their favour by the thick-and-thin followers of Hahnemann, it cannot be denied that a good deal of ingenious argument may be put together in favour of the theory; and further, that the basis for this argument has been extended very largely by scientific investigation since Hahnemann first promulgated the doctrine. In introducing a course of lectures on the Homœopathic Materia Medica, Dr. Richard Hughes recently gave to the few students who attend the London School of Homœopathy a thoughtful and attractive exposition of homœopathic posology. He is not himself a regular "high dilutionist," his practice stopping at the 30th centesimal potency, and only reaching this in occasional instances. Now, the third centesimal dilution contains 1 part of active principle in 1,000,000 parts of the dilution or trituration. By adding two cyphers for every dilution from the third to the 30th, the student will get at a figure which represents what the latter is supposed to be. Dr. Hughes adds that many physicians of scientific reputation employ the 200th dilutions, and he declares that the evidence of the efficacy of such attenuated medicines is undeniable. He further tells us that there are homœopathists in America who have made the 1,000th potency a new unit, and have started from that to the 1,000,000th, and even to the 1-10,000,000th. This, however, is too strong, or rather, perhaps, too weak a dose for our lecturer, and he suggestively points out that, to make the medium dilution of these extravagances, 2,000 gallons of spirits of wine, a million phials, and over a year of perpetual shaking, would be required. It must not be supposed, however, that the advocates of these apparent absurdities have nothing to say for themselves. The case is very much the contrary. They have various theories of "dynamisation," to a few only of the most prominent of which we can allude. The simplest idea is that the separation of a medicine into multitudinous particles, extending its surface of action, makes it so much the more potent. Others have a fantastic theory that spirit is somehow developed from matter by vigorous rubbing or shaking. A third section believe that the law of the transmutation of force obtains in this supposed

development of power ; that is to say, that the power expended in shaking or triturating is added to the activity existing in the medicine, and takes its character. Lastly, the theory has found supporters that the drug transfers its energy to the vehicle, and, we suppose, proceeds by a sort of cell-like development.

All these fancies seem rather out of place in such a serious occupation as the treatment of disease. We refer to them as exuberances of imagination. But within moderate limits there is more to be said for infinitesimal doses than some people may imagine. The existence and energy of the infinitely little are, Dr. Hughes claims, abundantly substantiated by the scientific researches of the past 80 years. Calculating according to Clerk-Maxwell's theory of the size of atoms, we have the astonishing result that a grain of the third trituration of arsenic, for instance, would contain no less than 576 millions of particles. Mercury is a familiar instance of the development of medicinal power in a substance by trituration, and it is conceivable that other substances may be affected in like manner to a certain limit. The Clerk-Maxwell theory will not, however, allow for the distribution of atoms to more than the 12th or 14th attenuation, so that if scientific arguments be adopted it must be perfectly understood that too much is not to be expected of them.

Dr. Milner Fothergill has killed a guinea pig with the 1-1,180th of a grain of aconitine, and effects have been distinctly traceable from the 1,000,000th part of a grain of strychnine administered to frogs. Now, if there be any truth in the opposite action of drugs in small or large doses—and it is universally admitted in certain instances—these observations are of some importance in respect to infinitesimality. If, for instance, ipecacuanha wine in drachms will cause vomiting, and in drops will cure it, what dose of strychnine may be considered remedial if 1,000,000th of a grain will produce actually poisonous effects?

These are but isolated points of Dr. Hughes' able lecture, which are published in full in the last number of the *Quarterly Journal of Homœopathy*.—(*Chemist and Druggist*.)

THE LATE DR. QUIN.

THE Committee of the London School of Homœopathy have placed the following resolution on their minutes :—“ The Committee of the London School of Homœopathy desire to record with much regret the recent decease of Dr. Frederick Foster Quin, to whose exertions, in the earlier part of his career, the foundation of the London Homœopathic Hospital and Medical School, and of the British Homœopathic Society, were mainly due. The formation of a Medical School was one of the objects prominently contemplated by its founders, as shown in

LONDON SCHOOL OF HOMŒOPATHY.

SUMMER SESSION.

DR. HUGHES proposes to occupy the summer session with a series of lectures on *Comparative Materia Medica*. In these he will discuss the classification of medicines; and will study them in groups, differentiating those whose range and kind of influence is similar, and comparing those which act upon special organs, as the brain, eye, kidney, &c. The "conditions" of medicinal action (i.e., the circumstances of amelioration and aggravation which belong to certain drugs) will also receive consideration. The introductory lecture to the course will be given on Monday, May 5th, at 5 p.m.; and the lectures will be continued during May, June, and July, every Monday and Thursday at the same hour.

During the summer session of 1879, Dr. DYCK BROWN will lecture on the *Homœopathic Treatment of Diseases of the Digestive and Respiratory Organs*. A different plan will be followed henceforth in the arrangement of this course. Up till the middle of the last winter course, Dr. Brown gave as short a sketch as possible of the ætiology, pathology, and general symptomatology of the various diseases treated of, before discussing the therapeutical portion of the subject. The latter occupied so much longer time than is devoted to it in old-school lectures, that it was found impossible to overtake the whole domain of disease in one winter and summer course conjoined. He will, therefore, with the sanction of his colleagues and of the Honorary Secretary, and at the wish of the students, henceforth omit everything but therapeutics, referring the students to the ordinary text-books on practice of medicine, for what can be found in any of them. He thus hopes to be able to overtake the entire field of therapeutics in one winter and summer course of lectures. The introductory lecture to the course will be given on Tuesday, May 6th, at 5 p.m., and the lectures will be continued on each Tuesday and Friday, at the same hour.

Medical men or students desiring to attend these courses, which will contain much new and original matter, are requested to communicate with Dr. Bayes, Hon. Sec., 4, Granville Place, Portman Square, W., by letter or personally.

The annual meeting of the subscribers of the School will take place in the lecture room on the 8th of April, at 4.80 p.m.

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on Thursday evening, the 8rd inst., at the London Homœopathic Hospital, when a paper will be read by Dr. Galley Blackley, on *Cases of Pemphigus and Dysidrosis*.

OBITUARY.

HENRY VICTOR MALAN, M.D.

Dr. MALAN, whose death at Montreux, on the shore of the Lake of Geneva, has been recently announced, was, some years ago, well known as a homœopathic physician at the west end of London. Enjoying the advantages and prestige of having been a pupil of Hahnemann, in whose house at Paris he resided for a year, and being connected by marriage with an aristocratic family, Dr. Malan had at one time a considerable practice. Never in robust health, he was in consequence compelled to retire to the neighbourhood of Guildford, where he resided for some years. He left England about three or four years ago for his native country, where he died a few weeks since.

During the epidemic of cholera in 1848-9 he published a small pamphlet on the treatment of that disease, which was one of the most useful of the many that appeared at that time.

CORRESPONDENCE.

SEWAGE POISONING AND VACCINATION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In a recent number of the *Review* Dr. Edward Madden narrates a case of heifer vaccination, followed by erysipelatous symptoms.

In my wish that justice should be done to the purveyors of this lymph, I think that Dr. Madden should be asked to tell us if the sink-pipes and other wastes and overflows of his house be disconnected—if, in a word, his house be absolutely free from sewer gas—for I am convinced that post-vaccination accidents have often more to do with the atmospheric and hygienic conditions of the patient than with the kind of lymph employed.

I will give an example. I was called to vaccinate the child of a minister of religion. The nursery and living room were below the level of the ground—and there being no sunk area there could be no air-bricks. Sewage freely passed from a defective joint under the flooring, and the liquid portion disappeared by soakage into the unusually porous soil. The fire promoted decomposition and evaporation, and the babe lived in an atmosphere of sewage. I vaccinated with Dr. Wyld's lymph, and we had a bad inflamed arm, with copious subcutaneous effusion, followed by deeply excavated ulceration—the child made a most tedious recovery.

It would have been most unkind and illogical to blame the lymph in this case for the fault of insanitary arrangements.

I do not know that it would be a bad plan for providers of lymph to protect themselves by saying on their supply-papers that vaccination in an insanitary atmosphere is prone to be followed by inflammatory action. Of course absorption of *cantharis* may have had something to do with the curious result in Dr. M.'s child.

I am sure he will willingly do his best to let us know the precise state of things.

I am, Gentlemen,

Yours obediently,

EDWARD T. BLAKE.

AGARICUS MUSCARIUS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the March number of your journal, Dr. Burnett has given us a very interesting paper on "*Ceanothus Americanus*," a drug, as he states, at present unproved, but one which he has prescribed with great success in certain morbid conditions of the spleen. After giving us some well-marked cases of cure by the drug, he concludes by "*needlessly*" thinking "that it would be a useful undertaking for some one to prove the needlessness of *ceanothus* by showing how *deep-seated pain in the left hypochondrium, acute and chronic splenitis, hypertrophy of the spleen, &c.*, can be more promptly cured." I doubt the usefulness of such an undertaking, for who would wish for better results from a drug, and who is equal to the task of proving the needlessness of *any* drug? I have never found *ceanothus* needful in affections of the spleen; but then in the next case I get, my pet medicine, and other medicines may fail me, and I may find its usefulness. I therefore withhold my hand from proving the "*needlessness of ceanothus.*"

We are told that no "*true homœopathician*" has "*pet medicines.*" Some fifteen years or so ago my attention was drawn to the provings of "*agaricus muscarius*," recorded in Marcy and Peter's *Elements of Materia Medica*. I used it at that time in a case of extensive hypertrophy of the spleen, and quickly cured it. I have frequently used it since in conditions similar to those Dr. Burnett has described, and with about the same result; so that, in one sense, *agaricus* is my *pet remedy* for those conditions. But alas, alas! although the *Review* has published my remarks on it, although Allen shows its action on the spleen in a marked manner, although many of the concomitants of splenitis are to be found in the provings of the drug, I see that Lilienthal and Hughes pass it over; and, last of all, Dr. Burnett ignores it, and substitutes an unproved drug for our

good, old, and well-proved splenic remedy. Out of respect, therefore, for a tried friend like *agaricus*, I cannot allow *ceanothus* to push it out of the field without a word in its defence. If Dr. Burnett will give my friend a trial in a suitable case, he may not prove the needlessness of either drug, but the usefulness of both.

Northampton.

Yours very truly,

A. C. CLIFTON.

ERRATA.—Page 126, second paragraph, for “profession” read “professors.”

Page 127, last paragraph, for “sound” read “sorrow.”

Page 148, line 12, for “spinal” read “special.”

NOTICES TO CORRESPONDENTS.

••• We cannot undertake to return rejected manuscripts.

Dr. WILDE's paper, and a note on Chronic Poisoning, are in type, and will appear next month.

Communications, &c., have been received from Dr. BAYES, Dr. FENTON CAMERON (London); Dr. SHARP (Rugby); Dr. MOORE (Liverpool); Dr. WILDE (Weston-Super-Mare); Dr. EDWARD BLAKE (Reigate); Dr. CLIFTON (Northampton); Dr. HARMAR SMITH (Ramsgate); Dr. WINSLOW (Pittsburgh, U.S.); Dr. ROTH, Dr. STANLEY WILDE, Dr. HUGHES (London).

We understand that Dr. HARMAR SMITH has removed from Margate, to 22, Augusta Road, Ramsgate. He intends, we believe, to open a Homœopathic Dispensary there.

BOOKS RECEIVED.

Special Report of the Homœopathic Yellow Fever Commission. Boericke and Tafel.

Report of the Scarborough Homœopathic Dispensary.

Report of the Wirral Homœopathic Dispensary.

The Homœopathic World.

The Chemist and Druggist.

The Hahnemannian Monthly. March. Philadelphia.

The St. Louis Clinical Review. February. St. Louis.

The North American Journal of Homœopathy. February. New York.

United States Medical Investigator. February and March. Chicago.

The New York Medical Record. March.

Homœopathic News. January, February, March. St. Louis.

The New England Medical Gazette. February. Boston.

L'Homœopathie Militante. February. Bruxelles.

Revue Homœopathique Belge. February. Bruxelles.

Allgemeine Homœopathische Zeitung. March. Leipsic.

Rivista Omiopatica. Rome.

Sewage Poisoning: Its causes and Cure. By E. J. Blake, M.D. Hardwicke and Bogue.

Sleeplessness: Its Treatment by Homœopathy, Hydropathy, and other Accessory Means. By F. E. Stanley Wilde., L.R.C.P. Gould and Son.

Western Independent. Bathurst, N.S.W. Jan. 21.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

THE YELLOW FEVER EPIDEMIC IN THE
UNITED STATES.

It has been in the treatment of epidemic disease that homœopathy has ever won its most brilliant triumphs. In the cholera epidemic of 1832 in Austria, in that of 1849 and 1854 in this country, and in the yellow fever epidemic in America in 1853, homœopathy established a marked advance in popular esteem in Vienna, in England and Scotland, and in the United States. Nowhere does the powerlessness of mere empiricism and of a therapeutics based upon speculative pathology exhibit itself so plainly as in the treatment of epidemics, in the effort to cure epidemic disease. Hence the attention of allopathic physicians has been increasingly concentrated upon devising methods for preventing such outbreaks, and this too much to the neglect of preparing to meet the enemy should he, by any unforeseen circumstances, obtain a footing within our midst. Homœopathy, however, presenting us as it does with a scientific basis of drug selection, enables us to do battle with such fell disease as epidemic cholera and yellow fever with much confidence.

The recent very severe epidemic of yellow fever in the United States of America has again demonstrated the value of homœopathy, has once more proved that the many and varied methods of endeavouring to check the fever by heavy doses of quinine, calomel, saline purgatives, antimonials, carbonate of lead, bismuth, creosote, turpentine, carbolic acid, capsicum, ether, ammonia, iron, musk, and strychnine, to say nothing of venesection, leeching, and blistering, are far less successful than the simple but specific method represented by the word homœopathy.

The severity of the recent epidemic, and the extensive area occupied by it in the Southern States of the American Union, caused considerable excitement among the people of the whole country. The demand for an increase of information regarding it was earnest and widely spread. It was responded to by a lady—Mrs. ELIZABETH THOMPSON, of New York, furnishing the funds for the appointment of a Commission of Inquiry. This Commission consisted of three allopathic physicians of eminence, and Colonel HARDEE, of New Orleans, a distinguished scientific man. They made a partial report to the *American Public Health Association* last November. It runs as follows:—

“First. We have not, in a solitary instance, found a case of yellow fever which we could justifiably consider as of *de novo* origin, or indigenous to its locality.

“Second. In respect to most of the various towns we visited, and which were points of epidemic prevalence, the testimony showing importation was direct and convincing in its character.

“Third. The transmission of yellow fever between points separated by any considerable distances, appeared to be wholly due to human intercourse. In some instances the poison was carried in the clothing of people going from infected districts into others. It was conveyed in such fomites as cotton, bagging, or goods of the same description.

“ Fourth. The weight of the testimony is very pronounced against the further use of disinfectants. Physicians in infected towns, almost without exception, state they are useless agents to arrest the spread of yellow fever, while some affirm that the vapours are seriously prejudicial to the sick.

“ Fifth. Personal prophylaxis, by means of drugs or other therapeutic means, has proved a constant failure. A respectable number of physicians think the use of small doses of quinine of some use in prevention.

“ Sixth. Quarantine, established with such a degree of surveillance and rigour that absolute non-intercourse is the result, has effectually and without exception protected its subjects from yellow fever.”

Dr. VERDI, of Washington, knowing quite well that therapeutics would be very slightly regarded by this Commission, and that the contributions which might be made to it by homœopathic practitioners would certainly be ignored, proposed to Dr. CONRAD WESSELHOEFT, of Boston, the President of the American Institute of Homœopathy, that a Homœopathic Commission should be appointed to enquire into everything of interest connected with the origin, dissemination, and treatment of yellow fever. Mrs. ELIZABETH THOMPSON, hearing of this new and important investigation, at once came forward and offered to bear the expense of its work. The Commission consisted of:—Dr. HOLCOMBE, of New Orleans (Chairman); Dr. VERDI (Secretary); Dr. B. W. JAMES, of Philadelphia; Dr. BREYFOGLE, of Louisville; Dr. DAKE, of Nashville; Dr. PRICE, of Chattanooga; Dr. ORME, of Atlanta; Dr. FALLIGANT, of Savannah; Dr. MORSE, of Memphis; Dr. MURRELL, of Mobile, and Dr. HARPER, of Vicksburg.

A copy of the Report of this Commission, which has been prepared for presentation to the Congress of the United States, has been kindly forwarded to us by its chairman. Upon this report we shall draw largely in our

endeavours to place a knowledge of what has been accomplished by homœopathy during the late epidemic in the possession of our readers.

The first step taken by the Commission was to issue a circular to every homœopathic physician practising in the yellow fever districts of the South.

The following extract from this letter gives its most important matter:—

“1. How many cases of yellow fever have you treated this year?—genuine, unmistakable cases, the diagnosis of which you would be willing to submit for criticism to the most accomplished yellow fever expert.

“Give, if possible, a list of your cases, with names, addresses, dates, &c. This is done so that we may have the data ready to verify our claims, and to challenge the scrutiny of the incredulous and a comparison with the best allopathic results.

“2. How many deaths occurred in your practice? Please give the whole number, including all those who came to you at the last hour, or who relapsed, or who committed fatal imprudences. All of us can *explain away* a number of our deaths, thus shifting the responsibility from our own shoulders; but allopathic physicians can do the same thing, and no just ground of comparison can be obtained unless each physician reports the exact number of patients who died under his hands.

“If any physicians, as sometimes charged, have reported inadvertently, by faulty diagnosis, or for other reasons, cases as dying of meningitis, hemorrhage, congestion of the brain, malaria fever, &c., which were really yellow fever cases, we implore them now to correct the error, and to charge to our practice every single death which may be fairly attributable to it. We are not seeking to glorify homœopathy or ourselves, but to discover the truth for the common benefit. If homœopathy has made a better record than allopathy, we want the profession and the world to know it; if the reverse is true, we wish to be undeceived ourselves, and turn allopaths.

“So anxious are we that our system should bear its full responsibility, we beg you to assume as your own loss any death which took place within thirty-six hours after you handed the case over to an allopathic physician ; and, on the other hand, to report no case as your own which came into your hands from the old school in a helpless condition.

“ 3. Please state the number of recoveries after black vomit.

“ 4. Please state the number of children under 15 years whom you attended, and the percentage of loss. Also the number of coloured persons, and the percentage of loss.

“ 5. Please state how many times you lost more than *one* patient in the same family or same house.

“ 6. Please state your favourite remedies or measures to reduce the high temperature of the first stage, with dose, &c.

“ 7. Please state your best remedies or measures for the second stage, especially for vomiting.

“ 8. Please state your treatment of the third or collapsed stage.

“ 9. Please give your ideas as to diet and general hygienic regulations.

“ 10. What did you do for the privigilium and restlessness so peculiar to the disease ?

“ 11. What did you do for the hemorrhagic symptoms, including black vomit ?

“ 12. What did you do for suppression of urine ?

“ 13. What external measures did you find useful ?

“ 14. To what extent did you avail yourself of allopathic or electric means not included in the above answers ?

“ 15. Give any other information or suggestions which may seem to you important, relating to temperature, pulse, new features, causes, &c.

“ 16. Give briefly statements of treatment and results, with homoeopathic medicines, in former years.

* * * * *

“ It is distinctly understood that, in making our report, all names of physicians are to be ignored, each physician casting

his facts into a common stock, and sharing equally with all the advantage or disadvantage of the total result."

The Commission met at New Orleans on the 2nd of last December. They received 37 letters from medical men containing information, reports and suggestions. Twenty-four returns were from physicians who had served more or less arduously through the late epidemic, and some from physicians who had practised homœopathically in former visitations. They also examined records of boards of health, and other public institutions, and the general literature of the disease past and present. They likewise read and discussed papers presented by, and conversed with intelligent and trustworthy citizens as to the origin, spread, and diversity of the disease, and the comparative value of different modes of treatment.

From New Orleans they went in parties to Vicksburg, Mobile, Jackson, Memphis and Chattanooga, where information was fully and freely accorded to them.

From the analysis of the reports handed in to the Commission, the following facts were arrived at by them:—

"We have here 1,945 cases of yellow fever treated homœopathically in the City of New Orleans, with a loss of 110 patients, a mortality of $5\frac{6}{10}$ per cent.

"We have 1,969 cases of yellow fever treated in cities and towns outside of New Orleans, with a loss of 151 patients, a mortality of $7\frac{7}{10}$ per cent.

"This makes a total of 3,914 cases of yellow fever treated homœopathically during the epidemic of 1878, with a loss of 261 patients, a mortality of $6\frac{6}{10}$ per cent.

"We have moreover reports of 555 cases treated homœopathically in the great epidemic of 1853, with a loss of 33 patients, a mortality of 6 per cent.

"Also, reports of 2,100 cases treated during the several minor and much milder epidemics which occurred between 1853 and 1878, with a loss of 66 patients, a mortality of $3\frac{7}{10}$ per cent.

“ Making a grand total of 6,569 cases treated by homœopathic physicians, with a loss of 860 patients, a mortality of $5\frac{1}{10}$ per cent.

“ The number of cases reported as occurring in 1878, among negroes, including mulattoes, was exactly 900—with a loss of 27 patients, a mortality of 8 per cent.

“ Some physicians did not distinguish between their patients as to race or colour. The number distinctly reported as white was 2,299, of whom 194 died, a mortality of $8\frac{4}{10}$ per cent. This includes the returns from points like Memphis and Chattanooga, where the fever was very malignant and the mortality very great. In four of the New Orleans reports, 1,076 patients are described as being white, of whom 66 died, a mortality of $6\frac{1}{10}$ per cent.

“ The number of cases distinctly reported as coloured in the City of New Orleans, was 107, of whom 8 died, a mortality of a little less than 8 per cent.

“ The total number of cases reported as being under 15 years of age, is 1,089, of whom 48 died, a mortality of $4\frac{1}{10}$ per cent.

“ The total number of recoveries after black vomit was 125. This dreaded symptom, formerly considered so fatal, has been growing less and less so since the epidemic of 1853, and a great many recoveries have been recorded during the late visitation by gentlemen of both schools. Children seemed to have it more frequently in proportion to numbers, and to recover from it more readily than adults. We must not forget that there are various shades and degrees of black vomit. Blood more or less blackened by the acids in the stomach may have been quite healthy when exuded from the mucous membrane of that organ, and be far less prognostic of danger than that sooty, coffee-ground substance, the genuine black vomit, which shows under the microscope a chemical destruction and disintegration of the blood-globules.

“ Among these returns are nine papers to which we attach especial value. These comply fully with the request of the circular letter, to give not only cases and deaths, but the name,

age, and address of every patient attended, so that, with these documents in our hands, we can verify every statement, and challenge comparison with any member of the allopathic school who can furnish us with similar accurate data.

“ These returns exhibit an attendance upon 2,010 cases of yellow fever, with a loss of 129 patients, a mortality of $6\frac{4}{10}$ per cent. There were 64 recoveries after black vomit. The number of children under 15 years of age amounted to 828, of whom only 40 died, a mortality of $4\frac{4}{10}$ per cent.

“ On careful consideration of these reports, we discover the following facts :—

“ The fever was more severe outside the city of New Orleans than in that city, and it was much more severe in places where it had never been before than in those places which it had frequently scourged,

“ It was far less fatal to the blacks than to the whites everywhere, but more fatal to them in the smaller cities and towns than in the city of New Orleans.

“ It attacked children under 15 years of age in extraordinary numbers, that class making up at least one-third of all the cases of yellow fever during the epidemic, and the mortality under homoeopathic treatment was exceedingly small.

“ Recoveries after black vomit and suppression of urine (lasting twenty-four hours or more) were common, and the most dangerous form of the disease was that in which the poison manifested its baleful influence, especially upon the cerebral system.

“ In answer to the inquiry, ‘ How many times did more than one death occur in the same family or house ? ’ we find that, in 1,680 cases, with 90 deaths, the sad calamity of two deaths in the same family is reported but six times under homoeopathic practice, a fact contrasting most favourably with the repeated instances of plural losses under the old system.

“ We embrace the opportunity here offered of suggesting why the yellow fever is so much more malignant outside of New Orleans than in that city. It is not because the victims in

smaller towns are more panic-stricken, and the medical treatment and the nursing are less efficient. These causes have no doubt some little effect, but a more plausible reason is this—that, wherever the yellow fever germs always exist, they insensibly modify the whole atmosphere and the constitutions of the people, so as to acclimatise them to that atmosphere. Breathing the air of an infected district is a kind of homœopathic prophylactic, like the taking of small doses of belladonna to prevent or modify an impending attack of scarlet fever. The people who have inhaled that air for years are slow to take yellow fever, and when they do, they have it more mildly than the new comer and the stranger.

“The people of Grenada, Chattanooga, &c., having never been prepared by that tissue-change of gradual acclimatisation by inhaling a yellow fever atmosphere, suffered terribly from the outbreak of the disease, and the total inability of a simply malarial atmosphere to afford such protection or mitigation is a strong argument that yellow fever is an entirely different disease from the malarial and bilious fevers of this country.”

The Commissioners say that they have found it impossible accurately to compare the results obtained by allopathic with those of homœopathic physicians, the former having no statistical evidence to adduce. The number of deaths can of course be ascertained, but not that of the cases. In illustration of this they write:—

“Take Memphis for example. The number of deaths by yellow fever recorded by the Board is 2,707—and by the same authority the number of cases is stated at about 6,000. Dr. BROWN, however, Secretary of the Board, gives the number at 9,000, and Dr. MITCHELL, of the Congressional Commission, swells it to 14,000. On Dr. BROWN'S estimate, the mortality at Memphis, by yellow fever, was 80 per cent. of the cases; on Dr. MITCHELL'S estimate, the mortality was $19\frac{3}{10}$ per cent. Now the total homœopathic mortality was only $16\frac{7}{10}$ per cent.

“From Chattanooga, a much smaller field, the statistics are very satisfactory, because very accurate. How malignant the

fever was at that point may be inferred from the fact that the mortality among negroes exceeded 10 per cent. and that of the white population rose to $45\frac{6}{10}$ per cent. The allopaths treated 158 white people, with a loss of 81, a mortality of $51\frac{2}{10}$ per cent., while the homœopaths treated 96 white people with a loss of 85, a mortality of $86\frac{4}{10}$ per cent.

“ A small hospital opened at Chattanooga for homœopathic patients, received 18 sufferers of the very poor and helpless class, of whom 3 died, a mortality of $16\frac{2}{10}$ per cent. A similar institution for the same class of patients at Louisville, Ky., under charge of Dr. E. O. BROWN, received 89 yellow fever cases, and lost 30 of them, a mortality of $32\frac{2}{10}$ per cent., a showing considered by Dr. BROWN as very favourable from the allopathic stand-point.

“ Vicksburg contains between 13,000 and 15,000 inhabitants, a great many of whom fled from the city on the outbreak of the epidemic. The Board of Health has published the names of 920 victims of the disease. It is impossible to obtain the number of cases, but to bring the mortality down as low as 10 per cent., there must have been 9,200 cases; as many people probably as remained in the city. The loss was certainly over 10, probably 20 per cent. The homœopathic mortality was $5\frac{6}{10}$ per cent., and in no city of the South did the homœopathic success make so profound an impression upon the community.

“ This homœopathic mortality at Vicksburg appears to be at variance with the statement made above, that the fever was more malignant and less manageable in the cities outside of New Orleans than in that city—but when we come to deduct the cases of negroes, of whom the number was unusually large (636 against 107 for New Orleans), we find the mortality among the whites was $11\frac{8}{10}$, and the general law is confirmed.

“ It is probable that one-half of all the cases, and one-third of all the deaths in the yellow fever zone of this country occurred in the city of New Orleans. The Board of Health has recorded 4,056 deaths by yellow fever, but the mortality was a good deal more, for it is notorious that hundreds of deaths by yellow fever

were reported as malarial hemorrhagic fever, pernicious fever, congestive fever, cerebro-spinal meningitis, &c., &c. The entire number of cases reported by the faculty, after repeated urgings and public solicitations, amounts to 23,540. This would make a general mortality of 17²/₁₀ per cent. Although some distinguished physicians accept this as very near the truth, others insist that the number of cases should be very greatly increased, and the average mortality correspondingly diminished.

“ Let us see how the homœopathic reports from New Orleans compare with these allopathic approximations. There were 1,945 cases of yellow fever treated homœopathically, by the physicians who reported to this Commission, with 110 deaths—a mortality of 5.6 per cent. Or if we take only the reports of those physicians who gave us full data, name, age, address, &c., of every patient, we have 868 cases, with 50 deaths, a mortality of 5.5 per cent.

“ There is another fact of great importance in showing the superiority of the homœopathic treatment. Of the 4,056 fatal cases of yellow fever reported to the Board of Health, 2,344 of them (more than one half), were children of 15 years and under. This is a most appalling fact, and one which was never noticed in any previous epidemic. Think of it! 57 per cent. of the victims were children!

“ Now what is the homœopathic record on this point? We have here reported the cases of 1,089 children of 15 years and under—with 48 deaths, a mortality of 4⁴/₁₀ per cent. The same physicians who report 1,089 children, with 48 deaths, make a total summing up of 3,199 cases and 221 deaths. One-half at least of the deaths under allopathic treatment were children. These homœopathic doctors ought to have lost 110 children at that rate—but their loss was only 48: or to confine the question to the homœopathic physicians who had reported the names, age, address, &c., of every patient, these gentlemen attended 828 children, with 40 deaths. The same physicians had, however, a total of 129 deaths, and they ought to have lost 65 children

instead of 40, if their average loss had been the same as the loss of the allopathic schools."

The Commissioners next devote some space to the consideration of the nature of the treatment adopted, and enter upon an interesting comparison between that ordinarily pursued, and that which is homœopathic or specific; they do so, premising that a full and technical report will be laid before the American Institute of Homœopathy at its next session. They write as follows:—

"When we ask how the homœopathic school managed to achieve such distinguished success, we are met at once by the inquiry—Were all these reported cases really cases of yellow fever?

"We answer, Yes, they were undoubtedly yellow fever cases, and for two excellent reasons, entirely separate from the unquestioned veracity and diagnostic skill of the reporting physicians.

"In the *first* place, it is a law of great epidemics that they displace, absorb or transform all the cognate diseases endemically or sporadically prevailing. When yellow fever poisons the atmosphere, intermittent fever, bilious fever, yea, even croup, dysentery and other local affections frequently disappear or become assimilated to the prevailing type of disease, and pass into yellow fever. Malarial and bilious fevers almost invariably disappear when yellow fever is raging, and their re-appearance late in the season is a good sign of the subsidence of the epidemic.

* * *

"*Secondly*, There are no diseases which could possibly be mistaken for yellow fever but malarial and bilious fevers of the congestive and hemorrhagic types. These diseases are very rare in cities or large towns where yellow fever especially prevails. Who does not know that those malarial diseases are so easily subdued by quinine and kindred remedies that they are rarely fatal after their judicious administration? And now we reach

the essential point in our argument. Homœopathic physicians in the South are accustomed to the free use of quinine for malarial diseases, believing it to be the best remedy according to the homœopathic law. Especially would they use it in considerable doses for malarial fevers with congestive or hemorrhagic symptoms. Now these physicians treated and cured nearly four thousand cases of an epidemic fever without giving a single grain of quinine to break up or prevent the recurrence of the paroxysm. Does any intelligent allopathic physician believe that those cases were malarial fevers? Would they not have dragged their slow length along with increasing danger of fatal congestions?

“Conceding, then, the correctness of the diagnosis—yellow fever—our critics will next inquire, But were all these cases really treated on homœopathic principles? Were not the cures attributable to allopathic interpolations? If the cures were effected by allopathic measures why do not our average losses agree with those of the other school? Why should allopathy be so successful in our hands and so unsuccessful in theirs? Do we practise allopathy itself better than its professed disciples?

“But the allopathic interpolations were absolutely insignificant. To the question “To what extent did you avail yourself of allopathic or electric measures?” the large majority of our physicians reply, *Not at all*. Some acknowledge the occasional use of an anodyne to produce sleep in cases of extreme wakefulness or restlessness. Some gave a little carbonate of soda for sick stomach, or sulpho-carbonate of soda for black vomiting, or frictions or enemata of quinine in collapse. One applied a blister or two, another gave watermelon-seed tea for suppression of urine, etc., etc. Put the whole together, and ask any intelligent allopathic physician if he would trust a genuine yellow fever case to such allopathic measures alone, and you would get an indignant denial.

“In the next place, the foot-baths, the spongings, the enemata, the warm and cold applications, the frictions, the stimulants, the regulations of diet and covering, etc., are neither allopathic nor

homœopathic measures. They are not medicines at all, but appliances, based upon a knowledge of physiology and hygiene, and open to gentlemen of all schools. The homœopaths showed themselves faithful students and disciples of nature, not only in their judicious use of these things, but in their uniform advocacy of a plenty of fresh air, light covering, cold water, and an abstinence from all debilitating and perturbing treatment, in which they had often to contend with the violent prejudices of the people, long trained in the false doctrines of the old system.

“To contrast the treatment of the two schools more thoroughly, we make out a list of the most noted allopathic remedies: Blood-letting, leeching, blistering, calomel, quinine, saline purgatives, antimonials, sugar of lead, bismuth, creosote, turpentine, carbolic acid, capsicum, ether, carbonate of ammonia, iron, musk and strychnine. This list might be largely extended. The allopathic profession is greatly divided in opinion as to the merits of these heroic remedies. Some denounce as useless or positively harmful what others consider exceedingly beneficial. There is no harmony of thought or action, no general law which seems to guide them, like a fixed star, through the darkness of theory and conjecture.

“On the contrary, when we examine these homœopathic records, we are struck at once with the great similarity of practice among all the physicians, as if they worked together and kept step to the music of some great guiding law. Not one of the above allopathic sheet-anchors is even mentioned. They seem to have a different *materia medica*. *Aconite*, *belladonna*, *bryonia* for the first stage; *arsenicum*, *carbo vegetabilis* and *crotalus* for the second. What simplicity of method; what unanimity of opinion; what similarity of result!

“The great therapeutic question of the first stage is *how to reduce the extremely high temperature*, which if long continued, will inevitably destroy the integrity of the blood and arrest the processes of nutrition in the molecules of every organ of the body.

“The homœopaths deny that blood-letting, purging, sweating and the whole array of anti-phlogistic measures can achieve

this great object. They simply weaken the patient, not the disease. In mild cases they are not needed; in severe cases they entirely unfit the sufferer for the exigencies of the second stage, which is naturally one of depression and exhaustion.

“Distinguished allopathic physicians, disgusted with the above stereotyped but unsuccessful method of managing the intense heat of yellow fever, have repeatedly resorted, and this year more than ever, to cold affusions, ice packs and other hydro-pathic appliances.

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“Drugs of any kind, used in considerable doses, have by their perturbing action on the system, a decided tendency to increase the heat and distress of yellow fever. The irritation of the whole gastro-intestinal tract by drugs determines the localisation of the fever poison to the mucous membranes of the stomach and bowels, and has been unquestionably a frequent cause of black vomit and collapse. Quinine has no power whatever in reducing the temperature of the yellow fever patient, and its use in a disease totally different in essence from malarial fevers was always a mistaken and disastrous piece of empiricism. Lastly, the allopathic efforts to forcibly reduce the pulse and the temperature by strong doses of *veratrum viride*, *aconite*, *gelseminum*, etc., only hastened the period of collapse by paralysing the nerve forces of the body, or by exciting the reactionary efforts of nature, tended to produce dangerous congestions.

“The homœopathic physician would take one of the same remedies, *aconite*, the great homœopathic anti-phlogistic, and by giving it in very *small doses frequently repeated*, would equalise the circulation, quiet the nervous system and reduce the temperature in a gradual and satisfactory manner without the possibility of doing the least harm. Leaving nature all her strength and her resources unimpaired, he would do the greatest amount of good practicable under the circumstances of each case. The whole secret consisted in selecting the remedy according to the homœopathic law and in using it in very small doses frequently repeated.

“When the allopathic physician gets his patient into the second stage of the disease, he finds his ammunition exhausted. He positively has no remedies to give, except stimulants and tonics to keep his patient alive until the morbid influences wear themselves out. It is here that the homœopathist comes in with his specific remedies and gains his greatest triumphs. He has actually more genuinely homœopathic remedies for the second stage than for the first, among them the giants *arsenic*, *crotalus* and *carbo vegetabilis*. Here too he gives smaller doses and with still better effect. He has more recoveries after black vomit. He checks hemorrhages without the use of that relic of surgical barbarism, the actual cautery, which was actually used upon a little child in New Orleans last summer. He restores the secretion of urine without diuretics. He rouses his patient from a deeper collapse and saves him from the most desperate condition. The action of homœopathic remedies in the second stage of yellow fever frequently reminds us of their similar efficiency in the collapsed stage of Asiatic cholera.

“We have thus explained upon rational grounds the difference of success of the two schools as shown in the numerical returns. The homœopathist makes more cases mild by mild treatment, by reserving the strength of his patient, by cautious administration of food, by sound hygienic regulations: and when the second stage arrives, his patient has not been starved and prostrated, and experimented upon until nothing is left for him but champagne and despair, but the physician comes with new remedies and new hopes to the rescue. Many cases would no doubt recover without any medicine at all. A few cases are so malignant in their type that no known treatment would avail. The remainder needing help and salvable, stand their best chances under the homœopathic method.

“The range of homœopathic loss, as between different physicians of the school, is very limited, say from five to ten per cent. The range of loss under the diverse and often opposite practices of the old school is very great, from 5 to 20, and 30, and even 40 per cent. The heroic treatment, bleeding, emetics,

purgatives, calomel and quinine, to which may be added cold applications in the first stage of the fever, was uniformly the least successful. In proportion as milder and less medicine was given, the patient's prospects of recovery brightened; and the expectant physicians, those who gave little or nothing, approached nearest to the homœopathic success."

After referring to the singular fact that in their therapeutic panic allopathic physicians were willing to try any therapeutic experiment, provided always that it was not suggested by a homœopath, they go on to say:—

"Truth, however, does not always fall upon deaf ears, and sincere and intelligent spirits will sometimes brave the storm of professional rancour, and declare their honest convictions that homœopathic remedies have been remarkably successful. We instance Dr. CHARLES BELOT, of Havana—that city "sadly renowned for the number of its victims to yellow fever." Dr. BELOT has passed through eighteen epidemics, has treated about a thousand patients annually; has made more than a thousand autopsies of yellow fever subjects, and stands as a yellow fever expert, head and shoulders above the medical men of his time. He has discovered that *aconite*, homœopathically administered, is an admirable remedy in the first stage of the fever. Here are his words:—

" 'One very good auxiliary, which should never be neglected in resisting local congestion, and to diminish the plasticity of the blood, is the *tincture of aconite*. This remedy, given in doses of six drops in twelve ounces of water, administered by spoonfuls every hour, has a truly magical power. The pulse becomes softer, and its frequency diminishes, whilst the heat of skin subsides as perspiration is established. It should never be neglected in the first or congestive period.'

"Dr. BELOT has also discovered that *arsenic*, pronounced by the concurrent voice of all our physicians to be the best remedy in the second stage, is, in reality, a magnificent remedy in the malignant cases of yellow fever. Hear him again:—

“ ‘Towards the end of the second period, when the vomiting cannot be arrested, when the patient has continued nausea, when the vomit contains bile or mucosities, filled with blackish or sanguinolent streaks, there is no better remedy than *arsenic*. Prescribed under fitting circumstances, arsenic often brings un-
hoped for amelioration.’

“ ‘As for *arsenic*, whilst it may be difficult to appreciate its action in theory, its happy influence in this case is as certain as *sulphate of quinine* in intermittent diseases.’

“ What Dr. BELOT teaches at Havana will be the medical doctrine at New Orleans before the present generation has passed away ; and the blessings which shall then visit the South will be the legitimate fruit of that magnificent theory of medicine which sprang from the brain of Hahnemann at the close of the last century.

“ By way of *résumé*, we may safely assert that the allopathic practice has been far less successful than ours, because they have no remedies for reducing the extremely high temperature at all equal to *aconite*, *belladonna*, *bryonia*, and the other febrifuges of the specific school ; nor any remedies capable of arresting the disintegration of the blood globules at all equal to *arsenic* and *crotalus*.

“ Moreover, that school has weakened the patient and impaired his chances of recovery by enormous blood-lettings, sweatings, purgings, irrational doses of *calomel* and *quinine* ; over-heating ; denial of food and water to the point almost of starvation ; measures suggested rather by panic than by reason, founded on the ridiculous idea that severe cases need severe remedies ; and indicating an ignorance or distrust of the bountiful resources of nature against disease.

“ On the contrary, the homœopathic physicians have made a better record, not only in that, but in all other very severe diseases because they have left the resources of nature unimpaired ; have respected the human body as a tender and sacred thing, and have been guided to a selection of remedies, not by a

theory or dictum, but by a fixed and eternal law of nature—
'*similia similibus curantur.*' "

The Report concludes with some suggestions relating to the causes of yellow fever, and some important hints on the measures necessary for its prevention. Of this part we can give but the briefest summary.

The Commissioners regard this fever as a specific disease, one entirely independent of malaria, rarely occurring a second time in the same person, infectious, and capable of transmission by means of fomites or infected material.

The yellow fever germs they believe to be indigenous to the West Indies, and perhaps to the West Coast of Africa, and to have become naturalised in the Southern parts of the United States. Favourable to the development of the germ are low swampy grounds near the level of a tropical sea; long continued high temperature after heavy rain; long continued south and east winds; over-crowding; long continued calm weather without thunderstorms; exposure of decaying animal and vegetable matter to a burning sun; imperfect drainage and accumulation of filth; deficiency of ozone, and pestilential exhalations from an upturned soil.

To watch over the public health the Commissioners—

"Recommend the erection of a *Permanent Sanitary Commission*, ably constituted, well salaried, and invested by the Government with large powers, to be composed of medical men, yellow fever experts, and of professed scientists, which Sanitary Commission shall devote itself exclusively to matters of public hygiene."

To prevent the importation of yellow fever, the following suggestions are made:—

"1st. An intelligent oversight of all the tropical ports during the summer months.

"2nd. The declaration of a discriminating quarantine only against ports notoriously infected, regulated in character and duration by the actual facts obtained by the Commission.

“3rd. The thorough cleansing, disinfecting, and refrigeration of every vessel arriving from yellow fever ports during the summer months.

“4th. The sanitary surveillance for thirty days after landing of all persons coming from tropical ports, and remaining in the city.

“Quarantine is a delusive security ; home prevention is the great desideratum. Aggregation of human beings is one of the factors of yellow fever. Yellow fever germs exist always in New Orleans and other cities in a feeble or latent state, waiting to be aroused into activity by some fortuitous combination of some or all, the factors necessary to their vitalisation. New Orleans is notably the point of its development, and the centre of its radiating violence. Keep New Orleans in a perfect sanitary condition, and the great valley of the Mississippi is safe. Let it lie in its present state for another generation, and it will become a hot-bed of pestilence, which will dart its baneful influence along the lines of rapid transit, and repeat in St. Louis and Chicago the horrors which befel New York and Philadelphia in the last century.”

To prevent the development of yellow fever, they recommend :—

“1st. The thorough drainage of the city.

“2nd. The constant irrigation or flushing of the street gutters and canals by fresh river water, pumped in daily by steam apparatus. Allied to this measure is a perfect system of water-works, which shall give an abundant supply of river water for drinking, bathing, and cleansing purposes, so as to supersede the use of cistern water almost altogether.

“3rd. The consumption of all the city garbage by cremation.

“4th. The generation of ozone to supply its deficiency in the atmosphere, when detected by the proper instruments. This should be made one of the most special and important duties of the Sanitary Commission. Ozone is a modified form of oxygen, generated by electrical storms and violent concussions of the atmosphere. It is so powerful as a disinfectant, that one part of

it will purify three million parts of atmospheric air. Ozone is thus Nature's great disinfectant and purifier, more subtle, powerful, and ubiquitous than all others, and we must learn to utilise this splendid gift of the Creator for our own sanitary blessing. When it is deficient, deleterious gases accumulate and produce diseases of various kinds, and when the other factors of yellow fever productions are present, the deficiency of ozone may be the determining element for the manifestation of the disease."

These suggestions, we may add, are enlarged upon with much useful detail, which we regret not having space to reproduce.

This Report is a piece of carefully, conscientiously performed, and very thorough work. It bears upon the face of it the impress of men who were thoroughly in earnest to know the truth, and who in their researches after it impartially examined every fact that they could obtain. We feel sure that such a Report will exert a powerful influence upon the people of the United States. Those who composed the Commission are men who are, one and all, well known and highly esteemed by those among whom they live. The chairman, Dr. HOLCOMBE, has had a very large experience in the treatment of yellow fever, and bears a very high reputation both as a man and a physician in New Orleans; while VERDI, JAMES, BREYFOGLE and DAKE are men whose names have, through the medical journals of the States, been long familiar to us, and whose contributions to medical literature are of proved value.

We have therefore abundant reason to accept the statements and conclusions of the Report as thoroughly trustworthy.

Such being the case, we may indeed congratulate our American colleagues, not only on the success they have obtained in their encounter with so deadly a foe as yellow fever is, but on the powerful testimony they have been able

to give to the value of that therapeutic method they have done so much to develop, so much to diffuse a knowledge of.

That yellow fever can be successfully treated has now been proved beyond dispute; that the large mortality which attends it is quite unnecessary, has been clearly ascertained; and that the best known remedies by which to meet it are such as are homœopathically chosen, this Report gives us the fullest and most satisfactory assurance.*

SKIN PATHOGENESY OF *HYDRASTIS*.

BY DR. JOHN WILDE.

ON two occasions I have seen some severe skin symptoms produced by *hydrastis*, and as they were each time very different in character, I think they are worth recording.

The first case was that of a young lady, a clergyman's daughter, about 26 years of age, who suffered from enormous hypertrophy of one breast, for which she went up to London to consult one of our most eminent homœopaths. The breast was so large that, when sitting down, it rested on the knees, the weight of it being very wearisome, though the tumour was painless. The physician referred to prescribed *hydrastis* in mother tincture, five drops four times a day. She had taken this for about a fortnight or three weeks, when she was alarmed one day to find an eruption upon her arms and body of a number of small furuncular-looking pustules, which the family were afraid were symptoms of small-pox. I lived at a distance of seven miles, and had never attended the family, but as they considered her at the time under homœopathic treatment, they sent for me. On arriving, I learned the history just related; and, on examination, I found a number of small boils, at a distance of about two or three inches apart, on

* Since this article was in type, we have received the *Report of the Homœopathic Relief Association of New Orleans*—a rapid glance at which shows, that the members of the Association have performed a great amount of valuable work in supplying medical aid and comforts to a large number of the victims of the late epidemic. The evidence of the value of homœopathic remedies is almost exactly similar to that given by the Commission, and the medicines named as those which have proved most serviceable are those mentioned in the report we have discussed.

the hands and arms and shoulders. Some were in a papular stage, with an inflamed area, while others were just ready to discharge pus. I gave it as my opinion that the *hydrastis* was the cause of the eruption, and ordered its discontinuance, and prescribed medicine for its removal. In four or five days the boils completely disappeared.

The second case arose out of an endeavour to utilise the pathogenesis of the first above described.

My housemaid complained to me that she was suffering much from boils, which came out in crops one after another. They were rather small ones, of the description popularly called "blind boils." I gave her *belladonna* and *hepar* for a few days, but as fresh boils continued to appear, I gave her *hydrastis*, mother tincture, two drops every three hours. The next day the boils were better, but she was covered with nettle-rash from head to foot. The following day the face became affected, and through scratching it had become much swollen, and the eyelids were much puffed. She described the irritation as itching, burning, and stinging; it affected all parts, and was worse at night. Of course I ordered the *hydrastis* to be discontinued, when both boils and nettle-rash disappeared. Within a week a large and painful stye appeared on the left eyelid, which ran the usual course. This was doubtless due to the *hydrastis*, as the girl stated that she had never had a stye in her life before.

I ought to have stated that the rash resembled scarlatina both in colour, and in *disappearing for a long time under pressure*; indeed, so much was it like, that had it not been for the itching, and my knowledge of the symptoms produced by *hydrastis*, I should have suspected she had got that disease.

Remarks.—Among the recorded symptoms of *hydrastis* in *Allen's Encyclopædia*, we find, "Erysipelatoid rash, covering face, neck, palms of hands, and joints of fingers and wrists. Irritation maddening, with intense burning heat . . . always worse at night." Again, "pimples made their appearance around the mouth and chin, resembling the early stage of small-pox."

Thus the cases I have related confirm the previous provings of the drug, and this is very useful, and worthy of note, but in my first case the eruption was more distinctly furuncular than in the provings in Allen's *Materia Medica*, in which the eruption is described as resembling

small-pox. On this account, any additional description which will help to define the true skin symptoms, is worth recording.

It will be seen from the second case that *hydrastis* is a remedy for boils, for they were cured within a few days, and no more appeared after the medicine was commenced. I have no doubt that it will prove an equally good remedy in acute urticaria, and I intend giving it a trial. If some of our colleagues have used it with success in skin affections, it would be gratifying if they would send such cases to the *Review*.

Weston-super-Mare,
March 1879.

NATRUM MURIATICUM IN CATARRH.

BY JOHN H. CLARKE, M.D.

THERE is a German proverb which says, a skilful physician can cure a cold in a fortnight,—and it will get well of itself in fourteen days. I confess that until lately I was very much of the same opinion. In my own case I was quite convinced that *my* cold was not amenable to the influence of medicines, as I had tried all the books recommended with no perceptible benefit, except from *euphrasia*, which on one or two occasions had relieved a nasal catarrh, but on many more had failed.

After reading Dr. Burnett's excellent little monograph on *natrum muriaticum* I procured a supply of it in the 30th dilution, and also in the third trituration.

Just as the late return of cold weather set in, I had got nearly clear of a cold and cough, which had considerably outrun the orthodox fourteen days. On the evening of the 24th of March, a violent fit of sneezing came on, with fluent coryza, chilliness, dry skin, and sensitiveness to the least draught of air. I quite gave myself up as in for another fortnight of cold. Tired of *camph.*, *acon.*, *ars.*, *merc.*, *euph.*, &c., all of which were indicated more or less, it occurred to me that *nat. mur.* had a good many of the symptoms, and I had not yet given it a trial. I put a few drops of the 30th in water in a tumbler, and took two doses, each containing about a drop of the tincture before going to bed. I did not notice anything particular at

night, but in the morning to my astonishment and delight *all traces of my cold had vanished.* During the very cold days that followed I was constantly exposed, and on one occasion had a very cold drive into the country in the face of a strong north-east wind, but whenever I felt chilly or inclined to sneeze, I took a drop of *nat. mur.* 30, and I had no return of the catarrh. On one occasion, immediately after taking a dose of the medicine, and on another occasion a few minutes after, I felt the mucous membrane of one nostril, which had become swollen, blocking up the passage, gradually contract, and in a few seconds the passage of air was restored. On former occasions I have experienced the same thing on going out of a hot room into cold air, the cold air stimulating the turgid vessels of the mucous membrane to contract, but in those cases the relief was only temporary, while on the two occasions referred to I remained in a warm room all the time, and the relief was permanent.

A day or two after I noticed the relief, I was calling on an old lady patient who has for some years been crippled with chronic rheumatic arthritis, and on making the usual enquiries, she informed me that she had "such a bad cold coming on," she had "been sneezing all the morning," and her very red nose fully bore out her statement. I gave her six or seven drops of *nat. mur.* 30, in a tumbler of water, to take a tablespoonful every two hours.

Two days after I called again, and asked about the cold. "Oh, that all came to nothing, I only sneezed twice after I took the medicine, and I have had no more of the cold."

I mentioned this to my partner, Dr. Roche, and on the following day he was seeing a patient at a distance, at whose house was staying a relation, a clergyman (who is also a patient). The latter was suffering from a very heavy cold, in consequence of which he had written to excuse himself of a preaching engagement for the following day. His friends advised him to consult Dr. R., as he was present. "Oh, it is no use, Doctor," he said; "nothing ever does *my* cold any good, and I have tried everything." (He is very susceptible to colds.) The Doctor informed him that he had one medicine he did not think he had tried, and persuaded him try it. He left him *nat. mur.* 6, a few drops in a tumbler of water, a tablespoonful every two hours.

A day or two after he heard from the patient that he had never got rid of a cold so quickly in his life before: he broke out into a profuse perspiration in the night, and in the morning his cold was gone. He was able to fulfil his engagement.

In this connection it may not be without interest to note some points in the treatment of catarrh, recommended by one of the leaders of the old school of therapeutics, Niemeyer. It is to catarrh of the larynx that these remarks primarily refer but not exclusively. At any rate it is the upper part of the respiratory tract. The quotations will speak for themselves:—

“Quite empirically it has been found that greasy materials are hurtful, while *strongly salted* ones act beneficially upon acute laryngeal catarrh. An unsoaked herring is a well-known popular remedy, and may, perhaps, set up a derivative action upon the mucous membrane quite as powerful as that produced by a sinapism upon the skin of the throat.”*—Perhaps. . . .

“The use of the *alkaline muriatic* mineral waters (Säuerlinge, Halloid Salts) has an unmistakable influence upon the course of many cases of chronic laryngeal catarrh, which, unfortunately, cannot as yet be distinguished from cases in which it fails. For this mode of cure, it is best to send the patient to such places as Ems, Obersaltzbrunnen, or Gleichenberg, and only when his means will not permit him to do otherwise, to allow him to use seltzer-water, or one of the so-called mineral waters, as a cure at home. . . .

“Several hypotheses have been advanced as to the action of the alkaline-muriatic waters. The fact that the ashes of the mucus are richer in salt (chloride of sodium) than the ashes of the blood, and that mucus becomes less tenacious upon the addition of salt, seems certainly to indicate that salt plays an important rôle in the formation of mucus, but it by no means justifies the conclusion that the use of salt effects a cure, or more rapid resolution of a catarrhal process.

“In other quarters (*Sprengler*) the principal importance has been attributed to the amount of alkaline carbonates contained in these mineral waters, and, depending upon an observation of *Virchow's*, according to which, very dilute solutions of alkalies are capable of exciting the ciliary movements in epithelium, they assert, in explanation of the beneficial action of the waters in question, that their use re-establishes the extinguished or repressed ciliary vibrations. Grave objections may be brought

* Niemeyer, *Practical Medicine*, Translation of Eighth German Edition, p. 10.

against this explanation of the action of the saline waters, which is not merely palliative, but in many cases *absolutely curative* (the italics are mine, J. H. C.), and we must be content with the empirical fact, that the springs of Ems, Obersaltzbrunnen, and Seltzers, have often alleviated or cured chronic laryngeal catarrh

“Spray baths and inhalations have been established of late in many well-known watering-places, particularly at the “brine baths” (*Soolbäden*). The most simple baths of brine-spray are the promenades and galleries along the salt-works of Kreutznach, Koesen, Elmen, and Reichenhall. The atmosphere there is heavily charged with a weak solution of sodium. . . . Whether, and how, inhalation of the brine-spray acts as a remedy for laryngeal catarrh, is still a question The diet for chronic catarrh of the larynx must be similar to that for the acute; salted articles, indeed, particularly the roe of a herring taken fasting, are in especially good repute.”

From the above it will be seen that in the treatment of catarrh, acute and chronic, in the situation more frequently attacked, *chloride of sodium* or *natrum muriaticum* as we still call it, in some form or other plays a very prominent part. As to the “how” of its action it is no explanation for us to say it is specific, but it is a matter of no small importance to be able to refer to the effect of the drug on the healthy and find it produces the very disease that it cures.

But whilst I was taking *nat. mur.* 30 its effects on me were not curative only. On the morning of the 27th, the third day after taking the first dose, and having taken altogether about ten drops, as soon as I awoke and drew in air by the mouth, pain in all the front teeth, upper and lower, compelled me to close the mouth and breathe through the nose. This was troublesome more or less all day, but gradually wore off towards evening. But it did not altogether leave me for five days, and it continued longest on the right side. Drinking hot tea also made the teeth ache. As far as I remember this condition was something quite new to me.

On the evening of the 27th I had violent irritation of the left side of septum of the nose at its extremity. The next morning at the site of the irritation there were a number of minute vesicles on an inflamed and painful base, which speedily coalesced to form one; a scab formed and this has lasted eight days, and is not yet completely healed. A herpetic vesicle in this situation is also quite new to me.

Struck with the novelty of these symptoms I consulted Allen to see if he could give me any explanation, and greatly was I amazed with the result. Symptoms 654-659 bear directly on the teeth affection. "*Great sensitiveness of the teeth (especially the right side) to air. Great sensitiveness of the teeth (especially of the right lower jaw) to the inspired air. Great sensitiveness of the teeth to cold.*"

As for the nose, symptom 561, amongst others, runs: "the tip of the nose became red, hot, and painful, afterwards a group of vesicles as large as the head of a pin developed, became filled with transparent lymph, and at last confluent and formed a scab." There is a great preponderance of left nostril symptoms.

The catarrh symptoms fill nearly half a page of Allen. 569 "very violent sneezing," 582 "violent fluent coryza and at times stoppage of the left nostril," &c., &c.

The strong affinity of the medicine for mucous membranes throughout the body, and its power of producing catarrh is well brought out in the provings. Its power of controlling catarrh of the upper part of the respiratory tract it has been my good fortune to experience. In treating colds formerly one of my greatest difficulties had been in deciding which of the many indicated remedies was most indicated in the particular case. To determine the question I often had to search for symptoms remote from the catarrh I wished to control, and my success had not been very brilliant. In the cases above recorded, beyond the catarrhal symptoms there were none that specially indicated *natrum mur.* above any other remedy, they were not by any means typical cases for the remedy in the way of habit of body.

The choice of the 30th dilution was merely an experiment. Being desirous of testing the power of the higher dilutions and determining, if possible, for my own satisfaction, the relative merits of the higher and lower dilutions, as one of Dr. Burnett's cases was cured by the 30th, I thought it a good opportunity of giving the higher a trial. The result has been so far to strengthen my belief in their curative powers—further experiment is needed to determine their comparative curative value—and to make me cautious about ignoring statements of their pathogenetic effects.

In conclusion I must join the general voice in thanking Dr. Burnett for bringing this noble remedy so prominently before us, and the above few cases, not by any means all, are recorded as a substantial expression of my gratitude, knowing that the best thanks any one can render to an earnest worker, is to follow up and add to his work.

88, Berners Street, Ipswich.
April 4th, 1879.

NOTES ON *TABACUM*,

BY S. H. BLAKE, ESQ.

THIS valuable medicine has not attracted so much attention as many more important remedies in throat disease, partly it may be from the frequency of its exhibition by smokers, and partly from the variety of the symptoms requiring its exceptional use in some infrequent forms of disease. It is difficult to obtain two specimens of tobacco of the same quality, and different varieties possess great differences of degree in their physiological effects. Some cheaper kinds cause great irritation of the pharyngeal, faucial, and tonsillar mucous membrane, with a sense of heat and dryness, in some persons even amounting to pain. In small quantities it at first increases secretion, especially the saliva, but if persevered with, a chronic form of pharyngitis may ensue, with frequent hacking and hawking up of a scanty, tenacious mucus, detached with difficulty from the pharyngeal mucous membrane. But the best Virginian tobacco does not produce these symptoms in such a marked form, and is said to contain less nicotine than the common varieties.

We occasionally catch glimpses of its curative action, towards which the following case points, two of the most important items being the chronicity of the case, and the fact that this person had been a non-smoker from youth upwards. He is a small man, with dark hair, somewhat anæmic, and reports his case thus: "My age when I began smoking was twenty-seven. My uncle, to whom I sat next in a chair, found my breath very offensive, and I was frequently told of it at business. I took pills, brimstone, &c., without any effect (only a day or two better), and when I took to smoking, I found that the cure for it.

"The symptoms were, after dinner very dry, and hacking away in the throat, without anything to spit out. Very dry, and frequently drinking water, &c., but since taking to a pipe after dinner, it has removed all this, and I find that if I don't smoke it returns after dinner. I take no pills now, and only at the change of seasons I want medicine. My digestion, too, was much improved by smoking."

Among the provings of *tabacum*, we find, in Jahr, "Burning in mouth and throat, nausea, itching in throat." Allen adds, under Nicotine, "Frequent scraping in throat. Sensation as though a sharp *brush* had been drawn through œsophagus to stomach, dysphagia, nausea, hiccough. Frequent eructations, or eructations with vomiting, with some relief. Disagreeable sensation from stomach upwards and downwards, with eructations. Sense of emptiness and faintness in stomach and intestinal canal persistent. Scraping-burning taste, especially low down in the throat, causing hiccough and hawking. Face pale, features drawn." Hempel gives a case, "Loss of appetite, constipation, heat, with flushed face, violent thirst, pulse 120" (after excessive doses of tobacco), all these symptoms being relieved by smoking in moderation."

Dr. Ringer says, p. 435, "Smoking in excess disorders digestion, lessens appetite, inducing restlessness at night, with disagreeable dreams, weakening both mind and body, chronic pharyngitis, mucous membrane looking dirty-red velvet, constant hawking, and also chronic dyspepsia, and a thickly coated tongue."

From these symptoms it is clear that tobacco must possess a great influence over the gastro-pharyngeal tract, and further that many of its symptoms, issuing as they do from the cerebro-spinal system, a debilitated condition of these organs may be a still further indication for its usefulness as a medicine.

The patient to whom I have referred had never been acquainted with homœopathic treatment, and the taking of the tobacco was not owing to any pre-conceived theory of its curative action. The clinical symptoms pointing to the use of tobacco in this case we may sum up as follows:—

- Offensive breath, deficient digestive power.
- Dryness of the throat, with hacking.
- Deficient secretion from the throat.

Thirst for water and other liquids.
Constipation moderate.
Increase of symptoms after dinner.

The homœopathic relationship of these symptoms to the effects of *tabacum* on the healthy is at once evident, and we may note the power of the medicine to control them at the very hour of their onset (after dinner). We see in this one method of the working of the homœopathic law, by which it carries out the relief or cure of the diseased organism. The more similar the pathogenesis to the diseased state, the more energetic the effects of the medicine may be at the very time of the increased activity of perverted physiological action.

Liverpool, April, 1879.

FRENCH PROVINGS OF ARGENTUM.

By J. MURRAY MOORE, M.D.

It is always interesting to the homœopathic reader to find in general—nay, even ephemeral—literature, any item confirming those invaluable “provings” of remedies upon which we base our practice.

In a recent newspaper I found the following statements, quoted from Dr. Manonvrieg’s article in the *Bulletin Médical du Nord* :—

“It has been repeatedly noticed for years that bankers’ clerks, after having handled for some days in succession large quantities of silver 5-franc pieces, suffer from disorders of the respiratory and digestive organs. These have been ascribed to a dark green metallic dust, which is raised by taking the coins from their bags, weighing them, and replacing them. In the years 1872 and 1874, when the money paid by France to Germany as indemnity was returned to France through mercantile transactions, the clerks spent several weeks in handling the coin, and the symptoms of this dust disease were very marked.”

I will now interpolate the numbers of those particular symptoms in Allen’s *Encyclopædia*, given under *argentum metallicum*, which this record confirms, and readers of the *Review* who possess that great and costly, but necessary, work, can verify my quotations at their leisure.

“The symptoms of this peculiar disease are frequent sneezing, coryza (74, 78, 72); and angina (222, 224, 225,

248); and expectoration of a black colour. There are also—a metallic taste in the mouth which spoils the flavour of the food (*arg. nitricum*, 298); loss of appetite (135, 136); colic (156, 158, 159); nausea (128, 129, 131, 140); and violent thirst (*argentum nitricum*, symptom 244; the metal has only dryness in the mouth, No. 100). The bowels are mostly constipated (184, 185 point to this). Diarrhœa seldom prevails.

“The blue line along the gums, which is often noticed in patients who have been subject to treatment by silver (not noted in Allen), is absent. There are also—a great feeling of prostration (414 to 417), and frequent headaches (17 to 47).

“It is also said that silversmiths often suffer from colic, which is caused by their work.”

The fact that one-tenth alloy of copper exists in this coinage does not to my mind modify the value of these observations, as we have thus verified almost every symptom as having been previously produced by metallic silver or its triturations.

The three symptoms, “metallic taste in the mouth,” “violent thirst,” and “constipation,” deserve to be added to our pathogenesis of *argentum metallicum*. The (to me) new objective symptom, “blue line along the gums,” requires confirmation, but, if corroborated, should be added to our existing record of *argentum nitricum*.

East Street, Taunton,
April, 1879.

A FEW FINAL WORDS ON EXTERNAL APPLICATIONS.

BY DR. FENTON CAMERON.

It is with considerable reluctance that I take up my pen again to say a few more words about homœopathy as taught and practised by its discoverer and founder, and that method of practice advocated as homœopathy by the editors of the *Review*, and the lecturer on the Principles and Practice of Homœopathic Medicine in the only school in this country where that system is professed to be taught; but the unfairness, as it appears to me, with which the position in those who follow Hahnemann is described, both in the leading article on “Homœopathy and Hahnemannism,” and in what I must be permitted to regard as the few

high-handed remarks by Dr. Dyce Brown in acknowledgment of my paper, as well as the seeming effort of the latter to alter the issue between him and me into an attempt on my part to compel him and his school to accept the *ipsissima verba* of Hahnemann as their medical Bible, oblige me to do so.

In the two articles just named—both contained in the March number of the *Review*, those physicians who follow Hahnemann are represented as mere slaves of a master, afraid of infringing in the slightest degree his despotic orders. The fact is ignored—in truth it is tacitly assumed that no such fact ever had existence—that the strict homœopathist has adopted Hahnemann's principles, and follows his practice *not* simply because Hahnemann had laid down those principles, and recommended that practice as the only true and reliable method to be followed, but because he has carefully tested both principles and practice, and has found them all that Hahnemann said they were; for who is Hahnemann, or any man of woman born, that we should believe him, if his words cannot stand the test of proof?

Hahnemann asserted that homœopathy, as taught by him, is vastly superior to that method of practice, common in his day as well as in this, which Dr. Dyce Brown and the *Review* now advocate, and challenges contradiction in the words which I quoted in my paper in the February number of the *Review*. Dr. Dyce Brown, without accepting the challenge—*i.e.*, without having tested Hahnemann's homœopathy and found it experimentally faulty, and while "marvelling at the perfection to which Hahnemann alone brought homœopathy, which singles him out as one of the greatest geniuses that ever lived," yet speaks of what the Hahnemannian regards as the loose, rough-and-ready practice which he advocates as a "further development" of the system of therapeutics, the power of which for good or evil he is, I suppose, experimentally ignorant of, and which, from its nature, can be judged of only by experiment. I am inclined to believe that the reader, and even the learned lecturer himself on calm reflection, will agree with me in thinking that this is not dealing with Hahnemann, nor with the homœopathy which he bequeathed to us, in a fair manner, nor one such as the importance of the subject demands. But, let this be as it may, I for one, cannot but protest strongly against it.

Dr. D. Brown writes as if I wished him and all of his school to regard Hahnemann as inspired, and to accept his teaching and follow his directions as many accept the teaching and follow the precepts of Holy Scripture. No one, so far as I know, has ever said that Hahnemann was inspired (whatever meaning may be attached to the word), and no one now wants Dr. D. Brown to regard him as inspired, nor to accept his doctrine and practice without testing their truth and reliability; but one certainly does expect a man who occupies the lecturer's prominent position, before he asserts that that which the discoverer of the system which he professes to expound and teach, denounces as "mongrelism," and a refuge for the indolent, is nothing of the kind, but, on the contrary, a "further development" of that system, should have proved to demonstration, by experiment, that Hahnemann, by the writer's own showing, "one of the greatest geniuses that ever lived," was in error, and that he himself, by that demonstration, occupies an impregnable position.

Dr. Dyce Brown says that it would be easy to reply to my strictures on his paper. I am disposed to think that the unprejudiced reader will not readily endorse the assertion. Be that, however, as it may, the Dr. makes no reply, though each argument which I adduce impugns the reliability of his teaching; but, instead, "declines to put the argument on the basis of the *ipsissima verba* of Hahnemann being our medical Bible," thus endeavouring to raise a new and utterly fallacious issue between him and me, which, having no existence, cannot be reasoned on.

Dr. Dyce Brown further says that the principles which he advocates afford "a fair field for discussion on their merits." Hahnemann, on the other hand, appeals simply and only to experiment. Discussion, as everyone knows, may be prolonged *ad infinitum*, and lead at last to no decisive result; whereas experiment decides at once, and definitely.

In conclusion, I would shortly repeat that which I maintain, and it is my only contention, that neither Dr. Dyce Brown, nor any who hold with him, is justified in advocating the use of adjuvants (so called) such as Hahnemann condemned as hindrances, calling them "further developments" of homoeopathy, without having first tried whether Hahnemann's homoeopathy is not sufficient of itself without such aids.

And further, Hahnemann having been such a man as the lecturer himself pronounces him, I cannot but marvel greatly at Dr. Dyce Brown assuming to judge his system *ab externo*, and to pronounce it, in direct opposition to its illustrious founder, in need of such aids as my antagonist recommends for its "further development."

[NOTE.—Dr. Fenton Cameron complains that the section of homœopaths the views of which he advocates with so much earnestness, have been regarded as the "slaves of a master." If such is the case, they have no one to blame but themselves. Every paper which has hitherto proceeded from their chief oracles has, with scarce an exception, shown that the fact of Hahnemann having asserted a given view, is sufficient ground for accepting it as true. This mode of dealing with Hahnemann's writings is, we repeat, characteristic of the Hahnemannian. It is quite true that Hahnemann asserted that homœopathy, as taught by him, was vastly superior to what he was pleased to call mongrelism, and charitable enough to regard as a "refuge for the indolent," but he has entirely omitted to leave us any evidence of the truth of his assertion.

Probably no Hahnemannian has in so many words declared Hahnemann to have been inspired, but not a few of them have written of him in a strain which nothing less than direct inspiration would justify anyone in doing.

Dr. Fenton Cameron, as is usual with Hahnemannians, takes the most uncharitable view of those who, like myself, think that the homœopathy of Hahnemann is capable of further development, and says, "that system of therapeutics, the power of which for good or evil he is, I suppose, experimentally ignorant of." Really, if this is Dr. F. Cameron's opinion, he is at perfect liberty to maintain it, as his doing so does not disconcert me in the least; the thing is too absurd to be worth replying to. But, if a certain mode of treatment is "sufficient," it by no means, in my opinion, follows that the use of "adjuvants" may not help materially in the rapidity of cure. That they do so in many cases, I have no hesitation in asserting from experience. It is merely a question of deduction from experiment. Dr. Fenton Cameron, supporting Hahnemann, takes one view, and I take the liberty of holding the other, and of advocating what I believe to be true. When an inventor turns out an excellent piece of goods by a new machine, it is not derogatory to the inventor, but the reverse, when his own machine is endeavoured to be improved by carrying out the original idea still further. Whether the results obtained by those who are capable of judging are better with the original machine, or with the supposed improvement, is matter of opinion.—D. DYCE BROWN.]

 REVIEW.

A Repertory, or Systematic Arrangement and Analysis of the Homœopathic Materia Medica.—Disposition and Mind, Sensorium, Head, Scalp, Hair. By Dr. DUDGEON. Hahnemann Publishing Society, 1878.

WE owe Dr. Dudgeon, as does the whole of the profession, a deep debt of thanks for this portion of the Cypher Repertory. It is a work of herculean labour, the extent of which few who make use of it can estimate. The utmost care and accuracy are visible all through this volume, and those who use the Cypher Repertory will find its help invaluable. It ought to make the younger members of the profession ashamed of the small amount of work which appears from their pens, when they find one of our senior physicians still labouring so arduously for the advancement of homœopathy, and we trust the appearance of this valuable volume will be an incentive to others whose professional duties may be less exacting to follow such an excellent example as Dr. Dudgeon has set them.

 MEETINGS OF SOCIETIES.

 LONDON HOMŒOPATHIC HOSPITAL ANNUAL
MEETING.

THE Annual General Meeting of the Governors and Subscribers of this Institution was held at the Hospital, Great Ormond Street, on Tuesday afternoon, 8th April, 1879, the Lord Ebury presiding. There were present the Earl of Denbigh, Captain Vaughan Morgan, the Rev. John Gough, Dr. Hamilton, Dr. Yeldham, Dr. Mackechnie, Dr. Bayes, Dr. Pope, Dr. Carfrae, Messrs. Boodle, Crampertn, Pite, Slater, Hinde, Ellis, and many others.

The proceedings were opened with prayer by the Rev. JOHN GOUGH.

The Secretary (Mr. G. A. Cross) read the circular convening the meeting, and the minutes of the last meeting, which were formally adopted.

The Report which was read by Mr. ALAN E. CHAMBRE (Official Manager), opens with the following reference to the late Dr. Quin.

“On the 24th November, Dr. Quin, the chief founder and promoter of the Hospital, succumbed to a severe illness. By his own personal donations and those of anonymous friends through him, between the years 1850 and 1871, inclusive, no less a sum in the aggregate than £6,800 was contributed to the funds for

the maintenance and support of the Hospital, besides large sums towards the Building Fund. In 1874 an unfortunate difference between Dr. Quin and the Board of Management, which they deeply regretted, caused him to withdraw from active co-operation in the proceedings of the Hospital; but he never ceased to take a lively interest in all that concerned its welfare, and he allowed the provisions of his will—made some years previously—to remain undisturbed. By this will the whole of his property, calculated to amount to not less £17,000, has been left in trust for the benefit of the Hospital.

“The Board of Management feel—and in this feeling they know that the Governors and Subscribers will entirely concur—that this munificent Bequest entitles the generous Donor to a special record of their earnest and heartfelt gratitude.

“Some time must necessarily elapse before the legal and other formalities can be fulfilled, but when all is arranged a notable increase in the income of the Hospital will accrue from the Bequest of the late Dr. Quin, which, coupled with improvements in other receipts, and reductions in expenditure—will, it is hoped, give to the financial position of the Hospital a more favourable aspect than it has ever before enjoyed. It must, however, be borne in mind that even with this very handsome addition to the permanent income, the funds at the disposal of the Board will not justify them (without running into debt) in filling the whole of the beds in the Hospital, and it behoves all who have received benefits from homœopathy, and who desire to see those benefits extended to their poorer brethren, not to relax their efforts in obtaining more extended support for the Hospital, and so enable the Board to fully carry out the intentions of the late Dr. Quin and others who originally planned and fostered this Institution.”

After stating that in compliance with a resolution passed at the last Annual Meeting, the accounts in the present Report are brought down to the 31st March, it is said that—

“The statement made in the last Report that the receipts fall short of the expenditure is, unfortunately, applicable—though in a modified degree—to the year 1878. But the extraordinary exertions put forth in the latter part of 1877 and the early part of 1878, produced, for the “Special Purposes Fund,” a total sum of £1,815 19s. 6d. Of this, £1,574 4s. 6d. was received up to April in last year, and was included in the Report for the year 1877. And the Fine Art Distribution organised in the autumn of 1878 and carried to a successful issue on the 21st February last, has realised a sum of 1,020 guineas, from which amount various expenses have to be deducted.

“By the aid of the balance from the “Special Purposes Fund” and the net profit from the “Fine Art Distribution,” the

outstanding balance to bankers and accounts due by the Hospital have been paid off, and at the date when this Report is presented to you, that is, three months after the close of the year to which it more particularly relates, all accounts rendered have been paid, and for the first time—at all events for some years—the Hospital is in a position to meet every claim upon its funds out of current income.

“The total income of the Hospital for the year 1878, from all ordinary sources, was £3,272 14s. 2d., as against £3,180 1s. 2d. in 1877, showing an increase of £92 13s. This will, in the opinion of the Board, be considered fairly satisfactory. To this sum of £3,272 14s. 2d. must be added £1,377 10s., the balance of the Special Purposes Fund; Legacies (exclusive of the Bequest of the late Dr. Quin) amounting to £27 10s.; £102 7s. 4d., the first portion of the receipts from the Fine Art Distribution (after paying preliminary expenses), and a loan of £500, making (with the balance of Petty Cash from 1877—£6 12s. 6d.) a total of £4,786 14s. From the 1st January to the 31st March, 1879, the total income has been £859 10s. To this should be added the Subscription of the London School of Homœopathy (£367 10s.), received in February, 1878, but not yet received for 1879, making a total of £1,227. A comparison with the receipts for the same period of 1878—£995 8s. 4d.—then shows an increase of £231 16s. 8d.

“The expenditure on account of ordinary income in 1878, has been £3,843 13s. 9d. £247 14s. 5d. has been expended for furniture (for the most part properly chargeable to 1877); £382 12s. 2d. represents expenses on account of the Special Purposes Fund and Fine Art Distribution; £510 10s. has been placed to Reserve Fund; and a balance of £280 14s. 7d. was due to the Bankers at the close of the year 1878. The expenditure on account of ordinary income during the first three months in 1879, has been £804 11s. 9d., as against £1,029 19s. 8d. in 1870, or a saving of £176 16s. 4d.

“The Annual Subscriptions actually received in 1878 amounted to £1,661 0s. 6d., and after allowing for a loss of £80 a year from Subscribers deceased and Subscriptions discontinued, show a net increase upon those of 1877 of about £85 a year. A further sum of £43 10s. 6d. represents Subscriptions due in 1878 and not yet paid. The Annual Subscriptions paid in the first three months of 1879 amounted to £389 19s. 6d.

“The total Donations in 1878, £304 14s. 6d., as compared with £517 12s. 6d. in 1877, show a falling off of £212 18s.; but this deficit is much more than made up by the amount given to the Special Purposes Fund, in answer to the Special Appeal, and to the Fine Art Distribution Fund. Donations amounting in all to £71 15s. have been received since the 1st January, 1879.

"The fees for the Registration of Out-Patients, have resumed an upward tendency, and amounted to £286 15s., as against £264 8s. in 1877, so that the anticipations held out in the last Report that an improvement might be looked for in this respect have been realised. There appears to be every reasonable ground for anticipating a continuance of improved receipts, as the sum received in the first three months of 1879 amounts to £76 17s., compared with £78 10s. in 1878.

"According to the anticipations put forward in the last Report, the Nursing Fund Receipts in 1878 were nearly double those of 1877, and from the amount already paid in since the close of the year, it may confidently be anticipated that there will be a further considerable increase in the current year. The amount paid in on this account in the three first months of 1879, is £267 4s., as compared with £94 8s. 6d. in 1878.

"The experiment of organising a number of trained nurses for nursing private patients may, therefore, be considered to have proved a decided success, and not a little of that success is due to the admirable judgment of the Lady Superintendent in selecting young persons with the necessary qualifications and aptitude, and to her skill and tact in training them. The large number of highly gratifying certificates—in some cases from eminent allopathic surgeons—brought back by the nurses generally on returning from the cases they have been attending, testify to the excellence of the nurses and to their general good conduct.

"The sum awarded to the Hospital from the "Hospital Sunday Fund," £210 8s. 4d., shows an apparent falling off of some £6 odd over 1877; but this is not really so, as £8 odd was deducted from the award—being the equivalent of a collection made at St. Paul's, Camden Square, and transmitted direct to the Hospital by the incumbent.

"On the other hand the award from the "Hospital Saturday Fund," £57 1s. 2d., was £10 more than in 1877.

"The Legacies—£27 10s. in all—received in 1876, were from Miss Sarah Sophia Bedford and (per Accountant General) Lord Henry Seymour.

"The working expenditure of the Hospital during the year 1878 was £3,848 18s. 9d. against £4,029 7s. 4d. in 1877; showing, as anticipated in paragraph 16 of the last Report, a sensible reduction. This reduction of £186 was effected notwithstanding that 21 more in-patients were treated in the Hospital than in 1877, and also that the number of nurses was increased from 18 to 24, in the course of the year.

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"The Invested Funds of the Hospital at the 31st December,

1878, exclusive of the Hospital premises and furniture, and the freehold house, No. 1, Powis Place, consisted of

Consols.....	£3,101 8 2
New Three per Cents....	£4,757 17 10
	£7,859 6 0

an increase of £598 15s. 4d. upon the amount at the 31st December, 1877. The amount under this heading remains unaltered at the end of March, 1879.

“The total number of In-Patients treated in the Hospital in the course of the year, was 552—an increase of 21 on the number in 1877. This is not in itself, perhaps, a considerable increase, but it must be borne in mind that the number of In-Patients in 1877 was very high, and the Board desire specially to point to the gratifying fact that with this total larger number of In-Patients in the course of the year, the *daily average number of Patients in the wards was less than in the previous year*, showing that the cases were—as a rule—passed out more quickly. And be it observed this result was not attained by the admission of a larger average of unimportant cases; quite the contrary was the fact, and the Medical Statistics show a large number of very severe cases. The total number of In-Patients admitted in the first three months of 1879 was 174, or 28 less than in the corresponding period of 1878.

“The number of Out-Patients shows an increase, viz., 6,419, as compared with 5,814 in 1877, and the anticipations of the Board, conveyed in their last Report, have in this respect also been justified by the event.

“The aggregate number of In and Out-patients treated since the opening of the Hospital to the 31st December, 1878, amounted to 146,208, and to the 31st March, 1879, to 148,178.

“The experiment of visiting Out-Patients at their own homes has proved successful. Cases of sufficient importance and interest are brought into the Hospital for treatment.”

After noticing some changes in the Board of Management the Report refers to the late Mr. Trueman as follows:—

“The Board regret to record the death of Mr. Trueman. His retirement from the Board was noticed in the last Report. The following resolution was passed by the Board on being informed of the event:—Resolved:—‘That a communication be addressed to Mrs. Charles Trueman expressing the regret of the Board of Management at the death of her late husband, who had for so many years been connected with the London Homœopathic Hospital as a member of the Board, and subsequently as Official Manager, and offer her the expression of their warm sympathy.’”

Changes in the *personnel* of the Medical Staff, with acknowledgment of their services, of those of the Lady Visitors, and of other officials of the Hospital, and of sundry donations, are next recorded, when the Report passes to the inspection of the institution by Drs. Dunn and Neville Wood, the reference to which is as follows:—

“In the course of the year 1878, one of the periodical medical inspections of the Hospital was held by Drs. Dunn and Neville Wood, and a most comprehensive and excellent report was furnished by those gentlemen, full of suggestions which merited the careful consideration of the Board, and led to the adoption of some measures calculated to effect economy and improvement in the working of the Hospital. The Report is too long to print *in extenso*, but the following paragraphs will be read with interest by the Governors and Subscribers:—

“The house is, on the whole, in good repair, clean, fairly lighted, and well warmed and ventilated. . . . There is a most efficient staff of nurses, with an able and indefatigable Superintendent. The house not having been *built* for a hospital, the nursing is more laborious than it would otherwise be; but the staff is ample for the service, and the nurses work cheerfully and zealously. All the in-patients spoke to us in warm terms of their entire satisfaction with the care and attention they had received in the Hospital. . . . The food is of excellent quality and it is well cooked. . . . We were sorry to see so many empty beds. The building can accommodate nearly 70 In-patients. There were 89 on the day of our first visit, and 48 on the second occasion. The average number throughout the year is 45.

“It is obvious that if the income were increased, the managers could afford to maintain a larger number of patients in the Hospital. . . . We have thought it our duty to inquire fully and freely into the management of the Hospital—not in any spirit of complaint, but in order to ascertain if any plan could be proposed for a further improvement. A superficial inspection, followed by mere commendation, could not have been satisfactory to the interests of the Hospital, to the Managers, or to ourselves. We wish to add that the Board of Management, the Official Manager, the Medical Officers, the Medical Council, and all other officials, deserve great credit for the zeal and ability they have displayed under difficult circumstances.”

After mentioning the appointment of Dr. Hamilton as Consulting Physician, the following proposals are offered for consideration:—

“Two matters of considerable importance remain to be noticed. The Board of Management, after very careful enquiry and investigation—carried on chiefly by their energetic and ever

willing colleague, Mr. Pite, the Hon. Architect—have come to the conclusion that it is no longer possible to delay carrying out certain extensive alterations and repairs in the basement; and at the conclusion of this meeting, as you are already aware, the meeting will be constituted into a Special General Meeting of Governors and Subscribers to consider the matter.

“The expenditure absolutely necessary will probably reach from £400 to £500, and as it is manifestly out of the question that such a sum can be provided out of current income, your sanction will be asked to take that amount out of the reserve fund.

“The second matter relates to paying patients. For a long time past applications have been received and enquiries made either direct or through medical men, as to whether the Hospital would not be prepared to receive patients willing to pay, and not entitled to come in as poor patients. Plans will be laid before you, showing how at a small cost the experiment can be made, and if the principle be affirmed at the Special General Meeting, all the necessary steps will be taken to thoroughly consider the practicability of the measure from every point of view. As a matter of course, no arrangement would be made not calculated to be of advantage to the Hospital in every way, pecuniary or otherwise.”

The CHAIRMAN, in moving the adoption of the Report, referred in graceful terms to the fact of ladies being present, and to their necessity and usefulness in connection with the working of a Hospital. It had been his duty and his difficulty on many occasions like the present to notice several circumstances which required a good deal of explanation, which, when given, were not, he feared, always perfectly satisfactory. But he never experienced greater pleasure than upon the present occasion. They had, as a Hospital, had a very severe winter, yet “Now was the winter of their discontent made glorious summer by this sun of York.” The Report did the Official Manager great credit. The first thing he noticed was the sincere regret which he was sure occupied the minds of all present at the loss of Dr. Quin, whom he (the Chairman) had known for forty or fifty years. They were always friends, and had had a great deal to do with the foundation of the homœopathic system in this country. Dr. Quin suffered so much during the last two years of his life that he believed death was to him a happy release. They could not but feel his great loss, although his name would always be remembered as one of strength to the homœopathic medical treatment; and they all felt deeply what a debt of gratitude that system would have to acknowledge in respect of the magnificent legacy which he had left to the Hospital. The Board would take means to secure a good portrait of him—which was all they could do—and place it

in the most conspicuous part of their establishment. Nothing, continued the speaker, could be more successful than the training of nurses in the Hospital. They were in the highest possible demand; and so good were the nurses who were trained there considered, that they almost command the market wherever they can be got. His Lordship alluded to an instance of considerable devotion displayed by one of their nurses in dealing with a case of considerable danger and difficulty. She had nursed the patient with the greatest care and attention, and ultimately caught the disorder herself, and nearly met with her death through it. Her name ought to be mentioned for the wonderful perseverance and self-sacrifice she manifested; and the Board would have great pleasure at their next meeting in presenting her with an adequate testimonial, on her leaving their service under unavoidable circumstances. Gratitude was a very rare thing, but they had a case in which the gratitude of the patient and the excellency of their surgical treatment were alike displayed. A professor of music broke his arm opposite the Hospital during the late severe frost, and in acknowledgment of his cure, which had been effected at the Hospital, he had offered to give a Concert for the benefit of the Institution. They had also a promise of some excellent theatricals at St. George's Hall, on the 5th June next, on behalf of the funds of the Hospital. They were happy to have the presence at that meeting of Lord Denbigh. (Applause.) The attendance, however, of Governors and Subscribers was limited, and altogether showed the most unbounded confidence in the management of the Board. They had begged and prayed the Governors and Subscribers to be present, to show some little distrust in the General Committee, but they seemed so perfectly satisfied with every arrangement, that it might be taken as a great compliment that so few had assembled. He wished they would come and show a little interest; it would encourage the Committee in their exertions. Though he could not, unfortunately, attend at the meetings of the Board quite as often as he would like, yet he could vouch for it that on all occasions his colleagues were as painstaking and successful a set of people as he had ever met. (Applause.)

The Report was then formally adopted.

Dr. YELDHAM proposed a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, for their services during the year. As a proof that they were deserving of it, he called attention to the fact, mentioned in the Report, that the Hospital was now in a position to meet every claim on its funds out of its current income. (Hear, hear.) Remembering the difficulty of "making both ends meet," in charitable institutions dependent on public support, and recollecting the depressed state of trade, he thought

the feat referred to was one of which they might well be proud. Adding to the formal resolution placed in his hands the names of the Chairman and the Official Manager, the speaker alluded to the unflagging interest and almost undeviating presence of his lordship in and at all proceedings affecting the Hospital. The advantages which, in a variety of ways, the institution derived from his lordship's presidency demanded, he said, the warm gratitude of the Governors and Subscribers. To the care and close superintendence of the Treasurer was also to be attributed much of their success. To the long services of Mr. Crampton, as Sub-Treasurer, they were also deeply indebted, and in him, whenever his name disappeared—as in the course of ages it must (laughter)—they would lose one of their best and warmest friends. Mr. Chambre, as Official Manager, was the mainspring which kept the machine in motion. He was ever at his post, and indefatigable in his exertions. (Applause.) The least they could do in reference to all these gentlemen who devoted their time to the work of doing good, was to give them a hearty expression of appreciation. (Applause.)

The vote was seconded by Mr. ELLIS in eulogistic terms, unanimously carried, and acknowledged by the Treasurer, Captain VAUGHAN MORGAN.

Mr. HINDE proposed and Mr THOROLD WOOD seconded the re-election of the Committee.

Mr. BOODLE asked the meeting to confirm the election of the new members of the Board, viz. :—The Earl of Denbigh, Mr. Samuel Gurney, and Captain Gardner—all valuable acquisitions.

Mr. PITE seconded the proposal, and in doing so, congratulated the friends and supporters of the Hospital that gentlemen of such position, intellect, and ability were coming forward to put their shoulders to the wheel. They rejoiced at the progress of homœopathy, but regretted that so many believers in it were still living in holes and taking their tinctures and pilules on the sly, when they were wanted to the front. He trusted that next year they would not only be able to meet their liabilities, but would be going in for filling more and yet more beds. (Carried).

Dr. HAMILTON proposed the confirmation of the appointment, as one of the surgeons of the Hospital, of Mr. Thorold Wood, son of an old and well-known member of the profession, than whom he did not think there was a more consistent supporter of homœopathy in the country. At the same time he thanked them for the honour conferred upon him by his own appointment as consulting physician to the Hospital, in succession to his late lamented friend, Dr. Quin.

Mr. CHAMBRE seconded the motion, which was carried.

The CHAIRMAN said the Board was extremely glad to find that Dr. Hamilton would accept the office proffered him, as it would be manifestly to the advantage of the Hospital.

Mr. CRAMPERN proposed the appointment of Mr. Stanley Wilde and Mr. Lloyd Tuckey as members of the Medical Staff of the Hospital in connection with the out-patients. Both were the sons of old homœopathic practitioners.

Dr. CARFRAE seconded the resolution, and expressed his pleasure that the two gentlemen named had not yielded to the seductions experienced by most of their young medical men, sons of homœopaths, to deviate from the old paths, and that they had now a school provided, at which students might gain needful instruction in homœopathic treatment.

The appointments were duly confirmed.

The EARL OF DENBIGH rejoiced at having been elected to the Board, and hoped to prove himself not a mere nominal member. He had quite forgotten the taste of all medicines, except those given him under the system called homœopathy. He had a great love for the curative art. The reason he had not come forward before to take any active part in the affairs of the Hospital, was that he had heard there were difficulties and differences, with cliques and some narrowness of views. But the Official Manager having assured him that all that was of the past, he was only too happy to take his share in the work, and should follow with the deepest interest everything taking place, because he thought the present was a progressive time with them. Homœopaths had much to learn. They had taught the other school much, and should teach them much more, yet they had much to learn themselves; and he hoped they would never be ashamed to learn. For this reason they should do all they could to increase the number of beds and patients, and give every facility for treating all kinds of disease. From all he could hear, the Medical Staff had been most efficient. He was glad, however, that they were having fresh blood amongst them, and especially that they had secured so eminent a man as Dr. Hamilton as their consulting physician. He also rejoiced that they had so efficient a staff of nurses, because that was half the battle. He should endeavour, during his residence in London, to put in a regular appearance at the meetings of the Board, and he only regretted that his absence from town had hitherto prevented his more frequent attendance. (Applause.) His Lordship concluded by moving a vote of thanks to the Medical Staff.

Mr. ROSHER seconded the motion, which was unanimously adopted, and duly acknowledged by Dr. CARFRAE.

The CHAIRMAN proposed a similar vote to the Lady Visitors connected with the Hospital, whose name was, he rejoiced to say,

legion. Their duties were pre-eminently important, and had been thoroughly performed.

Mr. CHAMBERE mentioned that Lady Cairns—one of the Lady Visitors—had just sent a subscription of £5, and expressed her intention of giving a similar amount annually. (Applause.)

Dr. CARFRAE seconded the vote, which was heartily carried, and responded to by the Rev. JOHN GOUGH.

Capt. VAUGHAN MORGAN moved, and Dr. HAMILTON seconded a vote of thanks to the Chairman for the services he had rendered, and the prestige of his position so willingly afforded on all occasions in the interests of the Hospital.

The vote was unanimously and cordially adopted.

The CHAIRMAN in the course of a few words of acknowledgment, said he would be ungrateful, did he not do all in his power to aid a system which had done so much for himself and family.

This concluded the ordinary business, and the meeting was then constituted a

SPECIAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS.

The Special Meeting was opened by the Chairman (Lord Ebury) calling upon the Secretary to read the circular convening it, as follows:—

“A Special General Meeting of the Governors and Subscribers will be held on the 8th April—immediately following the ordinary Annual General Meeting—to consider the following resolutions:—

“(A) To empower the trustees to appropriate (under the provisions of Law xxviii.) for the use and service of the Hospital, a portion of the Reserve Fund.

“(B) To admit Paying Patients into the Hospital and set apart certain wards for that purpose.

“(C) To give legal effect to a devise made by the will of the late Dr. Quin.”

Captain VAUGHAN MORGAN proposed the first resolution: “(A) To empower the Trustees to appropriate under the provisions of Law xxviii., for the use and service of the Hospital, a portion of the Reserve Fund.” The expenditure proposed was, he went on to explain, for structural purposes. For some years past, the state of the Hospital in what he might call its lower regions—without any disrespect—had been very bad. Time after time the Inspecting Medical Officers had called attention to it. The Architect (Mr. Pite) had reported upon these lower regions, the Committee had visited them, and so on. It was found that a portion of the flooring was actually giving way, and certain other repairs and alterations were absolutely necessary. The cost involved was estimated at from £400 to £500. Now if they expended that sum from their regular current funds, they would at once be getting into that state of debt in which they had for some years been, and out of which the Committee

had so long been struggling to get. They must not, therefore, do that, and on no account would he personally entertain the idea. The next plan would have been to reduce the number of beds in the Hospital—to close ten beds for a year or eighteen months. But in the present state of funds they considered that exceedingly undesirable, and after several full discussions the Board concluded that the wisest and best course to pursue was to seek authority at a special general meeting of the Governors and Subscribers to sell out a portion of the Reserve Funds—as little as possible—in order to effect the arrangement required; hence he had to propose that the Trustees be empowered to appropriate a proportion of the Reserve Fund—not to exceed £500.

The CHAIRMAN seconded the motion. They did not like entrenching upon the Reserve Fund, but it was a case of absolute necessity, seeing the difficulties already encountered in their efforts to make and keep the Hospital worthy of the object for which it was instituted. The Committee had not spared their own pockets, nor those of their friends, and it was quite impossible to resort to any other method for galvanising subscriptions, especially considering the general depression and failure of contributions to other institutions. The Out-Patients had really been so much incommoded by the way in which they had necessarily been treated for want of accommodation, that the improvements needed had become most urgent. He hoped, therefore, they might be allowed to take the sum required—to be replaced as soon as possible.

Dr. HAMILTON asked for further particulars as to what the money was required for.

Mr. PITE (the Hon. Architect) detailed the work necessary.

Dr. HAMILTON thought, from Mr. Pite's report, that the money was quite necessary, and that it should not be taken from the income of the Hospital, but from the Reserve Fund.

Drs. HUGHES and YELDHAM having borne testimony to the urgency of the case, the vote was carried.

Dr. YELDHAM proposed the second resolution: "(B) To admit paying patients into the Hospital, and set apart certain wards for that purpose." The question of Middle-Class Hospitals was, he said, one which had been brought prominently before the public of late. The question now before them partook somewhat of the same character. It referred to the admission to the benefits of the Hospital of persons who, not being paupers, would rather pay a fair sum for the accommodation which they would need in such an institution. As there was now a portion of the Hospital unoccupied, the Board of Management had determined to seek the sanction of that meeting to carry out the scheme when circumstances justified such a step. He expressed his conviction that there were many residents in and visitors to

London who would gladly avail themselves of the advantages of the Hospital if they might; and mentioned a case which had recently come under his notice, supporting the conclusion at which he had arrived. The scheme would confer benefits upon the public, redound to the advantage of the Hospital, and might add to its funds.

Captain VAUGHAN MORGAN seconded the proposal. He had brought this subject before the Committee not with the object of philanthropy, but rather to provide funds for the Hospital, with which they might fill the remaining empty beds. The appropriate time was, he thought, at once. They had considered the matter for some months, and had actually got the plans drawn up [which he displayed]. All that was proposed was to convert certain space into paying wards by setting it apart for that purpose, allowing more cubic feet for paying than for non-paying patients, but otherwise treating them exactly the same. The whole expense involved would not exceed £25. If the experiment answered, they proposed to extend the arrangement and to make certain structural alterations, which would cost about £300. They only now wanted the sanction of the meeting to the *principle*, and he believed that the beds would soon be filled.

Dr. HAMILTON said he should oppose the scheme to the very last; not only because the Hospital was only intended for charitable purposes, upon which the proposal was an innovation, but they would get a bad class of patients, and be imposed upon. If they liked to take the other adjoining house they had recently acquired, and try it for paying patients only, well and good; but he objected to the mixing of the two things together. Supposing an epidemic took place—as was the case some years ago, when the Hospital was in Golden Square—they would then have to turn out all their paying patients, and the thing would be entirely a mess. Let there be a Middle-Class Hospital, but not an admixture of the two.

Dr. HALE enquired: Supposing they had filled up their beds, as they hoped to do, with poor patients, and they had, in the meantime, carried out their plans for the Paying Patients, would they be at once prepared to do away with the paying wards? A hope was expressed in the Report that with the increasing funds they might expect that the number of beds for poor patients would be increased. The present average number—about 45—must be very insufficient to the demands of homœopathists all over the country,

Captain VAUGHAN MORGAN said they had not sufficient funds without the paying patients, nor did they anticipate having sufficient. The scheme must be taken in its entirety.

Dr. HAMILTON said the scheme would cause them to lose many subscriptions.

Dr. HALE thought it would be a pity if the institution should lose its character as a purely charitable institution.

In reply to Dr. Yeldham, Captain VAUGHAN MORGAN said that after carrying out the proposal they would still have 55 other beds for poor patients.

Dr. HAMILTON asked what the Subscribers would say in case of an epidemic arising and they had no room. He mentioned a case of imposition by a lady who was in receipt of £1,200 a year, and yet had been treated in a hospital as a pauper.

Dr. BAYES agreed that the Hospital should be confined to charitable purposes, but he thought it would be a great charity to provide for persons of very small income, as was proposed. Many such could afford to pay, say two or three guineas a week for treatment and nursing, and it would cost them that or more in an hotel, where their chances of recovery would be less, partly owing to the bad nursing, and partly to bad cooking. Moreover, the hotel-keepers would turn sick people out unless they could afford to pay extravagantly. If those gentlemen desiring to keep the Hospital exclusively for the poor, would point out a way in which funds could be obtained to maintain 70 beds, doubtless that number of patients could be found to fill them. He did not think the Hospital would be less a charitable institution for having a few paying beds.

Mr. MARTIN DEED mentioned the case of a young lady who, having left her home and come to London, was taken ill, and subsequently died, partly owing to want of the needful nursing and attention. He would gladly have paid for her treatment in the Hospital, if she could have been admitted as now suggested.

Mr. J. R. HOVELL, suggested a compromise by allowing the Trustees power to make an experiment. Another point in favour of the proposed arrangement was the dissemination of the homœopathic principles which must be the result, their light being now somewhat hid under a bushel.

Captain VAUGHAN MORGAN said an *experimental* measure was all that was now desired, involving only an expenditure of £25 or £30.

Mr. THOS. HIGGS, thought they should let the Board of Management be authorised to try for one year the experiment of paying beds, so that they might know whether it would answer when they had the additional premises necessary for the independent working of the plan on an extended scale.

The CHAIRMAN spoke on the importance of the matter, and was glad it had elicited so much expression of opinion. Thirty years ago, the question of the need of paying Hospitals was much discussed at meetings which he attended, and it was impossible to

deny the need. The reason, however, that the movement did not succeed, was that separate Hospitals at a large cost were to be erected, to be entirely devoted to paying patients. He believed if the thing could be done, it would certainly be a great charity to do it. If there was nothing in the laws of the Hospital to prevent it, he saw no strong reason why it should not be undertaken. Dr. Hamilton had referred to the imposition that might take place, but he knew that the great complaint of the last few years was the imposition of non-paying patients, and he did not see why the means to overcome it in their case should not be equally successful in the case of paying patients.

Captain VAUGHAN MORGAN explained that the Board of Management had for months been considering the matter, and had examined the Hospital Rules, in which they did not find the slightest objection to the proposal. They could not, without an expenditure of £800 or £900, try the experiment in the house next to the Hospital. If the wards were full of the class of people who ought to be received, this might be justified.

Dr. HAMILTON said the plan had been tried at St. Thomas' Hospital, and he understood that the fact that it would involve their paying rates and taxes had frightened the Board of Management. He hoped they would not have that burden.

The CHAIRMAN : But I believe we pay taxes now.

The SECRETARY : Yes ; all but income tax.

Dr. HAMILTON said he believed they had given up the scheme at St. Thomas'.

Captain VAUGHAN MORGAN said he happened to know that was a mistake. They had not, and did not mean to give it up ; and the only objections were of a paltry character from some small practitioners who feared an interference with their practice.

Dr. POPE said that he had recently visited the Homœopathic Hospital at Birmingham, a visit which, from the excellent condition in which he had found the institution, had afforded him the greatest pleasure, and he believed that this plan was in operation there, and had been attended with much success by using beds which would have been otherwise empty for want of subscriptions. If they had sufficient funds to fill all the beds with poor patients, he thought Dr. Hamilton's advice would hold good but such was not the case, and he thought the proposed plan was a practical and useful effort for doing the Hospital good, and of benefiting another class of needy people. The care necessary to prevent imposition might be easily exercised.

Mr. ELLIS said, with regard to the objection of making money, he believed they already did this by their trained nurses who were sent out to those who could pay for them, resulting in very considerable profit.

The EARL OF DENBIGH thought they should have the Hospital filled, if but for the purpose of "cases." They could not do this with non-paying patients, and there was a large class of people between the rich and the absolute poor, whom it would be a great charity to help. He was therefore strongly in favour of the recommendation.

Dr. HALE asked whether paying patients would be subject to the visits of enquiring medical men?

Mr. ROSHER asked, in the event of the Hospital becoming filled while this experiment was being tried, would the paying beds be given up for the poor?

Capt. VAUGHAN MORGAN replied that it was intended—subject to the Medical Staff being consulted upon the matter—to treat paying patients exactly as the poor ones were treated. It was impossible to fill the Hospital for want of funds. They were free of debt, and so happy did he feel over this improved state of affairs, that he would not go into debt again for one.

Dr. RICHARD HUGHES: Would it be arranged that private patients would be dismissed when necessary, as the poor ones came?

Captain VAUGHAN MORGAN: Undoubtedly.

Dr. HAMILTON repeated his objection, that it would be mixing up charity with a paying concern.

Mr. ELLIS, with a view to meeting the opinions of all, proposed to substitute for the original resolution the following: "That the Board of Management be empowered for one year to make the experiment of admitting paying patients to the Hospital, to be treated exactly as other patients, and to set apart certain wards for that purpose."

The EARL OF DENBIGH seconded the amendment.

Dr. YELDEHAM thought a year a very short period, as the plan could scarcely be made known amongst medical men under some weeks, so that cases might not yet be coming in. To limit it to a year would be to ensure its failure.

Captain VAUGHAN MORGAN said they might renew the permission at the next annual meeting, if necessary.

The amendment was carried—Dr. Hamilton dissenting.

The CHAIRMAN said that as the late Dr. Quin's will had not yet been proved, the third resolution upon the paper had better stand over.

Dr. HAMILTON said there was a slight delay caused through legal formalities; but the will would be proved immediately after Easter.

The meeting then terminated.

LONDON SCHOOL OF HOMŒOPATHY.

ANNUAL MEETING OF THE GOVERNORS AND SUBSCRIBERS.

THE Second Annual General Meeting of the London School of Homœopathy, was held at 52, Great Ormond Street, W.C., on Tuesday, 8th April, 1879.

Present: Captain Vaughan Morgan in the chair; Drs. Black, Dudgeon, Drysdale, R. Hughes, Pope, G. Wyld, Carfrae, Yeldham, Macintosh, and Hewan; Messrs. Boodle, Cramporn, F. Rosher, Chambre, and Rev. W. Curtler.

The notice convening the Meeting was read by the Secretary, Mr. F. Maycock.

A letter from the Right Hon. Lord Ebury, regretting that he was unable to be present, was read.

The Treasurer was then voted to the chair.

The minutes of the previous meeting having been read, were approved and signed.

The balance sheet and draft of proposed Report were submitted. The Hon. Sec. (Dr. Bayes) said that since sending the draft of proposed Report to the Medical Governors, he had received several letters, from Governors held high in estimation, objecting to the principle advocated in paragraphs 8 to 10; as the opinions expressed in favour of these clauses were less in point of number, than those in favour of them, he (the Hon. Sec.) proposed to omit them, and to read the Report so amended.

The Chairman proposed that a copy of the draft of the proposed Report and balance sheet having been sent to the Medical Governors, Committee and Council, the Report should be taken as read. This was agreed to.

The following is the draft report submitted to the Committee of Management, from which the passages within brackets (8—10) were withdrawn before the meeting. Drs. Drysdale, Dudgeon and Black, however desired to speak upon them and they were therefore allowed to remain *pro-formâ*:—

1. During the past year we have, with much thankfulness, to report steady and continual progress in our School as an educational establishment.

2. Keeping persistently in view the objects for which the School was founded, we have confined ourselves to the endeavour to teach Homœopathic Materia Medica and Therapeutics in their relation to the principles and practice of medicine.

[3. Our Lectures are not intended to be substitutive of the ordinary courses of Materia Medica and Therapeutics, nor of those on the principles and practice of medicine as taught in the ordinary medical schools, but to be complementary and supplementary, teaching the science and practice of medicine in

its homœopathic aspects, which, notwithstanding its recognition as a principle of cure by Hippocrates, had been neglected from his day till revived by Hahnemann and his disciples. It is still excluded from the teachings of all the Universities, Hospitals, and Schools in the kingdom, save our own.

4. It is not only on scientific grounds that a School of Homœopathy demands and deserves support; a very large proportion of the laity of our country elects to be treated homœopathically. A very large number of the aristocracy, of the wealthy, of the educated, as well as of the labouring classes appreciate the advantages in point of safety, of rapidity, and of pleasantness of cure, which homœopathy affords them during illness.

5. For the protection of these classes, against ignorance and charlatany, we have a right to demand that the medical practitioners who attend them, shall be duly qualified to treat them homœopathically, shall be fully instructed not only in the ordinary branches of medical study, but shall also be well acquainted with the special therapeutics of homœopathy.

6. Our numbers, our weight of influence may not be sufficient to obtain the introduction of courses of Lectures on Homœopathy into the legally constituted and recognised schools of medicine as part of the compulsory education of every medical student; but we may fairly ask, that as *an additional and voluntary subject*, homœopathy may be recognised as a supplementary branch of medical study, and that any medical man desiring to be examined in homœopathy, may be so examined, and if found competent, may be licensed, by the legal medical authorities, for its practice. We have a precedent in the L.M. (Licentiate in Midwifery) which can be added, after special voluntary examination, to the ordinary M.B.C.S. degree.

7. This voluntary Licentiate-ship might be granted by the existing Universities or licensing bodies to such of their Graduates or Licentiates as may desire to possess this extra qualification. Toward the development of this plan our School will prove of much practical service, both in affording the teaching of the science and art of homœopathy theoretically and practically, and in providing physicians fully competent to examine candidates for the License.

8. There are some among our body who would prefer another alternative, and who would advocate the formation of a complete medical school under our own control, with full Licensing powers, in which homœopathy should be taught in addition to every branch of a liberal medical education.

9. But those who have the management of the school prefer the former plan as being less expensive, more within our powers, and as offending the fewest prejudices. Besides this, all that has

been done by our School tends to pave the way for its accomplishment.

10. When our courses of Lectures on our Special Therapeutics and Practice of Medicine have been delivered for a certain time (say from three to five years) we shall be in a position to show what our teaching is to the ruling medical authorities, and to propose to them that the Licentiatehip in Homœopathy shall be added to the list of voluntary subjects.]

11. During the year 1878 you will see that our funds showed a very satisfactory state of balance. Our total expenditure amounted to £904 19s. 1d.; while our donations and subscriptions balanced this amount with the exception of £1 15s. 7d.—a very infinitesimal deficit. Our investments amount to £1,848 2s. 6d.; and the furniture, fixtures, and contents of library and museum are valued at £125 18s. 7d. We also began this year with a cash balance of £195 7s. 11d.

11. There having been some objection expressed by a small but very influential minority against the continuance of our subscription of 850 guineas towards the expenses of the Hospital, the subject was fully discussed, and it has been decided, after the payment for this year, to discontinue the subscription. This the Committee the more readily sanction, since, by the noble addition to the funds of the Homœopathic Hospital by the liberal bequest of his whole fortune to it by Dr. F. F. Quin, the withdrawal of our subscription will not diminish the number of beds in that institution, and therefore its power of affording clinical teaching to our students will not be lessened. Our subscription enabled the Hospital authorities to support 10 more beds than could otherwise have been kept open, but it is hoped that Dr. Quin's bequest will support from 15 to 17 beds, in addition to the 80 beds which the annual income of the institution could supply.

18. It is to be hoped that those who are interested in the success of the medical reform we advocate will endeavour to still further put our Hospital on a firm and flourishing basis. This will need a considerable increase if we are to make it an efficient means of complete clinical instruction in the practice of homœopathic medicine and surgery.

14. During the past year we have added five names to our list of Medical Governors:—Dr. Geary, San Francisco; Dr. A. de Noë Walker, London; Dr. C. H. Macintosh, Torquay; Dr. Douglas Moir, Manchester; and Dr. C. M. Carfrae, London.

15. The total sum received for fees from students during the year amounts to £28 2s. 0d.

16. Several of our students availed themselves of the nomination tickets which our Medical Governors are empowered to give under certain regulations.

17. We have to record with feelings of the deepest regret the death of one of our earliest supporters, Mr. Charles Trueman. He was one of the original members of our Committee of Management, and although unable to attend owing to his condition of health, his advice and counsel, from his great experience of business, were of no little aid in the formation of our School. Dr. Leadam has also been compelled to resign his seat on the Committee, from severe and continued illness, to the great grief of his colleagues.

18. Sixty-four lectures have been delivered during the year on *Materia Medica* and Therapeutics by Dr. Hughes, on Mondays and Thursdays during the winter and summer session. Sixty-nine lectures on the Principles and Practice of Medicine have been delivered by Dr. Dyce Brown, on Tuesdays and Fridays during the winter and summer session. The number of students who have attended the classes during the summer session was 7; and during the winter session 18. at the commencement of the winter session, 1878, Dr. Dyce Brown, of London, delivered an introductory lecture to a large and deeply interested medical audience on the 2nd October. This lecture was printed and circulated among the medical practitioners of the metropolis and suburbs. Clinical lectures have been delivered during the year by Dr. Dyce Brown, Dr. J Galley Blackley, Dr. James Jones, Dr. Richard Hughes, and Dr. Cooper, both in the wards of the Hospital and in the out-patients' department.

19. We regret to say that owing to Dr. James Jones' retirement from his post at the Hospital in consequence of ill health his valuable services are lost, and we wish to record our thanks to him for his past assistance, and our regret at his severance from the School.

20. We have to acknowledge with warm thanks the following contributions to our Museum and Library:—

REPORT OF THE LIBRARY AND MUSEUM.

21. During the year ending December 31st, 1878, the following additions have been made to the library:—36 vols. presented by Boughton Kyngdon, Esq.; 11 by Dr. Dudgeon; 1 by Dr. L. Süß Hahnemann; 1 by Dr. R. Hughes; 8 by Dr. D. Dyce Brown; 2 by Dr. L. Simon, *Fils*; 29 by Messrs. Boericke and Tafel; 1 by The Hahnemann Publishing Society; and 6 have been purchased. Eight periodicals have been taken in.

MUSEUM.

22. The following have been the contributions to the museum:—Messrs. E. Gould and Son 2 specimens; F. Epps

& Co. 1; Thompson and Capper 2; Armbrecht Nelson & Co. 28; Jas. Epps & Co. 5; Alfred Heath 6;

23. As it is of importance that the list of specimens used to illustrate the lectures on *Materia Medica* should be complete as soon as possible, the Committee have authorised the Curator to purchase such specimens as are still necessary to fill up the blanks in the series. With this object 39 specimens of crude drugs and mother tinctures have been obtained by purchase, and it is hoped that the museum will be complete before the opening of the summer session on the 1st of May.

24. The prize of ten pounds to be given at the end of each winter session to that student who should pass the best examination in homœopathy was awarded to Dr. Clark, of Ipswich; a second prize of five pounds was awarded to Dr. Goldsborough, of London, and to each prize was added an engraved portrait of Hahnemann. (*This announcement was made in our last Report, although it properly belongs to this, as the examination took place in 1878.*)

25. A course of Lectures to female missionaries on the rudiments of Anatomy, Physiology, and Minor Surgery, by Dr. James Jones, was delivered during the months of May, June, and July; and a course of Hygiene and the rudiments of the Practice of Medicine, by Dr. J. Galley Blackley, was delivered during the months of May, June, and July. It is in contemplation to deliver a similar course during the present year.

26. At the Committee Meeting of 8th April it was decided to call a meeting of Medical Governors to discuss the proposed Medical Act Amendment Bill, and to empower them to appoint a Sub-Committee to report as to whether any action should be taken in the matter in the interest of medical liberty, especially as relates to those practising, or desiring to practise, homœopathy. A Sub-Committee was appointed by the Medical Governors, who decided that the Bill as proposed would invade none of our rights in the domain of medicine, and therefore the Committee advised that no action should be taken.

27. It will be seen that a fair amount of solid, useful work has been accomplished during the past year; and we look forward to the present year as one which may afford a still greater field of usefulness. Differences of opinion must always exist among a small body of earnest workers as to the best mode of carrying out a new undertaking such as ours is; but it will be our endeavour to find, so far as is possible, some neutral ground which shall least offend.

The following is the Balance Sheet presented with the foregoing Report:—

LIABILITIES.

	£	s.	d.	£	s.	d.
<i>To Sundry Outstanding Accounts :</i>						
For Advertising, Printing, Salaries, Rent, &c.	99	16	6			
<i>Revenue Account :</i>						
For Balance at Credit of this						
Account at 31st Dec., 1877	2,071	3	1			
<i>Less</i> Balance of Account for						
Year ending 31st Dec., 1878		1	15	7		
				2,069	7	6
				£2,169	4	0

ASSETS.

	£	s.	d.	£	s.	d.
<i>By Investment :</i>						
£1,800 Metropolitan Board of Works 3½						
per cent. Stock	1,848	2	6			
<i>Library, Museum, and Office :</i>						
Fittings and Furniture	125	18	7			
<i>Cash :</i>						
At Union Bank of London ...	188	8	0			
Petty Cash in hand		7	4	11		
				195	7	11
				£2,169	4	0

Examined and found correct,
 CHATTERIS, NICHOLS, & CHATTERIS,
 Public Accountants, London, } *Auditors.*
 GEORGE FUTVOYE FRANCIS,
 March 4th, 1879.

DRS. DRYSDALE and DUDGEON then expressed a wish to know by whom the proposed Report had been drawn up, and by whose authority it was issued.

The HON. SECRETARY replied that he was responsible for drawing up the Report—that information connected with their respective duties had been furnished to him by the Lecturers, the Curator, Librarian, and the Secretary, which information had been embodied in the Report; further, that the draft of the proposed Report had been submitted to the Committee of Management, at a meeting on the 10th of March, and that it had been approved by them. After having passed the Committee, the “draft of proposed Report” was printed, a copy was sent some ten days or so before the meeting to every Member of the Committee (so as to meet the eye of those not present), also to

every Member of the Council and to every Medical Governor, in order to elicit their opinions, and to profit by their advice. He (the Hon. Sec.) did not see that any better plan could be devised to take the suffrages of distant members, and to prevent the government of the School falling into the hands of a few local men. That this plan is an efficient one is shown by the result. The balance of opinion went against certain passages of the Report, and he (the Hon. Sec.) deferring to the wish so expressed, proposed that the Report should be amended by dropping out of it the clauses objected to. He expressed his opinion that no new measure involving a change in their mode of action should be passed by a bare majority even, but should be adopted only where the opinion in its favour was unanimous, or nearly so.

Dr. DRYSDALE objected to the withdrawal of the Report. He wished the Paragraphs 8 to 10 to be discussed *seriatim*, and to be rejected by the meeting. He strongly objected to the principle of Voluntary Licentiatehips and to the granting of any separate degree to any homœopathic practitioners, and he wished to have an opinion pronounced by the meeting against such degree.

Dr. BLACK entirely agreed with Dr. Drysdale, and considered that Paragraphs 8 to 10 inclusive should be omitted, and that the opinion of the meeting in reference to these paragraphs should appear in the minute book of the School.

Dr. DUDGEON thought it important that the question raised in this draft Report of the granting of a license to practise homœopathy should be discussed, and an expression of opinion on the subject given, which should prevent it from being ever afterwards raised. To him it appeared as a retrograde step, as an attempt to place ourselves voluntarily in the sectarian position the orthodox school had endeavoured to assign to us, but against which we had always protested. Had Lord Ebury been in the chair, he would have reminded his Lordship that, twenty-one years ago, Lord Ebury, the Hon. Mr. Cowper-Temple and himself, had met together and concocted a clause for insertion in the Medical Bill that was passing through Parliament, and this clause was framed in a spirit the exact opposite to that of this proposition in the draft Report. The clause—No. XXIII. of the Medical Act—rendered it penal for examining bodies to refuse their diplomas to any candidate on account of his therapeutic creed. And would they now endeavour to perpetuate difference of therapeutical belief, and confer a diploma or license on their students which would brand them as beyond the pale of medicine proper? Did they not believe that homœopathy was the truth in therapeutics? If so, had they not faith in the ultimate triumph of truth? They could not look at the course of events in medicine during the

last forty years without seeing that all things were tending to secure the acknowledgment of homœopathy as the truth in therapeutics. The little leaven of Hahnemann was fast leavening the whole mass of medicine. Almost all the old methods had been discarded, and scarcely a day passed without some of our homœopathic remedies and methods being adopted by the so-called orthodox. Everything happens to him who knows how to wait, says the French proverb. Can we not wait for the time—no very distant one apparently, to judge by the progress already made—when the homœopathic will be acknowledged as the true therapeutic rule? Let us not perpetuate our differences, and employ our apparent sectarian position, by trying to obtain separate degrees or licenses to practise homœopathy—which will ultimately—if we do not do anything to prevent it, such as this important scheme—be generally acknowledged to be true medicine itself.

Dr. CARFRAE, owing to some mistake, had not received the copy of proposed Report forwarded to him by the Secretary, and had not therefore had an opportunity of reading it. He, however, had a great objection to the paragraphs referring to the Voluntary Licentiate-ship.

Dr. YELDHAM, although not favourable to the Voluntary Licentiate-ship, thought it a waste of time to discuss this portion of the Report which it was already proposed to omit.

Dr. POPE thought it unusual to discuss the subject, as it had already been withdrawn, and therefore was not now before the meeting.

The CHAIRMAN was of the same opinion.

After a good deal of somewhat desultory discussion, on the motion of Dr. DRYSDALE, seconded by Dr. BLACK, it was resolved that—"A draft of the proposed Report having been submitted to the meeting the following paragraphs, viz., 8 to 10 inclusive, were by general consent withdrawn."

The Report, as amended, was then unanimously adopted.

Drs. DRYSDALE, BLACK and DUDGEON next protested against the payment of 850 guineas as this year's subscription from the School to the Hospital.

The CHAIRMAN, however, pointed out that the resolution passed by Drs. Kidd, Dudgeon and Black at the Council Meeting on the 5th of November last—"That the subscription now given to the Hospital be continued for 1879, and the Committee be then recommended to discontinue it afterwards"—had already disposed of that question, and discussion of it could not be re-opened.

Dr. DRYSDALE then said that, on this his first attendance at a meeting of the School, he had expected, from the glowing reports he had previously read, to find a crowd of intelligent and sympathetic lay-friends of the cause—those lay-friends, in fact,

in deference to whose feelings the discussion of the name of the School had been put in abeyance. But on looking around he saw none of those lay-friends except two, who kindly had taken an official position in the School; and the meeting was solely composed of a few—very few unfortunately—of the more zealous of our medical friends, among whom he was sorry not to see the majority of our lecturers. He wished to urge that the comedy of the ostrich had been played long enough, and that it was now time to look matters in the face, and give up making believe, from whatever honourable and hopeful motives, that we had a Medical School, whereas anyone who looked into the books could see plainly enough that as yet not one single medical student—properly so called—(no, no)—had attended a course of our lectures. (No, no.) You may cry, “no, no” if you like, but I say we have not had a single medical student. The fulfilment of our purpose as a School had not, in fact, even begun. This was a most serious state of matters, and it behoved us to take some special measure to meet it. It is true that a certain number of medical men had attended the lectures more or less irregularly; but these were all qualified medical men, and not students of medicine in the proper sense of the term. The method of teaching adapted for them differed totally from that needful for true students. If a medical practitioner—say, for example, Sir William Jenner—desired to look into homœopathy, he would hardly expect to be ushered into this room and treated to a systematic lecture on typhoid fever, of which fifty minutes were occupied with its pathology, and ten minutes with its homœopathic treatment. On the contrary he would expect simply to go round the wards of the Hospital and hear a few pertinent clinical remarks now and then on the distinctive homœopathic treatment of the cases. For this none of the paraphernalia or expensive arrangements of a Medical School are required; and this is all the distinctive homœopathic education, besides private study and practice, that most of us have ever had. The requirements of a School for passed medical men and those for true students for their degrees thus differ *toto celo*; and, unfortunately, it is only the former class which have as yet come to us, while it is the latter class which is essentially necessary to us for the future well-being of homœopathy. The nine days’ wonder of homœopathy as a novelty are now passed in this country, and few medical men in practice are tempted to look into it, but are content to satisfy their consciences by accepting the absurd and false statements of those hostile to it; while the students are actually learning homœopathic treatment in an imperfect form taught in disguise at the ordinary medical schools, and are given to understand that they can get all the good of homœopathy in practice without the persecution and

odium attached to the open profession of its truth. For these reasons we have great difficulty in filling up our ranks with young men, and even obtaining house-surgeons for our dispensaries. It is therefore now essential that we should search for some method of taking our proper position as an educational institution, and obtain recognition for our classes, so as to put them on an equal footing with those of our opponents. This is no less our right than our duty, and, in furtherance thereof, he concluded by proposing the following motion, which was seconded by Dr. BLACK, and carried :—

“ That a Special Committee be appointed for the purpose of finding the best means of obtaining recognition for our lectures by the present or future licensing bodies.” The following gentlemen were nominated members of the committee :—Drs. Black, Dudgeon, Drysdale, Hughes, and Blackley.

The officers of the School for the coming year—the President, Chairman of Committees, Treasurer, Trustees, Hon. Secretary, Lecturers, Curator and Librarian, Secretary, and Auditors, were then elected.

The following gentlemen, members of the Committee, who retire in accordance with Rule IX., were unanimously re-elected, viz., Messrs. T. Scott Anderson and J. B. Crampertn, Drs. W. Bradshaw and A. C. Clifton.

It was proposed by Dr. Bayes that Drs. Drysdale and Dudgeon should be elected Members of the Committee, but both declined.

In accordance with Rule X. the following Members of the Council, who retire by rotation, were, on the motion of Mr. CHAMBRE, also re-elected :—A. E. Chambre, Esq., Dr. Drysdale, Dr. Dudgeon, and A. R. Pite, Esq.

Dr. BAYES proposed that Rule VIII. should be altered by substituting the word “ letter ” for “ voting papers,” which was agreed to.

A vote of thanks to the President and other officers of the Society, and to the Lecturers for their valuable services to the School, was proposed by Dr. BAYES, and unanimously accorded.

We have been requested by Dr Bayes to publish the following explanation of the position of the School in regard to the points discussed at the meeting.

“ The Honorary Secretary deems it right, in reference to the remarks of Drs. Dudgeon, Drysdale, and Black, to point out to the subscribers and donors, that in the *original* prospectus, entitled, “ Proposal to found a School of Homœopathy ” (on the faith of which most of the subscriptions and donations have been given to us), the following principles were distinctly laid down :—

Paragraph 5 says: "The ordinary Medical Schools of Great Britain supply all the teaching necessary for the education of a physician or surgeon *with this one important exception*, viz., the teaching of the Homœopathic *Materia Medica and Therapeutics*."

Paragraph 6 says: "It is to supply this want, and not to inaugurate *any rival effort*, that it is proposed to establish a School of Homœopathy."

Paragraph 8 says: "That one of the necessities for such a School is the 'claims of such physicians and surgeons as desire to study the homœopathic method.'"

Paragraph 9 says: "It is intended to limit the public instructions in homœopathy to *medical men* and to *bonâ fide* medical students from some other school."

Paragraph 10 reiterates the principle, that the special aim of the School is "to complete and elevate the attainments (already possessed by regularly educated physicians) by adding to their other knowledge, that of the art and science of homœopathy."

Again, there is a foot-note to the first prospectus issued after the foundation of the School, dated January, 1877.

"* * * The classes of students to whom these lectures are specially addressed, are:

"1 Medical men who have already obtained their degrees, and who desire to obtain a knowledge of homœopathy, in addition to their other acquirements.

"2. Medical students desiring to be instructed in homœopathic medicine.

"3. Missionaries going abroad."

Drs. Drysdale and Dudgeon were very early, if not the first signatories of our original prospectus. One of our objects, that of obtaining a good class of passed medical men, has been attained, and several excellent physicians have attended our lectures and clinical instruction, and have entered into the active practice of homœopathy. Our last session's class numbered 13 students of homœopathy.

That there are difficulties which beset the medical student (in his *pupil* stage) is, or ought to be, well known, both to Dr. Drysdale and others, whose sons, although studying at London hospitals, find it impossible to attend our lectures till after the attainment of their degrees. Possibly we may find (so soon as we understand fully the nature of these difficulties) some way of meeting and of removing them. At present, we are bound to believe them insuperable, since not one of the half dozen or more students (studying in London) who are sons of homœopathic practitioners, attend our courses of lectures. Dr. Drysdale is in error in stating that no medical students (in the pupil stage) have attended our School; and equally in error in speaking as though our School was intended solely for students who

possess no degree. The above documentary evidence shows that the *chief* aim of the School is to teach homœopathy to medical men, so that the public may be protected against ignorance of homœopathy in medical men desiring to practise it.

As regards the L. H. certificate or diploma; the idea, in some shape has always been present in the mind of the founders of the School.

In Paragraph 17 in the original prospectus, we find, "at the end of each session, the governing body shall appoint three of its members to examine and grant certificates in homœopathy to any legally qualified medical practitioner, who having diligently attended the lectures and hospital practice, shall voluntarily desire such examination, and shall have given one month's previous notice to the Honorary Secretary of his desire to be examined."

This principle was allowed to fall into abeyance, at the request of some few men and did not appear in the later prospectuses; it being recommended that only lecturers' certificates should be given. The utility of some distinctive title was seen and acknowledged by the founders of the British Homœopathic Society, whose M.B.H.S. or F.B.H.S. was instituted as a protection to the public; but the evidence required as to the qualification of candidates for the M.B.H.S. was and is so slight, as to be practically no proof of the fitness of the member of the British Homœopathic Society to practise as a homœopathic practitioner. The founders of the School desired that each of its students should only receive his certificate after such an examination as would prove him qualified to practise homœopathy, and thus we should interpose a safeguard against quackery and ignorance, to the great benefit of the public.

Lastly. That a subscription from the funds of the School, towards increasing the facilities for clinical teaching in the Hospital, was one of our earliest principles, is shown in Paragraph 19 of the *original* prospectus, and large sums of money have been received by us on the faith of this prospectus.

Paragraph 19 says: "*Our most pressing and greatest need for money is for the purpose of enlarging the Hospital, in order to make it a worthy clinical school; and to this end we must devote our most strenuous efforts.*"

This prospectus was signed by 62 medical men, Drs. Drysdale and Dudgeon's names being on the list.

In the first prospectus, issued after the foundation of the School (dated January, 1877), paragraph 18, we find: "But scarcely less important is the enlargement of the Hospital, as a field for clinical instruction; and this will require, for the provision of say 20 beds at the Hospital, at £35 a year (each bed), £700 as an annual subscription."

The same principle was affirmed at a preliminary meeting held on Wednesday, November 15th, 1876 (which, among other things, appointed a committee to draw up "rules and laws"). "That the Executive of the School shall be formed from among the subscribers and donors to the School fund, but that in clinical teaching it is desirable that the School be connected with the Hospital, and that the School shall do all in its power, in friendly co-operation with the Board of Management of the Hospital, to assist by funds, and otherwise to develop and increase the usefulness of the Hospital as a field for clinical instruction."

These being the fundamental principles, on faith of which large sums of money have been given us, as may be seen on reference to the documents above-named, the subversive propositions of our esteemed colleagues cannot be entertained without grave consideration.—W. B., *Hon. Sec.*"

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

We have much pleasure in drawing the attention of our readers to two entertainments which are about to be given on behalf of the funds of this excellent and very useful charity.

The first, a semi-classical, vocal and instrumental concert, will be held at the Langham Music Hall, on the 9th inst., under the patronage of the Earl and Countess of Dunmore, the Earl and Countess of Denbigh, the Earl of Wilton, Lord and Lady Ebury, and the members of the Board of Management. The details of the concert are being arranged by Herr Carli Zoeller, a professor of music, and a composer of good repute, who will be assisted by several brother artistes of note. It is interesting to know that Herr Zoeller has undertaken the management of this entertainment almost free of cost to the hospital, as an expression of gratitude for the relief afforded to him at the hospital, when, during the hard frost of last winter, he fell and sustained a severe fracture of the left arm, while walking immediately opposite the door of the institution. The fracture was at once set, and Herr Zoeller kindly and carefully attended to by the resident medical officers, at the time and for some weeks thereafter. Tickets of admission (price 7s. 6d., 5s., 2s. 6d., and 1s.) may be obtained at the Langham Hall; from the Official Manager at the hospital; Messrs. E. Gould and Son, chemists, Moorgate Street; and from the following music-sellers: Messrs. Neumayer and Co., Princes Street, Cavendish Square.

On the 7th June the "Thalian" Amateur Company will give a performance in aid of the hospital funds at St. George's Hall. The pieces selected are *The Two Thorns*, by special permission of

the author, T. Albery, Esq., and *Ici on Parle Français*. The company consists of well-known ladies and gentlemen amateurs, and the performance will undoubtedly prove a most attractive and amusing entertainment. It is to be held under the same distinguished patronage as is the concert, with, in addition, that of the Duke and Duchess of Beaufort; the Duke and Duchess of Westminster; Maria, Marchioness of Ailesbury; the Earl and Countess Sydney; the Earl of Essex; the Earl of Albemarle; Lord and Lady Camoys; Lord and Lady Alfred Paget; General Lord George Paget, and others. Tickets may be obtained from Captain Vaughan Morgan, 5, Boltons, S.W., the treasurer of the hospital; Captain Conyers D'Arcy, Junior Carlton Club, the stage-manager of the "Thalians;" and Mr. Alan E. Chambre, the Official Manager of the hospital. The prices of the tickets are: Private Boxes, £2 2s. and £1 1s.; Orchestra Stalls, 7s.; Dress Circle, 5s.; Balcony Seats, 8s.; and Gallery, 1s.

CHRONIC POISONING.

Secundum artem.

"It has long seemed to me, as the almost involuntary induction from innumerable facts of experience, that if any portion of my head machinery is wrong, it is that part which connects will with the effectuating functions. Not will itself, nor that result of will or desire on the imagination which we call 'purpose' (for neither will nor purpose was, probably, ever clearer or more definite than at present), nor the 'effectuating functions' themselves—for they seem all right—but whatever organism is the electric conductor, so to speak. For instance, my devotional feelings, and originating religious powers, are quite healthy and strong, and my will is distinct enough on sacred matters; also my powers of speaking or reading on sacred subjects, *if taken unawares*, seem healthy; but for my will to *oblige* my powers of speech, of reading, or of thought, on such subjects, to act with the reverence, attention, and consecration with which I will them to act, soaks me with sweat, and strains my whole mental machine * * *

"So my memory, when *accidental*, seems good, and my mental powers when brought to bear on *present objects*, by their own stimulus, seem as good as ever; but memory fails when will has to make dogs hark back for the desiderata.

"Even as regards physical efforts the same law seems to hold, more or less. Everywhere, in short, there is neither devigoration of will, nor tabescence of purpose, nor frustration of will or purpose, by malfaisance of the external doing-machine; but there is profound fatigue, weakness, illness, or whatnot, of some

mediatorial organ."—*The Life and Letters of Sydney Dobell*, vol. ii.)

He had hoped to be able to abandon the habitual use of a sedative medicine,* which he took always under protest, *with a sense that it poisoned life and fettered the use of his brain*, but which, during the last eight years, had been prescribed for him by every physician consulted.

The result of medical experiment and observation now led to its being prescribed in larger quantities. This was a severe disappointment, as, *during the few days of its discontinuance, he believed that his mind worked more freely and easily.*

The italics are our own. The picture here presented, of (to use his own words) a noble "life poisoned," and a fruitful "brain fettered" by the constant administration of the present fashionable sedative, tells its own sad story, and points its burning moral.

BRITISH HOMŒOPATHIC SOCIETY.

THE Eighth Ordinary Meeting of this Society will take place on Thursday, the 1st of May, 1879, at seven o'clock. At eight o'clock, a paper will be read by Dr. Murray Moore, of Taunton, entitled, "*On the Pathogenetic Analogies of Isomorphous Drugs.*"

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted during the seven weeks ending April 10th, 1879, gives the following statistics:—

Remaining in Hospital February 20th, 1879	...	47
Admitted between that date and April 10th	...	82
		129
Discharged between February 20th & April 10th		86
Remaining in Hospital, April 10th, 1879	...	43
The number of New Out-Patients during the above time has been	... ..	978
The total number of Out-Patients' attendances for the same period has been	... ..	3,087

* *Bromide of Potassium.*

OBITUARY.

CHARLES TRUEMAN, ESQ.

It is with much regret that we announce the death, after many years of severe illness, of the late Official Manager of the London Homœopathic Hospital, Mr. CHARLES TRUEMAN.

Mr. Trueman was born at Walthamstow, and died at Torquay on the 4th of January, in the 65th year of his age.

During the earlier portion of his life he was engaged in extensive business in the city. An intimate friend of the late Dr. Quin, and a warm advocate of homœopathy, he took a lively interest in the London Homœopathic Hospital from the time of its institution, and was, we believe, a member of its first board of management. Shortly after the formation of the board he was appointed its deputy chairman. Business engagements requiring his presence abroad, he resigned this post, after holding it for four years. Returning to England after a long absence, he again joined the board; and, on the retirement of Mr. Ralph Buchan from the office of secretary, he undertook the duties of official manager, with a seat at the board. For ten years he devoted himself as unremittingly as was possible to furthering the prosperity of the hospital, resigning his position in 1877 only when deprived of all prospect of anything like health to carry on his work.

The dinners, bazaars, fine art distributions, public readings, and the various appeals for support which have been sources of income to the hospital of late years, have owed much of their success to the energy, zeal, and ability of Mr. Trueman.

To him, too, are we indebted for having organised that very efficient system of nursing which has grown into so valuable an institution in connection with the hospital.

We doubt much if any one during the period our hospital has been in existence has worked in its interests more earnestly, more disinterestedly, or more successfully than Mr. Charles Trueman. His judgment may not at all times have been the most accurate; his decisions on points regarding the management of the hospital may not have commended themselves to every one; but that he ever acted in what he believed to be the best interests of the institution, that he ever regarded the welfare of the patients as of paramount importance, no one will deny, while few will be found to dispute that he had some most difficult duties to perform, many conflicting interests to harmonise, and some very sensitive individuals to deal with. That such a position should be a bed of roses, that its occupant should satisfy the desires of all around him, was not to be expected—was, indeed, in the very nature of things, impossible. He, however, never flinched from doing what he believed to be for the advantage of the institution, and, while

open to argument in the carrying out of his plans, when once convinced that his duty lay in a given direction, neither fear, favour, nor affection could make him swerve.

Full of energy, full of devotion, Charles Trueman's name will ever live in the history of the London Homœopathic Hospital as that of one of its most useful and successful officials.

BOOKS RECEIVED.

The Guiding Symptoms of our Materia Medica. By C. Hering, M.D. Vol. I. Philadelphia. 1879.

A Tabular Handbook of Auscultation and Percussion. By H. C. Clapp, M.D. Boston. Houghton, Osgood & Co. 1879.

British Journal of Homœopathy. April. Turner and Co.

The Organon. A Quarterly Anglo-American Journal of Homœopathic Medicine. Liverpool.

The Homœopathic World. The Homœopathic Publishing Co.

A Philosophical Conversation. T. Scott, Norwood, S.E.

The Student's Journal and Hospital Gazette.

Index Medicus. A Monthly Classified Record of the Current Medical Literature of the World. New York. F. Leypoldt, 37, Park Road.

The Medical Record. New York.

The Homœopathic Times. New York.

The United States' Medical Investigator, Chicago.

The New England Medical Gazette. Boston.

The American Observer. Detroit.

The St. Louis Clinical Review. St. Louis.

Allgemeine Homöopathische Zeitung. Leipsic.

Homöopathische Rundschau. Leipsic.

El Criterio Medico. Madrid.

Report of the Homœopathic Relief Association. New Orleans.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

As Dr. POPE will be in the United States during the next two months, it is requested that all letters and papers for the *Review* may, during that time, be sent exclusively to Dr. BROWN, 29, Seymour Street, Portman Square, London, W.

A review of Dr. DRYSDALE'S very valuable essay on *The Germ Theories of Infectious Diseases* is in type, and will appear next month.

Communications, &c., have been received from Dr. BAYES, Dr. FENTON CAMERON, Captain MAYCOCK, Mr. CHAMBRE, (London); Dr. KITCHING, (Cape Town); Dr. MOORE (Liverpool); Dr. CLARKE (Ipswich); Dr. S. BLAKE (Liverpool), Mr. CRAMPERN (London), &c.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to MESSRS. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

THE LONDON HOMŒOPATHIC HOSPITAL,
AND THE
LONDON SCHOOL OF HOMŒOPATHY.

In our issue for last month we published the annual reports and the details of the meetings at which they were adopted, of two of our most important institutions. These reports and the speeches delivered when they were presented, appear of sufficient interest to demand especial attention.

The report of the board of management of the HOSPITAL is one of the most welcome we have received for some years. To summarise its more important statements, we may say that the income of the hospital from all sources has been larger, while at the same time the expenses of its management have been smaller; the number of patients admitted has been greater, though the period during which each has remained in the wards has diminished; and, lastly, the medical statistics show a larger number of severe cases than usual. The number of out-patients has increased to the extent of rather more than ten per cent. The plan of visiting out-patients has now

been seriously tested, and has proved the success we always anticipated that it would do, provided sufficient attention were devoted to it. Visiting out-patients is, of all methods of securing suitable cases for hospital treatment, that which is best adapted for the purpose. If the experiment, which during the past year has proved successful, be properly managed, and earnestly persevered with, we believe that it will conduce more than anything else to the filling of our wards with cases of a character well calculated to show the wonderful control over severe disease which homœopathic treatment gives the physician.

The success which continues to attend the nursing department is extremely gratifying. In the development of a system of training nurses for private patients we have another illustration of the value of hospitals to the public. These institutions are not merely refuges for the poor in times of dangerous illness, nor are they solely educational establishments for the medical practitioners of the future, but they now—at least the London Homœopathic Hospital does—supply the sick in private families with thoroughly instructed, well-trained nurses. In this department of public work everything, or nearly everything, depends upon the skill and character of the lady superintendent of nurses. It is no mere empty compliment that the board in their report pay to Miss BREW, when they attribute so much of their success in the experiment of organising a number of trained nurses for private patients, to her judgment, skill, and tact, but a thoroughly well-earned, and therefore most justly merited tribute to the value of her services.

The extract from the report furnished by Drs. DUNN and NEVILLE WOOD of their visit of inspection, is very satisfactory, especially is it so when we remember how much thought and care the founder of St. James' Hospital,

Doncaster, has expended upon all the details of hospital management in years gone by.

This brief summary of the present state of our hospital will, we are sure, afford pleasure to all who really desire the progress of homœopathy. Like all public institutions, our hospital has its enemies and detractors. We trust that its board of management will pursue their work of charity, assured that their supporters largely outnumber those who desire to see a cessation of their determined efforts to do good, that the sympathy felt in their work is extending, and that as the institution, under their direction, becomes more and more available for teaching and illustrating homœopathy, as its area of public usefulness widens, this sympathy will be still more generally felt, and more practically manifested.

The report contains, however, two dark passages. In recording the deaths of Dr. QUIN and Mr. C. TRUEMAN, it deploras the loss of two of the best and most energetic friends, the London Homœopathic Hospital ever possessed. Regarding Dr. QUIN the report tells us that :—

“By his own personal donations and those of anonymous friends through him, between the years 1850 and 1871, inclusive, no less a sum in the aggregate than £6,800 was contributed to the funds for the maintenance and support of the hospital, besides large sums towards the building fund. In 1874 an unfortunate difference between Dr. Quin and the board of management, which they deeply regretted, caused him to withdraw from active co-operation in the proceedings of the hospital; but he never ceased to take a lively interest in all that concerned its welfare, and he allowed the provisions of his will—made some years previously—to remain undisturbed. By this will the whole of his property, calculated to amount to not less than £17,000, has been left in trust for the benefit of the hospital.

“The board of management feel—and in this feeling they know that the governors and subscribers will entirely concur—

that this munificent bequest entitles the generous donor to a special record of their earnest and heartfelt gratitude."

Of the services rendered by Mr. TRUEMAN to the hospital, we wrote so recently, that any additional reference here is needless. They were of a very high order, and ever characterised by a most purely disinterested zeal for the welfare of the institution.

One topic named in the Report was a subject of considerable discussion at the meeting; we refer to the proposal by the board to make provision for a class of patients who are able to pay somewhat for the privilege of admission. We are pleased to find that the governors and subscribers consented to arrangements being made to enable such patients to be received. Dr. HAMILTON—who we are glad to know is now the consulting physician to the hospital—objected to the idea on the ground that the institution was intended for the poor, and urged that it should therefore be reserved exclusively for the poor. But though Dr. HAMILTON'S premiss is true, his inference is not necessarily so. The fact is that the hospital is capable of receiving a larger number of patients than its funds can maintain. Had the board command of money sufficient to provide for seventy patients, this proposal would in all probability not have been made; and most certainly, had it been so, would not have been sanctioned. They have not the income requisite for this purpose, and consequently there are some twenty-five beds that are always empty, and until the subscription list increases must remain empty, unless some such scheme as that described in the report is adopted. We can see no good and sufficient reason for keeping them unoccupied. That the board may be imposed upon by unsuitable applicants for admission is certainly not an adequate reason for not utilising them. If in contributing to a charity we waited until we were satisfied that that

charity would never be imposed upon by unworthy objects, we should never subscribe to any. Dr. HAMILTON alluded to the opposition with which a somewhat similar proposal had been met at St. Thomas's Hospital. The cases are scarcely parallel. St. Thomas's is a large establishment, and the board there proposes to fill a large number of empty beds with paying patients, and in so doing adding considerably to the work hitherto imposed upon the physicians and surgeons. Further, St. Thomas's already deprives a large number of medical practitioners of patients who would, but for the hospital, resort to them and pay them—or at any rate promise to do so. It, and some other large hospitals, have in this way done a great injury to the general practitioner, and hence, not unnaturally, the proposal that it should do more has aroused a certain amount of opposition—one which, nevertheless, is, we think, rather short-sighted; for the patients who would in the time of sickness enter such an institution are just those who, while employing a doctor when ill, would evade remunerating him when they had recovered!

Such considerations as these need not, however, disturb us. The number we could admit on any terms is very small. It could not appreciably affect the income of any medical man, whether a few beds were occupied by patients who would otherwise consult him or not. Again, we desire to make our hospital useful in diffusing the benefits of homœopathy, and also in providing material for instructing practitioners and students of medicine in the practice of homœopathy. These are considerations of the first magnitude, and to them others of a minor order must yield. If, then, we can do more good by receiving a few patients who pay something for the advantages they receive, we ought to do so, and we are therefore glad that the governors and subscribers have endorsed the suggestion of the board.

The Report of the Committee of Management of THE LONDON SCHOOL OF HOMŒOPATHY shows that this much needed institution has taken root amongst us. To that part of the report which was withdrawn from it before the meeting, which was not, in short, brought officially before it, we shall not refer further than to say that we think a very wise discretion was exercised in its withdrawal. That Drs. DUDGEON, DRYSDALE, and BLACK should have been disappointed at being deprived of the opportunity of expressing disapproval of the committee in bringing such a proposal as that of an examining board before the medical governors was only what might have been expected. Dr. DUDGEON, however, had prepared a speech for the occasion, and through the courtesy of the chairman he was allowed to deliver it. Objectionable as the proposal to create a licentiatehip of homœopathy is in our opinion, Dr. BAYES, in the postscript to the report of the speeches published by us last month, quite justifies the action of the committee in laying it before the medical governors for their consideration. The report presented by the committee having been agreed to, Dr. DRYSDALE brought forward a resolution for the appointment of a special committee to find the best means of obtaining recognition for our lectures by the present or future licensing boards. By the "future" licensing boards, we believe that Dr. DRYSDALE referred to the "conjoint board" which is to arise when the present "Medical Acts Amendment Bill" becomes a "Medical Acts Amendment Act," an event which seems, even now, somewhat distant. The committee appointed consisted of Drs. BLACK, DUDGEON, DRYSDALE, HUGHES and BLACKLEY.

We never remember hearing a proposal, so necessarily or so obviously barren of result, brought before any meeting. A very few words will suffice to show its utter futility.

The power to recognise the lectures of different teachers of medicine lies with the examining boards in the first instance, and the Medical Council in the second. Does Dr. DRYSDALE, or any other man, suppose that he can find out any means of inducing the Censors of the College of Physicians or the Master and Wardens of the Apothecaries' Company to recognise as a part of the curriculum required for their respective examinations a course of lectures on *Materia Medica*, in which homœopathy is openly taught, or one on the Practice of Medicine in which homœopathy is regarded as the basis of therapeutics? Is there any one so blind to the signs of the times that he requires a special committee to show him that such a thing cannot be?

The twenty-third section of the Medical Act has more than once been referred to, as though by its provisions such recognition could be compelled. This section, however, deals with examination, and not with education. The examining boards cannot through this section be compelled, either by the Privy Council or any other body, to recognise the lectures of any teacher to whom or to whose teaching they may object.

Moreover, supposing that the recognition Dr. DRYSDALE is hankering after were obtained, what student of medicine would select, as his teacher on *Materia Medica*, one whose views on therapeutics were notoriously opposed to those of the persons who would in time be his examiners; of those upon whose opinion his admission into the profession or his rejection therefrom depended? Surely it does not need a special committee to convince any one that no young man of so self-sacrificing, we might indeed say of so fool-hardy a spirit, is at present studying medicine, or is likely to be so!

But the bringing forward of this resolution enabled

Dr. DRYSDALE to make a speech, and in the course of it to give currency to a number of statements, which, if true—as happily they are not—would have a very damaging influence upon the future of our school.

In the first place, Dr. DRYSDALE referred, in a somewhat contemptuous tone, to the “lay friends of the school,” as those “in deference to whose feelings the discussion of the name of the school had been put in abeyance.” The discussion of the name of the school has taken place, it is not “in abeyance;” and it has been decided by forty-five *professional* friends of the school against fifteen of the same class, that it shall bear the name it has. In the discussion which took place at Liverpool no reference was made by either of the speakers in favour of continuing the name by which the school is now known to the “feelings of lay friends.” It was chiefly, if not entirely, because the institution was formed for the special purpose of teaching homœopathy, that it was resolved to call it, what it really is, a school of homœopathy. Dr. DRYSDALE then proceeded to urge that the “comedy of the ostrich”—whatever that may be—“had been played long enough, and that it was now time to look matters in the face, and give up making believe, from whatever honourable and hopeful motives, that we have a medical school.” To this it is sufficient to reply that we have never professed to have a “medical school.” A medical school is one where *all* the branches of learning necessary for the knowledge of the practice of medicine and surgery are taught. We have carried on no “make believe.” It was Dr. DRYSDALE and his fourteen friends at Liverpool who, “from whatever honourable and hopeful motives,” urged us to have a “make-believe!” “The Bloomsbury medical school” would indeed have been a misnomer, and therefore a “make-believe.” We do *not*, like the medical school of the University of Boston,

teach all the branches of study necessary for a complete medical education. There is no necessity for our doing so. Such institutions are already more numerous than is desirable for complete educational efficiency. What we have done is to provide an opportunity for students of medicine to acquire a knowledge of that branch of therapeutics which they cannot study elsewhere. We have done so, and we may add—regardless of the regret the announcement may, we fear, give to some amongst us—we have done so successfully. Dr. DRYSDALE asserted that not a single medical student had attended the school. This we believe is not correct, even when the arbitrary interpretation which it suits Dr. DRYSDALE's purpose to place on the term medical student is adopted. Dr. DRYSDALE would have it supposed, that a man who has passed the College of Surgeons, or has graduated at a University, is no longer a medical student! He, in point of fact, confounds the terms *status pupillaris* and medical student! When Dr. DRYSDALE went to Vienna, he was a graduate of the University of Edinburgh; but he went there for the purpose of studying medicine, with the view of increasing his knowledge of medicine. He was, in fact, when at Vienna, as he had been at Edinburgh, a medical student. The position occupied by the gentlemen who attend the lectures on *Materia Medica* and Practice of Medicine at the London School of Homœopathy is precisely similar. Their medical education has been defective in what they have seen reason to suppose is an important subject. They attend the lectures for the purpose of studying this subject, and are therefore still, so far at any rate, medical students, though removed from the *status pupillaris* by virtue of possessing a legal qualification to practice medicine. Dr. DRYSDALE admits that "a certain number of medical men have attended the lectures

more or less irregularly." "More or less irregularly" may have an effective sound about it, but it none the less conveys a false impression—not intentionally certainly, for we think it highly improbable that Dr. DRYSDALE has any personal knowledge of the character of the attendance! The fact we believe is, that the attendance at the classes during the last session was remarkably regular.

"The method of teaching adapted for them" (medical men), continued Dr. DRYSDALE, "differed totally from that needful for true students. If a medical practitioner, say, for example, Sir WILLIAM JENNER, desired to look into homœopathy, he would hardly expect to be ushered into this room, and treated to a systematic lecture on typhoid fever, of which fifty minutes were occupied with its pathology, and ten minutes with its homœopathic treatment. On the contrary, he would expect simply to go round the wards of the hospital, and hear a few pertinent clinical remarks, now and then, on the distinctive homœopathic treatment of the cases."

A passage more replete with fallacies it would be difficult, we should think, for any one to write. Whether a man is *in statu pupillari*, or has passed the College of Surgeons, provided he is ignorant of a subject that he desires to learn, the method of teaching must in both instances be similar. The amount of knowledge of what homœopathy is, of what the homœopathic *Materia Medica* consists, and of how it is applied in the treatment of disease, possessed by the ordinary allopathic practitioner, is little, if at all, greater than that which the individual Dr. DRYSDALE is pleased to call, a "true student," has at his command. Each requires to be taught, and that thoroughly. At the same time, such a discourse as Dr. DRYSDALE suggests, as having been given on typhoid fever, when the general pathology of the disease occupied fifty, and its therapeutics ten minutes, has never

been delivered in the school ; no, neither has any approach to it.* A little enquiry would have prevented Dr. DRYSDALE having his name associated with the endeavour to circulate so gross a misrepresentation as this undoubtedly is. In the lectures on the Practice of Medicine, the general features and pathology of the disease have been described as shortly as was consistent with making the course a complete one, while, in a considerable number of diseases, everything but therapeutics has, to save time, been omitted. In a *résumé* of the work of the first winter session, which appeared in the April number of this *Review*, it is stated that the lecturer on the Principles and Practice of Medicine had "found it impossible to overtake the entire field of the Practice of Medicine, owing to the minuteness with which it is necessary to expound the homœopathic treatment. Therapeutics, with us, takes up a much greater share of time in proportion to the pathology and general account of disease, than it does in the lectures of the old school, in which it is quickly disposed of." In another report of the proceedings of the school, published in this *Review* a few days before Dr. DRYSDALE delivered the speech on which we are commenting, we find the following remarks : "Up to the middle of the last winter course Dr. BROWN gave as short a sketch as possible of the ætiology, pathology, and general symptomatology of the various diseases treated of, before discussing the therapeutical portion of the subject. . . . He will . . . henceforth omit everything but therapeutics, referring the students to the ordinary text-books on Practice of Medicine, for what can be found in any of them. He thus hopes to be able to overtake the

* Dr. Drysdale has taken an unfortunate illustration of what he intended to convey, as in order to get over more ground, the lecturer, when taking up the subject of the specific fevers, omitted everything regarding them, except therapeutics.

entire field of therapeutics in one winter and summer course of lectures." Within eight days of having this passage in his possession, Dr. DRYSDALE describes a lecture on typhoid fever at the school as consisting of fifty minutes of pathological, and only ten of therapeutic description !

We have directed especial attention to this sentence in Dr. DRYSDALE'S speech, because we think that it cannot fail to convey to the minds of most of our readers that he would not be sorry to see the closure of the school. Let it once be understood by medical men who are anxious to study homœopathy, that five-sixths of each lecture are devoted to the consideration of matters with which they may be as familiar as the lecturer, and they will feel but little disposed to pursue their investigations at the London School of Homœopathy ; while, on the other hand, if they know that there they will almost exclusively hear subjects treated of respecting which they have had no previous opportunities of obtaining information, and their attendance will largely increase.

After telling us what his hypothetical visitor would not expect, Dr. DRYSDALE informs us of what he would look for—" a few pertinent clinical remarks now and then on the distinctive homœopathic treatment of the cases " in the wards of the hospital. We have always understood that, for years past, Dr. MACKECHNIE, Dr. DRURY, Dr. HALE, and others, have ever been ready to make a few " pertinent clinical remarks, now and then, on the distinctive homœopathic treatment of the cases " under their care ; but very few, if any, medical men ever cared to come and listen to them. Ignorant of what homœopathy was, not knowing anything about the homœopathic materia medica, or how it was applied, an allopathic visitor would not have been able to appreciate such observations. The method was

altogether too desultory; and, in consequence, has, we believe, been shown to have been a failure.

“This,” continued Dr. DRYSDALE, “is all the distinctive homœopathic education, besides private study and practice, that most of us have ever had;” and, we would add, so much the worse for “most of us.” Surely Dr. DRYSDALE is not prepared to adopt the refuge of the indolent Turk—“so-and-so did very well for my father and my grandfather, and it will therefore do quite well for me.” Because, some medical men have, by study pursued under the influence of an enthusiasm which is less common now, which is indeed by certain men rather deprecated than encouraged, succeeded in acquiring a good knowledge of homœopathy, in a desultory manner, and with little, if any, personal help, therefore it is quite needless that anyone should investigate homœopathy systematically under the guidance of experienced teachers. Is Dr. DRYSDALE prepared to sustain such a thesis as this? *

“The nine days’ wonder of homœopathy as a novelty,” Dr. DRYSDALE remarked, “are now passed in this country, and few medical men in practice are tempted to look into it, but are content to satisfy their consciences by accepting the absurd and false statements of those hostile to it; while the students are actually learning homœopathic treatment in an imperfect form, taught in disguise at the ordinary medical schools, and are given to understand that they can get all the good of homœopathy in practice without the persecution and odium attached to the profession of its truth.” This is all perfectly true, and just because it is true does the London School of Homœo-

* How necessary to success in practice is such an education as that given at the London School of Homœopathy, is made very clear by the *quoad* homœopathy, inevitable but honestly stated therapeutic shortcomings of a neophyte in homœopathy, who has not had the advantage of making a systematic study of homœopathy under experienced guidance, published in the last number of the *Homœopathic World*.

pathy exist. Let medical men in practice have presented to them an opportunity of studying homœopathy, and the temptation to look into it will increase, and it is increasing. The fact that students are learning homœopathic treatment in an imperfect form will, when they come to see that such has been the nature of the teaching they have received, excite their curiosity to know in what the more perfect form of homœopathic treatment consists, and to a school which offers them the means of doing so they will, when the fear of examiners no longer haunts them, resort with pleasure, and we trust with ultimate satisfaction.

By whom, we should like to know, are young men "given to understand that they can get all the good of homœopathy in practice, without the persecution and odium attached to the open profession of its truth?" We have only heard of one young man who has been given to understand this, and the physician who endeavoured to persuade him not to openly state his belief in homœopathy, but to practise it quietly and without saying anything about it, was a well-known homœopathic physician, one bitterly hostile—as might be expected—to the London School of Homœopathy.

To remedy all this, Dr. DRYSDALE proposes the utterly impracticable and impossible scheme of obtaining recognition for our lectures at the examining boards. Before we can hope to accomplish that, ere we appoint a committee having that object in view, we must make the members of the examining boards understand and feel that homœopathy is true, that a homœopathically selected medicine is more curative in disease than any other. Until that point has been achieved, any endeavour to obtain recognition will simply cover with ridicule all who attempt it.

In the report of the school, it is announced that the subscription which has hitherto been paid by it to the hospital

has been discontinued. This resolution was, we believe, arrived at chiefly in deference to the views of Dr. DRYSDALE and his friends. They had determined to withhold their subscriptions, although guaranteed for five years, until the payment to the hospital was given up. It has been given up, but we understand that these guaranteed subscriptions are still refused; and, moreover, that efforts have been made to induce other subscribers to join those who have done so in their refusal. We presume that, having declined to support the school for the period they had promised, these gentlemen will desist from taking any part in its management. It is impossible to serve "God and Mammon," and equally inconsistent is it to attend a meeting held to promote the interests of an institution, and spend the interval before another takes place in doing everything to prevent its development, to promote its failure, to ensure its being closed. Hence we trust that, now that the element of antagonism to the public distinctive teaching of homœopathy has eliminated itself from the council, the committee, and the general body of governors and subscribers, those of us who do believe that homœopathy, to be properly understood and successfully practised, must be carefully taught and systematically studied, will at once rally to the support of the school, do all in their power to sustain an interest in it, and introduce it to the notice of medical friends who, as yet, do not understand homœopathy.

We have to prepare ourselves to encounter an opposition of a very earnest type, one led by men whose names, from the eminent services they have rendered to homœopathy in the past, carry weight with them; men, moreover, who, from a very early period in the history of our school, prophesied its failure, who assured us that ere long it would be numbered with the Hanover Square School of

Homœopathy and that which once blossomed fruitlessly in Bloomsbury Square. To deprive this opposition of its power, to prevent the fulfilment of these forebodings, must be the unceasing care of all who desire to facilitate the adoption of homœopathy into the general practice of the profession; of all who are convinced that its superiority as a therapeutic method over every other now practised, demands for it the earnest attention of those who are concerned in promoting the health of the people. While we thus urge all the friends of homœopathy both within and without the profession to make its advantages appreciated, and its claims for public support more widely known, we trust that the committee will not allow anything to prevent their introducing it to the attention of the profession, either by circular or public announcement.

To render its success still greater, all that is required is, that its being in active operation should be kept constantly before the profession. If the purely professional journals refuse to announce its existence, there are papers that will gladly do so, and render the knowledge of it far more widely spread than such as refuse would do. In this, as in other matters, we must ever regard the interests of homœopathy as of far higher importance than those of individuals, however great may be our personal regard for them.

Short as is the time that the school has been in operation, at least six gentlemen are now in practice who secured most of their knowledge of homœopathy in its lecture room, and in the hospital to which its lecturers are attached as physicians; while several others are preparing to engage in professional work. Doubtless, but for the opposition the committee have had to meet, this amount of success would have been greater than it is. Such as it is, it gives ample encouragement to persevere in the effort to teach the medical practitioner of the present and the future a better

and safer way to cure the sick, than any known prior to the time of HAHNEMANN.

Once again, we commend the interest of the school to all who feel an interest in the spread of homœopathy. We do so, in the full assurance that it is by far the most important agency for promoting the diffusion of this therapeutic doctrine that has ever been set on foot in this country. Carefully managed it will in a few years do more to regenerate therapeutics than has ever been accomplished by the pamphlets and books of the past, or the journals and societies of the present.

COMPARATIVE MATERIA MEDICA.

An Introductory Lecture to a course on this subject, delivered at the London School of Homœopathy, May 6th, 1879.

By RICHARD HUGHES, L.R.C.P.

It has been announced that I propose to occupy this summer session of our school with a series of lectures on "Comparative Materia Medica," and that the "conditions" of medicinal action will also receive consideration therein. I have mentioned these two subjects, not as exhausting the matter of my intended course, but as indicating two of the elements of which it will consist. The fact is, that the circumstance of the original commencement of the work of this school in May, instead of October, has operated prejudicially upon my course of *Materia Medica*. Beginning it in the summer session, I am found some way on when that of the winter begins; and yet it is just at this time that the principal accession to our classes takes place. Students are thus put at a disadvantage, which I have had to rectify as well as I could by recapitulating the summer lectures at the end of my winter course. I intend, therefore, for the future, to begin and end the consideration of the constituents of the *Materia Medica Homœopathica* in the winter session. To enable me to do so, and to occupy the summer course, I propose to transfer to this all those topics which belong to general, as distinguished from special pharmacodynamics,—such as the principles of drug-action, the "provings" of medicines, their dosage,

and so forth; and to supplement the study of the several drugs individually with considerations directed towards them in their relation one towards another. With this last subject I will begin to-day, and it will probably occupy us for some weeks to come.

Unlike most other writers on *Materia Medica*, it is the ordinary practice for those of the school of Hahnemann—following his example—to treat of medicines singly, and in no order but the alphabetical. We do so, because of our belief that each drug is an individual, unique and *per se*, demanding isolation for separate study; and also because in the application of remedies to disease upon the homœopathic principle no surrogates are possible, each bullet having its own billet, and to be sent thither with the utmost attainable precision. But, while this is so, it is impossible that pharmacodynamics can form an exception to all other sciences in admitting of no classification of its subjects. If it did so, indeed, it would form no fit complement to therapeutics. The physician has to deal with a number of sick persons, each case having its own peculiarities. But he has learnt, as time has gone on, to recognise most of these individuals as belonging to species, and to group these species into genera and orders. He feels the great advantage of such classification in appreciating each morbid state that comes before him, and he needs a similar arrangement of the remedial agents at his command. The reference of a given case to a specific form of disease should at once call up in his mind a group of medicines, which experience, guided by the law of similars, has found applicable to that malady; and of these he has only to select (on the same principle) the one most suitable to the variety or stage of the disease present, and (where possible) to the individual peculiarities of the patient.

In thus indicating the special need which calls for a classification of medicines, I have suggested the principle on which such classification should be based. Attempts have been made in the past to arrange drugs according to their sensible qualities, their place in natural history, their physiological effects, and their therapeutical properties; and the order (if it may be called so) now most in vogue is a combination of the two last-named,—emetics, sudorifics, astringents, alteratives, tonics constituting a curiously incongruous series of classes. Out of pigeon-holes so

labelled the prescriber may indeed select means suitable for antipathic or allopathic practice; but for working the homœopathic method they are of little avail. For this we want groups of drugs arranged according to their ascertained relation to certain diathetic derangements and miasmatic poisonings, or according to their action on certain tissues or organs. The former arrangement is applicable when we have to deal with general, the latter when with local, diseases. I have a scrofulous child to treat, with no very serious special manifestations of the diathesis: I want a set of anti-scrofulous remedies, from which I may choose that most suitable to the present case. But another analogous subject may come before me with strumous ophthalmia so severe as to threaten perforation or permanent opacity of the cornea. Here I need to know what medicines act specifically upon the eye, and among these which has most influence upon its corneal element.

I propose, therefore, while adhering in my lectures on special pharmacodynamics to the alphabetical order, for my present consideration of Comparative Materia Medica to attempt some such classification as that now sketched. Fever is a definite morbid state, appreciable by certain phenomena and measurable by the thermometer. A certain number of drugs have been found capable of causing this condition on the healthy body: there are others which, though not as yet known to be febrigenic, have so repeatedly proved febrifuge (and that in doses too small for their physiological action to be exerted), that we must for practical purposes place them in the same category. All these we shall class as anti-pyretics, and consider them as a group. Again, there are some twenty or more substances which have shown a power of directly affecting the liver. In the treatment of diseases of this organ, some of our most cherished polychrests—as *arsenic*, *belladonna*, *pulsatilla*, *rhus*—find no place: they have no hepatic action. We have to keep them out of view in choosing our remedies for hepatic affections; and, conversely, we need to have before our minds the group of drugs—as *bryonia*, *chamomilla*, *chelidonium*, *mercurius*, &c.—which are here in place.

In the former task, of connecting medicines with maladies, we have no inconsiderable help from Hahnemann himself. In his "Examination of the Sources of the Common Materia Medica," prefixed to the third volume

of his *Materia Medica Pura*, saying that "the specific remedies for several of the constant diseases" (*i. e.*, those of fixed type) "have been discovered," he specifies in a note *belladonna* for smooth scarlet fever, *aconite* and *coffea* for purpura miliaris, *spongia* and *hepar sulphuris* for croup, *drosera* for whooping-cough, and *mercurius corrosivus* for dysentery. In his treatise on *Chronic Diseases*, he recommends mercury as the great (to him it seems to have been the only) remedy for syphilis, and *thuya* and *nitric acid* for sycosis; while as "antipsorics" he gives a list of forty-seven. Even these last, numerous as they are, must be regarded (if he is right) as constituting a class by themselves; while the medicines previously mentioned as specified for certain diseases form nuclei or types of other groups which subsequent experience may have enabled us to construct.

Another writer who has worked in this field is Dr. Teste, of Paris. In his *Traité de Matière Médicale*, published in 1853, he has endeavoured to classify the principal constituents of our *Materia Medica* in twenty groups, each having a typical medicine at its head, and the members of each regarded as bearing a relation to the maladies for which their type is reputed specific. I must say that his idea seems to me better than its execution, and that much in the allocation of medicines, and the statements made as to their action, strikes me as fanciful. But the book is nevertheless full of original and suggestive matter, and is one to which I have always felt deeply indebted. As it has been translated into English (by Dr. Hempel), it is available to all readers; and I strongly recommend you to possess yourselves of its contents.

In the direction of grouping medicines according to the organs affected by them, we have had endeavours made by Dr. E. M. Hale, and by our own Dr. Sharp. Dr. Hale's essays on the subject were published in the *North American Journal of Homœopathy*. They are fragmentary only; but as he adopts this method of presenting the *Materia Medica* to his students in the Chicago Homœopathic College, he must have subsequently carried his classification through our whole series of drugs. Dr. Sharp would not be the thorough-going "organopathist" he is, if he did not make some attempt at classifying medicines according to their local action; and he has given us, at page 687 of his *Essays on Medicine*, a specimen of what he would have

done "for every organ and for every drug." I must agree with him that this table is not only "necessarily brief and imperfect," but also "probably, in some respects, erroneous." We may also derive many useful hints on this score from the treatise of Rademacher, *Rechtfertigung der Erfahrungsheillehre der alten scheidekünstigen Geheimärzte*. This physician, developing an idea of that strange charlatan-mystic, the so-called Paracelsus, has based a system of medicine mainly on what he calls "organ-remedies." I shall have more to say on this subject on another occasion; at present I note his work simply as a source whence we may draw suggestions as to the formation of our groups.

But now, having classified, we must proceed to compare. Our object is not to build up a science, like botany or zoology, but to subserve a practical art; and we group medicines together only that we may differentiate them in relation to the morbid states of the system or its organs to which they belong. But while classification is thus subservient to comparison, it is nevertheless essential to it. Without the one the latter is little worth. An elaborate book, entitled *Comparative Materia Medica*, was compiled some time ago by Dr. H. Gross, and thought worthy of translation into English under the auspices of Dr. C. Hering. But, besides other objections to it,* it fails of its purpose by trying to compare drugs which have no connection one with another. *Pulsatilla*, for instance, has no less than seventy-two medicines whose symptoms are thought worthy of being put into juxta-position with its own. For this reason, and for the very fanciful and untrustworthy character of many of its statements, the book has proved a failure, and we can make little use of it in our present investigations.

A much more satisfactory work is that commenced in continuation of the former by Dr. E. A. Farrington, of Philadelphia, and published as an appendix to the now defunct *American Journal of Homœopathic Materia Medica*. I lay it before you, as extracted from the pages of this journal. It deals with two classes of relationship, which are called conjunctive and disjunctive respectively. The former class "embraces a similarity arising from natural alliances—a similarity of kin;" it gives us such groups as

* See review in *British Journal of Homœopathy*, xxv. 299.

nux vomica and *ignatia*, as *belladonna*, *hyoscyamus*, and *stramonium*, or as the preparations of particular metals. "The latter comprises those interesting drugs which, though differing widely in origin, offer symptomatic resemblances of the most important character—true types of similarity." Such principles of classification must command universal acceptance; and I only part company with Dr. Farrington when he includes in his first category such a heterogeneous group as the *kalis*. If it were only the carbonate, the chlorate, and the nitrate which were considered (perhaps with *causticum*, which is in all probability a hydrate), no objection could be taken; but to include the bichromate, the iodide, and the bromide, is to introduce elements of an altogether foreign order. These compounds owe their activity to the chrome, the iodine, and the bromine which they contain, and show very little difference of action when another alkali takes the place of their potash.

There are some excellent scattered comparisons between drugs to be found here and there in our periodical literature, among which I may mention Veith Meyer's of *platina** and Goullon jun.'s of *aurum*† with their respective analogues. But the best work of this kind was that done by the late Dr. Carroll Dunham. As Peter Lombard, among the schoolmen, was known as the Master of Sentences, so may Dunham survive among us as the Master of Comparisons. Some of his doings are contained in his *Homœopathy the Science of Therapeutics* (the name given to the first collection of his writings); but their richest store are the two volumes of *Materia Medica* from his pen, just issued. His tendencies in classification are rather those which I have myself followed, *i.e.*, he groups drugs principally because of their common relation to morbid states or to parts of the body.

Availing myself of all these aids, I shall bring before you a series of groups of medicines interconnected by the bonds I have mentioned. We shall take pyrexia and eclampsia, rheumatism and syphilis as instances of definite morbid states of the system to which classes of remedies are related. Another group will be made of the modifiers of nutrition, from which we select our most important remedies for such

* See Dunham's *Homœopathy the Science of Therapeutics*, p. 414.

† See *North American Journal of Homœopathy*, xxii., 505.

diseases as scrofula, rachitis, cancer, anæmia, and cachectic conditions in general. As organs for which a number of drugs have an elective affinity, variously displayed, I shall select the liver and the eye; and of the medicines which affect the latter I hope to make a somewhat detailed study.

In approaching each group of remedies, I shall premise some survey of the anatomical, physiological, and pathological features of the sphere of their action, and shall consider that action in relation thereto. As in so doing I shall be going beyond my predecessors in this department, who have mostly confined themselves to phenomena and sensations, I must say here a few words upon the two methods.

When Hahnemann looked abroad in search of certainty in medicine, he found the temple of the art a very Babel of conflicting theories. Very little knowledge existed as to the pathogenetic effects of drugs; and their use in disease was based not upon such knowledge, but upon mere empirical data, or upon fancies concerning the ultimate nature of the disease itself. At that time at least, from the immaturity of physiology, a true pathology was impossible. The only sure ground for a therapeia seemed to Hahnemann to be this. Discarding all theories of disease, let us content ourselves with the totality of the symptoms of each malady or of each patient. On the other side, let observation and experiment determine the pure pathogenetic effects of drugs upon the healthy body. Lastly, let us find the link which binds these two together—the law which expresses the relation between the symptoms of disease and those produced by drugs; and, by choosing our remedies according to this law, we have, so far as drugs are concerned, a therapeutic art as perfect as the nature of things will permit.

I fully believe that, for the time then being, nothing better than this of Hahnemann's could have been done. From the immaturity of physiology, as I have said, a true pathology was impossible. Pathology is not the fellow, but the offspring of physiology; its very birth is impossible without the prior existence of the other. For disease is no new entity, introduced into the organism from without, or developed there from within. There is not one set of laws for health, and another set for disease. In disease we have the same functions and processes as in health, but these in excess, or in deficiency, or otherwise perverted;

consequently, we must understand the healthy actions of the body before we can gain any comprehension of its morbid states—we must know the norm before we can interpret the abnormal deviations therefrom. Pathology, therefore, had to wait till physiology had become a true science, and had grown somewhat in stature, ere it too could raise its head and take its place by her side. That time had not come in Hahnemann's day; and it was a kindness on his part to recall men from a vain speculation about the nature of disease to the then only sure ground of observation of its facts. In so doing, he just expressed in words the silent teaching of the example of Hippocrates. It has often been noticed that, in the writings of this physician, we find none of the hypotheses and doctrines which are now called "pathological," but that his descriptions of disease are so graphic and minute that we easily recognise the maladies as being of the same species with those which we see in practice to-day. He was the first great symptomatologist; and Hahnemann, like our English Sydenham, followed in his track. But we have to thank his German emulator for a labour of his own, of which he was the first save Haller to see the need, and which he was absolutely the first to undertake. He laid wide and deep the foundations of the new science of pharmacology, by collating its recorded observations, and by making numberless original experiments of his own. He wisely refrained from theorising concerning the symptoms he had collected; he was content to set the facts of drug-action side by side with the facts of natural disease. And then he won for himself a lasting crown, by establishing upon a sure basis the guess of earlier ages concerning the relationship of the two sets of symptoms. The induction, *similia similibus curantur*, formed by him in the first instance from a few such facts as the action of bark in ague, and of mercury in syphilis, was deductively verified by him in a multitude of instances. Before his death it had passed into a law; and though its verification is still going on in our daily practice, the question is no longer of the existence of the law, but only of its extent. We know it to be general; we have only yet to prove it universal.

I heartily acknowledge, then, that we are indebted to Hahnemann, not only for what he did, but also for what he refrained from doing. We have to thank him for restraining pathology from premature speculation to simple

observation of phenomena, and for developing pharmacology after the same method, as well as for establishing the bond of union between these two sciences, which should enable them to bring forth the desired offspring—therapeutics. But it has been well said that, in a world of incessant progress, nothing is so revolutionary as standing still. While we have been carrying Hahnemann's principles into practice, our brethren of the old school have been devoting themselves to the advancement of physiology and pathology. The former, a true though immature science even in Hahnemann's day, has since advanced with giant strides. Pathology, thus rendered possible, has advanced *haud passu iniquo*, and the phenomena of diseases hitherto considered most mysterious can be referred to their seat, and traced to their causes. That no corresponding advance has been made by them in therapeutics, that their science is as yet barren of fruit in art, is owing to the want of a sound pharmacology which shall enter into union with their pathology, and to their ignorance of the true bond of such union, the law of similarity. We can give them the knowledge of the bond, but have we the pharmacology ready? Do we not know that about the surest way to deter anyone from adopting our creed in medicine is to put into his hand a volume of symptomatology, be it of Jahr or Allen, or of Hahnemann himself? To tell him to place this chaos of facts, real or supposed, side by side with his knowledge of disease, and to connect the two by the rule *similia similibus curantur*, and that then he will have the true therapeia in his power, is just to mock him. He almost inevitably falls back upon his old empiricism.

We must, therefore, no longer confine ourselves to the standpoint which Hahnemann, living when he did, necessarily occupied. We must, indeed, cherish and augment, while we diligently sift, the store of observations regarding drug action to which he so largely contributed. But we must use such facts, as we do those of every other science, as materials for inductive generalisation; we must seek to connect, classify, and interpret them, to ascertain their laws, to trace them to their causes. In proportion as we do so, we make our pharmacology a worthy mate for the pathology which is growing into maturity beside it. In neither do we content ourselves with generalisations alone; the clinical history of diseases and the detailed provings

of drugs must ever form the basis—and the visible basis—of any superstructure which may be reared. But while (to employ another figure) these are the text of our treatises, let the commentary illuminate it by the best available lights.

It is upon such principles that I proceed in teaching special pharmacodynamics in this school, and by such I shall be actuated in the more general considerations to which we are now addressing ourselves. There are some who think that they are best following Hahnemann by shutting their eyes and ears to all that has been learned since his time; by recognising nothing in disease but the patient's sensations and obvious appearances, and nothing in drug action but a scattered heap of symptoms of like kind. We will not go to the other extreme, and ignore any aid which may thus be gained in practice. But we will regard the human body, whether idiopathically or medicinally disordered, as one of whose order we are not wholly ignorant—as a sphere in which we are to some degree at home, and where we may speak and act as no mere strangers. In learning the *Materia Medica Homœopathica* we are to be more than symptom-rememberers, in applying it more than symptom-coverers; we are *cleri* and not *laici* here, and we fall short of our vantage-ground if we work mechanically only.

There is one matter in connection with this subject on which I would say a few words. In speaking to you of individual drugs, I have always carefully distinguished between their pathogenetic and their curative action. I have either described the former at the outset, and then examined the applications which have been made (or may be made) of it. Or, starting from the latter, I have enquired into the relation it bears to the effect of the remedy on the healthy body. In comparing drugs, however, this distinction cannot be so rigidly preserved. I shall not, indeed, ignore it, obscuring it under the vague statement that the medicine "has" such and such symptoms, or that "we find them under" it. As it does not appear how it acquired them, or where it is we find them put beneath its name, such phrases are as valueless as they are often misleading; but there is a true way in which clinical may combine with pathogenetic evidence to furnish a desired result. It is thus:—

The proving of a medicine upon the healthy body is, even within the limits of pharmacology, only a means to an

end. That end is, first, to ascertain what tissues, organs, and parts or functions of organs, are affected by the drug in question; and, secondly, to define the peculiar kind of morbid modification induced by it therein.

Since pathogenesis, then, is not an end, but a means, it follows that it is at least not impossible to reach the end by other means. One of these other means is the *usus in morbis*. I am not speaking now of the direct therapeutic value of practical experience, but of its bearing upon the science of pharmacology. If it be observed that a certain drug constantly exerts a curative influence upon a well-defined type of disease, and if that influence is not to be accounted for by any physical or chemical properties of the drug, or by any development of its known physiological action, we say that the remedy is "specific." To a pharmacologist of the old school "specific" means incomprehensible; and his use of the term indicates that his knowledge has terminated at this point in ignorance. But we find him also using the word "specific" to express that special affinity for certain parts, and special action upon certain processes of the organism, which are manifested by all medicines, however introduced into the system. Homœopathy teaches us to extend this meaning of the term into the province of therapeutics, and, when a remedy acts "specifically," infers that the cure depends upon the affinity of the drug for the organ whose structure or function is affected. To such an inference she adds another, viz., that the kind of morbid action present in the disease cured is that which is characteristic of the pathogenetic action of the drug.

If, then, we know that a definite morbid condition has been over and over again removed by a drug incapable of exerting any mechanical or chemical influence upon it, and without the manifestation of any physiological action, we are justified in inferring (and especially so when minute dosage is sufficient for the purpose) that the drug in question acts by special affinity upon the parts involved in the disease, and in a similar manner. Thus, we know that *belladonna* causes heat, dryness, and redness of the throat, and we infer that it acts specifically upon the mucous membrane of the fauces, and after the manner known as inflammatory irritation. But if, prior to such knowledge, a number of cases had been put on record in which small doses of *belladonna* had cured an inflamed throat so

characterised, we should have been justified in drawing the same inference as that which now results from our pathogenetic experience.

I believe this to be the true way in which conclusions may be so drawn *ex usu in morbis* as to claim for themselves a provisional place in a pure *Materia Medica*.^{*} The grounds for the inference may be rather less certain than those of pathogenetic experiment; but the danger of mistaking the *post hoc* for the *propter hoc* obtains in both modes of investigation. The greatest satisfaction will be felt when from both kinds of experience, pathogenetic and therapeutic, the same testimony arises, when the one supplies the gaps of the other with facts which point to the same conclusion.

I shall, therefore, freely use the experience gained in the school of Hahnemann with specifically-acting medicines as elements in the comparisons and groupings in which they will take part. We shall thus miss no point at which a drug comes in contact with its fellows, and shall the more certainly get at that ultimate object of our aims—the innermost reality of its action.

This, gentlemen, will suffice by way of preliminary consideration of our subject. We will begin on Thursday with the series of medicines which may be classed as “anti-rheumatic.”

CERUMEN AS A CAUSE OF DEAFNESS.

BY ROBERT T. COOPER, M.D., T.C.D.,

Physician, Diseases of the Ear, London Homœopathic Hospital.

AMONG the many and varied diseases a practitioner of medicine is called upon to treat there is none the diagnosis and treatment of which is more simple than that of ceruminous collections in the external auditory meatus. He is, indeed, an incompetent practitioner who cannot detect the presence of cerumen in the meatus, and who,

^{*} It is quite otherwise with the plan unfortunately adopted by Jahr, and followed recently by others, of taking the whole group of symptoms of any case which seems to have been cured by a given drug, breaking it up into its component elements, and inserting these at the appropriate parts of the pathogenetic schema as “clinical symptoms” of the medicine. This has nothing to recommend it; and now that the ^o once prefixed to such additions has been dropped, the practice becomes positively confusing and misleading.

when he has detected it is unable to remove it, and his incompetence is still more established if, having detected its presence, he proceeds to treat the case and does not insist upon the necessity for its removal. In saying all this I am, of course, assuming that deafness is present; and I am, moreover, in regard to the matter of incompetence, giving expression to the opinion of the reviewer of my work on "Diseases of the Ear," in the *British Journal of Homœopathy*.

But easy as it is to state obvious facts, and simple as it may be to give expression to generally received opinions, in practice we will find difficulties encountered that are unsuspected by those whose experience has not taught them a lesson.

Take such a history as the following:—A lady, aged about thirty-two, who had spent many years in India, was sent to me with deafness by a consulting physician. For eight or nine years she has been subject to deafness, and for the last two years her left ear particularly has been enfeebled. About three months before salt water had got into this ear while bathing, and this was followed by a severe cold, attended with swollen cervical glands and deafness. In any noise her hearing is very confused, and on bending down her head blood rushes to her ears; in both ears there is constantly a hissing noise. The back of her throat is covered with coarse granulation, and her pulse is very weak; except for this is quite well. Hearing distance—right, normal; left, three inches.

This lady's experience was as follows:—She had sought the "best advice in London," and had gone to a physician at once esteemed and popular; he examined her ears, and admitted the presence of cerumen, especially in the left ear, and admitted also the necessity for its removal. So he proceeded to play upon it with a syringe, but after continuing this for forty minutes, and after causing much pain and producing violent nervous symptoms—to wit, fainting and vomiting—he at length desisted, and then strongly advised his patient never to allow anyone to syringe her ears, it being, in his opinion, impossible, owing to the peculiar formation of the meatus, to effect a removal of the cerumen.

This did not cure her deafness however, and then she consulted another physician, who declared there was no

wax in her ear; she then had occasion to consult one of our own medical men, who sent her on to me.

The meatus on either side I found to be rather more arched than usual; that of the left side was wholly occluded with wax—that of the right, partially so.

Notwithstanding her extreme nervousness, induced by her former experience of syringing, I prevailed upon her to allow me to use my own specially constructed syringe to the left ear; she did so, and in less than three minutes a large and hard plug of wax came away, to the complete relief of her deafness; she assured me she had not heard so well for two years.

The right ear gave even less trouble, there being but a very trivial amount of wax in it.

The next case I had from an acquaintance, and the report is hearsay.

A gentleman consulted one of the best known aurists in London for noises in the ear and deafness; whether the ear was syringed or not I am uncertain, but at all events, no relief was given; he then consulted another aurist attached to one of the principal metropolitan hospitals. This gentleman removed with my syringe a hard piece of wax, which was pressing against, and no doubt interfering with the vibrations of the drum-head, to the complete relief of the patient, and, rightly or wrongly, he gives my instrument the credit for enabling him to accomplish what would have been impossible with the usually constructed instrument.

These are examples of cases, the treatment of which imperatively required the judicious application of a properly constructed syringe, and so successful are such cases, that, not merely incompetent, but very competent and well-experienced practitioners, led astray by the attainment of successes such as these, advise syringing where there is not the slightest pretext for any such operation.

A gentleman, at present under my care, whose ears are as clear of cerumen as it is possible for ears to be, and in whom the tympanic membranes on both sides can be easily and clearly seen, was entreated by a medical man to allow his ears to be syringed, and, as may naturally be supposed, the consequence was a great increase of his deafness, for, very obviously, the effect of the force of a syringe stream coming against an uncovered tympanal membrane, will be to drive it in against the promontory of the middle ear, and

so increase the very condition, the removal of which ought to be a main object of treatment.

And this reminds us of a caution to be observed in syringing an ear, and which is, to be careful to cease syringing the moment the water has detached the ceruminous collection, as, otherwise, if the stream plays upon the unprotected tympanal membrane, some deafness of an uncertain duration will, almost necessarily, ensue.

ON SOME OF THE USES OF THE
VERAT. VIRIDE.

BY DR. MOORE, Liverpool.

THE substance of this article was read at our Local Society recently, and it has appeared to me worthy of being brought before our section of the profession generally, that confirmation or refutation may be given on an extended scale to my personal experience of this valuable medicine. It is admitted at once that the proving of this medicine as given to us in Hale's work is imperfect and limited—Dr. Burt being the only human prover. Many experiments have, however, been made on cats and dogs, and if the assertion of Dr. Fothergill be correct, that poisons generally act analogously on man and animals, these provings ought not to be ignored. One symptom noticed specially in the animal provings bears on the subject on my paper—viz., the distressing dyspnœas and hurried respiration which occurred in those provings, the respirations running up to 200, and in one case to 302 per minute. (No record of the pulse was given.) As regards the action of the *verat. viride* on the heart, it has been found usually to depress it, but of this fact the evidence is limited. It is in the dyspnœas connected with heart disease that I have found signal benefit from its use, though I cannot report any brilliant cure, nor, indeed, do I believe such cases as those I now give were curable; but it is a great matter to have a homœopathic medicine of a reliable character at hand on such occasions, instead of flying to allopathic means, as must otherwise be done to give relief.

I shall not detail all the kinds of dyspnœa met with in daily practice. Their cause is various; sometimes arising

from the abdominal organs, sometimes from the blood condition, as in chlorosis, and more frequently in the lungs themselves—from thickened bronchial tubes—or dilated air cells, constituting the great class of emphysemas, or from tubercular deposits. It is now generally admitted that hypertrophy of the heart co-exists with emphysema, especially if long standing, and the reason is obvious; the dilatation of the lung, instead of making the action of the heart easier, makes it more difficult, and calls for increased action. In one of these cases (the bronchial one) now narrated, this state of things existed, and the effect was very distressing.

In the other case there existed for years that very obscure disease called angina pectoris, for which as yet we have no certain curative medicine, though recently *glonoin* claims to be so.

Before detailing my cases, it may be well to bring before your readers the pathogenesis of the *verat. viride*, as far as it is known.

1st. It produces violent vomiting and purging.

2nd. It produces an inflamed condition of the heart and lungs.

3rd. Complete loss of muscular power. In some cases birds have taken of the plant and fallen over, and after lying for a time arise and fly away as usual.

4th. In other cases decided tetanic conditions follow large doses, amounting even to trismus and opisthotonos.

5th. Post mortem examinations reveal effusion into the serous membranes, chiefly the pericardium and the arachnoid.

From the above pathogenesis we may readily perceive why it has proved of such marked benefit in some of the American fevers and in spinal meningitis, and many inflammatory disorders, chiefly of the serous structures; in chorea, as shown by Dr. Cooper in his valuable paper at the British Homœopathic Society; in puerperal convulsions, as pointed out by Dr. Ludlam, of Chicago, in his recent visit to Britain, &c.

Its great use in affections of the upper part of the spinal cord—of the medulla oblongata, and of the whole respiratory tract has been witnessed by many others, as well as by myself; and specially in asthma, most happy results have accrued from its use.

CASES.

Feb. 27, 1877. David D., aged 64 years, of lymphatic temperament. Has been subject to attacks of bronchitis for 3 or 4 years in the winter, but loses them entirely in the summer by residing in Wales. The last summer he did not throw them off as usual. His cough continued with much expectoration, and this winter has only been able to attend to his business interruptedly. The only remarkable thing in his case is his *quick pulse*—from 90 to 100—even while attending to his business, which is unusual in a person over 60 with chronic bronchitis.

In addition to the quick pulse, there is a strong throb of the heart, which with stethoscopic symptoms leaves no doubt of the existence of hypertrophy of the heart. There is no evidence of valvular disease.

On the 28th Feb., 1877, was sent for hastily and urgently to visit him. I found him gasping for breath with a very quick pulse (162), and violent palpitation. He was at this time under treatment for the bronchitis, and taking *tart. stib.* 1 and *digitalis* ϕ .

I decided on prescribing *verat. viride*, chiefly from the force and frequency of the pulse, and gave him *verat. viride* in water, about half a drop for a dose every quarter of an hour, till relief was obtained. In one hour the pulse fell to 100. The breathing was relieved, and I left for home, ordering the medicine to be alternated every two hours with *ipec.* till next day for cough, &c.

On the 8th of March, nine days after the first attack, he had another bad attack in the evening as before. The same plan of treatment was adopted, and with the same results; and, on the 15th of same month, he had another attack subdued as speedily and happily as the former ones.

In the interval of these attacks, treated the bronchitis according to the prevailing symptoms, but soon after these attacks anasarca set in, and he died of general dropsy on the 25th August, 1877, aged 65 years.

Two things to be noted in this case—the power of the *verat. viride* over the dyspnoic attacks, and the absence of good from it as regards the bronchitis.

The other case is that of Mrs. B., aged 65, of pale complexion, nervo-lymphatic temperament, subject to fits of great mental depression, which last for three months, and

pass away apparently of their own accord, and do not seem to be benefited by medicinal treatment. Of recent years she has suffered in addition from difficulty of breathing, and severe pains across the chest on going up hill; and, still more recently, from going up stairs quickly. I treated her from January, 1875, to June, 1876, for the above affections, with only partial benefit as regards the angina pectoris, using chiefly *cuprum*, *verat. viride*, and *nit. amyl.*, but was unsuccessful in putting a stop to them. A friend advised her to smell the pure nitrite of amyl, and she did so with immediate relief. This relief continued for two years and two months, during which time I never saw her, and concluded that she had gone over to the enemy—but not so; she had persistently used the nitrite of amyl by olfactions, about 1 dr. a week all through the above period, as I learnt afterwards. On the morning of 21st August, 1878, at 6 a.m., I was sent for, as they thought she was dying.

I found her gasping for breath, pulse scarcely and only occasionally to be felt, surface of body cold, lips blue, and I really thought she was departing. There was none of the old angina pain present, and this attack being quite different from her former ones: they had already given her brandy, which I repeated, and also prescribed camphor spirit, which was clearly indicated by the above group of symptoms; then *arsenicum B*, but no reaction followed, and I gave a hopeless prognosis. Remembering the *verat. viride* in the former case, I resolved to give her the benefit of a trial; left it to be taken in alternation with *arsenicum* every half hour till my return in four hours. On calling at noon to see if she were living, I found that she had rallied, beginning to do so in an hour after I left. Now the pulse is distinct, the breathing is much easier, and she is able to swallow a little tea. I continued the medicines *arsenicum* and *verat. viride*, but only every two hours, leaving word to give the *verat. viride* alone every half hour if symptoms of breathlessness return. She had no return of the violent attacks for a fortnight, because, as soon as ever they noticed a threatening of them, they had recourse to the medicine *verat. viride*, as above.

This second bad attack came on rather rapidly, but was not so bad as the first one, and passed off sooner than the first, the same medicine being administered in the usual doses, and every quarter of an hour. Two or three weeks

after this she became anasarous, and gradually sank from exhaustion on the 14th January, 1878.

Two or three things are noteworthy in this case—*vis.*, the change from the usual anginal pain to dyspnoea without pain; then the unmistakable good effect of *verat. viride* in dyspnoea, but no decided impression on the heart disease, or whatever the disease may be, which we call by the name “angina pectoris.” There was no valvular disease to be detected, and we cannot throw any light on this obscure affection. Neither did the amyl anything more than give relief to pain.

Concluding Remarks on Verat. Viride.

The cases recorded above will, I trust, evoke from your numerous readers other cases of a similar but more interesting nature, where *verat. viride* has done more than palliate symptoms—has actually proved curative. I think the experience of its powers in two hopeless cases is not to be despised, but may be turned to good account in curable cases, chiefly in the asthmatic, &c. In the course of our practice, such hopeless cases as I have detailed will crop up after long neglected or maltreated disease, and we have *volens volens* to encounter such violent symptoms as those mentioned.

It may be asked if *verat. viride* is indicated in *all the dyspnoeas connected with cardiac disease*, and if not, what are the indications and limitations for its use? I reply in dyspnoea, where there is emphysema of the lung with hypertrophy of the heart, as in the bronchitic case above mentioned, it is clearly indicated. The progress of such cases is generally the following: Neglected or badly treated bronchitis, going on from winter to winter, at last becoming continuous through the summer; then emphysema, followed by hypertrophy of the heart; and, under excitement or sudden changes of the weather, dyspnoea sets in of a violent character.

A recent writer on diseases of the chest says that post mortem examinations reveal the existence of hypertrophy in *about two-thirds of all cases of emphysema*. I regard this as the special sphere of action of *verat. viride*. Then the *verat. viride* will meet the second class of dyspnoeas—those arising from dilatation of the ventricles, as of ten occurs in fatty heart. Such cases we are wont to regard as “*digitalis*” cases, and this is the condition which I believe

existed in my *second* case, though from the original symptoms which for three years *preceded* the attack I do not affirm that it was the only morbid condition.

With reference to the disease we call *angina pectoris*, or *breast pang*, post mortem examinations reveal it to be co-existent with very different states of the heart, viz., with fatty degeneration, with valvular diseases, with atheromatous condition of the coronary artery, &c. Last year I met with a well marked case of *angina pectoris*, which was co-existent with decided valvular disease, as indicated by the bellows sound, &c. In this case I tried what *verat. viride* would do, but without any good result. But the old *spigelia* did immense good afterwards (there was *no dyspnœa* in this case). I conclude from the above and other cases not named that disturbance of the respiratory functions is the chief indicator in these cases for *verat. viride*, and that cardiac disease, apart from such disturbance, is not benefited by it.

I have no knowledge of the action of *verat. viride* in the dilutions or potencies as they are called.

DAVOS AM PLATZ.

BY ALFRED C. POPE, M.D.

SINCE my paper on the climate of this very interesting health resort appeared in the *Review* for April, I have received from my friend, the Rev. J. P. McMorland, the following register of observations kept by him during March of this year.

From these tables it will be seen that during March the degree of atmospheric humidity averaged 59.27. The highest temperature registered by the solar thermometer was 165°, the lowest being 65°. The highest temperature in the shade was 51.2°, the lowest, "zero." There appear to have been ten days of *föhn* wind, while the average force of the wind was only 1.8. Snow fell, and that only partially, on five days, and there was an entire absence of rain.

Such a state of the atmosphere would, I think, have been very grateful in England.

Meteorological observations for March, 1879, taken at the Hotel Belvedere, Davos, Platz.

Date	Bar.	SHADE TEMPERATURE.		In Sun. Max.	Humidity of the Atmosphere.	WIND.		State of Weather.
		Max.	Min.			Direction	Force.	
1	24.68	34.2	1.0	137.0	70.0	N.	1.2	B., Cl., O., Cl., O.
2	24.93	35.0	5.5	165.0	93.0	N.	2.4	Sn., O., Cl., O.
3	24.86	34.0	12.7	95.0	62.0	N.	1.42	Sn., Cl., Bc.
4	24.95	41.0	8.6	158.0	64.0	N.W.	3.51	O., Sn., O.
5	25.03	27.0	8.5	76.0	55.0	N.	0.2	O., Sn., O.
6	25.10	32.5	14.3	65.0	46.0	N.	0.2	Bc., B., O., Cl., Sn.
7	25.25	42.5	22.0	144.0	51.0	W.N.W.	1.20	Cl., Bc., B.
8	25.37	42.5	11.0	150.0	76.0	N.	0.2	Bc., B., B.
9	25.37	46.3	14.7	143.0	47.0	N.	1.2	B., Cl., B.
10	25.30	50.0	17.0	142.0	43.0	N.	0.1	B., B., B.
11	25.18	43.0	14.0	134.0	52.0	S.	1.2	B., Cl., Cl.
12	25.08	44.1	26.0	135.3	57.0	S.	0.1	B., B., B.
13	24.82	31.2	13.0	100.0	69.0	N.W.	0.1	B., Cl., Cl.
14	24.88	29.9	0.0	128.2	66.0	N.W.	1.2	Cl., B., Cl.
15	24.89	42.1	17.0	132.2	43.0	W.	0.1	B., B., B.
16	24.92	40.6	19.0	130.0	48.0	W.	0.0	B., Cl., Cl.
17	25.02	41.2	17.5	135.0	53.0	N.	1.2	Cl., B., B.
18	24.92	48.2	19.5	131.2	44.0	N.	0.0	B., B., B.
19	24.89	48.0	27.0	135.5	51.0	S.	1.1	B., Cl., B.
20	24.76	49.0	25.5	135.5	52.0	S.	1.1	B., Cl., B.
21	24.74	50.1	27.8	142.2	47.9	S.	1.1	B., Cl., Cl.
22	24.52	48.25	23.0	132.5	77.0	S.	0.1	Cl., B., B.
23	24.49	48.1	24.8	124.0	55.0	S.	0.1	B., B., Cl.
24	24.52	40.0	28.5	125.6	56.0	N.	3.2	B., B., Cl.
25	24.56	39.7	28.2	160.5	68.0	N.	2.2	Cl., B., Cl.
26	24.66	43.8	20.5	138.5	71.0	N.	2.1	Cl., B., B.
27	24.60	48.2	21.5	131.5	51.0	N.	1.1	B., B., B.
28	24.59	43.3	29.7	136.0	83.0	S.W.	1.1	B., Cl., Cl.
29	24.89	43.0	26.8	138.2	72.0	N.	1.0	Cl., B., B.
30	24.95	51.2	27.4	139.8	62.0	S.	1.0	B., B., B.
31	24.80	50.0	26.5	140.0	52.0	S.W.	1.1	B., B., B.

The records I published in April show a degree of humidity of 68.7. I am now inclined to believe that it was in reality much lower, for I am informed that the muslin around the wet bulb—which ought to be changed at least once a month—had not been renewed since July, 1878. Placed as the instrument is at Davos, in an exposed position on the gravel sweep in front of the "Belvedere," where all the traffic occurs, frequent renewal was essential to accuracy of observation.

At the end of a "föhn winter," as the Davos peasants term such a winter as this last has been, the snow-

melting begins unusually early—commencing, indeed, in March. When this is taken into consideration, the degree of dryness of the atmosphere during that month will, I think, strike everyone as having been very remarkable.

2, Finsbury Circus,
May, 1879.

SOME CASES OF DIARRHŒA CURED BY
PODOPHYLLUM.

BY DR. HARMAN SMITH.

July 30th, 1876. Mr. H——'s infant, æt nine months, Broadstairs. Acute diarrhœa, motions very frequent. Tr. *ipœcac* (2) o. horâ.

31st. Much the same; continued medicine.

August 1st. As before; continued *ipœcac*.

2nd. Diarrhœa continues unabated. Seven motions during night, and repeatedly on previous day. Tr. *podophyllum* (3x), o. horâ.

3rd. No return of diarrhœa since beginning to take the *podophyllum*.

9th. Continues quite well.

May 31st, 1878. Mr. ——, boarding school, Margate. I found ten of the pupils in bed, suffering from acute diarrhœa, motions frequent and pale, each action of the bowels preceded by griping pain.

In six of the cases there was fixed pain, inflammatory tenderness on pressure, and slight fulness in the right iliac region, precisely at the point of junction of the ileum and cœcum.

To each of these I gave *podophyllum* (1x) in frequent doses, and on my next visit found considerable abatement of the symptoms, and my report on the 4th of June is that all the patients were convalescent. There was no adjuvant treatment whatever, except the enforcement of a liquid diet.

These last cases I think interesting, as pointing to the precise seat of the affection, and therefore confirming previous observations as to the sphere of action of the remedy.

The other four cases recovered well under *ipœcac.*

In the twenty-ninth volume of *British Journal of Homœopathy*, I have recorded a case of dysenteric diarrhœa, affecting the rectum, in which *podophyllum* effected a rapid cure, after a week's failure of other medicines.

22, Augusta Road, Ramsgate,
May 19, 1879.

ON BARYTA SALTS IN INTERNAL ANEURISM.

BY F. FLINT, M.D.

I WISH to draw the attention of the profession to the action of salts of baryta on the heart and blood-vessels, and to their curative power over aneurismal dilatation.

I have a case of abdominal aneurism still under treatment, in which fractional doses of the barytic chloride have produced truly marvellous effects. I propose at some future time to publish full details of the case; at present I wish principally to draw attention to the salts of baryta as remedial in certain diseases of the blood-vessels.

In brief, the case I allude to occurred in a lady at the most unpromising age of 65; she has been all her life-time temperate in every sense of the word, and during the greater number of years a strict abstainer from alcohol in any form, but she manifests symptoms of a gouty inheritance from preceding generations. The case was diagnosed by myself, Dr. Smart, of Tunbridge Wells, and by two medical practitioners who do not hold with our homœopathic therapeutical views, as one of aneurism of the abdominal aorta, just above its bifurcation; the case was also seen by Dr. Frank Nankivell, and several other medical gentlemen, who endorsed our diagnosis.

Five months' absolute rest on the back, and a strict diet, that would have thoroughly satisfied the requirements of Tufnell himself, produced no effect in relieving the distressing throbbing of the tumour, or in diminishing the blood pressure as felt by the pulse; indeed, both to the sensation of the patient, and to my own observation, the case seemed worse rather than better, and we were in daily dread of the fatal rupture; but, within a fortnight of the use of chloride of barium, there was a very marked diminution of throbbing; after five weeks' use of it the

patient was able to bear the removal of a necrosed molar tooth without an anæsthetic, which I should not have dared to allow previous to the administration of the salt, and after four or five months' continued use of the same remedy the tumour was so reduced that it could scarcely be felt, and only a faint systolic murmur could be heard. At the present time, four or five months since the discontinuance of the chloride, there is still a slight systolic murmur, but no throbbing, and the case presents such a satisfactory appearance that one of the professional men, not of our school, who had the opportunity of diagnosing the case in its early stage, after a recent examination, expressed himself as highly gratified with the results of the treatment, and pleased that he had seen the case at the first, or it might have been alleged that the patient had been treated for what had never existed. The same gentleman, who holds a very high professional reputation in this town, has addressed me in terms of great satisfaction with the change in the aneurism, and with the results of the treatment, and has stated that, though sceptical of the homoeopathic action of the drug, he should be thankful to avail himself of it in any similar case. Dr. Smart, who has had several opportunities of watching the progress of the case, and has assisted me with his valuable advice from the commencement, also saw the case a few weeks ago, and expressed himself greatly delighted with the recovery.

So much for the accuracy of diagnosis and the genuineness of the improvement; now a word or two on the *modus operandi* of the remedy.

According to the experiments of Boehm (see *Ziemssen*, vol. xvii., 387), it would appear that the salts of baryta in overwhelming doses paralyse the heart and *blood-vessels*. In more moderate doses they stimulate or irritate the heart and arterial system, so that the pulse is made more rapid, and the blood pressure very greatly increased. Between the lines of this proving, I read that the chronic action of such smaller doses would give rise to disease of the arterial walls, and to a condition very similar to that which is observed in the pathology of aneurism; and it was on this guiding principle that I administered the drug. True, there is no record of aneurism being caused by the baryta salts, but the action being given, I think the result must be granted. Now, in what dose will the paralyzing and stimulating effects be brought about? I cannot say pre-

cisely. A poisonous dose of the chloride is $\frac{1}{2}$ oz. Christison mentions smaller doses as producing dangerous symptoms, but does not state the exact amount. Ringer puts the dose at from $\frac{1}{2}$ to ii. grs., but, in the edition of his work that I have, does not say for what purpose. Hammond gives $\frac{3}{4}$ gr. three times a day in tubes dorsalis. I have myself taken about 1 gr. three times a day for several weeks, with a very decided stimulant effect; so that I should place the stimulant dose of the chloride somewhere about 1 gr., and the paralyzing dose nearer 2 dr. I selected 1-5th gr. dissolved in distilled water, and gave it three times a day for a few weeks; then I increased the dose to 2-5ths gr.; and, with the exception of a short trial of $\frac{3}{4}$ gr., I kept to this dose during the remainder of the period of its administration. I cannot say that I observed any advantage gained by increasing the dose; and, as the essential improvement in the case occurred at the beginning of the use of the chloride, I should not be surprised to learn that I might have done as well, if not better, by keeping to the 1-5th gr., or even by diminishing the dose.

The professional gentleman I have alluded to leans to the opinion that the drug acted in my case by virtue of its paralyzing action in the heart, and so permitted the deposition of fibrin, but as there was no decrease in the rapidity of the pulse, though a very decided gradual diminution of the impulse, and as the dose given did not even approach that necessary for a paralyzing purpose (one must also remember that the proportion of a small dose converted in the mouth into an insoluble sulphate, would be very much greater than that of a large dose), I cannot coincide with his view. The homœopathic relation of the drug to the disease appears to me sufficient to explain the cure.

I hope amongst our number there will occur some other opportunities of testing the value of the chloride or other salt of barium in internal aneurism. It is very much to be desired that homœopathic practitioners should not allow such cases to slip into the hands of specialists, however eminent, as our rule is able to guide us much more safely than the routine practice of the big dosers.*

* "The action of iodide of potassium, though complicated by the potash, is somewhat similar to that of baryta, iodide having a very irritating effect on the arterial walls, and producing prolonged arterial pasm."—*Vide Ziemssen*, xvii. p. 301.

I would also suggest the trial of chloride of barium in gouty kidney with increase of blood pressure.

I regret that I had not in my possession a sphygmograph, I cannot therefore give any sphygmographic tracings.

1, St. Nicholas Parade,
Scarborough,
May 22nd, 1879.

[We have much pleasure in re-printing the following paper on a very important subject, from the Transactions of the Homœopathic Pharmaceutic Association, and from the pen of one of our leading chemists.]

ON THE SALE OF MEDICINES AT CO-OPERATIVE STORES, &c.

By MR. I. C. THOMPSON, Liverpool.

A Paper read before the Homœopathic Pharmaceutic Association of Great Britain, London, 20th March, 1879.

THE threatened revolution in retail trade caused by the present fashionable co-operative system,—a system valuable when applied to proper objects and if carried on within legitimate limits,—seems in danger of encroaching upon ground wholly beyond its province, through the dazzling glitter of the “*argumentum ad pocketum*” £ s. d.; an apparent *saving in buying* being too much regarded as the one essential, *quality* not being sufficiently considered.

To buy in the cheapest market, and sell in the dearest, is one of the first principles of political economy, whether in wholesale or retail transactions, and in regard to commodities of known standard value and quality, is thoroughly right and practicable. But when used in relation to such articles as drugs, whether allopathic or homœopathic, where even a technical knowledge of the subject (which few possess) hardly enables the purchaser to recognise the value and quality of the goods sold, such a maxim is not only totally impracticable, but decidedly dangerous, and it is here that “co-operative” or “household stores” are a more serious source of mischief than might be at first thought supposed.

These remarks are intended specially to deal with the sale of *homœopathic medicines*, the purity and integrity of

which cannot be ascertained by the *uninitiated* either by taste, smell, or other means, and for which the public must trust to the integrity of a properly trained *bonâ fide* *homœopathic chemist* of known repute.

Through the absence of a ready test for the purity of these medicines, the door to deception is unfortunately thrown open, and the temptation is yielded to by unprincipled persons, who, themselves ignorant of homœopathy, and not believing in it, sell under the disguise of pilules and tinctures, medicines often most inaccurately prepared, and, what is worse, simply sugar and spirits labelled according to the medicine asked for, but containing no medicine whatever.

This is, unfortunately, no fancy supposition, but an actual fact, medical men having repeatedly found bottles purchased by their patients, and labelled of such a potency as in fact does not exist. The not unfrequent applications to homœopathic chemists for labels and unmedicated sugar pilules, but no medicine, is another strong proof of the deception carried on at the expense of homœopathy.

These are very serious dangers against which homœopathy has to contend, as it has become more widespread, and a demand has arisen for its remedies other than through the direct channel of homœopathic pharmacies; dangers coming as it were from within its own borders, and which are calculated to do infinitely more damage to the cause than all the taunts of its opponents. Among the influences which aid in propagating these adverse conditions rank "co-operative supply associations," and institutions of a kindred nature. With the main eye to low prices, the medicines in demand are often purchased from cheap cutting houses, too often without any care or respect for quality, of which, as a matter of course, the buyers cannot be expected to judge, and they can therefore easily undersell the homœopathic chemist of the neighbourhood, who is too often able to make but a very scanty living by the honest preparation of the medicines in accordance with the directions of the British Homœopathic Pharmacœpia, to the study of which, and the other branches of his business he has devoted his energies and skill, having passed the required examination as a pharmacist.

Instead of procuring our delicate medicines *freshly prepared*, as should be the case, the purchaser at the "stores," for the sake of saving a few pence, gets something that has

been lying in stock for a longer or shorter period, and during that time has been exposed to the contaminating smells of the countless variety of goods necessarily kept in close proximity, depriving them more or less of their curative power. With no faith in, or knowledge of, homœopathy, £ s. d. is the entire aim with the vendor, and homœopathy is blamed if the results are not what were looked for. Independently of the harm accruing to the patient, whatever the case requiring treatment may be, *the skill of the physician is completely set at naught*, for what can that be worth if the medicines he prescribes are not conscientiously prepared. Even since the foregoing remarks were penned, within the last week an actual case has occurred. At the Lancaster Sessions, on Saturday last, March 15, 1879, the Manager of the Carnforth branch of the Lancaster Co-operative Society was charged with selling a drug not of the nature and substance demanded, although so labelled. Dr. Campbell Brown, County Analyst, reported that the sample submitted to him contained no appreciable quantity of the drug as labelled, but contained other injurious compounds. The bench convicted and fined defendant 40s. and £8 5s. 4d. costs.

It is but too probable that the above is but one of many cases likely to occur if the public go to Co-operative Stores for drugs, which should be procured only from respectable qualified chemists.

How then as homœopathic chemists are we to meet the difficulty, so that the high standard of purity in the preparation of homœopathic medicines may be upheld. Certainly not by making friends with the mammon of unrighteousness, and lowering the price at the expense of quality. The business of a homœopathic chemist, with its cares and responsibilities, is not by any means too remunerative, and to reduce prices would be inevitably either to lower quality or to positively close a large number of the existing homœopathic pharmacies, and so augment the evil by transferring the business from competent to unqualified hands.

Our position is only to be sustained by such strict adherence to the greatest integrity in the preparation and purity of our medicines, as, devoting our skill and trained energies thereto we are qualified to give, and charging a fair price, viz., the prices as revised by this Association and adhered to by most of the principal homœopathic chemists of the United Kingdom.

Let us still see that our triturations are religiously prepared in accordance with the directions of the pharmacopœia, the full time for grinding, as ordered, being allowed, that our *aconite*, *hyoscyamus* and other mother tinctures are expressed from *plants gathered in their native habitats*, and not from dried or cultivated specimens; that we use the purest distilled rectified spirit in their preparation, and that our pilules are thoroughly saturated with the medicine, and not merely the exterior coating touched. This is to uphold *quality* as against *price*; and surely where the health and happiness of our fellow-creatures and even their lives are at stake, the small extra cost of preparing medicines in the best manner possible over that of those where less care is used, should not weigh with either the vendor or the purchaser.

REVIEWS.

The Germ Theories of Infectious Diseases. By JOHN DRYSDALE, M.D., President of the Literary and Philosophical Society of Liverpool, and author of "The Protoplasmic Theory of Life." London: Baillière, Tindall, and Cox. Liverpool: Holden. 1878.

We must apologise to Dr. Drysdale for being so long in noticing this work, but the delay was unavoidable.

Dr. Drysdale's *brochure* under the above title was the address at the opening of the last session of the Literary and Philosophical Society of Liverpool, and we feel much indebted to Dr. Drysdale for publishing it in a separate form. Like anything which comes from his pen, it not only requires most careful and attentive reading, but the study of it will well repay the time taken up in so doing. The germ theories of infectious diseases is a topic which, at the present day, is absorbing to a large extent the attention of the profession. In the various forms in which these theories have been put forth, they are most fascinating, as affording material for the discovery of the true cause of those infectious diseases which are at the present day so rife, and in many cases so fatal to the community. The theories, as they appeared, seemed so simple as an explanation of the phenomena of disease, that many were led away with them at first sight; and, seeing only those points which are in favour of those theories, adopt them as part of their medical creed, with the result of undermining their belief in the efficacy of treatment which has been proved to be of value, and of sub-

stituting for old and tried medicines those only which are believed to be "antiseptics." This tendency has of late become manifest in certain of our own branch of the profession, inducing them even to suggest that medicines which have been selected on account of their similarity to the features of disease, and which have won their laurels in its treatment, act antiseptically. Such a tendency we consider not only a mistake, but most dangerous, as leading away from sure ground into the domain of mere theory. We must, therefore, especially recommend all those whose views tend to this mistaken path to study Dr. Drysdale's work. It is the most able *resumé* of the various germ theories which we have yet seen, while its great value consists in the calm, unbiassed, painstaking and philosophical manner in which he deals with the subject. One sees that the author does not come forward as a partisan of any of the current theories, resolved to make facts fit into his pet views, but with a masterly acquaintance with all the facts, and their bearing *pro* and *con*. He speaks more in the spirit of a patient inquirer, noticing the weak points, as well as the strong ones, of the various theories he examines. It would take up too much space to follow in detail Dr. Drysdale's argument, and we must refer the reader to the pamphlet itself. All we can do is to notice the main points throughout. Dr. Drysdale reduces all the infective sources into parasitic germs and graft germs. He then shows how the parasitic germ theory fails signally, in explaining any but one, or perhaps two, of the acute infectious diseases. He next takes up Dr. Beale's theory:—

"17. There remains now the hypothesis of Dr. Lionel Beale, the discoverer of the protoplasmic theory of life, who lays it down that the miasms and contagia are not only formed from the protoplasm, or living matter, of the sick person, like all other secretions, but they consist of actual portions of protoplasm, or living matter, which, being transferred to a new body, continue to live and grow therein, thus causing the phenomena of contagion and infection. They are thus living portions of the diseased body engrafted on a healthy body, and the name of graft germs may therefore with propriety be applied to them."

* * *

"21. A clear distinction being now made between parasites and detached living particles of higher organisms, let us see how far the theory of graft-germs, or partial bions, fills up, and how far it shares, the defects of the parasitic germ theory. Partial bions are particulate, living and propagating rapidly by subdivision and growth, thus sharing equally with parasitic germs in the power of explaining the chief property of contagia. Besides, they are actual portions of a diseased body, and are formed by degra-

dation or disease of it, and thus can subsist in a great variety of shades of difference, and originate *de novo*; they consist of amorphous protoplasm, which may have every variety of power while apparently identical in physical aspect; their specific power is developed with rapidity. In all these respects the graft-germs have the advantage of the parasitic germs in explaining the phenomena of infectious diseases. But beyond that, as long as they are merely transplanted and increase solely by the sub-division of the actual particles originally conveying the infection, then they must share the defects of the parasitic theory.

“It is stated by Dr. Beale, as his deliberate conclusion, ‘that the millions of contagious particles produced in the organism in an eminently contagious disease, are all the direct descendants of the very few, or perhaps even single particle, first introduced.’ He positively rejects the idea that the morbid action and the multiplication of the disease-germ are the consequence of the peculiar influence of the disease-germ on the healthy living matter. Hence, the graft-germ theory, as far as interpreted by Beale, is open to all the objections to the parasitic germ theory given at § 15, and which need not be recapitulated. And, in addition, all diseases caused by disease-germs ought to be contagious, whereas the whole large class of the purely miasmatic are not. (§ 24.) Further, although excessive action of the common stimuli and pabulum may easily be conceived to hurry on vital activity so as to cause degradation of the bioplasts into pus, yet mere growth by self-division in different media can hardly explain the rapid gain of specific virulence by successive inoculations, without some other influence such as spoken of at § 23, p. 62. I conclude, therefore, that although it explains the first batch of animal graft-germ diseases on the diagram much better than the parasitic-germ theory, yet it quite fails in the specific fevers which follow next. Besides, can we really imagine that in diseases that are known to have existed for centuries, such as smallpox, all the countless millions of graft-germs are derived from mere subdivision of the single particle, or few particles, which were first differentiated? It is contrary to experience that fissiparous generation should continue perpetually in independent species, but some other mode of generation must intervene at intervals. Much more is it against the nature of partial bions, which are the true physiological analogues of the disease germs. Their duration is always temporary, and although it is stated by Darwin that the male reproductive element is ‘enabled to keep alive for four or five years within the spermatheca of a female insect,’ yet that is an extreme case, and the most we can expect from partial bions is that they should have a power of survival equal to what is known of the contagia. There can be little doubt, therefore, that the partial bions of contagion take a new

origin from co-operation with the previously healthy blood or tissue-protoplasm of each subject of the disease.

“22. The partial bions of the specific fevers thus fall into the category of *specific stimuli*, *i.e.*, they excite in the healthy parts an altered vital action, which constitutes the disease. They are, therefore, only one factor in the process which results, among other things, in the secretion of matter of the same nature as themselves. By their action as specific stimuli may be explained some of the phenomena not so well, if at all, explicable by either the parasitic or the simple graft-germs, such as the different intensity of the same morbid poison on different individuals, the elective affinity of organs or tissues, the immunity from second attack, and partly the relations of the latent stage; for all positive agents act as stimuli on the living matter—not only as functional excitants, but as modifiers of nutrition—each in its own specific way, and for which the living matter has a corresponding specific irritability or susceptibility. This specific irritability is proper to each organ and tissue; hence the elective affinity of all medicines and poisons each to its proper seat. The degree of specific irritability differs in all individuals; hence the different degree of intensity of action of the same poison on different individuals. All irritability is liable to exhaustion by excess of action of stimuli; and most varieties of specific irritability may be diminished or lost, at least for a time, by the action of their corresponding stimuli, while the power of reacting with other stimuli remains. Thus is explained the influence of use and wont, whereby many things at first highly pleasurable or painful become by repetition blunted in their operation, and finally indifferent. By these principles is explained the law of immunity from a second attack of the specific fevers, which is quite unintelligible on the parasitic and simple graft-germ theories. Only the morbid poison has a much more complete effect in that direction than the ordinary chemical poisons; still this is merely an exaggeration of what pertains to the action of all stimuli. In favour of this being a question of stimulation, and not altogether belonging to the more mysterious quasi-sexual function of the partial bions, to be alluded to presently (§ 23), may be noticed, that not only does vaccine matter, which is a modified smallpox partial bion, protect against the latter, but *belladonna*, which is merely a chemical stimulus, protects, though temporarily, against certain types of scarlet fever to which its action is the pathological *simile*. Likewise, a latent stage is found in the action of nearly all poisons, and even medicines, and some light is thrown on the mysterious connection between the length of the latent stage and the severity of specific diseases by the general principles of the action of stimuli.

For it is laid down as a law deduced from observation by Fletcher, that, *ceteris paribus*, the severity of the disease is in proportion to the length of the latent stage. This is supported by the action of the ordinary stimuli. "If a pinch of snuff be received into the nostrils, the excitement which it occasions is short, the collapse and increased secretion are slight and soon over; but if a similar pinch of *asarum* be received, the excitement lasts for some hours, during which we are not conscious of any effect, but the collapse and increased secretion which follow are proportionately severe and of long duration; and it is a remark very frequently made with respect to common catarrh, that the sooner it displays itself after the exposure to its exciting cause, the less violent it is and the sooner it is over. Of course the *ceteris paribus* must be rigidly kept in mind, otherwise the exceptions may easily appear more numerous than the rule." The author is less happy in the alleged cause of the shortening of the latent stage by inoculation of small-pox matter, when he says, "that in its concentrated state it produces so strong a contraction of the capillary arteries as it is incompatible with a long continuance, and the subsequent relaxation in which the disease consists is in proportion to this continuance." (p. 136.) Too much stress is here laid upon the mere capillary constriction and dilatation which doubtless make up one factor in all inflammatory and febrile diseases; but, nevertheless, in a specific qualitative change in the living matter which in a certain time exhausts the susceptibility to the specific stimulus producing that change, it must be of consequence to the result to shorten that time wherein the morbid influence acts. As a matter of fact, however, we do not know whether the concentration of the virus has the effect above assumed, nor how it spreads from the focus of infection. On this subject Dr. James Ross has some ingenious suppositions which deserve attention, although they are as yet only hypothetical. In favour of Fletcher's law, though not of his explanation, is the fact that when inoculation succeeded in propagating scarlet fever, the latent stage was not shorter, and the disease not milder.

"23. Still, the action of the partial bions of the specific fevers as specific stimuli does not explain the reproduction of secretions like themselves as the outcome of their operation, although this is obvious and intelligible with both the parasitic and the simple graft-germs. Hitherto we have had a solid basis of facts to rest on; there are parasitic germs, and there are partial bions, which may act, some as graft-germs and others as specific stimuli, and we have legitimate grounds on which may be discussed the propriety of arranging particular diseases in one or other of these categories; but now we must enter on hypothetical ground, and trust to inference and analogy for further elucidation of the

subject. So much must be said not to prejudice what has gone before."

Now comes Dr. Drysdale's explanation of the action of those graft-germs which, however, he is careful to state merely as an hypothesis. It is an extremely ingenious one, and seems to us probably true. He suggests that a process analogous to conjugation occurs, or rather that form of it which is known to exist in the lower forms of life, and is termed conjugation and rejuvenescence. He thinks that the graft-germs, or partial bions, coming into contact with the fixed plastids in the human body, enter into a state of conjugation or quasi-sexual relations with them, and so modify the system as to act as the cause of the infectious diseases. He proposes then to add the term conjugation-germ to those already in use. Dr. Drysdale's remarks on this point are extremely interesting and suggestive.

Dr. Drysdale concludes by citing the action of vaccination, and of the treatment of *pannus* by inoculation, as examples of the direction in which we are to look for curative agents in the infective fevers, thus bringing the whole to the point of the homœopathic simile. We extract his concluding remarks:—

"With these splendid examples before us, one of the chief aims of medicine should now be to turn these fearful engines of power into agents of protection against, and cure of, the very evils produced by their uncontrolled natural operation. Or, in the words wherein the intuitions of the poet anticipate the reasoning of science.

'Take thou some new infection to thy eye,
And the rank poison of the old will die.'

The path is already marked out for us. There is no chemical poison whose violence may not be effectually tamed by simple dilution, while its specific quality remains unchanged. That resource, of course, fails us with a poison which is reproduced by its very operation; but a similar result can be attained by passing it through the system of some other animal. For it is now established that the vaccine virus is nothing but the small-pox virus modified by passing through the cow. By the light of this knowledge, and guided by Fletcher's law of the relation of the latent stage to the severity of the disease (§ 22), let experimental research be pursued with unwearied perseverance, until the causes are found why these two examples of prevention and cure have so long stood alone, and success is attained in extending their number. Happy they who, with intellectual ability, have the leisure and the opportunity to devote themselves to experimental research directed towards this object. For some among them is, assuredly, reserved a place in the temple of Fame, beside the name of Jenner, as benefactors of the human race!"

We would again strongly advise our readers to study this pamphlet, if they wish to be *au fait* with the question of the germ theories, as it at present stands.

Lectures on Materia Medica. By CARROLL DUNHAM, M.D.
New York: Hart & Co., 68, Murray Street.

THE author of these two volumes was, while living, one of the most accomplished as well as one of the most esteemed of American homœopathic physicians. No one can read the pages before us without deploring the loss medicine sustained when he was removed from amongst us. No one knew him personally, who does not lament the death of one of the kindest hearted and most genial friends, as well as one of the most instructive companions, he had ever met with.

The first volume opens with a record of his too brief life—a life made up of endeavours to work, only varied by efforts to repair the effects of over-work upon a naturally delicate constitution. Written by one who knew him well and loved him much, it is a memoir worthy alike of the subject and the author, and is well calculated to evoke, even in the stranger, the feeling of regret with which the announcement of his death was received by all who were acquainted with him.

The lectures are on the first principles of therapeutics, and on the physiological actions and therapeutic uses of some fifty of the most important and best proved drugs. The former deal with "Materia Medica and Therapeutics," "the Study of the Materia Medica," "the Therapeutic Law," "the Principles of Homœopathy," "Symptoms, their Study, or how to take Cases," "the Anamnesis" or previous history of case, "the Art and Mode of Prescribing," pathognomonic "Symptoms and Characteristic Symptoms," and an "Address" delivered to the graduates of the New York Homœopathic Medical College at the termination of the session 1871-72.

The characteristic features of these lectures are their simplicity, their clearness, and the thoroughness with which each subject is handled. There is no display of learning about them, but they are none the less full of thought, abounding in information, are accurate and honest in statement, and clear and forcible in their reasoning. The address to the graduates contains, within a brief compass, an amount of useful advice to the young physician, (advice which if followed could not fail to smooth his future path) we have seldom met with in similar compositions.

The lectures on the actions and uses of drugs are of the highest value. Several, such as those on *rhus*, *eupatorium*, *colchicum* and two or three others were published some ten years ago in the *American Homœopathic Review*, and reprinted shortly afterwards in our own journal. Those added here are framed upon the same model. The whole constitute one of the best commentaries on the remedial properties of a series of drugs which has hitherto appeared.

Dr. Dunham, to an intimate knowledge of the properties of drugs, added a thorough acquaintance with pathology. Hence he avoided many of the pitfalls which lie in the way of those who fancy that *Materia Medica* is everything, and pathological study a mere matter of scientific interest, devoid of any practical value at the bedside. The widely read, acutely observing and painstaking physician appears in every page of these two volumes.

We know of no work which we should more confidently place in the hands of a medical man enquiring into homeopathy than these two volumes; none which are more worthy of the thoughtful study of the most experienced amongst us. By them Carroll Dunham "being dead yet speaketh," and truly he speaketh well, and in a manner profitable to us all.

A Tabular Handbook of Auscultation and Percussion. For Students and Physicians. By HERBERT C. CLAPP, A.M., M.D. Boston, 1879.

THIS is a useful and praiseworthy compilation from reliable sources, by one who evidently understands the subject he writes about. From the time of Avenbrugger's *Novum Inventum* to the present, master minds have been occupied with these most important means of physical diagnosis, and Dr. Clapp tabulates most of the thus acquired and now generally accepted facts in this handbook.

The introduction is sensible, but too short for beginners. In the chest-mapping (p. 12) we miss the perpendicular lines of demarcation, which are far more important than the horizontal regional divisions, inasmuch as here we can go by intercostal spaces, &c. The plates are, we should think, quite valueless. It should be stated that Dr. Clapp confines himself to the chest, which, we think, rather a pity, for so many chest diseases can only be fully understood and rightly diagnosed by at least bringing the abdomen and its contents within the field of observation of the diagnostician.

Altogether the book will be very useful to young beginners, and to such as have got a little "rusty" in their percussion and auscultation as applied to the contents of the thorax.

We question, however, whether the tabulation of such an interesting subject as this does not rob it of much of its interest, and of not a little of its true science. It is a catalogue of important facts, but too little a *catalogue raisonné* for real students. It will be found, however, a capital "cram."

Is Diphtheria Preventable? Sewage Poisoning: Its Causes and Cure. By EDWARD T. BLAKE, M.D., M.R.C.S. Hardwicke and Bogue.

THIS pamphlet is a reprint of a paper read by Dr. Blake before the British Homœopathic Society, and is an excellent monograph on the subject. Dr. Blake has made the subject of drainage and ventilation his special study, and what he says on these matters comes with authority. Dr. Blake first gives the symptoms of illness resulting from defective drainage in a house, and points out how many cases of diphtheria are traceable to this cause. He then goes fully into the usual forms of drainage found in the majority of houses, shows how defective they are for the purpose, and how many produce the very effect they are constructed to avoid. He then shows what the drainage arrangements *should* be, and his suggestions are remarkable for their simplicity, as well as for their efficiency. The more complicated the drainage ventilation is, the less likely is it to be successful in keeping out sewer gas. The work is illustrated most freely by excellent diagrams, drawn by the author; they are so clear as to be intelligible to every reader. We heartily recommend every householder who cares to have his house free of sewer gas, and consequently of much risk of disease, to purchase this pamphlet, study it, and act upon its admirably simple suggestions.

Sleeplessness: Its Treatment by Homœopathy, Hydropony, and other accessory means. By F. G. STANLEY-WILDE, L.R.C.P., L.R.C.S., Edin., Out-Patient Physician and late House Surgeon at the London Homœopathic Hospital. Gould and Son.

WE are glad to notice another of those excellent little monographs from the pen of Dr. Stanley-Wilde. There is no more important subject in the whole domain of medicine than the treatment of sleeplessness; and here it is that we find an excellent illustration of the great advantage which a practitioner who practises homœopathy has over one of the old school. The latter are obliged to fall back on opium and chloral, or bromide of potassium, which are at best only palliatives; and, what is worse, palliatives that are too apt to lead the patient to habitual use of them without the advice of the physician. These drugs can with difficulty be left off, after being used for some time, increased sleeplessness following their disuse, while the deleterious effects produced by at least one of these are a sorry balance against the sleep procured by them; while the result procured by homœopathic remedies is either curative in the proper sense of the term, or if only palliative, is innocent of any prejudicial after-

effects, and the remedy can be left off without the fear of increased sleeplessness following. So many of our medicines produce sound and healthy sleep by correcting the cause of the sleeplessness, that we are soon, in the treatment of a case where this is a prominent symptom, enabled to do without palliatives, however gentle. Dr. Wilde first gives the physiological explanation of sleeplessness, which, however, is theoretical, and in no way affects the treatment. Our author then gives us the most common causes of sleeplessness, with their appropriate remedies. His remarks on these points are clear and admirable, and his recommendations in treatment thoroughly reliable. We are glad to find that Dr. Wilde, as in his last brochure on "Brain Fag," advocates so strongly the use of hydropathic means, as well as of internal homœopathic medicines. We know, from our own experience, the immense value of the various forms of baths and compresses, in the treatment of sleeplessness, and we are only surprised to find how little our colleagues seem to know of the power of such treatment. In so-called hydropathic appliances, all act on the homœopathic principle, hence their value in treatment. Dr. Wilde's remarks on these applications and their proper use are excellent, and may be followed to the letter.

As a sample of Dr. Wilde's little work, we extract his remarks on *Cold Feet* as a cause of sleeplessness:—

"Coldness of the feet is a frequent source of wakefulness at night, and may arise from a natural feebleness of the circulation, or from a deficient amount of exercise being taken.

"To 'toast' the feet at the fire (a custom popular amongst the ladies) is as unwise and unscientific in procedure as it is temporarily comforting and transient in effect. The same may be said of that other popular household remedy for cold feet—the hot water bottle.

"To those who habitually suffer from cold feet the application of heat can only afford temporary relief. Hot bottles to the feet are necessary and good, under certain conditions, when artificial heat is needed to restore the temporarily suspended circulation, but, as a remedy for those who chronically suffer from coldness of the feet, it is worthless. We know of but one remedy from which permanent benefit is likely to ensue, and that is—

"The cold foot-bath with mustard, which is used as follows: The water should only cover the ankles, and should have a tablespoonful or two of mustard added to it. The feet being placed in the water are then to be well rubbed by an attendant for a period of six or eight minutes, after which brisk dry friction with rough towels should be employed until a thorough reaction has taken place.

"Although this bath may be taken at night by those who are kept awake by coldness of the feet, it may also be employed with

advantage in the day time, when it is well to follow up the process by walking exercise to further the reaction of blood to the feet.

“The *rationale* of the action of this bath is easily explained.

“The shock of the cold water first causes a contraction of the minute blood vessels of the feet, the effect of which is to drive the blood out of them. Then, by the combined stimulation of the mustard in the water and of the friction, a reaction sets in. The vessels dilate, and the blood rushes back into them in increased quantity, the dry friction and walking exercise which follow, further aiding in the retention of blood in the feet, which are consequently warmed by the process owing to the active circulation which has been set up. Compare with this the effect of heat applied to the feet. Here the primary effect is to immediately dilate the vessels and cause increased flow of blood to the feet, which will continue so long as the heat is kept up. But remove the stimulus and reaction sets in with contraction of the vessels, leaving the feet as cold, or colder than they were at first. We all know the chilly feeling which succeeds the taking of a warm bath or washing in hot water, and the physiological reason is the same as that just described.”

His remarks also on the use of fashionable narcotics are well worth attention by those who are tempted to procure sleep by this injurious means:—

“Rare instances there are where a narcotic, under medical advice and superintendence, is necessary and advisable; but we would now especially address ourselves to a class with whom the use of such hypnotic agents as morphia and chloral is only too prevalent.

“Town life, more than any other, predisposes to sleeplessness, and none are more subject to this condition than the class known as the ‘upper ten thousand.’

“We need not look far for the reason of this. Let us glance at the life led by the votaries of fashionable society during a London season. In the ceaseless round of pleasures to which they give themselves; in the endless social observances to which they are compelled; in the late and irregular hours; in the excitement and subsequent exhaustion of brain and nervous system which they incur; and the general wear and tear of such an existence; they toil unremittingly, the veritable slaves of that sternest of taskmasters—Fashion.

“Little wonder, then, that the common results of such a life are listless *ennui*, depression, nervous exhaustion, and loss of sleep, and that the chloral bottle is a too usual accompaniment of the toilet table.

“We allude more especially to the effects of the life upon fashionable womankind.

"A talented authoress, referring to this topic, says, 'It is astonishing . . . that a delicate woman going the mill-round of hard and fast London life, can consume *morphia*, *chloral*, and *belladonna* at night, and live to tell you of it. But fashion, that subverts so much, seems able to subvert even physiological laws with impunity.' *Seems!*—wisely chosen word; for physiological laws, which are the laws of God, are not to be subverted with impunity by so transient and frivolous a thing as fashion.

"The apology for sleep which is obtained by the use of narcotic drugs is necessarily followed by the reactive effect of increased wakefulness: the dose has to be repeated, until by constant use, the system becomes so inured to the influence of the favoured soporific that larger and increasing quantities have to be taken to produce the desired effect.

"*Natural* sleep has long since been banished by the injurious and weakening effects of the narcotic poison upon the nervous system, and at last it has found that no sleep can be procured without the aid of this false incentive. A truly pitiable state!"

In conclusion, we cordially recommend the perusal of Dr. Wilde's brochure, and hope to see other similar monographs from his pen.

NOTABILIA.

THE VALUE OF KOUMISS IN WASTING DISEASES.

BY JAMES THOMPSON, M.D., LEAMINGTON.

THE therapeutic value of koumiss as a food, in diseases accompanied by wasting as a symptom, is what I propose to bring under notice on this occasion. Koumiss was introduced, about eight years ago, by Dr. Jagielski, and has been used with great benefit in many cases. In the many diseases in which wasting is a prominent symptom, there is generally but little improvement in the condition of the patient until some increase of weight begins to take place, giving proof of improved assimilation and nutrition. The emaciation in some cases is often extreme, and proceeds rapidly, if its progress be not checked. Often the sufferer from wasting diseases is the subject of dyspepsia, and this prevents a proper quantity of nutriment from being taken; the patient dreads the meal time; he is exhausted with hunger, and yet he fears to eat; and, when at last he is forced to take food, he suffers misery perhaps for hours afterwards. In phthisical cases, the patient appears not to have the

power to take sufficient food to support the nutrition of the tissues, and to make up for the loss of material by expectoration. In the marasmus of infants, there is the same starvation and emaciation. It is in these cases that I have seen great improvement after the use of koumiss. Under its use, the improvement is rapid and permanent, and it can be taken by almost all patients without difficulty, and in most cases with great relish. I have several times heard a patient say that a glass of koumiss was more supporting than a glass of old port-wine. I will illustrate these remarks with a selection of cases from my note-book.

CASE I.—E. G., a lady aged 45, bedridden for the last five years, with an abdominal tumour, suffered much from sickness, retaining food with difficulty. She gradually wasted extremely. Koumiss was prescribed, a wine-glassful every two hours. This was retained without discomfort, and for several days no other food was given; then small quantities of farinaceous food were added, and a marked improvement took place in her appearance, which continued to improve until she became better than she had been for years before.

CASE II.—S. S. S., aged 28, had phthisis of several years' duration, and was much reduced by copious hæmoptysis and hæmorrhoids, bleeding freely. He derived the greatest benefit from a bottle of koumiss daily, and soon improved in weight, and is now more than twenty pounds heavier than he was before.

CASE III.—H. B., aged 22, suffers from severe dyspepsia, often dreading to eat anything. During this last term, he was at an Oxford college where the food is often of an inferior description. In ten weeks he lost two stones in weight and was reduced to a skeleton. I advised the use of koumiss and a good digestible diet, and in ten days he increased seven pounds in weight; the improvement gradually increased at the rate of four pounds a week, and at the same time great improvement in the dyspepsia. He continues to improve, and will soon be as well as before.

CASE IV.—A. F., aged 23, was confined to the sofa by a spinal disease, and could not eat anything. Koumiss was prescribed some time since with great benefit, and her improvement was most marked; she almost lives on it, and, if she miss a day, she falls off appreciably in appearance.

I have heard the same evidence of the value of koumiss, in these wasting diseases, from medical friends to whom I had spoken in terms of recommendation.—*Brit. Med. Journal*, Feb. 22, 1879.

SNAKE-BITES.

DR. KITCHING, of Cape Town, sends us, from the pen of Mr. Isaac Kiddle, the following curious CURE FOR SNAKE BITE in Africa.

“A short time since I was called in to see a young man who had been bitten in the calf of the right leg (bare) by one of the most venomous snakes in this country. He was already unconscious, and the leg considerably swollen. I had naturally little hope of his ultimate recovery; but I immediately administered 10 min. *liq. amon. fort.*, and intended, after scarifying the wound, to apply it externally. Just as I was about to do this, an intelligent Colonial-born man came in and said that the usual ‘cure’ for snake poisoning obtaining in the up country districts was effected by applying to the wound the newly lacerated breast of a live fowl. Would I permit it to be tried in this case. Feeling it would at least do no harm, I permitted it. It was done, and the patient completely recovered. The mode of procedure was very simple. A fowl was caught, a few feathers were plucked off in some fleshy part, the skin torn aside, and the wound applied to the part bitten. When it died it was immediately replaced by another. Four died in this way. A fifth merely became giddy. The first fowl died in a few seconds, the second in a minute and a half, the third in six minutes, and the fourth in ten minutes. None of the fowls was so wounded as to induce death.”

HOMŒOPATHY VINDICATED IN COURT.

PRESIDENT JUDGE A. W. ACHESON, of Washington and Beaver counties, well known in the State of Pennsylvania for his legal acumen and just decisions, holding court in Beaver, Beaver County, about 1874, had a homœopathic physician before the court as a witness. One of the counsel connected with the case said to the witness: “You practise homœopathy, or some other humbug, do you not?” Judge Acheson immediately rapped upon his desk and said: “I call you to order, sir; the practice of homœopathy is too well established to permit of any slur being cast upon it at this late date; among its practitioners are men of learning and ability, and its patrons embrace some of the most intelligent and influential citizens of the country. The homœopathic colleges are recognised by law, and I will not permit any one in this court to use offensive remarks in regard to any of its practitioners; they are entitled to the same courtesy and consideration as practitioners of any other system of medicine; I am here to protect witnesses and to administer the law, and I mean to exert my privileges to the uttermost.”—*Hahnemannian Monthly*, March, 1879.

CONCERT IN AID OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Concert, which we intimated in our last issue as to be given by Herr Carli Zoeller, took place in the Langham Hall, on Friday, the 9th ult. There was an excellent attendance. The programme was a select one, and consisted of both vocal and instrumental music, with a telling recitation of Hood's "Bridge of Sighs." The instrumental part included performances on the violin, violoncello, piano, and zither. The performances were all of the first class, and the audience showed their appreciation of the treat they were enjoying by frequent applause. The managers of the hospital and all interested in it feel grateful to Herr Carl Zoeller, and to the artistes who so kindly gave their valuable services on the occasion. We are glad to say that after paying necessary expenses, Herr Zoeller will be able to hand over to the hospital about £20. In recognition of this, the board of management have graciously made Herr Zoeller a life-governor of the hospital. We sincerely hope the dramatic performance on the 5th of June will be equally successful, and we trust that the friends of our valuable institution will come forward on this occasion, and prove it a success, as the dramatic talent of the amateur ladies and gentlemen who are so generously giving their services is so well known.

CAN AN ALLOPATH PRACTISE HOMŒOPATHY?

PEGASUS hitched to a plough is nothing compared to a man or woman trying to practise homœopathy without possessing a knowledge of the principles upon which that practice is based. A recent exchange of the allopathic school, insists that there is nothing in the written or unwritten code of their school to prevent one of their number from practising homœopathy. Well, why should there be? There is nothing in their code to prevent their curing all their patients or collecting all their bills. The impossibility of doing these things is apparent *prima facie*. An allopath cannot practise homœopathy, simply because he doesn't know how. When he comes to know how he is no longer an allopath. And that is exactly what troubles the camp of the "regulars." Realising the danger of contact they wall themselves in with exclusiveness. Knowing the contagious character of homœopathic ideas, the old school keep themselves in perpetual quarantine. They make frequent exhibitions of their bills of health in order to be assured of safety. Now and then they cast over some unlucky Jonah, in order to have their ship

ride with more safety. All this is a needless anxiety, for, since the world began, oil and water will not mix. A "regular physician" is inherently incapable of using remedies homœopathically. Using an attenuated preparation of a drug on allopathic principles would only bring failure. Using it on homœopathic principles makes that physician a homœopath. The success that follows leads to the adoption of the law *Similia*. At this point the code of ethics erects the guillotine, and an execution follows. Well, there's some satisfaction in knowing that the head belongs to the one that is executed; the headless trunk belongs to the system that ordered the decapitation. And to this day the allopathic school is an acephalous system of therapeutics. It has no guiding principle that it dare follow beyond the first or second step, otherwise that principle would constitute a "dogma," and that is the one thing a "regular" hates as the devil hates holy water. Curious, isn't it, how fearful the old school doctors are that they will yet find a law of cure; and how fatal it would be to all they hold dear, if they should find such a uniformity of relation existing between drugs and disease, that one could be applied to the other with intelligence and certainty? Let us hear no more of homœopathy being absorbed or swallowed up by its ancient enemy. They do not seem to bear even small doses well, and so large a quantity as the entire homœopathic school would be sure to kill them outright.—*Cincinnati Medical Advance*.

BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Ordinary Meeting of this Society will take place on Thursday, the 5th of June, 1879, when a Paper will be read by Dr. Richard Hughes, of Brighton and London, entitled, "*Some Further Considerations on Local Applications*."

The Annual Assembly will be held on Wednesday and Thursday, June 25th and 26th.

A Paper by Dr. Blackley, of Manchester, is promised for the meeting on the 25th, entitled, "*On Progressive Pernicious Anæmia and its Successful Treatment*;" and on Thursday, the 26th, an Address will be given by Dr. Hamilton, V.P.

LONDON SCHOOL OF HOMŒOPATHY.

OUR readers will be interested to learn that our late colleague, Dr. Hartmann, of Sydney, and formerly of Norwich, has bequeathed his library, rich in foreign medical literature, to our school.

[We have received the following from America. Eds. M.H.R.]

KEY-NOTE EXTRAORDINARY.

In the *Organon* for July, 1878, Dr. Berridge defines a "key-note" as "a symptom, or group of symptoms, so characteristic of a remedy, that whenever we meet with it we always, or almost always, find the remainder of the symptoms under that remedy also," &c.

In the *Organon* for October, No. 418, he relates the following case: "Case I.—Miss —, aged 18, had had dysmenorrhœa for one or two years. During menses has intense pain in abdomen, like something passing on a sore place; it continues the first part of the period, and sometimes returns; she feels at these times as if she would like to die. The last time the pain was very severe. *Murex purpurea* 80, three doses. The pain did not return."

P. 419. "Comments.—In case I. the remedy was selected from the key-note, 'sore places, as if injured with a cut in the uterus, in dysmenorrhœa,' without the aid of a repertory."

In referring to the original proving of *murex* by Petroz we find the following:—"Douleur de blessure comme par une arme tranchante dans l'utérus. *Cette sensation est habituelle à l'époque des règles depuis bien des années.*" (Italics our own.) Comment is unnecessary.—*Vide Allen Cyclop., vi., p. 414. Note.*

FIRE IN PHILADELPHIA.

We have heard with much regret that the well-known establishment of Boëricke and Tafel, in Philadelphia, has been destroyed by fire. Among the stock were 1,200 volumes of the ninth volume of *Allen's Encyclopedia of Materia*, which was on the point of being issued to the subscribers. We understand that the whole will be immediately put to press again, and it is expected that it will be ready for delivery in two months. The tenth and concluding volume is expected in October, and the repertory about Christmas.

The value of the property consumed is estimated at \$80,000, of which only half is covered by insurance.

ON THE NECESSITY OF APPOINTING A PAID
CLINICAL TEACHER.

A LETTER TO THE MEDICAL GOVERNORS OF THE LONDON SCHOOL
OF HOMŒOPATHY, BY DR. ROTH.

THE majority of our older homœopathic practitioners have learnt homœopathy by attending the practice in homœopathic hospitals, or of a private homœopathic practitioner. Thus, Drs. Drysdale,

Martin, Dudgeon, Hilbers, myself, and others, attended Dr. Fleischmann in Vienna, while Drs. Kidd, Chepmell, Black, and others, attended Dr. Curie's practice. They studied the homœopathic *materia medica* and the principles of homœopathy by the aid of books. This fact proves that the theory can be acquired without lectures, but that the practical part of homœopathy requires clinical instruction.

When our esteemed colleague Dr. Bayes initiated the movement about a School of Homœopathy, and before any special plans and prospectus had been published, I agreed, with much pleasure, to forward the movement by a yearly contribution during five years, for the *special object of having a paid clinical teacher appointed*, as I consider such a teacher the most indispensable, most useful, and most suitable for spreading the practical knowledge of homœopathy, which, no doubt, we all consider as the principal aim of a School of Homœopathy.

As it appears that the idea of the lectures in the School being recognised by the examining bodies as substitutes for the lectures on similar subjects in the ordinary schools is abandoned, and as the school is now professedly for the instruction in homœopathy of students who have completed their medical education in the established schools, or have already taken their medical degree, as well as for those who have not done so, it is hardly so likely that such persons will have time to attend regularly lectures on *materia medica* and therapeutics, which subjects they could study more conveniently in books. Consequently, *clinical instruction is what they most or only need, and the appointment of a clinical instructor is of the first and last importance in a school of this character*. Such an instructor would require the whole, or nearly the whole, field that could be afforded by our small hospital, and the board of management of the hospital will doubtless perceive the necessity of making such arrangements as would enable the clinical teacher of the school—which would thus be identified with the hospital—to have the command of a sufficient number of beds to make his clinical instruction of value.

As half of all the money subscribed during five years for the support of the School of Homœopathy is paid by my colleagues, I appeal to them to express their opinion on this subject, and, if they agree with me, to forward a memorial to the Council that a paid clinical teacher should be appointed before the next term begins; the duty of this teacher would be to give clinical instruction at the bedside at least three times a week during the whole school term.

The Council have happily ceased, to the great satisfaction of the majority of medical subscribers, to contribute yearly the

large sum of £350 to the Hospital Fund ; therefore they have sufficient money for paying a clinical teacher.

Our five colleagues, who give gratuitously their services, and occasionally clinical lectures, will admit, as well as the rest of the medical governors, that it cannot be expected that professional men should neglect their practice and devote their time and work for the benefit of the school, without being paid for all this trouble. As I have no other aim in view than that the School of Homœopathy should produce the maximum of a really practical result for the benefit of our suffering fellow-creatures, I need not apologise for bringing this subject before the medical governors.

M. ROTH.

CORRESPONDENCE.

To the Editors of the Monthly Homœopathic Review.

A NEW DISINFECTANT.

Gentlemen,—I have recently tested the powers of Dr. Billing's Deodoriser and Disinfectant. It is a metallic chloride, with a pleasant odour resembling claret wine.

I find it immediately deodorises stools, as passed into chamber pots. It also at once deodorises the pans of water-closets.

It at once, when much diluted, deodorises foul breath produced by smoking or decayed teeth ; I also find it an excellent wash in sloughing surfaces.

Having at present a case of paralysis where the patient involuntarily passes her urine in the bed, and where there is a very offensive bed sore, I find the patient, the bed and the room, are easily kept quite sweet with this deodoriser diluted to one in twelve.

It has the advantage over carbolic acid that the odour is agreeable, and over Condy's Fluid, which often stains the linen, the hands, and the vessels brought in contact with it. The linen used in cleansing ulcerations is at once rendered sweet by being washed in a dilution of this deodoriser ; and, finally, it is so powerful, that it at once neutralises the odour of carbolic acid, while it is so inoffensive that it can with advantage be used as a gargle in ulcerated throat, or as a mouth wash.

I strongly recommend my professional brethren to try it.

It can be ordered through any homœopathic chemist from Dr. Billing, 77, Cannon Street, at 1s. or less the pint.

GEORGE WILD, M.D.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

As Dr. POPE will not return to England till the end of June, it is requested that all communications be addressed to Dr. DYCE BROWN, 29, Seymour Street, W.

Communications have been received from Dr. HUGHES; Dr. ROTH; Dr. COOPER; Dr. F. FLINT (Scarborough); Dr. MOORE (Liverpool); Dr. BURNETT (London); Dr. HARMAR SMITH (Ramsgate); Dr. McCONNELL REED (Wellington); Dr. BUSHROD JAMES (Philadelphia); Dr. KITCHING (Cape Town); "Our own Correspondent" in America.

BOOKS RECEIVED.

The following books, periodicals, &c., have been received.

Some Remarks on "Similia Similibus." By W. B. Dunning, M.D., Hartford, Conn. 1878.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges. By W. Eggert, M.D. Boericke and Tafel, New York. 1878.

Essentials of Diet, or Hints on Food in Health and Disease. By the late Dr. Ruddock. Second edition, with corrections and additions by E. B. Shulldham, M.D., &c. &c. The Homœopathic Publishing Company. 1879.

The Nurse, or Hints on the Care of the Sick. By C. T. Harris, A.M., M.D. Chicago. Duncan Bros. 1879.

Auvergne, Royat-Guide. Clermont Ferrand. 1879.

Chemist and Druggist. May.

North American Journal of Homœopathy. May.

American Observer. April.

Register of Deaths in Bathurst, N.S.W., during 1878.

New York Medical Record. April, May.

A Test of the Efficacy of High Dilutions. Published by the Milwaukee Academy of Medicine. 1878.

The Homœopathic Times. March.

The New England Medical Gazette. May.

The United States Medical Investigator. April, May.

The St. Louis Clinical Review. April.

Hahnemannian Monthly. May.

L'Art Medical. May.

Homœopathische Rundschau. May.

Allgemeine Homœopathische Zeitung. May 6 and 13.

Reveu Homœopathique Belge. April.

Journal d'Hygiene. May.

Rivista Omniopatica. February.

Bathurst Western Independent. March 11.

Wine in the different forms of Anæmia and Atonic Gout. By M. E. Bègin. Paris. Baillières & Sons.

Cincinnati Medical Advance. April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

ON THE DUTY OF THE PROFESSION IN
REGARD TO CLINICAL TEACHING.

THE present attitude of the old school in regard to homœopathy is so remarkable, when compared with that of not many years ago, that it behoves all homœopathic practitioners to consider it well, and so shape their line of action that the opportunity now offered be not lost. Ever since the publication of Dr. SYDNEY RINGER's work on Therapeutics, the old virulent and ignorant opposition to homœopathy has shown symptoms of modification. Such simple pieces of every day practice as the use of *aconite* in inflammatory fever, and of *ipecacuanha* in sickness, which were formerly laughed at as absurd, began to be tried on Dr. RINGER's recommendation, and were found successful. This led to the use of other equally well-known bits of homœopathic treatment, and with such success, as compared with "orthodox" treatment, that open and honest minds could not but see that there must be something more in homœopathy than they had previously supposed. Many content themselves with going thus far,

and adopting these isolated bits of practice, while others go further, get hold of homœopathic works, and, without saying anything about the nature of such treatment, or endeavouring to support us in our isolated position, gradually enlarge their use of the homœopathic *Materia Medica*, till their practice becomes homœopathic in everything but the name. Whether such a course of action is straightforward and honourable, is for each one to decide for himself. In one sense it does harm, as, in present circumstances, "he that is not with us is against us." When a cause is upheld by a minority, in the face of difficulties, professional opposition, and misinterpretation, those who believe we are right, and act upon our principles "sotto voce," while they, for fear of obloquy and loss of status allow our cause to be laughed at, or misrepresented, are virtually our enemies. While, on the other hand, in another sense, good results, and it becomes true that "he that is not against us is on our side." Though not openly siding with us, the truth of our principles remains as a matter of conviction, and we have reason to know that many are only waiting for such an opportunity to present itself, as shall enable them, without fear of loss of status or position, to declare their adhesion to homœopathic principles and practice. Such an opportunity must come in no very long time. The leaven is being widely, though quietly disseminated, and the leavening process will some day appear to have been going on much more extensively than our uncompromising opponents have any idea of.

We find evidence of this not only from private information, but from the nature of articles which every now and then appear in print. As a result of this, we find that homœopathic practitioners are spoken of in a very different tone from what formerly was the case. We are no longer charged with being fools and visionaries, or with being dis-

honest. On the contrary, articles have appeared in old school journals, stating in the plainest terms that we have been grossly ill-used, and advocating perfect freedom of opinion and practice without fear of consequences. Now is the time for us to step forward and facilitate this onward move on the part of the old school.

Already we have begun to show signs of activity, and the London School of Homœopathy is in full working order. Its success hitherto is undoubted, and as great as could have been looked for. We must not expect to carry the citadel by storm, and look for a class of students large enough to fill a room; we must be content to work away with unflagging perseverance for years, and not be discouraged by having classes which are small when compared with those of the fully equipped schools of medicine. The interest taken in the new study by those who attend the lectures is a much more gratifying and encouraging feature than mere numbers. Those who come to hear the new truths attend in no perfunctory manner, but in such a way as to evince the deepest interest in what to them is an unworked mine. They frequently express themselves in this strain, and are fascinated by the new principles and practice, wondering to themselves, and saying so, how they could have hitherto calmly remained in ignorance of what is evidently one of the greatest discoveries in medicine. But outside of the regular classes at the School of Homœopathy, the subject is creating unmistakable interest. The introductory lectures have each been listened to by a room full of attentive hearers. Not a few of those who came to the opening lectures from mere curiosity have been led to inquire more fully for information and books, having been quite taken aback by finding how little they knew of what carries a certain amount of conviction on the face of it, while several practitioners of note, on receipt of a pub-

lished introductory lecture, wrote to the lecturer privately, expressing their interest in the subject, and requesting further information, and the names of books on homœopathy, that they might investigate the matter more fully.

All this tends to prove that the London School of Homœopathy is beginning to supply a great want. As to the mode of conducting the teaching, and whether the plan of systematic lectures is useful or not, as some of our body deem they are not, there is but one opinion as to the value of clinical teaching. To point out to an inquirer, who is at the same time doing his best to master the *Materia Medica*, why such and such a medicine is chosen, instead of some other, what are the symptomatic indications in a given case for the selection of the remedy, what others meet the case in certain points, and why one is selected out of this group; and, above all, when the case progresses steadily to a favourable termination, to demonstrate in its daily or weekly progress the beneficial action of the medicines chosen, is one of the most important modes of teaching homœopathy, if not the most important. The remarks made, and the results seen, make a lasting impression on the mind of an inquirer. The honour of thus promoting our cause verbally must of necessity belong to the few, as hospitals are few, and students attending personally comparatively few also. But a great deal can be done in print through the medium of our journals. These are read increasingly by inquirers, and cases in practice eagerly scanned and studied.

And this brings us to the point which it is the aim of the present article to bring into prominence. Clinical teaching in print can be shared in by all of us, and thus all can join in the good work. We regret to say, and we may add, complain, that this opportunity is taken advantage of by comparatively few of our homœopathic *confrères*.

Every one who has a practice at all, and conducts it in a non-routine manner, must have numbers of cases which, if recorded, would be of immense teaching value. It is not necessary that cases should be rare ones, or ones that are of peculiar interest. What we should like to see would be reports of cases of every day interest, all of which are important in themselves, and of value to the student. We want such cases carefully recorded, their previous history, if of importance, noted; the symptoms given in full and in the fullest detail; a comparison of such symptoms with those in the *Materia Medica*, as indicating the drug prescribed; remarks, if possible, on the reasons for selecting one out of two or three which more or less meet the case, the results of such a prescription, and the reasons for changing it when necessary, with the final result of treatment. Were such a course to be adopted by the majority of homœopathic practitioners, we should have an amount of regularly supplied clinical teaching which cannot fail to be of much help to the beginner in homœopathy, and which will, we assure our readers, be fully appreciated by those who are publicly engaged in teaching, as well as by inquirers. It is surely a noble thing for the members of our small body to band together to resolve each to contribute to the great result what is in his power. It is, in fact, his duty not to keep the truth, and the results of his experience wrapped up in a napkin, but to gladly spread the information which he may have accumulated by years of study and practice, in order to help on others whose eyes are opening to the truth of homœopathy, and who wish to avail themselves of *all means* for enabling them to practise it successfully. But, besides the value of such teaching to beginners, it would be of immense value to ourselves as practitioners. Every one can learn from his neighbour, and in this consists one of the chief reasons for

the existence of our journals and societies. Mutual contact personally and through the medium of the press, enlarges our ideas, and enables each to benefit by the suggestions and experience of others. Were such a continuous flow of clinical teaching to be contributed by all of us, it would go far to settle many points in dispute, such as the value of certain medicines in certain diseases, which are indicated by the pathogenesis, the consequent sifting of the provings, with the elucidation of those symptoms which have or have not been found of value in actual practice; and perhaps as important a point as any, the comparative value of different dilutions in different phases of disease. These questions are left to private opinion, and to the experimental discovery of each one for himself, on account of the scantiness of the records of fully and carefully recorded cases. Failures have often been the best teachers to the careful practitioner, but failures would be fewer, were there a larger and more regular supply of clinical records of the kind we refer to. Mere jottings of cases, with the mere name of the medicine prescribed, and the comments "better," and "cured," are not what we want. We may print pages of this sort of thing, with no result of any value. To have teaching power, not only for a beginner, but for those in practice, cases must be fully and minutely recorded, with reasons for the choice of the medicines prescribed, and comments on the case and its treatment.

But besides the reasons we have urged for more work on the part of our practitioners, namely, the pleasure of sharing in the teaching of students, and in accumulating experience for the benefit of our fellow practitioners, there is another ground on which we call for more work. Our journals must be supported by contributions. Subscribers to them expect to find what is worth reading, and a regular

monthly or quarterly supply of such material; but we cannot make bricks without straw, and the fact remains that the editors do not find their journals supported as they ought to be. We have reason to know that the allopathic journals, though several are published weekly, have always more than enough to fill their columns. They can make a selection, and contributors have often to wait for weeks before their papers appear. We are sorry to confess that we cannot boast of the same *embarras de richesses*. The editors of the *British Journal of Homœopathy* some time ago diminished the size of their periodical, because of the paucity of the supply of original articles; and for ourselves, we must confess that we are frequently, to put the matter mildly, not in a position to make a selection among the contributions forwarded to us. Why should this be? In the old school, men find it to their interest professionally to make their names known by original work, and contributions to the various periodicals; and anything interesting in cases of disease, in treatment, or in any subject of interest in connection with practice, is at once published. But we, who have the key to the true system of therapeutics, and who could further our cause and therapeutics in general by records of experience, find that such work is not forthcoming to anything like the amount that ought to be.

We are driven to the conclusion that our body, from the comparatively small supply of practitioners in proportion to the number of patients, and the consequent demand for medical men, find it easy to get along without putting themselves to much trouble in the way of doing any extra work. Many may urge the excuse that they have no time, and that practice leaves them no spare moments for public work. This is really no excuse. If the journals of both schools are looked over for years past, it will be seen that

those who have been busiest, and have had the largest practices, are those who have done the most extra work. It is a well-known proverbial saying, that the less one has to do, the less one does, and the work done by the senior members of our body puts to shame our younger brethren. Because we are a small body in comparison with the numbers of the old-school, and a small body upholding a doctrine and practice, which has had, and has still, to fight its way, and maintain its ground, in spite of vehement opposition and misrepresentation, it is all the more reason that we should have no idlers in the camp, but that each should contribute his regular *quota* for the common welfare.

We regret to have thus to lecture our *confrères*, and to confess how little the editors of the journals are supported. But in doing so, we feel sure that we have only to draw the attention of the profession to a state of matters which should not exist, to find a response to our call. We want to see more enthusiasm shown in this way, instead of having the pain of seeing so many idle as far as the public good of the profession is concerned.

We would especially urge our younger brethren to work. They, as well as those of longer standing, must have plenty of valuable matter to record, and we trust that we shall have henceforth the mass of what is at present unused material, brought forth, for the threefold purpose of clinical teaching for inquirer, information for those who are already in practice, and for the elucidation of points on which there is difference of opinion, and for the adequate support of the journals, without the existence of which homœopathy cannot progress.

A CASE OF SUB-ACUTE BRONCHITIS TREATED
MAINLY BY ONE MEDICINE.

BY DR. HARMAR SMITH.

MRS. —, Margate, May 9th, 1879. Lymphatic bilious temperament; pale and sallow; æt. about 50.

Has much care and responsibility; lives most of her time in a nearly dark room, and takes scarcely any outdoor exercise.

Is subject to bronchitis and catarrhal attacks, and for several days has had an almost incessant cough; dry, sonorous ronchus (Laënnec). *Ipecac.* (1x), one drop every two hours.

10th. No change. Continue *ipecac.*

12th. Cough troublesome, especially in the night. Pe. 96; temp. 99.5. Small mucous rales everywhere in front of both lungs. Respiratory murmur alone heard behind. *Kali bichrom.* (1), one drop every two hours. *Tinct. hyos.* occasionally in the night. Omit *ipecac.*

15th. Cough at times assumes a spasmodic character, and occasionally terminates in vomiting—muco-purulent expectoration. Auscultatory sounds coarser and dryer; a mixture of sonorous, sibilous and mucous rales. *I noticed for the first time that these sounds were only heard during expiration. No sound audible during the expansion of the chest. Tinct. ipecac.* (1x) one drop every four hours. *Hyoseyamus p. r. n. nocte.* Omit *kali bichrom.*

17th. Cough still frequent, occasional vomiting, respiratory sounds coarser, moist and dry ronchi, still only audible during expiration. Continue *ipecac.*

19th. Less expectoration and cough. Rales dryer. Continue *ipecac.*

23rd. Further improvement. Sonorous ronchi on right side, sibilous rales on left, heard during expiration only. Continue *ipecac.*

27th. Continued amelioration of symptoms; slept all night; still cough and expectoration in the day. Sonorous ronchi on expiration on both sides of chest anteriorly, here and there only, with respiratory murmurs between. Continue *ipecac.*

30th. Little cough. No morbid sounds.

June 3rd. Discharged, cured.

Remained in bed during the whole of the treatment. A bronchitic kettle made use of, and poultices applied to the chest during the first few days.

Remarks.—It may be thought that this case is of too common-place a character to deserve publication. Apart, however, from the remark that it is well occasionally to record the stethoscopic signs in ordinary cases minutely, there are two or three points that appear to me worthy of consideration.

1st. The circumstance, in these days of alternation, that the patient was treated, as stated in the title of the paper, mainly by one remedy. Although the case was somewhat slow in its progress, owing to the low state of vital power, and the habits of the patient, yet the influence of the *ipecac.* on the disease was very marked. I regretted afterwards discontinuing this medicine for a short time in favour of *kali bichrom.* On my third visit, however, noticing that the capillary bronchial tubes were much affected, I feared that the *ipecac.* might not follow the disease so far. I returned to *ipecac.* on my next visit, when I noticed that there was a spasmodic, and therefore nervous element in the cough, and that there was occasional vomiting. The occasional use of *hyoscyamus* in the night was only as a palliative to the cough, and I believe had no relation to the recovery except by helping to procure sleep.

2nd. A second point of interest in the case is the fact of the abnormal sounds, during the greater part of my attendance, being only present during expiration. I have consulted many medical writers on this matter, but the only reference to this peculiarity of certain cases I have met with, is in a little work on *Physical Diagnosis*, by the late Dr. Cowan, of Reading. He attributes it to bronchial obstruction, combined with diminished elasticity of the lung. I should be glad to know if it has been noticed by my colleagues.

3rd. A third feature in this case which I would observe upon, is the progressive amelioration in the morbid auscultatory signs from the time that improvement commenced, there being a perceptible change on each visit, not "from gentle to severe," but the contrary; first becoming coarser, then dryer, then scattered, and finally extinct.

22, Augusta Road, Ramsgate,
June 14th, 1879.

NOTES FROM DISPENSARY CASES.

By S. H. BLAKE, M.B., M.R.C.S., Liverpool.

IN reporting cases coming under observation at a dispensary, we are necessarily limited in our choice to that class which returns to give us information of relief or cure. We are unable to report as cures those cases which never return to tell the tale of their recovery, and that this class is a very large one in homœopathic practice may be readily conceived when we consider the great number of persons daily attending public dispensaries. The value of experience as to those cases which never return must remain, to a great extent, alone in the physician's mind and convictions, for we cannot produce the evidence in the absence of the witnesses. In the cases to which the following notes apply, a selection is made of only those where a cure results after one week's medication, or where such relief is experienced at the end of a week's treatment as merely to require (a), no further medication; or (b), repetition of medicine for a short period of time; or (c), a change of dilution:—

In a selection of forty-four cases treated successfully by *nux vomica*, we find—

(a.) *Pain after food* (the physician would perhaps substitute "weight," but women often consider this as a "painful sensation"). It is of very frequent occurrence, and is usually somewhere in the neighbourhood of the stomach, although not confined to it. For instance, it may be spoken of as "in the left side," "in the body," "round to the back," "round the side," "to between the shoulders," "back pains," "left side of back," "in the back," "through to shoulders," "at heart and under shoulders," "back of neck and down through back," "stitch in the stomach." In nearly all of these forty-four cases cured by *nux vomica*, some one or other of these varieties of pain are noted as complained of by the patient.

(b.) *Pain in the head*.—Next in frequency, perhaps, comes headache, not always present, however; there is sometimes giddiness instead, or "lightness of head," or "confused head," or these may be superadded to headache. Varieties are headache "back and front," "pain in head and eyes," "aching over eyes or brows;" as occasional symptoms, "pain," or "vertigo on stooping."

(c.) Other symptoms vary considerably with the individual, not unfrequently actual vomiting of food, or rather a regurgitation of food *en masse*, or an eructation of bile or acid fluid. There is often a sick feeling in the epigastrium, "sick at night," "continually sick." Less common are "spasms of the stomach," "water-brash," "food works up in the throat."

(d.) Here is a list of symptoms occurring much less frequently, and not nearly so constant as the foregoing: "flatulence," a rising up in the throat producing "a choking sensation in the throat" (flatulence after variola in one case), cured by *nux vomica*. Appetite diminished or *nil*, "eggs lie heavy," tongue coated white, sometimes clean, bowels costive or confined, or "piles with straining, with bloody stool," "the bowels swell," "a transverse pain in the bowels," "swell after food with wind," "cough in the morning," "irritable bladder," "catamenia scanty or normal," "bearing down in the womb," "pain in the loins," "general weakness," "languid," "weary," "trembling," "nervous," "all of a flutter," "ankles painful," "stiff and sore feeling about the body," "tingling in the body, especially at night," "lowness of spirits," "a red and pimply face."

The dilutions used were from 1st, 2nd, to 3rd decimals, and in most of the cases where painful symptoms predominate, the 3rd decimal was effectual.

In the list before us constipation plays a prominent part, but is by no means constant. When absent *nux vomica* still cures the other symptoms. It may be that in one person a sedentary life leads to constipation, then indigestion. Again, another person, by the use of improper food, or from other causes, induces indigestion, and then constipation, or the constipation may not be superadded. Still, we find *nux vomica* able to remove similar ranges of symptoms occurring in different persons, and arising from somewhat different causes.

How do the symptoms in these cases correspond with the provings of *nux vomica*? We have only to read to be convinced, and we trust the similarity is near enough to satisfy the most fastidious homœopath.

But might we not have known all this from the repertory? Alas! what might we not have known, have been, or done, had we foreknowledge? but knowledge is of gradual growth.

MICROSCOPIC EXAMINATION OF TRITURATED METALLIC, AND OTHER HARD SUBSTANCES.

WE have received the following letter from a correspondent:—

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I beg to inclose, for your perusal, an article published in the last issue of the *Pharmaceutical Journal* (June 7th), relative to matters homœopathic, and I trust that you will give the extract referred to full publicity through the medium of your valuable journal, in order that the subject may be thoroughly ventilated by those competent to deal with it. Here, gentlemen, you have as a fact an avowed homœopathic practitioner stating, as a result of seemingly strict microscopical research, that "metallic and other hard insoluble substances, cannot—contrary to the generally accepted theory—be subdivided beyond certain limits;" also, "that neither copper nor gold could be present in *any* dilution beyond the 5th decimal, and that it is equally certain that the author obtained in sixteen healthy persons 990 different symptoms, without any medicinal agent, which would have been recorded as 'provings' of the *Materia Medica* had the experiments been made in the usual manner.'

Now, gentlemen, it is obvious that, in the interests of homœopathy, a stern refutation of these broad assertions is absolutely requisite, otherwise the doctrine of dynamisation must be regarded as unstable, and homœopathy has received another thrust which is well calculated to further weaken its already doubted "scientific" foundation.

I am, GENTLEMEN,

Yours faithfully,

JOSEPH ABBOTT.

98, Queen Street, Exeter,
June 12th, 1879.

The following is the article from the *Pharmaceutical Journal* referred to:—

"The practically unlimited divisibility of material substances, by continued trituration, especially in presence of an inert substance, such as milk-sugar, has always been one of the fundamental claims of the homœopathic school

of physicians. Starting from this hypothesis, the dilution of matter was carried to such a degree that the mind becomes incapable of conceiving the smallness of the particles which may be supposed to be present in the higher triturations. Experiments have heretofore been made by several investigators to arrive at a definite knowledge of the degree of the division of some of the remedies used in homœopathic practice, among which the observations of Dr. Mayrhofer* have perhaps the most merit. But all these experiments are more or less fallacious, either from inaccurate observations, or from the unsuspected interference of other substances, or else from the want of an unbiassed judgment. The theory that the higher triturations, even of difficultly soluble or practically insoluble substances, facilitate or actually effect their solubility, had been assumed by Hahnemann to be a fact without dispute, so that even teachers of authority establish the rule that dilutions (or dilute solutions) should be made from the third trituration.

“In view of this state of affairs, exact experiments, free from bias and prejudice, are extremely welcome, and it is with satisfaction that we have read a pamphlet on this subject from the pen of Dr. C. Wesselhöft, in Boston,† whose statement should have all the more weight, as he is a follower of the homœopathic school himself. This author arrives at results which are totally at variance with the theory, as will be seen hereafter. We abstract the most interesting portions of his pamphlet in the following:—

“The chief obstacle in the examination of homœopathic triturations is the sugar of milk. It can only be removed with the greatest difficulty. Being but little and only slowly soluble in water, and very prone to crystallisation, its presence often causes doubt to the untrained eye, whether a certain shining particle observed under the microscope is a metallic speck or a fragment of milk-sugar. The best way to conquer this enemy is to study it thoroughly, so as to be able to recognise it under all possible conditions. If we have a trituration of heavy metallic substances, as lead, gold, copper, &c., the milk-sugar may be removed by

* “Oesterr. Zeitsch. f. Homœop.,” i., 1844, p. 189.

† “Mikroskopische Untersuchungen verriebener Metalle und anderer harter unlöslicher Substanzen.” Von Dr. C. Wesselhöft, in Boston. In: “Sammlung wissenschaftl. Abhandl. aus d. Geb. d. Homœopathie,” i., No. 8, Leipzig, 1878.

washing and elutriation. For this purpose 1 grain of the trituration is dissolved in a watch-glass half full of water by very careful warming. The metallic particles are then deposited at the bottom, and the solution may be removed with a pipette, or better, with thick filtering paper. This process must be continued from twenty-five to thirty times; but, nevertheless, small crystals of milk-sugar often still remain, while at the same time some of the metallic particles are lost.

“ In examining specifically light substances, such as carbon, this method of washing is useless. The best way to make the particles of such bodies visible is to place a fraction of a grain of the trituration on an object glass, to add a drop or two of water, and to warm the glass gently over a flame until a clear solution has resulted, which is to be gradually dried. This gradual drying brings the sugar of milk into a vitreous, perfectly transparent condition, which lasts as long as the water of crystallisation remains in the mass. During this period a good view may be obtained of the foreign opaque particles embedded in it. This glassy condition may continue for several days, after which the sugar crystallises in white generally opaque bundles.

“ Another very good method to examine opaque particles consists in the use of ordinary good white filter paper. The fibres of this appear under the microscope white and semi-transparent, and although much interlaced, they still permit the ready passage of light. Any carbonaceous or metallic particles absorbed by it may thus be readily seen, while the sugar of milk is in this manner completely gotten rid of. If more light is wanted, a small piece of the paper is placed on an object-glass, and saturated with Canada balsam, which makes the fibres completely transparent. Canada balsam is altogether indispensable in these examinations. A crystalline mass of milk-sugar mixed with opaque particles may, by its aid, in most cases be made transparent, and the gloss of the sugar crystals at the same time destroyed, so that any foreign fragments are easily distinguished. The balsam also serves to prevent the caking and adhering together of minute particles, which is unavoidable when making aqueous solutions of metallic triturations, and thereby interferes with the correct measurement of the particles. Earlier investigations have suffered much from this error. The best method of

using the balsam is to mix it with the pure substance itself, in form of precipitate or fine powder, without the presence of milk-sugar. The latter, if originally present, must be removed by washing, and the remaining powder dried. A small quantity of this powder is then transferred to an object-glass, a drop of balsam placed on it, the whole well rubbed with the rounded end of a glass rod, covered with thin glass, and examined. The particles will then be seen evenly distributed, and will appear singly, with fine metallic lustre, by reflected light.

“The use of the microscope in these investigations requires no modification from the usual methods. High powers are not at all necessary, as a *magnifying power of 100 is already sufficient to recognise the minutest particles which may be produced by trituration*. Higher powers, however, are required for making measurements, or to obtain proof of the identity of a substance. It may appear surprising that comparatively low powers are sufficient for this purpose, in view of the commonly prevailing theory of the extraordinary comminution and dissociation (“*Vergeistigung*”) produced by protracted trituration. Experienced microscopists recognise the value of medium powers with transmitted light in examining transparent substances. The same is the case, in still higher degree, when examining opaque objects. Much smaller particles of the latter may be recognised with reflected (superior) than with transmitted (inferior) light.

“The author of the paper proposed to examine chiefly the following questions:—

“1. Does continued trituration of hard insoluble substances produce a progressively finer comminution and division, taking in consideration the proportion of the milk-sugar and the time consumed in triturating them?

“2. Do these triturated particles become soluble, as it has been supposed hitherto; and can they be recognised in solution prepared from the third trituration?

“3. May the pathogenetic, as well as the curative effects of these substances be explained, considering the attaining limits of comminution?

“The author now gives the details of his experiments on various substances, the results of which are summarised in the following:—

“*Carbo*. Wood-charcoal.

"a. First centesimal trituration.*—It was found that the smallest particles could be recognised with a power of 100 diam. The largest had a diameter of about $\frac{1}{40}$ mm.,† the smallest $\frac{1}{1000}$ to $\frac{1}{1200}$ mm.

"b. The second centesimal trituration exhibited a much smaller number of particles. Still they were easily recognisable, but were found to differ much more in size. The largest measured $\frac{1}{30}$ mm., but none were found smaller than $\frac{1}{1200}$ mm. This fact was established by several repeated observations, with various modifications.

"c. The third centesimal offered more difficulties. A large number of samples had to be examined before a single carbon particle could be found. After many futile trials, and only by careful and patient search, it was ascertained that carbon particles are present in this trituration, perhaps *one* or *two* in the field of vision. They are imbedded in milk-sugar crystals, in which they may be plainly recognised by examining them alternately with transmitted and reflected light. The largest were found to be $\frac{1}{30}$ mm. in diameter, and none were found smaller than $\frac{1}{1000}$ mm.

"As this result was somewhat unexpected, about a drachm of ordinary wood-charcoal was triturated, without milk-sugar, for three-quarters of an hour. A small quantity of this, mixed with balsam, and examined under the microscope, showed that the largest particles measured $\frac{1}{30}$ mm., the smallest $\frac{1}{1000}$ mm.

"In order to see if further trituration would diminish the size of the particles, a quantity of charcoal was triturated with an equal quantity of milk-sugar with a triturating machine for *thirty* hours. Samples of this on examination

* One part of a substance triturated with 99 parts milk-sugar, under the observancies of certain rules, constitutes the first centesimal trituration (sometimes called the second decimal). One hundred parts of this contain 1 part of the substance.

One part of the first centesimal triturated with 99 parts of milk-sugar produces the second centesimal (or fourth decimal) trituration. 10,000 parts of this contain 1 part of the substance.

One part of the second centesimal triturated with 99 parts of milk-sugar produces the third centesimal (or sixth decimal) trituration. 1,000,000 parts of this contain 1 part of the substance, and so forth.

Hahnemann teaches that "all remedial substances triturated (according to his directions) up to the third centesimal, become soluble in water and in alcohol, a fact which is unknown to chemistry," etc. See 'Pharmac. homœop. polygl.', p. 38.

† 1 millimetre=0.039 inches. 1 inch=25.5 mm.

showed that the largest particles measured $\frac{1}{8}$ mm., the smallest $\frac{1}{1000}$ or nearly $\frac{1}{100}$ mm.

"*Gold*.—Triturations of *gold-leaf* of the third centesimal were found to contain particles of gold not smaller than $\frac{1}{10}$ mm. A special mixture of 1 part of gold-leaf and 4 parts of milk-sugar on trituration was found to contain particles of gold not larger than $\frac{1}{8}$ mm., nor smaller than $\frac{1}{100}$ mm. Five further triturations were then prepared from this, and even in the sixth the particles of gold were still found to vary between $\frac{1}{8}$ and $\frac{1}{100}$ mm., none smaller being observed.

"*Precipitated gold* admits of a higher division. In the first, and even in the second centesimal the diameter of the gold particles varied equally between $\frac{1}{100}$ and $\frac{1}{1000}$ mm.

"*Iron* and *silica* exhibit the same characteristics after trituration as the above-mentioned substances.

"*Copper*.—Samples of precipitated copper, examined in the same manner, were found to contain particles varying in diameter between $\frac{1}{100}$ and $\frac{1}{1000}$ mm. The author here calls special attention to a possible objection that might be made, namely, that some particles may have been triturated so finely that its atoms may not be recognisable under the lens. This objection is answered by the fact that the same samples being examined in the intervals between repeated triturations, exhibited metallic particles of the same size and of the same average number as before.

"*Lead*.—This is capable of further division than the previously mentioned metals. The largest particles measured $\frac{1}{10}$, the smallest $\frac{1}{1000}$ mm. But it was also noticed that the limit of divisibility is reached already in the first trituration.

"*Mercury*.—On triturating this metal with milk-sugar, no matter how long, the product will be found to contain comparatively large globules of mercury. On making a solution of such a trituration, the metal unites into larger drops. But if a minute drop of mercury, about the size of a pin's head, be rubbed for a few minutes in a watch-glass with Canada balsam, and a small sample placed on an object-glass be further stirred for some time, the particles of mercury will be found to be extremely small. They will appear under a low power of the microscope like a whitish cloud, almost appearing like the milky way in a starlit night. By higher powers the particles may be separately recognised, and when measured, will be found to vary in

diameter from $\frac{1}{1000}$ to $\frac{1}{2000}$ mm. Oil and glycerine are likewise good vehicles, but none is as good as the balsam.

“The result of all these experiments and observations is that, contrary to the hitherto prevailing opinion, metallic and other hard insoluble substances cannot be subdivided by continued trituration beyond a certain limit. If these bodies were originally in the state of fine powder, rubbing with milk-sugar does not further divide them. In most other cases the subdivision of particles ceases after the first trituration. The limit of divisibility depends on the proportion of the milk-sugar. The smaller a quantity of the latter is used, the further may the comminution be carried. In centesimal triturations (1 of substance and 99 of milk-sugar) the effort of the pestle is mainly confined to the sugar, while the foreign substance receives but little of the power employed.

“It has formerly been held that, in high triturations, owing to the excessively fine state in which those bodies are present, they become completely soluble in alcohol or water. This theory must evidently be abandoned in view of the results above obtained. The author of the paper, who himself makes this announcement, further concludes that no particles of the original substance could be present in any trituration higher than the third centesimal. Hence it is impossible to make “dilutions” from such higher triturations.

“As to the alleged pathogenetic or curative effects of the latter, the author acknowledges that there is great uncertainty. While it is perfectly certain that neither copper nor gold could be present in *any* dilution beyond the fifth, it is equally certain, says the author, that he obtained in sixteen healthy persons, *without any medicinal agent*, 990 different symptoms which certainly would have been recorded as “provings” in the *Materia Medica* if the experiments had been conducted in the usual manner. He advocates the total cancellation of all so-called “provings” made with such dilutions as the 12th and over (up to the 200th), as not being based on the presence of a material substance, without which no effects can be expected.”

We have much pleasure in publishing our correspondent's letter, with the article he refers to, and which he has kindly forwarded. This question is a very important one, and one on which it gives us much pleasure to make a few remarks. In the first place we think the experiments require to be

conducted on a larger scale, and in the hands of a number of different microscopists. It is well known to the students of the microscope, that results have been obtained by certain observers which seemed definitive, and without a flaw, but which have yielded very different results in the hands of other observers. We are, therefore, at the outset, inclined to take such experiments *cum grano*, until they have been corroborated frequently, and by a number of different observers. But granting, for the sake of argument, that the same results would invariably be found, we do not think the conclusions expressed are proved. The very modes of preparation of the solution of triturations for the microscope may result in the solution of the finer particles, or the taking of them up by the filtering paper. All that is actually *proved* is that after a certain solution of a trituration was made, no particles smaller than a certain size were visible. Therefore we throw out the suggestion of the possible fallacy of the actual solution of certain finer particles, which would then, of course, not be visible. The fact that this is not the case is taken for granted, simply because they are not visible. There may be, in fact, a begging of the question to be proved. We, however, only suggest this possible fallacy, as we, on the other hand, cannot prove to ocular demonstration that our suggestion is correct.

But granting again, for the sake of argument, that there is no such fallacy in the experiments, and that, as the author states, "no particles of the original substance could be present in any trituration higher than the third centesimal," there yet remains the two important questions, Are the dilutions higher than the fifth, in which the author states "that it is perfectly certain that neither gold nor copper could be present," of any curative value? And second, If they are, what is the explanation?

Taking the latter first, it has been suggested that the fine particles are in actual solution; or, at least, so nearly so, that the solution is perfectly clear, and yields not the faintest cloud or precipitate on standing. This, of course, cannot be proved to demonstration, except from the results of treatment by these solutions, and others have sought to explain the matter by suggesting that the process of prolonged trituration, imparts the dynamic or medicinal power of the drug to the sugar of milk, which then becomes to all intents and purposes, the medicine.

This latter can never be proved, as it is only a hypothesis to explain the results of treatment. This leads us, then, to the first question, Are those dilutions above the fifth of any curative value? In reply to this question we may remind our readers that the earlier triumphs of homœopathy were made chiefly with the higher dilutions, and although at the present day there are some of our body who are sceptical of their value, and never use anything but the lower dilutions and the mother tinctures, yet there is an equally large proportion, if not a larger, of practitioners who habitually use the higher dilutions, especially those of medicines which are insoluble in their crude state, such as those very ones cited in the experiments of Dr. C. Wesselhöft. Sceptics may ask, Are the results obtained with the dilutions above the fifth the effects of the medicines, or are they not examples of the fallacy, "*post hoc, ergo propter hoc?*" In reply to this, we answer that no one can attentively read the cases which from time to time have been published, without admitting that many, at least, of these cases, prove to an unprejudiced mind the value of such dilutions. Cases have been so treated, of chronic disease, which has no tendency to get well of itself, and which, many of them, have been treated by others with no success. If the medicine had no effect, and the cure was simply the result of the *vis medicatrix naturæ*, how is it that if the wrong one is given no effect appears, and only when the medicine properly indicated is administered does the cure result? For our own part, we have no more doubt of the curative value of dilutions above the fifth of gold, copper, carbo, mercury, calcarea, silica, and baryta, than we have of our own existence. A close observer like Fleischmann, has the highest opinion of gold in the twelfth and in the fifteenth dilution, if we remember rightly, in diseases of bones; and had we space we could refer to cases, and the published experiences of most able and acute physicians, which form an amount of evidence which we cannot get over.

There is, therefore, we believe and maintain, no doubt of the curative value of such dilutions of substances insoluble in their crude state. The experiments in the above article may be trustworthy so far as they go, and not be fallacious in the way we suggest, but any amount of such experiments do not invalidate the medicinal virtue of the higher dilutions, nor do they shake our faith in

them in the least degree. In what way it results that dilutions thus prepared from insoluble substances acquire their medicinal properties, will always, we fear, remain a *questio vexata*, but of the fact that they are possessed of this virtue, we are perfectly convinced.

We should be glad to have the observations of any of our chemists or practitioners on the subject.

As to Dr. Wesselhöft's conclusion, that because he obtained 990 symptoms in different persons with no medicine at all, therefore all provings obtained with high dilutions ought to be ignored, there is no doubt about the existence of a great fallacy here.

We all know the effects of imagination, and those who conduct provings have to be constantly on their guard against imaginary symptoms. But the directions of Hahnemann in the *Organon*, for the conducting of provings, are so explicit, careful and minute, that, when they are attended to, there is comparatively little chance of imaginary symptoms being recorded among the real ones.

It is a healthy state of mind to be sceptical to a certain extent, in order to prevent the wholesale admission of quasi-facts on slight evidence, but this spirit may go to the unhealthy extreme of rejecting what is fact, though at first sight it may seem incredible. To suppose that pathogenic symptoms can be obtained on the healthy body by high dilutions seems, at first sight, absurd. But yet the fact remains that certain persons present what are known as idiosyncrasies, which means that they are unusually sensitive to the action of certain drugs. Very severe salivation, and all the other evil effects of full doses of mercury, have been known to be produced by the 6th centesimal dilution of *mercurius solubilis*, and severe asthma and bronchitis has been produced in certain sensitive persons living at the top of a house, when Ipecacuanha was being produced on the ground-floor. While, on the other hand, not a few of those provings of drugs which have have not only been clinically verified, but are the most pathognomonic symptoms have been obtained by high dilutions. Facts are facts, however incredible they may seem to the sceptic who poses as a philosopher; and the fact that 990 symptoms have been obtained by no medicine at all in no way invalidates other equally certain facts, which go in a contrary direction. In other words, no

amount of negative evidence invalidates what is positive, and has been verified over and over again.

It is a pity that such illogical blows should be dealt at homœopathy by its own adherents. We have already plenty of this sort of thing from our opponents, but the thrusts of pseudo-philosophers of our own school do infinitely more harm than any amount of opposition from our enemies.

ARSENICAL WALL-PAPER POISONING.

THE following paper, under the above heading, by Jabez Hogg, M.R.C.S., Consulting Surgeon to the Royal Westminster Ophthalmic Hospital, appeared in the *British Medical Journal*, June 14th. The "provings" here reported are so extremely interesting that our readers will thank us for extracting it. The first case is of especial interest, as the production of such a marked rigor and feverish state does not occur frequently. That arsenic could produce such a condition we knew, of course, before, but we have heard some medical friends of the old school deny the fact. Such a denial only showed ignorance of drug pathogenesis, and it is therefore satisfactory to see such a case published, while it adds another "proving" to those we already have. The marked prostration accompanying the rigor is characteristic of arsenic, as distinguished from that of some other drugs, such as aconite, and corroborates our use of arsenic in asthenic fever, and in ill-defined intermittents.

The skin irritation of Cases 2 and 3 are also very interesting, showing, as we know, the homœopathicity of arsenic as a remedy in skin disease. The occurrence of intermittent convulsions noted under Case 3 is of special interest and value, not only to ourselves, but to those of the old school who deny, as has been done in our hearing, the power of arsenic to produce intermittent symptoms. The association in the same paper, by one of the old school, of a proving of severe rigor, and of intermittent nervous phenomena, is remarkable, showing how closely related homœopathically—that is, pathogenetically and therapeutically—arsenic is to certain intermittent fevers and nervous disorders. Case 4 is as interesting and important as the others, as showing not only the marked debility of arsenic

with the faintings, but also the power of the drug to produce bronchial irritation with difficult breathing. Such symptoms are not by any means common in cases of arsenical poisoning, although their occasional production is a familiar fact to those who study their *Materia Medica* in the right manner. It is the knowledge of such facts that has led to the large and successful use of arsenic in chronic bronchitis, especially of the asthmatic type, and in asthma. We sincerely thank Mr. Jabez Hogg for his valuable contribution on the pathogenesis of arsenic.

“On the 7th of April, I read a paper at the Medical Society of London, on Inflammation of the Eye and Injuries to Health by Arsenical Wall-paper Poisoning. Since that time, I have met with several typical cases of wall-paper poisoning of considerable interest, the publication of which will, I believe, have the effect of stimulating further inquiry into an important question of hygiene.

“CASE 1. *Fainting, Sickness, Cramps, and other alarming symptoms of Acute Poisoning.*—The following interesting and remarkable case forcibly illustrates the rapidity with which the poison may be absorbed by one who is susceptible to its influence. In my opinion, the acute nature of the symptoms experienced by the patient were mainly due to a saturated atmosphere of arsenuretted hydrogen, arsenical dust being of a less diffusible nature. The humid state of the surrounding air, which was at the same time the subject of remark, possibly facilitated the evolution of the poisonous gas; the several causes, combined together with the overheated state of the room, from a desire to make the visitor as comfortable as possible, brought about the alarming form of illness I am about to narrate. I may further remark that, as I am anxious not to weaken the tersely graphic account of the seizure with which Mr. E. H. Corbould has furnished me, I need, I am sure, offer no apology to this gentleman for relating the history and symptoms of his case in his own words.

“‘I was summoned,’ he says, ‘a few years ago, to Osborne, to execute a particular work in a very short space of time; and it therefore became necessary to lodge and sleep as near as possible to the palace, in order that I might resume my work early, and leave it late. To enable me to do this, I took a room at the nearest hotel. In a day or two, I began to feel ill, and found I was suffering

from all the symptoms of a severe cold. This I attributed to the damp state of the walls of the bedroom in which I slept, the paper of which was much discoloured by the action of the damp. Her Majesty on hearing of this, in her most graciously considerate way, gave instructions that I should at once be lodged at the Victoria Cottage, just outside Osborne, and that a fire should be lighted in the bedroom some hours before I took possession of it; in short, that I was to be made as comfortable as the palace could make me. The result was that at night I found the room exceedingly cosy. The bed was everything a gentleman could desire. It was well covered with Witney blankets of the newest and the best kind; and I was informed by the servant that in the event of my requiring more, I should find a couple of thicker blankets folded at the foot of the bed. When, however, I felt the quality of those on the bed, and which were like so many good sheepskins, I said it was not very likely that I should require the extra ones. The room, too, felt deliciously warm in every part. I soon got into bed, but had not been there many minutes when a coldness seized me. I was soon obliged to resort to the blanket reserve at the bottom of the bed, and, dragging forth one, I threw it over me, and once more tried to settle myself down to sleep. I still, however, felt very chilly, and in a few minutes was glad to seize the other blanket, and fold it double over my legs. Withal, I could not get warm, and my teeth chattered, and I resolved to try the effect of a large and well-lined Spanish cloak which I had thrown over a chair near the bed. I made an effort to raise myself in bed, but, to my horror, found I had not strength enough left to move my legs and get out. The effort produced a violent pain of my bowels. I felt for a moment as if some one were twisting them, just as you might take a jack-towel between your hands and wring it out. The severe pain was followed by a dreadful sickness; and, during the paroxysm, I must have fainted, and from sheer exhaustion fallen asleep, for I remember no more of what passed. At eight o'clock in the morning the servant knocked at the door and awoke me out of a deep sleep, and in a feeble voice I called to her to bring me a cup of tea. In about ten minutes she returned with it, and then for the first time I opened my eyes; and, seeing a very brilliant green wall-paper before me, I excitedly exclaimed, 'Why, it's arsenic!' The girl was surprised, and, innocently enough,

assured me it was no such thing, but some of the best tea. I explained to her that I alluded to the colour of the wall-paper, and she hastily departed. I omitted to state that I took a small glass of hot brandy-and-water before going to bed, and I firmly believe, but for this, I should not have survived that dreadful night.

“On first getting out of bed I could scarcely stand—indeed, I staggered about like a drunken man, and it required a considerable effort on my part to dress. This I at length accomplished, and, opening the door of the room, I stepped out into the passage where there was an open window. The fresh cool air of the morning seemed to give me new life, and in a few seconds all unpleasant sensations vanished as if by magic, and the moment I got into the air I felt perfectly well.

“Upon my arrival at the palace I found the Queen waiting for me. She remarked that I was late, and I was therefore obliged to excuse myself by confessing that I had been very ill during the night, and at the same time I intimated that my illness had been caused by the poisonous green wall-paper of my bedroom. Her Majesty was greatly startled by my statement, and after an expression of deep concern and sympathy with me, at once commanded an attendant to have a piece of the paper stripped off the wall and brought to her for the purpose of being examined and tested. This was done, and the paper proved to be as I suspected—highly arsenical. With a promptness and considerateness for the comfort of those about her person so proverbial of Her Majesty, the paper was immediately stripped off, not only from this identical room, but from all other rooms in and about the palace; so that, by her prudent and prompt command, a stop was at once put to any future risk of health or life to anyone who might rest under the roof of the royal palace; and also that it might act as an example to her subjects to suppress decorations calculated to insure a torturing death. Certainly I was not a little touched by the deep concern evinced by Her Majesty to have that which was most pleasing to look upon utterly destroyed. I must confess, however, that that terrible green is not likely soon to be forgotten by anyone who has suffered from its effects, and I therefore think the public should be put on its guard against its use, otherwise I fear many a valuable life will continue to be sacrificed. Let the paper-maker and the undertaker, if they will, enjoy

it; but let us not have unsuspecting people poisoned by its continued use.'

"CASE 2. *Cutaneous Affection, terminating in Ulceration.*—The Rev. J. R., on his appointment to Helmingham, had the parsonage house put into thorough repair, and painted and papered throughout with various shades of green. Soon after taking up his residence with his family, the children were observed to be covered with a peculiar dusky skin eruption. On certain parts of the body and about the arm-joints, the eruptive patches spread and ulcerated. The eyelids were also affected, and the disease proved obstinate. Change of air was recommended, and the children were removed, when a rapid improvement took place, and in two or three weeks they were able to return home. In a few days' time, however the eruption again showed itself, and the skin became very irritable. Attention was then directed to the green paper on the walls of the nursery. This was examined and found very arsenical. On its removal the children's health improved, and the eruptive disease entirely disappeared.

"CASE 3. *Skin-disease : Intermittent Convulsions.*—The Rev. R. J. S. went to York, and he and his family took up their residence in the house of the former vicar. In a very short time Mrs. S. noticed that the children were suffering from a skin-disease. A medical man was called in, but the infection proved intractable. On the occasion of one of his visits, he observed to Mrs. S. that an only child of the Rev. Mr. G., the former occupant of the house, had suffered from a similar eruption, and had had a very narrow escape of its life from intermittent convulsions, and that the child immediately recovered after the family left York. Just about this time letters appeared in some of the public journals on wall-paper poisoning; and the Rev. Mr. S.'s attention was thereby directed to a brilliant green paper on the nursery walls. This was examined and pronounced arsenical. The children were at once removed, and the next day he sent for a tradesman to strip off the wall-paper. In the course of the day, both he and his assistants were seized with cramps and sickness, and the rev. gentleman had to administer sundry doses of brandy and water to keep them at their work. The room was re-papered with a non-arsenical paper, and the children subsequently had no return of the skin-affection.

“CASE 4. *Catarrhal and other alarming symptoms of Arsenical Poisoning.*—In March last, Miss S. moved into a furnished house, and in a few days afterwards she was suffering with a cold and cough. Being subject to attacks of bronchitis, she kept her bedroom, and had a large fire lighted in it. Miss S., however, continued to get worse, and symptoms of a more unpleasant character began to show themselves. She was frequently sick, and suffered from continued pain over the stomach. There was considerable irritation of the throat, with cough and some difficulty of breathing, the general debility increasing, and accompanied by fainting fits, which occurred daily. A friend who called to see her, made a remark on the suspiciously bright green paper on the bedroom wall. She was advised to try the effect of a change to another room. This she accordingly did, by making an exchange with her maid, and every day her health began to improve. But now another difficulty arose. At the end of a week, her maid was taken ill; a favourite Persian cat, the constant companion of Miss S. was also observed to be covered with a peculiar skin-eruption, and her hair fell off in large quantities. A piece of the wall-paper was examined, and found to contain ‘arsenic in abundance.’ The wall-paper was removed, and Miss S. and her maid quickly regained their usual health.”

CASES FROM PRACTICE.

1. CASE OF FEVER OF THE INTERMITTENT TYPE.—*Apis* 200.

(*Homoeopathic News*, May.)

WILLIE S., aged six years. Fever comes on at 4 p.m. daily, with icy cold hands and feet and hot body and head. Followed by heat of entire body with thirst. The fever lasts all night. The boy looks pale and withered. *Apis* 200th, three powders, one powder to be dissolved in half-glass of water, two teaspoonfuls every two hours. On the night following the administration of *Apis* 200, there was fever, and on the succeeding night slight fever set in, but the boy was otherwise improved. No fever occurred afterwards. I saw the boy three days after giving the remedy; he was looking well and playing around the yard. He only took one powder of the medicine.

2. CASE OF HYDROCELE, &c., CURED BY *Sulphur* 200x.

By S. B. PARSONS, M.D., MISSOURI. (*Ibid.*)

WILLIE B., æt. four, was brought into the Dispensary, Sept. 15th, suffering with hydrocele on the right side. The tunica vaginalis scroti was distended to the size of a large hen's egg, and formed the base of a cone-shaped swelling, the apex of which was at the internal abdominal ring, thus showing that the whole vaginal process was expanded by the retained effusion. Inversion of the body, nor taxis, nor any other means had any effect of diminishing its size, nor was there any impulse on coughing or sneezing. A lighted candle held behind it in a darkened room proved at once that the contents of the swelling were liquid and transparent, and readily transmitted rays of light. The patient was suffering from a severe cough, which had continued ever since an attack of whooping-cough a year or more ago, loose with rattling in the chest, morning aggravations with diarrhœa, pale and moist skin, distended abdomen, &c. *Sulphur* 200x, dose every night, was given, with the effect of completely curing the cough, diarrhœa, and hydrocele, and the patient discharged cured on the 26th of the same month, eleven days after admission. We have kept watch of him since then, but there has been no return of his former troubles.

3. SINGULAR CASE OF HYSTERIA.

WM. H. HOLCOMBE, M.D., NEW ORLEANS.

(*From the St. Louis Clinical Review, May, 1879.*)

LAST summer a liberal allopathic physician in the interior of the State of Mississippi requested me, by letter, to prescribe for a strange case of what he diagnosticated spinal irritation. The young lady had been afflicted for several months with spasms of an extraordinary character, which, in spite of his treatment, had been increasing in frequency and intensity. These attacks were announced by spells of gaping and irregular breathing—then came muscular contortions of all kinds, fixed look, lasting for many minutes, followed by wild shrieks, long-continued coma, the whole scene occasionally diversified by hysterical outbursts of laughing or crying. The girl was eighteen years old, plump and handsome, and remarkably healthy in all other respects. The menstrual function was perfect, but the paroxysms were more severe at that period than any other.

I sent him *ignatia*⁸⁰, to be given continuously night and morning, and *agaricus*³, to be used during the paroxysms only, a teaspoonful of the solution every five minutes. In about a month he wrote me that the medicines had had the most won-

derful effect—that she had experienced very few paroxysms, and that they had been greatly shortened in duration and severity. He begged a renewal of the prescription. In another month the *ignatia* and *agaricus*, as I feared, had lost their effect, and the case was as bad as ever. I advised him to send her to the city for my personal supervision, and I took charge of the case about Christmas of 1878.

I have never witnessed more astounding and complicated hysterical phenomena in my life. Epilepsy, catalepsy, chorea, tetanus, hydrophobia, apoplexy, ecstasy, somnambulism, spinal irritation, and ordinary hysteria, all seemed to have a hand in producing the constantly shifting panorama of symptoms. It would take a good-sized volume to portray that case accurately. I watched it a month, and saw several awful paroxysms, lasting for eight or ten hours, wearing everybody out, and exhausting my poor therapeutical resources. I could discover nothing wrong in her system, and no cause whatever for the mystery. A whole month had passed away, and she was actually worse than ever.

I happened one morning, when taxing my memory, for some new remedy to try, to think of *tarantula*, a much discredited article of our materia medica. I took down Dr. Nunez' little work on the *tarantula*, translated from the Spanish into the French by Dr. Perry. If I did not find an exact picture of my case, I found enough to convince me that *tarantula* was worth trying in cases of hysteria of an unusual and complicated type. I gave her some globules saturated with the 200th dilution. I have never derived any benefit from *bufo* for epilepsy, except at the 200th attenuation, and I was prejudiced in favor of that preparation of *tarantula* for the present experiment. She took six of the globules before each meal and at bedtime. The effect was astonishing. The whole train of nervous phenomena disappeared in two days. She staid in the city a month longer, and did not have a single paroxysm. She went home happy and rejoicing, promising to write to me on the first intimation of a return of the trouble. She has been gone three weeks, and I have not heard from her.

What are we to think of this case? I believe it was hysteria. I believe the *tarantula* cured it. I believe in the curative power of the 200th attenuation.

4. DIPHTHERIA OF THE GENITAL ORGANS OF A LITTLE GIRL.

BY W. W. DAY, OF DAYTON, WASHINGTON TERRITORY.

(From the *United States Medical Investigator*, May, 1879.)

Nov. 2, 1878, Was called to see a little daughter of C., five years old, nervous temperament predominant. She had com-

plained of the usual premonitory symptoms of diphtheria the day previous to my visit, and upon examination of the throat, I found redness and swelling of both tonsils, and both were nearly covered with the diphtheritic exudation. There was great difficulty in swallowing fluids, little thirst, pulse, 110 per minute. Gave *merc. bijod.* 3rd trit., and *bell.* 3rd dil. every hour in alternation. Left a weak solution of *chlorate* and *bichromate of potash* to be used as a gargle, also applied a thin slice of fat bacon to the throat externally.

Nov. 30. Called and found my patient better, pulse, 98 per minute, skin cooler than the day previous, no thirst, throat nearly clear of exudation, swelling of tonsils subsiding, redness disappearing and to all appearance my little patient was approaching convalescence.

Next morning, December 1st, her father called at my office and informed me that her throat was well, but she complained of an itching and burning of the genital organs, and had not been able to void urine since the day before, and that she was in great distress in consequence.

I prepared myself with a small catheter, and visited my patient, whom I found in paroxysms of agony. I examined the throat, which was nearly well. I then examined the genital organs and found the external parts in a high state of inflammation, extending over the labia majora and labia minora, and the orifice of the urethra covered with the same kind of exudation that had pervaded the throat in the attack. I came to the conclusion that the disease had metastasized, and had selected this location as being the most favourable one to run its course.

The first indication that presented itself was to relieve the suffering caused by the distended bladder. The orifice of the urethra being in a high state of inflammation, rendered it almost impossible to introduce the catheter. My little patient made several trials to urinate, but to no effect. I then told her I should have to use an instrument, the sight of which frightened her; and, with screams and in paroxysms of agony, the urine was voided without the instrument. She was able to evacuate the bladder twice every twenty-four hours thereafter, but with considerable pain. I did not think it expedient to use the catheter, except as a *dernier ressort*, for fear of carrying matter from the orifice along the track of the urethra to the neck of the bladder, and thereby increasing the danger. I immediately put my patient on *canth.* 3rd every hour, and applied a cloth wet with a solution of *plumbi acetat* to the external parts, and gave her freely of demulcent drinks.

Next morning found her better, voided urine with less pain, the redness and swelling subsiding rapidly. Continued *canth.*

3rd, but changed *plumbi acetas* for *phytolacca dec.* with *glycerine*, which did not agree with her.

Next morning changed to *plumbi acetas* again, followed the old maxim to let well enough alone, and continued the former external application, together with *canth.*, until my patient was well, which, from first to last, was about nine days.

HOMŒOPATHY IN THE UNITED STATES.

(FROM OUR CORRESPONDENT IN AMERICA.)

THE struggle between the different parties in our school is gradually assuming a sharpness of diction, which reveals the various opinions held and the mental furnishings of the holders. The four classes of physicians described in my last are firing off their squibs in some of our cryptogamic medical penny-a-liners at an alarming rate, and a stranger to our manners, customs, and country would suppose the whole social fabric was being shattered by these revolutionary parties. From our elections at the ward primaries to the grand presidential contest, we are inured and seasoned to excitements and violent wordy warfare, so that we take things very coolly.

There is no doubt that there are a great many physicians practising according to the homœopathic system, who have not the remotest conception of what is implied by *similia similibus curantur*. The present controversies have brought numerous quidnuncs out of a condition of hibernation, and it is amusing to read their communications for the enlightenment of the profession at large. It is very unfortunate that the necessities of our broad country have demanded, and the laxity of our politics has permitted the establishment of medical colleges in such numbers, and practically so irresponsible. In all except the oldest States, a number of physicians can get together, coax some of their patients to act as trustees, apply for and get a charter from the State for a medical college, hire a building, buy a little apparatus, rob a graveyard, and start as the Buncombe College of the North-west. Expenses and competition are ever present, and immediately a system of advertising, puffing, and cutting down fees begins, until from hay-fields, cooper-shops, and stables, a class is gathered and carried through a tremendous curriculum *on paper*. The professors are willing to labour without pay for the *éclat* it gives to occupy so exalted a position, and, as there are so many lazy men in the world, who think doctors make money without work, the income soon enables the renters to erect a suitable building, with, mayhap, a small hospital

connected, for which they enlist the sympathies of the community already overtaxed by other charitable institutions. This description applies to both schools of medicine. Recently in the State of Indiana, an allopathic medical school was established at New Albany (there being one at the State capital, Indianapolis) by the local physicians, who announced, as a reason for the incorporation, their "unwillingness that so much medical talent should be lost to the world." The status of doctors in the United States cannot be very high, and the worst of it is they alone are responsible for it. With a few exceptions, the medical schools are the stock-in-trade of the faculty, and the faculty are responsible to *themselves* for the amount of knowledge the graduates possess. Against the evils of turning such large numbers of legalised murderers adrift among the deluded community, is the improved education of the teachers: for members of a faculty must be improved by constantly going over the same subjects. Whether this compensates for their action as *particeps criminis*, I leave others to judge. Fortunately the graduates of these inferior schools get crowded out of the cities and towns, and seek obscure villages and country cross-roads, where they eke out a slender living by dubious practices and agricultural pursuits. Many, who prefer a more prominent career, abandon medicine, and make good mechanics, merchants, and even parsons.

It is never safe to judge of the abilities of a man by his diploma. We have many colleges to graduate from, which is a *passport* of intelligence and thorough medical education; and it is true that a limited number of graduates of "one-horse colleges" study and raise themselves into respectability and reputation.

One must be very careful, then, in his estimates of American physicians, because, owing to the weeding process, probably two-thirds of those practising are able men, capable of treating patients medically and surgically, quite as scientifically and successfully as the medical practitioners of any other nation. Mr. Erichsen, of London, having visited and become acquainted with us, said before the British Medical Association, "American doctors are not such great scientists, but for rugged utility in practice they beat the world."

The United States ran riot in extravagances during and since the war, and the excessive number of medical colleges must shrink with the now universal economy of the people. We should have two homœopathic schools, where we now have ten. The allopaths could get along with about ten, where they have over fifty. The better men of our school are turning their attention to the college question, and there

are signs of improvement east and west. We have some very excellent State universities, where the curricula are admirable and the standard for graduation high. The friends of our school have succeeded in establishing homœopathic departments in these universities, thus furnishing superior facilities to those desiring to study the new system of medicine. The Iowa University has just graduated its first class of four members; the University of Michigan and the Boston University have each turned out nearly half a hundred. The New York and Philadelphia colleges, and one or two others, standing upon their own reputations, with no university connections, do excellent work, but they cannot be so independent and exacting as those institutions where the professors' salaries are not dependent upon the receipts from the students. Sooner or later we must endow all our medical schools, have a public preliminary examination, and a board of examiners independent of the faculty; then will our literature be purged of the puerile productions which now make us the laughing stock of the old school.

Our great excitement just now is the "Milwaukie Test," upon which some good articles have been written. You have no doubt read some of them. The *Hahnemannian Monthly* seems to have gathered in the best, and most of them so far. Opinion is about evenly divided in reference to the desirability and the fairness of the method of testing the 80th potency. It seems that many high potency men are refusing to co-operate without any very cogent reasons. "Experience is fallacious, and judgment difficult." One effect of the Milwaukie movement will be to shut up the blatherskites, who are for ever prating their cures with dynamised moonshine.

Eagle Cliff, U.S.,
April, 1879.

REVIEWS.

Medical Chemistry, including the outlines of Organic and Physiological Chemistry, based in part upon Riche's Manual de Chimie.
By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago, and in the Hahnemann Medical College. Chicago. 1879.

THIS is a most complete and comprehensive work on a difficult subject. The first half of the book is taken up with organic chemistry, and the latter half with animal or physiological chemistry. This portion is particularly valuable to the student

and as a work of reference. The whole is admirably done, and we can recommend it as one of the most complete handbooks on the subject. We congratulate the Hahnemann Medical College on possessing such a lecturer as Mr. Wheeler.

Spinal Weaknesses, Injuries, and Curvatures. By F. GRAHAM BENNETT, M.R.C.S. and L.S.A., late Surgeon to St. John's Dispensary, Brighton, Surgeon to the English Ambulance during the Franco-German War of 1870, &c., &c.

THIS book having been sent to us for review, we accede to the author's request in expressing our opinion of it, which, however, we regret is unfavourable. From the preface we learn that the work is written partly for the profession, and partly for the public, and in a work of 109 pages of large print, and with wide margins, it may be supposed that little of importance is to be gathered from it on the part of the profession, while the public will learn still less, except that the customary treatment of spinal deformities in the hands of many of the best known surgeons is very defective, which is quite true. We, however, object to popular works on such a subject. The general principle of Mr. Bennett's treatment is correct, namely, the individualisation of each case; the necessity for the careful construction of metal supports, when needed, under the immediate direction of the surgeon, instead of having them left to the judgment of the instrument-maker, as is too often done; and in the careful application of plaster bandages suited to each case. But having said this much, we say all we can in praise of the book. If it is intended for medical men, why treat them to a seven page description of the structure of the vertebral column, with woodcuts of it as a whole, and of the different sets of vertebræ, and the information that the vertebræ are so called "from the Latin *verto*, I turn?" The paragraph on "rheumatic muscular affection" is of itself almost enough to convince us that the work is *not* intended for the profession, as Mr. Bennett informs us that this "is called by some authors 'progressive muscular atrophy,' and 'locomotor ataxy.'" We quote this passage, to enable our readers to judge for themselves whether our criticisms are just:—

"RHEUMATIC MUSCULAR AFFECTION.

"I have called this complaint by the above name simply because it is produced, chiefly by damp and cold, in rheumatic subjects. It is called by some authors 'progressive muscular atrophy,' and 'locomotor ataxy.' Its principal characteristic is pain along the nerves of the muscles attacked, together with great wasting and inability to bear any weight. It very often seizes

the lower part of the back, in the lumbar region, and sometimes extends down the front or back of the leg, the pain following the course of the interior crural, or sciatic nerves, as the case may be. The patient loses all power of bearing weight on the affected muscles; or, if there is any power left, movement is attended with such pain that the patient walks as little as possible. The treatment of bandaging is specially beneficial in these cases. The plaster precludes further action of cold and damp on the affected parts, it restores the circulation, and gives the necessary support without impeding the muscular action. This treatment, with a few simple exercises and attention to the general health, I have found successful in nearly every case.

“ Case 1.—Captain ——— consulted me about a pain in the lower part of the back; the muscles in the lumbar region were very painful and wasted, and he could not walk without increased suffering. I bandaged the back twice a week, applying a soothing lotion whenever the plaisters were changed. The first application of the plaster removed the pain, and in eight weeks he was perfectly cured.

“ Case 2.—Lord ——— suffered from weakness of the back and hip. When any weight was put upon the left hip, as in standing, he experienced great pain. His symptoms had been attributed to gout and liver complaint by the various medical men who had attended him. I treated this case with the same success as the foregoing.

“ Case 3.—Mrs. ——— consulted me about her hip. This lady had tried in vain to obtain relief. One eminent surgeon told her that she had the Alexandra limp, because there was a little contraction at the knee-joint. She went all over London to find a shoemaker who had made boots for cases of this description. All she got for her trouble was a pair having one heel higher than the other, which did not relieve her in the slightest degree; in fact, it made her worse, as it prevented the muscles from relaxing and righting themselves. I treated this case by bandages; and, directly they were applied, the patient seemed relieved, and in a very short time was cured.

“ Case 4.—Mr. ——— caught cold in the loins whilst out shooting in the rain and damp. He could neither walk nor hold himself upright without great pain. The local medical man advised him to go through a course of rubbing, which he did; but without deriving any benefit. I found the muscles wasted from disease, and the circulation very languid over the loins and the lower part of the dorsal region. My treatment of support and exercise cured this case in a few weeks.’

Comment on the above cases is quite unnecessary.

Practical Gynecology : a Handbook of the Diseases of Women. By HEYWOOD SMITH, M.A., M.D., Oxon, M.R.C.P., Physician to the Hospital for Women, and to the British Lying-in Hospital. London : J. & A. Churchill. 1877.

In his preface, Dr. Heywood Smith says :—

“ Of big books on Diseases of Women there is no end. They are for the most part valuable in their way, and are necessary for the complete elucidation of this most important subject, both as to its literature and as putting the student in possession of the various teachings of many different schools. Their very size, however, and a certain want of system in their arrangement, often precludes their being largely used as books of immediate reference.

“ My object in the present work has been to present the busy practitioner with a book systematically arranged, burdened with no discussions on vexed questions of pathology, and giving at a glance the salient points of diagnosis and treatment with clearness and brevity.”

This aim is a laudable one, but we have always been sceptical as to the value of such compendiums. They are certainly very difficult to compile with success, and in a subject like gynecology such an undertaking is especially difficult. If there is one subject more than another in the domain of medicine, in which the mere “ bones ” are comparatively useless, without the flesh and blood of detail, it is gynecology. A practitioner either knows his subject sufficiently well to be beyond the use of a short handbook, or, if he does not, he either studies it in detail from complete treatises, or lets it alone altogether, and sends his cases to a specialist. The principal point for which the “ busy practitioner ” wants to refer to a handbook is the therapeutical treatment, concerning which a good deal might be said (perhaps not on the allopathic system) of value, and in a comparatively small compass. For this we looked with interest, as Dr. Smith states in his preface, that what he has written is “ chiefly the result of considerable experience at the Hospital for Women, where I have enjoyed for many years the unusual advantages of observation of my father's practice, who was one of the early pioneers on the subject.”

Knowing Dr. Heywood Smith's skill as an obstetric physician, we regret to say that we are disappointed in his book ; as, had he taken up a different course in the structure of the work, he might have given the profession a really valuable contribution to the literature of this subject. The chief faults of the work are— (1) That points of detail which the “ busy practitioner ” for whom the book is written, wants to know in the more common forms of female diseases which come under his notice, are absent, while

other parts are gone into with unnecessary detail. And (2) the therapeutics of the subject are conspicuously meagre and general.

As it is but fair to our author to specify in detail what we refer to, we shall do so shortly. The first chapter, on the modes of diagnosis, occupies 21 out of 174 pages. Detail is here given which is very useful to the student who is just beginning the study of gynæcology, but is familiar to any practitioner who undertakes the treatment of diseases of women in the most general way. Two and a half pages are taken up with the mode of making a digital examination of the vagina, and if the busy practitioner requires the information here given he had better let the matter alone altogether. In the treatment of the more common forms of disease which may come under the care of the "busy practitioner," the absence of detail is so conspicuous, and the "boiling-down" process is carried so far, that many of the paragraphs are quite valueless to one who wants to refer to a handbook in a hurry. As a sample, we quote the paragraphs on inflammation of the mamma and abscess of the mamma, menorrhagia, metrorrhagia, vicarious menstruation, and dysmenorrhœa.

"INFLAMMATION OF THE MAMMA.

"*Definition.*—Mastitis. Inflammation (1) in the connective tissue, (2) in the gland, and (3) rare, beneath the gland.

"*Causes.*—Chill in the lactiferous breast, blows, constitutional cachexia.

"*Symptoms.*—Deep throbbing, burning pain, restlessness, rise of temperature; less severe if the inflammation is only sub-cutaneous.

"*Signs.*—Hard, red if superficial, tender swelling.

"*Diagnosis.*—From cancer and chronic mammary tumor by the character of the pain, by the history, and by the constitutional disturbance.

"*Prognosis.*—Favourable.

"*Treatment.*—Attempt resolution, leeches (?), poultices, anodyne fomentations (belladonna), support to the breast by strapping, calomel (?); on the presence of pus being detected, free incision; tonics.

"ABSCESS OF THE MAMMA.

"*Definition.*—Suppuration following inflammation, either simple or affecting a large portion of the breast, producing several centres of suppuration.

"*Causes.*—Chill during nursing, or a sequela of puerperal mischief.

"*Symptoms.*—Deep-seated aching pain, sometimes without much tenderness.

“ *Signs.*—The breast swollen, hard, purplish ; the skin threatening to become disorganised.

“ *Diagnosis.*—By the fluctuation and the history of preceding inflammation.

“ *Prognosis.*—Favourable.

“ *Treatment.*—Deep and free incision ; care being taken not to cut across the lactiferous ducts, and to keep the wounds open to allow of the free escape of the pus.

“ N.B.—Cold chronic abscess needs careful diagnosis to differentiate it from simple cyst. It should be laid freely open, and stimulating applications, as iodine, applied to the interior of the abscess.”

“ MENORRHAGIA.

“ *Definition.*—Abnormally profuse menstrual flow.

“ *Causes.*—Plethora, areolar hyperplasia, granular inflammation of the cervix, fibrous tumor, polypi, epithelioma, chronic ovaritis (?), subinvolution of the uterus, retroflexion, constipation.

“ *Symptoms.*—Increased menstrual flow, emaciation, pallor, sterility, dyspepsia, hysteria.

“ *Signs.*—If due to any of the above causes, the signs of such maladies will be present. Menorrhagia should not be passed over as if it were necessary to ‘change of life,’ but the cause carefully explored.

“ *Diagnosis.*—If not due to any apparent cause, the uterus should be investigated by the touch, uterine sound, and speculum, the whole pelvis explored, and if necessary the cervix dilated with tents in order to examine the interior of the uterus.

“ *Prognosis.*—Depends on the discovered cause.

“ *Treatment.*—Entire rest, cold applications to vulva and thighs, cold drinks, gallic acid, ergot, opium ; intra-uterine injections during the intervals of the catamenia, of carbolic acid and glycerine, iodine, persulphate of iron (?) ; in cases of retroflexion, reposition of the uterus after local depletion ; change to a cooler climate. Care must be taken that the menorrhagia is not natural, lest it be unwisely checked. Cases due to definite causes must be treated accordingly.”

“ METRORRHAGIA.

“ *Definition.*—Hæmorrhage from the uterus in the intermenstrual periods.

“ *Causes.*—Advanced areolar hyperplasia, intra-uterine fibrous tumor, cancer, polypi, fungus growths, retained and organised relics of conception.

“ *Symptoms.*—Intermittent or continuous hæmorrhage.

“ *Signs.*—If due to any of the above causes, the characteristic signs of such maladies will be present.

“ *Diagnosis.*—The cause should be diligently looked for ; in many cases it is necessary to open up the cervix in order to

explore the interior of the uterus, with the view of ascertaining the cause of the hemorrhage.

Treatment.—Conditions of the cervix to be treated as each case requires. For acute hemorrhage, plugging the vagina; in cancer, the application of strong solution of tannin, or a plug of glycerine of tannic acid with carbolic acid; in growths from the interior of the uterus, the cervix must be opened up and the morbid growth removed with the curette or with forceps; the application to the cavity of the uterus of nitric acid, nitrate of silver, iodine, carbolic acid, or persulphate of iron. Where a polypus or intra-uterine fibroid exists that can be reached, it should be removed."

"VICARIOUS MENSTRUATION.

Definition.—In cases where spammorrhœa or amenorrhœa exists, hæmorrhage from some other source, as epistaxis, hæmoptysis, hæmatemesis, dysentery, bloody sweat.

Causes.—Congenital or other conditions of the ovaries or uterus hindering the normal flow; hæmorrhagic diathesis (?).

Symptoms and Signs.—Hæmorrhage as indicated above, occurring only periodically with the catamenial nisus.

Diagnosis.—Care must be taken in each case to exclude the existence of any other disease that might in its natural course give rise to the special manifestation of the hæmorrhage, as general plethora, phthisis, ulcer or cancer of the stomach, hæmorrhoids, or ulcer or cancer of the rectum.

Prognosis.—Favourable, if the uterus is amenable to treatment.

Treatment.—Anticipate the hæmorrhage by venesection, leeches to the uterus, dilatation of the cervix and the introduction of a galvanic stem, exercise, counter-irritation over the ovaries."

"DYSMENORRHEA.

Definition.—Painful menstruation: (1) neuralgic, (2) congestive, (3) obstructive, (4) membranous, (5) ovarian.

Causes.—1. Tendency to general neuralgia, chlorosis, gout, rheumatism, luxury, masturbation, excessive coïtus.

"2. Plethora, chill, sluggishness of liver, retroflexion, areolar hyperplasia, endometritis, pelvic cellulitis, pelvic peritonitis.

"3. Constriction of the inner os, anteflexion, fibrous tumor, polypus, constriction of vagina (?).

"4. Endometritis, with exfoliation of entire lining membrane; hypernidation.

"5. Congestion of ovaries, ovaritis.

Symptoms.—1. Pain, sharp, fixed, over pelvis and loins or in distant parts, either before or during the flow.

"2. Severe pain in pelvis, with constitutional disturbance if caused by a chill. If from inflammation, pain dull and heavy.

"3. Severe extruding bearing-down pain before the flow, eased by the flow being established.

"4. Steady increasing pains, ceasing on the expulsion of the membrane.

"5. Pain for several days during the period in one or both inguinal regions, extending down the thighs; usually accompanied by pain in one or both mammae; 'intermenstrual' pain.

"*Signs.*—1. Nothing beyond the symptoms.

"2. Cervix tender and swollen; retroflexion detected by the touch, confirmed by the uterine sound during the menstrual interval.

"3. Constriction and antelection detected by the sound; the presence of tumors, &c., by the touch.

"4. The extruded membrane, which is really a true decidua unassociated with pregnancy, an unbroken denidation.

"5. Region of ovaries tender as a rule, not invariably.

"*Diagnosis.*—1. Pain not expulsive, flow uninterrupted, absence of clots; examination reveals absence of obstruction; absence of constitutional disturbance; no intermenstrual leucorrhœa nor pain.

"2. Constitutional disturbance; other signs of inflammation; intermenstrual pain increased on locomotion; leucorrhœa.

"3. By marked bearing-down pains and detection of the obstruction on examination.

"4. By the membrane.

"5. In many cases by the detection of the swollen tender ovaries; by the characteristic pain.

"*Prognosis.*—1. If hygienic conditions can be had recourse to, favourable.

"2. If the cause can be remedied, the symptoms will disappear. In fibrous tumors, pelvic inflammation, or severe displacement, unfavourable.

"3. If the obstruction is amenable to treatment, favourable.

"4. For entire cure, unfavorable or very tedious.

"5. Unfavorable.

"*Treatment.*—1. General neuralgia by nerve tonics, Indian hemp, bromide of ammonium, exercise, change of air; of chlorosis; gout and rheumatism, by warm clothing, Roman bath, colchicum, guaiacum, &c.; avoidance of other causes.

"2. According to cause.

"3. By dilatation, incision, intra-uterine stem, tents.

"4. Dilatation of the cervix and the application to the whole lining of the uterus of carbolic acid, nitric acid, or solid nitrate of silver.

"5. Leeches to the cervix just before the period, iodine or blisters to the inguinal regions, anodyne pessaries, pregnancy."

Other subjects, again, which the busy practitioner will either not trouble himself about, or else study in as full detail as he can, but regarding which he will never require to consult a handbook in a hurry, are gone into in detail. Thus the operative treatment of ovarian cyst occupies six pages, and the surgical treatment of intra-uterine fibroid tumour also occupies six pages, with woodcuts of Dr. Heywood Smith's tumour forceps.

Lastly, we find the treatment recommended meagre and vague, and from a homœopathic point of view, at least, rather rough. Besides that named in the passages quoted, we adduce the following as examples of what we mean:—

“*Treatment of Ovaritis.*—Absolute rest; leeches on the anus, the inguinal region, or the cervix uteri. Poultices, opium, blisters or iodine to the inguinal region; sedative pessaries; bromide of potassium, hot hip bath. Utero-gestation in chronic cases gives the ovaries rest for many months.”

“*Treatment of Pelvic Peritonitis.*—If seen quite early, ice to the hypogastrium, subsequently a large number of leeches over the hypogastrium, followed by hot poultices; opium pushed to narcotism; perfect rest, milk, beef-tea, &c. Should the pyrexia be severe, Thornton's ice cap will be found of great service. After the first stage, blisters above the groin. In chronic cases, fresh air without exertion nutritious diet, perhaps stimulants, tonics with iron. If effusion persists, aspirate, and wash out the sac with carbolic acid or iodine.”

“*Treatment of Pelvic Cellulitis.*—In acute stage, leeches, poultices, sedatives, and absolute rest. Afterwards blisters, mercury, gentle purging, warm douche, change of air, tonics.”
References are given to formulæ at the end of the book.

We regret to have to find fault with this work, but as we are convinced that Dr. Heywood Smith could give the profession a work of much more value, we trust he will not take our remarks unkindly, but write a book in greater detail, embodying the results of his experience in a fuller and more valuable form, especially in regard to the treatment.

OPENING OF THE HAHNEMANN CONVALESCENT HOME AT BOURNEMOUTH BY THE LORD CHANCELLOR.

THE Hahnemann Convalescent Home, the foundation stone of which was laid by the Right Honourable Earl Cairns, Lord Chancellor, on the 4th of January, 1878, was formally opened on Tuesday, the 3rd of June, the Lord Chancellor again coming forward and taking the leading part in the proceedings. The institution is to be in connection with the Bournemouth Homœo-

pathic Dispensary, and the system of therapeutics to be carried out within it will be in accordance with the principles propounded by Hahnemann, and formulated by him in the phrase, *similia similibus curantur*. It is intended not only for convalescents from the homœopathic hospitals and dispensaries of Great Britain, who may be sent here for restoration to health, but also for those cases of consumption whose aspect justifies the belief that a change to a good climate, together with efficient medical treatment, will restore them to health and to usefulness in their families. The committee have also, in addition to this, a strong desire to set apart one room at least, so that they may receive into the home some acute case from the neighbouring poor of Bournemouth, of a non-infectious character, and which shall be no detriment to the convalescents and others in the Home.

The building which has been erected is from designs prepared by Mr. C. C. Creeke, and stands in its own grounds on a site on the West Cliff leased from Mr. W. Clapcott Dean. It is a three-storied erection, and is so constructed that it can be enlarged at any future time. It is faced with Highbridge red bricks with terra cotta dressings (supplied from the South Western Pottery, Parkstone), and with white moulded brick strings. The internal arrangements include, on the basement, kitchen, scullery, house-keeper's room, bedroom, larder and good servants' accommodation; on the ground floor, dining room, surgery and consulting room, sitting room, &c.; whilst there will be dormitory accommodation for about 15 persons. The whole of the work has been carried out in a most satisfactory manner by the builder, Mr. J. McWilliam, and special attention has been paid to the ventilation and sanitary arrangements, which are most complete and excellent. The walls of the various apartments have all been distempered with a washable silicate distemper of the colour known as French grey, with brown dado, relieved with floral borders. The rooms are warmed and ventilated on the principle invented by Drs. Drysdale and Hayward, modified to suit the requirements of the building. The fresh air enters the building at a heated chamber in the basement and is conveyed by separate flues to the various rooms, which it enters by a trap fixed about seven or eight feet from the floor, and which can be opened or closed at pleasure. By this means one uniform temperature can be maintained throughout the whole building. The rooms are also ventilated at the top by "louvre" ventilators, connected with an air-tight exhaust chamber in the roof; very complete arrangements for the extraction of the vitiated air have thus been made. There are also fire-places in each of the rooms, and a system of heating which Mr. McWilliam has himself invented has here been brought into operation and is expected to be very successful. The total cost of the building is set down at £2,815, and according to an

approximate financial statement issued a short time ago, the receipts amounted to £2,020, leaving a deficit of £295, towards which, however, £150 had been promised in sums of £25 each, conditionally on the whole sum being raised by the opening. The furnishing and laying out of the grounds was estimated to cost £700, towards which £50 had been received, leaving £650 still to be raised. As will be seen however, from statements below, this deficiency has since been considerably reduced, and the debt on the building fund has been entirely swept away.

The opening ceremony was attended by a large number of people, and commenced at twelve o'clock, when the key of the Home was handed to the LORD CHANCELLOR, who, standing upon the steps of the building, said: Ladies and gentlemen, I am commissioned to open this Home, at the laying the foundation stone of which many of you were present. We rejoice to see it now completed, and I hope we shall all join in our best wishes and prayers for the success of the building, which I trust will conduce to the well-being of a great many of its inmates, who will come from all parts of the kingdom to benefit by the salubrity and the air of this charming neighbourhood. I have now nothing to do but to open the door, and declare the building to be opened.

The building was then formally opened, and at the request of his lordship, the company adjourned to one of the rooms in the interior, where a general meeting for the adoption of rules, election of officers, &c, was then held, the proceedings commencing with the singing of a hymn, after which the Rev. E. WANKLYN read the 108th Psalm and offered prayer.

On the proposition of Mr. T. J. HANKINSON, the Lord Chancellor was then voted to the chair.

The LORD CHANCELLOR said: We have met here to-day in order that the committee of this Home might transact certain necessary business connected with the opening. But before they do so, perhaps, as we are all assembled here, I may be allowed to say a few words, for the purpose, in the first place, of expressing the great pleasure that I feel myself, and in which I am sure you will all join with me, at the progress and completion of this Home. I think it was early in the month of January of last year that the foundation stone of the Home was laid, and with great expedition, and at the same time with great care, our excellent builder, Mr. McWilliam, has managed to turn out the house which you see, and which, so far as we have inspected it as yet, seems extremely satisfactory, and with regard to which there is one circumstance which should not be overlooked—that it seems, under his care, to have been constructed for a very moderate cost. We hear a great deal at the present time of what is called the co-operative principle, and various and different opinions are

entertained upon the advisability of that principle, to the extent to which it has been admitted to work in many trades and occupations. But I think we shall all agree that there is one kind of co-operation which is of a most excellent, a most practical, and a most Christian kind, and that is co-operation for the purpose of setting on foot a Convalescent Home like the present. We who enjoy in this neighbourhood houses, with our families and our friends about us, ought not, I think to forget—indeed, we cannot forget—that there are in various parts of the country isolated individuals who cannot come here to a house, cannot come here with their families, and yet with regard to whom it is perfectly true to say that it will make all the difference of life or death to the individual whether he or she can in some way obtain the benefit of a sojourn at a place of this kind for a few months. Now, it is to provide for cases of that kind that this Home is required, and I think there is no purpose for which co-operation can be better put into force than for the purpose of providing a Home to meet cases of the kind that I have described. If you only think of the amount of good which can be done for a very moderate sum of money in this way, I am quite sure you will see the truth of what I say. I see by the approximate financial statement that the estimate for the building expenses is about £2,300, and if £700 is added for the furnishing and the laying out of the grounds you have a total of £3,000. That is the capital sum which is to set the institution on foot. Well, from what I see of the proposals which are made, if you will take the probabilities of successive patients being admitted into the Home, each remaining for a moderate length of time, and the capacity of the Home, the result will be you will find you may expect from 50 to 100 patients to pass through the Home in the course of a year; and all this done for the moderate outlay, in the first instance, of £3,000. Now I think that is a very satisfactory state of things. If you remember that, although perhaps some further sum will be wanted for the purposes of income, yet those who come here will pay probably a certain sum, the annual expenses will not be considerable, and the outlay at the beginning seems to me to be extremely moderate. I think every one of us will rejoice if we are able to lend a hand upon the co-operative principle, in starting a Home which may be expected to do such good work as this will do, and I am sure we shall also have the satisfaction of thinking that in taking up and carrying through a work of this kind we best endeavour to follow the example of our blessed Lord and Master, of whom it has been truly said that “He went about doing good, and healing all manner of sickness and all manner of disease.” I declare the Home to be open, and, with your permission, the committee will now proceed to transact the business for which they have met here.

The Rev. F. E. TOYNE (hon. secretary) then read the following report:—

“In October, 1876, the project of building a Convalescent Home in which the cure of patients should be sought in accordance with homœopathic principles, was first brought before the committee of the Homœopathic Dispensary in this town. In August, 1877, the erection of the Hahnemann Convalescent Home was formally announced as within the intention of the committee, and on January 4th, 1878, the foundation stone of the building was laid. To-day, June 8rd, 1879, we see the building completed. So far the object proposed has been attained, and the home on its being furnished, will receive: (1), Consumptive patients recommended to Bournemouth with hope of restoration or improvement. (2), Convalescent cases of a non-infectious character, recommended from other homœopathic dispensaries and hospitals. (3), And acute non-infectious cases that may occur in the practice of the Bournemouth Homœopathic Dispensary.

“In the erection of the Home no effort has been spared to make it thoroughly adapted to its purposes. The plans, as drawn by Mr. C. C. Creeke, have utilised the ground at the command of the committee, and will allow of extension hereafter, so that increased dormitory accommodation can be secured without adding to the offices or other domestic portions of the Home. The committee are under considerable obligation to Mr. McWilliam for the efficient way in which he has executed his contracts and the exceedingly low remuneration at which he has accepted them. The sanitary arrangements and the ventilation have received the personal oversight of Dr. Nankivell, and under his advice the most recent and acknowledged methods have been adopted. Mr. W. Clapcott Dean has most kindly granted the lease of the land at a merely nominal amount, and thus places the institution under lasting obligation.

“The appeals of the committee have met with much support, and for it they are exceedingly grateful, but the approximate financial statement in the hands of the meeting shows that much yet remains to be done, that the Home may be started free from debt in every department. The importance of securing this advantageous commencement can scarcely be over estimated, and the committee hope that on the present occasion the whole of the debt on the building fund, at least, will be removed. The present may be considered a fitting opportunity of stating what is well known to the friends of this institution, but which has not yet received public recognition. The inception of the Convalescent Home, the largest share in the work of collecting the funds, and no inconsiderable portion of the labour entailed in the decision of plans, has fallen upon Dr. Nankivell, and this

has proved a very considerable addition to the duties connected with a large practice and the other calls upon his time.

“The committee of the Dispensary have also been favoured in the person of Dr. Hardy, and more lately Dr. Frank Nankivell, with an invaluable medical staff, and they consider it a matter of happy augury that the practical duties of the Convalescent Home will doubtless fall into these able hands.

“The committee in whose name this report has been presented have been a self-elected body and have done what they felt to be at once a public duty and a private gratification in connection with the building. They will to-day hand over the conduct of affairs into the hands of a legally constituted body, whose position in the control of the Dispensary and Home will henceforward be well defined. They take this step believing that public interest and support will continue to be accorded to this institution, and that the good effected by it will reach beyond the town in which it is situated.”

THE LORD CHANCELLOR moved the first resolution, which was “that the rules of the Hahnemann Convalescent Home and Homœopathic Dispensary, Bournemouth, which have been printed and placed in the hands of subscribers, be taken as read, and be adopted by this meeting.”

Dr. H. NANKIVELL seconded, observing that it had fallen to his lot to form one of the sub-committee by whom the rules were drawn up, and he had also been present at each general committee meeting at which they had been considered. They had, he might tell them, spent a great deal of time and pains upon them, and though doubtless it would be found they were not all they wished—that there would be some things they would wish to leave out and others which they would wish to insert—yet he thought that on the whole they would commend themselves to the subscribers, as they had done to the committee. He could assure them the committee had endeavoured to draw them up with the greatest possible care. By rule 29 they would find that the committee were to be allowed to draw up regulations referring to minute details in the carrying on of the Home, which it would be unwise to place in the actual rules, which were printed, and could only be revised at long intervals. By rule 61 it was provided that the medical practice of the Home should be carried on under the guidance of the “law of similars.” They believed there was a guiding law of therapeutics, and it was because they believed this, because they believed it to be a law established on a thorough basis, that they had erected this Home, and as far as was in their power they would endeavour to carry out these principles in the treatment of invalids and convalescents who might come to the Home. If

they would permit him he would now turn from the question of the rules to that of the finances. He had had a great deal to do with the finances of the institution ever since they started the building, and on looking over the subscription list three months ago he found there was a deficit, on the building account, of about £450, and it came into his mind whether they might not obtain a certain number of subscribers of £25 each, so that the debt might be wiped off before the Home was opened. He wrote to Lord Cairns on the subject, and his lordship kindly promised that he would give £25, conditionally on the whole sum being raised by the opening. He was glad to say he had been even better than his word, for his lordship had placed in his hands a cheque for £25 absolutely. In answer to his appeal, he obtained £150 absolutely, many persons who objected to giving £25 conditionally giving £10 down. They would see from the approximate financial statement which had been handed to them that the deficit was set down at £295. Towards this, however, £150 had been promised in sums of £25, and he was glad to be able to tell them that since the notices for that meeting were issued a friend, who had already promised £25 for the building fund, had increased her gift to £50 absolutely, Mrs. Eliot, of Lauderdale, had also given £25 additional, and £25 more for the furnishing fund. Mr. McWilliam had promised £25 towards the building fund, and £10 10s. towards the furnishing. Mrs. Snell had also given them £20 towards the building fund, so that instead of their deficit standing at £295, as it did last week, it now only stood at £50, and he did not think looking around, that he was asking too much when he suggested that that at least should be wiped off that morning. Dr. Nankivell then read a list of contributions, and said that the amount received for the furnishing account had been increased by £85 6s., so that the deficit was reduced to less than £500. He hoped they would wipe out the debt on the building account, and also help them to meet the expense of furnishing, which would go on rapidly because they wished to open the Home for patients in September.

The proposition was then put and carried unanimously.

The Rev. W. JACKSON, in moving the next resolution, said he wished to express the very great pleasure it gave him to see an institution like this rising up in the town. As a minister of religion, he was very often brought into contact with the afflicted, and he knew how much this institution would be appreciated by many who were residents here, and also by many who came here as visitors. He could not also but rejoice that we had here another institution reminding us how much our holy religion is doing for the afflicted and the sorrowing; there was no country in the world where there was so much as there was in England

to remind us of the beneficence and love of Him, "Who though He was rich yet for our sakes became poor, that we through His poverty might be made rich." And in this institution, conducted as it would be, by a Christian committee, there would be many opportunities of speaking of Him, who whilst here upon earth, healed the sick as well as fed their souls. He had great pleasure in moving "that the Right Honourable Earl Cairns be elected president of this institution." He was quite sure they would adopt this resolution with perfect unanimity and heartiness, for they knew his lordship would bring Christian influence to bear on whatever he did in connection with any institution of the town.

Mr. T. J. HANKINSON seconded the motion, which was unanimously agreed to.

The LORD CHANCELLOR intimated that he should be very happy to do anything in his power for the benefit of the institution.

Dr. HARDY then proposed that the following persons be elected members of the committee:—Admiral the Hon. George Grey, the Rev. R. Colman, the Rev. H. C. Leonard, the Rev. G. E. F. Masters, the Rev. F. E. Toyne, A. E. Ward, Esq., and Messrs. J. Dominy, T. J. Hankinson and J. McWilliam. These gentlemen, he said, had formed the committee for the past year, and had served so well that it would be only justice to elect them now. Mr. McWilliam had been on the committee of the Homœopathic Dispensary ever since its formation, and others had also been on it for many years, and had spent money and energy in the promotion of the present institution.

Dr. NANKIVELL of York, seconded the motion and said it was intensely gratifying to him to find such an institution as this established here.

The proposition was carried.

Mr. J. DOMINY then proposed the election of Mr. John Smith as auditor, which was also agreed to.

Dr. DRURY then moved "that the best thanks of this meeting be presented to the committee of the Hahnemann Convalescent Home and the Homœopathic Dispensary, to the secretary, and to the medical officers for their exertions during the year." He was sure this was a resolution with which everyone would cordially agree. The labours of the committee must have been very great, and anyone connected with similar institutions would know how arduous these labours must have been, and what difficulties they must have had to encounter. Having been connected with the London Homœopathic Hospital for many years, he knew what the carrying on of an institution of this

kind meant, and he was sure his colleagues had done their duty faithfully and well, and that they would continue to do so in the future.

The proposition was seconded by Mr. SNELL, and carried.

Dr. H. NANEIVELL said they could not allow that meeting to close without proposing a vote of thanks to Lord Cairns. He was sure it was very good of his lordship to take an interest in this matter, and he might say that through his kindness, the deficit of £50 had been reduced to £25.

The vote of thanks having been accorded, the proceedings terminated, the LORD CHANCELLOR intimating that any who were present and who would like to have a look round the house would now have an opportunity of inspecting it.

It is gratifying to be able to announce that on the accounts being made up at the close of the day, it was found that the total amount due to the building fund (£2,815) had been at last raised, and that £175 had been collected towards the furnishing fund of £700. The deficit of £525 is all that is now required to open the Homœopathic Convalescent Home free from debt in September next.

We heartily congratulate the medical staff and the committee on such success. It is seldom that we have the pleasure of recording the fact that a Convalescent Home is opened free of debt, all except part of the expense of furnishing. Such a result reflects the highest credit on all who are connected with the management, and evinces an unusual amount of energy on the part of the promoters, and generous liberality on the part of those who, having themselves benefited by homœopathic treatment, are anxious that their poorer brethren should have like advantages in such a climate as that of Bournemouth. Such an institution was much needed, and in future will be gladly taken advantage of by those patients who are so often sorely in need of the benefits of climatic as well as medicinal treatment. We trust that the remainder of the money required for the payment of the furnishing expenses will soon be forthcoming, and that we may have the pleasure of announcing in September that no debt whatever remains. The building is so constructed as to be capable of additions, and we have little doubt that such will soon be required. To those who are charitably disposed, and have the means, no scheme offers a better prospect of real usefulness than the Hahnemann Convalescent Home. The value of the climate of Bournemouth to phthisical patients is well known, and the importance of enabling the poorer classes to obtain what hitherto has been enjoyed only by the better classes is too self-evident to require further remark.

“ He that hath pity on the poor lendeth unto the Lord.”

We append the second list of subscribers.

Amount previously acknowledged			...	...	£1,579	7	0
	£	s.	d.		£	s.	d.
Mr. Banyard, the late ...	1	1	0	Major Duff ...	10	0	0
Dr. Both ...	1	1	0	Rev. G. M. Fenton ...	5	0	0
Dr. Engale ...	1	1	0	Miss Good ...	5	0	0
Dr. Harris ...	1	1	0	J. F. C. May, Esq. ...	10	0	0
Lady White ...	10	0	0	Fred. Smith, Esq. ...	1	0	0
Miss C. Bott, collected by	5	0	0	Mrs. MacInnes ...	5	0	0
Dr. Buck... ..	1	1	0	Miss MacInnes ...	1	1	0
A Friend... ..	1	0	0	A. F. ...	0	5	0
A. E. Ward, Esq. ...	2	2	0	R. K. Waller, Esq. ...	2	2	0
Mr. Saunders ...	1	1	0	A. C. Pope, Esq., M.D.	5	5	0
Miss Haward, collected by	5	0	0	Mr. Bayley ...	1	0	0
Miss Chick ,, ,,	5	0	0	Two Friends ...	0	13	6
Miss Ada Harrison ,, ,,	6	2	0	F. Bentley, Esq. ...	5	0	0
Miss Leila Moore ,, ,,	9	10	6	Mrs. Rich, per Dr. Nichol-			
Miss Clements ,, ,,	5	0	0	son ...	1	1	0
Mr. Impey & Mr. Oakley,				G. Gastenhoper, Esq. ...	1	0	0
collected by	5	10	0	Miss E. and C. Hull ...	0	10	0
Miss M. Threlfall ,, ,,	5	0	0	Mrs. Gordon Moor (ad-			
Mrs. Gordon Moore ,, ,,	10	0	0	ditional) ...	1	10	0
A Friend, who was bene-				Mr. Douring, collected by	29	3	6
fited by homeopathic				Miss Wiggins ,, ,,	5	10	0
treatment, per Dr. J. J.				The Lord Chancellor ...	50	0	0
Garter Wilkinson ...	20	0	0	A Friend, per Dr. Nanki-			
Mr. Cobham ...	0	5	0	vell (fourth donation)	100	0	0
Robert Hanbury, Esq. ...	10	0	0	J. H. Nankivell, Esq.,			
Two Friends ...	10	0	0	York ...	30	0	0
Miss Hole, collected by	1	5	0	Rev. Barclay Bevan ...	25	0	0
Miss Amelia Jones ...	10	0	0	Dr. Herbert Nankivell ...	25	0	0
Mrs. Edgell ...	1	1	0	Mrs. Elliott ...	50	0	0
The Misses Abel Smith	1	10	0	Mr. McWilliam ...	85	10	0
Admiral the Hon. G. Grey	2	0	0	Mrs. Snell ...	20	0	0
A Friend, per Dr. Nankivell	5	0	0	P. I. H. ...	5	0	0
Mrs. Dakin ...	3	0	0	G. H. Lake, Esq. ...	1	0	0
Miss Maddock ...	2	2	0	P. O. B. Hoare, Esq. ...	1	0	0
An Old Friend, per Dr.				T. Rawlins, Esq. ...	6	6	0
Nankivell ...	5	0	0	Rev. W. Jackson ...	1	0	0
Executors of the late				Dr. Drury ...	3	3	0
Miss Way ...	50	0	0	Collected at opening ...	6	4	6
Trustees of the Prison				A. E. Ward, Esq. (ad-			
Charities ...	31	10	0	ditional) ...	3	3	0
A Friend, per Katie ...	1	1	0	Miss Kirkpatrick ...	5	0	0
A Friend, collected by ...	2	6	0	Dr. Hardy ...	2	2	0
Thomas, W. W., Esq. ...	1	1	0	Rev. Z. Nash ...	5	0	0
Miss E. Tull ...	0	5	0	Mrs. T. J. Hankinson ...	1	1	0
Professor Martin ...	0	2	6	"Katie" ...	0	10	0
Dr. Frank Nankivell, col-				Mrs. Tindal ...	1	0	0
lected by ...	1	2	6	Miss Richards ...	20	0	0
Dr. Bayes ...	50	0	0				
Miss Hall ...	50	0	0				
Mrs. Hall ...	10	0	0				
The Earl of Wilton (ad-							
ditional) ...	10	0	0				
				Total to June 12, 1879,	2,498	10	0

NOTABILIA.

THE ANNUAL CONGRESS.

We understand that the subject of Dr. Hughes' Presidential Address, at the next Annual Congress, to be held at Malvern, on the second Thursday of September, will be "Homœopathy, its present state and future prospects."

 THE DRAMATIC PERFORMANCE IN AID OF THE
LONDON HOMŒOPATHIC HOSPITAL.

On Thursday evening, June 5th, a dramatic performance in aid of the funds of the hospital was given at St. George's Hall, Langham Place, by the "Thalian" Amateur Company. The announcement that this company, so successful in its performances on behalf of various charities, was to perform, and the usual great efforts made by the friends and the officials of the hospital, secured a large and fashionable audience, which included many well-known members of the medical profession in London and its suburbs. The play of the evening was Mr. Albery's "Forgiven" which that popular dramatist had specially permitted to be performed on this occasion, and which was mounted and played throughout in a manner which even his experience would have called admirable. Rose Cudlipp, the affectionate and ingenuous heroine of the piece, was personated by Mrs. Conyers D'Arcy, with a charming *naïveté* and naturalness of elocution, her skilful use of a highly expressive and sympathetic voice more than once "bringing down the house." Miss Zoe Bland was most effective as the beautiful plotter, Lady Maud; Miss Lucy Williams played Laura Cremer with an engaging simplicity; and Miss Erskine Booker was perfect as the vain and scheming mother, Mrs. Cremer. Among the gentlemen performers Mr. Romaine-Walker played Lord Dart with an aristocratic repose; Mr. Charles G. Allan elicited much applause as the genial and true-hearted Paul Cudlipp; Mr. C. P. Colnaghi was vastly entertaining as W. Chatham Pole—M.P.!! and Captain Conyers D'Arcy played the handsome and perplexed Claude Redruth with that gentlemanly self-possession and polished ease which only public experience can give. The play being so thoroughly and conscientiously sustained, it is hardly necessary to say that when the curtain had shut out the final tableau the actors were compelled to pair across the stage to the music—sweetest of all to the actor—of hearty and continuous applause. We do not think "Forgiven" could have been better played by any professional company in the metropolis, and we are sure that never were flowers better deserved than those thrown for Mrs. Conyers D'Arcy. The second piece,

"A Model of a Wife," was supported in its principal character by Mr. Chambre, the versatile manager of the hospital. As the excitable Pygmalion Bonnefoi, madly in love with an artist's lay-figure, vociferating his passion in imperfect English and strongly marked French accents, Mr. Chambre's playing was excellent, and drew forth considerable applause; while the admirable "get up" of Mr. A. J. Emerson as Mr. Stump, the jealous elderly artist; the droll stage business of Mr. C. P. Colnaghi as Tom the page; and the efficient acting of Miss Zoe Bland as Mrs. Stump, and Miss Alma Graham as Clara, the artist's niece, contributed to make the farce exquisitely enjoyable. The managers of the hospital are certainly to be congratulated on the success of this performance, and on the amount of its pecuniary result. Mr. Chambre was able to announce, as treasurer and secretary of the company, that after the defrayment of the necessary expenses, a surplus of about £90 would be handed to the treasurer of the hospital. That sum will of course go but a small way to make up the large annual deficiency, which for years past has so heavily weighted the management of the hospital, and curtailed the usefulness of that institution. Still the success of this effort must be gratifying. The audience was appreciative, the plays were efficiently performed, the monetary receipts were satisfactory, and—to use old Paul Cudlipp's climax—take it altogether, it was about as amusing and successful a performance as ever we saw.

DR. POPE IN AMERICA.

Our readers will be pleased to hear that Dr. Pope, who has been in America for his health, and who was appointed the delegate from the British Homœopathic Society to the American Institute of Homœopathy, to be held on the 24th June, at Lake George, was entertained at a public dinner at the Commonwealth Hotel, Boston. The company consisted of physicians exclusively, to the number of 90, and the dinner was given by the Boston Homœopathic Society.

A CURIOUS INCIDENT.

SIR,—A curious incident, which I think might interest some of my medical brethren, happened a fortnight ago; and not having ever heard or read of a like circumstance before, I send you the particulars. On the 11th February, my wife, after mixing some corn-meal for feeding the fowls, missed her wedding ring from her finger, and after a fruitless search, gave it up as lost. On the 8th April, while engaged eating an egg at breakfast with me, she felt the egg-spoon grate upon something hard at the bottom of the egg below the yolk. Imagine our astonishment,

when on further investigation, we found the lost ring firmly fixed by membranous adhesions to the bottom of the egg. I may further state that the egg was of extra large size and was laid the day before (April 7th). Perhaps some of your readers might enlighten me as to how the ring got inside the egg, and whether it was possible for the ring to have remained inside the fowl for seven weeks.

Apologising for troubling you, I remain, yours obediently,

H. KIRWAN KING, M.B.

Moruya, New South Wales, April 20th, 1879.

Brit. Med. Journal, June 14th.

THE BRITISH MEDICAL JOURNAL AND HOMŒOPATHY.

IN the issue of this journal for June 14th, 1879, the following appears among the notes to correspondents:—

“CONSULTATION WITH HOMŒOPATHS.

“Sir,—will you favour me with your opinion of the following circumstances that recently occurred to me?

“An old patient of mine, suddenly taken ill, was persuaded by a friend to send for a local homœopath. As the patient did not improve, he requested his family to send for me. This was explained to the gentleman in attendance; and he desired them to inform me that he would be glad to meet me in consultation. I explained that I could not do so. The same evening, a local F.R.C.S., at the request of the homœopath, was sent for, and attended the consultation without any hesitation. I have since been informed that the consultants of a neighbouring town have not declined to meet the same gentleman. Under the circumstances, was I justified in throwing away an old patient, who is, of course, indignant at my refusal? for I am only, sir, yours obediently,

A NEMO.”

“* * * The following extract from Dr. Styrax's *Code of Medical Ethics*, chap. 2, sec. 4, p. 80, fully expresses our opinion on the points involved in the above letter. . . . ‘Indeed, for a legitimate or orthodox practitioner to meet a professor of homœopathy in consultation, is a dishonest and a degrading act—dishonest, because he lends his countenance to that which he knows to be a dangerous fallacy; and degrading, inasmuch as he has neither the manly professional honesty to resist the temptation of a possibly liberal fee, nor the moral courage to discountenance the capricious vagaries of some wealthy, or may be titled, patient.’”

We congratulate the *British Medical Journal* on its desire to pose as the great trades-union organ of the profession. It is all the more amusing, as the British Medical Association, of which the journal is the organ, has no longer any bye-law preventing consultation with homœopaths. This trades-union bye-law, passed

in 1851, was quietly struck out when the Association got a charter. The Council were well aware that with such a bye-law existing, there was no chance of a charter being obtained, and instead of publicly abrogating it, it was quietly omitted from the rules. The Editor of the *British Medical Journal* can therefore no longer quote the rules of the British Medical Association as an authority, so he is obliged to fall back on Dr. Styrap, who chose to write a "Code of Medical Ethics," and so display his narrow-mindedness. It is well known that an influential party in the British Medical Association are of a very different opinion from that of the editor and of Dr. Styrap, such opinions being very freely expressed in a paper in the *Practitioner* not long ago. This influential party advocate that the question of consultations with homœopaths, as with any one in the old school, should depend not on the opinions of either party consulting, but on individual choice and judgment. For our own part, we cannot see that in a case where the question is one of treatment, any benefit can arise from a meeting of an allopath and homœopath, unless one or the other is prepared to merge his views for the time being. In a surgical case, or on a question of diagnosis, the case is different, and an interchange of opinion may often be beneficial, more particularly in certain special departments. Such views are now widely entertained by consultants in the old school, and "A Nemo" may be perhaps surprised to hear that not only in his "neighbouring town," but in London and in all the principal cities of the United Kingdom, homœopaths have no difficulty in obtaining a consulting opinion.

To discuss in detail the merits of Dr. Styrap's paragraph is really, at this time of day, beneath us. To have penned it at all will be considered by a large section of his own school as "degrading," and we cannot but consider it even more "degrading" on the part of the editor of one of the leading allopathic journals, to quote and express approval of such sentiments. The "dangerous fallacy" is now publicly taught in more than one metropolitan school of medicine, although the import and source of such teaching is studiously concealed, while the same "dangerous fallacy" is widely leavening the opinions and practice of more of the old school than perhaps the Editor of the *British Medical Journal* cares to know. A paragraph such as we have quoted from the pens of Dr. Styrap and of the Editor of the *British Medical Journal*, will one day be brought up as one of the curious samples of ignorance and trades-unionism of the nineteenth century. If, in the present state of opinion in the old school in regard to homœopathy, "A Nemo," or any other innocent-minded practitioner, chooses to be led by the nose by Dr. Styrap or the editor of the *British Medical Journal*, we can only pity him.

TO DESTROY MOTHS IN CARPETS.

TAKE a wet sheet or other cloth, lay it upon the carpet, and then pass a hot flat iron over it, so as to convert the water into steam, which permeates the carpet beneath, and destroys the life of the grub.—*The Monthly Magazine of Pharmacy.*

A NEW MUCILAGE.

THE *Journal of Pharmacy* states that if 30 grains of sulphate of aluminum, dissolved in two-thirds of an ounce of water, be added to 8½ ounces of mucilage of gum arabic, a strong mucilage will be formed which will cement strongly wood, porcelain or glass.

ANTS.

PROFESSOR LEIDY states that he has cleared a house of red ants by the following method. A piece of sweet cake was placed in every room, and at noon every day it was picked up with forceps, held over a cup of turps, and tapped till all the ants fell into the oil. This was done for three successive days. On the fourth not an ant was to be found on the cake. Pieces of bacon were then tried for several days with good effect. When this was deserted cheese was substituted, and lastly grasshoppers. After a few days' trial of these the ants ceased to be attracted by anything. They seem to have been thoroughly exterminated, and have not re-appeared.—*Chemist and Druggist.*

THE LONDON SCHOOL OF HOMCEOPATHY.

WE propose every month or two, during the summer and winter session of the school, to give our readers a *résumé* of the course of instruction pursued, as we think that such will be interesting to those who sympathise with the aims of the school.

During the months of May and June Dr. Hughes has been giving a course of Comparative Materia Medica, according to the programme contained in the introductory lecture of his which we printed last month. He began with the anti-rheumatics, among which he classed *bryonia*, *aconite*, *colchicum*, *pulsatilla*, *rhus*, *dulcamara*, *rhododendron*; *actæa*, *caulophyllum*, *cedron*, *ruta*, *viola odorata*; *spigelia* and *kalmia*; *mercurius*, *kali bichromicum* and *phytolacca*; *sulphur*; and *arsenic*. Omitting the five last-named, whose relation to the disease was peculiar, he pointed out that all the anti-rheumatics were vegetable irritants, and therein approximated in action to the animal irritant, lactic acid, which was in all

probability the "*materies morbi*," of acute rheumatism. Were it not so, he said, it would be its complete homoeopathic analogue, as it causes its polyarthritis, endocarditis, pleurisy, &c., in a way which no other substance has done.

He next discussed the anti-syphilitics, which were *mercury*, *iodine*, *nitric acid*, *aurum*, and *platina*; *kali bichromicum*, *mezereum*, *phytolacca*, and perhaps *assafatida*, *corydalis*, and *stillingia*.

The anti-pyretics followed. They were arranged in four divisions, having for their types *aconite*, *arsenicum*, *belladonna*, and *bryonia* respectively. Under the first-named were placed *veratrum viride*, and *gelsemium*; under the second *cinchona*, and the serpent-poisons; *belladonna* had for its congeners *hyoscyamus* and *stramonium*, and also *agaricus*; while the *bryonia* group included *acidum muriaticum*, *baptisia*, and *rhus*. The following general conclusions were drawn as to the anti-pyretic virtues of these medicines:—

1. The fever of the aconite group implies simply a temporary functional disturbance of the heat-regulating and vaso-motor nerve-centres, such as cold or nervous shock can produce. Hence the rapidity of their curative action.

2. *Arsenicum* also acts upon these centres, but when their (febrile) disturbance is recurrent, as in malarious fevers and hectic; it also corresponds to destructive oxidation of the blood and the tissues, as in the toxæmic fevers. In the former capacity it is paralleled by *cinchona*, in the latter by the serpent-poisons.

3. *Belladonna* and its congeners are in place when the higher oxidation of fever falls mainly upon the nervous centres; they affect them as do morbid poisons in the blood—scarlatina, variola, typhus, &c.

4. The fever of *bryonia*, and the medicines allied to it, is one in which the tissues and organs of vegetative life, and the muscles, are affected, rather than the nervous system or the blood."

The anti-eclamptics were then considered. They were—*acidum hydrocyanicum*, *anathe*, *cicuta*, *athusa*, *belladonna*, *cocculus*, *zizia aurea*; *plumbum*, *arsenicum*, *cuprum*, *artemisia*, *zincum*, *strychnia*, *calcareo*, *silica*.

Lastly came the nutrition modifiers. Their discussion was preceded by a lecture on tissue remedies and organ remedies, in which the views of V. Granvogl and Schüssler on the former, and of Rademacher and Sharp on the latter, were reviewed and criticised. The medicines included in the present survey have been *acidum phosphoricum* and *picricum*, *argentum nitricum*, *arsenicum*, *calcareo*, *ferrum*, *helonias*, *hydrastis*, *sodium*, *lycopo-*

dium, mercurius, natrum muriaticum, phosphorus, plumbum, sepia, silica, uranium, and zincum.

The medicines which act on the liver and on the eye respectively have yet to come under review.

Dr. Dyce Brown has been carrying out the plan, which was systematically begun in the middle of last winter session, of referring the students for detail of the ætiology, pathology, and general symptomatology of the various diseases treated of, to ordinary text-books on the principles and practice of medicine, and confining himself entirely to the homœopathic therapeutics of disease.

During the months of May and June he has gone over the treatment of diseases of the mouth, throat, stomach, and intestines. The consideration of the latter will be concluded in the first week in July. As each medicine is discussed, not merely the indicatory symptoms referable to the organ diseased are entered into, but a sketch also of the symptoms referable to other organs and to the state of health in general is given, such as one usually finds not only is associated with the given phase of disease, but is portrayed as part of the picture of the medicine which is homœopathically indicated.

The time taken up in discussing the treatment of the diseases above named is the best indication of the amount of detail into which the lecturer went in describing the pathogenetic and therapeutic indications of the different medicines.

Diseases of the respiratory tract will be taken up after those of the intestines have been concluded, and as much as possible overtaken before the end of July, when the summer session closes.

OBITUARY.

We regret to have to record the death of Dr. HORACE FLINT, on the 1st of May, at the early age of 26. Dr. H. Flint had held the post of Junior Resident Medical Officer at the London Homœopathic Hospital for the best part of a year; and, just as he had resigned his post with the view of taking up private practice at Canterbury, he was taken ill, and though on removal to Canterbury to his father's house, he improved for a time and seemed convalescent, serious symptoms set in quite suddenly and unexpectedly, and he succumbed in a week's time.

It is a painful duty at any time to record the loss of one of our small band, but it is doubly so when death comes so early, and cuts off anticipations of a prosperous career. Dr. H. Flint was much liked by those who knew him, and his loss will be much felt by his friends.

CORRESPONDENCE.

To the Editors of the Monthly Homoeopathic Review.

Gentlemen,—On reading your communication from America, headed “Key-note Extraordinary,” feeling curious to know what Petroz had really written in his original communication, I went to the *Revue de la Matière Médicale Spécifique*, edited by Petroz and Roth. In vol. iii., p. 362, Petroz, in his résumé of the pathogenetic symptoms of *murex*, gives under symptom 42, “Douleur de plaie, comme par une arme tranchante dans l’utérus” (septième jour). This, without note or comment, leading the reader to suppose that this is a veritable pathogenetic symptom. And so have, I believe, the symptom compilers thought. Jahr in his large work, *Ausführlicher symptomkodem*, under the head of *murex* “Weibliche Theile” has “In der Mutter, wundschmerz wie von schneidendem Werkzeuge.” It is interesting, however, to observe how the sagacity of Dr. Trinks, of Dresden, kept him out of a snare, even though he had not the original essay of Petroz before him, and had before him only the trap laid for him by Jahr. His words are worth quoting: “Petroz instituted provings with the juice of the purple snail on three individuals afflicted with leucorrhœa, of whom one suffered moreover from sore pain as from a cutting instrument.”

How Trinks got this last piece of information from anything published by Jahr I don't know. Jahr puts it as a symptom occurring in the proving. Trinks goes on to say: “We can therefore place no value whatever on this worthless fragment of symptoms thus published, because the individuals who proved the medicine were diseased, and consequently openings of every kind were afforded to being deceived. Only French superficiality can build great results on these provings, and announce that so imperfectly proved a medicine excites great expectations, &c., &c. Later provings, to be instituted with greater circumspection upon healthy persons, will prove how much there is of reliable in this medicine. In failure of the original essay we have been compelled to adopt the abstract made by Jahr almost verbatim.” And among the symptoms in his account of *murex* he puts the one in question verbatim. On looking, however, at the individual provings from which the summary has been compiled, we have at p. 12 symptom 13 of the first case as quoted in your communication: “Douleur de blessure comme par une arme tranchante dans l’utérus. *Cette sensation est habituelle à l’époque des règles depuis bien des années.*” How this symptom could have been transferred to a summary as a pathogenetic symptom, with the suppression of a statement which would have announced that it was not a medicinal symptom at all, is accountable only on

the supposition of a want of good faith, or else of inexplicable carelessness.

These suppositions are so astounding, that one is driven to suppose that the original manuscript ran as follows: "Douleur de blessure, comme par une arme tranchante, dans l'utérus, n'est pas revenue comme auparavant," and that the printer omitted by negligence the last words which I have added. This would have authorised Petroz to insert the non-appearance of this pain as a curative symptom. But even then he should have noted the fact. As the matter stands, it is an instance of the greatest blunder I have ever met with in my readings of provings, though I doubt not Dr. Hughes, in the course of his extensive and industrious researches, could quote many as bad.

The fact is, the unreliability of much of our minute symptomatology throws great difficulties in the way of a scientific practice of homœopathy, if it does not make it absolutely impossible. After many years of painful attempts to conform to the precepts of Hahnemann, having come to a conviction of the untrustworthy and insufficient nature of the minute symptomatology, I have been obliged to compromise the matter. Having collected the medicines which cover pathologically the main features of the case, I treat them as a genus, and select from the group the one which among its minute symptoms has one which corresponds with some remarkable and striking symptom of my case, although it may not be obviously fundamentally connected with what I may consider as the prominent disease. An instance or two, though not perhaps the best that might be selected, yet, as occurring at the moment to my memory, will elucidate my meaning.

A gentleman, approaching the age of 60, subject to hæmorrhoids, and of a quiet retiring disposition, was seized with a violent bilious attack—frequent bilious vomiting, some giddiness, aching of the eyes, dislike to strong light, slight numbness of the left arm and leg, prostration of strength and lowness of spirits. The more pressing symptoms gave way under the use of appropriate remedies, yet he did not seem to make way; the weakness continued, the numbness, though lessening, did not disappear, the mental depression deepened. His friends became anxious, and some of his family were on the point of coming down from London to see him, and this and that eminent physician began to be talked about. In conversation with him, on asking minutely about the state of his bowels, he told me, as he had often before, that they were regular, but he added that they were uniformly relieved in the morning, and that it was a peculiar circumstance that he couldn't wait a moment after he felt the inclination, but must relieve himself immediately. It immediately occurred to me that this was a marked sulphur symptom, and I gave him *sulphur. tinct. φ*. On the afternoon of

taking the medicine, within three or four hours after the first dose, he was an altered man. The blue devils had taken to flight, and he began to talk about Buxton, where he is at the present moment, able to enjoy the change, and no symptom remaining of any importance. The symptom is marked No. 84, under the head of "Beobachtungen anderer." The observer is marked Fr. Hahnemann.

A young man came to me the other day, with a headache as if the forehead was tight. There had been slight epistaxis. He was worse when warm and in the house. There was a slight purulent eruption on the hand, which I had reason to believe arose from local irritation. So far the symptoms were general enough, but he went on to say that even when he swallowed his saliva he felt as if there was a marble in his throat. This determined the choice for sulphur. (See No. 175). Although the symptoms had been of some duration, they disappeared in a day. The eruption rapidly dried up.

In this way I may be said to build my pyramid on the broad base of a generic simile, and I crown the edifice with an apex of specific individualisation pointing up towards the heaven of cure. On the key-note plan, the process is exactly reversed, as I shall proceed to show. The key-note, we read, is defined as "a symptom, or group of symptoms, so characteristic of a remedy, that whenever we meet with it we always, or almost always, find the remainder of the symptoms under that remedy also," &c.

The search for the appropriate remedy thus has a tendency to become a search for the key-note, as a *punctum saliens* out of which to evolve a pathological simile.

This is, I apprehend, to attempt to rear a pyramid on its apex; this at best would be rash, and not likely to produce a permanent result. But what if the apex, as in the case of your American communication, should turn out to be a "mare's nest?" What then, indeed! But a *reductio ad absurdum* is hardly needed to demonstrate the futility of the attempt. We have all heard of zoologists skilled in comparative anatomy, who from a bone or a group of bones could construct the whole skeleton, and Swedenborg says that an angel can, from the minutest action of a man and its mode of production, perceive his whole character; but a skeleton is an organic whole, and a bone is an undeniable fact. A man's act and its mode depends on the quality of his love-principle, and upon whether he is acting from a rational will or from reflex action, and upon the proportions of each in the action.

But a "keynote" is not an undeniable fact. Its existence depends on the accuracy of the observation and its record; its importance and on its nature. Granting it to be perfectly satisfactory, are we in a position to trace the organic connection of

symptoms in an artificial medicinal schema? Some day we may be able to do more in this direction, but at present we can only humbly endeavour to make the best of our materials, and not be too proud of the purity and the Chinese imitativeness of our Hahnemannism. I must own, however, to a much greater respect for my painstaking revivalist brethren than for the lax practice of the majority among us, who apologise for the multiplication and alternation of their remedies, on the plea of increasing their chances, and indulge the impetuosity and impatience of their natures by the largeness of their doses. This carelessness in practice is fast reducing many of our members to the level of the old school, and is injuring our character even for good faith. Of what good our provings, of what good our giving one medicine at a time, if, by our alternations and speedy changes and large doses, we confound the opposite actions of medicines, and run into all the mischiefs and absurdities of polypharmacy?

Gentlemen, I have been betrayed into a lengthy letter, and I humbly apologise. I do not ask you to insert it if you think it too long.

Believe me,

Yours faithfully,

THOMAS HAYLE, M.D. Edin.

Rochdale,
June 7, 1879.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—There appears to me, an old homœopathic practitioner, to be a great tendency to materialism, and conformity to modern allopathic modes of thought, in the teaching of our excellent colleague, Dr. Hughes. There is manifestly a desire on Dr. Hughes' part to return to the pathological system of treating diseases, instead of adhering to the physiological, or homœopathic system, founded by Hahnemann.

In his mainly good article, entitled "Comparative Materia Medica," in your last issue, Dr. Hughes says, "It has been well said that, *in a world of incessant progress, nothing is so revolutionary as standing still.* While we have been carrying Hahnemann's principles into practice, our brethren of the old school have been devoting themselves to the advancement of physiology and pathology. The former, a true though immature science, even in Hahnemann's days, has since advanced with giant strides. Pathology thus rendered possible, has advanced *haud passu iniquo*, and the phenomena of diseases hitherto considered most mysterious can be referred to their seat, and traced to their causes."

From the tenor of Dr. Hughes' observations in this article, it is evident that he proposes to forsake our bases of operation, and return to those of the allopathic school, or what is nearly the same thing, to adopt the pathological principle, that is, the principle of determining the nature of disease by the morbid appearances in dead matter, rather than continue to treat them on the physiological principle, that is, according to the similarity of the phenomena or symptoms developed in living matter, by the action of drugs, whatever may be their hidden causes, or organic seats.

Now if this is what Dr. Hughes proposes to do, while teaching homœopathy from the standpoint of *Comparative Materia Medica*, I must say that it appears to me to be nothing less than lowering our flag, and giving to the allopaths the advantage of our labours without their acknowledgment of our principles. This may accord with Dr. Hughes' charity; but I must say that it does not agree with mine, for nothing can profit a man who ignores fundamental truths or principles. Whatever may be your own private opinion on this subject, I claim to be heard as a subscriber to the *Review*, and also to the school.

Yours faithfully,

DAVID MCCONNELL REED, M.D., L.R.C.S. Edin.

Beech Grove Villa, Waterloo Road,
Wellington, Somerset.

[Our correspondent has what he claims as his right, and we publish his letter, but it will be evident to most men who have read Dr. Hughes' admirable lecture carefully, that Dr. Reed has completely misunderstood the lecturer's aims and views, and we do not fancy that Dr. Hughes will deem it necessary to reply to his critic.—*Eds. M.H.R.*]

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I shall feel obliged if Dr. Roth will give me, in your pages, his authority for the statement attributed to him in the last number of the *Annals of the British Homœopathic Society* that "Hahnemann admits the use of aperients in mechanical obstructions of the bowels." My reading of Hahnemann leads me to a precisely opposite conclusion.

Yours, &c.,

E. W. BERRIDGE.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications have been received from Dr. NANKIVELL, Dr. McCONEWELL REED, Dr. S. H. BLAKE, Dr. HARMAR SMITH, Dr. RICHARD HUGHES, Dr. HAYLE, Dr. BERRIDGE, W. DEAN BUTCHER, Esq., JOSEPH ABBOTT, Esq., MESSRS. JAMES EPPS & Co., Dr. E. MADDEN, FREDERICK SMITH, Esq.

Communications from Dr. EDWARD MADDEN and Mr. FREDERICK SMITH have arrived too late for insertion this month.

BOOKS RECEIVED.

The following books, periodicals, &c., have been received.

Gold as a Remedy in Disease. By James Compton Burnett, M.D., F.R.G.S. The Homœopathic Publishing Company. 1879.

Horses Ill and Well. By James Moore, M.R.C.V.S. Third Edition. London: Epps & Co. 1879.

A Biographical Retrospect of Allopathy and Homœopathy during the last Thirty Years. By Hugh Hastings, M.D., &c. London: Henry Turner & Co. 1879.

Catalogue of the Swedenborg Society's Publications.

Rules of the Hahnemann Convalescent Home and Homœopathic Dispensary, Bournemouth.

The Obstetrical Forceps, and indications for its use. By T. G. Comstock, M.D. St. Louis, U.S.

Homœopathic World. June.

Cincinnati Medical Advance. April.

New York Medical Record. May 17 and 31.

Homœopathic News. St. Louis, U.S. May.

St. Louis Clinical Review. May.

New England Medical Gazette. June.

United States Medical Investigator. May 15 and June 1.

Report of Committee of the Homœopathic Medical Society of the State of New York.

Boericke and Tafel's Quarterly Bulletin. May.

Paraffine Soap. (With samples.) By J. H. Woodbury, M.D. U.S.

First Annual Report of the Chester Free Homœopathic Dispensary.

Urethritism, or Chronic Spasmodic Stricture. By F. N. Otis, M.D. New York.

Reply to Dr. Otis. By Henry B. Sands, M.D.

Journal d'Hygiène. May.

Revue Homœopathique Belge. May.

Bulletin de la Société Médicale Homœopathique de France. June.

Allgemeine Homœopathische Zeitung. Nos. 21 to 24.

Homœopathische Rundschau. June.

Bournemouth Visiting Directory. June 7.

Boston Daily Advertiser (U.S.) June 6.

Cleveland Daily Herald. May 26.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

THE ANNUAL CONGRESS.

It is always a pleasant task to draw the attention of our readers to the approach of the Annual Congress of Homœopathic Practitioners of Great Britain. It reminds us that the holiday season is beginning, and suggests a pleasant breathing time after a season's hard work and laborious practice.

If we mistake not, most of us look forward to the Congress meeting as a bright spot in the year's round of work. We are then, for a day at least, free from the cares and anxieties of practice. We feel a load off our mind, and we are prepared to enjoy it accordingly. But the chief part of the enjoyment consists in the social intercourse which we then can have with one another. Those who from distance seldom meet see one another, and exchange friendly greetings in the intervals between the business of the day, and at the dinner. Nothing is more conducive to good feeling, and the keeping up of that bond of union which ought to exist in our small body, than such reunions, while the time passes all the more pleasantly and quickly from the mixture of business with pleasure.

We prefer to notice the coming congress this month, although it does not take place till September, as many of our confrères may have left home for their summer holiday before September, and we are anxious that those who do so should not forget our meeting, but reserve a day for it in their arrangements.

The Congress meets this year on Thursday, the 11th of September, and the place of meeting is Malvern.

The idea of meeting each year in a different place is a happy one, for not only does the variety of a new place add to the zest of the assembly, and give a fresh inducement to each one to be present, but it gives the Congress a more cosmopolitan aspect than if the metropolis were its fixed "location," as our friends across the water would say. The selection of Malvern is an excellent one.

Malvern is so well known for its beauty and its charming air, and as a health resort, that any description or detail regarding it would be quite out of place. Suffice it to say, that those who visit the Congress will, if they have time, be amply repaid by a prolongation of their visit beyond the day of the meeting, when they can renew their nervous energies by reinvigorating walks up the hills and the inhalation of the bracing air of the place. In fact, we sadly suspect that some of our confrères will read the papers in the Transactions, and occupy part of the day in making a reconnaissance of the surrounding country. Those who have an interest in architecture and antiquarian lore, can visit the beautiful cathedral of Worcester, while our friends who have had a more or less acute attack of "china-mania" will be amply repaid by a visit to the famous Worcester porcelain manufactory, where all the stages of manufacture can be seen in operation, including the painting of the china. The show room is of itself well worth a visit.

But to return to the order of business. The presidential chair will be occupied by our able and talented colleague, Dr. RICHARD HUGHES. The position which Dr. HUGHES has made for himself in the profession, and the great services he has rendered to our cause by his valuable writings, well entitle him to the post of President of the Congress, and we feel sure he will fill it with dignity and honour. His address will be upon "*Homœopathy; its Present State, and Future Prospects.*" A more interesting subject for the Presidential Address, and one better calculated to engross the attention of his hearers, could hardly have been chosen. The present state of homœopathy is in many respects unique. Never in the history of this system of medicine has it been so evident that such solid progress has been made as the result of many years of uncompromising adhesion to the doctrines of homœopathy. We have been from the first making rapid and steady way among the laity, who have in themselves and in their wide adoption of its treatment, a great though indirect influence on the old school portion of the profession. The latter cannot shut their eyes to the fact that, in spite of their anathemas and misrepresentations, the public choose to think for themselves, and decline to be led by the nose. They cannot but see that those patients who once adopt homœopathy seldom go back to the old treatment, and that cases are cured by us after being unsuccessfully treated by them. But, until lately, our progress, as regards our brethren of the old school, has been nearly imperceptible. The trades-union tactics of silence and absolute exclusion from their journals of all papers bearing on the truth of homœopathy, have been remarkably successful in keeping the mass of practitioners in the dark as to what homœopathy consists of. But such tactics are at length failing. Men are beginning to open their eyes to see that there

is much truth in what they have hitherto laughed at, and to adopt to a large extent our medicines and our rule of practice.

Such a state of matters is one of extreme interest to all of us, and we are sure that in it Dr. HUGHES will find ample material for an admirable address, while the consideration of the future prospects of homœopathy opens up a glorious vista, which must stir the hearts of his hearers to enthusiasm and union in the great cause. We anticipate a great treat from this address.

Dr. BURNETT, formerly of Birkenhead, now of London, the author of the charming little work on *Natrum Muraticum*, will read a paper on the "*Revival and further development of Organopathy during the first half of the present century.*" We shall expect a racy exposition of the rise and progress of this mode of expressing homœopathy, and shall probably hear a good deal about Rademacher, which may be new to most of us.

Dr. FREDERICK FLINT, of Scarborough, will read a paper on the "*Homœopathic Treatment of Internal Aneurism, illustrated by a successful Case.*" This is a subject on which we shall be thankful to receive light, as hitherto we cannot boast of success, nor of guiding indications in the treatment of this fatal disease. If Dr. FLINT shows us what we are to do, and how to do it, in the treatment of internal aneurism, the Congress will be largely in his debt in gratitude. If we mistake not, the case he refers to was the one he reported shortly in our pages for June. If so, we shall probably have fuller details.

Lastly, Dr. NANKIVELL, of Bournemouth, will read a paper entitled "*Further Remarks on the Therapeutics of Phthisis Pulmonalis.*" No one has a better opportunity of noting the effect of the homœopathic treatment of phthisis

than Dr. Nankivell, as so many patients suffering from this disease go to Bournemouth to be under his care.

In a former Congress paper, Dr. NANKIVELL introduced to the profession the *arsenicum iodidum* as a remedy, the value of which has been amply proved by all who have had such cases under their care, and we shall look for further valuable information, as the result of much experience in the hands of a most careful and accurate observer.

The Presidential address, followed by papers on subjects of such interest, cannot fail to make the Malvern Congress one of importance and of permanent value. Further details as to the arrangements for the day, and the meeting and work of the HAHNEMANN PUBLISHING SOCIETY, which has its annual meeting on the evening before the day of Congress, will be given in our September issue.

But we think we have placed a sufficiently enticing *menu* before our readers to induce them to visit Malvern on the 11th of September. The larger the attendance the more successful is the meeting. Those who give addresses and read papers do so with much more zest when they find a large and hearty representation of their confrères present to aid them in making the meeting an enjoyable one, and the general interest and satisfaction evinced is much enhanced by the presence of large numbers ; while, on the other hand, a small representation of our body has an unmistakably damping effect on the proceedings. The attendance at the Congress during the last few years has been most satisfactory and encouraging, and we ask all who are not absolutely prevented, to make a point of being present this year.

SALICYLATE OF SODA IN MENIÈRE'S DISEASE.

BY FREDERICK FLINT, M.D., SCARBOROUGH.

On April 8th, 1879, Lucy P., æt. 12, was brought to the Scarborough Homœopathic Dispensary for treatment. Her mother stated that the patient had been deaf for more than a week, that she had frequent attacks of vomiting, that she was very giddy, that she often could not stand on her legs alone, that she frequently had severe falls to the ground, and that she complained of pain in the head. Her mother brought the patient in her arms; but in my presence she was able to stand unsupported and to walk carefully. The hearing was very dull—both tympanic and perosseous; my impression was that perosseous hearing was better than tympanic, but in a child it is very difficult, almost impossible, to come to any accurate conclusion about the hearing distance. I could not discover any painful locality about the cranium, but a general headache was complained of. The meati were clear of wax. I omitted to examine the accommodation of sight and the muscular movements of the eye. No complaint was made about the eyes.

I diagnosed the case as one of Menière's disease, and prescribed *sod. salic.* 8x gttij. t. d.s. On April 15th the patient reported herself as feeling much better; her mother said that the vomiting had ceased, that there was a fair appetite, and that the attacks of giddiness had nearly ceased.

On the 29th April, the patient was dismissed cured. The mother said that improvement set in as soon as she began the medicine, and that she had not fallen to the ground since.

The hearing distance was very good.

On June 17th the mother called at the dispensary to report her daughter as being quite well.

This is another case which may, I think, be added to those already reported, in which *sod. salic.* has cured Menière's disease in accordance with the homœopathic law.

STRETCHING OF THE SCIATIC NERVE FOR SCIATICA AND REFLEX TETANIFORM CONVULSIONS.

By WM. TOD HELMUTH, M.D.,

Professor of Surgery New York Homœopathic Medical College, and
Surgeon to Ward's Island Homœopathic Hospital, U.S.A.

Reported by E. GUERNSEY RANKIN, A.M., M.D., *House Surgeon.*

W. SMITH, age 29; single; sailor; native of Denmark. Admitted to the hospital January 29th, 1879. From early childhood has always been delicate, suffering frequently from his sixth to his nineteenth year from abscesses and furuncles on the chest, the scars of which are still visible.

When eighteen years old he went to sea, and followed a sailor's life from that time until November, 1877, when he was shipwrecked off the coast of Spain. He and a comrade remained in the water clinging to broken spars and life preservers for about twenty-four hours, when they were fortunate enough to attract the attention of a passing Italian barque bound for Norfolk, Va. They were taken on board and kindly provided for. After the rescue the patient became unconscious, and remained so for two hours. For the next two days he was confined to bed, suffering from exhaustion and the effects of prolonged immersion in the cold water. After landing at Norfolk, Va., he went to Fortress Monroe, where he remained for four-and-a-half months, doing light work, but never feeling strong. His constitution had not only been reduced by the hardships of a sailor's life, but by excesses of all kinds.

After being at Fortress Monroe for three weeks, and five weeks after his shipwreck, he first felt a stinging sensation in the right thigh, running down the course of the sciatic nerve. The pain continued steadily to increase, being much worse in damp or stormy weather. He was attended by an allopathic physician, who gave *potassium iodide*, and applied counter-irritation without benefit.

Experiencing no relief, three months later, when suffering most intensely, he was seized with a convulsion which subsequently proved to be the first of a series of similar paroxysms. In October, 1878, he went to Charity Hospital, having had up to that time eight convulsions, the burning, stinging pain in the thigh remaining as intense as before. At Charity, *potassium iodide* and the electric

battery constituted the treatment, but entirely without success. He came to this hospital on December 24th, 1878, and went out after remaining only a few days. On admission to the hospital on January 29th, 1879, the patient presented a very pitiable condition. There was an expression of intense suffering. The body was bent forward and to the left, the head inclining towards the right. Up to the time of operation the general appearance of the patient remained unchanged, with the exception that the peculiarly painful expression of countenance had for the most part disappeared with the partial relief of his symptoms. The right thigh measured in circumference at the upper third $18\frac{1}{2}$ in., the left 19 in.; above the knee, the right $12\frac{1}{2}$ in., the left 13 in.; right calf, $11\frac{1}{2}$ in., left, $12\frac{1}{2}$ in.; both limbs measured the same in length; there was partial anæsthesia of the whole right thigh down to within an inch of the upper border of the patella. During the first two months *rhus* 1x, *colocynth* 1x, *colchicum* 1x, were the remedies employed. The convulsions continued to increase in frequency and severity, and the pain always present.

From April 1st *strychnine* 1 c. 1 gr. three times a day for two weeks, and then *nux vom.* 1 c. were administered, and since the use of these drugs the patient has had but five convulsions, whereas previously he had been subject to as many every week, there sometimes being two or three in one day. The inability to walk without a crutch and cane, the deformity, and, above all, the pain, remained unchanged. There have been in all about thirty convulsions. These were of a very severe and peculiar nature, and in many respects resembled tetanus. Every muscle suddenly becomes tense, the countenance assumes an expression of anguish, the features fixed and convulsed, relaxing from time to time, and the angles of the mouth drawn down; giving the *risus sardonicus*. The pupils are contracted, and the eyes fixed. The respiration and pulse are both feeble, but not materially interfered with. There is a condition of opisthotonos.

During the moments of partial relaxation the hands would convulsively tear at the right thigh and over the course of the sciatic nerve, as the neuralgia at these times was more intense than usual, and was apparently the cause of the reflex convulsions. There are constant jerkings and quiverings of the whole frame; the suffering is very great,

as there is complete consciousness. Various palliatives were employed, *ether*, *chloroform*, *amyl nit.*, and hypodermic injections of Magendie's *solution of morphia*; the last seemed to have the best effect.

On the 6th of May the patient was shown to Dr. Helmuth, who decided to stretch the sciatic nerve. The operation was performed in the amphitheatre of the hospital on May 11th, at 11.30 a.m.; the methods of operation being the same as those employed by Dr. Helmuth in cases previously reported,

The incision was sewn up with wire, and drainage tube introduced, and dressed with cold water, carbolised 1 to 100.

On the evening of the same day the patient's temperature was 100·8; pulse 80. There was considerable pain at and below the points of incision, but none at the old seat of pain, *i.e.*, the point over the exit of the sciatic from the pelvis.

May 12th, a.m.—Patient slept well last night. The wound is looking nicely; not until now has the pain been intense. He complains of a knife-like pain over the point of incision, and at the knee. Ten minims of Magendie's solution of *morphia sulphate* were given hypodermically with great relief. In the afternoon of the same day temperature was 101·8; pulse 90, strong and full; *tincture of aconite* was given hourly. Towards evening there was another paroxysm of intense pain, for which *morphia* was again administered hypodermically, and the *tincture of aconite* continued, the temperature at this time being 103, and pulse 100.

May 13th.—The wound apparently is not going to heal by first intention, as might be expected from patient's poor condition. a.m.—Temperature 102·2; is quiet and comfortable. In the afternoon there was a slight trembling and twitching of the body, resembling his former convulsions. This condition soon passed off, only lasting for a few moments.

May 15th.—Temperature 101; pulse 96; was a little delirious for a while this morning; removed drainage tube and sutures, the incision gaped being covered with healthy pus. Carbolic dressing and straps were then applied. For the next seven days there was some fever, the temperature ranging from 99 to 101.

During this time *hypericum* and *kalmia lat.* were given, also *morphia sulphate* was administered on four different occasions, twice hypodermically, and twice by the mouth. Hypodermics of water were given; the first appeared to afford temporary relief, but subsequently their use seemed to be followed by an increase rather than a relief of pain.

May 23rd.—Is comfortable; removed a large slough from the wound, which is looking nicely. There is no fever, and but little pain.

May 30th.—There is now, for the most part, complete absence of pain in the limb. The pains return at times, especially on moving suddenly. All the neuralgia in the course of the nerve subsequent to the operation has been only that which would naturally follow such a procedure, the pain being not only of a totally different character, but is referred to a different locality, about seven inches lower down than the neuralgia which was present before.

June 9th.—Was up and walking around a little to-day. The body is perfectly erect; there is now no pain in the limb, and he is gradually regaining strength.

June 16th.—The patient is free from pain, has some stiffness of the the joint, stands erect, and says he is a new man. He has more power over the leg than for many months, and eats and sleeps well.

REMARKS BY PROFESSOR HELMUTH.

In my reports of the different cases in which I have practised nerve-stretching,* more definite accounts of the methods of operating, and the *rationale* of the cures, can be found, as well as a brief record of the cases that have been reported throughout the world.

The most elaborate treatise on the subject is that of Paul Vogt, in which many experiments upon animals are recorded, they being made with the idea of ascertaining to what degree a nerve may endure extension, and the effects produced by centrifugal and centripetal stretching; that is, whether the central organ or the peripheral termination showed the effect of the operation. It is not necessary to enter upon this subject here, but, as a parenthesis, I may say, that the ganglionic centres do not appear to be influenced by either form of stretching, but that in their course towards the surface of the body the nervous fibrillæ are loosened from the neurilemma, and this is considered

* *Vide New England Medical Gazette*, March, April, May, 1879.

one of the conditions upon which the cure depends. Especially is this the case when neuralgia, spasm, epileptiform, seizure, or paralysis (to all of which the operation is applicable) result from traumatism.

The advantages secured by nerve-stretching over the old-fashioned *neurotomy*, or even the more recent *neurectomy*, are that if the nerve be stretched, and then either of the latter operations performed, not only is its continuity broken at the point of section or excision, but remote adhesions are broken up throughout its entire course. This generally makes thorough work.* Again, after an injury, when there has been considerable inflammation, adhesions form around the entire nerve, and the well-known contraction of cicatricial tissue may cause insupportable pain, paralysis, and spasm; in such cases it is necessary not only to stretch the nerve at one point, but to loosen it as far as possible from its surrounding adhesions. In a case in which I performed the operation on the ulnar nerve, as it winds around the internal condyle of the humerus, such were the number and extent of the adhesions, that it was quite difficult to free the nerve, and, indeed, I thought as some of the bands gave way, that I must have broken off the trunk—such, however, was not the case.

The patient whose case is reported above by Dr. Rankin, who watched the man in a most faithful manner, is the most typical that has yet come under my observation, and I regret that the drawings I had made of the patient before the operation do not accompany the record. Besides the most acute and terrible spasms, the body of the man was bent in a most pitiable manner, and it was only by means of a crutch and a cane he was able to *twist* himself along a few yards at a time; so far, at least, the operation has been successful.

The great question now to be determined is, whether these are *cures*, properly so called, or whether the operation is one of palliation. Certainly in Vogt's two cases of tetanus, which he reports *cured*, and in Billroth and Von Nüssbaum's records of spasm and neuralgia, we may infer (though we have no record) that the cures were complete.

In one of my own cases a most sudden and unexpected relapse of sciatic pain occurred, after complete immunity

* *Vide American Homœopathist*, April, 1879; my Paper entitled *Stretching of the Inferior Dental Nerve with Neurectomy*.

for *three months*. But as all the physicians in attendance on this case agreed that it arose partially, at least, from an old spinal sclerosis (the remote symptoms of which are at present being slowly developed in *both limbs*), together with complete retroversion of the uterus with posterior hyperplasia, the recurrence of the pain cannot, I think in this case, be fairly used as an argument against the operation.

At Sea, on board the "City of Brussels,"
June 25th, 1879.

ON THE PRESENT STATE OF THE PHYSIQUE
OF THE BLIND AND THE MEANS FOR
IMPROVING THEIR NEGLECTED
PHYSICAL FACULTIES.

A NUMBER of ladies and gentlemen interested in the welfare of the blind met lately at Dr. Roth's, in Wimpole Street, and at Admiral Fishbourne's, in Hogarth Road, for the purpose of devising and introducing the best means for the improvement of the physique of the blind.

Admiral Fishbourne was in the chair at both meetings, and Dr. Roth was requested to explain his views, and to mention what might be done for the prevention of blindness and deformity.

The following is an abstract of his remarks made first on

The Prevention of Blindness.

He stated that it is desirable first to enquire into the causes of blindness; as of the 40,000 blind who exist in England not the tenth part are born blind.

Causes of Blindness.

Ignorance of the elements of sanitary knowledge amongst various classes of the public is the most frequent cause of blindness.

Ignorance of mothers, nurses, and all those who have the care of the babies and infants, bad management, exposure to cold air, to too strong light, to their being sent out to be christened or registered, are some of the causes of the inflammation of the eyes known as ophthalmia-neonatorum—the eye-disease of the new born.

Ignorance of elementary hygiene still prevailing amongst public and private teachers, especially regarding all the injurious influences causing short sight and other eye-diseases ; thus too strong as well as deficient natural or artificial light, bad position during school occupations, much dust, want of cleanliness and ventilation, belong to the causes of eye-diseases which occur during the time of school education.

Ignorance of persons engaged in trades and occupations injurious to the sight, partly by overstraining of the eyes through constant attention to minute work, partly by minute particles of mineral and vegetable substances floating in the air. To the causes of blindness belong especially scrofulous and syphilitic complaints, small-pox, scarlatina, measles, and the contagious purulent inflammation of the eyes which occurs in schools, barracks, hospitals, and many accidents of various kinds. Finally, ignorance of many medical men of the right treatment of eye-diseases must be named as a source of blindness.

As means for counteracting the bad effects of these causes, Dr. Roth mentioned the necessity of imparting to the mass of the people from their childhood and during their whole school-course some elementary hygienic notions relating to health in general as well as to the eyes. Such knowledge can be diffused only by teachers who, during their own training, have obtained some practical popular hygienic knowledge. As long as Parliament does not pay for hygienic and physical education, just as for reading, writing, and arithmetic, there is unfortunately not any hope for an early introduction of popular hygienic knowledge in schools, especially as the Educational Department is still blind, and not aware of the importance of such a knowledge for all classes.

Mothers and nurses require model nurseries, where they can have practical instruction in the right management of babies and infants ; they can also gather some theoretical knowledge through popular hygienic tracts and pamphlets published by the Ladies' Sanitary Association, which was originated by the speaker more than 20 years ago, and during that time has published, distributed, and sold one million and a half of sanitary tracts and pamphlets.

Those engaged in trades and occupations injurious to the eyes should be made acquainted with the circumstances

causing eye-diseases and loss of sight, in order to enable them to counteract by hygienic means the noxious effects of their trades, and to induce them to resort in time to medical aid. Many a blind man would have retained his eyesight, if the right time for medical treatment had not been neglected.

It was suggested that, by an application to the medical licensing bodies for a more strict examination in the treatment of eye-diseases, many of those who go up for a medical degree would be induced to study more earnestly the treatment of eye-diseases; a diminution of blindness caused by medical ignorance would be the result. It is not enough to have eminent oculists in the principal towns, but it is absolutely necessary that the majority of general practitioners should have a thorough knowledge of eye-diseases and their treatment.

In answer to a question regarding the prevention of deformities through physical education and hygiene, the following remarks were made by Dr. Roth. As the time at his disposal would not permit him to enter fully into this important question, he would restrict himself to some practical illustrations of how ignorance of elementary sanitary knowledge causes deformities of the feet and toes, bunions, corns, and other complaints; diagrams of the skeleton of the foot in its natural state, of the deformities of a Chinese foot and of an English foot (the latter caused by short, narrow, high-heeled shoes), samples of good and bad shoes, casts of a normal foot, and of one with incipient deformities of the toes, samples of socks and stockings, with divisions for the toes—just like the fingers of a glove—were handed round; while the deficiencies of the prevailing fashion of shoes and boots, and the advantages and right form of a hygienic shoe were pointed out.

For the purpose of showing how bad positions during the time of education, study, or during the apprenticeship of various trades contribute to the development of spinal curvatures—especially when not counteracted by exercise of all the parts of the body—diagrams of the various bad positions illustrated how the deformities of the spine originated. At present it is a generally recognised fact that spinal curvatures and short sight are frequently met with in the same person, as acquired school ailments which might have been prevented; 60 to 65 per cent. short-sighted are found amongst students who attended school and college

during 8 to 10 years ; shortsightedness increases in all schools in proportion to the number of years the student has visited school.

As a large number of blind are mostly in a sedentary position, they are more predisposed to round high shoulders, round backs, flat chests, spinal curvatures, and suffer frequently from catarrh, asthma, bronchitis, consumption, and other complaints. It is, therefore, most important, not only to teach blind children in their schools how to develop their body, and to make use of their limbs, but classes of adult blind should be formed and in the same manner instructed ; they would thus be more independent in their actions and movements ; they would be able to counteract the bad effects of their sedentary positions and occupations, and by obtaining a perfect control over their body and limbs, would be able to learn much more easily any trade, and lose the predisposition to the various complaints previously mentioned ; and if in a good state of health, would not be obliged to depend upon public and private charity, but would be able to rely upon themselves and become independent.

Dr. Roth told the meeting that the means for the physical education and development of the blind are identical with those used for persons who can see ; in order to make it more easy for the blind to learn the so-called free exercise of limbs—exercises not requiring any gymnastic or other apparatus—he had prepared models of the elementary exercises of the head, arms, trunk and legs, which in their various combinations are quite sufficient for the harmonious development of all parts of the body. These models serve the blind for learning the exercises in the same manner as the raised type for reading.

Besides these exercises, elementary sanitary knowledge was recommended for the blind to enable them better to appreciate the advantages of pure air, proper food and dress, cleanliness and exercise. Finally, he appealed to those present—if *really* interested in the blind—not to lose time, but to put their shoulders to the wheel, and at once to have a few blind and other teachers trained in the subjects he had been advocating ; every teacher thus trained would form a centre for the diffusion of this knowledge, useful to everybody, but especially to the blind. In the course of a few years the majority of all the blind in England might enjoy

the benefit of improved health and vigour, and the pleasure of a perfect use of their body and limbs.

After Dr. Roth's remarks, a young blind gentleman acquainted with the *free* exercises, mentioned how sad the lot of the blind in general is; that the very few who in better circumstances are surrounded by their friends, have every reason for being satisfied, but that the state of the very large number of poor blind, depending on their own work and on charity, was far from satisfactory; he agreed with Dr. Roth, that it is not enough to attend to the physical education of blind children only, but that a great benefit would be bestowed on the adult blind if their physique could be improved, and if they could be taught the free exercise which would correct their sluggish circulation and raise their depressed spirits, which are frequently caused by their bodily inactivity.

RE-PROVING OF *CARBO VEGETABILIS*.

THE following interesting re-proving of *carbo vegetabilis* was presented by Dr. Conrad Wesselhœft, of Boston, to the American Institute of Homœopathy of 1877, and is extracted from the transactions.

Owing to its length, we are only able to publish part of it this month. The six provers had, previously to this proving, been given powders resembling triturations, but which consisted only of sugar of milk.

They were not informed what the drug was which they were asked to prove. The result was the development of a number of symptoms. Subsequently they had triturations of *carbo veg.* given to them. The object which Dr. Wesselhœft had in administering pure sugar of milk at first, was to observe whether any symptoms would be produced by what is generally believed to be an inert substance; and if so, to note wherein such symptoms differed from those produced by the triturations of *carbo veg.* The symptoms produced by sugar of milk were nearly 1,000 in number, some of a marked character, so much so that none of the ten other provers (members of the Boston University School of Medicine) would agree to resume their provings with *carbo*

veg. This is a peculiar result. Dr. Wesselhœft explains it by coming to the conclusion that all the symptoms obtained by sugar of milk were the result of imagination, and that, because in the proving with the triturations of *carbo*, many, in fact the majority of the symptoms were repeated which had been previously developed with sugar of milk only, therefore *carbo veg.* is nearly inert.

Dr. Wesselhœft may be correct, and we have hitherto always been accustomed to consider sugar of milk as inert, but in justice to Dr. Swan, who, as our readers are aware, has made an elaborate proving of *sacch. lact.*, and maintains that it is far from inert, when "potentized" as other drugs are, it is but fair to wait till Dr. Swan's proving is published, that we may compare the two sets of provings, especially as Dr. Wesselhœft himself found, after taking a drachm and a half of pure sugar of milk the following result: "Soon afterwards I felt a sweetish, sickish taste, which soon destroyed my appetite for lunch. I did not relish my food, nor did my appetite return for several days; anorexia was accompanied by bloatedness of abdomen and flatulence, together with rising of food and heartburn, all bearing a very close resemblance to the effects of the large dose (1 drachm) of the first trituration (of *carbo*) taken" (six days before).

These effects on Dr. Wesselhœft himself, who knew what he was taking, and took the *sacch. lact.* on purpose to compare with the *carbo*, are not like those of an inert substance. Considering this result, the marked and severe symptoms developed in 16 provers, who were members of the Boston University School of Medicine, and the fact that many of the same symptoms were repeated in the six provers who agreed to make a second proving (this time with *carbo*, *trituated with sugar of milk*), one is justified in withholding an expression of opinion on Dr. Swan's statement, that *sacch. lact.* is no more inert than *natrum muriaticum* is, until we see the provings of the former, and compare it with the voluminous provings of Dr. Wesselhœft's provers.

Meanwhile we reprint the proving of *carbo veg.*, the symptoms in italics being those which were *not* developed in the previous provings of *sacch. lact.*, and are therefore peculiar to *carbo*.

RECORDS OF PROVERS OF CARBO VEGETABILIS.

PROVING BY THOMAS L. BROWN OF 2ND TRITURATION.

Age 26; health good, except chronic nasal catarrh; temperament sanguine-nervous; eyes blue; hair light brown; skin florid; red head; large face, full, flushed; form stout; habits good; bowels regular; secretions of kidneys normal; organs of chest largely developed.

Drug, 2nd trituration, 2 grains.

October 24th, 1876. 10 a.m., first dose; 4 p.m., second dose; 10 p.m., third dose.

October 25th. 9½ a.m., fourth dose; 3½ p.m., fifth dose; 10½ p.m., sixth dose.

October 26th. 10½ a.m., seventh dose; 3½ p.m., eighth dose; 9½ p.m., ninth dose.

October 27th. 12 m., dull, heavy frontal headache, which continued without intermission until bed-time; eyes weak, dry, glassy; wanted to keep them shut.

October 29th. Took another powder at 3 p.m. Last night dreamed I had gonorrhœa.

November 1st, 1876. Frontal headache most severe over right eye; boring, with slight dizziness; violent exercise caused it to extend into right eye, and become quite sharp; sense of fullness of brain; also sharp pain on outside of hip and thigh, commenced in the morning and lasted until evening; headache commenced about 12 m., and lasted all day.

November 2nd. Drawing pain in right hip from noon till night; breath offensive.

November 3rd. Slight looseness of the bowels.

November 6th. Violent exercise caused full, throbbing sensation in right temple.

November 7th. Evening, breath fetid.

November 8th. Morning, same as yesterday; evening, same as yesterday.

November 9th. Pain in lower part of abdomen, with tendency to draw up the legs; slight tenderness on pressure; came on about 11 a.m., lasted till night.

November 11th. Sore feeling through the temporal region, extending from side to side, worse on shaking the head; came on in the morning before rising and lasted all day.

November 12th. Sore throat with feeling of languor.

November 13th. Last night had diarrhœa with restlessness.

November 14th. Thick, white catarrhal discharge from posterior nares, habitual.

November 15th to December 15th. No new symptoms.

PROVING BY J. R. HUSS, 3RD TRITURATION.

Aged 28 ; health good ; had small-pox four years ago ; badly pitted ; temperament sanguine-bilious ; hair brown ; eyes dark blue ; head $22\frac{1}{2}$ inches in circumference ; skin fair ; form stout ; habits good ; bowels regular ; urine normal ; organs of chest large.

October 27th. Dose, 2 grains *carbo veg.*, 3rd. First dose, 10 a.m. ; second dose, 3 p.m. ; third dose, 11 p.m. ; fourth dose, October 29th, 10 a.m. : fifth dose, October 29th, 8 p.m. ; sixth dose, October 29th, 10 p.m.

October 31st. Seventh dose, 9 a.m. ; eighth dose 3 p.m. ; ninth dose, 10 p.m.

November 1st. At 11 a.m., at 3 p.m., and at 9 $\frac{1}{2}$ p.m.

November 2nd. At 11 a.m., at 3 p.m., and at 11 p.m.

November 3rd. At 11 a.m., and 11 p.m.

November 4th. At 12 a.m., and 4 p.m.

Result. On November 10th, toothache, swelled gums and abscess of back wisdom tooth, left lower.

PROVING BY HENRY HANBY, 2ND TRITURATION.

Aged 80 ; health good ; temperament sanguine-bilious ; eyes blue ; hair dark brown ; skin bright, ruddy ; head large ; face oval ; habits good ; bowels regular ; urine normal ; chest full, and organs well-developed.

Carbo veg., 2nd trituration, dose 2 grains.

October 23rd, 1876. 9 a.m., first dose, and three doses each day at 9 a.m., 3 and 10 p.m., until November 10th, 1876.

General Result. October 26th. General feeling of dulness, with indifference to the wishes or presence of those around me ; sleep with foot and arm out from under cover, and feel that I have taken cold ; am weak in every way ; don't sleep good at night, turning and tossing all the time ; feel sore upon lying upon one side any length of time ; cannot find a soft place.

Brain Symptoms (Head). October 26th. Got up with pain in back of head, behind the ears.

November 3rd. Head feels full, with soreness of condyles of lower jaw.

November 10th. Had pain in glenoid fossa, with swelling at back of neck.

November 14th. Swelling and pain gone.

December 2nd. Fulness and pressing down in top of head; feeling of lateral distension of skull; itching all over scalp; pressure over the eyes as if the head was bound with a band.

December 19th. Fulness of head, with pressure from within outward, as if it would burst; relieved at 5 p.m.

December 21st. Fulness about sides of head, as if they would burst; hardness of hearing; pressure in forehead relieved by counter-pressure.

Throat. October 26th. Awakened at 5 a.m. with constricted feeling on sides of trachea. 6.30 worse; pain on swallowing; mouth tastes as if lime were in it; returned at 7 p.m., extending to occiput, drawing neck backward.

October 27th, 28th, and 29th. Constriction of neck and throat continue, extending to the cricoid cartilage, which was sore on pressure.

November 1st. Constricting feeling returned, with soreness and dryness of the throat; disappeared, and returned on December 10th, attending with raising of thick yellow mucus, also quite free discharge of same from posterior nares.

December 13th. Continues, only worse, and feeling of swelling of tonsils; difficulty in swallowing, and painful on coughing.

Chest. Sharp shooting pain while lying on left side.

November 4th. Had to lie all of the time on right side, with but little rest; heart feels pressed down, so that I can scarcely feel its action, with faintness and shortness of breath.

November 21st. Heart symptoms continue.

December 3rd. Stitching pains in region of heart.

December 7th. Tenderness over apex of heart, worse on coughing; pain worse on lying down, better on rising.

December 21st. Pain increased in right side; shortness of breath.

Abdomen. October 24th. About 12 m. had slight feeling of looseness of bowels; at 1.30 had copious discharge of soft brownish stool; at 5 p.m., another, and at 6 p.m. a third of same character.

October 25th. Hard brownish stools at 7 p.m., hard brownish balls.

November 1st. Another discharge, same as October 25th, very unusual; abdomen sore, hard, painful, on lying on left side.

November 3rd. Had passage of stool of dark colour, about size of a pencil, small, attended with great straining.

November 23rd. Have a feeling as if a stone were in the abdomen below the umbilicus.

November 26th. Soreness from umbilicus through to spine and up to shoulders.

December 10th. General soreness over abdomen; soreness to the touch; feels full and hard, though I have had no appetite for several days; darting pains as if a knife were running through and up the stomach. Genital and urinary organs: pain in testicles several days; pain at the end of penis, with tearing and stinging; had erections three nights in succession, waking from sleep; urine dark colour, scanty, and passed with stinging pain.

PROVING BY D. M. DYSENT, 2ND TRITURATION.

Aged 24; health good; temperament sanguine-nervous; eyes brown; hair light brown; head large; form stout; features full, broad; bowels regular; urine normal; chest large and full; occasionally subject to palpitation after exercise.

October 23rd, 1876. 9 a.m., 4 p.m., and 10 p.m., a dose, 2 grains, 2nd trituration, *carbo veg.*; repeated same dose, same hours, and same number of times each day, until November 10th, 1876.

October 28th. Urine dark-coloured; severe headache in temporal regions; cold hands and feet, 12 m.

October 29th, 4 p.m. Vertigo aggravated by stooping; perspired freely; weakness in lower limbs.

October 30th, 8 a.m. Had intense headache; sharp pains in temporal region; nausea; loss of appetite; cold hands and feet; 2 p.m., felt warm; perspired freely; urine dark-coloured, scanty; bowels loose, but regular; nightly emissions.

October 31st. On waking had very severe headache; nausea, without vomiting; 2 p.m., diarrhoea; cold hands and feet; no appetite.

November 1st. Bowels moved in night; 2 a.m., some headache through temples.

November 2nd. Morning, lower limbs ache; dark

brown coat on tongue; scalp sore to touch; bowels moved three times.

November 3rd. Felt better; slept well; urine dark, scanty; bowels moved twice.

November 4th. Nothing worthy of notice; bowels not moved.

November 5th. Slight headache; bowels moved once; urine dark and scanty.

November 6th and 7th. Tongue coated; bitter taste; flatulent.

PROVING BY WM. E. GILL, 3RD TRITURATION.

Aged 22; health good; light nervous temperament; light eyes; brown hair; skin and complexion florid; head medium size; face moderately full; form slender; habits, smokes occasionally; bowels regular; urine normal; sore spots in region of heart, otherwise organs of chest seem to be normal. *Carbo veg.*, 3rd trituration, and grain doses three times each day from October 23rd, 1876, to November 15th, 1876, at 9 a.m., 3 p.m., and 10 p.m.

October 25th. Gulping up sour and bitter substances; belching up bitter fluid one hour after eating; mind clear and in rather happy frame.

October 27th. Urine free; still gulping up sour and bitter fluid and substances; urine free and light-coloured; and continued until November 13th.

November 14th. Right hand inclined to go to sleep.

November 15th, 9 p.m. Twitching of thumb of right hand; legs and arms inclined to go to sleep, with beating and bubbling sensation in right deltoid.

November 16th. Soreness of small of back coming on gradually; fine darting pains at times; small watery blisters on lips; have not felt like taking as much exercise as usual, going to sleep about 5 or 6 p.m.

November 17th. Having sleepy feeling in legs and arms; feeling as if pressing the bone apart in the hollow of the left foot when putting the foot down; dull pain at the internal condyle of the left femur.

November 18th. Awakened with stiffness of left sterno-cleido-mastoid muscle, sore to touch; cervical glands enlarged in mastoid region, and immediately back of left ear; sensation as if the meatus were swollen and sore.

November 19th. Same condition, with hands and feet sweaty; sensation as if the meatus were closing up; throbbing headache through the temples.

November 22nd. Glandular swelling begins to go down.

November 24th. Chilliness in back; dry cough at 1 p.m.

November 25th. Hoarse this morning, lasting all day; dull pain under upper part of sternum; dry cough, painful; raising a little tenacious mucus; sensitive to the air; urine often light coloured; have been somewhat constipated for several days.

November 26th. Coughing on talking, or even speaking aloud; sense of swelling in trachea, with soreness and sickish feeling in upper part of chest.

December 1st. Noticed catarrhal discharge from external meatus of left ear; coughing still quite frequent; worse in the house.

December 2nd. Coughing up phlegm, with gagging and raising saltish mucus; cough increasing during the day; nose feels stopped up with thick yellow matter; burning of the cheeks and anterior nares; headache from 3 to 5 p.m.; sensitiveness of scalp and small spot on vertex.

December 13th. Felt feverish in morning; coughed most of the night; at 3.30 had to get up to avoid choking; sputa thick and viscid; headache in temples; weak, cannot walk without getting tired, and trembling of the legs; 8 p.m., nares dry and hot.

December 14th. Tickling cough in larynx; gave *ippecac.*, and relieved patient.

PROVING BY WILLIAM OWENS, JUN.

Aged 19; health good; temperament sanguine-nervous; eyes blue; hair brown; skin fair and ruddy; head large; face full; form stout; habits good; bowels regular; urine normal; organs of chest sound and healthy. *Carbo veg.*, dose 2 grains.

October 24th, 1877. 10 a.m., 3 and 10 p.m., a dose each hour.

October 25th. 10 a.m., 3 and 10 p.m., a dose each hour.

October 26th. 12 m., 9 p.m., a dose each hour.

October 27th. 10 a.m., 3½ and 9½ p.m., a dose each hour.

October 28th. 10 a.m., 3 and 9 p.m., a dose each hour.

Symptoms: October 25th. 12 m., headache on rising or making any exertion; sleeping between 3 and 4 p.m.

October 28th. Dull headache from 3 to 6 p.m.

October 29th. Constipation; sensation as if hemorrhoids would come down, with sharp cutting pains in anus.

October 31st. Feeling as if the sphincter ani would give way.

November 3rd. At 3 p.m., severe headache; seemed as if I could feel the eyes pressing in the sockets (orbits), as far back as a line drawn from ear to ear; worse on left side; worse on getting up or starting to move.

November 4th. Head aches still, morning; passed a very restless night; pain in left side, darting and shooting toward parietal bone.

November 17th. Sleepiness in afternoon, still continues from 3 to 5; my legs and arms become numb, as if going to sleep; still constipated; involuntary muscular movements of hands and feet; urine greatly increased, of natural colour.

November 19th. Headache better; appetite extraordinarily good.

PROVING BY W. H. PAINE. 1ST TRITURATION.

Aged 25; nervous, sanguine temperament; commenced taking medicine in evening as directed; slept well; on awakening the following morning discovered a heavy white coating upon tongue; a complete loss of taste; there was a confusion of ideas; frontal headache over eyes, extending to occiput; nausea, but not great; urine profuse, and often white; feet cold; unsteadiness of gait, especially on going upstairs; some internal heat; slight constipation.

The above symptoms lasted one week, with the exception of coated tongue.

PROVING BY E. E. HOLMAN AND L. W. TODD.

3RD TRITURATION.

I have tried or rather *proven* the remedy you gave me, according to direction, which has resulted as follows:

November 29th. 7 a.m., took a dose of the medicine; no apparent result.

9 a.m. Took a dose of the medicine; no apparent result.

11 a.m. Took a dose; *slight pain in the left temple.*

1 p.m. Took a dose; the *pain in the temple* very much increased and rapidly extending over the *top and sides of the head*, very *excruciating* in its character; a *continuous, dull, almost unbearable pain.*

2 p.m. The *headache* continues, and symptoms begin to develop; *feeling of goneness* in the *stomach* and *general lassitude*.

3 p.m. Took *dose No. 5*; the *stomach system* the same, and new ones added; *hard sensation*, as though something were there that ought not to be; *sour, bitter eructations*, which relieve the *hard sensation* in the *stomach*.

At 5 p.m., took *dose No. 6*; no new symptoms as yet.

At 7 p.m., took *dose No. 7*; symptoms all increased, and the *lungs* and *throat feel raw*, as if they had been *scraped*; also a *watery discharge* from the *nose*.

At 9 p.m., took the eighth and *last dose* for to-night; all the symptoms seem about the same, unless it is the *headache*, which if anything is worse; and either that or the effects of the medicine kept me about *half awake all night*, and I awoke in the morning feeling *tired, cross, sleepy*, my *mouth* having a peculiar *feeling*, as though *painted or coated over with something*, and *tasting*, as near as I can describe, as one's *mouth* does when having the *measles*.

I have tried the remedy since, with similar symptoms occurring as before, but no new ones. My room-mate, L. W. Todd, took one dose, which resulted in causing a *terrible headache*, similar to the one I have described. I am *positively sure* that it was the remedy alone that produced the symptoms enumerated, for particular pains were taken so that nothing might interfere with the action of the remedy.

(To be continued.)

SOME SENSATIONS AND PAINS DISCUSSED, WITH AN ATTEMPT TO DETERMINE THEIR MODE OF ORIGIN AND PRODUCTION.

BY THOMAS HAYLE, M.D., ROCHDALE.

THE pathological meaning of many sensations and pains has never been to my knowledge thoroughly treated of. Even Hirschel alludes to them only in a passing way, although he has gone more earnestly into the subject than any one with whose writings I am acquainted. Burning pain, for instance, he refers principally to the skin and mucous membrane, and considers it as due to passive stasis or incipient decomposition, giving *phosphorus*, *carbo*, and *arsenicum* as medicines, the tendency of whose actions is towards a similar morbid process. Woillez, in his *Dict.*

de Diagnostic Medicale, in the article "Douleur," is very general, very defective, and very superficial. He mentions but few of the special pains.

The scientific application of the homœopathic principle to the treatment of disease, however, requires an exact knowledge of the pathological meaning of each morbid sensation, of its seat, and of the morbid state it indicates; otherwise homœopathic practice becomes a mere symptom-covering, like a Japanese attempt to find the right hole for acu-puncture in an image of the human body, through a covering of canvas. Hahnemann, thinking pathological estimates impossible, advised an exact observation of the totality of the symptoms, with their history and conditions of aggravation or improvement. But the most industrious followers of his method, and those who have attempted to follow it the longest, are obliged to admit that the plan in a great number of cases cannot be carried out, owing to the state of the *Materia Medica* and the difficulty of arriving at an exact representation on the part of the patient.

There is a great charm, to be sure, to one experienced in the fallacies of medical theories and assumptions in an endeavour to put the matter on a basis of exact observation, but it requires no long experience to convince the student that an attempt at exact symptom-covering is sure to end in failure, and that the observations, extensive as they are, must be immensely multiplied and made with more minuteness and accuracy before the ever changing phenomena of symptoms to be treated can find an exact counterpart in the records of the pathogeneses.

A perusal of the cases collected with so much accuracy and method in Ruckert's *Klinische Erfahrungen* and in Beauvais' *Clinique*, will show how laboriously the contemporaries of Hahnemann endeavoured to carry out his precepts, and their utter failure; and throw a melancholy light on the prospects of success in the endeavours of some younger homœopaths in this country and of those in America, to become more thoroughly Hahnemannian than their colleagues, and even than Hahnemann himself.

Renaissances have always been failures. They endeavour to revive practices and opinions founded on a past state of things, and are therefore no longer logical. Julian struggled in vain and fell; and even the ancient learning which dawned upon the dark ages as a glorious morning is fast losing its hold on the human mind.

Mediæval superstitions, too, look like pale and unsubstantial spectres in the twilight of the coming dawn, and one wonders that, like more sensible ghosts, they have not long since heard the cock-crow and vanished; the cock-crow which, from the first days of Christianity, has ever warned and rebuked the weaknesses and delusions of the night, still Petrine, though not yet repented of like those of that weak, much-loved, and loving, honest and true-hearted man.

Of the immensely attenuated forms of medicine that are recommended by those who claim to adhere more closely to the precepts of Hahnemann than others, I do not know enough to say anything. I always abstain from speaking on a subject, however apparently incredible, of which I know nothing; but they are undoubtedly ultra-Hahnemannian in the sense of not being what Hahnemann recommended, and I deplore their use as putting another stumbling-block in the way of the acceptance of our doctrines.

It is my object in this paper humbly to grope my way in an attempt to ascertain the meaning of certain sensations and the conditions of their occurrence and their seat. It is an attempt, in short, to make things clear to my own mind, and I beg the kind indulgence of my readers for any blunders I may make in so puzzling an attempt. I do not expect much, but I may set some one else a-thinking.

I mean to consider the sensation of heat and its varieties, its various seats and its significance in disease—but there is much to be discussed as to generals before we come to this particular symptom.

Physiologists, I think, have been unable to show a distinct and separate nerve-apparatus for the two sensations of touch and heat. Foster, after admitting that certain pathological facts point to a different conclusion, thinks certain facts "indicate that the same terminal organs are affected by both stimuli" (heat and pressure). Hermann says: "If the principle of specific energies be a general one, we must assume here, also, different fibres and different central organs for tactile and temperature sensations; though we know nothing definite about this, it may be mentioned that the distances in the experiment cited on p. 461 are smaller when the temperature of the two points of the compasses differ (Czermak), and that in the experiments given on p. 461 a colder weight is felt as heavier, so that

the apparent difference of pressure becomes greater when the heavier weight is at the same time colder, and less when the lighter weight is colder, and that difference of pressure is felt with equal weights of unequal temperature." (Weber.)

Hermann also says that temperatures above 116.6 F. or below 14° F produce pain, and as I conclude from the context, but not a sense of heat or cold.

This question of different seats and different sets of nerves for the sensations of heat and tactile sensations, involves a question of very deep import and extensive range. My meaning will be apprehended after reading another quotation from Hermann, and my remarks upon it. I must apologise for the length, but think the importance of the quotation will justify me. Hermann says:—

"The central organs connected with the sensory fibres have to do with various kinds of sensations, some with sensations of light, others with sensations of hearing, &c. The same sensory fibre always calls into action the same portion of the mental apparatus, and always, therefore, produces the same sorts of sensation, in whatever way it is stimulated. Hence, the specific energy of the optic fibres, is the transmission of visual impressions, that of the acoustic fibres, the transmission of auditory impressions, &c. Further, it is necessary to ascribe to the irritation of different fibres the different qualities of any given sensation, *e.g.*, the sensation of red and of blue light, or of high and of low notes, and hence to suppose that certain fibres have, as their 'specific energy,' to aid in the perception of the red rays, while that of others is to assist in the perception of the blue, &c., or, if it were not so, we should be compelled to assume that one and the same nerve-fibre was capable of states of irritation which were qualitatively different—an assumption hitherto unsupported by facts."

It would thus appear that the particular question as to whether the two sensations of touch and heat are conveyed to the brain by the same or separate sets of nerves is merged in the general one of "specific energies." If separate nerve-fibres are required for the transmission of the sensation of blue and red colours, and for the transmission of high and low notes, doubtlessly they are required for the transmission of the sensation of heat and touch. For variations in colour, we are told, depend on the wavelengths of ether, and variations in sound, of the pitch of notes I mean, depend on the rapidity of the vibrations of the air. The whole matter, therefore, seems to be a question of degree, of the proportion between the wavelengths of ether, and between the proportion of the

velocities of the air-vibrations, and the differences in these cases respectively seem less than in the case of tactile sensations compared with those of heat.

This reasoning leads necessarily and directly to the establishment of the position that different nerves are required for the transmission of the sensations of heat and touch. Pathological phenomena also in some cases point to this conclusion. In locomotor ataxy there is sometimes "complete anæsthesia to all stimuli, except heat and cold." * In our pathogeneses also, as in those of arsenic, symptom 361, "Burning in all the vessels on frequently awakening in the night." These organs are certainly remarkably free from tactile sensations.

But is it absolutely necessary that there should be different nerves for the transmission of different sensations? The supposition involves a complexity which to my mind is opposed to what we observe in the higher operations of nature. The plus or minus in the energies of controlling nervous organs may involve all the complex phenomena of disease. Here I may be excused for quoting from a paper on Hemicrania I read before the Northern Homœopathic Medical Association, at the half-yearly meeting in 1873.

I am sorry those meetings have ceased. They were oases in the desert of our dreary medical isolation.

The passage runs thus :—

"It is possible that, when we learn what effects opposite states of each nerve produce on the tissues and organs under its influence, symptoms which in themselves can only be called different, and not opposite, may be capable of being referred to opposite states of the nerves or vessels which control or supply the tissues which manifest them, and thus enantiopathy be evolved from eteropathy, and afford another instance of the simplicity which dawns upon us as we ascend from the complexity of externals."

Shortly after this I read an article in the *Monthly Homœopathic Review*, in which the idea was beautifully and elaborately expanded. I have tried, but not succeeded in finding it.

If we look without us, the same order strikes us. A beam of white light involves all the infinite complexities of colour. If I am told this does not make

* From *A Handbook of the Theory and Practice of Medicine*. By F. T. Roberts. Vol. ii., p. 382. "The sense of temperature may remain after all other kinds of sensations have vanished."—Althaus, *Diseases of the Nervous System*, p. 318.

for my case, as the complexity results from the minute refinements of our organisation, I reply that the complexity is not merely subjective, but is objective. The chemical rays are separable instrumentally, and can be shown by their effects, photographic and otherwise. The calorific rays, likewise, and no doubt the coloured rays, exist substantially, due to a cause of which wave-lengths may be merely a co-existent effect. The air also in its action on this lower world produces most complex effects, and its undulations, if musical, cause strings tuned to different notes to vibrate simultaneously. By its currents even if blowing in one direction, it produces the most complex effects even in opposite directions, drives vessels on opposite tacks, and turns wheels differently according to their arrangements.

And now I come to another instance still more appropriate for my purpose. A metallic wire, stretched between two points, if acted on electrically, can convey the most different influences. It may cause muscles to contract, nerves to convey peculiar sensations, movements to concur as in the telegraph, sounds to symphonise as in the telephone, or to increase in loudness as in the microphone, and to give light, and this at any distance. Now here we have the very model in rough of what a nerve-fibre should be, so as to combine the utmost simplicity of structure and form with the greatest variety of use and application. We have an imitation of the function of the optic nerve in the transmission of light; (there is a fallacy here which I cannot stop to analyse and expose) that of the auditory nerve in conveying the undulations of the air, beautifully exemplified in the telephone; and, no doubt, the various operations of the nervous system, with adequate apparatus at both ends, might be imitated, of course in the rudimentary and more material phenomena. The conclusion from all this is that particular fibres of specific energy for the transmission respectively of blue and red rays, and of high and low notes, may not be required; and, involving, as they seem to do, the admission of uselessly complex apparatus into the animal organism, may be dismissed into limbo with Ptolemaic systems and other inventions of the human mind. Complexity there is, but it is complexity of relation in space—complexity arising from the necessity of making each spot of incidence have a communication with each spot of

reception, of making each spot in the periphery correspond with each spot at the centre. Thus there must be a separate fibrile for each pair of spots between which a communication is to be established. Mr. Edison, I understand, in his plan for domestic lighting, proposes to lay down a cord or cable composed of fine metallic wires, from which at each house to be lighted, a wire goes off from the main trunk until all are disposed of. This is a rough illustration of the arrangement of the nervous fibrils, and an explanation of their number. Mr. Edison also proposes to use the energy thus conducted and distributed as a motive power in each house supplied with it. There is nothing, I conceive, to prevent his utilising his arrangements for telephonic purposes also. Thus, each house might telephone to the centre, and from that, communication might be effected with any house included in the system as might be desired.* No doubt heating power might eventually be obtained. Thus, in an inorganic system, rude and clumsy to be sure, as compared with the arrangements in the animal organism, light and heat, motive power and intelligent communication orally, or by telegraphic signs, may ultimately be established, and all by one and the same fibre. In the light of this knowledge, nerve-cords may be considered as probably simple means for the transmission of various influences to and from the brain, the differences in result being not due to differences in their structure, but to different arrangements, mechanical or otherwise, at their ends, so as to enable them to be affected by light, sound, &c.

To carry on the analogy we must observe that, as in the case of the telephone, the metallic wire is not the carrier of sound directly but indirectly, but that the electric fluid conducted by it is the direct medium of transmission; so the nerve cords may not be the direct agents of transmission. This is improbable when we consider the general uniformity of their structure and compare it with the multiplicity of influences they transmit; but it is likely some fluid or fluids of a nature not yet demonstrated is the carrier of the influence or the influence itself, transmission being indirectly, not directly, due to the nervous cords.

The same remarkable uniformity of structure, combined with an infinite dissimilarity and variety of function strikes us when we consider the cerebral convolutions, and the

* Each wire might be identified as bells in a large hotel are.

thought is forced on us that these convolutions are merely organs of transmission and not of origination, being merely intermedia through which invisible and intangible fluids act, themselves the subordinate fluids of transmission of spiritual influences by us inconceivable, and known only by their effects upon this visible and tangible organism constituting animal bodies. I think this is a fair inference from, and in fact the drift of all that has gone before. It seems to me a logical conclusion that where there is similarity, and I may almost say identity of structure combined with infinite variety of function, both in kind and degree, to refer the variety of function not to the homogenous structure, but to some influence beyond the sphere of our observation, acting on it. When we see the orderly arrangement of the keys of a piano in its octaves and semitones, and hear a variety of beautiful tunes and accompaniments proceed from it, as now this, now that performer acts on its keys, we need no teacher to inform us that this variety of beauty and harmony is due to the mind and movements of the performer, to which the instrument merely gives expression. This is a perfect illustration for my purpose, only that in the case treated of the performer or performers are invisible, but in the illustration we see them. The materialist utterly fails in his attempt to account for the phenomena of thought and feeling by the mechanism of the animal organism; on the contrary, a chain of reasoning from the known phenomena leads directly to the conception of an invisible spirit acting on the human organism as its instrument—that spirit affected in its power and character of expression by the structure of its instrument, but only requiring it for its use in present surroundings, and altogether independent of it when it leaves this terrestrial sphere for spheres of another kind.*

In much that occurs in a man's life and expression, his spirit has, I fear, little concern. Much of human life and expression is due to the action of organs within the present material frame and their reflex inter-action, the spirit meanwhile mournfully present and silently protesting, perhaps at last retreating from the scene, leaving the organism, in Oriental phrase, "dead in trespasses and sins." The common-sense way out of this labyrinth seems to be to endeavour to disregard the distracting attractions

* Does not this view throw some light on the phenomena of thought-reading, clairvoyance, &c.?

arising from the play of the animal organism and to faithfully give effect to the rational will-power by steady obedience to its dictates. In this process the inhibitories must be freely brought into play, sometimes in thorough brake-wise fashion. Only in this way can a man win his own self-respect and influence over others, and be the master in his own house. If the earth is God's footstool, the body is man's, and at the change called death, we merely "shuffle off this mortal coil," and come to a fuller knowledge of ourselves and reality.

On looking over this paper I find an illustration of the proverb, "man proposes, God disposes," for I have been led to higher thoughts than those about heat, and for my own comfort I am thankful that I have been so. I trust my readers will share in the feeling. In the next paper "revenons à nos moutons."

INDEX TO CASES OF POISONING IN THE ALLO-
PATHIC JOURNALS.

By E. W. BERRIDGE, M.D.

(Continued from Vol. 22, page 549).

No. 85.—PROVINCIAL MEDICAL AND SURGICAL JOURNAL, 1840-52 (entire work). (The work was afterwards called *Provincial Medical Journal and Retrospect of Medical Sciences*. Vol. 4 is wrongly numbered vol. 1—1842. I have here numbered it vol. 4. After vol. 7 (1848-4), the journal is numbered by years, beginning with 1844).

Arsenic, i. 155, 482; iv. 119; iii. 21, 257, 269, 489, 505; v. 880, 91, 481; vi. 161, 215, 865; vii. 127, 248; 1844, p. 1; 1845, pp. 458, 556; 1846, pp. 5, 298; 1848, pp. 78, 847, 875, 805, 459, 669; 1849, pp. 54, 72, 489, 611; 1850, p. 291; 1851, pp. 188, 490; 1852, p. 9.

Alum, ii. 162.

Argentum, 1844, p. 177; 1850, p. 600.

Alcohol, v. 454, 887; iii. 109.

Asafetida, v. 202.

Apis, vi. 161, 280.

Antimony, v. 127, 170, 206, 122; 1844, pp. 47, 204; 1846, p. 610; 1848, pp. 159, 164; 1850, p. 869; 1852, p. 801.

Arum Dracunculus, v. 182.

Amygdala, 1844, pp. 364, 479; 1846, p. 15.

Aeonite, 1845, p. 585; 1846, p. 272; 1851, p. 448.

Atropa Belladonna, iv. 79; 1847, p. 98; 1848, pp. 470, 581, 528, 558, 628; 1852, p. 255.

- Aphis*, 1847, p. 519; 1849, p. 567.
Acetic Acid, 1847, p. 670.
Brandy and Salt, i. 228.
Bismuth, 1845, p. 687.
Brucine, 1846, p. 841.
Bromine, 1851, p. 189.
Cubeba, v. 419.
Cantharis, ii. 847; v. 289; 1844, p. 31; 1847, p. 417, 554;
 1851, p. 78.
Colchicum, vi. 146, 260; 1852, p. 178.
Croton, vi. 149; v. 170; 1849, p. 98.
Cannabis, iv. 407; v. 848, 868, 897, 486, 487; vi. 9, 29, 171,
 173, 11; 1844, p. 90; 1845, p. 197; 1847, p. 122; 1848,
 p. 556; 1852, p. 281.
Copaiba, vi. 227, 248; 1847, p. 165.
Clinkers, iii. 872.
Carlsbad Waters, vii. 224.
Conium, 1845, p. 426.
Cod Oil, 1847, p. 165; 1850, p. 218.
Chloroform, 1848, pp. 54, 61-8, 88, 241, 365; 1851, pp. 62,
 277.
Caterpillars, 1850, pp. 24, 302.
Capsicum, 1850, p. 98.
Coluber Berus, i., 276.
Digitalis, i. 297; 1844, p. 9; 1847, pp. 562, 623; 1849,
 p. 278.
Datura, iv. 291; iii. 126, 210; 1851, p. 699.
Ether, 1846, p. 210; 1847, pp. 27, 54, 80-4, 107-9, 182-5,
 189, 160-8, 177, 190-2, 242-8, 268, 270, 300, 330, 486,
 528, 554, 299; 1848, p. 401.
Electricity, 1851, p. 333.
Ferrum, 1847, pp. 180, 222.
Gas, i. 391.
Glanders, ii. 222, 241; iv. 458; iii. 499; vi. 267, 433; 1845,
 pp. 9-10.
Grease (of Horses) 1851, p. 553.
Hydrophobia, i. 184, 44, 196, 227; iv. 113, 257; iii. 442; v.
 296, 810, 864; vi. 11; 1844, p. 496; 1845, p. 585; 1848,
 p. 802, 568; 1849, pp. 382, 596; 1850, p. 291; 1852,
 pp. 169, 445, 539, 488.
Hydrocyanic Acid, 1844, p. 398; 1845, pp. 153, 461, 481, 517
 1847, p. 849; 1848, pp. 428, 586; 1850, pp. 188, 388.
Ipomœa Cœrulea, iv. 333.
Iodine, 1847, p. 356; 1852, pp. 81, 107, 126, 209, 258-9.
Juniperus Sabina, 1844, p. 80; 1850, p. 580.
Kali Iodidum, v. 482, 490, 800; 1845, p. 116; 1847, p. 165.
Kali Nitricum, 1844, p. 260; 1846, p. 382.

- Kali Bichromicum*, 1851, p. 700.
Kreosote, 1849, p. 250.
Lime, v. 301.
Lobelia, 1850, p. 355.
Mercury, ii. 148; iii. 67, 871, 223, 457; v. 121; vi. 169; vii. 126, 428, 485; 1845, pp. 477, 557; 1846, p. 347; 1847, pp. 52, 79, 306, 398; 1849, p. 229; 1850, pp. 369, 399, 417; 1852, p. 180.
Mussels, 1845, p. 722.
Myristica, 1848, p. 37.
Nicotiana Tabacum, i. 185; ii. 326; vii. 324; 1850, p. 17.
Naja, iv. 60.
Nitric Acid, 1847, p. 361.
Oxalic Acid, 1847, p. 544; 1851, p. 345.
Papaver, i. 384; ii. 238; iv. 102, 201, 347; iii. 103, 129, 499; vi. 22, 32; v. 488. 1844, pp. 68, 90; 1846, pp. 42, 163, 278, 519; 1847, pp. 614, 659, 685, 165; 1848, p. 640; 1849, p. 250; 1850, p. 77.
Platinum, i. 239.
Prunus Laurocerasus, v. 141.
Phosphorus, v. 251. 1844, pp. 251, 254; 1850, pp. 614, 556; 1851, p. 583.
Plumbum, i. 174; ii. 171, 162, 343, 498; iii. 8, 297, 405, 457; v. 61, 163, 204; vi. 308; vii. 18. 1846, pp. 167, 181; 1849, pp. 266, 343; 1851, p. 304; 1852, p. 652.
Percussion Caps, 1847, p. 503.
Quinine, iv. 200; v. 260; vii. 230. 1844, p. 229; 1847, p. 581; 1849, p. 52.
Ricinus, vi. 149.
Rheum, 1846, p. 537.
Soot, 1849, p. 127.
Sulphuric Acid, i. 302; ii. 163-4. 1847, p. 187; 1848, p. 68; 1849, p. 250; 1850, p. 558.
Snakes, 1849, p. 390.
Strychnos, iv. 79, 320; iii. 149; vi. 120, 149; vii. 171; 1844, p. 447; 1845, pp. 761, 747; 1846, pp. 5, 67, 223, 244; 1848, p. 165; 1850, p. 583.
Sumbul, 1850, p. 378.
Solanum Tuberosum, 1846, p. 259.
Sulphuretted Hydrogen, vii. 127.
Sunstroke, iii. 406.
Secale, vii. 391, 378; 1844, pp. 32, 208.
Squills, v. 61.
Turpentine, 1847, p. 165; 1851, p. 612.
Taxus, 1848, pp. 661, 708.
Tanacetum, 1852, p. 180.

Verbascum, vi. 89.
Vaccine, vii. 442.
Woorari, 1851, p. 108.

No. 86.—PHILADELPHIA JOURNAL OF MEDICAL AND PHYSICAL
 SCIENCES.

1820-7 (vols. i. to xiv.). No more in library. Vol. x.
 (1825) is also called *New Series*, vol. i.

Alcohol, i. 191, 417; iii. 238; iv. 45; viii. 216.
Antimony, iv. 10; xii. 181.
Aurum, xii. 176.
Argentum, iii. 482.
Asafetida, iv. 10.
Ammonium Carbonicum, iv. 10.
Arsenic, xi. 410.
Atropa, viii. 216; ix. 454; xiii. 399; xiv. 408.
Cicuta, i. 68.
Cantharides, vi. 186.
Colchicum, xiii. 824.
Chlorate of Soda, vii. 419.
Camphor, viii. 216.
Croton, ix. 461.
Digitalis, xiv. 175.
Ether, viii. 216.
Equisetum, xiv. 150.
Gamboge, iv. 10.
Granatum, iv. 211.
Glanders, vi. 181.
Hydrophobia, i. 404; iii. 185; xi. 165, 168; xii. 118, 164,
 386, 388.
Hydrocyanic Acid, ii. 66; iv. 10, 242; vi. 98; ix. 211; xiii.
 191, 384.
Hyoscyamus, viii. 216; xiii. 399.
Iodine, iii. 429; vii. 428; viii. 449; ix. 210; xii. 168.
Indigo, iv. 10.
 "Indian Hacky," iv. 818.
Ipecacuanha, v. 45.
Kali Oxidum, vii. 425.
Lactuca, viii. 216.
Lunar influence in disease, xi. 61.
Madder, iv. 10.
Mineral Waters, vi. 50; ix. 286, 308.
Mercury, iv. 10.
Nicotiana, v. 202; xii. 177; xiv. 110.
Nitric Acid, xiii. 410.
Nitre, xiv. 158.
Plumbum, xi. 177; xii. 118, 172.

- Papaver*, v. 45 ; vii. 198 ; viii. 150, 216, 898, 454, 467, 458,
227 ; xi. 178, 179 ; xiv. 146, 186, 289.
Phosphorus, xiii. 198.
Rheum, iv. 10.
Strychnos, iv. 242 ; vii. 426 ; xiii. 884.
Sulphuric Acid, xiv. 405.
Sulphurous Acid, iii. 126.
Spiræa, vi. 15.
Spoiled Food, xiii. 410.
Solanum, vi. 98.
Snakes, xiii. 896.
Secale, vi. 118 ; viii. 124 ; xi. 106, 181.
Spiders, x. 259.
Sinapis, xiv. 378.
Vagitus Uterinus, xiii. 407.
Veratrum, i. 210.

No. 87.—TRANSACTIONS OF MEDICAL AND PHYSICAL SOCIETY OF
CALCUTTA.

1825—86, vols. i. to viii. (vol. viii. has also attached an
appendix and preface, dated 1842. (No more in libraries.)

- Alcohol*, i. 124.
Ceylon Leech, bite of, i. 117.
Cannabis, viii. 421, 462.
Copper with Oil of Peppermint, v. 129.
Datura, i. 121.
Hydrophobia, ii. 51, 64, 88, 90, 888, 415 ; iv. 157, 229, 496
v. 428 ; vii. 461-2 ; viii. 446.
Hyoscyamus, v. 484.
Iodine, vi. 387.
Jhur, iv. 424.
Lichen, v. 480.
Lactuca, iv. 1, 402.
Mercury, i. 211 ; iii. 281.
Nagas, Poison of, iv. 285.
Papaver, iv. 424 ; viii. 890.
Plumbum, v. 155 ; vii. 448.
Quinine, v. 480.
Rice, viii. (appendix) p. 262.
Senna, v. 488.
Snakes, i. 55 ; ii. 170, 220, 408 ; iv. 442 ; v. 422 ; vii. 480.
Strychnos, i. 188.

No. 88.—MADRAS QUARTERLY JOURNAL OF MEDICAL SCIENCE.
1860—7, vols. i. to xi. (Addenda.)

- Aconite*, vi. 87.
Alcohol, vi. 89 ; vii. 111 ; x. 1.

- Atropa*, vi. 68.
Anacardium, xi. 280 (misprinted in former index, 281).
Caterpillars, iv. 1.
Honey, iii. 399.
Hydrophobia, v. 184; vii. 170, 171, 176, 403, 405, 406, 411;
 x. 165.
Kali Iodidum, iv. 189.
Lightning, ii. 177.
Quinine, xi. 309.
Sunstroke, i. 347, 306.
Snakes, iii. 336; iv. 1.
Scolopendron, iv. 1.
Thevetia, viii. 294.
Worrari, vi. 88.

For list of *Indian Medicinal Plants*, see i. 54; ii. 216; iii. 1, 336; iv. 1; v. 31, 260 (Papers by Bidie and Waring).

No. 89.—TRANSACTIONS OF ASSOCIATION OF FELLOWS AND LICENTIATES OF KING AND QUEEN'S COLLEGE OF PHYSICIANS OF IRELAND. 1817-28, vols. i. to v. (No more in library.)

- Alcohol*, i. 56.
Mercury, iii. 286, 310; iv. 91.
Nicotiana, iv. 386.
Papaver, iv. 294.

No. 90.—AMERICAN MEDICAL RECORDER (Philadelphia), 1818-25, vols. 1-8. (No more in library.)

- Alcohol*, i. 235, 478, 462; ii. 59, 185; iv. 203; v. 193.
Arsenic, i. 386.
Amygdala, vi. 576; viii. 91.
Asclepias, iii. 384.
Atropa, vii. 818.
Argentum, viii. 624.
Aurum, ii. 149.
Colchicum, i. 369.
Carbonic Acid, vi. 365.
Cantharis, ii. 87; vi. 578.
Cuprum, vi. 588.
Conium, iv. 373.
Crustacea, viii. 91.
Cubebs, iv. 770.
Cucumbers, viii. 91.
Croton, v. 376, 615.
Cytisus, viii. 428.
Cephaelis Ipecacuanha, i. 98.
Digitalis, iv. 392.

- Disease of Cattle communicated to Man*, iv. 445.
Dissection Wound, vi. 755, 671.
Datura, v. 658, 97.
Elm Bark, vi. 864.
Fish, viii. 91.
Ferrum, ii. 66; v. 570.
Glanders, vi. 678.
Hydrocyanic Acid, i. 575; ii. 518; iii. 849, 566; iv. 456, 562;
v. 611.
Hydrophobia, ii. 174, 889; iv. 779; vi. 1; viii. 428, 625.
Honey, viii. 91.
Iodine, v. 862; vi. 692-6; vii. 648, 652; viii. 624, 626.
Mercury, ii. 510; vi. 869, 763; viii. 74, 185; vii. 788.
Mussels, viii. 91.
Menstruation in a man, ii. 871; iv. 147.
Nicotiana, vii. 106, 766.
Nitro-muriatic Acid, i. 81.
Plumbum, i. 501.
Papaver, i. 87; iii. 458-4; iv. 898; v. 542, 611; vi. 294, 866;
viii. 91, 869, 878; vii. 759, 682.
Phellandrium, vi. 278.
Podophyllum, iii. 881-6.
Rhus, iv. 878.
Snakes, vi. 619.
Sunstroke, i. 864.
Sexual sensation and secretion from palms of hands, i. 402.
Sulphurous Acid, iii. 550, 145.
Strychnos, iv. 878; vi. 872.
Secale, iv. 141; viii. 628, 420.
Spontaneous Combustion, v. 489; vi. 764.
Sinapis, v. 575.
Tsittik, i. 64, 587.
Turpentine, vi. 585, 97.
Testes and Cerebellum, connection between, vi. 182.
Vagitus Uterinus, vi. 187.
Veratrum, vii. 824.
Upas, i. 64, 587.
Xanthoxylum, iii. 888.

No. 91.—TRANSACTIONS OF ASSOCIATED APOTHECARIES, 1828,
vol. 1 (no more in library).

- Atropa*, i. 168-5.
Food, i. 160.
Galvanism, i. 875.
Oranges, i. 166-8.
Papaver, i. 208, 862.
Strychnos, i. 875.

REVIEWS.

Gold as a Remedy in Disease, notably in some forms of Organic Heart Disease, Angina Pectoris, Melancholy, Tedium Vitæ, Scrofula, Syphilis, Skin Disease, and as an Antidote to the ill effects of Mercury. By JAMES COMPTON BURNETT, M.D., F.R.G.S. The Homœopathic Publishing Company. 1879.

In his preface, Dr. Burnett says: "I claim for the following pages only that they constitute a rough introduction to the study of gold as a remedy in disease." This aim must be kept in view, if we are to judge Dr. Burnett's book fairly. It is not intended to be a complete treatise on gold, but simply an introduction to its study. The pathogenesis as we receive it from Hahnemann, and as we find it in Allen, is not minutely analysed, but only sketched, nor does Dr. Burnett pretend to collect all the records of its use—successful or otherwise—in our literature. To be sure, these records are not numerous, so much so that Dr. Burnett states in his preface that "in homœopathic practice gold, as a remedy, is neglected."

This is, perhaps, putting it too strong, but it is not used so much as it might be, or should be. For ourselves, we place great value on gold as a remedy in disease. Dr. Burnett gives a most interesting and full history of the literature of gold, showing how it was known from the very earliest days of medicine, and was valued by the Arabian physicians for diseases, to which our knowledge of the pathogenesis shows it to be homœopathic. They had even in these days discovered the value of gold in melancholy, in shortness of breathing, and in skin disease.

This historical resumé is a very valuable one, and gives much interest to the study of the metal as a drug. Dr. Burnett then gives an analysis of the various "involuntary provings" from various authors, each of which brings out some interesting points; he sketches the pathogenesis as given to us by Hahnemann, showing how it corroborates the observations of other writers, and also contributes a proving on himself. This latter, an interesting one, we quote:—

"PROVING OF AURUM FOLIATUM.

"To get a really concrete conception of what a given drug can do, there is nothing equal to *trying it on your own body*. As I, in this, practise what I preach, I made the following short proving on myself.

"Jan. 27th, 1879. In my usual health and spirits. 12.15 p.m. Take four grains of *Aurum foliatum*, first decimal trituration, dry on the tongue. This sample was most carefully triturated for a long time. My object in making use of the 1x

trituration was to see if our *lowest* trituration had any power. 8 p.m. While returning from St. Martin's-le-Grand I felt *intolerable itching in the right groin in its inner third*, and here was realised the old proverb, *Ubi dolor, ibi digitus*, the street and the public notwithstanding. 4 p.m. Having returned, an inspection shows a wheal, now become tender from the violent rubbing that has been carried on every few minutes for the past hour. 5 p.m. The wheal is gone, but the part remains tender.

"28th. Sensations in joints and muscles, like one has after unwonted exercise. Feel very strong, with plenty of go in me. Going upstairs I involuntarily take two steps at a time, and run in and out of patients' houses instead of walking. Clearly this is the *primary* action of the Gold; its *first action* was an *excitant* and as an *exhilarant*. When will the reaction come, and how great will be the recoil?

29th. Evening. Proctostasis these twenty-four hours, which is most unusual with me and clearly drug-effect. Renal secretion much less in quantity; feel well.

30th. Normal. 11.30 a.m. Take four grains of *Aurum foliatum* 1x trituration, dry on the tongue. Evening. Very wakeful; well up to work; great mental activity; testes a little swelled and hard.

"31st. Last night erotic dreams; early in the morning in bed weary pain in right tarsal bones, shooting up towards the knee. Pains in the bones of skull soon passing off. Astringent metallic taste in mouth; tongue slightly coated with brownish fur.

"Feb. 4th. In the groove between nose and cheek a cutaneous lump of the size of a split pea; it irritates, gets picked, scabs over and persists. Feel *not* up to the mark; very depressed and low spirited; nothing seems worth while. After proving Cundurango several years since, a small wart on my chest increased in size, and it has continued to grow ever since and is now about the size of a split horse-bean, with irregular hill-and-dale surface; it is beginning to lap over and to catch things. Since commencing the *Aurum* it seems a little flatter. The last two nights I have dreamed a great deal of death. 2 p.m. Take four grains of *Aurum foliatum*, 1x trituration, dry on the tongue. Evening. Am unusually wakeful; am told that I look pale.

"5th. Dreamy towards morning; am repeatedly told that I look pale and worn; have a dazed feeling in the head.

"6th. Feel ill; look pale, have pain at the lower part of spine; have had bad nights, dreaming of the dead and of corpses. Take four grains of *Aurum foliatum* 1x as before. Evening. Feel fagged, but yet not able to sleep. Feel quite out of sorts. For many days great morbid activity of uro-poetic system; sleep does not refresh; dreams of the dead and of dead bodies. Uncomfortable feeling in forehead; pain at the bottom of spine.

"7th. Look and feel ill, and although weary, no inclination for either rest or sleep. Having thus taken one grain and six-tenths of metallic Gold I am thoroughly satisfied that it can make me ill. My allopathic brethren maintain that the metal Gold is inert! Sure proof they have never tried it, properly triturated, on their own bodies. *Fiat experimentum in corporibus vilibus homœopathicorum*, say they, perhaps. I desist from taking any more of the *Aurum*, as I feel so out of sorts, and my memory is so sharp that I fear the secondary effect in this direction might be serious.

"March 25th. Still have some pain at the bottom of the spine; the last week or two my memory has been very bad indeed, and I am low-spirited. The before-mentioned wart is flatter and certainly much smaller.

"April 16th. Memory a little less clouded; still a little pain at the bottom of back occasionally; the wart is nearly gone.

"30th. Memory getting good again; the wart seems again slightly on the increase."

Lastly, Dr. Burnett takes up the main points in the provings of gold, pointing out the cases in which it has been, and ought to be useful. We could have wished that we had had a large number of cases from his own practice, illustrating the various uses of the metal. Still we must not quarrel with him for this, as several that he records are instructive.

We quote as a sample the following passage, which will at the same time give the reader an idea of Dr. Burnett's style:—

"Now this one more case and then I have done with the cardiac virtues of *aurum*. Four weeks after a normal confinement a lady greatly exerted herself and brought on exhausting bleeding; then a few days afterwards there were *rushes of blood, violent palpitation of the heart, great anxiety, and faintings*. *Digitalis* and acids brought no change; then half a grain of Gold was given twice daily with rapid good result.

"Dr. Becker, who is the author of these cases, mentions a third and similar case in which Gold was given with the same satisfactory result.

"My obstetric friends, how many such cases do you remember in your practises in which you did *not* remember this cardiac action of Gold? I remember one. Cactus relieved it; Gold would have cured it by virtue of the firm grip it gets of the living tissue of the vascular system, and physiologically producing symptoms similar to these.

"For Gold is no mere function disturber, but a producer of organic change, and hence its brilliant effects in organic mischief. The vascular turgescence of *Belladonna* and that of *Aurum* are very different affairs.

“ While this was at the printer's the following interesting and instructive case occurred in my practice, viz. :—

“ *Rheumatic Endocarditis* in the course of rheumatic fever. I was fetched one day in February (17th), 1879, by a gentleman in the City to see his wife, a lady of about fifty-five or sixty, who was lying very dangerously ill at the end of the third week of rheumatic fever. This gentleman, who is an old homœopath of thirty years' standing, and whose knowledge of drugs and disease is really remarkable for a layman, had treated the patient himself, and with no inconsiderable success considering the severity of the case, but suddenly patient's condition became very alarming on account of the rheumatism having apparently seized upon the heart. I found this condition: Patient was propped up in bed and breathing very hurriedly; the lips bluish; tongue dry and coated; anxious expression of face; puffy under eyes; moist râles all over chest, with cough; pulse rapid, compressible, and intermittent; action of heart floundering; loud endocardial bruits; slight dropsy of feet; no appetite at all, could just suck a grape or sip tea; profuse perspirations; limbs swelled and painful, the joints almost as firmly locked as if ankylosed, cannot move hand or foot for pain, and from this swelled inflamed state of the joints; flesh of hands puffy; bones of hands swelled, almost immovable, and tender.

“ I ordered *Aurum foliatum*, 2nd trituration, very frequently. Alone and no auxiliaries.

“ Why did I order *Aurum*? Because it affects the heart and respiration very much *like* they were affected in this patient, and because it moreover produces perspiration, profound weakness, anorexia, and great anxiety. Then the bones were greatly affected.

“ Feb. 18. A little easier. Rep.

“ 19th. Better in all respects. Rep.

“ 20th. Considerable improvement in the action of the heart; breathing comfortable; is out of danger. Rep.

“ 22nd. Continued improvement. Rep.

“ 24th. Quite comfortable. Continue the *aurum* and take *nat. sul.* 6 trit. in alternation with it. My reason for alternating was that I thought it prudent to leave off the Gold, and yet *nat. sul.* was now indicated.

“ March 2nd. Is up sitting by fire. Appetite good.

“ 6th. Heart, joints, bones, and hands free from rheumatism; is sitting by fire quite comfortably; appetite good; tongue moist, but slightly furred; feet swell a little towards evening.

“ This is going to press, and hence I cannot give the sequel;*

“ * Delay at the printer's enables me to say that patient's recovery is complete; she is now quite well.”

but this case so well illustrates the action of Gold on the organic tissue of the heart that I here insert it.

"When I saw patient first I gave a bad prognosis, and had it not been for the Gold I fear it would have been realised. Auxiliaries did not do it, for I used none; faith in the doctor did not cure her, for patient had never seen me before.

"GOLD AS A REMEDY IN OLD AGE.

"There is some truth in Geber's praise of Gold as a *materia lactificans et in juventute corpus conservans*. Of course it is not literally true, but it has something in it.

"Gold will not make an old organism young, but it will do an old organism good, and, *pro tanto*, it rejuvenates.

"Last week I saw a lady of some seventy odd summers. She had *great oppression at the heart, cardiac difficulty of breathing, weak pulse, and great depression of spirits*. Her skin showed *large patches of a brown hue, and again patches like albugo*. She was unable to rise. I gave her the third centesimal trituration of *Aurum foliatum* in four-grain doses every three hours. Yesterday I found she had left her bed for a few hours; her spirits were bright, appetite better, her breathing easy, and the oppression at the heart much relieved. 'I am quite cheered, mamma is so much better,' said the daughter. Six weeks later: She is downstairs, still weak, but very much improved.

"The elective affinity shown by Gold for the blood-vessels might make one think of it in incipient atheroma of the arteries in middle and advanced life. I am much impressed with the *visible beating of the carotids and of the temporal arteries in its provings*. In many heart affections, especially in the aged, one sees this.

"Before leaving the question of Gold in the conditions of the aged, I will note that I lately prescribed it in a low trituration for an old gentleman of eighty-five who had severe *attacks of oppression at the heart at night with palpitation and with great debility*. I sent him twenty-four powders, but before they were finished I received the report that 'My father is so much better that he is now only taking one powder a day.'

"It may seem fanciful to some to talk about remedies for old age, but it is not so in reality, for old age may fairly be treated as a disease, inasmuch as it has peculiar symptoms, the like of which are in the pathogeneses of our drugs."

Such a study of a particular drug is eminently useful and valuable, and though not intended as a complete treatise on the metal, one goes to its study, and uses it in practice with much more zest than if one simply began the study with the pathogenesis, as we find it in Hahnemann or Allen.*

* He succeeds in showing it to be a drug of much more general value than its use in homoeopathic practice would lead one to suppose.

We heartily commend the work as one well worth perusal, and one without which we cannot have a full conception of the action and value of gold as a remedy. Dr. Burnett's style is peculiar to himself, and it gives a raciness to what might in other hands become a dry subject.

The Guiding Symptoms of the Materia Medica. By C. HERING, M.D. Volume I. Philadelphia: The American Homœopathic Publishing Society. 1879.

WE question whether this large work will be of much value to the practitioner, or fulfil the aim of the author. He says in his preface, "This work will especially commend itself to the busy practitioner, because it is an attempt to give our *Materia Medica* in such a form as will make the selection of a curative medicine in any given case as easy as possible. It is a *complement* to all other works in our *Materia Medica*, being principally a collection of *cured symptoms*."

The aim here expressed is a good one, but it is extremely difficult satisfactorily to carry out. One is apt, either for handiness or brevity, to make such a list of symptoms too short, or to err in the opposite manner, by giving what is next thing to an abridged reprint of the *Materia Medica*.

It is into this latter error that, in our opinion, Dr. Hering has fallen, and in so doing he has, we think, failed to produce a work which will be of much practical value; as for ourselves, we would rather turn to the *Materia Medica* at once, where we could find what we wanted much better, because in fuller detail, and with the special prominence of certain symptoms more clearly brought out.

This first volume consists of 506 pages, and only embraces the medicines down to *armoracea*, alphabetically, and, at this rate, the work must consist of nine or ten volumes, as even Allen's *Encyclopadia* only goes down to *atropia*, in the first volume, and it will consist of ten volumes. We cannot think that a work of this size will be of any real assistance to a "busy practitioner."

Still, the symptoms are so printed, that one's eye catches them more easily than in the *Materia Medica*, and if this is considered a sufficient reason for the study of such a work in preference to that of the *Materia Medica*, or as a help to the "busy practitioner," the latter will find what he wants in Dr. Hering's *Guiding Symptoms*. It is the product of much labour and care.

Essentials of Diet, or Hints on Food, in Health and Disease.

By the late E. HARRIS RUDDOCK, M.D. Second Edition.

With Corrections and Additions, by E. B. SHULDHAM,

M.D., &c., &c. London: The Homœopathic Publishing Company. 1879.

We are glad to see a second edition of Dr. Ruddock's excellent work, and no better editor could be found than Dr. Shuldham.

This is one of the best works that Dr. Ruddock ever wrote. There is a remarkable amount of ignorance shown by the public in their choice of diet, both in health and disease. We find patients complaining of dyspepsia and liver disorder, showing by the food they eat that they have not the faintest idea of common sense in the solution of proper articles of diet, which frequently, during an acute illness, unless the physician is most particular in prescribing the diet, the friends, out of mistaken kindness, and with the view of "keeping him up," give such food as only aggravates the disease. A work of the kind we are now noticing is one that ought to be in every house. Dr. Ruddock's remarks and recommendations are very correct and admirable, and were it more read, we should find less trouble in treating our patients.

Dr. Shuldham has added an excellent chapter on "Diet for Singers and Speakers." We cordially recommend this book, and am glad to find it has been necessary to produce a second edition.

The Nurse; or, Hints on the Care of the Sick, including Mothers and Infants, and a Digest of Domestic Medicine. By CHARLES T. HARRIS, A.M., M.D. Chicago: Duncan Brothers. 1879.

This little work is dedicated to "Professional Nurses, and Mothers, the Natural Nurses," and it is for them, and not for the profession, that Dr. Harris writes.

Such a work is very much needed. Nurses, however willing, unless carefully and thoroughly trained in hospital, very often show an ignorance on really important points of detail, which takes away very much from their usefulness, and it is to remedy this defect that Dr. Harris publishes this book.

It is simply and clearly written, giving hints on all the points which a nurse ought to know, and which, if she knew, she could put into practice, to the great comfort of the patient, and the satisfaction and confidence of the doctor.

Points of detail, also, which the mother as the "natural nurse" ought to know, and which, if she knew, might save her children from much trouble, and prepare the way for the doctor's treatment, are given here in a clear manner; as also matters concerning the management of herself in pregnancy and labour. At the end of the book are a few short hints as to the use of the principal homœopathic remedies. We cordially recommend this little work to the attention of mothers and nurses, who will find it a most valuable *vade mecum*.

The Application of Electricity as a Therapeutic Agent. By J. H. RAE, M.D. Philadelphia and New York: Bocricke & Tafel. 1877.

THE use of electricity as a therapeutic agent has been so much studied and developed of late years, that its value is universally recognised, especially in nervous diseases.

Those practitioners who wish to be abreast of the time ought to know something of its use, and although its use requires such care and study as almost to make it a speciality, yet every one ought to know the general principles which regulate the use of this important agent, which can be employed in conjunction with homœopathic treatment. Dr. Rae's work is not meant as a complete treatise on the subject, but simply an introduction to the general principles of medical electricity, and its use in disease.

To those who wish to gain some information on this subject, we recommend the perusal of Dr. Rae's work.

NOTABILIA.

THE LONDON SCHOOL OF HOMŒOPATHY.

OUR readers will remember that at the annual general meeting of the School, held on April 8th, 1879, the following resolution was proposed by Dr. Drysdale, and carried:—"That a special committee be appointed for the purpose of finding the best means of obtaining recognition for our lectures by the present and future licensing bodies." A special general meeting was called on July 9th to receive the report of the committee; the attendance was small, and the meeting was adjourned till Thursday, the 19th of July. At that meeting, Lord Ebury in the chair, there were besides his lordship, 15 governors present, one of them a lady. The report having been read at the previous meeting on July 9th, the meeting proceeded to discuss the memorial which had been prepared by the committee. In our present issue, we simply print the report of the committee, with a report of the proceedings of the meeting of the 19th July, reserving remarks upon it till next month. The following is a copy of the report:—

"Proceedings of the committee appointed by the Governors of the London School of Homœopathy at the annual meeting of the School, held at 52, Great Ormond Street, W.C., on 8th April, 1879. Members of the committee appointed at the said meeting: Drs. Black, Blackley, Drysdale, Dudgeon, Hughes.

"Object for which the committee was appointed: 'For the purpose of finding the best means of obtaining recognition for the lectures by the present or future licensing bodies.'

“ The committee met on the 20th May, 1879, at 58, Montagu Square.

“ Present : Drs. Drysdale, Black, Hughes, Dudgeon.

“ Dr. Drysdale was unanimously called on to preside.

“ After discussion, it having been stated that the Medical Bill would not be passed during the present Session of Parliament, it was

“ Resolved : That application be made to the Registrar of the University of London to ascertain on what, if any, conditions the lectures of the London School of Homœopathy would be recognised by the University.

“ The meeting was then adjourned until the 28rd May.

“ Adjourned meeting of the committee, held at Victoria Chambers, 28rd May, 1871.

“ Present : Drs. Drysdale, Black, Hughes, Dudgeon.

“ Dr. Drysdale in the chair.

“ Dr. Black and Dr. Drysdale reported that they had gone as a deputation from the committee to Mr. Bryce, the eminent Professor of Law, who informed them that, as he believed, the Medical Bill would not pass this session. He advised that application should be made at once to the University of London.

“ Dr. Drysdale reported that he had had an interview with Dr. Sharpey, and that Dr. Sharpey had said that he did not think any school would be recognised by the University under a sectarian title, such as ‘Homœopathic ;’ but he advised application to the Registrar of the University, in order to find on what conditions separate lectures, under a general title might be recognised.

“ Dr. Drysdale further reported that he and Dr. Blackley, as a deputation from the committee, had sought and obtained an interview with Dr. Carpenter, the Registrar of the University of London. Dr. Carpenter said that it was better to make the proposed application to the University now, than to wait until the projected Medical Bill passed the Houses of Parliament. He did not think that a new medical school would be recognised unless complete in classes and hospital. He stated that we might send in a petition to the University authorities, praying that our lectures on *Materia Medica* and *Practice of Physic* should be recognised in lieu of the corresponding lectures in the established schools. As the subject of homœopathy would undoubtedly come up, we ought to say that our lectures had been established by the London School of Homœopathy, but the claim must be for individual lectures on *Materia Medica* and *Practice of Physic*. Dr. Carpenter did not give any encouragement to the idea that a ‘School of Homœopathy’ would be recognised under any circumstances, but that there was no harm

in making application for the recognition of 'Lectures instituted by the London School of Homœopathy.'

"Dr. Hughes proposed that a petition should be drawn up by this committee for presentation to the authorities of the University of London, praying for a recognition of our lectures on *Materia Medica* and Practice of Physic, in lieu of corresponding lectures in the established schools.

"This was seconded by Dr. Black, and carried *nem. con.*

"It was then moved by Dr. Drysdale: That as soon as the proposed memorial should be completed, it should be sent in with the report to the president of the London School of Homœopathy, and that he be requested to call a special general meeting of the governors of the School, before whom the report and memorial should be laid, with a recommendation and request that this memorial be presented by a suitable deputation from the members to the governing body of the London University.

"This was seconded by Dr. Dudgeon, and carried unanimously.

"A meeting of the committee duly summoned took place on the 13th June, at 9, Victoria Chambers.

"Present: Drs. Hughes and Dudgeon.

"Dr. Black sent a telegram to say that he could not attend on account of illness; but that he wished it to be understood that he voted for the transmission of the memorial and report to the president of the school, with a view to its reference to a general meeting.

"The minutes of the former meeting were read and confirmed.

"The memorial projected at the last meeting was read and approved.

"Dr. Hughes suggested that the memorial and report should be submitted to the president, and that a special general meeting should be called to consider the subject, by addressing a request to the committee of management at its next meeting, signed by six governors.

"*Memorial to the Senate of the University of London.*

"My Lords and Gentlemen,—In an art like medicine which rests on science, and hence must be progressive, difficulties necessarily occur in the adaptation of new discoveries to practice. As believers in the Homœopathic theory of the therapeutic action of drugs, not, be it observed, as an exclusive dogma, but as a scientific principle, which must take its due place, and no more, in determining the practice of medicine, we are feeling the pressure of these difficulties.

"Seeing that the teaching of medicine including this theory is not represented in the recognised medical schools of this country, a body, presently called, 'The London School of Homœopathy,' has instituted two lectureships, which fulfil this purpose. These lectures are entitled respectively, '*Materia*

Medica and Therapeutics,' and 'The Practice of Physic.' They have been delivered twice a week by qualified members of the medical profession for the nine months of two successive years, are now commencing their third year, and provision has been made by endowment for their continuance during a series of years.

"It is prayed that these lectures on *Materia Medica*, and on Practice of Physic, be recognised by the University of London in its prescribed curriculum of study as qualifying equally with lectures on the same subjects given in the medical schools already recognised by your University.

"In support of this prayer we beg respectfully to urge the following considerations:—

"The alternative of founding a complete medical school in which the homœopathic theory shall receive due recognition has been considered by us, and we have a precedent for it in the Medical Faculty of the University of Boston, U.S., now one of the most flourishing medical schools in America. Such a school, completely organised, would no doubt reasonably claim recognition from all licensing bodies; but we have neither the means of furnishing the requirements of such a school, and of connecting it with an hospital of sufficient size; nor do we think it is called for, seeing that this country is already well supplied with such institutions, nor does it seem to us desirable, as it might create some narrowness of views by the exclusive association of those holding a distinctive principle in common. There is also nothing in the nature of anatomy, physiology, pathology, natural history, chemistry, or even of operative surgery and obstetrics which is modified by our distinctive theory and practice. Besides, we are not desirous to establish a small, though complete, medical school, as this might fail to communicate the proper medical spirit which is developed in the large metropolitan schools.

"In support of the representation of our distinctive theory we would likewise urge that through it, a large number of remedies for important and frequently-recurring morbid states have been discovered, and the number of such remedies is being increased every year. Moreover, many of these are being adopted year by year into ordinary practice, empirically, and without acknowledgment of their origin, and the modification of ordinary practice thereby induced is extending rapidly. It is desirable, intellectually and even morally, that a method which has made known these remedies should be openly taught."

THE Special General Meeting of the Governors of the London School of Homœopathy, adjourned from July 9th, was held on the 17th ult., in the Board Room of the hospital. The chair was taken by the Right Hon. Lord Ebury. There were present

Dr. Bayes, Mr. Crampert, Dr. Yeldham, Dr. Dudgeon, Mr. Chambré, Dr. Carfrae, Dr. Blackley, Dr. Richard Hughes, Dr. Black, Mr. Samuel Gurney, Dr. Morrison, Dr. Dyce Brown, Dr. Buck, Dr. Marsden, Dr. Roth, and others.

The noble Chairman suggested that before dealing with the business of the meeting it would be better that the Secretary read the terms of the Resolution passed at the annual meeting appointing the Special Committee whose report they had met to consider.

The Secretary then read the following resolution :—

“ That a Special Committee be appointed for the purpose of finding the best means of obtaining recognition for our lectures by the present or future licensing bodies.”

Dr. DUDGON explained that the resolution was in consequence of a motion brought forward at the Annual General Meeting, and he would now propose that the Report of the Special Committee be accepted, and the memorial be adopted for transmission to the Senate of the University of London.

A question of proposing amendments to this having arisen,

The chairman said it would be necessary to read the memorial itself *in extenso*, and then over again paragraph by paragraph for approval. Then would be the time to propose amendments.

The Secretary then read the memorial, which will be found in the Report.

LORD EBURY : This memorial is proposed by the Special Committee appointed by the General Meeting. It ought now be taken in paragraphs, and if any one has any remarks to make, then will be the time.

The Secretary then read again the first paragraph of the memorial.

Dr. BAYES : My Lord, Ladies and Gentlemen, I feel very great regret that I was unable to be present at the last Special Meeting, but my absence was wholly unavoidable. I should like to ask attention to one or two general remarks. First, let me ask this question of the gentlemen on the Special Committee : are we to understand, from their report, that they wish to confine the presentation of the memorial to the London University ? The University of London is only one of many medical examining and licensing bodies. There are those of Oxford, Cambridge, and Durham ; there are several in Scotland, and many also in Ireland.

I should like to know whether the Special Committee have deliberately come to the conclusion that one only of all these shall be memorialised. You are aware, my lord, that all these bodies have power to grant degrees, and a very large number of physicians and surgeons, medical licentiates and graduates of the London and other Universities and Colleges, are at the present time practising homœopathy.

Dr. DUDGEON: Would you allow me to save Dr. Bayes some trouble. If he had been at the previous meeting he would have heard the reason why we wished to appeal to the London University alone. That University is an examining body unconnected with any school, and, therefore, we decided to appeal to that alone, and not to any medical school.

Dr. BAYES: I wished to know whether this point had come under the notice of the Special Committee. I should also like to know whether the Committee had attempted to secure the co-operation of those Licentiates and Graduates (of the London University and of other Universities and licensing bodies) who are practising homœopathy? This should certainly have been done, but I fear has not.

Dr. DUDGEON: I can save Dr. Bayes some further trouble by saying that we have applied to the Medical Registrar of the London University. We did not think it necessary to apply to Graduates; but we have got all the information we can get.

Dr. BAYES: there are six Graduates of the London University practising homœopathy in England, and I think it would have been very desirable that the opinions of those gentlemen should have been taken, not only as to the drawing up of the memorial itself, but also as to what was the best means of approaching the authorities of the University. Surely, before going to the London University with a memorial, the wishes of those of its graduates who are practising homœopathy should have been taken, and their support have been obtained. I am not seeking to underrate the labours of this Committee, but I think its action premature, in framing this memorial before such inquiries as I suggest had been made. Had they been made, as I had expected, on the wider basis of seeking advice and assistance from the individual members of the various medical Corporations—had the argument of the memorial been based on the fact that many members of the various corporations memorialised were already practising homœopathy, then there would be a better chance of obtaining a hearing for the memorial. On reference to the resolution appointing the Special Committee, it will be seen that what the gentlemen composing the Committee were directed to do was to find the best means of obtaining recognition for our lectures by *the present or future* licensing bodies, not to *one only*, but to *all*. A question arises, therefore, whether it would not be better for us to draw up a memorial to present to each licensing body and each university, specially signed by the authorities of our school and by the Graduates or Members of those various licensing bodies. It would go a great way in influencing the authorities if a number of memorials were thus signed and sent in independently, one to each licensing body. Another point is this. Is it intended by the Special Committee

that our lectures should be recognised in their present form, or that those lectures should be entirely remodelled and wholly changed from their present homœopathic character? Nothing is said about that in the report, but it is prayed that our lectures on *Materia Medica* and the *Practice of Physic* be recognised, *in lieu of* the corresponding lectures.

Dr. BLACK: The lectures which he wished to be recognised would take in the whole field of *Materia Medica* and *Practical Medicine*.

Dr. BAYES: The report, page five, says that Dr. Carpenter said we might "send petitions to the authorities to recognise *our lectures*," but the special committee adds "that they should be recognised *in lieu of* the corresponding lectures in the Medical Schools." Dr. Hughes and Dr. Drysdale had proposed (in the report) that a memorial be presented praying for the recognition of *our lectures on Materia Medica and Practice of Physic in lieu of* corresponding lectures in the established schools.

Dr. BLACK: That means that the lectures shall be re-modelled so as to qualify for the examinations on the same subject. It is of no use applying unless they are re-modelled.

Dr. BAYES: Then the application is proposed for the recognition of our lectures as they are at present *and something more*; such a course would create a confusion of homœopathy with allopathy, and of the doctrines taught and medicines used in both schools, which would be disastrous, and probably destructive, to homœopathy, as a science, if this scheme of the special committee were carried out.

Dr. RICHARD HUGHES: It seems to me we ask them to recognise our lectures as lectures in any other school. The committee were agreed that this was necessary, but I should have to make my lectures fuller than I do now; now, I assume that the students know what I mean when I refer to allopathic doctrines and medicines, or when I criticise them, but I should have to go into fuller detail, not necessarily endorsing it all, but so that if asked any question in the examination the student would be able to answer it.

Dr. DYCE BROWN: If all the lectures are to be remodelled it comes to be a very important point, for if my course of lectures, for example, were entirely remodelled as Dr. Black suggests, then, as lectures on homœopathy, they would be worth nothing. My own experience is that, when giving the pathology, ætiology, and general symptomatology of each disease as shortly as is consistent with making the course a complete one, together with the homœopathic treatment, two winter and summer courses are insufficient to enable me to get over the whole ground, as homœopathic treatment takes so much longer time than in the old school. I, therefore, acting on the advice of those qualified to advise in such a matter, have, during the latter half of last winter, and

the present summer, excluded the pathology and *general* symptomatology of disease, which may be found in any ordinary work on the subject, devoting all the time to therapeutics. But even shortening the course in this way, I find one session, winter and summer, is barely sufficient to get over the whole range of disease. For up to the present date, I have only during the present summer session gone over the disease of the stomach and intestines, and begun diseases of the respiratory organs. This being the case, were the lectures to be completed in one session, and to embrace not only the pathology and other general points alluded to, but allopathic treatment besides, it would be worthless, as far as homœopathy is concerned. Some one else might be able to do it, but I for one should decline to deliver such a course of lectures. I should decline to teach what I do not believe to be true. I should like my lord to know at what time it would be proper to propose that no memorial be forwarded to the Universities at all.

Lord EBURY: It is proper that the proposition to send the memorial should be seconded first.

Dr. YELDHAM: The meeting would save a great deal of labour if such an amendment is to be proposed, but, as stated, it is not in order now.

Dr. MARSDEN: It is quite evident that the committee were not exactly unanimous when these paragraphs were discussed, as our two professors have expressed views on opposite sides of the question. Dr. Hughes prefers to teach homœopathy, allopathy, and pathology, with much that——

Dr. HUGHES: I did not say that. I merely explained what the result would involve, and that I could not crowd the work into one session. I feel the same difficulties as Dr. Dyce Brown.

Dr. MARSDEN: The subjects must be included in the lectures of one session, or not at all. It would be very inconsistent to teach the use and practice of allopathy, and then to turn round and say, "This is not what we believe; this is what is taught over the way——"

Dr. DUDGEON: We do not want a caricature of what is proposed.

Dr. MARSDEN: I mean no caricature at all. I only take the words of previous speakers. There is no joking about the memorial. It asks the University of London to recognise our lectures on *Materia Medica* in its prescribed curriculum of study as qualifying equally with lectures on the same subjects given in the medical schools already recognised. That is requesting the University to teach homœopathy. I agree with Dr. Bayes in many particulars, and with those gentlemen who appear in opposition to the statements of the memorial.

Dr. BAYES : This is a very wide subject which is thus brought under our consideration, and it is necessary to give it careful attention. The committee appear to have no intention to ask the universities to recognise our lectures unless they are composite lectures, part allopathic, teaching what our lectures do not, and what they never were intended to teach. I believe the words, "ask you to recognise these lectures in lieu of the corresponding lectures," would ensure refusal, and very properly so, because they only profess to be homœopathic, and to teach it purely and scientifically, because this science is not taught in the ordinary medical schools. The question now before us is whether homœopathy is to be taught scientifically and honestly, or whether it is to be mixed up with allopathy. Now, homœopathic theory and practice are taught in our school, not because we think homœopathy a very pleasant and agreeable system of medical practice, but because we believe it to be an essential but hitherto neglected principle of medicine untaught in the ordinary schools.

Dr. YELDHAM : It appears to me really that we cannot go on with this matter without determining the nature of the lectures to be given by the school. It appears utterly impracticable to give a duplex course of lectures. Unless we offer our own lectures on homœopathy as an addition to the ordinary lectures, we ask to be allowed to do what is impracticable. It is absurd.

Dr. BAYES : If the intention of the Special Committee had been that *our* present lectures are to be given *in lieu of* the lectures in ordinary medical schools, I should object to such a scheme as sectarian ; but since it appears they desire to enlarge our courses till they include the teaching not only of homœopathy but of allopathy, hydropathy, electro-therapeutics, and other medical systems, I then object to such a scheme as impracticable and destructive to the advance of medical science, and especially of the purity of homœopathic science. Therefore, I object to the words "in lieu of the corresponding lectures" on both grounds. You cannot ask our lecturers to lecture on allopathy while disbelieving in it and believing in homœopathy. If they attempt to lecture on allopathy they would be teaching what they do not believe in. The only way in which both systems can be taught satisfactorily is that they should be taught by separate professors. No man can teach, with any success or power, that which he himself disbelieves. Do not let us for any possible advantage teach that we do not believe in. The time may come when we shall be asked to go into the ordinary schools and lecture on homœopathic therapeutics. We, so requested, we shall be ready to supply competent lecturers. That was the original idea of the School of Homœopathy ; it was never meant to teach both systems. A precedent can be found in one of the

London schools, where there is, or was, a lecturer on electro-therapeutics. The professor of therapeutics found that it was impossible for him to do justice to electro-therapeutics, and he, therefore, secured a lecturer to take that subject. I do not know whether this is the right time to propose a resolution in place of the memorial as it stands, but I should have preferred a resolution from this meeting thanking the special committee for their labours, and asking them to continue them. Recognition would be certainly, very desirable, but hardly in the form in which it is asked by this memorial. I propose this:—

“That while thanking the special committee (on recognition) for their labours as detailed in the report, the special general meeting would request them to enlarge the sphere of their enquiry to Universities, Colleges, and examining and licensing bodies other than the London University. This meeting would suggest that in the furtherance of these enquiries the wishes and advice of the *Graduates, Fellows, Members, and Licentiates*, of each of the licensing (medical) bodies should be consulted, so far as any members of these bodies have studied and adopted the Homœopathic theory and practice, and that their advice be requested in furtherance of the obtaining recognition of the Homœopathic teaching of *Materia Medica, Therapeutics, and Practice of Medicine* within the several University Colleges and Halls of which they are members.

“It appears to this meeting that a carefully drawn up memorial signed by the authorities of our School, and by those members of each University, College, and Hall, should be countersigned by each member of the respective Universities, Colleges, and Halls, for presentation; and this meeting considers that such memorials should be simultaneously signed by as many members of the various examining bodies as acknowledge the necessity for homœopathic teaching.

“It further appears to this meeting that it will be wise, at present, to confine our petition to two points.

“1st. The obtaining recognition for the lectures in the science and art of homœopathy.

“2nd. For the obtaining examination in these subjects, and certificates of competence.

“It is not sought to *substitute* our lectures for the ordinary lectures on *Materia Medica, Therapeutics, and Practice of Medicine*, but to add these subjects to those ordinarily taught in the schools.

“The special committee is earnestly requested to re-consider and to modify the memorial to suit this amplification of the subject, and to report on the subject, if possible, before Christmas.”

Now, my lord, the reason why I ask this is that I have looked carefully through the Directory and found 216 Licentiates

of the Royal College of Surgeons, and of the Royal College of Physicians, and I cannot but think that a well-worded memorial, asking recognition of our lectures, coming from us and signed by a considerable number of graduates, would have great weight. There can be nothing like unanimity of appeal by physicians practising homœopathy, and a large number of men would object to anything that clouds homœopathic teaching in our lectures, which must be the case if the work of other schools is included. We shall get nothing like unanimity of action with that proposition. On this point of homœopathy unanimity can be found—

Dr. DUDGEON: Certainly not yours!

Dr. BAYES: If there is to be a strong opposition then clearly the time for presenting a memorial has not come. (Hear, hear.) Unless we can get a majority it would be useless.

LORD EBURY: Perhaps we ought to depart a little from Parliamentary usage. It will be much better if Dr. Bayes' motion is to be seconded, that it be done now, as it settles the thing in short.

Dr. YELDHAM: I rise to second the motion in order that it may be discussed.

Dr. BLACK: In talking to Dr. Brown, I have explained that this long motion of Dr. Bayes' has the effect of "damning with faint praise" all that has passed, and it may save the time of the meeting if I state that if this motion be carried the committee would decline to act. There are evidently two different opinions—one, that lectures on homœopathy should be recognised; another, that lectures, such as we propose, should be recognised. At a future time we shall be able to explain our views. On this motion the committee are not likely to act in agreement with Dr. Bayes.

LORD EBURY: Dr. Dyce Brown has a proposition which it would perhaps be much better to take now.

Dr. DYCE BROWN: I beg to move "That the committee be thanked for their labours, but that the meeting do not consider that it would be judicious to take any further action at present." I think that recognition is very desirable, but this is not the time for it. At a future time there will be a possibility of our being recognised by the University of London: at present the likelihood is *nil*. I feel that the attitude of the old school is not such as to give us a shadow of hope of recognition. We are only putting ourselves in the position of asking for a kick. The old school have treated us very badly hitherto, and we give them by this resolution another opportunity of kicking us. Besides the examinations conducted by members of the old school must, of course, include all subjects of old school medicine, and no student would get what he required from our lectures without taking other lectures for the purpose of qualifying. As to the

practicability of a course such as is proposed, I need not repeat what I formerly said.

Dr. ROTH : To reject these motions would stultify the resolution of the previous meeting. First, the Annual Meeting passes a resolution appointing a committee to do certain things ; then this meeting resolves that those things be not done. You should stick to what you propose to do. You have no courage. Suppose you present this memorial to the London University, the worst that can happen is for them to say " We do not want you." Well, what then ? We are none the worse.

Dr. DUDGEON : Dr. Dyce Brown's motion is too late. If the Annual General Meeting resolves upon a certain scheme, I do not think it open to a Special General Meeting to stop that resolution.

Dr. BAYES : There is this difficulty in Dr. Dudgeon's objection. The resolution of the Annual General Meeting says " That a Special Committee be appointed for the purpose of finding the best means of obtaining recognition for our lectures." Now it seems the lectures are to be totally remodelled. This is what we are told by the Special Committee : that homœopathy is to be mixed with allopathy. That, of course, is far beyond the resolution of the Annual Meeting.

Dr. YELDEHAM : It would be more formal if some reference were made to the memorial proposed by the Special Committee, as, for example, that it does not appear that the memorial is feasible.

Dr. BLACK : Reject the memorial !

Dr. DUDGEON : To pass the motion involves the principle of recognition, and to reject that is *ultra vires*. You can reject our memorial, certainly.

LORD EBURY : will this alteration of Dr. Dyce Brown's motion do ?

" That the best thanks of this meeting be given to the Special Committee for its labours, and for the report which it has proposed. The meeting is of opinion that the course proposed is not such as they think it advisable to adopt."

Dr. DYCE BROWN agreed to this, and moved it accordingly.

Dr. MARSDEN seconded the motion. On being submitted to a show of hands the numbers were—

For the motion ...	...	...	...	7
Against ...	...	...	...	7

Some doubt being expressed as to accuracy, the show of hands was taken again.

For the motion ...	...	...	...	7
Against ...	...	...	...	7

The noble CHAIRMAN then gave his casting vote for the motion, for the reason that it was absolutely necessary to have perfect

unanimity in presenting such a memorial as the school had in view.

Dr. ROTH suggested that Dr. Bayes should make a proposition, so that something might be done.

Dr. DUDGEON: The Special Committee will hereby tender their resignation.

Dr. BLACK: I tender mine!

A vote of thanks to Lord Ebury for his kindness in presiding brought the proceedings to a close.

DR. DRYSDALE AND THE LONDON SCHOOL OF HOMŒOPATHY.

In the *British Journal of Homœopathy* for July, Dr. Drysdale publishes the following protest against the strictures we felt compelled to make in our June number upon his speech at the annual meeting of the Governors and Subscribers to the School:—

“From a passage in p. 339 of the June number of the *Monthly Homœopathic Review*, it would appear that the writer imagines that I have refused to continue my subscription to the School of Homœopathy, and have tried to induce others to do so. This is a mistake. I intend to give it for five years, as originally promised, but for the reasons given some months ago, to postpone the payment till some subsequent time for any year in which the managers devote the bulk of the money to a purpose not contemplated when my subscription was promised, viz., the subsidy to the ordinary expenses of the hospital. They have taken the money for this year, but if they do not do so in 1880, I will, of course, pay them my third subscription, and afterwards in the same way in due course.

“Permit me also to express my regret that this writer should identify his opinions with the existence of this school, and pronounce all who differ from him to be opponents of the school. I have been from the beginning one of the warmest friends of the school, and deem it my duty to do my best for its welfare, without pronouncing that those who differ from me are opponents of the school. Judged by his own rule the writer of the above article is an opponent of the school. For before proposing the appointment of a ‘recognition committee,’ I submitted the proposal to the Honorary Secretary, who approved and promised to support it cordially, and when brought forward it was discussed and unanimously carried at the annual meeting. It is, therefore, an action of the school which the anonymous writer prejudices and ridicules in the above article. This is greatly to be deplored, as the difficulties of this object are naturally so great that it will require all our united strength to face them. Such an article,

though of no official value, is hurtful to the school by promoting discord and half-heartedness, and ought not to have been written before the committee had had time, at least, to give in their report, whatever the opinions of the editors may be."

We are glad to know from this that we were mistaken in supposing that Dr. Drysdale and those immediately associated with him had repudiated their subscriptions. Everything, however, that Dr. Drysdale has said and written on this matter has more than justified such a conclusion.

What is meant by the phrase "express my regret that this writer should identify his opinions with the existence of the school" we do not understand—to us it is perfectly unintelligible.

Dr. Drysdale further assures his readers that he has been "from the beginning one of the warmest friends of the school." We are glad to hear it, as had the statement not come from himself, we should have doubted the correctness of the information. One is usually in the habit of forming an opinion as to a man's attachment to a cause or an institution from his actions and words. In the present instance we must confess that nothing has given us greater regret than the position which Dr. Drysdale has assumed towards the school management since the meeting of the Congress at Liverpool, when the name of the school was decided by so large a majority in a manner contrary to his wishes. The "action of the school" to which Dr. Drysdale refers and describes as having been "unanimously carried," was one which, we believe, most of those who *did not object* to Dr. Drysdale having an opportunity of putting his proposals to a test, knew must, to say the least of it, be perfectly barren of result. The resolution to appoint the Committee asked for by Dr. Drysdale was carried *nemine contradicente*, rather than unanimously; and it was not objected to by some, in the hope that by assenting to it Dr. Drysdale's opposition to the school might possibly be diminished.

No one that we are aware of has pretended that our article on the school, either on this or on any other occasion, has, or ever had, any "official value." Any value that it may possess depends entirely on the accuracy of its facts, and the justice of the conclusions derived from them. The interests of the School demanded an early and prompt refutation of the misrepresentations contained in Dr. Drysdale's speech, and we endeavoured, as we trust successfully, to sustain those interests, while, should these interests be threatened in the future, it is our intention, regardless of those of individuals or Committees, to do our best to support.—Eds. M. H. R.

THE "HOMŒOPATHIC WORLD."

WE understand that, with the publication of the August number of this periodical, *Dr. Shulldham's* editorship ceases.

We are glad to be able to congratulate the proprietors and readers of the *Homœopathic World* that *Dr. Burnett* has undertaken its management. *Dr. Burnett's* extensive acquaintance with British and foreign medical literature, his knowledge of his profession, his deep interest in homœopathy, together with his familiarity with men and things, derived from considerable experience both at home and abroad, well qualify him for the post he accepted.

We have no doubt of his being able to raise the *Homœopathic World* to a position of well-earned influence amongst us, and he has our best wishes for his success in endeavouring to do so.

CORRESPONDENCE.

NASAL POLYPUS CURED BY *TEUCRIUM*.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The following case may be of interest to those of your readers who remember a similar case reported in the *Review* of February, 1872, by my uncle, the late *Dr. Richard Epps*.

William Garrett, aged 48, had suffered from polypus of the nose all his life, so that both nostrils were completely blocked. About the year 1870 patient consulted *Sir William Fergusson*, who advised evulsion as the only treatment of any use, and told him that only temporary relief could be gained by any treatment, as the disease was sure to return. *Sir William* removed a polypus as large as an oyster from each nostril. There was considerable bleeding, but the operation was followed by perfect relief from the obstruction. Three years later, patient had the polypi removed by *Mr. Henry Smith*. About eighteen months after this, the polypi had grown as large as before, completely obstructing both nostrils. At this time patient read my uncle's case above alluded to, and determined to try *teucrium*. He obtained a bottle of the strongest tincture of *teucrium*, took one drop three times a day, and applied the tincture with a camel-hair brush to each polypus every night and morning. He continued this treatment, somewhat irregularly, for four months, when all traces of the polypi had disappeared, and he could breathe quite freely through each nostril. Patient states that the polypi appeared to rot gradually away. For the last three years patient has been perfectly free from all nasal disease, and had called at my house with the intention of thanking my uncle for the cure of his long-standing disease.

I examined both nostrils most carefully with a wire nasal speculum, and found them perfectly free, and the mucus membrane healthy. As cures of nasal polypi by medicinal means are still far from common, I send the above case as confirmatory of my uncle's, reported in 1872.

I am, Gentlemen, yours faithfully,
89, Great Russell Street, WASHINGTON EFFS.
Bloomsbury, W.C.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I think it only due to Dr. Edward Blake to answer his query addressed to me in your April number, and to confess that a careful examination has shown that my house is exposed to nearly all the dangers of admitting sewage gas, to which defective arrangements could conduce.

That this may have materially contributed towards, if not have been the sole cause of, the severity of the inflammation following the vaccination of my child, I cannot doubt; and I may here give my testimony in favour of the views expressed by Dr. E. Blake, and say that I have learned to look upon sewage poisoning as not only capable of originating *de novo*, ulcerative tonsillitis, diphtheria, and typhoid fever, but as the chief agent in giving malignancy to scarlet fever, erysipelas, measles, and other inflammatory affections.

In conclusion, I beg to tender to Dr. E. Blake my sincere thanks for calling my attention to so grave a danger within my own doors, which the very nearness of had caused me to overlook.

I am, gentlemen, yours, &c.,
Birmingham, EDWARD M. MADDEN.
24th June, 1879.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—As it requires more grace to confess a fault than to assert a right, allow me to make the following remarks in reference to the subject of my letter in your last issue, on which you have commented. I have re-read Dr. Hughes' excellent article on "Comparative Materia Medica," and I agree with you that it is an admirable lecture, and that I have completely misunderstood the lecturer's aims. Still, I think you will admit, that the error which I have committed, if error it were, is very excusable on the part of an old homœopathic practitioner, who has not taken much interest in the scientific development of modern medicine, since the time that he became a convert to the homœopathy of Hahnemann. I was so disgusted with the practical results of the medical science of the old school, when I was a student and early practitioner of medicine, and have been so satisfied with the

comparative results of the practice of homœopathy since the year 1851, when I became a medical associate of the Hahnemann Hospital and witnessed the results of the late Dr. Curie's practice, which I have since followed, though somewhat modified by the studies and the reported results of the practice of modern professors of homœopathy—that it is not surprising I should manifest a degree of jealousy at any tendency on the part of the London school of homœopathy to revert to the pathological treatment of the old school, however modified by the results of modern science, that is, *the clearer lights of physiology and pathology* in the present day. It is my impression, however, that allopath and homœopath, as such, will soon cease to exist in our profession, and that we shall recognise each other as followers of the great physician.

Hoping you will do me the favour of inserting this as a reply to your editorial remark,

I remain, yours faithfully,

Wellington,

DAVID McCONNELL REED, M.D.

July 4th, 1879.

A WARNING.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—A man, calling himself Dr. Macdonald, professing to have been a homœopathic practitioner at Willington, Durham, in 1871, and afterwards to have been in America, and there to have lost all his property, is going the round of homœopathic practitioners.

He does not directly ask for aid, but tacitly appeals to your sympathies by professing a destitute condition and to be seeking for an assistantship. He appears to have met with favour in many quarters, for he has been made the depository of what one would consider secrets of the profession, and he has at his finger-ends the localities and peculiar practices of the leading practitioners of our school. He professes also to have an intimate acquaintance with the New York practitioners.

I confess to having been pecuniarily duped by him, as he appeared to be acquainted with circumstances connected with my deceased brother, which I thought no one but a true acquaintance would know, and he also knew many other things connected with Canterbury which seemed to me to confirm his story. I afterwards found out that he was unknown to some, at all events, whose names he gave in as being old well-known acquaintances; but someone corresponding with his appearance, and making similar professions had been seeking an assistantship at Canterbury *about a year ago*. It was no doubt then he learnt some facts

about my brother, and, Claimant like, made note of them to be used on some favourable opportunity.

I do not know whether he visits medical men of all schools; I should think he does, as he had spent about a year since he was heard of in Canterbury, and appeared before me in a well-favoured condition, but I know he pays attention to the homœopaths, for a few days after he paid me a visit he called on Dr. Nankivell of York, by whom, as I had forewarned him, he was very summarily dismissed.

May this put others on their guard.

Yours truly,

1, St. Nicholas Parade,
Scarborough, July 16th, 1879.

F. FLINT.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. BAYES, Dr. HUGHES, Dr. DONALD BAYNES, Dr. FENTON CAMERON, Dr. HARMAR SMITH, Dr. HAYLE, Dr. R. T. COOPER, Dr. F. FLINT, Dr. TOD HELMUTH, Dr. McCONNELL REED, Dr. BIRMINGHAM, New York, "Our American Correspondent," Dr. WASHINGTON EPPS, Dr. BERRIDGE, Dr. NEVILLE WOOD.

We regret that want of space compels us to defer our obituary notice of Dr. CLEMENT WILLIAMS till next month.

BOOKS RECEIVED.

- The following books, periodicals, &c., have been received.
Handbook of Practical Midwifery. By J. H. Marsden, A.M., M.D.
 New York: Boericke and Tafel. 1879.
Allen's Encyclopædia of Pure Materia Medica. Vol. ix.
The American Journal of Electrology and Neurology. July.
New England Medical Gazette. July.
United States Medical Investigator. June 15 and July 1.
Homœopathic Times. June.
St. Louis Clinical Review. June.
Cincinnati Medical Advance. July.
The Organon. July.
British Journal of Homœopathy. July.
Homœopathic World. July.
Student's Journal. July.
Bulletin de la Société Médicale Homœopathique de France. July.
Revue Homœopathique Belge. June.
Allgemeine Homœopathische Zeitung. Nos. 25, 26, 1, 2, 3, 4.
Homœopathische Rundschau. July.
L'Homœopathic Militante. May, June.
Report of the International Homœopathic Congress held at Paris, August, 1878. Paris. 1879.
Twenty-Ninth Annual Report of the London Homœopathic Hospital for 1878.
Montreal Daily Witness. June 16.
Sixth Annual Report of the Oxford Homœopathic Medical Dispensary.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

THE LONDON SCHOOL OF HOMŒOPATHY.

AFTER publishing the full report of the Special General Meeting of the Governors and Subscribers of this School, held on the 17th of July, considering the decision which was then arrived at, namely, that no memorial to the University of London should be forwarded at all, and considering also that the Committee resigned there and then, we had resolved to make no further remarks on the subject, being only too glad to see the end of a proposal which we had all along regarded as impracticable. We have, however, felt it to be our duty to alter our decision, as we see by the programme of the proceedings of Congress, that Dr. HAYWARD intends to ask a question at the meeting at Malvern, and in this way to reopen the subject. We further learn that Dr. HAYWARD, in the interests of Dr. DRYSDALE and his party, will endeavour to induce the members to express their opinion by voting; while, in the meantime, we have reason to believe that efforts are being made to influence by personal appeal the votes of some who may be expected to attend the meeting. The reason why Dr. HAYWARD proposes to take this step is, we learn, that the decision

arrived at at the meeting on the 17th July, was carried only by the casting vote of the Chairman, Lord EBURY. It is true that such was the case, but it will be observed that this vote was only taken upon the general and preliminary question, whether a memorial of any kind should be sent to the University of London or not. Even had the vote on this question been otherwise, the memorial would have probably been so much altered "in committee," that the project would have been given up. In fact it was only because at the very outset such difference of opinion in regard to the vital points in the memorial was manifest, that the noble Chairman, and the meeting in general, saw that it would be waste of time to discuss the details, before determining whether any memorial should be forwarded. The casting vote of the Chairman, then, indicated a great deal more than it might be supposed to mean by those who are supporting Dr. DRYSDALE's proposal.

The meeting was equally divided on the general question of the propriety of sending any memorial; Dr. BLACK said that unless there was unanimity, it would be of no use to go on, and the noble Chairman gave as his reason for voting as he did, the necessity for unanimity if the project was to have any chance of success. This feeling, then, being expressed by Dr. BLACK and by Lord EBURY, and evidently felt by the meeting, we are surprised that an attempt should be made to reopen the question at the Congress.

Dr. HAYWARD is, of course, at liberty to ask any question at the Congress Meeting, but it will remain with the members to decide whether they will permit discussion on the subject, or a vote expressive of their opinion. It is not probable, we fancy, that this will be allowed, but in case we should be mistaken, we deem it important to place

clearly before our colleagues the merits of the question as it now stands, so that they may know with some degree of certainty on what they will be asked to vote.

That recognition by the University of London and other licensing bodies of the lectures delivered at the London School of Homœopathy, or of lectures on homœopathy, is desirable, no one for a moment denies, and that such recognition will come in due time we have not the smallest doubt. What we have hitherto maintained is, that the present is not the proper time for memorialising the University of London, or any similar body, on the subject, as the state of feeling in the old school in regard to homœopathy is not, in our opinion, sufficiently favourable to make it otherwise than Utopian to suppose that success is possible; and that we should, in taking such a step, only court insult, of which our small body has had already quite enough.

There is, however, a difference of opinion on this question, as was shown by the vote at the meeting of the 17th July, and we can quite understand the feelings of Dr. ROTH and others, that, although there is no chance of success at present, we ought not to be daunted by this, but keep hammering away year after year, until success crowns our efforts. Many schemes have thus won their way, though at first to all appearances impracticable from the small amount of support given to them.

Having already more than once fully expressed our views on this general question, we are quite content to leave further argument alone, all the more so as the real question at issue is now—since the meeting of July 17th—entirely altered. This is the point which we want at present to make clear, and about which there must be no mistake in the minds of any of our colleagues, who may be asked to express their opinion at Malvern.

It will be observed that the original proposal of Dr. DRYSDALE'S Committee was to take steps to obtain recognition for "our lectures"—that is to say, for lectures on homœopathic therapeutics and *Materia Medica*, such as are at present delivered at the London School of Homœopathy. In other words, that recognition should be pressed on the ground of the necessity for supplying what was not taught in other schools, and of having this system brought forward as part of the complete education of the medical student. We have the best reasons for knowing that at the conversation held with Dr. CARPENTER, the late Registrar of the University of London, by certain members of the Committee, Dr. CARPENTER told them that, owing to previous abuses of the privilege, the University had resolved not to recognise any course of lectures not connected with some recognised medical school, but that it was not impossible that if they came forward with a prayer for recognition, the rule might be altered in their favour, on the ground that an entirely different system of treatment was taught by us from what was inculcated at the ordinary schools. In other words, he gave them plainly to understand that it would be solely in virtue of the lectures being openly and avowedly on homœopathy that there would be any chance of an exception being made in our favour. How this opinion bears on the question of the name of the school, now happily settled, it is unnecessary to remark.

The Committee, however, go a step further, and propose that recognition should be asked for our lectures *in lieu of* lectures on the corresponding subjects in other schools.

Now, as everyone knows that the examinations are conducted by members of the old school, and that the questions are and will be for a long time to come, solely on the practice of medicine and *Materia Medica*, as taught in the

ordinary schools of medicine, nothing was more natural than that Dr. BAYES should enquire of the Committee how they meant to prepare the student for examination by lectures such as are given at 'present in our school. This question drew from Dr. BLACK, what we find had been kept quiet from certain members of the Committee, the honest confession that they intended that the present courses of lectures should be remodelled, and that those on practice of medicine, for example, should not only include the general description of each disease, with its symptoms and pathology, but that the allopathic as well as the homœopathic treatment should be given.

Here is the vital point at issue, and the point which, we maintain, completely alters the aspect of the question of application for recognition.

Just let us stop to consider what this proposal involves.

The student must be so taught as to qualify him for his examinations. Consequently the allopathic treatment must be taught as fully and completely as in other schools, and put in as prominent a position as the homœopathic treatment. The result of this would be that homœopathic therapeutics would be pushed into a corner. Is this all that is to come of the London School of Homœopathy, the entire *raison d'être* of which is that it teaches homœopathy, and supplies what is not to be had in other schools? Are the teachers to be asked to waste their own and the students' time by teaching what they do not believe in; what they know is at the best most imperfect in its quality, which is oftentimes worthless, and not seldom injurious?

Well might Dr. MARSDEN say that it would be "very inconsistent to teach the use and practice of allopathy, and then to turn round and say 'this is not what we believe; this is what is taught over the way.'" Dr. DUDGEON objected to this description as "a caricature." Verily and

indeed it is no caricature at all, but a true account of what lecturers, standing in so false a position would, if they did their duty, be compelled to do. Dr. BLACK paid the lecturers a very sorry compliment when he supposed, as we presume he did suppose, that they would undertake a work of such a character as this.

But, again, if this proposal were carried out, is it to be supposed for one moment that students would come to us to learn allopathy, knowing as they do, not only that we do not believe in it, but do not practise it? All the information that we could give them would be from the reminiscences of allopathic treatment employed by us before we saw the error of our ways and adopted homœopathy, filled up, and brought down to the present day, by the aid of books and journals, which the student can read as well as we can. It is not likely. For allopathic teaching they will go, and it is quite right, too, that they should, to lecturers who at least profess to believe what they teach, and practise at the bedside what they direct others to practice.

Once more, if the University of London were disposed to recognise lectures on homœopathy, which we shall suppose, for the sake of argument, that they might do, is it at all likely that they will put their *imprimatur* on lectures which teach their own views on treatment in what cannot but be a sorry manner, side by side with the new system—the lectures having been instituted specially to teach a method subversive of the old treatment? They would be indeed weak were they to do so. We can understand them ultimately resolving to give a fair field for instruction in homœopathy, but they will not be so foolish as to recognise this half-and-half jumble.

But if such arguments, which almost amount to a *reductio ad absurdum*, are not deemed sufficient, we have only to

add that, on our part, the scheme is utterly impracticable. The student expects to have the whole subject of *Materia Medica*, and that of *Practice of Medicine*, overtaken in one session. Dr. DYCE BROWN, the lecturer on "Principles and Practice of Medicine," stated that, in order to teach homœopathic therapeutics in such detail as was necessary to render the lectures of any value, the mere addition of a succinct description of the disease and its pathology and general symptoms necessitated the consumption of *two* summer and winter sessions to cover the whole field. He had, therefore, with the sanction of the Honorary Secretary, Dr. BAYES, lately omitted everything but the homœopathic treatment of disease, referring the student for other general information to the ordinary text-books on medicine. Even with this reduction of matter, he found it difficult to go over the whole ground satisfactorily in one winter and summer session. If this is the case, what must it be if allopathic treatment has to be discussed also? Dr. DYCE BROWN stated that he would decline to lecture on these terms, and although some one else might succeed in crushing into the one session all this mass of work, he considered that, judging from his own experience, such lectures, as far as regards homœopathy, would be simply valueless, as the time which could be devoted to so wide a subject would be totally insufficient for the purpose.

Lastly, do Dr. DRYSDALE and his supporters suppose for one moment that students would actually take our lectures in lieu of those at their own schools of medicine? Do they suppose that men who, if they have nothing to gain by propitiating the good will of their examiners, have certainly something to lose by setting it at defiance, will take as certificates of attendance on *Materia Medica* and *Practice of Medicine*, those accorded by the lecturers at the London School of Homœopathy? Would Dr. DRYSDALE, Dr.

DUDGEON, or Dr. HAYWARD, supposing either to have a son studying for the medical profession, consent to his producing such a certificate to his examiners? The thing is absurd. In fact, not only have we shown the scheme to be impracticable, but the main portion of the argument is a *reductio ad absurdum*.

Let those who think it worth their while to attempt to obtain recognition at present for *bonâ-fide* lectures on homœopathic Materia Medica and Practice of Medicine solely, continue to use their efforts, if they please, in this direction, though such efforts must be, for some time, futile; but let us not see our only institution for the teaching of homœopathy prostituted to such a purpose as Drs. DRYSDALE, DUDGEON, and BLACK propose. We should feel ashamed to think that such an institution existed, to say nothing of supporting it. It would not die a natural death, for this "remodelling" process would infallibly strangle it, and the sooner it did so, we should say, the better.

Why, then, should the time of the Congress be wasted in even discussing a scheme which can only result in increasing dissension, and must tend to weaken the hands of those who are doing their best to render the school a success? For our part, we think such a result is to be deplored, and it is difficult to see with what object this proposal is to be renewed.

Had we not already sufficiently disposed of the memorial, we could have found fault with several of its statements—statements which, had the preliminary vote at the meeting of the 17th July been otherwise, would certainly not have been allowed to pass. One only of these we at present notice. The memorial states as one of the reasons for our not endeavouring to start a complete medical school that "there is also nothing in the nature of anatomy,

physiology, natural history, chemistry, or even of operative surgery and obstetrics, which is modified by our distinctive theory and practice." We feel sure that a well-informed surgeon or obstetrician would maintain that surgery and obstetrics—even when operative—are most sensibly modified by homœopathy. The after-treatment of a surgical case, or of one where the forceps has been used, will at times make all the difference between a fatal issue and a recovery. Treatment in such cases is, in fact, very much modified by homœopathy.

It is abundantly clear that homœopathy will never be advanced by schemes of this character. So long as those who really believe in it are, as compared with the bulk of the profession, few in number, while those who openly express their faith in it are fewer still, so long must we remain as therapeutic missionaries; so long must we be content to take a limited part in the training of the pupil; so long must we look chiefly to the education of the post-graduate. Doubtless, it would be a very great thing were we in a position to teach *Materia Medica*, as we believe that it ought to be taught, in a complete medical school; to feel assured that the knowledge we conveyed to our students would be that which would enable them so far to secure admission into the profession. But to act as though we could do so, well-knowing the impossibility of our accomplishing anything of the kind, is to place ourselves in a ridiculous position—one we are surprised that any of those who seem so desirous of taking a part in a proceeding of the kind should be willing to occupy, or endeavour to induce any one to fill.

We must wait—"everything comes to him who waits." We must realise our true sphere in the profession more accurately. We must be more earnest in the teaching of

homœopathy, less crotchety about the methods employed, making the most of such as are within our scope, doing all in our power to fill the benches at the London School of Homœopathy, taking every opportunity of bringing a knowledge of homœopathy before the minds of the allopathic section of the profession.

We must be content to occupy ourselves at present in preparing the way for the time when the *Materia Medica* will be taught in all medical schools from a homœopathic standpoint. To attempt to anticipate this time by undertaking to teach both what we believe and what we do not believe, will bring with it nothing but discredit, and will deservedly end in failure.

In conclusion, we trust that, should this proposal of Dr. DRYSDALE'S, with the memorial drawn up by the Committee, be submitted to the Congress for its approval, both will meet with as signal a mark of disapprobation as the proposition to blot out the word "homœopathy" from the name of the School, emanating from the same quarter, received two years ago at Liverpool.

SOME SENSATIONS AND PAINS DISCUSSED, WITH AN ATTEMPT TO DETERMINE THEIR MODE OF ORIGIN AND PRODUCTION.

BY THOMAS HAYLE, M.D., Rochdale.

Part II.

(Continued from page 485.)

FROM the considerations adduced in the previous essay it is rendered probable, I think, that nervous communication is effected by means of nervous cords, which conduct what may be called a carrier fluid, endued with a quality of so plastic a nature as that any mode of motion by which one of their extremities may be affected, is faithfully represented at their other extremity in an absolutely perfect way for the information of the brain.

All the sensations which we experience are the effects of different modes of motion. Heat is a mode of motion, and the sensation of heat is a sensation of the movements which accompany or cause it.

As these movements are molecular, they are most intimate, and affect the penetralia of substances; hence we are not surprised to find that of all modes of sensation, that of heat endures longest against the invasions of anæsthesia. In locomotor ataxy we are told that "sometimes there are spots of complete anæsthesia to all stimuli except heat and cold."* Althaus classifies the different forms of anæsthesia as—"loss of sensation of pain, or analgesia; loss of the sense of touch, which is anæsthesia properly so called; and loss of the sense of locality, temperature, and pressure." After saying "the sense of temperature is only rarely deficient," he goes on to speak of a case of Trousseau's. "The patient had double amaurosis, absolute anæsthesia as regards touch, pain, and locality, ataxy of motion to such an extent that he had been unable to get out of bed for two months; he had completely lost his muscular sense, and had only the sensation of heat and cold to tell him that he still had his limbs." He then says, "but even the sense of temperature may be wanting."† From all this it is clear that though the sense of temperature in some rare cases may be lost, yet that it remains the longest. Thus *à priori* reasoning is verified by fact. The sense of touch has to do with things in the mass, and thus is more superficial than that of heat, which has to do with molecules. Hence the former requires a special apparatus for its finer sensations. "We have no more *tactile perception* of a body which is in contact with a nerve trunk than we could have *visual perception* of any luminous object, the rays proceeding from which were strong enough to excite sensory impulses when directed on to the optic nerve instead of on to the retina, supposing such a thing to be possible."‡ Both sensations, however, have to do with modes of motion.

The same is true of all other sensations; the sense of hearing is due to the action of undulations of air; that of

* Roberts' *Handbook of the Theory and Practice of Medicine*, vol. ii., page 382, 3rd ed.

† Althaus' *Diseases of the Nervous System*, page 318.

‡ Foster's *Physiology*, page 408.

sight to wavelets of ether. It is probable that as we ascend into the rational and emotional world, fluids of varying qualities and of inconceivable nature impinge on organs adapted to their influence, and give rise to all the phenomena of thought and feeling. Thus the human organism may be capable of being brought into communication with the spiritual universe, even with its great source and centre, the all-wise and loving Father. All these phenomena viewed in relation to those of the lower senses may be, therefore, modes of motion. The phenomena of thought-reading, and clairvoyance derive some light from these considerations; and those of trance, when the lower senses are laid asleep, and the higher ones come into play, as the stars come forth in the solemn quiet of night, render not absolutely chimerical the idea of commerce with the invisible world.

But to return to the sense of heat. Having to do with molecules, and therefore requiring no special apparatus for its appreciation, it is clear that the sensation of heat may be transmitted by any nerve of the afferent class having direct connection with the perceptive centres. It may also be transmitted by any part of a trunk, though probably an error *loci* may arise in the mind from the sensation being referred to the extremities of the nerve. Pains in a stump after amputation are generally referred to the fingers or toes. I have referred to afferent nerves having *direct* connection with the perceptive centres as potentially carriers of the sensation of heat, and this fact explains, I think, why several parts of the system rarely convey those sensations. Thus we may burn the mouth with liquids or solids of a high temperature, but we cease to have any sense of their temperature when they pass into the œsophagus and stomach. These organs are very sparingly supplied with afferent nerve-fibres, and the few that they may have lose their direct connection with the brain by passing through ganglia. That there is a provision for the expression of morbid states is, however, obvious from the phenomena of heartburn and inflammation, and of the irritative and corrosive action of various poisons. In fact we know that some afferent fibres are contained in the pneumogastric nerve. In this essay, however, we have not to do with sensations of heat arising from causes without, but from causes within the organism. And here, when we survey the whole field, a very complex set of phenomena presents

itself to our view. There are the phenomena of fever, of inflammation, of ulceration, of sensations sometimes of an intense character, called burning, very real to the subject, but non-existent for the outside observer; of heat, associated with redness, and due to an increased quantity of blood in the part; and of heat not due to any peripheral cause. The varieties of these sensations are innumerable, but no practical good would result, I conceive, from attempting to enumerate them in this place. A sufficient variety has, I think, been specified or alluded to, to suggest a classification which will probably embrace all forms. I propose to classify them as of peripheral and of central origin. The peripheral arise from an abnormal quantity of blood in the part, and from abnormal increase of interstitial or trophic changes in the tissues; the central to disease or derangement in the perceptive centre of heat, whether that be in the optic thalamus or elsewhere. To this cause may be referred differences in susceptibility to heat and cold in different individuals when they do not arise from peripheric causes; the sense of burning in the vessels and over the extremities when the circulation is not excited, and the parts complained of as hot feel cold to the touch. This class of sensations is analogous to the illusions of sight which have been recorded, and which likewise are of a central origin. I have for many years had a very interesting case under my care. She is a very intelligent, amiable, and truly good woman. She is totally blind, having cataracts in both eyes, with morbid deposits in the choroid coat. She is the victim of a crowd of abnormal sensations, chiefly of a central origin. Burning-smarting is more or less constantly present, particularly severe in stormy and wet weather, and affecting, she says, more or less the whole system. I cannot elicit from her that it is in the flesh or bones, and yet she says it is not in the skin. The limbs feel cool, and the body; the pulse is rarely above 72, is often 60, and then she is worse. No abnormal heat is to be felt about her, nor is it indicated by the thermometer.

At the same time pulsations are often felt by her in different parts of the body, not to be verified by the observer. These are particularly and constantly felt in the head, having a metallic ring, so that she is able to count her pulse simply by their frequency. I have frequently tested her accuracy, and always found it exact. At the same time a variety of colours is always before her

vision, through which faces appear intermingled and changing, in endless succession. To add to her miseries an incessant flatulence and eructation, that often drives her from the room, torments her, though her tongue is clean and appetite and relish for food good. The alvine excretions are never normal, sometimes in flakes, like manna flakes, and when most disordered, like muddy mush, containing lumps, like soft, dark brown mud. There is no organic disease to be discovered by external exploration, except that in the eyes. The abdomen is soft, and not at all distended or tender to touch or on pressure. Her mind is quite clear, and she is quite active and cheerful. She has a wonderful memory for poetry, and amuses herself at the piano in recalling old time melodies. A brighter instance of the assertion of mind over body through many a dark hour and much unavoidable wretchedness I have never seen. There is no external evidence of any stricture or organic disease at any part of the intestinal canal, and taking all the symptoms together, I am driven to the conclusion that the causes of her troubles are central; that the sensations of burning are due to some disease about the sensational centres; that the supposed pulsations in the body are due to some disease affecting the vasomotor centres, and the visual abnormalities are due to some disease affecting the optic tubercles of the corpora quadrigemina. She had a reddish looking tumour on the cheek about the size and appearance of an average tomato, which was extirpated some years ago by the late Sir W. Fergusson by some caustic, I know not what. She has never suffered there since. Her mother was afflicted, I am informed, for some years before her death, with a very painful disease in the cavity of the cranium, of which she died. I have not been able to get the particulars.

The cause of the present symptoms is probably central, but this cause again has probably arisen from a local and peripheral aberration in nutrition, from which the blood may have been contaminated, and thus acted on the nervous centres, perhaps to the production of organic disease. Such is the complexity of our system that a peripheral cause may become a central by transference, and give rise to numerous peripheral symptoms. It is one of the great difficulties in diagnosis to ascertain the real locality of a prominent symptom, which may be far

removed from its apparent seat. This requires a very careful consideration of the whole case.

A busy practitioner has hardly time to do this in every case, but if he makes it a point of duty to analyse thoroughly at least one case in every day, he will gradually acquire the power of appreciating symptoms at a glance. Many men fancy they do this, but if they have not thoroughly and slowly mastered the details of various cases of disease as students for many years, their diagnoses may turn out to be mere guesses viewed as scientific conclusions, only in the light of self-complacency.

The phenomena resulting from sensations of increased heat occur on the most extensive scale in fever. As the blood is one of the great factors of heat for the body, and the blood-vessels constitute a warming apparatus of the most elaborate kind, it is here we must look for the cause of the phenomena of variations in the sensations of heat in fever. These may be referred to two causes—viz., differences in the distribution of the blood, and differences in its temperature. In the chilly stage of fever, the blood retreats to a great extent from the skin to the central organs and vessels; hence the rigor. During this sense of chilliness, the temperature of the blood is really increased. The sense of chilliness is due to the retreat of the blood to the interior from the surface; but, in consequence of the increased heat of the blood, a sense of heat seems to permeate the chilliness. This compound feeling, associated as it is with languor, gives rise, if the symptoms are not very severe, to a not disagreeable sense of *abandon*. When reaction takes place, the capillaries of the surface become distended, and hence general heat all over the surface. And now another cause of increased heat comes into play. The appetite fails, the blood loses its supply from the food; at the same time it continues to take in a supply of oxygen; its combining power thus increased is spent on the tissues; the balance of trophic interchange is broken up; the nature of the chemical changes all over the body is altered, and the result is increased heat. Science is, I believe, not yet competent to state what these changes are with precision, and the differences as to the capacity for heat which exist between the compounds formed in health and those in fever; but the result is that heat is given out sometimes to a great extent, the more or less of which is so constant in

different forms of fever as to form a valuable element in the diagnosis. The thirst, I suppose, arises from the necessities of this chemical action, and its degree will one day make an element in the diagnosis, as it already does in the choice of our remedies. Emaciation follows, as a matter of course.

From the foregoing observations it is obvious that the heat is not only an important element in the diagnosis, but a gauge of the intensity and consequent amount of danger. Its purely chemical and automatic character is obvious from the fact of its occasional increase for some time after death. In the course of our discussion we now come upon a series of facts, which may be compared in some points with those of fever, and by their contrasts and analogies may throw light upon our previous conclusions and correct them or confirm them. In starvation, from long absence from food the blood loses its pabulum, although oxygen is taken in through the pulmonary capillaries, conditions similar to those which occur in fever, but there is no increase of heat, but the contrary. As in fever, the blood loses its supply from the food, at the same time it continues to take in a supply of oxygen; its combining power thus increased is spent on the tissues; the balance of trophic interchange is broken up; the nature of the chemical changes all over the body is altered, *and the result is—increased heat?* No; diminished heat. All this may be said, we see, in just the same words, of enforced abstinence from food, except that “the appetite fails,” and yet the result is diminished heat. So much for theory, or rather speculation. Now what makes the cases differ in result? Before answering this question another class of cases may be considered, one of which I have now under treatment. Total loss of appetite, bilious vomiting, slow and weak pulse, in my present case about 54; all the functions of the system depressed; heat 98°. Here we have the loss of pabulum for the blood, while oxygen is still being supplied, yet the heat is not increased—rather diminished than otherwise. What is the difference in these cases? Mainly, I think, in the state of the capillaries and circulating system.

In fever the capillaries are dilated, and the frequency of the heart's action and that of inspiration is increased; from the dilatation of the capillaries the blood is brought more freely

into communication with the circumjacent tissues; endosmose and exosmose more freely go on; hence chemical action is more vigorous, and heat more freely developed. In cases of starvation the reverse is the case. The area of the circulating system is contracted; the chemical changes are diminished; the pulse is weaker and slower, and so are the respirations. The excretions are diminished, and the energy of the vital manifestations is lessened. The same state of things occurs in the class of cases of which I have given a specimen. A comparison of cases has thus enlarged our view, and corrected an erroneous conclusion drawn from insufficient data. I think I am warranted by the phenomena of fever in drawing the conclusion that the capillaries are dilated, and from this to deduce increased chemical change, waste of tissue, and consequent increased heat. Such a state of things presupposes a paralytic weakening of the vaso-motor nerves. This may be either due to peripheric or to central causes.

The natural history of fever, the exposure to infection, the duration of the stage of incubation, and lastly the outbreak of febrile symptoms, all point to an agent through which the blood is gradually affected, and, so to speak, leavened, before the vaso-motor centres become affected. The progress is, therefore, from periphery to centre. On the contrary, we have only to read over the symptoms of poisoning from aconite or belladonna, or any active poison, to become convinced that we have to do with symptoms, if not of a central origin, at least of a very different nature. I have treated the question very generally, and should have written very differently if I had got up the subject previously, and formed my opinions before I began to write, but I preferred to discuss what arose in my mind as I reviewed the phenomena. Both the former essay and this are therefore faithful representations of the course of thought in my mind, and as I thought I wrote. The defects of such a mode of procedure will be, I fear, too apparent to my readers, and I have to throw myself on their mercy. What is wanting in polish and form is often excused in the notes of a traveller.

NOTES ON THE POSITION AND PROGRESS OF HOMŒOPATHY IN THE UNITED STATES OF AMERICA.

BY ALFRED C. POPE, M.D.

It is impossible for any earnest believer in the truth of homœopathy, for any one really anxious to see it attain its proper position as the predominant doctrine of therapeutics, to visit the chief cities of the United States of America without his heart being made to rejoice at the progress, both scientifically and professionally, which this doctrine has made among so shrewd and energetic a people as are those of that country. From whatever point of view the position homœopathy has acquired there is regarded, whether from the number of regularly educated practitioners of medicine who have espoused the cause of homœopathy; from the variety and character of the public institutions whose *raison d'être* is the teaching, practice, and development of homœopathy; from the culture, wealth, and influence of those who avail themselves of homœopathic treatment; or from the earnestness with which the materia medica, clinical medicine, and surgery are studied, and the careful and thorough criticism to which the various practical details connected with homœopathy are submitted in discussions at medical societies, it must be admitted that among the Americans homœopathy is held in higher esteem, is more thoroughly taught, and more diligently cultivated than it is in any other part of the world.

One physician with whom I conversed on the causes of this rapid and thorough progress attributed it to the democratic character of the Government and the "freedom" of the institutions of the country. For my part, I could see nothing to justify such an hypothesis. However attractive a democracy may be from a theoretical stand point, its practical results, politically or socially, present nothing enviable, so far as my opportunities for judging enabled me to form an opinion. It is not by reason of or through republicanism that homœopathy has advanced so rapidly, but from the shrewdness of the people, from the avidity with which an American takes hold of a new idea of a practically advantageous order, from the thorough grasp he gets of it, and from his capacity for organisation that homœopathy has spread so quickly, that its practitioners

and adherents have become so influential in the land. Homœopathy has spread in the United States from precisely the same causes that an instrument like the telephone, which here is still little more than a scientific toy, has there in a few years become a daily and hourly medium of communication between many thousands of people ; from the same that electricity has there been so largely adapted to the service of man in ways so various. The first and almost only question an American asks about any new suggestion is, "Will it pay?" Satisfied of that, he goes ahead and avails himself of it without the slightest regard to "interests" of any kind, whether "vested" or not. So has it been with reference to homœopathy. Earnestly advocated, carefully taught, and brought prominently forward, its early progress was more rapid than it had been elsewhere. Submitted to the test of such epidemic diseases as cholera and yellow fever, of such frequent endemic diseases as cholera infantum and diphtheria, and of acute inflammations, commonly occurring and severe in type, it was readily recognised by the more intelligent classes as something that "would pay" by diminishing the duration of illness, and rendering essential service in the prolongation of life. Once assured of this, the organising faculty of the American mind was brought to bear upon its development. Medical Schools were established, in which homœopathy was regularly and systematically taught. Societies were formed throughout the Union, in which the principles of homœopathy were discussed. Journals were published, in which the interests of homœopathy and those of its practitioners were defended. Hospitals were opened, in which its practice was illustrated ; and lastly, a Life Insurance Office was started, in which lower premiums were accepted from insurers who adhered to homœopathic treatment in illness than from others. The success of this Institution is in itself a proof of the reality of the advantages claimed for homœopathy by its practitioners, as it is also of the widely spread confidence entertained for it by the public in the States ; while the widely circulated and carefully compiled statistical tables which have been prepared in connection with it by its indefatigable manager, Dr. Kellogg, carry a knowledge of the results of homœopathy into every city in the Union.

Such appeared to me to be the explanation of the rapidity of the progress homœopathy had made, and of the thorough-

ness which characterised its development in the United States during a short tour I have lately made through a few of the most important cities of that very interesting country.

As briefly as may be, I will now endeavour to describe the institutions connected with homœopathy in Boston, New York, Philadelphia, Pittsburg, Chicago, and Cleveland. First of all, I must express here my warmest acknowledgments to my medical brethren in those cities for their splendid hospitality, the cordiality with which they received me, the readiness with which they supplied me with information on all points of interest, and the great kindness and attention I met with from them, both when passing through their cities and at the meeting of the American Institute of Homœopathy, held amid the lovely scenery of Lake George.

Boston, where I landed, is a city of some 600,000 inhabitants, and, as has often been observed before, greatly resembles an English town. Its citizens claim for it the proud pre-eminence of being the centre of intellectual life in the United States; while some, like Dr. Oliver Wendell Holmes, describe it as the "Hub of the Universe;" or, as it was phrased by my friend, Dr. David Thayer, "the centre of the wheel around which civilisation circulates." Such claims have an air of extravagance about them, but when the evidence on which they are based is examined, and for the word "universe," we read "United States of America," they will be found to possess a large amount of solid foundation. In no other city of the Union is so much interest felt in, and so much attention paid to, the cultivation of physical and natural science, of art and of literature; in none other will be met so considerable a number of men who rank high among the *littérateurs* and scientists of our time as in Boston. Near by is "Old Harvard," a college with a world-wide reputation, officered with professors of eminence, possessing a museum on a very extensive scale, with laboratories for experimental work admirably constructed and furnished. Harvard is at Cambridge, a city about four or five miles from Boston; but, large as it is, it is inadequate to quench the thirst for knowledge of the highest order felt by the Boston youth of both sexes. Hence has been founded the Boston University, the distinguishing feature of which is that degrees in each department are granted to women as well as to men, and that members of both sexes study together in the same

classes, alike in arts, law, and medicine. This arrangement is known as the "Co-Education Movement." Various objections to such a plan will readily occur to everyone; but, from all I could learn, no inconvenience, but, on the contrary, much practical good has arisen in consequence of its adoption. Besides these institutions for higher and professional education, Boston is well known for the excellence of its public schools, and for the number and efficiency of its philanthropic institutions. Art, also, is becoming more and more appreciated, and taste in architecture and in the internal arrangement of houses, is being cultivated more zealously there than in any other city in the Union.

With such claims to pre-eminence, one must not be surprised at the Bostonians asserting somewhat loudly the proud position of "The Hub."

In Boston, then, the centre of the intellectual life and culture of the Union, homœopathy is represented by the medical faculty of the University, and by about 200 qualified and practising men and women. The Homœopathic Medical Society of Boston, and the State of Massachusetts Homœopathic Medical Society, meet at stated intervals, and each has a lengthy roll of members. At a dinner at which I had the honour of being entertained by the former, about ninety members were present. The hospital was erected, and so far endowed by the proceeds of a bazaar (or "fair," as this mode of obtaining money is there termed), which constituted the reply of Boston to the miserable persecution of homœopathic physicians initiated by Dr. Storer and the members of the State Medical Society: it is a small but well arranged and amply furnished institution, receiving both gratuitous and paying patients. The former class number, however, only a dozen, while the latter are about twenty-five or thirty. The payment varies from about two to five guineas a week, according to the accommodation supplied. It is to be regretted, especially when the interests of the University Medical School are considered, that the paying patients are not regarded as material for clinical teaching, which is therefore almost entirely dependent on the out-patient department. With so much energy as Boston has already displayed in providing means for a thorough medical education, it is impossible to doubt that within a few years the University will have under its control a hospital larger in size and

fully adapted for clinical work. To the credit of the Boston University be it said, it was the first medical school in the country to take active measures for raising the standard of medical education. Until lately in all, and even now in many, medical colleges, a student presented himself for examination for the degree of M.D. after attending lectures and hospital practice for only two years of five months each, while no entrance or preliminary examination was ever exacted. In Boston a preliminary examination is held in every instance before a student is allowed to place his name upon the roll, and he must attend classes for at least three years of eight months each, while inducements are held out to him to remain at college for four years before taking his degree. The college buildings are commodious and well adapted for their purpose. The several faculties of the University conduct their work at present in different parts of the city, but the erection of a suitable structure in the suburbs is, I believe, in contemplation, when all will be united. For the medical classes, the University purchased the building which had been devoted to the Female Medical College, and the Homœopathic Hospital has been erected on an adjoining plot of land.

In Boston is published a medical journal devoted to the interests of homœopathy—*The New England Medical Gazette*. It is now edited by Dr. Herbert Clapp, and in his hands is recovering some of the position it had lost of late years. It will, we trust, be enlarged, and do once more as good a work as it was accomplishing some years ago when under the direction of its founder, Dr. Talbot.

A few of the younger physicians, mostly, I believe, graduates of the Boston University, have formed themselves into a medical club, where papers are read by members in rotation and discussed. At one of these meetings I had the pleasure of being present, and the earnest desire to cultivate a sound knowledge of medicine exhibited by the young men present augured well for the future of homœopathy in Boston.

Travelling southwards to New York, I had the pleasure of meeting a few of the leading members of the large body of homœopathic physicians at a luncheon at the Union League Club, and from them learning much of what was doing in New York. I found that homœopathic physicians there and in Brooklyn—which for all practical purposes is

a part of New York—numbered six hundred, all of whom are legally qualified to practice. The New York Homœopathic Ophthalmic Hospital and Medical School is a handsome and well-arranged building. The out-patient department is very extensive, and at the time of my visit, which I made with Dr. Allen—the senior surgeon and well-known editor of the *Encyclopædia of Materia Medica*—there were five surgeons seeing out-patients. The wards are well-arranged, clean, well ventilated, and not over-crowded. The entire building reflects great credit on all concerned in its management. The College is well provided with teaching material, and has an increasing number of students. During last winter session Dr. Allen's lectures on *Materia Medica* were attended regularly by two of the professors in one of the leading Medical Colleges of New York. These gentlemen are now carrying on their enquiries into the action of infinitesimal doses. Later during my stay in the States I again visited New York, when I went over the Homœopathic Hospital on Ward's Island in company with Dr. Baner, the physician for the day, Dr. H. M. Smith, of New York, Dr. Dake, of Nashville, and Dr. Krebs, of Boston. We were conducted through the building by the resident physician, Dr. Holden. The accommodation is for six hundred. It is under the control of a board known as the Board of Charities and Correction, a body having the management of the kind of work which in England comes under the control of poor-law officials and visiting magistrates. The patients are all absolute paupers; and among them were a large number of hopelessly insane persons.

On the following day Dr. Dake and I paid a visit to the Middletown Insane Asylum. Designed to consist of a central building, with two wings, only the former and one wing are as yet completed. It is situated on a fine piece of open and elevated ground, about a mile from Middletown, a town of about 8,000 inhabitants, 60 miles from New York. It is a handsome and well-arranged building, the wards and corridors are cheerful, and well-ventilated. Dr. Tallcott is the medical superintendent and thoroughly devoted to his work. The results he has obtained so far have been eminently encouraging; at the time of our visit the patients all appeared quiet, orderly and comfortable. Mechanical restraint, though resorted to very rarely, and only in exceptional cases, is, both here and in all

American asylums, employed more frequently than it is in England.

On the following day I made a hurried visit to the Hahnemann Hospital at New York. It is almost exclusively devoted to patients who pay from two to five guineas a week during their stay. The accommodation is for about fifty or sixty persons. The rooms are lofty, cheery looking, well-ventilated, clean, and comfortably furnished. The upper floors are communicated with not only by an ordinary staircase but by a lift. From the admission being by payment, this hospital is of little value for clinical teaching.

In Philadelphia, where I was entertained by the Hahnemann Club, I saw much that is of interest from a homœopathic point of view. On the afternoon of the day of my arrival Dr. Bushrod James drove me to the house of the venerable Dr. Constantine Hering, with whom I had an interesting conversation for half an hour. Though on the verge of 80, Dr. Hering continues in the active exercise of the duties of his profession, both visiting patients at their residences, and receiving them at his own home. His intervals of leisure are devoted to the preparation of works on the *Materia Medica*. His enthusiasm for Hahnemann, and the energy of his language in denouncing all and sundry who venture to doubt the teachings of the master, would seem to be as great as ever, and his interest in knowing all that is going on in the development of homœopathy age has been unable to diminish. The same evening I attended the usual monthly meeting of my hosts—the Hahnemann Club. The club consists of, and is limited by its laws, to twelve members. What is termed “pure homœopathy” by some, “Hahnemannism,” by others, and “high dilutionism” by a third set, has its stronghold in Philadelphia. Those who entertain these views are here, as in other parts of the States, few in number, but, unlike other localities, they have here considerable influence. Led by Hering, and supported by Guernsey, Raue, Lippe, Moore, and Korndorfer, the Hahnemannians largely control the progress of homœopathy. In the Hahnemann Club views of all kinds are represented, and expressed in a firm but courteous manner. The meetings are held at the houses of the members in rotation. Subjects of discussion are agreed upon at one meeting, and brought forward in a short paper by a selected member at

the next. Doubtless much of the good feeling and union which exists is fostered by the supper with which the business terminates. The proceedings are published quarterly in the *American Journal of Homœopathy*, edited by Dr. Lilienthal of New York.

On the following day Dr. Thomas, the Dean of the Faculty of Hahnemann College, conducted me over the college buildings and hospital. Without any architectural pretensions to elegance or grandeur, Hahnemann College presented all the appearance of a place where real hard work was accomplished. The anatomical museum was replete with useful and well got up preparations for teaching. Some that were shown to me, and markedly one displaying the anterior and posterior roots of the spinal nerves, reflected the greatest credit upon Dr. Weaver, the indefatigable demonstrator of anatomy. The hospital is far from being what it ought to be, and quite unworthy of the position homœopathy holds in Philadelphia, where there are some three hundred physicians, and most of them largely engaged in practice. It appeared to me inferior to anything of the kind I saw while I was in the States. If men of influence would only regard the broad interests of homœopathy as of higher moment than their own peculiar views, there is from all I heard little doubt but that a hospital worthy alike of homœopathy and of Philadelphia would speedily form one of the most important of the many valuable public institutions of "the city of brotherly love."

In the evening a handsome banquet, attended by about forty of the homœopathic physicians of Philadelphia, took place at the Continental Hotel to do honour to Dr. Guernsey, who was on the eve of sailing for Europe. Dr. M'Clatchey occupied the chair, and in a few well-chosen words expressed the good wishes of the Homœopathic Medical Society for the welfare of their guest, and his safe return amongst them with renewed health. With speeches in response to various "sentiments" germane to homœopathy a very pleasant evening was passed.

On the next evening I was present at a meeting of the County Medical Society when Dr. Neidhard read a paper on the state of homœopathy in Europe, in which, so far as any rate as England is concerned, he gave a very correct account of our condition and estimate of our progress.

Hahnemann College is the oldest medical institution in the United States empowered by the Legislature to grant the degree of M.D. The classes are large and well attended, and the body of graduates is now a very considerable one. Not a few converts from the old school pass a session there and take the college degree before recommencing practice. The influence which the public teaching of homœopathy has had upon the progress of our therapeutic method in the States has been very great. Were there but a good hospital with a hundred *free* beds attached to the College, its usefulness would be immensely increased, and there is good reason to believe that united action among those who in Philadelphia believe in and practice the fundamental doctrine of homœopathy is alone requisite to secure so important an aid to the development of our system.

In Pittsburg, whither I went after leaving Philadelphia, homœopathy is well represented by a numerous, active, fully occupied, and thoroughly united body of physicians and surgeons. Surgery is especially cultivated in this the Birmingham and Black Country of America. The hospital is a large and well ordered establishment, and, at the time of my visit, contained several cases of surgical as well as medical interest. At a dinner to which I had the honour of being invited, about forty members of the Allegheny County Medical Society were present. Here, as elsewhere, I found the deepest interest existing in the progress of homœopathy in England, and especially was this exhibited in our recently established School of Homœopathy. In Pittsburg the homœopathic physicians have an Anatomical Society, the members of which keep up their knowledge of anatomy by dissections made in the society's rooms. It supplies a want which must often have been felt in this country, where opportunities for dissecting after a surgeon leaves the schools hardly exist save in the few towns in which medical schools are in operation.

Leaving Pittsburg, a railway journey of seventeen hours took me to Chicago—a city, the rapid growth of which, and its still more marvellous renewal within five or six years after a fire that destroyed property estimated at fifty-six millions sterling, renders it one of the wonders of the world. Here, too, homœopathy flourishes vigorously, and some two or three hundred practitioners find ample employment. The Hahnemann Medical College is an unpretending but well-built structure, having good lecture-rooms

and a museum containing a fair collection of specimens for instruction. The classes, I was informed, are well and numerously attended. The hospital has large and airy wards, capable of containing two hundred beds, but standing sadly in need of funds to keep them occupied. In addition to the ordinary medical and surgical cases, lying-in women are admitted, and afford material for giving very thorough instruction in midwifery. As in all lying-in hospitals, however, so here the difficulty of puerperal inflammatory diseases has to be contended with. Inflammatory disorders after labour were, I found, far from being infrequent, certainly much less so than in patients delivered at their own houses.

There is a second Homœopathic College in Chicago, the *raison d'être* of which, in the interests of homœopathy at least, is not at all clear, while its establishment has induced a degree of rivalry that cannot fail to be detrimental to medical education, and has led to an amount of undesirable feeling which is much to be regretted. It is to be hoped, on every ground, that ere long the younger institution may be absorbed by the elder, and that one large school may effect an improvement in education and examination, which two small colleges cannot possibly accomplish, when the great aim of both is to have a large class and an increasing number of graduates. Qualification for practice in the State of Illinois does not consist simply in the possession of a medical degree. Every graduate must, before he commences practice, procure a licence from the State Board of Health. Of this Board Dr. Ludlam is a member, and, as such, conducts the examination in *Materia Medica*, and the Practice of Medicine of all applicants who express a desire to practice homœopathy. Imperfect or inadequate education receives in this manner somewhat of a check.

At a dinner given to me by the Faculty of Hahnemann Medical College, about sixty homœopathic physicians were present, presided over by Dr. D. S. Smith, "the father of homœopathy in the West." Dr. Smith has, I believe, practised homœopathy in Chicago for thirty years, and is still hale and active, and regarded with much affectionate esteem by the large circle of professional friends that has grown up around him. Here also I had the pleasure of meeting Dr. Holcombe, of New Orleans, the chief hero of the yellow fever epidemic of last year. His exertions

during that fearful pestilence appear, I regret to say, to have broken his health so considerably as to excite the anxiety of his numerous friends on his account.

At Cleveland, the next city I visited, I found homœopathy very strongly represented, and occupying a high place in popular esteem. This was made evident by the admirably arranged hospital then in course of completion, and expected to be opened in September. In it much ingenuity has been expended to promote the comfort and well-doing of the patients, and the convenience of the medical staff. There is, for example, on the ground floor an accident ward, into which a patient is brought and placed on a bed, his injuries being then and there examined and attended to, as far as may be necessary; the bed on which he lies is then run on to an adjoining lift, and by it he is conveyed to the floor on which is the ward where he is to remain whilst in hospital, and then into it; the bed on which he is placed in the accident ward being that which he subsequently occupies. The questions of drainage and ventilation have received minute attention. The pipes throughout the house are all exposed, so that any fault can be at once detected and repaired. This institution owes much to the care exercised by Dr. D. H. Beckwith. As a member of the building committee, he has been on the ground directing the work every day since its first stone was laid, while many valuable suggestions in its construction have proceeded from him. The Cleveland Homœopathic Hospital will have 120 beds, and there is sufficient land adjoining to enable the Committee to erect buildings capable of accommodating at least 500. It is a larger, handsomer, and more complete structure than either of the allopathic hospitals in the city, and is superior in every respect to any homœopathic hospital with which I am acquainted. The population of Cleveland is 160,000, and homœopathy is openly practised by about 50 physicians. At a dinner to which I was invited on the evening of the day I spent there, there were about 40 present, and I found that all were well engaged in practice, and not only so, but that their patients were derived from the wealthiest and most influential part of the community.

After visiting Niagara and Saratoga, I set out for Lake George, there to attend the meeting of the American

Institute of Homœopathy, as a delegate from the British Homœopathic Society.

At the Saratoga station, or "depôt," any doubt that might have crept into the mind of any one as to there being a good meeting was very soon dispelled. The cars were full of homœopathic physicians, all bound for the Institute. After a few miles of railway travelling we were transferred to coaches, some with four and others with six horses. Of these we filled five or six. A drive along a "plank" or "corduroy" road, occupying an hour and a half through most lovely country, brought us to the Fort William Henry Hotel. There we were welcomed by a goodly number who had arrived on the Saturday before. In the afternoon another set of coaches added to our numbers, and in the evening a still larger addition was made. There were, when all had arrived, about 250 present. The hotel is one of those enormous structures for which America has such great repute, with a broad piazza in front, extending the entire length of the hotel, looking out upon the charming scenery of the lake.

The business of the meeting was opened on Tuesday morning, the 24th June, by the invocation of the Divine blessing by a clergyman. The President, Dr. Conrad Wesselhœft, Professor of Clinical Medicine in the University of Boston, then delivered a thoroughly practical address. After an explanation by Dr. M'Clatchey of the causes of the delay which had occurred in the publication of the Transactions of the World's Homœopathic Convention in 1876, coupled with the assurance that they would be delivered before the end of the year, Dr. H. M. Paine, of New York, read the Necrological Report, consisting of brief sketches of the career of those members of the Institute who had died since the last meeting.

The work of the bureaux then began, that of surgery coming first in order. At each session of the institute, bureaux, or sections, or committees, are appointed to collect papers on, and report upon surgery, anatomy and physiology, psychological medicine, sanitary science, microscopy and histology, materia medica, clinical medicine, obstetrics, gynœcology, pœdology, ophthalmology, otology, and laryngology, and finally organization, registration, and statistics. The chairman opens the work of his bureau by a short report on the papers he has received from its members, and a state-

ment of those that will be read, and such as he proposes to refer to the committee on publication, to appear or not as they may decide, in the transactions. Short papers are then read—rigidly restricted to a quarter of an hour each—by the selected members, and, when completed, a discussion is taken on the whole. Necessarily a large amount of work was presented, which had to be referred, and the discussions also were rather hampered by want of time. On the first day, the Institute sat from half-past nine in the morning until one, again from four until six, and again from eight to ten. On the second, the morning sitting was adjourned at one, to meet again for two hours, at half-past two, when an excursion was made down the entire length of the lake on board the *Horicon* steamboat. About 150 ladies and gentlemen took part in the trip. At the other end of the lake we landed and adjourned to an hotel, where one of the ladies interested all by some extremely brilliant singing. The scenery is very beautiful, the banks of the lakes are low, well-wooded hills, with an irregular shore line, and the lake itself is studded with islands varying in size, and said to number 365. Tradition has it, that every leap-year a new island appears on the 1st of January—making the number 366—disappearing again on the 31st December!

On the third day I had the honour of delivering a short address in the morning, and then followed the election of officers and the selection of the time and place of the next meeting. This was an occasion of much interest and some excitement. If there is one proceeding into which an American throws himself with greater earnestness than another, it is an election. The president must have two-thirds of the votes of all taking part in the election, and until this has been secured the voting is repeated time after time. On this occasion the voting papers were handed in five or six times before the scrutineers were able to declare that Dr. Wilson, of Cincinnati, was elected to occupy the chair in 1880. By a similar process the vice-president was chosen, then the secretary, and then the place of meeting. Invitations were read from a variety of places, Richmond, Indianapolis, Chicago, Milwaukee, and one or two others having Indian names almost impossible to pronounce, and quite so to remember. These were voted upon, and, Milwaukee having won, at Milwaukee the Institute will meet next year. Any English colleague who may need a

month's holiday next summer will, I am sure, find at Milwaukee one of the warmest of welcomes, as well as a series of the most interesting and instructive of meetings. With an interval of only half an hour the Institute continued sitting until three o'clock. At four the annual banquet took place. At one long table in the centre of the room sat the president and officers, together with "the seniors"—twenty-five years' membership of the Institute entitling one to rank among the seniors and to take part in their private deliberations. The rest of the party were at tables in groups of ten or twelve at each. Various sentiments, more or less amusingly worded, formed the basis of the after-dinner speeches, some of which were remarkably clever, notably so those of Dr. Small, of Chicago, Dr. Wilson, of Cincinnati, and Dr. Dowling, of New York.

A ball, or "hop," as this form of amusement is termed in the States, commenced about nine, and continued in active operation until between twelve and one o'clock.

A session on the following morning brought the proceedings to a close. A large number had left by the early coach at five o'clock, and many more were preparing to do so in the afternoon, so that the attendance was but thin. With the usual formalities was brought to a conclusion a meeting which was generally regarded as one of the most interesting and notable of the thirty-one that had preceded it.

The question of dose, one always discussed in some way or another where a number of homœopathic physicians are met together, was as warmly debated as ever. In the bureau of materia medica presided over by Dr. J. P. Dake of Nashville, a thoroughly practical and well read physician, the expression of opinion that the lower dilutions were the most reliable preparations was well pronounced. A paper by Dr. Breyfogle of Louisville, in which this opinion was given with much warmth and energy was received with loud applause, while the remarks in opposition during the discussion of it were singularly weak. Dr. Pearson of Washington, who is an earnest advocate of the views of Dr. Lippe and Dr. Swan, and of those promulgated by the Anglo-American journal called *The Organon*, spoke with some vehemence, but with comparatively little effect.

From the papers published in the American homœopathic journals one would suppose that views of this type are much more generally entertained in the United States than they really are. From such enquiries as I had an oppor-

tunity of making, I feel convinced that the physicians, who, in the United States, prescribe medicines much higher than the sixth dilution, are in reality a very small minority. That we, in England, have ever supposed the contrary to be the case, is due to the *penchant* the high dilutionists have for rushing into print and recording *post hoc* as though they were *propter hoc*.

The anxiety for more exact observation, the desire to obtain wider bases for generalisations, the determination to examine alleged facts more critically, and to pursue experimental investigations more thoroughly, carefully and scientifically than heretofore, were conspicuous alike in the papers read, the discussions which took place, and the proposals made during the meetings, as well in the numerous conversations which I had with a large number of those present. It is such feelings as these that have prompted Dr. Conrad Wesselhœft's inquiries into the quality of the dilutions prepared from metals, and what is known as the Milwaukee test—a proposal by Dr. Sherman, of Milwaukee, to ascertain whether the 30th dilution has the power of modifying the health of a healthy person. Whatever may result from these experiments—and, for my own part, I doubt whether the fruit to be derived from either will meet the expectations of those who have suggested them—they afford much evidence that homœopathy is being subjected, by those who are best qualified for the task, to a sound and healthy criticism. Another point of interest both at the Institute meetings and at those I have previously referred to, was the presence at them of a number of women regularly educated for the practice of medicine. All to whom I had the honour of an introduction were intelligent, quiet, and unassuming persons, thoroughly devoted to their profession, and well prepared to encounter all the difficulties incident to the—as it seemed to me—somewhat anomalous path they were following.

Many of the members were accompanied by their wives and daughters, who added much to our pleasure on the various excursions, to our social intercourse during the intervals between business and at the dinner, while without them “the hop” would have been an impossibility!

To Dr. Dowling, of New York—who has a summer residence at Lake George—everyone felt that the members were largely indebted for much of the pleasure they enjoyed during the meetings. Indeed both Dr. and Mrs. Dowling, notwith-

standing a very recent and most severe family trial—exerted themselves to the utmost to add to the happiness and amusement of all who were present, and most gratifying it must have been to them to know and feel that their efforts had been thoroughly successful, and that their kindness and attention were most warmly appreciated. To give the names of all present would be quite needless, but a few of those who are best known in England I may mention with advantage, such are Dr. Conrad Wesselhœft, Dr. Talbot, Dr. Walter Wesselhœft, Dr. Krebs, Dr. Heber Smith, Dr. de Gersdorff, Dr. D. Thayer of Boston, Dr. Allen, Dr. Kellogg, Dr. H. M. Smith, Dr. Norton, Dr. Lilienthal, Dr. Dowling, Dr. H. M. Paine of New York, Dr. Lippe, Dr. Gause, Dr. Bushrod James, Dr. McClatchey, Dr. J. E. James of Philadelphia, Dr. Verdi, Dr. Pearson of Washington, Dr. McManus of Baltimore, Dr. D. S. Smith, Dr. Cooke, Dr. Hall of Chicago, Dr. McClelland, Dr. Burgher, Dr. Winslow, Dr. Hofmann of Pittsburg, Dr. J. P. Dake, Nashville, Dr. Wilson, Dr. S. R. Beckwith, Cincinnati, Dr. Sanders, Dr. D. H. Beckwith, Dr. Schneider, Dr. Biggar, Dr. Van Norman of Cleveland, Dr. Talcott, Dr. Butler, Middletown, Dr. Brown, Binghampton, Dr. Fisk of Brooklyn, Dr. Paine of Albany, &c. Among the medical ladies were Dr. Mary Blake of Boston; Dr. Flanders of Lynn, near Boston; Dr. Corresta Canfield of Titusville, Pa.; Dr. Millie Chapman, of Pittsburg, and about seven or eight others.

From these brief and hurriedly written notes it will be apparent that homœopathy is, among our practical and wide-awake cousins on the other side of the Atlantic, making rapid strides towards obtaining that recognition as the basis of drug-therapeutics throughout the entire profession, which must come at no very distant date. Those who are engaged in the work of making homœopathy known and appreciated are, in the greater proportion of instances, physicians well qualified for the important work they have undertaken, and are even now reaping the reward of the sacrifices they were called upon to make within a comparatively few years. As an instance of this, I may mention that recently Dr. Verdi, of Washington, visited Europe as the Commissioner of the President of the United States, for the purpose of making inquiries with reference to the progress of sanitary science, and as to the best means of carrying out its teachings in public efforts to prevent disease. Dr. Verdi is also a member of the newly-

established National Board of Health, a body which will in the future exercise a considerable influence throughout the Union. As a delegate from this board, Dr. Verdi was present at the Institute. A homœopathic physician—Dr. Falligant—was a member of a State Commission appointed to inquire into the best means for preventing the dissemination of yellow fever. He was in some particulars—especially as regards the value and efficiency of quarantine—opposed to the views of his colleagues on the Commission, and was hence obliged to present a minority report. With his views the general feeling of the profession throughout the States coincided, and he was looked upon as that member of the Commission who had most carefully and critically studied the subject reported upon.

In the choice of homœopathic physicians for posts in the service of Government, we have unquestionable evidence of the fact that homœopathy has, in the United States, ceased to be a thing of reproach; that its public adoption is no longer a barrier to professional promotion. If we, in England, are but as steadfast and earnest in our defence of homœopathy, as zealous in the cultivation of it, and as careful in its practice, as are our brethren across the Atlantic, the same triumph over ignorance and prejudice as that which is commencing there, will ere long be witnessed here.

Lee Road, Lee, S.E.,
August, 1879.

DISPENSARY EXPERIENCES.

BY ROBERT T. COOPER, M.D.,

Physician for Diseases of the Ear, London Homœopathic Hospital.

Not having time at my disposal to compile connected articles, I trust the following cases, with running comments, will prove acceptable to the readers of this journal. They are taken almost at random from an old dispensary book, and though hurriedly put together, the facts they illustrate are, I am sure, valuable ones.

In working out the actions of medicines, we should, of course, before every thing else, seek *accuracy*, and we all know that nothing conduces to this so much as reliable provings. But, after all, these provings in many cases but

mark the line of truth, they supply the pivot round which clinical fact revolves. In pursuing our investigations into the actions of drugs we may adhere to the principles of Bacon, and say all knowledge, that is, all acknowledged fact—and, in our department of science, this can best be acquired by provings—should form the subject-matter of philosophy; and that the proper object of our philosophy should be fruit; that is useful result, be it remedial, or be it curative, be it homœopathic or be it allopathic, be it explainable by our theories, or be it incompatible with received ideas.

Let us endeavour to stand upon the platform of truth, and keeping in view the main object of our lives, usefulness, let us divest our minds of anything that tends to cripple or curtail our means of working. It is because this is the spirit in which Dr. Kidd's Treatise on Therapeutics is conceived, that I believe it destined to work an untold amount of good, albeit not necessarily apparent, upon the progress of medicine.

Here is a case, for example, that is worth reporting, although in a sectarian point of view it can hardly be considered homœopathic.

An old lady, describing herself as fifty, but evidently on the shady side of that numeral, comes with a patch of erythematous lupus, a confessedly obstinate affection, upon the left cheek, nearly all of which it covers, being worse near the ear; she has had it for nine years, and has been under the celebrated Startin, without experiencing the slightest relief, besides many other "skin doctors;" every thing tried has done harm to it. A gentleman doing my work at the time, describes it as gradually enlarging, no irritation in it, but gets worse when heated. It is a dry, psoritic looking patch, and completely disfigures the old lady's face, who, as she lives in a boarding-house, and is exposed to the not over complimentary remarks of the household community, grumbles inconceivably. My friend gave her *nitric acid*, 1x, a drop three times a day, and pure cream as a local application.

After a fortnight of this, I myself saw her, and great was her wrath with my substitute. Remembering that *sunt verba et voces quibus lenere dolorem*, I added to *verba et voces*, conceived in this spirit, the blandest possible smile, which I prescribed for her by *graphites*, 3rd decimal, and a lotion of Wright's liquor *carbonis detergens*.

But on next seeing my aged friend, after a week's interval, accounts the most soothing and smiles the most bewitching, were evidently unavailing; her ladyship's wrath knew no bounds, "If this was homœopathy, she would have no more of it; she would now try if Sir Erasmus Wilson couldn't cure her. She had been the laughing-stock of the *table d'hôte*, and she wasn't going to stand that sort of thing any longer." My smiles now gave place to a severity of expression, that I trust has not proved lasting, and my *verba* and *voce*s were of the sternest possible description.

It was very evident that the tarry application, as it will sometimes, had aggravated; and, as I had had but little experience with the affection, and that little unfavourable, it was with some misgivings I impressed upon her the necessity for making trial of an application that, in allied disorders—namely, in common warts, had acted with great effect. This was oxalic acid, which I gave along with tannic acid (as this renders the solution thicker and more adhesive), in the proportion of 20 grains of *oxalic acid*, 30 of *tannic acid*, and 2 drachms of water. In this solution the acid is not entirely dissolved.

What was my delight when, in a week, the old lady returned with her disfiguring patch as nearly as possible quite gone. I had in this short time become the doctor after her own heart. The effect of the application was simply magical.

I cannot imagine why it is that our dermatologists neglect oxalic acid as a local application in obstinate skin affections. The Yankees are more "'cute" (wide awake) is the more general term—at least, speaking for myself—the wrinkle came to me from Buchanan's *Practice of Medicine*.

A saturated solution of oxalic acid, with or without the addition of tannic acid, will cause warts to disappear as if by magic; but, like *thuja tincture* when used in same affection, it sometimes unaccountably fails.

We have described our case as not being homœopathic. Are we right in so doing? That the preparation used was not in accordance with homœopathic pharmacology is evident enough, but if its curative influence is not due to its homœopathic relationship to the affection, is a widely different statement.

Dr. J. C. Burnett, in a very valuable paper in the *British Journal of Homœopathy*, vol. xxxv., p. 315, thus writes :—

“ There is a point referring to its action on the skin which calls for attention. Neidhard has the following symptoms from Christison : ‘ An eruption or mottled appearance of the skin, in circular patches, not unlike the roundish red marks on the arms of stout healthy children, but of a deeper tint.’ This is probably Dr. Arrowsmith’s case—an eruption of the skin in circular patches of a deep red tint.

“ In Fraser’s case (*Edinburgh Medical Journal* 1818), which I (Dr. Burnett) translated back into English from Frank’s *Magazine*, there appeared, on the eleventh day of the poisoning (3s.s.), and two days before death . . . an itching wart-like eruption, and later on a general redness of the whole body. This eruption disappeared after death.”

If, as Dr. Burnett surmises, oxalic acid is capable of producing warts, its utility as a curative application to them is at once accounted for, and it need not surprise us when we hear (especially as it appears that it also produces circular patches of a deep red tint) that in the erythematous patches of lupus it often proves an efficient application.

Certain it is that practical experience has convinced me of this : that for the class of affections we include in the term “sycosis,” oxalic acid possesses more pronounced and more uniformly curative properties by far than our established *Thuja occidentalis*.

The line of truth—the skin action of oxalic acid, is marked out by the poisoning (proving) ; the usefulness of this truth is illustrated by clinical experience ; the certainty of the effect is established by the harmony of the result.

THE LOW *versus* THE HIGH DILUTIONS.

The question of the comparative merits of high and low dilutions seems to be one as unsettled as ever, notwithstanding the amount of discussion that has taken place in reference to it ; and whenever the subject crops up at our meetings, we have evidence that strong opinions are still held upon it.

At the last annual meeting of the British Homœopathic Society, Dr Edward Hamilton, in the concluding sentences of

his most interesting memoir of our late lamented president, Dr. Quin, gave it as his (Dr. H.'s) opinion that the decided success of Hahnemann's earlier followers was ascribable, in a great measure, to the smallness of the doses they employed, and their dependence upon the higher in preference to the lower dilutions of our medicines. And that this expression of opinion met with general approval, was evident from the applause with which it was greeted, showing, as it strikes me, that our predilections are on the side of the higher potencies. Speaking for myself, I can assert very positively that mine were, and that it is only the force of fact that has changed my opinion, and induced me to employ the low in preference to the high dilutions. In point of argument I attach little weight to any declaration of individual opinion, unless it be accompanied by a statement of some, at least, of the facts upon which this opinion is based.

Having got the facts, we then are in a position to estimate the import of them, and to tell whether they are really relevant to the question at issue.

For example, many have ranged themselves on the side of the high dilutionists, from having seen decided effects from the dilutions of *calcareo carbonica*, *natrum muriaticum* and *sulphur*, and their argument is, that if dilutions of these can act beneficially in disease, it must be through some property acquired in the process of preparation; a conclusion that in my hands has over and over again been upset the moment I put the matter to the test of practical experiment. The reasoning, too, upon which this opinion is formed, is hardly, if at all, relevant to the question at issue, for what we really have got to determine is not the presence or absence of medicinal force in the higher potencies, but the merits of these preparations as curative agents in contrast with the low.

To demonstrate the superiority of one class of dilutions, we must show them to be more uniformly available for our purpose than the other.

Our aim ought to be not merely to cure an occasional case, but to cure a fair proportion of cases; and which, the high or the low dilutions, are most available for this purpose, can best be determined by putting them to the test in a given case of disease.

For this purpose we ought, for obvious reasons, to select a disease that is chronic, and that is not usually found to

disappear of itself, and one in which the changes in the character of the disease consequent upon the administration of our remedies are likely to be plainly evident; and then the disease ought to be a common one. If in a disease answering to these requirements, we find a greater curative effect to follow upon the administration of one class of dilutions than of the other, and that this result is a fairly constant one, we have, surely, a powerful argument in favour of that particular class of potency.

As meeting all our requirements, I would take as a test affection, an eczema of the hands, the more so as the *British Medical Journal* is just at present discussing its treatment and pathology, and our allopathic friends may like to know how we treat it. I cannot call to mind any disease, the treatment of which would constitute a better criterion of drug power than this, and therefore it is that I call upon the readers of this journal to join with me in making trial, as suggested below, of one remedy in this selected affection. We shall be met by the objection that true homœopathy requires the selection of the remedy for each particular case; very true, but the question under discussion is that of the dose, and not that of the mode of selecting a remedy, and unless we confine ourselves to the question at issue, it is evident we can never hope to come to a useful conclusion.

It is this shifting about from one question to another that renders the determination of the relative merits of palpable and impalpable, but specially prepared doses, impossible.

And first, a word or two in explanation.

My experience in this affection has hitherto been confined chiefly to that form of it that affects the palms of the hands, and that is known as palmar eczema, or palmar psoriasis, for both terms are often applied to the same affection; and the treatment pursued has been to give *calcareæ carbonica* in the third decimal trituration, and should this cease to influence it, to then substitute *hepar sulphuris* of the same strength; a plan of treatment I have invariably found successful. My choice of *calcareæ carbonica* was owing to the hint given in Hull's *Jahr* "*Rhagades, particularly of people who work in water,*" and the selection of the potency was the result of pure experiment, after complete failure with higher potencies.

Until I happened upon this treatment all efforts to cure

this affection were unavailing. What I now wish, however, is to direct attention to the action of *calcareo carbonica*, and to it alone, and to ask if my occasional failure to complete the cure with it was not due to my hesitating to employ any lower dilutions of the drug than the third decimal.

The dorsal eczema of the hands and the palmar eczema are sufficiently allied to constitute for the purposes of the suggested experimentation a single disease; the following example of the former has just been treated by me.

Mrs. C., aged 42, a thin, dark-haired woman, of a bilious temperament, a dressmaker, came for treatment 29th June, 1879, with a roughness and scurfiness of the back of the right hand; it cracks in winter, and after washing, and sometimes oozes very much, "with white heads," and the skin feels hot and irritates; both by day and night it smarts a great deal, especially after washing; the whole back of the hand and between the fingers looks red and eczematous, and the skin is stiff and coarse.

This condition of the skin of her hand came from attending a lady "with a sore head *nineteen* years ago, and though she has been to Blackfriars Skin Hospital, and been under other treatment, the affection not alone remains uncured, but is spreading visibly. At Blackfriars they made her much worse.

Beyond that she suffers from pain and sinking, with fluttering under the heart after eating, and dyspepsia, with a constipated tendency; there is nothing else amiss with her. Catamenia are regular, and always abundant. For the first week this patient had sulphur ϕ , a drop in three doses every day, but without any benefit.

For the second week she had five grains every day of *calcareo carbonica* in the third decimal trituration in three doses dissolved in water (in three dessert-spoonfuls of water, a dessert-spoonful three times a day).

The third week's report is very much better, but the *whole* of the hand feels hot. To continue the same.

The fourth week. The skin of the back of the hand is quite free from roughness, except over the knuckles, where it has broken out and has been oozing.

My past experience of this affection would have led me at this juncture to change the *calcareo carbonica* for *hepar sulphuris*, as I had more than once found the influence of *calcareo* to cease, and I would have looked forward with

confidence to the *hepar* to complete the cure. But as it was in my mind to give *calcareo* a full trial, I passed down to the second decimal trituration ; so that during this fourth week *calcareo* as above was given, only in the second instead of the third trituration, and the effect was that the roughness and soreness cleared away from the region of the knuckles as it had previously done from the back of the hand ; the skin became more pliable, the oozing and smarting after washing ceased.

At the end of the fifth week (29th July, after being just four weeks under the *calcareo* treatment) I took this note. The hand is perfectly well. Skin looks quite clean and smooth, and except for a little wrinkling over the knuckles, due to her having had her hands much exposed when scrubbing floors last week, it would be impossible to detect anything wrong with the skin. There is no smarting when she washes her hands, and the hand is quite cool and supple.

There is less sinking and fluttering under the heart ; the inclination to confined bowels remains.

To cease treatment.

Almost anyone can recognise a fact, but it requires those specially skilled to form an estimate of the weight a fact carries with it ; that the importance to be attached to the fact illustrated by the above case, namely, the great superiority of the low over the high dilutions, is very great, my experience in treating disease has abundantly convinced me.

It now only remains for me to call upon the readers of this journal to make trial of this one remedy—*calcareo carbonica*—in this particular affection, eczema of the hands, and to state what influence is exerted upon it in their practice by different dilutions of this remedy ; in this way we may hope to gain some insight into what at present is unsettled, what are the most generally curative preparations to use in treating disease.

I must mention that no local application, and no special diet were employed, while the patient was under the *calcareo carbonica*.

A SMALL CONTRIBUTION TO THE DOSE QUESTION.

By G. FENTON CAMERON, M.D.

THE following two cases are offered as a small contribution to the undecided question of the dose, not with the expecta-

tion that they will help in any way to settle the matter, but in the hope that they may induce some brother practitioner, where a well selected medicine has failed in the lower dilutions, to have resource to the higher potencies of the same remedy, the superior action of which higher potencies in the two cases to be mentioned below was well marked.

Some time ago a professional neighbour in the locality in which I lately resided requested me to attend to his practice for a few days, as he was out of health, and proposed to leave town for a short time. In a family, one of the members of which I was attending at the time, a girl of about thirteen years of age, was seized with violent fever, which after a short interval eventuated in a serious attack of diphtheria. There was grave constitutional disturbance, the fœtor of the breath peculiar to the disease, and the left tonsil was covered by the diphtheritic membrane. My friend had left me two cases, one filled with the lower dilutions in tincture and trituration; the other containing medicines in the 200th potency, in globules. It had long ago been stated to me by a well-known follower of Hahnemann that he had never lost a case of diphtheria, however serious, out of a very large number treated with the 200th potency of *hepar sulphuris*, but that the medicine, to be efficacious, must be given in frequently repeated doses. This experience I have since found confirmed by my own. In the case I am speaking of, I at once decided to give *hepar*, but chancing to open the case containing the tinctures and the 6th dilution at once meeting my eye, it suddenly occurred to me to try if that potency would act as well as the 200th. Accordingly I mixed two or three drops with half a tumbler of water, directing a teaspoonful to be administered every hour and a half till my visit on the ensuing day.

Next morning I found that the patient was in *statu quo*. There was certainly no increase of the disease, but all the symptoms were undiminished. The ailment being of such a dangerous sort, and the particular case being a grave one, I did not think myself justified in any longer continuing the 6th potency, but dissolved six globules of the 200th in the same quantity of water, ordering the same dose, a teaspoonful, to be repeated as before. On my visit the next day the improvement was very great, the fœtor of the breath had almost entirely disappeared, the inflammation of the throat had much decreased, and the greater part of the membrane had disappeared. There was of

course also great general improvement in the condition of the patient. The medicine was ordered to be continued as before, and in two days the girl was entirely convalescent, and recovered perfectly without any drawback.

In this case I presume that the potency first given had arrested the development of the disease, and might even have accomplished a cure, but the rapidly curative action of the 200th was most marked, and I was very glad I had had recourse to it. I may add that the young lady was of a highly nervous and excitable temperament.

The case I will next mention was of a still more decided character as to the action of the different potencies, the lower having quite failed to have any effect whatever. The patient in this case was a gentleman of about thirty years of age, who, when in health must have been a strong and well developed man. Before I saw him he had been ill for about fourteen days, suffering from a very severe attack of rheumatic fever, with the ordinary characteristics of that most painful and lowering complaint. The disease was going on favourably enough as a whole under the remedies that had been exhibited, but the patient was very much reduced and suffered to a serious extent from night sweats, especially about the head and chest, which were very profuse, preventing his getting any satisfactory sleep, and which left him in the morning in a very weak and mentally depressed condition. There being no contra-indication, and profuse sweats which give no relief being a prominent and characteristic symptom in the pathogenesis of *merc. sol.*, I took from the tincture case (I could not open the other) some of that medicine in the 12th potency, and myself mixed it with half a tumbler of water very carefully, directing a dessert spoonful to be given every three hours. I fully expected to find my patient much better next morning, but was very much disappointed to find that he had had as bad a night as ever, and was weaker and more disheartened than before. Being sure that *merc. sol.* was the right remedy, and having this day brought my own pocket case, I mixed 6 globules of the 1000th potency of this remedy with the usual quantity of water, and ordered the same sized dose to be given in the same way as before. Next morning I found that the patient had had *no sweat whatever*, that he had had a fair amount of refreshing sleep, and was cheerful and better altogether. Soon after my friend returned and took up his

work again, and I heard from him that this case had done well, and that the patient had gone to the country for change.

Some of our brethren, I am aware, deny that the higher potencies of our remedies have any action whatever, curative or otherwise, but if such will fairly test them on themselves they will speedily find that they can at least cause disorder of health, and, by necessary consequence, must have power to act curatively in suitable cases. The general question of repetition of the dose and the need of frequent repetition in rapidly dangerous cases in order to the production of prompt and powerful action by the remedy are questions fully discussed by Hahnemann, but questions which his disciples at large have not sufficiently attended to. The old man has put a very perfect instrument into our hands, but attention must be paid to his directions for its use, else it will fail us at our time of need, and we are sometimes rather apt to lose sight of sound principle in our desire to cure our patients speedily.

THE FEVER-DENS IN THE WEST-CENTRAL AND NORTH-WESTERN DISTRICTS OF LONDON.

BY DR. ROTH.

NOTWITHSTANDING the efforts of the Ladies' Sanitary Association, who, during the last twenty years have distributed and sold one million and a half of sanitary tracts; notwithstanding the meetings of the National Health Society, and the Congresses of the Sanitary Institute; notwithstanding all the work of the officers of health and the subordinate inspectors of nuisances, the great mass of the working population, especially of the large cities and towns, are overcrowded in their miserable habitations, and are living in a state of dirt and filth of which the public at large has scarcely any idea.

My attention was directed to this subject five years ago, when one of my sons, a fourth year's student of medicine, gave me an account of the lodgings in which he had to attend to the confinement of poor women. His report is verbally copied (subjoined A.) This year another of my sons, also a medical student, had, within five weeks, to confine forty-six poor women in the slums surrounding his

hospital; and, in consequence of the bad exhalations and stench to which he was in some cases exposed for hours in these undrained localities, he caught a typhoid fever, which jeopardised his life during sixty days. This is another reason that induced me to make known how the young medical students are *unnecessarily* exposed to blood-poisoning and fever, and even the danger of losing their lives, because the officers of health and their inspectors neglect their duty of periodical house-to-house visitation. There is no reason why every poor woman applying for gratuitous treatment and attendance during her confinement should not have a certificate from the Inspector of Nuisances that her room is in a fit state to live in.

The four cases mentioned (subjoined *B*) are specimens of the lodgings in which the majority of the forty-six women have been confined.

A.

“About three weeks ago I was requested by a lady to visit a poor woman in whom she was interested, and who had two months before been confined of twins. One of the twins was ill and emaciated, because the mother, unable to nurse herself, had used some farinaceous food and condensed Swiss milk; the baby was also neglected in point of cleanliness, and, lying in its wet badly smelling garments, had the feeding tube of the bottle constantly in its mouth. Three children and one adult were sleeping in the very small room. The floor was very dirty, and the air very close. I proposed immediately to open the window, but another tenant of the back cellar and yard had 50 rabbits there, the stench of which was so great that the woman preferred the bad smells of the twins to that of the rabbits.

“I attended twenty poor women in labour during the early summer of 1874, within a radius of one mile from University College Hospital. In the majority of cases they were the wives of labourers and unskilled artizans earning about 20s. a week, except in the case of costermongers, whose profits vary. In several instances, in addition to a husband and several children, one or two female adult relatives lived in the one room rented by the family, the rent of which varied from 2s. to 4s. 6d. per week. In most cases the women had enough food, but in one instance I attended a poor woman in a blind alley close to Tottenham Court Road, whose only articles of furniture were a

wooden bedstead and a broken basin. She had no one to attend to her. I was called in by a neighbour's boy. Her husband was an Irish labourer, out of work. I gave her some dinner tickets, which I was allowed to prescribe by the hospital rules; but, to my horror, when I asked her on the third day after her confinement whether she had enjoyed her dinner, which is generally sufficient for two meals, she replied that she had not been able to collect from her neighbours even the 2d. necessary to pay for the dinners, so she had not had them, and had only had a little gruel during the two days, which an old woman had given her.

"I attended another woman who lived in an underground room, with a grating in the pavement above for a window. The room was very foul and ill smelling; the back room was uninhabited, having about a foot deep of water in it. The woman said the drains were wrong, but the landlord would do nothing, as it cost too much, and she dared not complain to the inspector, as the landlord would turn her out at once.

"In most cases the rooms were extremely stuffy and close; if a window-pane was broken, it was closed by a bundle of rags.

"The worst case I attended was a costermonger's wife, living in a second-floor front room in Fitzroy Market, which lies between Tottenham Court Road and Great Portland Street. I arrived about 11 p.m. My patient, as well as her two sisters-in-law, was very drunk, and I had extreme difficulty in turning the two sisters out of the room. The woman became quieter when we were left alone with the husband, who was a quiet fellow enough. Two days after the confinement, I found that all the soiled rags which had been used were still lying under the bed, and in the corners of the room. In the same room was another bed, on which lay the costermonger's tray, and under the bed were a number of oranges and other eatables, which constituted his stock-in-trade. As a necessary consequence of these unsanitary conditions, and a total want of attention on the part of her female relatives, the woman took puerperal fever, and eventually died of it. I persuaded the husband to get a steady woman on the third day to clean out the room, but it was unfortunately too late. I remember another case where there were eatables to be sold in the streets lying about the room in which the confinement took place.

“ These notes are written from memory, and include those facts which made the greatest impression on me at the time.

“ BERNARD ROTH, F.R.C.S.”

B.

“ *Case 1.*—A small room on top floor, about ten feet wide, sixteen long, seven high, wall-paper hanging in shreds, between which the bricks are visible. The crevices between the latter swarm with bugs and other vermin; the bed occupies about half the room—husband, wife, and two children occupy it; place is filthy; no water laid on; plenty of beer and gin.

“ *Case 2.*—Room above stables; one bed only, occupied by three people; planks of floor rather rotten; one of my feet went through; the solitary window very small; stench from horses very strong, a kind of hot vapour seeming to pervade everything.

“ *Case 3.*—Small room on kitchen floor, with a small window opening into the area; floor paved with bricks, the whole very damp; one bed for the whole family of four. Cockroaches swarming; get into the bed during the confinement and bite occupant; they crawled up my legs. Smell very bad; w.c. just outside the door, very dirty.

“ *Case 4.*—Small room on the attic floor, reached by a steep and rotten staircase. Bed occupies a little more than half the space, and is used by mother, father, two children, and the new born. Small window; bad ventilation; walls in bad condition, not papered for some time; ceiling falling down; crevices form nests for bugs.

“ R. E. ROTH, Medical Student.”

For calling public attention to such a state of filth and overcrowding, I may be permitted to make a few practical suggestions.

1. Obligatory periodical house-to-house visitation by the inspector of nuisances should be insisted upon by all medical officers of health.

2. Sanitary associations in connection with the Ladies' Sanitary Society should engage sanitary missionaries who would practically teach the poor women the advantages of cleanliness, and also how to manage their babies.

3. The National Health Society and the Sanitary Institute might assist in collecting statistics on the present neglected state of the habitations of the working and poor classes by addressing a request to the medical authorities of the London and Provincial Medical Schools, to the effect that every medical student who has to attend the confinement of the working and poor women should put down in a printed form in each case the cubic dimensions of the room, its state regarding cleanliness, overcrowding, light, ventilation, supply of water, and the w.c.

Such statistics published periodically would be of great value, because all excuses for ignoring the filthy state of these fever-dens would be removed, and the medical officers of health would be supported by the public in carrying out their duties.

4. It is desirable that the hospital authorities should make known in their adjacent districts that they will insist upon the use of disinfectants by the inspector of nuisances in all lodgings to which they send their students for the purpose of assisting the poor women during their confinement; thus the danger of catching infectious fevers would be considerably diminished for the student.

5. As we live in the age of co-operation, a small weekly contribution from each working woman who expects to be confined would enable them to have in each district a kind of private lying-in Home, where, under the superintendence of a regular nurse, all attention would be paid to the subscribers without exposing the students to the unnecessary danger of catching fever and possibly losing their lives.

REVIEWS.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D., Professor of Clinical Medicine and Psychology in the New York Homœopathic Medical College, &c., &c. Boericke & Tafel. 1878.

IN his preface, Dr. Lilienthal says: "There is a just and continued outcry against the impossibility of mastering our ever increasing *Materia Medica*, and many physicians are therefore in the habit of making their own repertories, in order to facilitate the selection of the simile. They give hints, and only hints, and always necessitate further study, in order to ascertain the *simillimum*. Thus originated this treatise on therapeutics, which, with great

diffidence, I now put before my professional brethren; and I hope and trust that it shall be of as much benefit to them, especially to the younger ones, as it has been to me during the many years of my medical practice." He arranges the various diseases alphabetically, having under each, in the first place, the various remedies in groups, next, the pathogenetic indications for each, and lastly, in the more important diseases, the special characteristic symptoms of each remedy.

Dr. Lilienthal's list of medicines for each complaint is very full, almost too full, as for headache and dyspepsia we have a list of over 100 remedies for each, arranged alphabetically. Such long lists may make the work more complete, but hardly more useful than if a smaller list were given, and the medicines arranged in the order of their importance and proved clinical value. Almost every drug in the pharmacopœia has head and stomach symptoms, but many of them would never be chosen, simply for headache or dyspepsia, unless the case were "covered," as a whole, by the drug. It may be answered by Dr. L. that this must be ascertained each for himself, and that all he can do is to note the head or stomach symptoms of each drug. This may be very true, but the usefulness of the book to the student is materially lessened by the want of prominent indication of those few drugs, which have been once and again proved to be of the greatest value. The rest might have been put in a separate paragraph, for study in special cases.

Still it is easier to criticise than to write such a work, and we can recommend to the student and practitioner Dr. Lilienthal's book, as a decidedly valuable help in the selection of a remedy for a given diseased state, when in a hurry; provided he takes pains to look up the drug in the *Materia Medica*, and to ascertain that the drug covers the whole case, and has not merely a relation to a particular symptom.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges.

By W. EGGERT, M.D. Boericke and Tafel. 1878.

BEFORE looking into the contents of this work, we could not understand how a work of 548 pages could be written on the therapeutics of uterine and vaginal discharges. We had been accustomed to consider that, as discharges from the female generative organs may have various origins, frequently arising from more than one source simultaneously, and being often much modified in character thereby, the mere character of the discharge was of only limited value as a guide to the choice of the remedy. Hence our surprise that such symptoms should occupy so many pages. On examining the work, however, we find that the scope of it is very different to what might have been supposed from

the title. Not only are amenorrhœa and dysmenorrhœa included but even abortion and miscarriage. This, however, does not account for the size of the work. The author has, in fact given us a complete repertory of nearly every symptom of every organ in the body of a woman. Taking the existence of a discharge of some kind or another as the centre, he builds round this every possible disordered condition which can exist in the female frame. The "general concomitants" occupy more than half the work.

The idea carried out by Dr. Eggert is a very perfect and complete one, as we are convinced that the true mode of treating diseases of women is not to use the pathological method, which is advocated by some, and because ulceration and congestion of the neck of the womb is discovered by the speculum and other means of diagnosis, to treat it on this basis, but rather to investigate all the symptoms which exist in every organ of the body, whether at first sight connected or not with the uterine disease, and then to find the medicine which covers the whole condition. We are convinced from experience, as well as from the correctness of this rule in other diseases, that by doing so we shall be much more successful than in routine pathological treatment. Occasionally it happens that a substantive disease of the womb exists, with a remarkable absence of symptoms in other parts of the body, which would enable us to select one out of several remedies. In such a case, we are glad to fall back on the pathological condition, and do our best in treating it with this guide. Still, in the majority of cases, it is otherwise. In enabling one, then, to treat diseases of women, Dr. Eggert's work will be a great help, as every possible concomitant is there given us, with accurate hints as to the proper remedy.

It is a work of immense labour and erudition in the *Materia Medica*, and cannot fail to be of much value to those who study their cases of uterine disease in the way we describe. We only regret the mistake of the author in selecting such a title for his book, and hope in the next edition he will alter it to one giving a better notion of the aim and scope of his work. Meantime, we can but advise our readers to forget the title, except so far as to lead them to purchase the work, as its study will repay the trouble. It is the most complete work of the kind ever published.

Horses Ill and Well. Homœopathic Treatment of Diseases and Injuries, and Hints on Feeding, Growing, Conditioning, Nursing, Horse Buying, &c. By JAMES MOORE, M.R.C.V.S., and THOMAS MOORE, M.R.C.V.S. Third Edition. James Epps & Co.

We are glad to see this work attain the third edition. The

value of homœopathy in the treatment of all the lower animals is too well known now to be disputed. Those who have valuable property in horses and cattle, and are at the same time fortunate enough to know the value of homœopathy, find the immense benefit from the new system, in enabling them to cure their diseases much more quickly and satisfactorily than when under allopathic treatment. Many valuable horses have been saved by homœopathy after the failure of the old system, while the animals recover much more quickly from non-dangerous ailments than by the rough veterinary treatment of the old school.

The experience of Mr. James Moore and his son enables them to produce a most complete and trustworthy treatise on the subject, and we can heartily recommend all those who have valuable property in horseflesh to purchase this work. The fact of a third edition being required shows how the book is appreciated. Nothing is more convincing of the efficacy of the new system than to find its value in patients where faith can have no element in producing the curative result. We shall be glad to hear of the continued success of this little work, in which every point is fully and clearly described, including remarks on the various drugs employed.

HOMŒOPATHY IN AMERICA.

[FROM OUR OWN CORRESPONDENT.]

Good homœopathic physicians are exceedingly careful what preparations of medicines they use. A great many purchase their tinctures and triturations from a reliable pharmacy, and make their low dilutions; but the high dilutions, and generally all the triturations, are bought as needed. It is such hard work to make a good uniform trituration, and so easy to make a dilution; in fact, the latter process is *too easy*, and believers in attenuation and dynamization are not the most conscientious and methodical in preparing dilutions. Men who will go to any amount of trouble to get a few pellets of the 40 m., or 100 m., will take a dilution of a certain degree, say the 6, use it down until perhaps only a few drops remain, then fill up the bottle with alcohol and call it the 7; after it is used down to a few drops it is again diluted, and so the process goes on until the original bottle has been filled hundreds of times, the owner has neglected to number his different steps, and jumps to the conclusion he has the 2 c., the 1 m., or the 100 m., according as he has used the medicine a great deal or not. There are men in practice here who openly boast that they have only bought certain medicines once during the 25 or 80 years they have

been in practice, and have filled up the bottles as fast as they became empty; and they furthermore assert that they find the medicine just as effective in treating disease now as they did when they were using the first duly stamped original. It is not necessary to comment upon this lax procedure, but the fact should be borne well in mind when one reads the startling cures (?) recorded by certain practitioners, who never give us their experience with anything below thousands.

It is a curious phase of human nature that some men will gloat over the most extravagant and unreasonable claims of cure as the result of the application of a little sweetened wind. Such individuals are almost invariably men of very slender education, enthusiastic and illogical to a ridiculous degree, and they seem to delight in flaunting their heresies before the eyes of the educated and wise men of the profession as if to disgust them with their slow, methodical, scientific snail's pace. I can compare the mental condition of such men only with those diseased states seen in some cases of hysteria and pregnancy, where there is an insane craving on the part of the patient to eat chalk, slate-pencils, raw salt-fish, and other *outré* things, and to behave in such a way as to make themselves the centre of attraction, regardless of whether they excite contempt or disgust.

The heavy scoring this minority of the profession has received at the hands of a few men, who could not be shut up by cries of "ignoramus," "eclectic," "mongrel," &c., has of late had an excellent effect in diminishing the number of miraculous cures recorded in our journals; and, although a few of the latter continue to publish the despairing cries for help of stranded amateur doctors, to whose aid the purists fly with *sac lac*, having a prestigious exponent, there is a healthier tone pervading the medical atmosphere, and these "pin-hooks to catch gudgeons" (subscribers) are diminishing perceptibly.

The crisis in homœopathy has passed, as far as this country is concerned, and has terminated in the triumph of the iconoclasts, or those who think medical science has made some advance since Hahnemann's time, and that the great law of nature, that of the similars, is superior to the Organon.

At the late annual meeting of the American Institute of Homœopathy, the papers were decidedly scientific and practical, and the proceedings showed a determination to take medical questions out of the field of mystical speculation and theorising, and to submit them to the stern demands of logic and scientific method. The reunion was held at the head of a beautiful lake, surrounded by moderate sized mountains, in one of those elegant, mammoth hotels for which our places of summer resort are so celebrated; and to the beautiful scenery was added the charm of ladies' society, and a most lavish hospitality. Leading men

were present from all over the country, and we were pleased and honoured by the presence of your Dr. Pope, who made *the* speech of the session. We all take a little rest at the June meeting, and enjoy it as much as you do Derby Day, though we try to mingle instruction with a rational enjoyment. The thermometer marked 97 degs. Fahr. at 4 p.m. to-day, which accounts for the imperfections in this communication.

Eagle Cliff, U.S.A.,
July, 1879.

NOTABILIA.

THE LONDON SCHOOL OF HOMŒOPATHY.

THE Summer Session of 1879 closed at the end of July. In our last issue, we gave a sketch of the work done during the months of May and June. We now append a resumé of that overtaken up to the end of the session.

Dr. Hughes commenced, on July 3rd, a comparative study of the chief medicines which act upon the liver, which he finished on the 7th; and then proceeded to those which influence the eye. After investigating the effects of each, in health and in disease, he classified them according to the tissues or elements of the visual organs on which they act—the conjunctiva, cornea, sclera, iris, choroid, retina, &c., differentiating them in relation one to another.

Having completed herewith his course of Comparative Materia Medica, he concluded the session with three lectures on the selection of the homœopathic remedy. Homœopathy, he said, was one of the rational (as distinct from the empirical) modes of giving medicines, the others being enantiopathy and allœopathy. After showing its preferableness to these, he went on to speak of the necessary provision for working it, viz. : a knowledge of the pathogenetic effects of drugs, and demonstrated that this must be obtained mainly in Hahnemann's way, by proving on the healthy human body. He next considered the nature of the similarity we desiderate, describing it as three-fold,—generic, specific, and individual. Generic similarity is that suggested in the saying, *nil prodest quod non læditur idem*. Specific similarity is best obtained when the patient's illness is of a definite and typical character, and when drugs can be found which excite a similar morbid process in the healthy body. Such drugs, however, are rare; and a less perfect similarity must generally content us. The elements of specificity we may seek to get are *seat* of action (organs or tissues) and *kind* of action. Under the latter heading mention was made of the pathological process, diathetic quality, causative modifications, the character of pains and other

sensations, and the presence of concomitants. The lecturer then passed to individual similarity, pointing out that some specific diseases affect each subject in his own way, which must be taken into account; as in a school for boys, while most of the arrangements are fitted to the species, each pupil requires a particular and discriminative attention. Still more is it so, he said, in the numerous anomalous morbid conditions which come before us, which can hardly be referred to a type. Here we must deal with each patient as a special variety of disease. As elements of individual similarity, he mentioned constitution and temperament, mental and moral state, the side of the body affected, the conditions of amelioration and aggravation, and the relation of the occurrence of the symptoms to time of day.

The ideal homœopathicity between disease and drug is thus the attainment of complete similarity, generic, specific, and individual. Often, however, we cannot reach this ideal: either the specific or the individual similarity is deficient. There are two ways (besides the use of clinical experience) in which this difficulty may be met,—the one is an exclusive individualisation, the other is generalisation. The former secures likeness in the instance, ignoring the type; the latter secures it in the type, ignoring the instance. He vindicated generalisation from the reproach sometimes cast upon it by strict Hahnemannians; and pointed out, as a great objection to individualisation, that it had to depend upon the minute and peculiar symptomatology of our pathogenesies, much of which was very untrustworthy. Nevertheless, it often led to brilliant results, and must be cultivated. It may be sought for by two methods. The one was a securing that the totality of the symptoms of the patient should be found in the pathogenesis of the medicine. This was Hahnemann's way; and he illustrated it by reading two of his cases. His *Materia Medica*, he said, was formed to subserve this method; which only required in addition the indices called "repertories," whose use he then explained and exhibited. The other was the "characteristic" method,—the starting from the existence in the patient of some peculiar symptom belonging to the drug. He traced the growth of this thought from Hahnemann, through Dunham and Guernsey, to its development in the present day. So far, he said, as it is only used by way of suggestion, it is unexceptionable. But when it is assumed, that because the "key-note" of disease and drug is the same, they must play the same tune, the way of proceeding is a hazardous one. It may lead to coincidences; but it is only an alternative to the other plan which secures that the same tune shall be played, but leaves to chance whether it shall be in the same key. Of the two, the latter is perhaps the less imperfect.

Dr. Dyce Brown concluded, during the month of July, his

course on the diseases of the gastro-intestinal tract, and commenced lectures on the diseases of the respiratory organs. This subject was necessarily left unfinished, owing to shortness of time. As to the mode of conducting the course, no remarks additional to those in our July issue are deemed necessary.

QUEBRACHO, A HOMŒOPATHIC REMEDY.

THE bark of another Brazilian plant, *aspidosperma quebracho* (*apocynaceæ*), has lately been recommended as an anti-pyretic. Dr. Penzoldt, of Erlangen, has recently experimented with it on men and animals, and reports his results in the *Berl. Klin. Wochensch.* He finds it to possess little or no antipyretic effect, but he observed that in rabbits and dogs, motor paralysis and dyspnœa increased with the dose administered. On human subjects in smaller doses, however, he found a reverse effect. In bronchitis, pleurisy, phthisis, &c., he finds that it reddens the blood, and causes deeper breathing and general relief. He also observes that the addition of quebracho solution to blood, in the presence of oxygen, makes it assume a bright red colour, and he is inclined to think that possibly the blood is rendered capable of taking up more oxygen than usual, and carrying it to the tissues. This is, however, merely a provisional hypothesis, and at present, says the *Medical Times and Gazette*, from whence we gather these particulars, there is no satisfactory explanation of the fact that, while moderate doses of the extract alleviate dyspnœa in man, large doses cause dyspnœa in the lower animals.—*Chemist and Druggist.*

BRAVERY IN THE FIELD.

THE distinguished services of Surgeon-Major James Henry Reynolds, M.B., V.C., at Rorke's Drift, Zululand, last January, in his constant attention to the wounded under fire, were considered at the last council meeting of the British Medical Association, Dr. Alfred Carpenter presiding. On the motion of Dr. Sieveking, seconded by Surgeon-General Maclean, it was carried that, in consideration of the extraordinary professional services of Surgeon-Major Reynolds in regard to his care of the wounded, of his eminent bravery in voluntarily conveying ammunition across an open space under a heavy cross-fire, and also of the remarkable intelligence, coolness, and tact evinced by him under circumstances of great danger, the gold medal of the British Medical Association for "distinguished merit" should be awarded to him.

EXTRAORDINARY PREDICTION.

PESTILENTIAL PERIHELIA IN 1880 to 1885.

A NUMBER of astronomers engaged in observing the sun during the late eclipse agree that its condition appears to have recently undergone a great change, and Professor Lockyer inclines to the opinion that the changes must have a very serious result.

Observers were surprised to find that the burning hydrogen which was formerly present in the corona has largely disappeared. The spectroscope proves this beyond any possibility of doubt. It had been previously known that for the last four years the spots which were formerly so frequent on the sun have been fewer, and the close connection between the sun-spot and terrestrial magnetism has been once more demonstrated by the marked decrease of magnetic activity during the same period. The disappearance of sun-spots and the disappearance of hydrogen from the corona means that solar activity and solar heat have decreased.

Now, the decrease of solar heat means, in its earlier stages, an increase of heat on the earth! for the gases thrown out by the sun when in a state of activity, and which act as a shield to protect the earth, disappear as the heat decreases.

According to this view, the sun is taking precisely the course which must end in the burning up of the earth at a comparatively early period.

But the heavens are said, by some well-informed persons, to indicate, on much more proximate evidence, that we are rapidly approaching what will be one of the most perilous and malific periods of the earth's history.

Since the commencement of the Christian era, the perihelia of the four great planets of the solar system—Jupiter, Uranus, Saturn, and Neptune—have not been coincidental. But this is about to occur, and, in the language of Dr. Knapp, who has traced the history of the greatest epidemics that ever afflicted the human race to the perihelia of these planets, there will soon be times of great pestilence. The view is, that when one or more of the large planets is nearest to the sun, the temperature and condition of our atmosphere are so disturbed as to cause injurious vicissitudes, terrific rains, prolonged droughts, &c., resulting in the destruction of crops, and pestilences among human beings and domestic animals.

Dr. Knapp has collected a mass of statistical data, all going to show that perihelion dates have always been marked by unusual mortality, and that sickness and death have invariably corresponded with the planets in perihelion years at the same time. The revolution of Jupiter round the sun is accomplished in a little less than twelve years, of Saturn in a little less than thirty

years, of Uranus in about eighty-four years. If it be true, therefore, that the perihelia of these planets occasion atmospheric conditions unfavourable to life, pestilential periods should occur once in a dozen years, and aggravated still more widespread epidemics at longer intervals.

In tracing the history of epidemics for more than two thousand years, Dr. Knapp finds the fact in all cases to validate the theory. Thus in the sixth and again the sixteenth centuries, three of these planets were coincident in perihelion, and those were the most pestilential times of the Christian era.

But soon after 1880, for the first time in two thousand years, all four of these planets will be at their nearest approach to the sun or perihelion (as the word signifies, being compounded of the Greek words *peri*, about; *helion* sun). So that for a few years, say from 1880 to 1885, the vitality of every living thing will be put to a severe and trying ordeal. Some persons think that they see in the signs of the times evidences of the great disasters at hand in the immediate future. Extremes of heat and cold, the prevalence of flood and disasters, the general failure of the potato crop, the wide-spread chill fever among human beings, and the equal presence of the epizootic among animals, are mentioned as among the premonitions of the rapidly approaching perihelion.

We do not write to alarm anyone unnecessarily, but we merely state facts. That the conjoint perihelion of all the large planets of the solar system, one of which, Jupiter, is a thousand times as large as the earth, must disturb our atmosphere and temperature very considerably is probable; that this disturbance must be injurious to health and life is certain; and that these periods have heretofore been pestilential, is a matter of record.

Nor can the synchronization of such an astronomical crisis, with the general epoch of 1885-1890 fixed upon by many of the most able interpreters as the probable termination of the dispensation, escape observation.—*Newfoundland Chronicle*.

SIMPLE TREATMENT FOR SCIATICA.

Dr. EBRARD, of Nîmes, states that he has for many years treated all his cases of sciatica and neuralgic pains with an improvised electric apparatus, consisting merely of a flat-iron and vinegar, two things that will be found in every house. The iron is heated until sufficiently hot to vaporise the vinegar, and is then covered with some woollen fabric, which is moistened with vinegar, and the apparatus is applied at once to the painful spot. The application may be repeated two or three times a day. As a rule, the pain disappears in twenty-four hours, and recovery ensues at once.—*Jour. de Med., etc., de Bruxelles*.

LONDON HOMŒOPATHIC HOSPITAL.

WE are requested to publish the following letter, in regard to the admission of paying patients into this hospital :—

LONDON HOMŒOPATHIC HOSPITAL,
Great Ormond Street, Bloomsbury,

Dear Sir,

8th August, 1879.

At a special general meeting of the governors and subscribers of this hospital, held on the 8th of April last, authority was given to the board of management to make the experiment, for a limited period, of admitting paying patients to the hospital, to be treated by the regular in-patient medical staff.

The important improvements and alterations now being effected in the basement of the hospital—and other matters—have caused some delay in fully carrying into operation the above measure; but some of the wards selected for the accommodation of paying patients are now ready, and the board are prepared to receive at once both male and female patients. The minimum rate of charge is fixed at £2 2s. a week; a higher charge being made if extra or special accommodation be required, subject to arrangement in each particular case.

In introducing the principle of paying patients, the board of management had in view—first, the generally expressed wish of a large section of the public that hospital accommodation should be provided for persons who, not being paupers, would be prepared—and, in fact, prefer—to pay for the accommodation to be obtained in, and benefits resulting from, a properly organised hospital; secondly, the advantage of an enlarged field for clinical observation; and, lastly, the utilising profitably a portion of the hospital which—chiefly from want of funds—is unoccupied.

I am requested to bring this matter specially under your notice, and to ask your kind co-operation, as—to ensure success for the experiment—it is of course most desirable that the attention of all who may be likely to desire to be treated as paying patients should be drawn to the matter by those who alone are in a position to do so.

It is anticipated that the following amongst others would be those chiefly interested in profiting by the accommodation now afforded at this hospital :—Travellers passing through London. Persons taken ill at hotels. Students of various kinds, temporarily resident in London. And single men and women in occupations in London, or elsewhere, who are unable to obtain or afford the medical or nursing attention their case may call for at their lodgings.

I shall be most happy to furnish any further particulars you may require.

I am, Dear Sir, Faithfully yours,
ALAN E. CHAMBRE, *Official Manager.*

BRITISH HOMŒOPATHIC CONGRESS.

A CONGRESS of British Homœopathic Practitioners will be held at the Imperial Hotel, Great Malvern, on Thursday, September 11th, 1879, at 10 a.m.

The business of the Congress will be opened by an address by the President, Dr. Hughes, on "*Homœopathy; its present state and future prospects.*"

After the President's address, a short interval will allow the Treasurer to receive subscriptions.

Dr. Nankivell will then read a paper on, "*Further remarks on the Therapeutics of Phthisis Pulmonalis.*"

To be followed by Dr. Burnett, on "*The Revival and Further Development of Organopathy during the first half of the present century.*"

At one o'clock the President will leave the chair for an hour. At two o'clock a paper will be read by Dr. F. Flint, entitled, "*The Homœopathic Treatment of Internal Aneurism, illustrated by a successful case.*"

At a quarter to three o'clock the Congress will resolve itself into a Committee to receive the report of the Sub-Committee anent the World's Convention of 1881; to receive Dr. Hayward's Report of the Hahnemann Publishing Society, and of the Cypher Repertory; to give Dr. Hayward an opportunity of asking a question with regard to the recognition of the lectures of the London School of Homœopathy; to elect a President and office-bearers, to select the place of meeting for the next Congress, and to transact any other business which may be necessary.

The members will dine together at the Imperial Hotel, Malvern, at 6 p.m.

The subscription to the meeting, including dinner, is 10s. 6d., exclusive of dinner, 6s.

HAHNEMANN PUBLISHING SOCIETY.

THE Annual Meeting of this Society will be held at the Imperial Hotel, Great Malvern, at 7.30 o'clock in the evening of Wednesday, the 10th instant; and, if necessary, by adjournment, at 9.0 a.m. on Thursday, the 11th.

It is very necessary that as many members as possibly can should be present on Wednesday evening, as some very important business will be brought forward.

Gentlemen who may have any reports or suggestions to make, should communicate at once with the Honorary Secretary, Dr. Hayward, 117, Grove Street, Liverpool.

THE RUBINI FUND.

THE sums previously announced in this journal amount to £58 10s., since which date the following have been received :—

Mrs. Darling, per Mrs. Starr	£1	0	0
Mr. A. D. Chapman	0	5	0
Mr. Mackenzie	1	0	0
Mr. Fuller	1	1	0
Lewis Jones, Esq.....	1	0	0
C. C.	0	10	0
Mrs. H. Jose	1	1	0
Mrs. Bosher	0	5	0
Per "The Christian"	6	11	1
Dr. Waugh, of Brisbane, Queensland, per Dr. Bayes	2	0	0
	£78 3 1		

Treasurers—William Bayes, M.D., 4, Granville Place, Portman Square, London, W. ; Frederick J. Smith, Leeston, Weston-super-Mare.

OBITUARY.

DR. CLEMENT WILLIAMS.

WE regret deeply to have to announce the death of Dr. Clement Williams, a brother of Dr. Eubulus Williams, of Clifton. Although it seems not to have been generally known that his therapeutic views and practice were homœopathic, owing to his not having resided in this country for any length of time, yet we were fully aware of his sympathies, and we have the authority of his brother, Dr. Eubulus Williams, for saying that for years his practice has been purely homœopathic. He, we understand, first became convinced of the truth of homœopathy from its remarkable effects on himself under the care of Dr. Bayes, after failing to recover his health under the old-school treatment, and on his death-bed, in Italy, his brother tells us that "he had a longing desire for his presence, and firmly believed that if he could get homœopathic treatment he would get well."

Dr. Clement Williams combined the rare qualities of professional ability, general scientific attainments, wonderful judgment, and power of managing others with whom he had to deal, and charming manners. These qualities fitted him for the influential position he won for himself, an account of which we subjoin from the *Bristol Mercury and Daily Post*, July 12th :—

"When we take into consideration the very unsettled state of Upper Burmah and the great influence Dr. Clement Williams so long exercised at the Burmah Court, and his friendship with the late King, his death, which recently took place at Castagnolo, near Florence, on his way home from Burmah, is not only grief to his relatives in Bristol and elsewhere, but a public loss. Dr.

Williams had resided chiefly in Burmah since 1858, the 68th Regiment, of which he was assistant surgeon, having been ordered to Rangoon in that year. During leave of absence in 1860 he visited Upper Burmah, and by his medical skill and wonderful tact gained much influence with his Majesty, with whom he was permitted to have the most friendly intercourse, and was, we believe, mainly instrumental in securing the establishment of a treaty between the Burmese and British Governments, being shortly after appointed to the new post of Political Agent at Mandalay to the Chief Commissioner of British Burmah. Not long after his appointment he conceived the idea of personally testing the practicability of a trade route through Burmah to Western China, and at length, after overcoming innumerable obstructions and jealousies from Burman officials, the royal permission was obtained, and under the orders of Sir Arthur Phayre, Dr. Williams started on his expedition of research in January, 1868, and ascended the Irawaddi as far as Bamo, being the first Englishman who had visited that portion of Upper Burmah. From Bamo he made excursions to the Taping and other tributaries of the Irawaddi, conversing freely with Shans, Kakhyeens, and Chinese, and learnt much orally and by sketch maps of the trade that was carried on by their caravans. Unfortunately, however, an insurrection had broken out in the capital, and the King so urgently demanded his presence that he was compelled to return without reaching the Chinese frontier. He had however, learnt enough to convince him of the practicability of a trade route through Burmah to Western China, and on his return to Mandalay he forwarded a memorandum to the Indian Government, which subsequently appeared in the journal of the Bengal Asiatic Society for 1864, and his survey of the Irawaddi long ago found a place in our Government blue-books. A second expedition undertaken in 1867 fully verified all that Dr. Williams had advanced. About the end of 1864 Dr. Williams returned to England, the late King of Burmah having previously to his departure offered him a high post if he would enter his service, and conferred on him a Burman order of the highest rank. During his visit to England he resigned his army appointment, preferring to return to Burmah, which he did in 1866, in a private capacity. On his return to Mandalay his friendship with the late King was renewed, and he used his influence to encourage trade, and by directing the King's attention to the mineral wealth of his kingdom, until then lying undeveloped, by inducing his Majesty to purchase large quantities of machinery, and by unceasing endeavours in many directions, he has done much to develop the resources of the country. Dr. Williams was a Fellow of the Royal Geographical Society, and has left a great many maps and plans of Upper Burmah, some

of them, only very recently executed, being of great value. Besides this, he had made himself thoroughly acquainted with the religion, laws, literature, customs, and ancient traditions of Further India, and has left an immense mass of valuable information. His long residence in the country, his position as Political Agent, and above all, that family intimacy which none but a medical man can secure, had given him opportunities for observation in Upper Burmah which have perhaps fallen to the lot of no other Englishman."

Had Dr. Williams survived his last illness, he intended, we understand, to have practised homœopathy in this country. His loss is much to be deplored.

CORRESPONDENCE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The very thoughtful and interesting article on "Sensations and Pains," by my friend Dr. Hayle, of Rochdale, has reminded me of a case now under my care upon which I wish to invite therapeutic suggestions through the medium of your columns.

A gentleman, aged 42, contracted syphilis 18 years ago; after primary symptoms had disappeared secondary eruptions came out, and partial paraplegia supervened which proved persistent, and unaffected (except in the direction of aggravation perhaps) by many years of mercurials, iodide of potassium, and tonics. He first tried homœopathy by consulting me January 30th, 1879, at which date he was only able to rise from a chair by lifting his body up by the hands, simultaneously pressing on the chair-seat as a fulcrum, and then could scarcely totter with a stick across the room, dragging his left leg behind him. I need not detail all his symptoms, which were those of paraplegia, chiefly motor.

Strychnia nitras, plumbum metall. rhus, given always singly according to the symptoms, restored him very rapidly, so that by April 24 he was able to walk *two miles* without extra fatigue. But the peculiar symptom that I have entirely failed to relieve or alter in any way, and on which I want some light from some more skilful and learned colleague, is this: A *total anæsthesia as to temperature* extending over the whole right lower limb, accompanied with slight loss of tactile sensation as tested by the compasses, the compass-points being distinguished down to an interval of $\frac{1}{4}$ inch. The patient cannot feel any sensation of heat when his foot is in very hot water, nor when the bare leg is exposed to the fire nor when ice is held to it, &c. I have never met with a more perfect *thermal anæsthesia* either in hospital or private practice. Yet the motor power is perfect now, and has all along remained better than that of the left leg; and, as I have

stated, common sensation is very little impaired. There are no subjective symptoms in this limb, nor any coldness or torpor of circulation.

I cannot find this symptom in any repertory accessible to me, nor any similar case cured in my homœopathic clinical records.

Can any colleague find me a "simile" or "simillimum" to this symptom?

Yours truly,

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

58, East Street, Taunton, Aug. 4th, 1879.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your July number I find a letter from Thomas Hayle, in which he gives a prompt cure of "Morning Stool—obliging the patient to relieve himself immediately," for which he gave sulphur.

I was particularly interested in this case, because it resembles closely two cases which I have recently cured with the same medicine; but the peculiar part of the matter is that my cures were made as promptly with the 85th. My patients had "several thin, watery stools, which drove them out of bed in the morning about five o'clock, after which they had one stool every hour till 9 a.m." I gave each six globules of the 85th cent. dilution, made from the 80th trituration of Boericke and Tafel, which I consider an excellent preparation.

This may seem to conflict with my doctrine of primary and secondary action, but not really so—for I do not believe the "antipsorics" have a distinct primary and secondary action, but that each has an action *continuous*, often wavelike or alternate. Even if sulphur has a well-defined primary and secondary series of effects, a "key-note" symptom may be present in both. In case of sulphur, the "*morning stool which hurries one*" may be the key-note, but the diarrhoea stool may be primary, calling for a high dilution, while the stool of normal consistency, but "*hurrying in the morning*," may be a secondary symptom of sulphur.

Yours sincerely,

Chicago, Ill., July, 1879.

E. M. HALE.

HOMŒOPATHIC LIVES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—A friend has sent me the following statistical facts. The Homœopathic Mutual Life Office, of New York, gives these figures as the "mortality experience of ten years:"—

"7,927 policies to homœopaths—84 deaths.

"2,258 policies to non-homœopaths—66 deaths.

"The former taken at lower prices, justified by returns certified by the Government auditor." Yours truly,

10, Onslow Square, London, S.W. NEVILLE WOOD, M.D.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

HOMŒOPATHY IN FLORENCE.—We have received an urgent appeal from a lady for a homœopathic practitioner for Florence. She says: "If amongst any of the homœopathic practitioners there was one who would come out and commence practice in Florence, it would be a boon to the city, for of regular genuine homœopaths there is but one, Dr. E. Betazzi, who is old, and very often unable through illness to visit his patients. A second medical man who, after having retired from practice, partially resumed it through the need for his services, has left Florence, so that there is now but this one. . . . Would you not mention our need to some of our medical men?" [Our correspondent's information is singularly inaccurate. Dr. Davidson has been in practice in Florence for nine years, his name appearing in the foreign list published in 1873, in connection with the British Homœopathic Directory. Dr. Davidson, who has a large and influential practice, resides at 1^a, Via Nazionale. Had our correspondent enquired at the American and British Homœopathic Pharmacy, 10, Via Tornabuoni, she would have got the information she was in need of.]

Dr. FENTON CAMERON has removed from Belgrave Road, to 39, Devonshire Place, W. Dr. McCONNELL REED has removed from Wellington to Weymouth. We regret that we are obliged to defer till next month the papers of Dr. PURDOM, Newcastle-on-Tyne, and Dr. McCONNELL REED.

Communications, &c., have been received from Dr. PURDOM, Dr. HUGHES, Dr. FENTON CAMERON, Dr. ROTH, Dr. HAYLE, Dr. COOPER, Dr. E. M. HALE (Chicago), Dr. MURRAY MOORE, Dr. HARMAR SMITH, Dr. McCONNELL REED, Dr. HAYWARD, Dr. HUXLEY, W. DEANE BUTCHER, Esq., ALAN A. CHAMBER, Esq., G. A. CROSS, Esq., Dr. PAINE, Albany, U.S., Dr. F. N. OTIS, U.S.

BOOKS RECEIVED.

On Asthma: its Pathology and Treatment. By J. B. Berkart, M.D. London: J. and A. Churchill.

Chronic Spasmodic Stricture, or Urethrismus. Second Paper. By F. N. Otis, M.D. New York.

The Minimum Dose versus the Small Dose. By H. M. Paine, M.D., Albany, U.S.

Is the Homœopathic School Unsectarian? By H. M. Paine, M.D.

Homœopathic World. August.

Hahnemannian Monthly. August.

New England Medical Gazette. August.

St. Louis Clinical Review. July.

United States Medical Investigator. July 15.

National Anti-Compulsory Vaccination Reporter. August.

Chemist and Druggist. August.

El Criterio Medico. August.

Rivista Omiopatica. No. 11.

L'Homœopathic Militante. July.

Bulletin de la Société Médicale Homœopathique de France. August.

Allgemeine Homœopathische Zeitung. July 29, August 5, 12, 19.

Homœopathische Rundschau. August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS, 1879.

THE recent meeting of British Homœopathic Practitioners at Malvern, if not so numerous attended as some previous gatherings have been, was an eminently pleasant one, and distinguished by the thoroughly practical character of the papers read, and of the discussions to which they gave rise.

The Address of the President, Dr. HUGHES, was an eloquent and able demonstration of the position of homœopathy from a scientific, a literary, and a professional point of view. No one can read that Address without feeling assured that evidence abounds of the real progress—healthy progress which homœopathy is making. Dr. HUGHES deduced from the publication of *Allen's Materia Medica* the very legitimate inference that homœopathists have, from the time of HAHNEMANN onward, had present to them the duty of increasing our knowledge of the pathogenetic action of drugs; adding, what we are sure is perfectly true, that to many among us it must be quite a new discovery, to find how much proving on the human subject has been going on, especially in Germany and America, since his death. These ten volumes of ALLEN are in short most weighty and gratifying testimony to the zeal and energy displayed by homœopathists in the study

of medicine during the last forty years. It shows, as Dr. HUGHES remarked, the vitality of HAHNEMANN'S system among those who acknowledge it. Passing to the consideration of the progress made in its reception by the profession and by the public, Dr. HUGHES said that "the number of persons in this country who prefer homœopathic treatment is immense, far exceeding the supply of practitioners who can give it them, and only awaiting the multiplication of them to increase at a still greater rate." This, we feel assured, is abundantly correct. The large sale of works on domestic medicine, regarded from a homœopathic point of view, and the numerous agencies in all parts of the country for the sale of "homœopathic medicines," testify to a widely spread confidence in homœopathy, requiring only more professional help to express itself more strongly still. Alluding, with pleasure, to the somewhat altered state of feeling on the part of the better, the more highly cultured members of the old school towards us, Dr. HUGHES very wisely deprecated too much stress being laid upon this improved attitude. If the adoption of homœopathy has ceased to be regarded by such members as a crime, it is itself still treated by them as a folly. Neither can we attach too great importance to the wholesale appropriation of our remedies, which has been going on of late years. Such bits of practice are looked upon merely as empirical measures, or their homœopathicity is veiled by some phrase which obscures their origin. There is nothing after all of which we can, at present, be very proud in all this. When, however, the time comes that the veil of prejudice, which now impedes the intellectual vision of our opponents, is removed, and they are enabled to see that the doctrine they once ridiculed, and the practice they went all lengths to extinguish, are alike true, these "bits of practice" will

have a great interest attaching to them. Dr. HUGHES then showed that the study of the *rationale* of the action of drugs in the cure of disease by thoughtful and able men, was tending strongly in the direction of homœopathy—that indeed on this point, among prominent men on both sides, there was comparatively little difference of opinion, however much there might be of practice; the one side carrying their views out in the selection of medicines as far as possible, the other doing so in only a few instances. This phase in the history of homœopathy Dr. HUGHES justly regarded as promising a bright future for the place of the law of similars in professional estimation.

The PRESIDENT now reviewed our position as “a separate body of men, excluded from the privileges of professional fellowship; working in societies, hospitals, journals and schools of our own; known by the name of the system we confess.” In forcible and eloquent language did he describe the “terrorism” by which it was sought to check the spread of homœopathy, and how entirely our separation had been thrust upon us. But he added, “should our liberty be conceded us, we must renounce our separateness, and resume the place in the body of the profession from which we should never have been excluded.” This resumption of our place in the body of the profession, to which Dr. HUGHES looked forward as likely to occur some few years hence, he spoke of as “the absorption of our distinct existence.” All who believe that homœopathy is true, and are equally convinced of the reality of the maxim, *Magna est veritas et praevalabit*, can have no doubt that the time will come when on all hands, by all members of the profession, homœopathy will be recognised as the basis of scientific therapeutics; that as such it will be taught in all medical schools, practised at all hospitals, and discussed at all medical societies. Homœopathy will then have been

adopted by the entire profession, there will be no room for distinctions, a separate existence will then be an impossibility, separate hospitals, journals and societies will then have no *raison d'être*. This gradual but in the end complete adoption of homœopathy can scarcely be correctly described as the "absorption of our distinct existence," a phrase which is, we think, somewhat misleading, and calculated to give the impression that we shall some day or other abandon somewhat of our therapeutic principles, and go back to the allopaths. That this is not DR. HUGHES' meaning is made abundantly clear from the remaining passage of his address. But used, as it probably will be, isolated from its context, it is, we think, liable to excite some misapprehension. What we have to look forward to, what we anticipate, what we feel sure will happen, is a general recognition on the part of the profession that homœopathy is true; and with this recognition will come every encouragement for the study, practice, and discussion of our method. Such encouragement will involve the breaking down of the barriers which have rendered, and which, still existing, do even now render our separate existence necessary. To all who may suppose that from having looked forward to the absorption of our separate existence as a bright prospect, Dr. HUGHES is of those who are ready to sacrifice truth at the altar of expediency or personal comfort, we commend the study of the following passage, with which he concluded his really brilliant oration:—

"One caution only I must add; and that is that it is not for us to take any step towards the reconciliation we nevertheless so devoutly desire. We cannot do so without misunderstanding; there must be no excuse for saying that we have 'hailed down our flag.' When we evacuate the fort we have so long held it must be with all the honours of war, without the surrender of a weapon, with drums beating and colours flying. It was the

failure to recognize this necessity, even more than the unguarded language employed, which rendered so injurious the action taken by our well-meaning colleague Dr. WYLD two years ago. Happily, no voice was raised from our ranks except to repudiate his motion, and it fell to the ground for the want of a seconder. We can now without danger sympathise with its object, but let us be warned against its way of compassing the same. The true note was struck by Dr. HAYLE, in 1876, when he compared our position to that of St. Paul in the dungeon of Philippi. 'Let them come themselves and fetch us out.' It was from no pride that the Apostle spoke thus, no unwillingness to overlook the wrong done him. But the rights and immunities of Roman citizenship had been violated in his person; and he owed it to them, and to those who shared with him, in them, not to condone the offence. We, too, for like reasons, having testified our readiness to receive overtures of peace, and laid down the grounds on which alone we can make it, must wait the action of the other side. It may not come in your time, our fathers, who have hitherto presided over these Congresses; even we may not see it in the second generation, who are now in succession occupying your place, though I hope that we shall. Our children, however, it will assuredly visit. For them we may safely anticipate the time when the name homœopathy shall no longer denote a persecuted sect, but a faith and practice recognised universally as legitimate and largely as true; when the antagonisms of to-day shall have ceased to separate between brethren, and all shall be united in the generous emulation as to who shall do most good to the objects of their care."

The eminently practical paper by Dr. NANKIVELL was the continuation of one of a similar character on the same subject, read at the Congress at Liverpool six years ago. It forms a contribution to the literature of the therapeutics of phthisis of a most encouraging type, and one the value of which is greatly enhanced by the thoroughly conscientious as well as skilful manner in which Dr. NANKIVELL conducts all his therapeutic enquiries.

Dr. BURNETT's contribution to the history of medicine, in which he traced the doctrine of organopathy as it has

been taught of late years back to PARACELSUS and RAMMACHER, and his disciples, was interesting and instructive.

Dr. FLINT, of Scarborough, read a very elaborate and important paper on aneurism, which we hope to publish, together with Dr. BURNETT'S, next month.

It will indeed be a great triumph for the art of medicine if internal aneurism can be proved to be under the control of drug-action, and especially so will it be for the science of therapeutics if, as Dr. FLINT pointed out, the drugs which are capable of arresting this formidable disease are shown to possess a specific influence over it—one which can be traced to the relation of similarity. We are too well aware that “one swallow does not make a summer” to attach undue importance to Dr. FLINT'S case—but unquestionably he has adduced sufficient evidence to justify the use of the chloride of barium with confidence; while should, as is quite probable, a number of successful instances of its employment be recorded, he will have turned his knowledge of homœopathy to most valuable account.

Dr. HAYWARD, in his remarks on the papers of Dr. NANKIVELL and Dr. FLINT, suggested that these contributions to the meeting were of an order that ought not to be brought forward before so important a gathering; that they would have been more appropriately read before a small local society. In this criticism we entirely differ from him. There is no disease the treatment of which requires fuller discussion than does that of phthisis. Our success in treating it is not so great as we could wish, and by no means that we are aware of can this success be so surely increased as by the discussion of the experience of an expert, of one so situated as to have unusual opportunities for its study. Again, what could be more important, what more interesting, what more instructive than the discussion of a paper of so novel a character as that of Dr. FLINT? These

are subjects of first-class importance, introduced by men exceptionally well qualified to deal with them, and therefore well worthy of the consideration of as large an audience as can be collected to discuss them.

The unknown question regarding the School, on the answer to which Dr. HAYWARD had hoped to raise a discussion, was not allowed to be debated. The question was put and answered, and there the matter very wisely ended. The idea of obtaining recognition for the School lectures is obviously impracticable, and is, therefore, one which is beyond the pale of discussion.

The work done by the HAHNEMANN PUBLISHING SOCIETY is, we are glad to say, increasing, and under the influence of its energetic Secretary and Treasurer, Dr. HAYWARD, is doing good service to the cause of therapeutics.

With the election of Dr. YELDHAM as the President of the Congress of 1880, the appointment of the usual officers, and the selection of Leeds as the place of meeting, the proceedings terminated.

The Congress of 1879 will be remembered as having been opened by an unusually eloquent address, and by the thoroughly practical character of the papers read and of the discussions which followed them.

HOMŒOPATHY: ITS PRESENT STATE AND FUTURE PROSPECTS.*

BY RICHARD HUGHES, L.R.C.P. Ed.

GENTLEMEN,—The consideration of how I should, from the chair in which your honouring suffrages have placed me, inaugurate this, the tenth of our Annual Congresses since their revival, has much exercised my mind. The addresses of those who had preceded me as presidents of our gatherings were obviously the models I had to set before myself

* The Presidential Address, delivered at the British Homœopathic Congress, held at Malvern, September 11, 1879.

while endeavouring, *passu iniquo*, to follow in their steps. These have been of two characters. Sometimes, as with Dr. Drysdale in 1870, Dr. Black in 1872, Dr. Dudgeon in 1874, and Dr. Pope in 1877, they have been devoted entirely to what we may call the politics of our case,—our relations with the profession at large, the vindication of our attitude and the assertion of our rights. Sometimes, as when Dr. Madden addressed us in 1871, Dr. Sharp in 1873, and Dr. Gibbs Blake in 1878, their subject-matter has been purely scientific; while Drs. Bayes and Hayle, in 1875 and 1876 respectively, combined the two alternatives, and dealt both with the rationale of our method and with the duties of our position. My own inclinations would, I confess, have led me to handle the scientific rather than the political aspect of the matters, a common interest in which brings us together on these occasions. But it has seemed to me that in so doing I should hardly be fulfilling the functions of the office I hold. Those who read papers at our meetings may well handle the questions, theoretical and practical, which arise out of our daily work at the bedside and in the consulting-room. Your chairman, however,—he whom you have made your “Speaker” for the time—can best, I think, discharge his obligations by taking a wider and less particular view. We gather here as advocates of a special system of therapeutics, as members of a distinctive body. The condition of that system, as to internal development and external reception; the welfare and progress of that body; the future prospects of either—thoughts on such points are necessarily present to our minds when we meet together once a year in Congress. As the committees you appoint bring you reports on the matters you have desired them to take in hand, so, I conceive, your President is most in order when he surveys for you the whole field of your interest, and tells you what he sees there. And to exposition he may well add criticism. His aim should be to draw from what presents itself its appropriate inference,—from this encouragement, from that warning, here to note deficiency which needs supplying, there to exhibit requirements met and responsibilities duly sustained.

And, gentlemen, if the occasion of our meeting prompts such considerations, still more imperatively are they demanded by the time at which we meet. There can hardly be a doubt that we stand at a crisis in our history

as a school, at any rate in this country. Upon the wisdom with which we conduct ourselves during the next few years depends, humanly speaking, the future of the homœopathic method in British medical practice. The attitude of the profession towards it and towards us is growing yearly more anomalous, and is being felt to be so. The angry opposition which Hahnemann's reform excited forty years ago was hardly surprising. When the expectation that ere long the lancet would rust in its case was deplored as a lamentable heresy;* when Medicine advanced to the combat with acute disease venesection in her right hand and mercurialisation in her left, robbing her patients of a good portion of their life-blood and then poisoning the remainder, how could any one be tolerated who affirmed (as Hahnemann did in 1822 †) that this entire antiphlogistic apparatus was superseded by the administration of small doses of *aconite*? But now that the lancet *has* rusted for many years; now that bleeding is hardly known, and mercury rarely used save for syphilis, all ground for indignant reprehension of our practice seems to have been cut away. The anomaly has become greater still in the last ten years, which have seen the large adoption of the positive as well as the negative doings of homœopathy,—in which *aconite* has been acknowledged to be the great anti-pyretic Hahnemann said it was, and scores of similar remedies have been borrowed from the practice of his school. Men are feeling that they cannot any longer ignore the method which has borne such fruits, that they cannot persist in ostracising those whose only crime is that they follow it. There are many signs of such a change around us; to some of them I shall direct your attention before I conclude. At present I mention its imminence only to clench my argument that this is no time for Archimedean abstraction in science, that it rather calls upon us for a statesmanlike consideration of our position and a sound estimate alike of its claims and of its duties.

The subject of my address is, therefore, *Homœopathy: its present state and future prospects*. Homœopathy is a *methodus medendi*, a rational as opposed to a merely empirical way of using remedial means. Every man, in prescribing a medicine, must do so either empirically or rationally. He is proceeding in the latter way when he has regard to the

* See *Monthly Homœopathic Review*, xxi., 594.

† *Reine Arzneimittellehre*, 2nd edition, vol. i., Preface to *Aconite*.

effect such medicine produces on the healthy body; and there are only three possible uses to which he can turn these effects. He can employ the drug to excite them in his patient, either in the part itself when oppositely affected, or in another part; or he can prescribe it when their similitude already exists in his patient. The first alternative is enantiopathy or alloëopathy, according as the action sought is direct or indirect; the second is homœopathy. It is in itself, as I have said, a *methodus medendi*, and nothing more. It has, indeed, from the circumstances of its history, become organised in a separate body of men, having institutions and organs, and bearing a distinctive name. But this is an accident. The homœopathy of whose state and prospects I have to speak is, in the first instance at least, the method itself. I propose to enquire into (1) its internal health and growth, its development among those who adopt it; and (2) its reception by the profession and the public, the healers and the healed.

I. It is obvious that the first requisite for a rational mode of treatment, whose *ratio* is the relation between the physiological effects of drugs and the symptoms of disease, is that the former should be fully known. They are to be ascertained, like all other facts of nature, by observation and experiment—observation, in this case, of the accidental phenomena of poisoning and over-dosing, experiment with the drugs on the healthy body. How Hahnemann perceived this need, and enforced it by precept and example, I need not remind you. The ten volumes of pathogenesis he has bequeathed to us, the record of the pure effects on the healthy of ninety-five medicines, are among the chiefest debts we owe to him. The primary evidence of life and health among those who follow his method is the cultivation of the same field.

Now the year in which we meet sees the conclusion of the grandest collection of pathogenetic material ever made, of a series of ten volumes compared with which Hahnemann's are as a sapling to an oak. You will all know that I refer to the *Encyclopædia of Pure Materia Medica* of my friend Dr. Allen, of New York. The enterprise which undertook this great work, the untiring industry which has carried it through and the success it has obtained themselves speak plainly of the zeal for the knowledge of drug action which burns to-day in the homœopathic ranks.

"The ancient spirit is not dead,
Old times, they say, are living there."

But Dr. Allen's volumes also show that the spirit has never been dead,—that from Hahnemann's time onwards the duty of increasing our knowledge of this kind has ever been present to his followers, and has been faithfully performed. To many among us it must be quite a new discovery to find how much proving on the human subject has been going on, especially in Germany and America, since his death. The number of drugs whose physiological action we thus know has more than trebled ; and the pathogenesies of the original series have been considerably enriched.

Dr. Allen's work is thus a precious symptom of the vitality of Hahnemann's method among those who acknowledge it. But there is another way in which it marks an epoch in the history of that method. It gives for the first time, to English-reading homœopathists at least, a complete collection of the pathogenetic material wrought out in our school. Till now it has been scattered through so many journals and special treatises that he who would possess it all must purchase a small library for the purpose, and must be no inconsiderable linguist. To-day, in ten volumes of moderate size and price, he can obtain, in his own tongue (I still speak for ourselves), the entire treasure. We may partly estimate its value by comparing it with the only work of the kind we have hitherto possessed, Jahr's *Manual*. I speak not so much of the greater completeness of the present *Encyclopædia*, as of its manner of presenting its material. Jahr gave us a mind-burdening, a heart-breaking list of bare symptoms, without hint of the manner in which they were obtained or the subjects in whom they appeared. They were themselves but a selection from the original pathogenesies, our sole warrant for the choice made being the judgment of the compiler. Interspersed with them were numerous so-called "clinical symptoms," obtained by breaking up the features of cases reported as cured by the drugs into their component elements, and sowing these in their appropriate plot in the schema. This hideous composition, which has been fitly styled "nonsense made difficult," was for many years the only general *Materia Medica* available for homœopathists of the English speech, the only groundwork of our prescriptions, the only text-book for our students. Compare it with what we have now. To every symptom Dr. Allen gives us (none but physiological ones being admitted, and none of these omitted) a number is attached, which refers to the observer who warrants it.

Appended to his name is a statement, whenever such information is to be had, of the form and dose of the drug used, and the subjects to whom it was administered. The thousands of symptoms cited by Hahnemann from authors have received all possible illumination and revision from their original sources. I have indeed myself had the pleasure of contributing this last portion of Dr. Allen's *opus magnum*; but it is due to him to say that he has furnished, at his own expense, the means necessary for the performance of the task. Whatever assistance he has received, his has been the burden of the work, and his must be the glory. I feel sure that when he visits us in 1881, as he promises to do, he will find us not insensible of what we owe to him.

We may thus be fully satisfied as to the quantity of our pathogenetic material, and its present availableness for our use. It is with much more chequered feelings that we entertain the question of its quality. For a long time we had received the symptom-lists of Hahnemann and his immediate successors with undoubting faith, as true physiological effects of the several drugs; and only a less unlimited credence has been given to every subsequent contribution to the *Materia Medica*, purporting to be the result of provings on the healthy. The examinations, however, which have been conducted by Wurmb, Roth, Langheinz and myself into the way in which Hahnemann took symptoms from authors, have shown a mode of proceeding on his part which none could tolerate in the present day, and have cast a cloud over a large part of his work. The earlier provings of the *Reine Arzneimittellehre*, conducted with substantial doses on the healthy body, remain of undoubted value; but the pathogenesies of the *Chronischen Krankheiten*, which consist mainly of the supposed effects of the medium and higher attenuations on patients taking them, cannot be accepted without further warrant. The carrying out of his rule,* moreover, of accounting every new symptom appearing in an individual taking a drug, be he sick or well, to be an effect of that drug, has led to a vast amount of self-deception on the part of provers. Dr. Hamilton shewed us, some eight years ago,† how many slight deviations from the norm will occur in a man presumed healthy, who notes his own feelings and doings

* *Organon*, § cxxxviii.

† See *British Journal of Homœopathy*, xxix., 565.

for a few days. Dr. Conrad Wesselhœft, of Boston, has recently shewn the same thing on a larger scale by a crucial experiment. Having to conduct a reprovings of *carbo vegetabilis*, he began by furnishing his fellow-workers with a number of blank powders of sugar of milk. No inconsiderable array of symptoms were reported to him as the result of the ingestion of these placebos, before a single particle of the drug had been absorbed. Except, therefore, in provings where care has been taken to eliminate this source of error, or in those where sufficient medicine has been employed obviously to disturb the health, we must accept the results reported with considerable reservation, and use them cautiously and tentatively until they have been clinically verified.

Apart, then, from the palpably absurd experiments which have furnished some of our symptomatology, and the actual lies of such pathogenesies as Houat's, we have a good deal in our *Materia Medica* which is far from being trustworthy. We are not therefore to resign ourselves to scepticism and neglect of it. It contains also plenty of honest, solid work, which has stood the test of many decades of practice, which has led to abundant success in the past and still serves us well to-day. The duty our knowledge of its imperfection lays upon us is that we do not use it uncritically, esteeming all its constituents alike, and assuming their validity because they are there. A loose practice has grown up of saying that a medicine "has" such and such a symptom, or that "we find it under" the drug—no discrimination being exercised as to how the medicine obtained the symptom, or how the latter found place under its name. The evil has been greatly increased of late by the appearance of symptom-codices in which "clinical" are mixed up with pathogenetic symptoms, the signs of distinction used by Jahr being either carelessly distributed or avowedly omitted. All this leads to a bad, confused, often false conception of the action of drugs, which is very injurious both to belief and practice, and would never stand the criticism of opponents. The use of Dr. Allen's *Encyclopædia* will remove all temptation to it. None but (presumably) pathogenetic effects of drugs are contained in it; and the reference of these to their sources, and the information to be had there and elsewhere as to the character of the sources themselves, make the wholesale employment of its symptomatology without excuse. It

renders still further service by printing in special type those symptoms which have appeared in several provers of a medicine, and also those which have repeatedly disappeared under its curative influence,—which thus have stood to some degree the test of verification.

After the *Materia Medica* itself, the work most urgently demanded by the homœopathic method is the cultivation of our means of applying it ; and of these the most important are the indices we call “Repertories.” Hahnemann himself showed his sense of their need by appending a very complete one to his *Fragmenta de viribus medicamentorum positivis* ; and many similar endeavours have been made in Germany, France and America to index the *Materia Medica* as it has grown. We in this country have been somewhat late in the field ; but we have tried to make up for our delay by aiming at a fulness hitherto unattempted. The Repertory of the Hahnemann Publishing Society, now steadily progressing on its way, presents every symptom in full under every category in which it could reasonably be looked for. It effects this without intolerable bulk by an ingenious system of cypher, which, though it has frightened many away from using it, is admitted by all competent judges to be of inestimable value. That the symptoms should always be presented in their completeness is an obvious advantage, and in no other way could this have been done. At the same time, as has been pointed out, the Repertory can be used like other works of the kind, without any employment of the cypher whatever ; while those who seek the “counsels of perfection” in this matter can do so by mastering its (very moderate) difficulties. I think that all who know the importance of having a good index to the *Materia Medica*, and the labour involved in forming one, will acknowledge that the Hahnemann Publishing Society has deserved well of the republic. It is about, as we shall learn this afternoon, to add to its services by giving us a new translation of Hahnemann’s *Reine Arzneimittellehre*, to replace Hempel’s very imperfect version ; and when I say that the work is being done by the pen to which we owe the *Organon* and the *Lesser Writings* of the master—that of our honoured colleague Dr. Dudgeon, I am sure you will all look forward to its appearance with pleased anticipation.

So far I have been speaking of the homœopathic method as its author himself conceived it, as proceeding by a com-

parison of totality with totality of symptoms which has been aptly compared to a photographer's reproduction of a landscape. It often happens, however, that no such precise parallelism between disease and drug-action can be secured, and that we must proceed rather in the way of the artist; whose point of view, moreover, is in my judgment always necessary as an adjunct, and sometimes, at least, preferable as an alternative, to that of his more mechanical colleague. For this purpose a different class of works is required. We want commentaries on the *Materia Medica* and studies of special drugs, which shall illuminate their working from the lights of toxicology, of experiment on plants and animals, and of clinical experience, thus enabling us to get at their seats and kinds of action. We want treatises on therapeutics, in which the subject shall be approached from the side of disease, in which enquiry shall be carried out as to *what* homœopathy can do in the various recognised morbid conditions, and *how* it does it. I think we may congratulate ourselves that this field, too, has received no inconsiderable cultivation. The Hahnemann Publishing Society has worked here also, in its monographs on drugs; and it promises us one day a Therapeutic Repertory. Of my own humble labours of the kind it would not become me here to speak, save to express my thankfulness for the measure in which I have been enabled to be useful to my colleagues and to our common cause. But it suffices to mention the treatises on pharmacodynamics of Teste, Espanet, Hempel, Hale and Dunham, and those on therapeutics of Bähr, Kafka, Ludlam and Jousset, to show that we are not unmindful of the more general aspects of medical practice. The "Studies in the *Materia Medica*" of Dr. Dyce Brown, the treatises on *Natrum muriaticum* and *Aurum* of Dr. Burnett, and the "Lectures on Diseases of the Ear" of Dr. Cooper are recent indigenous works of the same kind which must not be passed over without honourable notice.

Resort has been had by another class of physicians to a different kind of aid in the treatment of cases to which the method by totality of symptoms will not apply. Hahnemann long ago taught* the importance of securing resemblance above all things in those symptoms peculiar to each drug as an individual, which may be called its "characteristics." Carroll Dunham laid stress on the same point,

* *Organon*, § cliiii., cliv.

recommending the committal to memory of all such distinctive features of medicinal action.* These characteristics have of late assumed a very important place in the minds of a number of our practitioners, of whom Dr. Henry Guernsey, of Philadelphia, is the best representative. They have become in their hands the basis of a "key-note system," which, though purporting to be only ancillary to Hahnemann's way of procedure, practically takes its place. If, they say, the characteristic of a drug—as the "fan-like motion of the *alæ nasi*" of *lycopodium*—is present in a patient, the rest of his symptoms will, in all probability, be found in its pathogenesis. Such a statement is unexceptionable. But when we examine the practice of these physicians, as reported by themselves, it is evident that the further enquiry just mentioned is regarded as of quite secondary importance, and that its negative result does little to outweigh the presence of the "characteristic." This is not merely suggestive, but determining: let the "key-note" be sounded, and we may take for granted that disease and drug will play the same tune. I need hardly argue that such an assumption is somewhat perilous, and that a procedure based upon it is but imperfect homœopathy, still more so than that which has received so much censure under the title of "generalisation." Nevertheless, as both the one and the other *may* lead to the object of our search, which is the pathological simile, either should be cultivated; and as we welcome the studies of the physiologically-minded among us in pharmacodynamics and therapeutics, so let us give due credit to those who, like Hering and Guernsey, rather cultivate symptomatology, and seek to give us characteristics. A good many well-established features of this nature are now floating about in our literature, and their collection into a single volume may be commended to their advocates as a service they can render to us all.

The third desideratum of our system, after a *Materia Medica Pura* and facilities for applying it, is the study of the method itself—of the principles it involves, of the best mode of working it, and of the rationale of its efficacy. Hahnemann's *Organon* is devoted to this enquiry; and Dr. Dudgeon's lectures show us how earnestly it was pursued by the early converts to his views, especially in Germany.

* *Homœopathy the Science of Therapeutics*, p. p. 33—38.

In later times, and in our own tongue, its chief cultivators have been Dunham and Madden, Sharp and Drysdale. The first two have been taken from us (all too soon!), the one by death, the other by disablement; but their works still survive, and do follow them. The two last we are happy to reckon among us yet, serving alike for ornament and for use. Dr. Sharp has elaborated a theory of homœopathy which, though it seems to me insufficient to embrace all the facts of the case, is doubtless true as far as it goes; and is so clear, intelligible, and credible that it bids fair—as we shall see presently—to secure an admission for our law among many who have hitherto rejected it as absurd. Dr. Drysdale has sunk a deeper shaft into the subject, and the final result of his researches has not yet been given us. That which he has already written upon it, however, is so weighty with thought and luminous in perception, as to constitute one of the richest treasures our literature possesses; and I hope we shall not long have to wait for more.

II. Our enquiry as to the health of homœopathy, regarded in itself, has thus received a favourable answer. Abundant material and apparatus for working it has been provided, and no lack of thought has been spent upon its working. It is its own fault, or that of its followers, if it does not achieve as much success as in the nature of things is possible. We have next to ask, what progress has been made in its reception by the profession and by the public?

In the latter quarter we have nothing of which to complain. The number of persons in this country who prefer homœopathic treatment is immense, far exceeding the supply of practitioners who can give it them, and only waiting the multiplication of these to increase at a still greater rate. It has been so in every region where the new system has made its way; and if a medical as well as a religious census were taken everywhere, I apprehend that the proportion of dissenters of this kind from the established faith would come as a surprise upon many. Nor is such testimony to its value to be despised. High-sniffing Pharisaism may say, This people, that knoweth not the law, is accursed; but the present instance is not one where ignorance of processes vitiates the judgment of results. As Dr. Garth Wilkinson once said, people know whether their boots fit or not, however little they may be acquainted with the mysteries of shoemaking. But I dwell not on

this; our deepest interest, as members of the medical profession, is in the reception of the truth we uphold by the body to which we belong.

I need hardly recall to your minds the history of that reception up to within the last few years. At first, from men like Hufeland,* Brera,† Trousseau,‡ and Forbes,§ it received a criticism worthy of it and of them. They examined it on its merits, gravely and dispassionately as men of science should do, respectfully towards their colleagues its advocates, not without sympathy with their aims and appreciation of some features in their movement. But side by side with this dignified conduct on the part of the leaders of the profession, there gathered and broke in its rank and file a storm of anger to which the history of medicine affords no parallel. The Brighton meeting of the British Medical Association in 1851, with its celebrated resolutions; || the expulsion of Tessier and his *élèves* from the Paris Anatomical Society in 1856, in company with a member convicted of an infamous offence¶—these were specimens of the intolerant hatred which the system everywhere excited. Homœopathy as a method was fiercely rejected, and its disciples suffered professional ostracism.

That a serener hour has now descended, at least in English latitudes, we must all feel. The tacit withdrawal of the Brighton resolutions by the British Medical Association, when submitting its bye-laws for lay sanction; the admission to membership of the Midland Institute at Birmingham of avowed homœopathists; the more liberal views expressed in the debate on that question, and by many individual practitioners in the medical journals; the greater amenity of social intercourse—all these things are signs of a change for the better, which we hail as much for our brethren's sake as for our own. Again, in 1872 the physician who occupied this chair—Dr. Black—had to say, "Even now a journal whose *raison d'être* is the poverty of therapeutics, and which in its preface states 'the science of healing has remained very nearly where it was when Rousseau exclaimed, *Laissez-moi mourir, mais*

* See translation of his essay in *Brit. Jour. of Hom.*, xvi., 177.

† *Ibid.*, vi., 278.

‡ *Traité de Mat. Méd.*, Introduction.

§ *Med. Chir. Review*, 1846.

|| See *Brit. Jour. of Hom.*, ix., 649.

¶ See *Ibid.*, xiv., 490.

me me tuez pas, dares not admit an article written by anyone who believes that the homœopathic law fills up the gap in therapeutics." It is not so now. The journal in question—you will know that the *Practitioner* is meant—has not long ago printed practical communications from our colleagues Drs. Flint and Edward Blake, and within the past year it has allowed Dr. Sharp to expound homœopathy (as he conceives it) at some length in its pages.

We rejoice, I say, at all these things; but we must not make too much of them in relation to the general acceptance of our system. Most of those who have taken our part in the recent discussions have treated homœopathy as a folly, though they have refused to allow that the adoption of it is a crime. Nor must we lay too much stress, in this aspect of it, on the phenomenon which has deservedly attracted so much comment,—the wholesale appropriation of our remedies which has been going on during the last ten years. Such imitation is indeed the sincerest flattery; and we are bound to claim the testimony it bears to our method, to the bird (let them call it a goose if they will) that lays these golden eggs. But the flattery and the testimony are often unconscious, and nearly always voiceless. The bits of practice taken from us are promulgated and adopted merely as empirical measures, or their obvious homœopathicity is veiled under other phrases—the “tonic action on the sympathetic” of *ipecacuanha* in vomiting, the “two circles in the water neutralising one another” of *belladonna* in febrile conditions. It is a different thing, indeed, when a New York physician* says to his colleagues: “In two cases of urticaria, where the affection had lasted for two or three months, unsubdued by the usual treatment, it occurred to me to prescribe drop-dose of *copaiba* three times daily. *The theory of the treatment was founded upon a desire to test the value of the similia similibus curantur principle.* These cases yielded most gratifying results, and since then I have treated numerous cases in children with a like success.” If such language could often be uttered without fear, and heard without reprobation, we should feel that a great step forward had been made towards the recognition of the validity of our principle of selecting remedies. At present,

* Dr. Dessau. See *New York Medical Record*, July 28, 1877.

however, it remains almost, if not quite, solitary. It is from another quarter that light seems appearing, to which I would now direct your eyes as promising a bright future for the place of the law of similars in professional estimation.

All through the history of homœopathy, those who have thought about the rationale of its curative process have been disposed to consider that this is really antipathic, that the apparently similarly-acting medicines are actually contraries. Hahnemann* conceived of this result as following from the reaction they set up, which, as their action was in the same direction with that of the disorder, must of course be opposite to it. Fletcher,† recognising the same primary actions and secondary reactions in the effects of drugs, considered that they also obtained in disease, inflammation being often its basis, and always its type, and this consisting in contraction of the capillary vessels followed by their dilatation. The secondary stage of the process was that most apparent, both in idiopathic and in drug-disease, the primary being latent; but when what thus seemed to be similarly-acting remedies were given, their primary and opposite influence was exerted, and, this serving to restore the part to its normal state, the action (unless an excessive dose had been administered) went no farther. Fletcher's theory of homœopathy has always found great favour among its British followers, and it has had the advantage of the distinguished advocacy of Dr. Drysdale and Dr. Dudgeon. In 1873, Dr. Sharp propounded‡ from the place I now hold the thesis that the explanation of homœopathic action lay in the fact that drugs had an opposite action, according as they were given in large or small doses; and thus, as our pathogenesies were obtained with the larger doses, and our curative results with the smaller, our remedies were necessarily opposed to the morbid state which their physiological effects resembled. It was at once pointed out§ that such opposite effects of different doses were, so far as they existed, manifestations of the primary and secondary actions already recognised in drugs. To this older doctrine the newer one was affiliated by its most energetic advocates, the editors of the *Monthly Homœopathic Review*; and

* *Organon*, § xxix.

† *Elements of General Pathology*, p. 485, et seq.

‡ *Monthly Homœopathic Review*, xvii., 585.

§ *British Journal of Homœopathy*, xxxi., 755.

the connexion was admitted by Dr. Sharp himself in 1877,* when he allowed the existence of an intermediate range of dosage between his two extremes, by which first the action of the small, and then that of the large is developed. The whole doctrine (as regards pathogenetic action) has been summed up thus by another eminent supporter of it,—Dr. Jousset, of Paris:—†

“1. Every drug produces on the healthy subject two successive actions, the primitive and the secondary; and these are always opposite one to another.

“2. The stronger the medicine, the less marked is the primitive action; and if the dose is excessive, the secondary effect alone as a rule develops itself.

“3. The weaker the medicine the more predominant is the manifestation of its primary influence.”

I have been thus particular in tracing the history of these views in our own school, because they are being taken up in a remarkable way in the other camp, and it is well that their pedigree should not be forgotten. In 1868, Dr. Reith, of Aberdeen, arrived independently at Fletcher's doctrine of the primary and secondary action of drugs upon the capillary vessels, and began to expound his views in the *Edinburgh Medical Journal*. He was at once told that they were merely homœopathy under another name. At first he repudiated the identification, but, further enquiry convincing him of its truth, he fearlessly acknowledged the fact. He of course had to suffer the penalty of his honesty, and to go without the camp, bearing the reproach of the cause he had espoused. He was, however, only a few years too soon. In 1875, Dr. Lauder Brunton, Lecturer on *Materia Medica* at St. Bartholomew's, delivered himself thus in the *British Medical Journal*: “The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy has been founded. The irrational practice of giving infinitesimal doses has of course nothing to do with the principle of homœopathy, *similia similibus curantur*: the only requisite is that mentioned by Hippocrates, when he recommended mandrake in mania, viz., that the dose be smaller than would be sufficient to produce in

* See *Monthly Homœopathic Review*, xxi., 658.

† *L'Art Médical*, xlv., 182.

a healthy man symptoms similar to those of the disease."^{*} On the death of Dr. Anstie, Dr. Brunton became editor of the *Practitioner*. In 1877, articles appeared in that journal from the pen of Dr. Rabagliati, surgeon to the Bradford Infirmary (surely a tendency to homœopathy is in the air of that institution!). They were entitled "Are there Therapeutic Laws?" and their aim seemed to be the demonstration that the apparently opposite effects of large and small doses were due to the primary and secondary actions of drugs, and their various development thereby, these actions themselves being to his mind the most important fact in therapeutics. The ingenious author was of course entirely unaware that the same views and reasonings were household words in our own school. In 1878, a better informed writer, Dr. James Ross, physician to the Royal Infirmary at Manchester, was allowed to publish in the same journal an article containing the following sentences: "No one who is competent to form an opinion can deny that one or two of the principles lying at the foundation of this" (the homœopathic) "system are fundamentally true. These principles are what may be briefly termed the local action of medicines, or the elective affinities of tissues, the double action of medicines, and the opposite effect of large and small doses." Finally, the editor himself, in a note to the series of papers by Dr. Sharp advocating the same views, whose admission to his pages I have already mentioned, expresses himself thus:† "We have published these papers of Dr. Sharp's because they direct attention to a most valuable means of forwarding therapeutics, viz., the investigation of the action of drugs by experiments with them on healthy persons. While we learn the *modus operandi* of drugs chiefly from experiments on animals, there are minute points in their action which can hardly be learned except by observations on man; and we hope that many young students and practitioners of medicine may be induced to take up the study, and thus further medical science. As there are many drugs which in small doses will produce an action the contrary of that which they produce in large ones, it is evident that homœopathy and antipathy are one and the same thing as regards drugs, and differ only in dose."

* *Experimental Investigation of the Actions of Medicines*, part i., p. 12.

† *Practitioner*, June, 1879.

Now I cannot say how far the language of Drs. Brunton, Ross, and Rabagliati would be endorsed by their colleagues in general. They seem, however, to be fairly representative men, and no one has come forward to protest against the admissions they have made. What, then, is the situation? On the one side are a body of men, guided by the homœopathic law of selection, but explaining the effects of remedies so chosen by the actions and reactions of medicines, and the opposing influence of varying dosage, so as to make them really antipathic within the system. On the other side we have these doctrines accepted as true in themselves, and as veritable explanations of apparently homœopathic action. We have only one thing more to do to win our cause, viz., to convince those who go so far of the boundless practicability and fruitfulness of the homœopathic method, if only they will commit themselves trustingly to it. For, in truth, this is the really important thing. It matters little, as we all acknowledge, how we explain the law of similars; whatever be its rationale, we know its truth. If, then, the explanation now current commend our method to those who have hitherto refused it, render it reasonable and admissible in their eyes, what is it if to some (and myself among the number) it seems to give a wholly inadequate account of the facts? We must say so, but we may be wrong; and in the meantime the facts themselves are true, the method no less precious though the theory affixed to it be disputable. Let us, then, put aside for the present all questions as to the rationale of our law; and devote our polemics to the one object of showing how well we may live by it, how largely it already holds good in the best medication extant, and how readily it converts to use all fresh knowledge of the physiological effects of drugs. Let this be understood; and homœopathy will take its due and unchallenged place among the methods of legitimate medicine, to the infinite help and comfort of suffering mankind.

I have left myself but little time to survey our position as a body, and our relation as such to the profession at large. I must ask your patience for a few minutes, however, while I submit to you certain considerations on this score.

Almost everything that I have hitherto said would be true and pertinent were homœopathy simply a creed, and not organized (as it were) into a church. But in all

countries at this day we, its adherents, find ourselves a separate body of men, excluded from the privileges of professional fellowship, working in societies, hospitals, journals, and schools of our own, known by the name of the system we confess. This is an obvious anomaly; and is may well be asked, how comes it about? Let me say at once that I think it useless to reopen the question of the original causes of the schism (for schism it is) in which we find ourselves. History must one day pronounce upon it, and we may well leave the decision to her impartial verdict. We have a strong conviction that, though there were doubtless faults on both sides, in the main we were not to blame. But, however it may have been then, there can be no doubt of the cause of our continued separateness now. It is because we are denied the liberty to which every qualified medical man has a right, and which he is bound to vindicate for himself—the liberty to practise according to the best of his judgment. When I say that we are denied it, I do not mean that physical force is put upon us, or that attempt is made to restrain us by action of the law. But Pericles has spoken,* and Mill written,† in vain, if these are to be esteemed the only fetters whereby man's freedom can be abridged by his fellows. Practise as you think best, it is said; but if your best thinking leads you to the system called homœopathy, we shall send you to Coventry. You shall enjoy no membership in the societies we have formed for mutual intercourse and improvement. If you are on the staff of any hospital, we will resign *en masse* rather than act with you. You shall not say a word in our journals, even where they profess "*audire alteram partem.*" If any patient you attend requires our diagnostic or mechanical aid, you must resign the case ere we will render it. All public appointments, and the service of the army and navy, shall be closed to you; for we will not associate with you. Call you this liberty? It is not liberty; it is terrorism.

I think it very important, gentlemen, that we should insist upon this one cause of our isolation to the ignoring of all other considerations. An attempt is often made by our opponents to evade the real issue, and to represent us as excluded because of the irrational nature of our doctrine, or the sectarian character of our proceedings. Our reply

* See Grote's *History of Greece*, ch. xlviii.

† *On Liberty.*

on the first count is that it is entirely irrelevant to the question, We claim freedom, as qualified medical men, to do what commends itself to *our* judgment, not to yours. You may think our principles absurd : to us they are as reasonable as they are fruitful, and we demand the liberty we concede to all others—the liberty of putting them in practice without prejudice to professional fellowship. To say, you are free to do everything save what we consider irrational,—this is not to open our prison ; it is but to lengthen the tether of our chain. We protest against all such interference with freedom as an injury to science, a bar to truth : we should protest were we not ourselves the sufferers, we should (as Montalembert said under similar circumstances) feel the gag in our own throats. And as to sectarianism—of course there have been black sheep among us, as there have been among you ; but for the conduct of our main body you have no one but yourselves to thank. You have thrust us into separateness, and kept us there : we have only done what in such a position was befitting to men who knew the value of free discussion and full experience, who desired to promulgate their method and to practise it. Open your doors ; make us free of the organisation of the profession at large ; and if we do anything sectarian then, condemn and degrade us if you will.

We stand apart, then, because of the denial to us of the liberty which is our right. But I pray you to observe the consequence of the position thus taken up. It is, that should our liberty be conceded us, we must renounce our separateness, and resume the place in the body of the profession from which we should never have been extruded. I myself think that the signs of the times indicate such a consummation as not very far off. But be it far or near, sooner or later it must come, and we should be prepared for it. It would be a change not to be effected without some difficulties and perhaps some painfulnesses. We have lived so long shut up in our prison that its walls have seemed our natural limits, and its habits have grown part of our nature. Some of us, perhaps, like captives of whom history tells, may decline to go forth, and prefer to end their days in their accustomed seclusion. But we should be inconsistent with our principles if, as a body, we refused to avail ourselves of the rights we have demanded, when they were yielded to us. Once made free of the city of Medicine, it will behove us to play our part in its civic life.

I go farther, and maintain that we should be untrue to our cause if we did otherwise. I believe that the greatest hindrance to the consideration of homœopathy on the part of our old-school colleagues is the existence of the homœopathic body. Its rival institutions, its competing practitioners prejudice the system itself in their eyes, and keep up a bitterness against it which is quite out of place in a question of science. Our desire must be that it should leave to the uttermost the practice of medicine, and acquire the confidence of the greatest possible number of medical men. With this view, we must heartily welcome the obliteration of distinctions which keep men apart from one another, and too often cause the subject to be viewed in that *lumen madidum* of passion which Bacon deprecated, instead of the *lumen siccum* of unclouded reason. If our cause can best be served by our individual extinction, or rather absorption into the common mass, let us not shrink from any self-abnegation that may be required.

Nor need we doubt that here, as elsewhere, to lose our life may be to gain it. Though we are not the cause of the schism which isolates us, we are the sufferers from it. The dangers which haunt all small societies, gathered round a special principle, and withdrawn from the main current of the life of the body from which they are separated, do press sorely upon us. We all know how among men so situated narrowness of sentiment and exclusiveness of view is almost inevitable; how rife are personalities, rivalries, jealousies, how vehement controversies about the details of the common faith. In such associations those disproportions come to prevail which have given rise to the figure of the triton among the minnows, and the proverb *parmi les aveugles le borgne est roi*. And when, as here, there is bread-winning connected with the questions at issue, there is the additional peril that the standard may be joined for the sake of gain, that men may trade on the distinctive name and position taken up. I am sure that we homœopaths cannot claim to have been exempt from the evils thus incident to our situation. See with what bitterness we conduct the discussion between the two sections into which such a body must needs fall, its *côté gauche* and its *côté droit*, those who cultivate exclusively and to the utmost the method of Hahnemann, and those who seek to harmonise it with general medicine. Such a division has existed among us in every country, and it has involved us

in continual warfare. See how difficult it is for us to unite in any common course of action. The storms which have raged around the cradle of the London School of Homœopathy are only a recurrence of those which marked the early days of the British Homœopathic Society and the London Homœopathic Hospital. I may be pardoned for expressing the hope that it may also imitate them in surviving the perils which threatened to wreck its infancy, and attaining a vigorous and useful maturity. I am afraid, too, that we are not altogether free from narrowness. Indeed, to hear some among us talk, it would seem as if homœopathy (at any rate in their hands) could cure everything, and no other way of proceeding could cure anything. To deliver us from these faults, we need the freer air and less dense aggregation we should obtain by being transferred from our little encampment into the general array of the profession.

It will require, indeed, much wise deliberation to accomplish the transition without rude harm. There must be due regard paid to vested interests, and much tenderness exercised in dealing with existing ties and expectations. It may be that no very great changes will be required, at any rate at first. It will be a long time before homœopathy becomes to all the guiding star of therapeutics; for many years it is likely to be followed, as a dominant rule, by the few only. There may still be place, then, for some "Hahnemann Society," where, under a name which could repel none who love the art of healing, his method may receive both cultivation and criticism. Some "Journal of Specific Therapeutics" may still be required, in which there shall be secured due space for the essays and records illustrative of our system. For the same reason our School may continue to perform its functions, unless these should be transferred to chairs of homœopathy set up in the halls of medical instruction. The most difficult question is that of our hospitals and dispensaries. In maintaining them in existence, however, we should have the precedent of the Temperance Hospital. This has been established at the instance of those who believe alcoholic stimulants to be at least unnecessary in the treatment of disease, and for the benefit of the poor who may elect to be so treated. Its physicians and surgeons, in accepting office there, pledge themselves to nothing beyond a general acceptance of the principle; they do not bind their hands to any absolute

abstention from alcohol, if in their judgment it should become necessary. The staff of a homœopathic hospital take up a precisely parallel position ; and these should not, any more than those, incur odium thereby. We have here, moreover, to consider the interests of the public as well as of the profession, and especially of its poorer portion. It will be easy enough for the well-to-do to find practitioners who will treat them homœopathically, especially as the peculiarities of our pharmacy will always require the existence of distinctively homœopathic chemists. But how are the multitudes of the poor who prefer our treatment to obtain it, unless there are charitable institutions devoted to its practice ? For them, therefore, if for nothing else, it would seem that our hospitals and dispensaries must be retained.

In thus speaking I am contemplating the future ; but if our institutions are, in some shape, to survive the change of reunion, how much more necessary are they now ! Let us, while we stand as we are, loyally support them. Let there be no individual secessions, no abstention because one is in a minority. Let us all stand firmly in our ranks, doing our duty where Providence has placed us, until the time comes when as a body we can revise our marching orders, and make what changes are necessary in our organisation.

I know not, gentlemen, how these thoughts may commend themselves to your minds, whether the prospect of the absorption of our distinct existence is as bright a one to you as it is to me. I would fain hope that it is so ; and I believe that in welcoming it I am only using similar language to that which has repeatedly been heard from this chair. There has reached me, indeed, some characterisation of this attitude of mind as a "hanging on to the skirts of allopathy." The phrase is as inaccurate as it is harsh. "Allopathy"—more properly "allœopathy"—is a method of drug selection, distinguished from enantiopathy and homœopathy ; the term is quite a misnomer when applied to the practice of the old school, which professes allegiance to no principle, and employs this particular one no more largely than others. It is not "hanging on to the skirts" of any system for which we yearn, but reunion with the great and noble profession of medicine, which for many ages has toiled for the public weal, whose whole past we inherit, and in whose whole present we

ought to share. One caution only I must add ; and that is that it is not for us to take any step towards the reconciliation we nevertheless so devoutly desire. We cannot do so without misunderstanding. There must be no excuse for saying that we have "hailed down our flag:" when we evacuate the fort we have so long held it must be with all the honours of war, without the surrender of a weapon, with drums beating and colours flying. It was the failure to recognise this necessity, even more than the unguarded language employed, which rendered so injurious the action taken by our well-meaning colleague Dr. Wyld two years ago. Happily, no voice was raised from our ranks except to repudiate his motion, and it fell to the ground for want of a seconder. We can now without danger sympathise with its object ; but let us be warned against its way of compassing the same. The true note was struck by Dr. Hayle in 1876, when he compared our position to that of St. Paul in the dungeon of Philippi. "Let them come themselves and fetch us out." It was from no pride that the Apostle spoke thus, no unwillingness to overlook the wrong done him. But the rights and immunities of Roman citizenship had been violated in his person ; and he owed it to them, and to those who shared with him in them, not to condone the offence. We too, for like reasons, having testified our readiness to receive overtures of peace, and laid down the grounds on which alone we can make it, must wait the action of the other side. It may not come in your time, our fathers, who have hitherto presided over these Congresses : even we may not see it, the second generation, who are now in succession occupying your place ; though I hope that we shall. Our children, however, it will assuredly visit. For them we may safely anticipate the time when the name homeopathy shall no longer denote a persecuted sect, but a faith and practice recognised universally as legitimate and largely as true ; when the antagonisms of to-day shall have ceased to separate between brethren, and all shall be united in the generous emulation as to who shall do most good to the objects of their care.

MEETINGS OF SOCIETIES.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Meeting of British Homœopathic Practitioners was this year held at Great Malvern, at the Imperial Hotel, on Thursday, the 11th September, under the presidency of Dr. RICHARD HUGHES, of Brighton and London.

Among those present were Drs. DUDGEON, BAYES, POPE, JAGIELSKI, HASTINGS, PEARCE, POWELL and Mr. HARRIS, of London; Drs. DALZELL and JOHNSON (Malvern); Drs. THOMAS, E. MADDEN, and HUXLEY (Birmingham); Drs. E. WILLIAMS and NICHOLSON (Clifton); Dr. KER (Cheltenham); Drs. NANKIVELL and DRURY (Bournemouth); Dr. FLINT (Scarborough); Dr. HOLLAND (Bath); Drs. HAYWARD and HAWKES (Liverpool); Dr. MASSY (Redhill); Dr. A. C. CLIFTON (Northampton); Dr. G. CLIFTON (Leicester); Dr. CLARKE (Ipswich); Dr. BAYNES (Exeter); Mr. MILLIN (Worcester); Mr. KNOX SHAW (Hastings); Mr. BUTCHER (Reading); Mr. POTTS (Sunderland); Mr. STEVENS (Cannes); Dr. WILDE (Weston-Super-Mare); Dr. OWENS (Leamington); Dr. TUDGE (Yeovil), &c.

The proceedings of the Congress were opened by an Address from the PRESIDENT. [This will be found *in extenso* at page 587.]

Dr. BAYES: Gentlemen, we are not allowed to discuss without addressing from the chair, but we cannot, I think, separate without thanking Dr. Hughes for the very valuable paper he has read to-day.

There may be little differences of opinion as to one or two small points, but there can be no difference at all as to the admirable way in which he has put his exposition together, and the position in which he has placed our present relation with regard to the general system of medicine, and I, therefore, ask you to give him your very hearty thanks for the paper that he has just read. (Cheers).

The motion was seconded by Dr. NANKIVELL, carried with acclamation, and acknowledged by the PRESIDENT.

After a short interval Dr. NANKIVELL was called upon to read his paper, entitled, *Further Remarks on the Therapeutics of Phthisis Pulmonalis*. [This will appear next month.]

The PRESIDENT: Gentlemen, Dr. Nankivell's contribution has taken a longer time in reading than we generally allow to those who contribute papers to our meetings, but it has conveyed too much solid information for me to curtail it for one moment, and I feel sure you will all agree with my having let him read it to the full. We have but twenty minutes that we can allow for its discussion, and I would suggest that to limit the scope thereof,

and condense it within the time, we should confine ourselves strictly to the four points he has raised: the value of arsenical preparations, of sulphurous waters or medicines, and of *lachnanthes* in the treatment of phthisis, and the value of mountain air, especially that of Davos, in such cases.

Dr. HOLLAND: Mr. President and Gentlemen,—I assure you it is very gratifying to my mind to hear the able paper that my friend Dr. Nankivell has just read. It is pregnant with an enormous amount of useful information, and cases which have come under my own inspection, and which he has treated, were treated with the means he has represented, and I can say that the treatment has been attended with the very best results.

There is one case more particularly to which I will refer, and without mentioning the name of the lady, I have no doubt Dr. Nankivell will at once recognise it.

A young lady who laboured under the most advanced symptoms of tubercular phthisis, and whose sister had died of phthisis, was recommended by me, after having tried a variety of treatment, to go to Bournemouth and place herself under the care of Dr. Nankivell.

I believe she has for some time now spent her winters there, but has occasionally come over to Bath, and I confess I was amazed about six weeks since, when she called on me at Bath, to find the amount of flesh she had gained, the absolute loss of her cough, and night perspiration, the resonance of her lungs, the absence of hæmoptysis, and also of every symptom that we usually find attendant upon pulmonary phthisis. She told me that she had been under Dr. Nankivell's care, and that his treatment had been productive of the very greatest results.

Whether the improvement manifested in her case—leaving out of consideration the medicines Dr. Nankivell has mentioned—may be the result of those medicines or not, or whether we are to infer that the pine trees of Bournemouth (which are productive of such salutary effects in so many cases) have contributed to it or not, I must leave Dr. Nankivell and others, who are better conversant with the matter than myself, to determine. I can only speak of the fact that the patient having gone down there, as I imagined, to die, has returned to Bath, certainly with the intention of going back to Bournemouth again, in the most robust health.

Some time ago a nephew of mine, who was considered by some of the best men in London (allopaths) as being far advanced in consumption, went to Bournemouth. I went there to see him on the representation of his mother—my sister-in-law—that he was then almost in a dying state. At the time I called upon Dr. Nankivell I confess that I considered likewise that such was the fact, but I thought proper to prescribe a few remedies for him,

and told him vigorously to persevere with the treatment—to sponge his chest with cold water, and to be in the fresh air as much as he possibly could, and to my amazement he left Bourne-mouth perfectly well, and has so continued.

I have heard from various sources of the value of arsenical treatment, particularly from my colleague, Mr. Norman, who has been very successful indeed in some few cases that I myself have witnessed. He made representations to me more particularly with regard to the iodide of arsenic, and I thought when he called on me to see a case with him, that I should like very much indeed to watch it throughout its entire length and duration. I did so, and to my amazement the patient not only progressed most satisfactorily from the commencement of the treatment, but every trace of tubercular mischief—rales, crepitations, and all the rest of it—rapidly passed off under that treatment. I will not occupy the time of the meeting by any further remarks upon the subject, but can only bear my testimony to the value of the treatment, and likewise to the fact of Dr. Nankivell having given us valuable information upon the subject.

Dr. HAYWARD: It has, Sir, been a great pleasure to me also to listen to Dr. Nankivell's paper, and I quite join in the well-deserved praise accorded to it by Dr. Holland; but with all due deference to my excellent friend, I do think that it is very desirable that our Congress Meetings should be occupied with matters as purely homœopathic as possible, because the proceedings of our Congress go before the profession generally, and are, not like those of our local societies, kept within our own circle; and, therefore, the treatment advocated should not be as is the treatment of phthisis with iodide of arsenic, iodide of lime, and *Lachnanthes*—mainly empirical. Besides, I think we should endeavour to be as precise as possible, and not mix up cases of pure pneumonia with those of tubercular phthisis as all alike cases of consumption. I cannot recognise cavities resulting from simple pneumonia in the base of the right lung as the same disease as cavities resulting from tubercular deposit in the upper part of the left lung, nor as amenable to the same treatment. I think most of the cases brought forward by Dr. Nankivell were cases of simple pneumonia, ending in abscess; though some of them appear to have been real tubercular disease. It would have been much more to the credit of homœopathy had Dr. Nankivell given us a series of cases treated strictly homœopathically. It is highly undesirable that it should go forth to the world that our treatment in such cases is mainly empirical, not that I doubt the advantages and success of Dr. Nankivell's treatment. I have a case under my own treatment of a chronic abscess in upper part of right lung of a lady which her allopathic attendant condemned as phthisis over twelve years ago, saying

she had not long to live, but she is now almost as robust as she was twelve years ago; and I have other cases that have quite recovered, having been much helped by iodide of arsenic; but to call such cases "phthisis," is, I think, a misnomer, not that I think cases of true phthisis do not frequently recover under true homœopathic treatment. And in a paper like this, by a man of such ability and opportunities and experience as Dr. Nankivell, had he given us a few cases treated with remedies known to be homœopathic to the condition, we would have been extremely thankful to him. In his praise of sulphur water in the treatment of such cases—and which he shows to be truly homœopathic—I was disappointed that he went so far abroad to the neglect of our own fine Harrogate, with not only waters, but air also, so excellent. I also understood him to say that in one case *hepar sulphuris* 3rd decimal produced great debility. Now, as great debility is very common in cases of phthisis under any treatment, I should hesitate to attribute it to the *hepar* 3rd decimal being taken.

Dr. PORE: Mr. President,—I will not take up the time of the meeting beyond referring to a point that Dr. Nankivell referred to in regard to Davos, and I merely rise because I think it is my duty to do so, having recently been there. Dr. Nankivell arranged a series of "pros" and "cons" with regard to Davos.

It is quite unnecessary for me to deal with the "pros," but with regard to the "cons" I may just say a word or two. The journey Dr. Nankivell described as being very tedious, and most unquestionably it is extremely so; but at the same time if it is taken early in the year—say in August or September—it is very surprising how extremely well the journey is borne, and the hotels *en route* are really comfortable, and great care is taken of people who are invalids.

Then again, the variability of the temperature is referred to.

About that there is no mistake at all. All I can say is, as far as my observation went, it really had no influence upon the health at all, or the comfort of the people who were there; and where people did suffer in any degree from this variability, it was entirely due to their own extreme carelessness and neglect. The reckless manner in which people lived at Davos struck me as being the most objectionable feature of it.

I do not think the people there give themselves the opportunity or the chance they might have. I am sorry to say so, but some doctors have such immense confidence in the power of the air to restore rotten lungs, that they are very far from enjoining that amount of caution which persons I have seen out there ought undoubtedly to have taken.

Then with regard to the stove heat. Dr. Nankivell said the atmosphere of the rooms was for eighteen hours out of the twenty-four at stove heat.

I think that was an expression used by Dr. Hassall, in a very disappointed letter which he wrote the other day in the *Lancet*. In my experience it is not stove heat eighteen hours out of the twenty-four. The only stove heat to be had is in the dining room, where the feeding goes on, and the parlours, but nobody is ever there except for a very few minutes at the time.

Dr. NANKIVELL: And the bedrooms?

Dr. POPE: And the bedrooms. The stove is lighted there about eight o'clock in the evening and burns until about twelve o'clock, and the windows are wide open all the night.

Dr. NANKIVELL: With the temperature at zero?

Dr. POPE: The temperature at zero. I had my window open the whole time I was there and it was very comfortable. With regard to the necessity for leaving in April on account of the snow,—well, people have to leave Mentone on account of the heat; they must go somewhere; they cannot stop at any of these health resorts all the year round, except, perhaps, Bournemouth, by the way. It is a safe and most tempting climate, but with Dr. Nankivell I certainly think people are allowed to climb heights a great deal too soon. The cases that did good there—and really the amount of good they got there was something extraordinary—were cases of neglected or badly treated pneumonia. I saw several such, in which there had been a large amount of hæmoptysis. In one case, a young gentleman, who was a Cambridge student, had been in bed for, I think, a couple of months, either at Hastings or London before he came to Davos, did the whole journey at one stretch—as far as Landquart at any rate—that is a matter of a couple of days, and came to Davos the next day by the coach; that I think was the beginning of September, and by the end of December he had gained between two and three stone weight, was perfectly well, had no cough, and was able to skate and to “toboggen” with the best of the people there. And there was another case very similar to that, the case of a young fellow with extensive pneumonia, and who had evidently been very badly treated. He had hæmoptysis, and was well after a couple of months at Davos. I believe Dr. Rudei's opinion is that the cases that do good there are pretty much like those that Dr. Nankivell has spoken about, viz.: pneumonic phthisis in the comparatively early stage, and in the second stage, but when you get a big cavity in an exhausted frame, Davos is just as bad a place to send that case to as is any other. I think Davos will be found to have its advantages, and that it is a place very well worthy of medical men enquiring about and thinking about; and when they send their patients there they should insist upon their taking a great deal more care of themselves than they will probably be advised to take.

Mr. STEVENS, in response to the President's invitation, confirmed the observations of Dr. Nankivell and Dr. Pope, that the only cases fit to be sent to Davos were those of young fellows—or people in early life—who perhaps had been reading too hard or studying too closely, and who had had their constitutions a little bit broken up—pneumonic cases, or cases of incipient lung disease. He had had a great number of cases of lung disease passing through his hands in the south of France, and mentioned the case of a young fellow who had worked very hard at Cambridge, contracted lung disease—did not do well at Cannes, and died after returning from St. Helena.

The case that Dr. Pope referred to he knew all about. He was spoken to about the case, and strongly recommended that the patient should go to the Engadine. I would confine it (Davos) to those cases only that Dr. Nankivell has specified.

The PRESIDENT: Your experience has been of the same character?

Mr. STEVENS: Quite so.

Dr. PEARCE: With regard to the concluding portion of the paper, I think we should pay more attention to curing our patients here than sending them abroad. I think in our United Kingdom we have almost every kind of climate that is desirable for the treatment of this special class of cases. From many years' experience I am convinced that to send them to closely confined and ill-ventilated places is a mistake. My practice has been to send them to Switzerland or some of the high places, where they can get plenty of oxygen. To send a patient abroad to places necessitating long journeys seems to me unjustifiable.

One remark with regard to *hepar sulph.* It is a medicine I have used more extensively than any other in chest diseases, and it has a remarkable power—a power which no other medicine appears to me to have—in changing the whole condition of the glandular system and condition of the blood. I have lately had 130 cases in one orphanage in Surrey of diseases all cured by *hepar sulph.* They have been witnessed by a physician of University College Hospital who was called in, and he said he had nothing to suggest. They included cases of eczema, ophthalmia, *tinea capitis*, and chest diseases. All these (springing originally, I believe, from bad food and an ill-conditioned state of living) were cured by *hepar*, and it has a remarkable power in effecting a change in the tissue of the lung I am convinced.

Dr. DRURY mentioned Colorado as a State where numbers of consumptive subjects are sent with great advantage. Parts of the State (he said) were situated at an elevation of 6,000 feet above the sea, but when invalids went higher there was a great tendency to hæmorrhage. It was well to bear that in mind; the treatment was almost homœopathic if they took an over-dose!

Dr. NANKIVELL: I must thank Dr. Holland for his kind reference to the arsenical treatment. I remember the case very well to which he refers, and which did so very well at Bournemouth. I must thank Dr. Pope also for the additional knowledge he has thrown upon the climate of Davos. There are points which he stated of which I was not fully aware of. With Dr. Hayward I have got a little lance to break. I think if he will read over my paper after it is in print, he will find that I do not call one of these cases "tubercular;" they are, I believe, all pneumonic, not croupous pneumonia, but catarrhal pneumonia.

Dr. HAYWARD: I think Dr. Holland did call one tubercular.

Dr. HOLLAND: Yes, I did, and thought myself justified.

Dr. NANKIVELL: True; but I did not report this special case.

Dr. HOLLAND: No.

Dr. NANKIVELL: It was your own description, and I believe a correct one. I think in cases of true tuberculosis—unless they are incipient cases—you do not do much permanent good by treatment. There are some cases of phthisis which are open to treatment; others, again, go off, or die, do what you will; they may be of longer or of shorter duration, but they get worse until the end. The first are pneumonic, the second tubercular.

Then about the treatment being empirical. I said that *lachnanthes* was used empirically, but in such a disease as consumption I do not think we should wait for an absolute proving if we have any clinical evidence that a remedy is useful, and I brought it before you in order that any of the gentlemen present, if they should during the next winter get a chronic case, might use *lachnanthes*, and see whether it will do any good.

Then about the iodide of arsenic, I think we must be allowed in speaking of iodide of arsenic to consider the effects of the two elements of which it is composed, and the undoubted pulmonary action of arsenic, and the undoubted constitutional effect of iodine might be very well taken into consideration by us, and although the compound has not been proved, I do not look upon prescribing it as using a remedy that is entirely empirical, knowing what I do of its component parts. Then Dr. Hayward is very much surprised to find *hepar* inducing debility. If, after it has been taken two or three days, there is increased expectoration, and the patient complains of debility and finds it necessary to take double the amount of food he was wanting before, I attribute these indications to the action of the *hepar*, and I think any one of us who has used *hepar* or *sulphur* freely has found instances of patients, not knowing what they were taking, having complained of this action of the remedy. That has been often the case in my experience with the sulphurous remedies.

The PRESIDENT: I would only add a word in closing the discussion. Dr. Nankivell is not quite correct in saying that iodide of arsenic has not been proved; it has been so, but not to any very great extent, and no very definite symptoms have been developed. It is in the poisonous action of iodine and arsenic that we find the conditions which are analagous to phthisis developed.

In the absence of Dr. BURNETT, whose attendance at the Congress was prevented by an anxious case at home, his paper, *On the Revival and Further Development of Organopathy during the First Half of the Present Century*, was read by Dr. Pope.

Dr. Burnett's paper will appear in our next number. His object in presenting it was, he said, purely historical. Organopathy he defined as the doctrine that all diseases being local or topical, drugs to be remedies must affect the same organs or parts as the disease. This doctrine he traced back to Paracelsus, and its revival in 1841 to Rademacher. It was, he said, a kind of half-way house between allopathy and homœopathy, being a great advance upon the former and very inferior to the latter.

The PRESIDENT: I think, gentlemen, we shall all admit that Dr. Burnett's paper is as useful a contribution to the history of our art as Dr. Nankivell's was to the practice of it. It perhaps hardly calls for any discussion, but Dr. Dudgeon is one who has already spoken on the subject, and we shall be glad to hear what he has to say about it.

Dr. DUDGEON: I will not detain the meeting long, but about a quarter of a century ago, in the *British Journal of Homœopathy*, we gave an account of the school of Rademacher and his disciples under the head of "The Modern Paracelsists," showing how Rademacher, on his own confession, takes his practice from the works of Paracelsus; how he teaches us that Paracelsus divided diseases into two sorts—universal diseases and organ diseases; and remedies into two sorts—universal medicines and organ medicines, which he called "organ mitteln" and "universale mitteln." I should also mention that provings of medicines were undertaken by the disciples of the school of Rademacher and Paracelsus. We are indebted to one of them (I think it is Loeffler) for a very excellent proving of *ferrum*. In the proving he showed us a very remarkable physiological effect of *ferrum* in that it reduced the quantity of red globules in the blood, and brought on a state of incipient chlorosis, a fact which is of course a confirmation of our homœopathic use of it. It seems to me that gentlemen who are not contented with homœopathy, but are desirous of inventing new systems, have a great tendency to grind their own little organ without remembering, or without knowing, that the same tune has been played before on other organs.

Dr. HAYWARD: Mr. President,—I will not occupy more than a minute or so, just to bear my testimony to the excellence of the paper provided by Dr. Burnett, or rather its appropriateness. I do think our Congress should be occupied by things that have a bearing on our profession generally or specially, instead of in considering isolated cases of disease, and in this instance, we have a general principle brought before us, and I think it is an indication of what we should do in our conferences. Now, as to the paper itself, I think it was very excellent and appropriate, and called for in this Society, in consequence of one of our body having laid claim to that which we must now consider was not his right.

Dr. HOLLAND: I beg to differ *toto calo* from our friend, with reference to his observations. I think it is very desirable at our Congresses that we should endeavour to improve each others' minds as much as possible, and to bring forward cases that ought not to be used exclusively at local Homœopathic Societies' meetings. Although I acknowledge that there is a great deal of learning in the paper of Dr. Burnett, still I must candidly confess that if my vote were given as to which of the two I consider the most desirable to be read, I should say, unhesitatingly, our friend Dr. Nankivell's.

Dr. V. JAGIELSKI: Mr. President and gentlemen,—I have known several German physicians, and amongst them my own father, who tried to study Rademacher, and in fact who treated disease by Rademacherianism in many cases, and it may have been matter of chance that enabled them to obtain certain results which gave Rademacher a standing in Germany for a short time. Astonishing it is, that though Rademacher and Hahnemann both lived at the same period, and were both well known in Germany, there is no indication that the one was known to the other.

Homœopathy which has risen—especially after Rademacher, into very great renown in Germany—homœopathy has developed to a stand-point which promises life for the future and very great and splendid development. Rademacher has had many partisans, and Rademacherianism has been both used and abused in Germany, but it has lived its time out, and I think if there is any of his organopathy left that will come over the channel, or the river, of homœopathy into the future history of medicine, it is very little, and that very little is scarcely worth speaking of. The organopathy of Rademacher is a very rough and barbarous way of proceeding, and one that does not lead to the scientific study of medicine.

To-day we work upon physiological principles; we work upon scientific principles; we have to go forward and not backwards, and therefore Rademacher has only a certain standing, and that in past history, and not, I hope, in the future. (Cheers.)

The meeting then adjourned for one hour, and on resuming business the chair was taken by the Vice-President, Dr. WYNNÉ THOMAS, who called upon Dr. FLINT, of Scarborough, to read his paper on "*The homœopathic treatment of internal aneurism, illustrated by a successful case.*"

Dr. Flint's paper will appear in our next number. He discussed the pathology of aneurism, and then pointed out the hygienic principles which the nature of the disease suggested as essential to its successful treatment, and then the several medicines which the homœopathic law suggested as possibly curative, dwelling chiefly upon the *iodide of potassium* and the *chloride of barium*, illustrating the advantages of the latter by a case recently under his care.

Dr. HAYWARD: Mr. Chairman,—I feel I shall only be expressing the feeling of the Conference if I say we are extremely pleased and gratified, if not a great deal instructed by the paper read now by Dr. Flint; and not only by the material and its practical nature, but the excellent manner in which it has been read. Still, as I have said before in this Congress—not only this year but on previous occasions—I do think that our meetings should be occupied with matter that has been carefully selected—homœopathic matter—matter that is not at all disputable from a homœopathic point of view, because we have local societies where disputable matter may be discussed. Another point is, that it should be original matter. Even in our local societies we are very careful to avoid, and to treat as inadmissible, papers that have been already published, and how much more ought we to do so in our Congresses? No doubt this is an excellent paper upon a subject we ought to discuss thoroughly, but I do think we ought to confine ourselves very jealously to original matter.

While I am on my legs I may say that I do feel dissatisfied with the material provided for us at these Congresses. The material provided has not been, I must confess, really distinctive of homœopathy, and such as we should be very proud of as the outcome of a year's homœopathic experience, and proud to lay before the profession generally as the best production of a year of homœopathic practice. I am not on the committee of the Congress, but I do think the committee will do well to suggest to our General Secretary that he should make application in future to some of our best men—our old men—some of the men who will give us truly homœopathic papers, and provide us with materials, which, as the result of the Congress, we should be proud to send before the profession generally—not that I have any disparaging remarks to make on Dr. Flint's paper—the paper we should be very proud of, and one that we would do well to discuss at these meetings.

Dr. HUGHES : I cannot agree with my friend Dr. Hayward's remarks so far as they bear on Dr. Flint's paper. I read Dr. Flint's capital case in the *Monthly Review* and *Practitioner*, and did not quite relish the fact that I should have to hear a paper on it again at the Congress, but now that we have listened to it I do not think we can find any fault with him or with it, on the score of originality. His case, the record of which we read before, occupied only a few lines—was a mere outline—in the paper, which brings before us a mass of original thoughts and suggestions, which I think are quite instructive. Nor do I think any fault can be found with the paper on the score of relevancy to the business of a Homœopathic Congress, because he has advanced strong arguments to show that the *chloride of barium* was strictly homœopathic in its nature and action ; and it has an important side, bearing upon the significance of the use of the *iodide of potassium* which has been so much advocated of late, especially by Dr. Balfour, whose use of it resulted in good effects which were indisputable. At first sight they looked as if they were not instances of homœopathic treatment, but I think the analogous effect of the *chloride of barium*, which Dr. Flint has brought before us, acting in so small a dose as that in which he gave it, makes it probable that *iodide of potassium* is given in needlessly large doses, and that it would act equally well in much smaller ones, and that it has the same relation to aneurism as that which the *barium* bears to it. I had one case of aneurism of the innominata, which I treated myself with grain doses of *iodide of potassium*, and found it of very great value. It was a dispensary case, and it passed out of my hands and out of my sight as so many such cases do, but the benefit derived from *iodide of potassium* was unmistakable, and I can conceive no way in which the drug acts in such a small dose as that, unless it be by homœopathic action.

Dr. POPE : Mr. President,—I think there can be no ground of complaint against Dr. Flint's paper on the score of want of originality, for if there is one thing more original than another in the practice of medicine, it must be the cure of abdominal aneurism by medicinal action, and not only so, but I think Dr. Flint brings forward a point of very considerable importance. The *chloride of barium*, as I understand it, has not been proved *more Hahnemanni*, but Dr. Flint, in the course of reading comes across the description of the physiological action of a drug, and the homœopathic law at once enables him to appropriate it as a remedy, and that as a remedy in a disease which, so far as medicine is concerned,—has hitherto been regarded as absolutely incurable, or as nearly so as possible. Again, though I think in a very large proportion of instances the fact of the paper having already been published would be a barrier to its being read at a

meeting of this kind, yet the subject itself is one of such immense importance, and, as I say, so rare is it to find a case of this kind cured by medicine, that I cannot conceive that Dr. Flint or anyone else could find anything more suitable to bring before the largest assembly of his medical brethren that he has access to than such a paper as that which has just been listened to with so much interest.

I unfortunately was absent at the beginning of the paper, but the latter part I heard and heard with very great pleasure. I think Dr. Flint has brought out the true method of finding out how a drug may be suitably used that has not been proved in a systematic manner, with very great clearness, and very great effect, and I do trust that the paper he has read will have its influence upon us, not merely in inducing us to try the *chloride of barium* in any case of aneurism that may happen to turn up, but in leading us also to make better use, than medical men generally are in the habit of doing, of cases of poisoning by rare but powerful substances, which they may happen to meet with.

Dr. NICHOLSON cited the cure, or apparent cure, in his experience of several cases—men and women—who were able to return to pretty hard work for several years. He had had very few cases under his own care in private practice, but one he cured with moderate doses of *iodide of potassium* and rest and suitable diet. He should have great pleasure in trying the *chloride of barium* when opportunity offered, but he could certainly recommend the *iodide of potassium* in the majority of cases.

Dr. HUGHES (the President): What dose did you give?

Dr. NICHOLSON: Two grains on the last occasion.

Mr. POTTS: I cannot but add my approval to the manner in which this paper has been brought forward. I totally disagree with my friend Dr. Hayward; I think it is a subject very much deserving of our consideration and attention. I was pleased with the paper when I saw it in the *Homœopathic Review*, and I was more pleased still when I heard that it was to be brought forward here, and more especially as I happened to have a case at the time, but, fortunately for the patient, that case had so far improved under the 3rd decimal of the *iodide of mercury* that I did not think it advisable to use the *baryta*, but I was so satisfied with the recital of the case that I determined at some future time, if I had the opportunity, to try it. I think it right to mention that the case I treated with the *iodide of mercury*—3rd decimal—terminated very successfully.

Dr. DRURY: I am sorry our friend is dissatisfied with the cases brought forward. We have had a good deal that is practical and good this morning. Having come a long distance to attend the Congress, I am going away satisfied.

Dr. Drury then referred to a case that had been under his care some years ago, and had excited a good deal of interest from the doubt which hung over its nature. The opinion that it was one of aneurism was expressed by Sir William Gull, also after two careful examinations with an interval of a month between each by another physician of eminence, and was ultimately confirmed *post mortem*. The patient was seen twice by the second physician referred to, and one cause of difficulty lay in the marked improvement that took place under homœopathic treatment. *Kali carbonicum* and *kali bichronicum* gave marked relief. They were selected as far as possible with regard to the existing symptoms. The physician who saw the case with him suggested the use of the *iodide of potassium*, and Dr. Drury promised to use it if he found it homœopathic. He did so, and gave it in small doses. At the end of the month his friend was much struck with the result. Unfortunately the case terminated fatally. Of the *chloride of barium* he had no experience, but with the paper read he was much pleased.

The VICE-PRESIDENT: For my part I feel very much obliged to Dr. Flint for his paper, which, to my mind, is an exceedingly interesting one, and very well put together. He has brought out a great many points of interest, therapeutically and in regard to the general treatment of cases of aneurism, and I think he has done this, if he has done nothing more—he will make us go to the treatment of cases of aneurism with more confidence than we hitherto have done. We have one more remedy to try at least. If I had a case of aneurism to treat I should be inclined to try *iodide of potassium* first, and if that did not succeed I should be very hopeful that *baryta salts* might help me. Of course I look upon the hygienic treatment as exceedingly important; and with regard to what Dr. Flint said about surgery, I feel that if all these cases can be cured by medicine it is very much better so to cure them, but I fear there will be still a good many cases that will require pressure or some other surgical procedure.

With regard to what Dr. Hayward has said about the paper, I should like to make this remark, I think we must ask him some day to define exactly what he wants. It is exceedingly difficult to define what is suitable for a Congress. I know it would have been very much better if Dr. Flint could have brought a hundred cases which had been treated by *baryta*, and it would have had the more weight, but there is an advantage in bringing one single case before an assembly like this: it does not fall to the lot of many men to treat many cases of aneurism. I confess I have not seen a case of aneurism, at least I have not had a case of aneurism under my own treatment for a very long time, but it may happen in an assembly like this that many may have to treat cases of aneurism, while members of small local

societies may go on for several years without seeing one. If the papers are too general and deal simply with matters of principle, you do not after all get much from them. I have read so many articles and heard so many lectures on the principles of homœopathy that I am rather tired of it, but any paper which illustrates, or enables me to feel that I can treat a case better, homœopathically better, than before, is always valuable to me.

Dr. FLINT: I feel complimented by the remarks of the friends generally, and they have brought out the action of *iodide of potassium* which I showed in my paper. I am sure I did not speak disparagingly of it—not in any way. I wanted to make out what was the action respectively of the large doses and of the small doses. I think Dr. Nicholson used two grains. Certainly that would not induce physiological action with *iodide of potassium*, such as Dr. Balfour would wish to get by his huge doses. He says that it acts by dilating the arterioles and reducing the blood tension. That would bring it within the list of remedies of my first class, the same as diet and diminution of fluid reducing the blood tension. I did not intend to speak disparagingly of *iodide of potassium* in any way; my only desire was to try and get at its exact action.

Dr. Hughes has said that a one-grain dose was very beneficial; certainly that acts specifically but not in the way in which Dr. Balfour would use it. I am quite aware that it does do a great deal of good in reducing blood tension; it relieves the pain very promptly, and so I include it in my first class of remedies.

We have also had brought before us *iodide of mercury* as a useful remedy. That of course is allied to *iodide of potassium*.

As regards surgery, my observations were tempered by the use of medicinal means and hygiene. I did not mean to say that surgery was of no use. I should not set to work by surgery alone, but temper surgical action with hygienic measures.

With regard to Dr. Hayward's observations I think they have been pretty well demolished by others. It seems to me he must have been like some members of the House of Commons who go there with their speeches in their pockets, and I say to him if he will read my case as it is written in the *Monthly Homœopathic Review*, and my paper prepared afterwards, he will find but a very small portion of it either in the *Monthly Review*, or in the *Practitioner*. It was simply an illustration, and the only one I have of the homœopathic treatment of aneurism, and I wished to bring it before the profession generally. Of course if Dr. Hayward's remarks were observed and acted upon generally we should have nothing new whatever brought before the Congress.

The Congress next resolved itself into a Committee to receive reports and transact Executive business.

Dr. HUGHES made a statement with regard to the proposed "World's Convention" of 1881, the name being altered to "The International Convention," and upon the motion of Dr. Hawkes, seconded by Mr. Harris, the Committee was reappointed.

Dr. HUGHES then resumed the chair, and

Dr. HAYWARD read the following abstract of the report of the

HAHNEMANN PUBLISHING SOCIETY.

"The annual meeting of this society was held on Wednesday, September 10th, at the Imperial Hotel.

"After reading the minutes of the last meeting the Secretary read the proceedings for the year, in which he stated that 14 new members had joined, and that 42 new subscriptions had been paid. That during the year, part vii. of the Repertory had been published and supplied to members, and Part viii. was now in the printer's hands and all in type. That several other chapters are in a forward state; that Drs. Dudgeon and Hughes had finished the translation of vol. i. of Hahnemann's *Materia Medica Pura*, and the British Homœopathic Society had promised £100 towards the expenses of publishing the same; that part v. of the Repertory was nearly out of print, only four copies remaining on hand.

"The total expenses for the year have been £164 15s. 9d. and the total funds £141 Os. 5d., leaving a balance due to the treasurer of £23 15s. 4d., but against this there are £13 13s. due in subscriptions, and a guarantee fund of £37.

"After some discussion of the matters mentioned in the report, it was agreed to advertise for copies of part v. of the Repertory, offering full price for them, also to offer to members the Encyclopædia at 10s., and to non-members at 15s., the original price having been 18s. After further discussion, it was agreed to proceed with the translation of the *Materia Medica Pura*, the medicines to be arranged in alphabetical order, but the symptoms—Hahnemann's own and those he collected from authors—not to be mixed together.

"The various committees and office bearers were re-appointed, and the time and place of meeting were fixed to be those of the next Congress."

The PRESIDENT then announced that Dr. HAYWARD was anxious to make some remarks on one of the advantages of the *Cypher Repertory*, and now called on him to do so.

Dr. HAYWARD: By your kind permission, Sir, I wish now to call the attention of my professional brethren to one of the many excellencies of the *Cypher Repertory*.

I seize this opportunity because the homœopathic practitioners in this country, being such a small body and such a much-occupied body, our Congress meetings are the only occasions on which it is possible to draw them together in public meeting in

anything like desirable numbers, and because I think that, consequently, our Congress meetings should be occupied with matters in which we are all about equally interested.

Of course the *Materia Medica*—now *Allen's Materia Medica*, which every homœopathic practitioner should possess—I say, of course the *Materia Medica* is our text book, and the source of, and the ultimate appeal for, all our materials wherewith to treat our patients, and no one can practice homœopathically without frequent appeal to it and the use of it, mentally at least, in every case he treats. But who amongst us can carry our *Materia Medica* in his memory? None! We must, then, all of us, have recourse to a repertory of some sort.

In homœopathic practice the essential of success is to select a drug that is capable of producing the main symptom in our patient, and that under the same conditions and with the same concomitants. Now, as in most cases we cannot remember what particular drug does so, what repertory will enable us to find out? I have no hesitation in answering the *Cypher Repertory*; and but little hesitation in saying, the *Cypher Repertory only*. Ordinary repertories split up each symptom into the words of which it is composed, and put each word in its alphabetical order in different parts, each to be looked up separately; and when each word of a symptom has been looked up, in an ordinary repertory we have no indication that any particular drug has ever produced them all together as one symptom; or, on the other hand, that no drug has! Now, the *Cypher Repertory* does this; and *only* the *Cypher Repertory* does it. With the *Cypher Repertory*, if we look up any particular word, we see at a glance whether this word, which is printed in ordinary type, is itself a whole symptom or only a part of one; and, if only a part of one, we see all the rest of the symptom on the same line, added in cypher. Thus, every word we look for is given in ordinary type, as in other repertories, with the addition of the rest of the symptom added in cypher: hence the name *Cypher Repertory*; not that it is altogether in cypher; the cypher is used only to add what no other repertory gives, namely, the completion of the symptom. For instance, if we are looking up the symptom "Sticking pain in the throat on swallowing, as if it were prevented by a fish-bone," (pet.) By looking up "sticking pain" we find a great many drugs producing it, but in the same list we see, filled in in cypher, in which of them it is produced by swallowing; and again, in the same list all the drugs that have in the same symptom a feeling of something in the throat; and thus we are enabled to select the particular medicine out of a long list without having to turn over several pages. So, if instead of first looking up the pain we look up the other part of the symptom, namely, "As if something were in the throat," we see many drugs pro-

ducing that ; but in the same list we see, as indicated by the cypher, all the drugs that produce it on swallowing ; and again, in the same list, all that produce in the same symptom a sticking pain. So, again, if instead of looking up the *symptom* we look up the *condition*, namely, " on swallowing," we see at a glance what drugs produce a sticking pain on swallowing ; what drugs produce a sensation of something in the throat on swallowing ; and what drugs produce both together on swallowing ; and so, as I said before, we are able at once to pick out the medicine we want, and that by looking merely at one page of the repertory. This is a great advantage when obliged to look up a medicine in the presence of a patient, when it is not well to have to turn over page after page. And all this information is given in a very small space under one's eye at once ! Now, there is no other repertory in existence that does this. Every homœopathic practitioner should, then, possess and use the *Cypher Repertory*. In fact, it is quite a question if it is possible to practice homœopathically without it.

It is not a repertory altogether in cypher, the cypher is only added to finish out the symptom under every heading. (If the symptoms were finished out every time in ordinary type the book would be too big to be used.) In the *Cypher Repertory* every word we look for is, as it is in an ordinary repertory, printed in full in ordinary type ; so that it is an ordinary repertory with the cypher in addition, and no one needs to use the cypher unless he likes ; without it he has a repertory far superior to any other repertory in existence.

The filling in the symptom each time is one of the many recommendations of the *Cypher Repertory*, but only one of them ; there are many more peculiarities and excellencies, to which, however, I have not time to refer, but which will be appreciated by anyone who will use it after using an ordinary repertory. I know of no book so useful and so needful in daily practice, and I appeal to those who, like myself, have it on their table and use it daily.

The PRESIDENT : The next subject before us on our programme is this : the Committee is to give Dr. Hayward an opportunity of asking a question with regard to the recognition of the lectures of the London School of Homœopathy. I would enquire of Dr. Hayward before calling upon him to ask this question of whom he proposes to ask it ?

Dr. HAYWARD, in reply, enquired what would be the limitation involved in his answers. A discussion ensued in the course of which Dr. WYNNE THOMAS moved " That the subject be open for discussion." Country practitioners having had no opportunity of expressing themselves upon the subject he thought this a good opportunity for doing so.

The motion was seconded by Mr. HARRIS, whereupon Dr. HOLLAND moved as an amendment "That no such question be open for discussion;" this was seconded by Dr. CLIFTON, of Northampton, and upon a show of hands being taken, 17 gentlemen voted for and 7 against the amendment. The original resolution thus being negatived, the President ruled that if Dr. Hayward wished to ask any question of the Secretary, as an officer of the London School of Homœopathy, and in asking it to make any remarks that occurred to him, his notice of motion gave him the right to do so, and he would therefore call upon Dr. Hayward to ask his question.

Dr. HAYWARD: May I be allowed to ask it as fully as I intended?

The PRESIDENT: I think so.

Dr. HAYWARD then proceeded to ask his question, prefacing it by some remarks on the desirability of having our lectures recognised by the licensing bodies, at any rate by the University of London—a body unconnected with any school, and an independent examining body. To obtain this privilege a memorial had been drawn up by a committee appointed for the purpose; but at a special meeting of the governors of the School it had been decided not to present any memorial at all, indicating thereby that we were content with our secluded, isolated position, as teachers of mere sectarian dogma, and the question he desired to ask was, Were the governors of our School satisfied with that position? He thought that the proposed application for recognition by the London University offered an opportunity of gaining our legal professional rights. Unless we made the attempt to obtain them we should never get them. We must fight for them reasonably and unitedly, and unless we did so we should still be left out in the cold. Therefore he asked, Are we satisfied that the School shall still continue and remain in existence as a teacher of a mere isolated dogma?

Dr. BAYES, in reply, detailed what had been done in the matter. He said that a special committee had been appointed for obtaining recognition for our lectures by the present or future licensing bodies, for the lectures that are now being given—lectures on homœopathy. The report sent in to the special meeting of the governors showed that all that had been done was to make application to the late registrar of the London University. Further, it was stated at the meeting—he thought by Dr. Black—that the intention of the committee was that the lectures now given should be remodelled; that they should be changed altogether; that allopathic teachings should be added to them, making them composite lectures. This, he said, was a proposal which time alone rendered impracticable, and one, which, if carried out, would so confuse the student that he would

not clearly understand or appreciate the homœopathic teaching contained in the lectures. When such a suggestion was made it was clear that the time had not arrived for asking for recognition, and that the subject required much more discussion than it had as yet received. He had always said from the beginning that we ought to be contented to move quietly on for five years. If, at the end of that time, we had not made a good foothold and standing with our lectures we should not do so at all. If, on the other hand, we succeeded in making a foothold, then will be the time to ask for recognition.

The PRESIDENT: I think we have gained by this question and answer that which is really relevant to our position as a Congress. We have no official connection with the London School of Homœopathy. Any opinion we might express or vote to which we might come would not have any technical weight with them. Certainly it would have weight as an expression of opinion on the part of homœopathic practitioners, but not as a vote of the governors of the School, which some of those who are present are not. At the same time we have gained information which is desirable for governors of the School—information on which they can act, and it is now open for them to act through the regular channels of the meetings and there express their views; and medical practitioners who are not governors of the School have had some opportunity of hearing what we are doing and what we are thinking about.

Dr. Dudgeon has expressed a desire to ask three questions of Dr. Bayes. If he simply desires to ask questions for the sake of obtaining information we cannot have the least objection to his doing so, and unless the Congress objects I will ask Dr. Dudgeon to put those questions to Dr. Bayes which he desires to ask.

Dr. DUDGEON said that before asking the three questions which he proposed to put to Dr. Bayes he wished to state that the reason the committee appealed to the University of London was that it was entirely unconnected with any licensing body, and therefore it was the only examining body to which they could appeal. The questions he wished to ask were by whose authority, with what object, and at whose expense were issued the reports of the special meeting of the governors of the School which he had seen in the hands of his colleagues around him?

Dr. BAYES, in reply, said that they were issued by the committee of the School; because it was thought better that, if any discussion on Dr. Hayward's question were permitted, members of the Congress should have in their hands a report of the meeting the proceedings at which would come under discussion; and they were issued at the expense of the School.

The PRESIDENT: We have now to proceed to the final business of the Congress:—"To elect a President and Office-bearers; to

select the place of meeting for the next Congress ; and to transact any other business which may be necessary."

After some discussion the next Congress was appointed to be held at Leeds.

The time fixed for the assembling of the next Congress was the second Thursday in September, 1880.

The result of the ballot for President was the election of Dr. YELDHAM, of London.

Dr. RAMSBOTHAM, of Leeds, was chosen as Vice-President, the remaining offices being filled up as follows :—

Local Secretary, Dr. CLARE ; General Secretary, Dr. GIBBS BLAKE ; Treasurer, Dr. MADDEN.

Dr. POPE : Gentlemen,—I think it is necessary to perform one remaining piece of business, viz., to tender our thanks to Dr. Hughes for his conduct in the chair to-day, as well as for the eloquent address he read to us this morning. It is not necessary for me to say one single word in support of this motion. I ask you to express your feeling in the usual manner. (Cheers.)

Dr. HAYWARD : It is not necessary to second that, I presume, individually. We will all second it. (Applause.)

The PRESIDENT : Gentlemen,—It has given me very great pleasure indeed to preside over you. I have to thank you for supporting me as you have done. I have found the task one of no difficulty but of very great enjoyment. (Cheers.)

THE DINNER.

In addition to the members who had taken part in the meetings of the day several visitors were also present, among them the Rev. BERESFORD POTTER, Curate of the Abbey Church, Malvern, Mr. EDWARD POPE, Mr. CHAMBRE, Mr. F. CLIFTON, Mr. ABBOTT, Mr. WYBORN, and several ladies.

The PRESIDENT : Ladies and Gentlemen, now that we have satisfied the inner man,

'Επει πόσις καὶ ἐδητύον ἐξ ἔρον ἔντο,

it is our duty, as in all such assemblages, to drink the health of Her Majesty the Queen. It is our duty, but it is something more I apprehend in this case, that leads us to drink that toast. There have been times in our history when nothing but loyalty has prompted us to propose the health of the wearer of the crown, but in the case of the noble lady who now sustains it, it is far otherwise—

"A thousand claims to reverence close
In her as Mother, Wife, and Queen."

We do not praise her because she has been a good wife and a good mother, but we are proud of her. And as a Queen, surely in the forty years during which the crown of Egbert has

rested on her brows, she has done nothing to tarnish its thousand years of glory; indeed, I may say it has shone brighter than ever before. She has won the profound respect of all foreign nations, and all over the world her own children rise up to call her blessed. It is with the deepest loyalty and the profoundest affection that we drink "The health of Her Majesty Queen Victoria." (Cheers.)

The PRESIDENT: We need let no long interval elapse, gentlemen, before we proceed to our next toast, one which is closely allied to the first, it is "The health of the Prince and Princess of Wales and the rest of the Royal Family." It is of no inconsiderable importance that we should have a royal family, that the succession to the throne may be undisturbed, that the throne itself may have supporters, that its occupant may not be lonely in his state, and that members of the royal family may go forth to take work upon themselves in the army and the navy, and as governors of provinces and so forth, and may link themselves with the life of the nation. We have a numerous royal family, and thanks to the excellent bringing up they have enjoyed under the hands of Her Majesty and her lamented Consort, we have a good royal family, one of whom we can be proud. We therefore drink their healths with great pleasure. The interest we have in the life of His Royal Highness the Prince of Wales was sufficiently shown nine years ago, when all England hung in suspense upon the accounts respecting his life which was then hanging in the balance. His life is very precious to us, and the excellent repute he has gained everywhere in the discharge of his princely duties bids fair to make him one of the most popular and useful kings who have ever sat upon the throne of England, whenever that day comes (and may the day be yet distant!) when he shall assume the sceptre of our country. (Cheers.)

The PRESIDENT: There is another toast, gentlemen, that falls to the lot of your Chairman to propose, and that is "The memory of Hahnemann." We do not celebrate his name because we are unmindful of the glory that attaches itself to those of the other heroes of the art of medicine, but because Hahnemann's life-work forms the distinctive feature which characterises us as a body—forms the bond of union which unites us, and which brings us here together to-day. There are two aspects in which we may regard this life-work of his—this claim he has to our honor. First, he was a discoverer. Let no one think indeed that one can be a discoverer without labour. Discovery comes as the crowning of years of thought and observation directed to the subject to which it belongs. But when it does come it is discovery, it is perception, insight, a flash of that which we call "genius,"—that wonderful thing which we cannot define but which we all recognise, and when we do recognise we honour. Other men before

Hahnemann had thought they saw some great value in the relation of similarity between disease and drug action, but Hahnemann perceived something more; he saw that it constituted the guide to the most successful mode of therapeutics—he formulated it, he established it. We have first to honour Hahnemann as a discoverer; but, then, we also have to honour him as a worker. He might, indeed, at the time of life which he had reached when his discovery was made perfect—when he wrote the “Organon,” in which he embodied and enshrined it for ever,—he might at that age have rested upon his laurels, and left it to younger men to do the work necessary that it might be carried out. But no! He gave himself to the work, he accumulated pathogenetic material—he did it for ten or more years before he had a single helper; he continued to work with proving, with thought, with observation, with fighting, until nearly ninety years had silvered his brows. We honour him not only as a discoverer, but as a most ardent worker. “Hahnemann, the discoverer—Hahnemann, the worker,” is the man we commemorate to-day. There was a proposal made not very long ago, that because of certain extravagances and exaggerations to which he was liable in his later years (and who has been exempt from them?) we should cut ourselves adrift from him, and let homœopathy stand on its own merits, uninjured, as it was supposed to be, by his name being connected with it. That proposal met with no approbation from our ranks, and I am quite sure it never will do so. We are the inheritors of his wealth and we are also the inheritors of his fame. As it is our joy and advantage to possess the one, it is our duty to preserve the other intact; and we will ever preserve his name and memory in honour as one of the great ones, one of the very great ones,—one of those whose statues stand in the Valhalla of Medicine. Let us drink to “The memory of Hahnemann.” (Applause.)

Dr. HAWKES, in proposing the next toast, “Prosperity to the British Homœopathic Societies,” dwelt upon the advantages of societies in keeping up good feeling among the members of the profession in different parts of the country, in affording opportunities for young men studying homœopathy hearing its principles discussed, illustrated his remarks by referring to the Liverpool Homœopathic Medico-Chirurgical Society. He expressed an earnest wish that the British Homœopathic Society might prosper in doing its share of the work of disseminating a knowledge of homœopathy. He asked them to drink most heartily to the welfare of the various homœopathic societies in the country, and to couple with the toast the name of their friend, Dr. Hayward. They had seen some of his energy to-day, all directed towards the end they had in view. He was the same energetic member of their Society, and without him—well, he should hardly like to

think what the Society would be. And in drinking the toast may we add, Mrs. Hayward?

A MEMBER: Yes; by all means. (Applause.)

Dr. HAYWARD: Mr. President, Ladies and Gentlemen.—The societies that have been brought to your notice—the British Homœopathic Society and the Liverpool Medico-Chirurgical Society—do not exhaust all the Homœopathic Societies in this country. We have other societies, and I am only sorry to say we have lost one. We had a Northern Homœopathic Society, and I wish it were revived, and I look forward to the day when it will be revived, and then one of the hopes of my life will be somewhat served—that we may have local societies for local matters. I have not the slightest objection to local matters being sent up to our British Homœopathic Society; it is a great society, and it has done a great deal for homœopathy, and I am sure we all wish it to continue to exist and prosper and go on in the same way that it has been going on; but there is one thing I do not approve of. I find our journal diminishes in size in consequence of taking away the Homœopathic Society's reports; however, that is a matter for the wisdom of the Homœopathic Society, and we bow with deference to the ability of the Society and wish it prosperity. After complimenting the Society for its generous donation of £100 towards the publication of the translation of Hahnemann's writings, expressing the hope that others would act in the same way; dwelling upon the interest felt by himself and the share he had taken in promoting the Liverpool Society, which he was sure had done good work in Liverpool; stating his belief that if all towns would form a little Homœopathic Society, it would be greatly to their advantage, Dr. Hayward thanked them for the way in which they had received the toast, and then passed in review the labours of the Hahnemann Publishing Society. By appreciating, using, and pushing the works of that Society they would help materially to infuse the leaven of homœopathy into the majority of the profession outside homœopathy, the publications of the Society being, in his opinion, well calculated to introduce homœopathy into the profession at large. (Cheers.)

Dr. HOLLAND felt the greatest pleasure in proposing the toast of "Prosperity to Homœopathic Hospitals and Dispensaries," and in coupling with it the name of the official manager of the London Homœopathic Hospital, Mr. Chambre, of whom he had often heard, but whom he had never had the pleasure of seeing before to-day, he felt sure that in a hospital—the management of which was confided to him—everything that can conduce to the welfare of an institution of the kind would be carried out. Now with reference to the hospital, I think you all know perfectly well that hospitals are set apart mostly for poorer people. Our Homœopathic Hospital is one of those philan-

thropic institutions that, I feel fully satisfied, under the excellent management that it now possesses, must be productive of the greatest good to the poor at large. I have seen a great number of people who have been inmates of that Institution, and they have all represented to me that the greatest, the most fatherly and motherly kindness is bestowed upon them—fatherly, on the part of the medical men, and motherly, on the part of the ladies who attend it—and they almost regretted the time when they were able to depart from it. May the greatest prosperity attend it. (Hear, hear.) And as I said before, if any difference of opinion has sprung up in reference to it, in whatever department of it it may be, I hope, considering the well-being of those for whose interests it is erected, all those differences will sink into what ought to be utter insignificance, and that all will put their hands together for the purpose of bringing about that unanimity and good feeling that ought to subsist amongst those to whom the management of such an institution is confided. (Hear, hear.)

After a few references to the Dispensaries, Dr. Holland concluded by proposing the toast of "The Hospitals and Dispensaries, and the health of Mr. Chambre, the Official Manager of the London Homœopathic Hospital."

Mr. CHAMBRE, in reply, said that the successful management of the London Homœopathic Hospital was due to the energy with which all, from the noble chairman downwards, put their shoulders to the wheel, and laboured for its advantage. He did not, as on some former occasions, come forward as somewhat of a beggar. The munificent bequest of Dr. Quin had given them a better income; from other sources their income had been increased; and by a most careful consideration of their expenditure they had succeeded in reducing it without in the least impairing its efficiency. At the present moment he claimed that it was in a thoroughly efficient condition. He trusted that those present would when visiting London, call and see the Institution themselves and form their own opinion of its state. He then referred to the arrangements the Board had made for providing nurses for private families. They had now fourteen nurses who could be sent out for this purpose. He was about to issue a circular explaining what they had to offer, and he urged those present to assist the hospital by employing their nurses. If sufficient support were received, they were prepared to go on increasing their nursing to whatever extent might be necessary.

Mr. Chambre went to say :—The only other point to which I need allude is that we have started the plan of receiving paying patients in the hospital. I do not know, but I think that it is a point that interests you all more or less. It has been at work now something like about a month and has succeeded. We have three or four patients paying two guineas a week. Those who

have been in and experienced what we offer them for that—persons who could not afford to have the nursing and medical attendance which they get in the hospital for anything like that sum of money, all express themselves highly delighted and will be very pleased to send their friends under similar circumstances.

One word more. The London Hospital is not the only one I wish Dr. Holland had recollected. My friends on the left here and my right are connected with another large hospital, that is the Birmingham Hospital, which does a great deal of good work. No doubt they do work as good as that which we do. We do not interfere one with another, and we tender to each other the good right hand of fellowship and friendship, and on their behalf as well as our own I beg to thank you, as also on behalf of the Bath Hospital and all the Dispensaries I thank you all. (Cheers.)

The PRESIDENT: Gentlemen,—We have yet another institution which asks your good wishes, the youngest, but we hope not the least useful of them as far as it has gone, it is the London School of Homœopathy, and I will, with I think great appropriateness, ask Dr. Jagielski, a student of that school, to propose the prosperity of that school, and Dr. Bayes, who has been the father and sustainer of it, to return thanks for it.

Dr. JAGIELSKI expressed the greatest pleasure in proposing the toast which had been entrusted to him. He said the School was the baby of homœopathy, a baby which already gave evidence of maturity and of growing to a great size. He spoke with much warmth of the energy the lecturers had thrown into their work, stimulating the students to study, and assisting them in overcoming the difficulties with which that study was surrounded, rendering them easy to surmount. The excellent address they had heard to-day from the President was a specimen of what he had been accustomed to hear from his lips during two years. Dr. Hughes was a master of his subject and well able to attract pupils. In Dr. Dyce Brown they had another able teacher who constantly furnished them with matter of the most novel, useful and interesting character. The School of Homœopathy would develop because there was truth at its base. After referring to the literature of homœopathy, and especially to Allen's work, he impressed upon his audience the necessity of unity of action, and the importance of harmony. He said it was their wish that the School should succeed and declared that where there was a will there was a way. In conclusion he spoke highly of Dr. Bayes, whose name was coupled with the toast, and asked them to fill their glasses to the brim, not with water but with wine, and drink to the health of "the School of Homœopathy and Dr. Bayes," a request which was greeted with much applause, and the toast duly honored.

Dr. BAYES : I have to thank you for the very kind way in which you have coupled my name with the institution to which, to some extent, I gave birth. The foundation of this school has for many many years been my aim. I have found, of course, difficulties which are things that every man expects to meet with in any undertaking that he takes an interest in. I have met with a certain amount of opposition, but I like opposition ; I consider, gentlemen, that the school would never be worth anything if it did not meet with opposition—(hear, hear)—and I do not feel in the least degree annoyed, or troubled, by the opposition of those—my former friends—who have deemed it their duty, and I allow that it was their duty, to try and make certain alterations. It is part of our British constitution that we should have opposition. What would the House of Commons be, gentlemen, if there was no opposition ? Without opposition we should fall into a lazy, idle, good-for-nothing way of working ; we should be less careful than we are, and truth would be buried as it were in the very fatness of the land, and bring forth error. No, gentlemen, I consider that opposition is a matter of necessity to us ; if we are to bring forth anything that is worth bringing forth it must meet with opposition.

Then what we have to do is not to be captious under opposition, but to fight for what we believe to be the truth, and I have no objection to fighting, as you all know. I do it, I hope, in a good honest way. I do not mind giving hard raps, and I do not mind taking them. At one time we fought over the name ; I consider the name is a matter of importance and a matter of necessity.

Then there is one thing that I am sure we shall all agree upon, and that is that if we were to start the school at all it was first our duty to find the very best men we could as the teachers of *Materia Medica* and *Therapeutics*, and of the *Principles* and the *Practice of Homœopathic Medicine* in our school.

Now, I think, whatever difference there may be as to the carrying out the school, there is not a homœopathic physician in England who thinks otherwise than that we have got the two best men that could be got. (Cheers.) I do not think there is the slightest difference of opinion upon that point. When I first started the thing I asked our friend Dr. Dudgeon if he would take the post of lecturer on the *Principles* and *Practice of Medicine*. He said " No ; he was too full of work in many other ways." Then I looked about and considered what was to be done. I asked Dr. Dyce Brown, and he came and took the post, and I think that he has filled it very worthily and excellently. (Hear, hear.)

Then we all know that Dr. Hughes has paid great attention to *Materia Medica*, and that he had done so long before the School came into existence ; he had published probably the best book on *Materia Medica* and *Therapeutics* that we have.

The next thing to be done was to try and improve the amount of clinical teaching in the hospital. That was a matter to which I gave great attention, and we worked very hard at it and did all we possibly could to increase the income of the hospital. I have always felt myself that clinical instruction was extremely important, and that without full clinical instruction the school would, to some extent, miss part of its great function; in fact, probably, clinical teaching is the most important point of all in the school. Theoretical teaching is undoubtedly extremely useful and helps men on immensely who intend to enter on the practice of homœopathy, but at the same time it is a very great point to be able to teach clinically. Well, and the more beds we have the better we can teach. I do hope that every gentleman who sits at this table to-day will do all that he can to obtain subscriptions for the hospital.

It is not that our hospital is merely a great public benefit to the poor of London, but we ought to make it a means of good clinical instruction in itself. I am quite sure of this, that if you only have patience and will just let us go on quietly for the next two or three years we shall be able to obtain a degree of recognition which will gradually grow into perfect recognition; but at present, I think, our business is to work and to instruct men.

Now I am very glad to see on my left hand side here so excellent a proof of the utility of the school. Dr. Jagielski came to us some two years ago, and he has been at the school more or less ever since and working very hard at it. Dr. Baynes, who also sits at this table, came over some time ago, and went to the school and to the hospital and embraced homœopathy.

Now, gentlemen, if we will only just have patience for a little while, I am quite sure that our present School of Homœopathy will become not only a valuable institution, but a *most* valuable institution, not to us—I am not talking about any advantage that we ourselves get from it—but to the public and to those scientific physicians who desire to look into something that they have not been able hitherto to study for want of those very lectures that we now supply them with. We supply the pond, and it is for them to come and drink at it. I believe they will come: they are coming. We have had eight or nine very regular students at the last session, and I firmly believe that this session we shall have considerably more.

Dr. CLIFTON, of Northampton, proposed the next toast, that of "Prosperity to Homœopathic Literature and Journalism and the Readers of the Papers this morning, with the health of Dr. Pope and Dr. Flint." He thought that our own medical periodical literature consisted in the *British Journal of Homœopathy*, now in its 87th or 88th year; the *Monthly Homœopathic Review*,

now in its 28rd or 24th year; and the *Homœopathic World*, which was somewhat younger. He believed that they represented the literature of knowledge and the literature of power.

He then humorously depicted the prominent characteristics of the editors of the respective journals, and declared his belief that they had reason to be well satisfied with what those gentlemen had done for them in regard to periodical literature. As editors they asked the contributions of the members of that society to sustain them in their labours; they asked, and asked, and often had to ask in vain, and if any of them had to complain of the padding which was sometimes put into some of the journals they would allow him to say that it was their own fault. He could only say that any little which some of them had done in writing for those journals reminded him of the time when he was a Sunday-school teacher, when he found that by the mere teaching of the boys and girls in the Sunday-school he learnt much more than he taught. He was sure that if many of them only recorded the cases that came before them in their experience, the mere effect of the composition of the papers would prove of incalculable advantage in increasing their accuracy in observation. He then passed in review the papers read at that day's Congress—papers which were well worthy the attention of a meeting of that kind. One point in connection with the papers he desired strongly to enforce. "I wish," said he, "we could have seen those papers in print before to-day, so that we might have criticised them. What I want in this society is that a fortnight before the Congress meets the various papers should be printed and circulated, and then at the meeting taken as read, so that we might all come prepared to criticise and, if possible, to amplify them." (Cheers.)

The toast having been duly honoured,

Dr. POPE, in responding, thanked the meeting for the kind and cordial way in which they had responded to Dr. Clifton's eloquence. He had so often had to acknowledge this toast that he could do little more than repeat what he had said on previous occasions, viz., that the editors of the several journals do their very best to promote the interest of that method of healing which they all had at heart.

With regard to the *Review*, we exert ourselves, said Dr. Pope, to the utmost to provide you with something to interest—something to instruct—every month; and if those gentlemen whom I have had the great pleasure of meeting here to-day will only take to heart the very good advice that Dr. Clifton has given them, and try their hands at writing papers and sending them to us, everybody will be advantaged. It is a very pleasant thing to know and to feel that the homœopathic journalism of our country

is appreciated, not only at home but abroad. I do not think that anything during my recent visit to the United States gave me greater pleasure than to hear the way in which the *British Journal of Homœopathy*, the *Monthly Homœopathic Review*, and the *Homœopathic World* were spoken of both at public meetings and in private conversation. Medical literature in the United States is conducted on a very extensive scale, just as everything else is there. Two or three of the American homœopathic journals are of really very considerable merit, and are likely to be of higher value yet. The *New England Medical Gazette*, of Boston (which was founded many years ago by Dr. Talbot, and which is now edited by Dr. Herbert Clapp), is one which I am sure will rise into very considerable importance, and one which is well worthy the attention of those who desire to make themselves perfectly acquainted with what is going on abroad. The *Hahnemannian Monthly*, edited by Dr. Winslow, of Pittsburg, is really one of the best homœopathic journals with which I am acquainted. For some reason or other it ceased to exist for a few months, and then Dr. Winslow was induced to take charge of it. Well, Dr. Winslow—though hardly to be described as a young man, but a gentleman of very considerable experience—as a homœopathic physician he is young, and as an editor younger still—and he, like a good many young highly-bred horses, may at the first start have rushed about somewhat and been rather fresh, but I am perfectly sure that when once he has settled down into his stride he will give as perfect satisfaction to his backers as Rayon d'Or did yesterday at Doncaster!

In the management of a journal published in the interest of a particular department of science or of the public, one is compelled to regard doctrines and things rather than individuals. In the management of the *Monthly Homœopathic Review* we have endeavoured to look with as single an eye as we possibly could to the interests of homœopathy. In doing so, we have at times been obliged to be apparently regardless of persons, of some for whom we felt the deepest personal regard. But when the interests of homœopathy appeared to clash with what seemed to be those of individuals, we have invariably preferred the interest of homœopathy, as we see it, and if in so doing we have hurt the feelings of any, none can regret such a result more than Dr. Dyce Brown and myself. We are glad to know that the *Review* is appreciated by you. It is pretty hard work at times to carry it on, but if it does any good to homœopathy—if those who practice homœopathy feel in any way satisfied with the work we do—we are abundantly rewarded. (Cheers.)

Dr. FLINT, who was to have responded on behalf of the Readers of Papers, having been obliged to leave, the PRESIDENT said:—

Then, gentlemen, there yet remains the pleasing task of drinking the health of those gentlemen who have done so much to promote the success of our meeting by taking the management of it. The General Secretary, Dr. HUXLEY, has been unable to be here, but we must not forget his name—he organized the meeting. Our Local Secretary, Dr. DALZELL, has done his best to make us comfortable here, and Dr. MADDEN has been successful in emptying our pockets, so far as regards the circumstances of to-day.

The health of these gentlemen was to have been proposed by Dr. Nankivell, but he has been compelled to leave, so you must allow the few words I have said to suffice.

The toast having been cordially received, Dr. DALZELL, in response, expressed the great pleasure he had in seeing the Congress at Malvern, and hoped that the visit might be renewed at some future period, and that the number of gentlemen attending might be very much larger. (Cheers.)

Dr. DUDGEON: Mr. President,—I have received your sanction to propose a toast. The toast has been given to me to propose upon the principle, I suppose, of *similia similibus*,—the President of the British Homœopathic Society is to propose the health of the President of the Congress.

You have been all very much gratified, I am sure, by the eloquent and masterly address that was delivered by our President this morning—an address I am sure that you must all feel is not only equal to any that have been delivered before but I may confidently say that it is the very best address that we have heard at any Congress hitherto, an address distinguished by all the varied learning and eloquence of our eloquent chairman,—an address giving the most scientific and catholic view of the position of homœopathy at the present time,—foreshadowing a future for homœopathy, which may appear to some to be an absorption of homœopathy into general medicine, rather than an extension of our peculiar sectarian position, which has hitherto been fostered and promoted by many of us as being essential to the existence of homœopathy, still I think our President has clearly shown us that absorption into general medicine is the true and scientific development of the doctrines of Hahnemann.

Gentlemen, our President is not only known to you as the deliverer of a splendid utterance to-day, but he is known to you in many other ways. As my fellow-editor in the *British Journal of Homœopathy* he has been the mainstay of that journal ever since his connection with it, and I may say, that without his able assistance the *British Journal of Homœopathy* would not be what it has been for these several years past.

Dr. Hughes is a very many-sided man because he is known to you also as an able lecturer upon *Materia Medica* at the School of Homœopathy. Many of his lectures I have attended myself, and from each of them I think I have come away instructed to a great degree, and I have wondered how he could, with all the avocations that he has, have condensed such an immense amount of learning and information into those lectures, and at the same time while I listened to him, the thought has struck me that those lectures were well worthy of being recognised as lectures upon *Materia Medica* by any licensing body; and I and a few of my colleagues, assisted by Dr. Hughes himself, have endeavoured to obtain for those lectures the recognition which I think they so well deserve, and which, I think, they ought to have; but *Dis aliter visum*, the Fates have been against us in our endeavour to obtain that recognition and to put those lectures in their true position, so as to render them useful for students, and to place homœopathy in its proper position in the school of general medicine; but, as I said before, we have failed hitherto. *Victrix causa diis placuit, sed victa Catoni*. Although conquered I am still greatly in favour of efforts being made in the future, if not at present, for the recognition of those lectures as lectures available by students in their curriculum. (Hear, hear.) Then our friend Dr. Hughes, our excellent President, is also known to you by his writings, particularly his book upon pharmacodynamics which is classical in our literature, and which has been translated into many different languages; there is a French translation of it, a German translation of it, and a Spanish translation of it. His work on Therapeutics has also obtained a similar reputation, not only in Europe, but in America, and in fact Dr. Hughes, our President, is *facile princeps* of many different departments of homœopathy, and I am sure we feel that we cannot too warmly and too enthusiastically drink the health of our noble President. (Cheers.)

The PRESIDENT: Gentlemen, I thank you all very much. I am sure no one will blame me for saying that to-day must be the proudest moment of my medical life, for it is no improper pride which rejoices when one's colleagues say to one, you have been useful to the cause; we desire to show you what mark of honour we can; we will put you at our head for the nonce. That it is an undeserved honour every one must feel who is so treated, but it is an honour of which he cannot but be proud, and those connected with him cannot but be proud, and in their name, as well as my own, I thank you for that which you have done. I thank you too for that which is even more precious than honour, that is the cordial, hearty, and brotherly way in which you have responded to the toast and greeted the mention of my name more than once this evening. It has done more than elate me; it has

touched my heart. When first under the auspices of my dear friend Dr. Madden—whom I do wish we could see among us on these occasions—under his auspices I learnt that homœopathy was not the fantastical thing it seemed before when I knew nothing about it, but a rational theory promising much fruitfulness and having already achieved much ; when I first learnt that, it grew to be my wish to be useful therein to others, and I saw before I had been many years in the practice of it, how necessary it was that those beginning it should have something put into their hands which would introduce them easily to it, instead of having at once to look at *Hahnemann's Materia Medica* or *Jahr's Manual*, which so many have done and given it up quite dispirited. I, through Dr. Madden, had these difficulties smoothed for me ; but there were many others who had no such preceptor and guide, and it is that which led me to write the works Dr. Dudgeon has mentioned, and to which I owe so much, because they have made me known to my colleagues in other parts of the world, and brought me many kind testimonies of appreciation and good fellowship. I wrote those books with a view to helping on those who began as I had done, but without the advantages I had, to know what homœopathy was. I felt of course that they were but stepping stones to future knowledge, but still necessary stepping stones, without which the student could go no further, and in that way I have been useful I trust and believe to many students who would have been discouraged and turned back. It has been the darling wish of my life wherever I have been,—in the practice of medicine and that of homœopathy to which I have been devoted, to be useful to others. If I have achieved that—and what you have all said to-night encourages me to believe that I have—it will be to me a happiness which will make all the rest of my life fragrant and sweet. (Cheers.)

Dr. HAYWARD proposed our "Absent Friends," some of whom through adverse circumstances had not been able to be present to-day—mentioning by name Dr. Drysdale—and expressing the hope that they might be with them at the next and all future Congresses.

The toast having been duly honoured, the proceedings terminated.

REVIEW.

The Encyclopedia of Pure Materia Medica; a Record of the Positive Effects of Drugs upon the Healthy Human Organism.
 Edited by T. F. ALLEN, A.M., M.D. Vol. ix. Boericke and Tafel: New York and Philadelphia. 1879.

THIS invaluable, and to the student of *Materia Medica*, indispensable, work is now rapidly approaching completion. The ninth volume is before us, and the tenth and last is, we believe, nearly ready. In the present volume we have the pathogenesies of fifty substances, and among them such important ones as *silicea*, *spigelia*, *spongia*, *stannum*, *staphysagria*, *stramonium*, *strychnine*, *sulphur*, *terebinth*, and *thuja*. The symptomatology of each is copious in the extreme—this copiousness being the result of researches both numerous and laborious; the outcome of which is set forth with most scrupulous conscientiousness. When the *Repertory* which is in preparation appears, the practitioner will appreciate the *Encyclopedia* more highly than perhaps he does at present. He will then find of what great advantage the work is in a thorough examination of the *Materia Medica* requirements of a patient. To study all cases with all the aids placed at our disposal is the only means by which we can avoid falling into habits of routine. In such study Dr. Allen's *Encyclopedia* is calculated to afford us greater help than any work on *Materia Medica* that has ever been published. That in an undertaking so gigantic, and involving the necessity of employing various translators and several clerks for the merely mechanical work, it is of course inevitable that errors should have crept in here and there. When any one using the book finds what he believes to be a mistake, we would suggest that he make a note of it, and bring his correction within the knowledge of the editor, who will, we are sure, feel obliged to all who will assist him in making a future edition as exact as it is possible to render it. We say—work, don't grumble. It is far easier to find fault than to produce that which is faultless. We owe a deep debt of gratitude to Dr. Allen for the untiring labour he has gone through in helping us to cure our patients. Let us show that we feel our obligations by endeavouring to aid him in his revising.

Since the above was written, we have received vol. x. We cannot but be astonished at, and admire the remarkable rapidity with which this last volume has been prepared. We now have the whole work complete, all except the *Repertory*. In vol. x. we have the remedies from *tilia* down to *zizia*. This, however, occupies less than half the volume, the rest of it being taken up with a supplement, containing records of provings of some drugs not included in the main body of the work, but chiefly

occupied with additional provings to the already published pathogenesies. There are 284 supplementary articles. We can only, in conclusion, repeat our acknowledgment of our debt of gratitude to Dr. Allen, and our congratulations to him on the completion of this Herculean labour, and we trust that no practitioner of homœopathy will have to confess that he does not possess a work which is simply invaluable.

NOTABILIA.

PRIZE FOR RECORDS OF CASES.

We have much pleasure in announcing that Dr. Prater, a retired physician, who, in his days of practice, was one of the old school, but who is now much interested in the spread of homœopathy, has offered a prize of £10 for the twenty best recorded cases of cure by homœopathy. Dr. Prater, observing in one of our recent leading articles our remarks on the importance of carefully and fully recorded cases, wishes to encourage our younger *confrères* to follow out our suggestions. He has, therefore, most handsomely placed £10 in our hands, to be given to the author of the best record of twenty cases, on the following conditions :—

As much as is necessary of the previous history of each patient is to be stated as fully as possible, the symptoms present to be recorded in detail, and the gradual progress of the cases to be fully given, including any change of symptoms. One medicine only at a time must be given, and the correspondence between the symptoms of the patient, and those of the medicine prescribed to be pointed out, with any explanatory comments which may be thought desirable or necessary. Dr. Prater would prefer that the dose prescribed should be from the 3rd centesimal upwards, although this would not be considered a *sine qua non*, if the medicine prescribed is shown to be in true homœopathic relation to the state of the patient. Dr. Prater places the decision in the hands of Drs. Bayes, Hughes, and Dyce Brown. Candidates to send in their communications to Dr. Dyce Brown, on or before March 31st, 1880.

We trust that this handsome offer will meet with an energetic response from our younger brethren, and act as a stimulus to careful prescription, and to the keeping of detailed records of cases, which cannot fail to be of much value to the profession at large. The cases of the successful competitor will be published in the *Review*, as well as any others that may be deemed sufficiently good for publication.

ALLOPATHY OF THE PERIOD.

WE have frequently had to notice the use of *hepar sulph.* under the less easily detected name of *calcium sulphide*, by our friends of the old school, in the treatment of diseases, and for the indications which our books have taught them. Acknowledgment of the source of their "discoveries" is never dreamed of as necessary. Here is another recent sample, from the *New York Medical Record*, of June 7th:—

"THE USE OF CALCIUM SULPHIDE IN THE TREATMENT OF INFLAMMATIONS OF THE EXTERNAL AUDITORY MEATUS.—Dr. Samuel Sexton, in a paper published in the January (1879) number of the *American Journal of Otology*, gives his own observations on the use of this drug in the painful affections alluded to. Dr. Sexton states that in furuncular inflammation of the meatus the sulphide can be used to advantage when suppuration threatens, or even after it has occurred. He has frequently observed furuncles, under the use of this remedy, to abort and dry up without discharge of pus. In some instances he relies entirely on the remedy in the treatment of inflammation of the ear. The prevention of a continuance or a return of furuncles, &c., by this remedy he regards as very clearly possible, provided no remote cause be left. The dose which Dr. Sexton has found most available is one-tenth of a grain, to be given every two or three hours in urgent cases. In cases with a tendency to chronicity, with less frequency. In children, the dose should be less. An adult dose being diffused in water, the amount given can be easily graduated. The medicine is more agreeable when triturated with sugar of milk, when it may be given dry on the tongue."

LONDON SCHOOL OF HOMŒOPATHY, RUSSELL
SQUARE, W.C.

THE introductory Lecture will be delivered by J. Galley Blackley, M.B. Lond., at the London Homœopathic Hospital, Great Ormond Street, on Thursday, October 2nd, at 5 p.m., entitled "Some difficulties in the Study of Homœopathic Therapeutics." Medical men and medical students will be admitted on presentation of their address cards.

Dr. D. Dyce Brown will commence his course of Lectures on the "Principles and Practice of Homœopathic Medicine," on Friday, October 3rd, at 5 p.m., and will continue the course on each succeeding Tuesday and Friday.

Dr. Hughes will commence his Lectures on "Materia Medica and Therapeutics," with an introductory Lecture to his course,

on Monday, October 6th, and will continue his course on each succeeding Monday and Friday at 5 p.m.

At the conclusion of the Winter Session a prize of £20 will be given to that student who, to the satisfaction of the examiners, passes the best examination in Homœopathic Principles and Practice of Medicine, Materia Medica, and Therapeutics. A second prize of £10 has been offered by R. Miller, Esq., of Glasgow.

Clinical instruction is given in the Wards of the Homœopathic Hospital, Great Ormond Street, W.C., and in the Dispensary Department, by Drs. J. B. Blackley, Dyce Brown, Hughes, Cooper and Epps, and Mr. T. Wood.

The London Homœopathic Hospital contains 65 beds. The in-patients during 1878 numbered 552. The number of out-patients was 6,419. The daily average of in-patients was 45.

For further information apply to Dr. Bayes, Hon. Secretary to the London School of Homœopathy, 4, Granville Place, Portman Square, W.

CORRESPONDENCE.

CALCAREA AND ECZEMA.

To the Editors of the Monthly Homœopathic Review.

Gentleman,—In the September *Review*, p. 555, Dr. Cooper asks us all to test the comparative value of high and low dilutions, by giving *calc.* in eczema of the hands. On reference to Allen, I find that *calc.* has produced no such symptoms; consequently Dr. C.'s recommendation is un-homœopathic. No wonder that he finds the high dilutions fail! Hahnemann does not say that a high dilution of anything will cure, but that a high dilution of the homœopathic remedy will cure.

If Dr. C. wishes to overthrow the homœopathy of Hahnemann, let him fairly accept Hahnemann's challenge and prove him false; then, and then alone, will he be entitled to denounce the latter's teaching.

Yours truly,

E. W. BERRIDGE.

Sept. 4, 1879.

[We append Dr. Cooper's reply to Dr. Berridge's criticism.
Eds. M. H. R.]

To the courtesy of our editors, I am indebted for perusal of the above letter. Dr. Berridge was replied to in anticipation when he questioned the homœopathicity of *calcarea* to eczema of the hands, as I distinctly stated that it was the preparation of the drug, and not its relationship to the affection, that was under discussion.

If *calcareo* in the second or third decimal trituration cure a large proportion of cases of eczema of the hand, and *calcareo* in the 30th or 200th but a very small proportion, this is, explain it how Dr. Berridge may, a very strong argument in favour of the low potencies. However, *calcareo* produces, in spite of Dr. Berridge's assertion to the contrary, the symptoms of eczema of the hands, and it cannot be said to be *un-homœopathic* to the affection. More than this, if Dr. Berridge were true to his master Hahnemann, as he so often prides himself upon being, he would know that it would be impossible to cure a long standing skin disease with an infinitesimal particle of oyster-shell, unless this substance were in homœopathic relationship with the affection.

And that it is in such relationship, Dr. Berridge may convince himself, if he will only take the pains to study Hahnemann's writings.

In Jourdan's French translation of the Chronic Diseases, he will find these symptoms:—

“Chatouillement semblable à des coups d'épingle dans la paume de la main droite, obligeant à se gratter.

“Chatouillement pruriteux dans la paume de la main droite, excitant à se gratter.

“Prurit brûlant aux doigts de la main gauche.

“Chatouillement pruriteux au bord externe de la main gauche, près du petit doigt, obligeant à se gratter.

“Chatouillement pruriteux à la première phalange du doigt indicateur, excitant à se gratter.”

These are the symptoms in the order in which they appear in Jourdan, and, taken as they stand, are eminently characteristic of eczema of the hands; perhaps Dr. Berridge may be able to prove them to be symptomatic of some other affection.

My object in reporting the case was to bring into prominence a characteristic action of *calcareo carb.*, of real practical utility, as well as to exemplify what I had found its most efficient preparation. And this gives me an opportunity of reporting two other cases in which *calcareo* alone effected a cure.

Case 2.—A. Ladeler, aged 42, much employed in washing, was admitted to the Southampton Homœopathic Dispensary 25th April, 1866, with a vesicular eruption on the right elbow, which had existed for twelve months. The corresponding hand was also swollen, and parts of it fissured, the pain being of a burning character, eased by warm water, but aggravated by the heat of the fire.

The eruption on the elbow was cured in a fortnight with *rhus tox.*, but there remained the fissures in the hand, which were so

painful as to keep her awake at night, the pain being like as if "matter were forming."

12th May.—Prescribed *calcareo carb.* in 3rd dec. trit. (8 powders of 2 gr. to go over a week).

16th May.—Reported great improvement, but the pain had returned upon engaging in washing.

23rd May.—Perfectly well.

Case 3.—Fanny Cousins, aged 19, phlegmatic, a domestic servant. Rhagades of hands, knees, and feet (across the instep); uses blacklead in her work; general health excellent. In this case the hands got well during the first week of treatment, and the feet and knees later on. Duration of treatment, one month.

If asked for an indication for *calcareo* in eczema of the hand, I would point to its special adaptation to cases that seem to arise from or are greatly aggravated by cold, in which the skin, though painful and burning, and roughened with fissures, does not present a *very* angry look, in this differing from the eczema of petroleum, where there is an amount of dermatitis present much greater than is seen in the *calcareo* eczema.

The *calcareo* patient is peculiarly sensitive to cold, the slightest exposure to cold causing both his hands and feet to become numb; *dying off of the three middle fingers, they become white, cold, and almost insensible; a condition that was preceded by a slight drawing pain within them.* This symptom would point to chilblains, an affection closely allied to the eczema that is characterised by the presence of rhagades. It is interesting in this connection to know that powdered oyster shell is a favourite domestic remedy for chilblains.

R. T. COOPER, M.D.

THERMAL ANÆSTHESIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the last number of your Review, appears a letter from Dr. Murray Moore, in which he reports a singularly interesting case of thermal anæsthesia. In the same number, appear my remarks on the same symptom.

I state as a fact generally accepted by pathologists, that the sensation of heat very rarely is lost, and "in the progress of anæsthesia, it is certainly the last to go." Now comes Dr. Moore's case in delightful contradiction to general observation.

I hoped that my papers would set some one a-thinking; they perhaps have suggested to my kind and friendly critic to report a case bearing on the phenomena of thermal sensation. His letter has certainly set me a-thinking. How is it that in his case the

sensation of heat is the first to go,* and not the last, in fact, the only one to go? In his case, the loss of thermal sensation is confined to the right lower extremity. All the rest of the body is normal in its relation to the sensation of heat. The only explanation that occurs to me at present, is that in communication with the common central percipient of heat-sensations, there must be subordinate centres of perception, presiding over each subdivision of the body, through which the impressions of heat must be transmitted to the common centre. If one of these should be destroyed or rendered inoperative by disease, all the parts subordinate to it cease to transmit the impressions of heat to the centre; the inefficient and subordinate ganglion or point of receptivity stops all central progress of the impression; like the joint at the distal end, as Dr. Barclay used to say, of a sensitive plant when the extremity is touched.

We have now to consider the bearing of this speculation on my repudiation of the idea of nerves of special sensation. Having denied their existence, I proceeded to suppose that heat, being a mode of molecular motion, requires no special apparatus at the extremity of an afferent nerve to render it transmissible, and to define it, but that any afferent nerve at any portion of its course will serve the purpose. If this supposition be correct, it includes all the afferent nerves of the right leg in Dr. Moore's case, and they convey no sense of heat, but they convey everything else. We can only attempt to explain this by supposing that each subdivision of the body has for the arrangement of its impressions and their transmission to the nervous centre, a sort of sorting or sifting office, where each set of impressions is separated and sent on each by its own route to its special centre. The intricate network into which the nerves of the extremities proceed before they pass into the spinal cord and communicate with the sympathetic system seems purposely to exist for such an analysis. That portion of the right lower posterior cord, through which sensations of temperature pass, is probably rendered inoperative by disease; a fact very probable from the long duration of the paraplegic affection. This being now the only diseased part of the cord, every other impression will pass up except that of temperature. Such an analysis takes place we know in the case of nerves whose composite trunks contain fibres for sensation as well as motor fibres; why not then when they contain fibres for the conveyance of thermal impression? My idea, then, that all afferent nerve-fibres convey impressions of heat, requires to be restricted and defined. I still think they do this, but, if they do not communicate with the percipient centres for heat impressions, their state as to heat remains unperceived. Dr. Moore's case,

* A doubtful point, as I state below.

therefore, does not alter my opinion as to the non-existence of nerves of special sensation, *i.e.*, of peculiar structure. To my mind there are none such, but only nerves with special arrangement as to course and peripheric extremity, and with special destination as to centres of reception. I would suggest to my friend Dr. Moore, to treat the case as an affection of the right lower and posterior column of the spinal cord. The remarkable improvement that has already taken place in the lower cord generally, would incline me to think that this symptom will soon follow the rest. It would be interesting to know whether the paraplegia in this case was complete. I mean involved loss of sensation as well as of motion. If this was the case, what was the *ordo symptomatum*? Was the thermal anæsthesia the last symptom to appear, as generally noted? It certainly is the last to go. Is this order as to loss of the sense of heat owing to the fibres which specially conduct the impression being the most internal in the posterior columns, and therefore the last to be affected by the progress of disease?

I am, Gentlemen, yours faithfully,

THOMAS HAYLE.

SEWER GAS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I regret that, owing to absence from home, I did not see Dr. Edward Madden's communication in the August number of the *Review*, I had thus no opportunity of acknowledging in the sequent issue his thanks for calling attention to a matter which has for me, I confess, an engrossing interest. On it I have thought deeply, and have written some little.

Whilst acknowledging Dr. Madden's courtesy on this score, I ought scarcely to suffer another point to pass unnoticed. It is this. In his second paragraph, Dr. Madden appears to attribute to me the view that specific disease may be generated *de novo* under conditions of defective sanitation. I deplore much my stupidity in writing with so much vagueness as to convey an impression remote indeed from my actual opinion!

There is no evidence whatever, with which I am acquainted, to substantiate such an opinion.

I take it that sewer gas forms the *soil*, but is not the *seed* of the acute specific diseases, amongst which I should be disposed to place enteric fever, though not diphtheria, the latter shown

plainly by Senator to be a *true local gangrene*, prone to change of type. Acute specific diseases "breed true" with such rare exceptions, that we may well hold them to be worthy their name. Our knowledge is certainly far too limited to allow of dogmatism, but it seems to be well-established that sewer gas is a means of *connection*, not of *production* of zymosis.

The effects of sewer gas, uncontaminated by specific germs, are peculiar and well marked.

1st. Comes a characteristic disturbance of the sympathetic, especially of that portion which controls digestion, assimilation, and hæmopoiesis.

2ndly. The skin is attacked—a rash appears, sometimes papular (urticaria), more frequently vesicular. Of this nature are the ulcers of the mouth and tonsils, attributed to such widely different causes, being really broken-down vesicles.

At times the affection takes the form of inflammation of the skin (erysipelas) which may be preceded or followed by cellulitis.

3rd. The respiratory system may suffer, when we get usually croupous pneumonia.

4th. The stress sometimes falls upon the musculo-articular system, when various rheumatoid conditions present themselves.

There appears to be good ground for supposing that the presence of sewer gas will—

1. Increase the proclivity to zymosis.
2. Cause a sporadic disorder to become epidemic.
3. Accentuate the gravity of specific diseases.
4. Modify their manifestations by introducing foreign elements.
5. Delay convalescence.
6. Promote relapse.
7. Antidote or hinder the effect of a specific remedy.
8. Conduct to a lethal termination an otherwise mild type of disease.

I am, &c.,

EDWARD T. BLAKE, M.D., &c.

Wray Park,
Reigate.

ARSENIC IN GREEN VENETIAN BLINDS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Allow me a short space in your columns to point out what I do not recollect to have seen in print, the dangerous effects of the effluvia of green Venetian blinds, especially in windows exposed to the mid-day sun and shut up as are many rooms through the day. The effects are as might be supposed, some of the most subtle and objectionable symptoms of arsenic, affecting both body and mind. The most painful restlessness and anxiety, pallor, general depression leading to phthisis, and disorder of the generative organs, and in some cases I have suspected cardiac asthma to result from this “medicated vapour” in living rooms, which is worse than the effects of green wall papers, &c. This may perhaps be new to some, and will at all events bear repetition, and may lead to some more innocent colour being substituted.

JOHN BLUNSON.

70, New Walk, Leicester,
September 2nd, 1879.

COLONIAL PRACTICE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Being desirous of getting information regarding the prospects and profitability of homœopathic practice in Australia or New Zealand, I avail myself of your pages to make my want known, hoping that you or one of your readers can and will supply me. Do you know of any assistantship, with or without, a view to partnership or succession, or any suitable town where the first year's income would be guaranteed?

I am, &c.,

SAMUEL BROWN.

25, Grosvenor Street, Chester,
September 15th, 1879.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We owe Dr. COOPER an apology for some misprints in the first part of his paper, which appeared in our last issue. We were under the impression that the proof had been forwarded to him for correction, and, by an inadvertence, this portion was not re-read by us. We regret that, owing to the large space necessarily occupied by the Congress reports and papers, we are obliged to postpone the publication of several contributions, which will appear as early as possible.

Communications have been received from Dr. HUGHES, Dr. FLETCHER, Dr. BURNETT, Dr. COOPER, Dr. HAYLE, Dr. S. H. BLAKE, Dr. EDWARD BLAKE, Dr. BERRIDGE, Dr. BLUNSON (Leicester), W. D. BUTCHER, Esq. (Reading).

BOOKS RECEIVED.

Allen's Encyclopædia of Pure Materia Medica. Boericke & Tafel. 1879.

Homœopathic Therapeutics. By S. Lilienthal, M.D. Second edition. Boericke & Tafel. 1879.

A System of Surgery. By William Tod Helmuth, M.D. Fourth edition. Boericke & Tafel. 1879.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. Ludlam, M.D. Fourth edition. Chicago. Duncan Brothers. 1879.

Dr. Ludlam's Thermometric Charts.

The Incompatible Remedies of the Homœopathic Materia Medica. By Charles Mohr, M.D. Boericke & Tafel. 1879.

L'Homœopathique Conférences données à MM. Les Officiers du 3me. R. d'Artillerie, par le Dr. Martiny. Brussels. Baillière. 1879.

Homœopathic World. September.

Homœopathic Times. August.

United States Medical Investigator. Aug. 1.

St. Louis Clinical Review. August.

Hahnemannian Monthly. September.

North American Journal of Homœopathy. August.

Homœopathic Journal of Obstetrics. August.

Seventh Annual Report of the Boston University School of Medicine.

Rivista Omiopatica. July.

The Indian Physician (in Bengali).

Allgemeine Homœopathische Zeitung. Nos. 9, 10.

Homœopathische Rundschau. September.

L'Art Médical. August.

Bibliothèque Homœopathique. March, April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

DR. ANDREW CLARK ON THE PRESENT STATE
OF THERAPEUTICS.

SOME three years ago we entitled one of our leading articles "The Medical Barometer," in which we glanced at the opening lectures delivered at the principal metropolitan medical schools, and deduced from the statements there enunciated the views on the state of therapeutics which were current in the old-school. In the present article we propose to inquire what progress can be reported after this lapse of time. If we look to the opening lectures for this year, we are at once struck with the almost entire—we might have said entire—silence on this all-important subject. Only one lecturer seems to think that therapeutics are worth any notice whatever, and this gentleman, in his few remarks, informs us that he "does not pretend to cure disease." He simply watches his case, and sees that matters go on "as well as can be expected." Surely such silence is ominous, since if any progress could be reported, there is little doubt that we should have duly heard of it; while the admission that the physician does not "pretend to cure disease" is akin to giving up therapeutics as hopeless.

We turn, then, to what ought to be an equally reliable "barometer," the report of the addresses delivered at the annual meeting of the British Medical Association held in August at Cork.* There we find Dr. ANDREW CLARK as President of the Section of Medicine, gives the opening address. Dr. ANDREW CLARK'S position as a physician of the highest eminence in the metropolis, justifies us in taking his opinion of the present state of therapeutics, as indicating those held by the leading members of the old-school.

His address does not in the least surprise us, as he could not have honestly described the present position of medicine otherwise than he has done, but the perusal of it cannot fail to astonish us when we consider that such a "beggarly account" is all that he has to offer the profession, and the public who care to read it, in this nineteenth century, while the greatest medical truth ever discovered is quietly ignored. Truly there is no simpler plan of becoming blind than to shut one's eyes. It is a marvel, and some day it will become a curious psychological study, and an illustration of the mode in which truth is received by those whom it most concerns.

Dr. CLARK commences his address by indulging in a piece of gentle satire at the expense of his predecessors in the Presidentship. He describes the addresses of his predecessors as so many "stately hymns of praise," setting forth the dignity of medicine, the greatness of her achievements, her increasing services to mankind, the spirit in which she is to be cultivated, and the self-sacrifice of the cultivators, while they pass over her "defects" and "errors." He deprecates the spirit of "self-satisfaction," as an "obstacle to progress and a prelude to decay."

Dr. CLARK then proposes to discuss three questions; the state of medical education, the present state of therapeutics,

* *Brit. Med. Journ.*, August 9th, 1879.

and the prospects of experimental inquiry in this country. His remarks on the former we do not mean to discuss, but shall confine our observations to his estimate of the two latter.

When commencing the discussion of the present state of therapeutics, Dr. CLARK thus speaks :—

“ When, but a little while ago, Sir WILLIAM HAMILTON asked quite seriously if the practice of medicine had made a single step in advance since the time of HIPPOCRATES ; when we hear that the leaders of medicine, both here and abroad, are sceptical of the curative influence of drugs upon disease ; and when we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines, we cannot doubt that this, the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition, and demands, like the question of education, the serious consideration and action of the profession. Beyond the inherent difficulties of the subject, which are undoubtedly many and great, the reasons of this lie near at hand, and are not difficult to discover.”

The first step towards the remedying of a defective and unsatisfactory state of matters in any cause, is certainly to discover the reasons for such. But before glancing at Dr. CLARK'S reasons for the state of therapeutics at the present time in the old-school, let us stop for a moment, and consider the premises of his argument. When Dr. CLARK “ hears ” that the leaders of medicine both here and abroad are sceptical of the curative influence of drugs upon disease, and this after nearly nineteen centuries of practice, one naturally comes to the conclusion that the profession are somehow working on the wrong tack in the attempt to combat with disease.

That all “ medicinal ” substances have an injurious action on a healthy body in certain doses is admitted as a matter of course, and is a fact known to the merest tyro,

and if at this time of day the "leaders of medicine" are sceptical of the curative action of drugs which show such a marked effect on a healthy body, the conclusion is irresistible, that as yet the "leaders of medicine" have not discovered the key to the relation between drugs and disease.

Nor is such a state of opinion as Dr. CLARK "hears of" wonderful at all, when we find him next stating that he "knows that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines."

How can a workman be certain of producing a piece of work worthy of the name unless he understands the uses and capabilities of his tools? And can it be otherwise, that when ignorance prevails among "experienced practitioners" as to the action of the "commonest medicines," scepticism as to their value in the cure of diseases should exist? This is evidently the turning point in the advancement, or standstill—which is the same thing as retrogression—of therapeutics. It *cannot* advance till the action of medicines in health and disease, and the relation between the one and the other, is fully understood. There *must* be a definite relation of a fixed nature between the effects of medicines on the body in health and in disease; it is out of harmony with all that we know of nature, and of God's beneficent arrangements for His creatures, to suppose otherwise.

This, then, must be the starting point. The effects of drugs in health must first be ascertained, and then the connecting link discovered between these effects and those in disease. It is clear that the key to such a definite relation has not been discovered by the old-school, and till it is obtained, therapeutics will periodically call forth such a lament as that of Dr. CLARK.

Let them, now, ponder on the meaning of what he will see in our school. We have got a principle for our guidance

in treatment which we believe to be the key to the hitherto unsolved problem. There is no doubt that it does harmonise, and in a beautiful way, the effects of drugs in health and in disease. It is, moreover, the only key to the problem which has stood the test of fifty years of practice, in the hands of thousands of educated practitioners. Secondly, we *know*, in a wonderfully full and accurate manner, the effects of drugs on the healthy body, and we find that these effects are, with the help of our key, the guide to the use of these drugs in disease. We have but to ascertain the effects on the healthy body of any new drug, and we can at once tell what it will be good for in disease. And thirdly, as a result of this knowledge, our school are not sceptical of the curative influence of drugs upon disease. The contrast in this point between the two schools is very remarkable, and we may add that it is the followers of HAHNEMANN only, out of the whole profession, who can boast of a sincere belief in such curative power in drugs.

Let us now glance at Dr. CLARK's eight reasons why therapeutics in the old-school are so "backward and unsatisfactory." First, he says there is but one book on therapeutics, "in the full sense of that term." It is *materia medica* and not therapeutics which is taught in the schools, and this at a period in study when therapeutics cannot be fully appreciated. The one book referred to is, we fancy, Dr. RINGER's *Manual of Therapeutics*, and we all know how full of homœopathy this is, and that much of the original matter in it is to be found, without acknowledgment in most instances, in all homœopathic works, from HAHNEMANN downwards. This dearth of good books on therapeutics is, however, as any one may see, a consequence and not a cause of the "backward and unsatisfactory" state of therapeutics in the old-school. Let there

be new matter to communicate, and let it be safe to communicate it openly, and books will be forthcoming in abundance.

Secondly.—Dr. CLARK considers our knowledge of the natural history and progress of disease “uninfluenced by drugs” (with the exception of pneumonia) to be so trifling as to be “not enough for the commonest purposes of therapeutic art.” This is what we might term the stock reason usually given for the present state of medicine, and will continue to be so to the end of time, unless the homœopathic law of cure is recognised; for it requires but a small amount of consideration to see that such knowledge, even if of the importance assigned to it, which we do not believe it to have, can never be obtained. What single patient even, and still more, what number of patients sufficient to yield the requisite data, will submit to go through a severe acute, or still more, a chronic ailment, without treatment, for the sake of illustrating its natural history and progress uninfluenced by drugs? And what physician would dare, in the face of legal consequences, to say nothing of his sense of duty to the patient who entrusts his life to him, to pretend to meet a case of serious acute or chronic disease, and yet give him no medicine? Why, even those who are most sceptical of the effects of drugs in disease give their patients what they term *placebos*, which consist of some *medicine* which they think can do no harm if it does no good. We, therefore, maintain that this Utopian knowledge of the natural history of disease, uninfluenced by drugs, will for ever remain much as it is at present. But, if such knowledge were attainable, would it help the progress of therapeutics? Not in the least. We might learn that certain diseases which we know are cured by drugs, or, to put it in the mildest way, are assisted towards recovery by *drugs*

would get well by themselves in time ; while, in the meantime, it is admitted that certain chronic diseases, if untreated, have no tendency to recovery, but rather the reverse. Therapeutics would be just where they are, and the key to the right use of drugs in disease would still have to be sought for.

Thirdly.—“ We have no trustworthy knowledge, and therefore no distinctive teachings, of the respective provings and powers of nature and of art, in bringing about recovery from disease.” This is disposed of by our previous remarks on the second reason, and therefore we pass it by.

Fourthly.—“ We have no exact information as to the conditions in which, when nature unaided fails to bring about recovery,* we may employ the known physiological properties of drugs with any sure prospect of success. This is the promise of physiological therapeutics, and in whatever quarter, or from whatever point of view we examine it, there appears the richest promise of future discovery.” This is but the repetition, in other words, of what Dr. CLARK has already stated, viz., “ we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines,” and we have, therefore, but to repeat that this is the turning point of the whole issue. Not only is the law of similars the only guide which pretends to give us “ exact information ” on this point, but it is the only law which satisfactorily harmonises the effects of drugs in health and in disease, which explains facts which are otherwise inexplicable, and which receives corroboration from all the most recent investigations conducted by the old-school themselves in physiology and therapeutics. We would suggest to Dr. CLARK to enquire in this “ quarter,” and he certainly will find the richest promise ready made to his hand ; and yet this is the only “ quarter ” which is left unexplored, except in a surreptitious and timid manner, the results obtained even this way being so stated as to conceal their source.

Dr. CLARK, after enunciating this proposition, goes on to illustrate what he means by the uses of the “ physiological properties ” of drugs. He takes acute bronchitis, when “ the bronchial mucous membrane is congested, swollen, dry, and coated with a thin, but tenacious and

* Here Dr. Clark admits, as we have said all do, that some diseases fail to get well uninfluenced by drugs, and yet what does this piece of the natural history of disease avail in regard to the treatment? Nothing.

irritating secretion," with fever and severe cough. "In ordinary cases," he goes on to say, "nature brings about relief by free secretion from the affected membrane." But when nature fails to bring about this second stage in the natural history of bronchitis, he adduces the valuable aid which *ipecacuanha* and *antimony* can give in such a case, in causing secretion, and the cough to "become looser."

Now, as this is the only allusion in Dr. CLARK'S address to a definite piece of successful drug treatment, let us come to close quarters, and see how we stand to one another.

Dr. CLARK says he gives *ipecacuanha* or *antimony*, "the latter is better," in order to produce the physiological action of the drug, free secretion, and consequent relief to the congested mucous membrane, and there the matter ends as far as he and further enquiry are concerned. So Dr. ANSTIE explained the use of minute doses of *ipecacuanha* in vomiting by saying that it had a "tonic action on the vaso-motor nerves of the stomach." Both statements are quite correct, but are only a small part of the truth, and as such only keep up ignorance, and prevent further enquiry. Is there not another way of looking at the beneficial effects of *ipecacuanha* and *antimony*? Do we need to remind Dr. CLARK that both these drugs produce bronchitis, in large doses, and in persons sensitive to the action? If, in the "natural history" of acute bronchitis, the first stage of the dry, congested membrane, is followed by the second, of free secretion, with relief to all the symptoms; and if *ipecacuanha* and *antimony* are known to produce the same sequence of phenomena on the healthy body, and, moreover, as Dr. CLARK very correctly states, are so beneficial in the first stage of bronchitis as to speedily bring on the second, as shewn by the resulting free secretion and general relief, what do we find? Just this,—that Dr. CLARK, ignoring HAHNEMANN and his law of similars, is treating, with marked success, a case of disease by remedies which produce a similar condition in the healthy body. In other words, he is treating his patient homœopathically; and is it not much more scientific to say, "We give *antimony*, not for the purpose of producing free expectoration, which is the physiological action of the drug, although it will actually do so, but because *antimony* is a medicine which shews its specific action in acute bronchitis, since in health it so affects the bronchial

mucoas membrane as to produce bronchitis in its second, as well as its first stage, and in virtue of this power it will promote the favourable progress of the malady by inducing the second stage of free secretion, when relief will occur; and hence is an illustration of the law of similars."

It will also be observed that in this sole example of successful use of drugs, *ipécacuanha* and *antimony* are spoken of alone—no allusion to a "mixture" of either with other drugs; and why is this? Simply because being homœopathic to the complaint, and having, therefore, a definite and known specific action, it is unnecessary to do other than give the one medicine,—the very reason that homœopaths are enabled to prescribe only one medicine at a time. The combination of several drugs in one "mixture" is only the result of ignorance of the definite action of any one of the ingredients, the sum of the effects of which, it is hoped, will produce the desired result.

The dose, also, which Dr. CLARK prescribes (1-25th of a grain) is nearly half the size of the *minimum* dose fixed in the *British Pharmacopœia*, but Dr. CLARK will find that much smaller doses than even this small one will act as well, without the risk of producing nausea, which is quite unnecessary, and even hurtful, and which Dr. CLARK's dose, repeated, as he advises, every hour for the first few doses, is very likely to induce. The advanced men of the old-school, as RINGER, admit now that the production of nausea is so undesirable and unnecessary, that if it occurs the dose should be lessened. Dr. CLARK's doses are far removed from the old depressant doses of *antimony*, but still are unnecessarily large for the above reason; Dr. GAIRDNER stating it as his opinion that when the nauseating effects of *antimony* occur, the curative effects are diminished.

Fifthly.—"We have no accurate account of the phenomena, physiological, pathological, or chemical, which accompany the administration of remedies, the effects of which are in some degree certain, but the modes of action of which are unknown." This is again only another way of putting what he has already stated. To take his own already quoted illustration, *antimony* in bronchitis, Dr. CLARK is content with the knowledge that in the first stage it will induce free secretion. But if he views the matter in the light which we have thrown on it, he will see

clearly what are the physiological and pathological phenomena which accompany the action of this remedy, "the effects of which are in some degree certain." As to the "mode of action being unknown," there will always be theory brought to bear on this question, but theory, however beautiful and satisfactory to individual minds, cannot alter facts, and the main fact which is necessary to be known is that medicines produce the reverse effect in large and small doses, or, in other words, that medicines which produce symptoms similar to a given disease, when given in large doses, will cure this disease when administered in small ones.

Sixthly.—"There exists an assumption which, in any general sense, is at once unproved and doubtful, that the physiological effects of drugs upon living textures or organs in a state of health, are identical with the effects of the same drugs upon textures or organs in a state, and in almost any state, of disease."

Such an assumption is certainly unproved, and there is also no doubt that it is positively erroneous. The fact being that, as we have just stated, the effects of drugs given in disease, in doses such as will not make the patient actually worse by adding the medicinal disease to that already existing, are precisely the reverse of the effects of the same drugs in health in doses such as will produce appreciable effects at all. Hence we are enabled to predicate the curative effects of any drug in disease whose action in health is known.

Seventhly.—"There is the almost absolute neglect of any comprehensive and connected cultivation of animal chemistry in its relation to pathological and therapeutic processes. And yet it is certain that chemical changes accompany, if they do not determine, the genesis, growth, development, retrogression, and recovery, not only of every pathological product, but of every pathological condition." This is very true, but this is not the quarter from which any rich promises appear. Chemical therapeutics were fashionable at one time, but they had their day, and now no one expects to find anything like a reward for working in this direction.

Eighthly.—"There is the strange and fatalistic theory, that diseases are immutable, and that the types of morbid action are for ever the same. That out of certain conditions in the early history of the race and its environments, never

to recur, diseases arose, were stereotyped, and have retained their primitive characters unto this day."

This "change of type" theory was some years ago brought out to account for the complete change in practice which has occurred in the old-school during the last 30 or 40 years, was advocated keenly by Sir THOMAS WATSON, and was the fashion, till Sir THOMAS found it quite untenable, when he publicly recanted the views he had formerly upheld. We did not expect to find it again revived, but even if it were correct, what has this to do with the "backward and unsatisfactory" state of medicine? At best it would only involve the more frequent use of certain medicines which corresponded more closely to any new features which might crop up from time to time. If therapeutics are to come to a standstill, and remain "backward and unsatisfactory" because the cases of any disease differ somewhat in symptoms from year to year, or from decade to decade, they may be given up as useless, at least when carried out on the principles that have hitherto regulated practice.

Ninthly.—"Another fertile source of failure in therapeutics is the absence of an adequate recognition of the enormous influence exerted upon disease and its treatment by all that is implied in the individuality of the patient—by hereditary temperament, education, habit, the prevailing attitude of mind to the future, and all the circumstances of the higher life. There are few principles in medicine, and, in this sense, it is one of the most unprincipled of arts. Every case is a law to itself, and contains within itself the conditions for its own management. It is the quick perception of these conditions, and the ready and happy use of remedies for their control, which makes skill in therapeutics."

Never were truer words uttered, and they are the most advanced and philosophical sentences in the whole address. But would Dr. CLARK be surprised to learn that the great HAHNEMANN preached the same doctrines, and inculcated them in the most emphatic manner. Under the name of the "psora" theory, which is laughed at by those ignorant of HAHNEMANN'S meaning and of his writings, and which is none other than a mode of stating the fact, as fact it is—*vide* these remarks of Dr. CLARK—that many chronic diseases are so modified and rendered chronic and intractable, because of some hereditary or acquired taint,

“herpetic,” “dartreux,” or “psoric,” that the previous hereditary and life history of the patient require to be taken into account, as part of the disease, in order to accomplish a successful and permanent cure. HAHNEMANN was the first who laid stress on the necessity of thus observing and “making note of” “all that is implied in the individuality of the patient,” for the purposes of cure ; and no physician in the old-school, though seeing the same thing dimly, has attempted to carry it out to the completeness and detail that is to be found in HAHNEMANN’S writings. The very points of detail which Dr. CLARK names were long ago noted by HAHNEMANN and turned to practical use in therapeutics. Not only hereditary or acquired taints, but “hereditary temperament” was observed by his wonderful intuition to correspond, in each diversified form, to the “genius” of certain medicines ; so with “education,” so with “habit,” which has a marked influence on disease, and so also with “the prevailing attitude of mind to the future.” This last was specially studied by HAHNEMANN, the mental conditions present in each case being considered by him among the most decided and sure indications for particular medicines, in whose pathogenesis similar mental conditions appeared. The stress laid by HAHNEMANN on the mental symptoms of the patient, and the observation that similar mental symptoms could be and were produced by drugs, has been one of the subjects for ignorant jeer on the part of the old-school. If marked mental phenomena can follow a—sometimes trifling—disorder of the body, is it at all unlikely that a drug which can set up disease in the body should act also on the mind? It is a satisfaction, in the midst of this remarkable address, to find Dr. CLARK, without knowing it, following in the footsteps of the greatest medical reformer of modern days, SAMUEL HAHNEMANN.

Again, nothing was more strongly insisted upon by HAHNEMANN than the necessity, for therapeutical purposes, of individualising each case ; or, as Dr. CLARK puts it, “every case is a law to itself, and contains within itself the conditions for its own management.” A disease might be spoken of as a disease for descriptive purposes, noting the symptoms, which being present in the majority of instances of it, constituted its characteristic features in the rough, but for the purposes of cure, he, over and over again, inculcated that each case must

be treated on its own merits. Hence followed, as a simple logical deduction, this direction, that *in the selection of the medicine*, the symptoms, taken individually, and as a whole, must be the guide, enabling one to select one out of a group of medicines which had many points in common, but differed in individuality of symptoms.

Tenth, and lastly.—“ There lies a serious hindrance to therapeutic progress in a still prevailing looseness of therapeutic investigations, and in a painful want of accuracy in recording the results of these. One cannot review the therapeutic history of the last quarter of a century, without experiencing a feeling of shame, as well as of sorrow, for the pretentious and baseless statements with which it abounds. A few crude and ill-digested experiments upon animals, supplemented by some equally crude and undigested observations on man, tricked out in the phraseology of science, surrounded with much parade, devoid of accuracy, completeness, or strength, make up the substance of many of these scientific investigations; and their conclusions are committed to the profession, in the words of sublime audacity, with as much confidence as if they were the conclusions mathematically demonstrable of chemistry and physics. The authors of such statements as those to which I allude are not merely intellectually, they are also morally, deficient; and if a just criticism lived among us, they would be scourged into becoming silence.”

These are strong words, and will not be relished by the authors of the experiments referred to, but they are quite necessary, and we are glad to find Dr. CLARK expressing his opinions freely on this point. But it will save repetition and make the text more complete, if we reserve further comment till we notice Dr. CLARK'S remarks on “ the subject of experimental enquiry,” which follow those we have just quoted, and are really a continuation of the same argument. After saying:—

“ I believe that it is to experiment upon animals, in some shape or other, that we owe the bulk of our recent gains in medicine; and that it is to experiment, aided by practical chemistry and physiology, that we shall have to look hereafter for our most substantial additions to the knowledge both of the nature and of the treatment of disease.”

Dr. CLARK goes on to say:—

“ Undoubtedly experiment has also its other side; and dis-

regarding its inherent difficulties, which are neither few nor slight, it is beset with dangers which must be watched with a jealous eye, and guarded against with a firm hand. By the *prestige* of precision, often unmerited, which they carry with them, experiments sometimes cover the most flagrant errors, and give currency to false and inadequate generalisations. Even when every precaution has been taken to secure precision and accuracy in every particular, it cannot safely be inferred that the results of certain experiments upon animals will be identical with those which would happen in man submitted to like conditions. Nor without other authority would it be justifiable to use those results in the explanation of physiological, pathological, or therapeutical facts; for however numerous may be the results of experiment, however important may seem to be their bearing upon the progress of science, they will be of no avail to medicine, and it will not be safe to use them in her service, until they have been filtered through the checks and counter-checks of clinical experience, and have responded to the tests and counter-tests of clinical experience."

These remarks are excellent, and they quite express the views we have so long held on the subject of the value of experiments on animals for therapeutic purposes. Experiments on the lower animals are not only difficult to perform so as to obtain anything like a degree of accuracy as to the result, but after Dr. CLARK'S remarks it is unnecessary to dilate on this point. So many "crude and ill-digested experiments on animals" have been made, and proved by subsequent examinations to have been fallacious, and their results quite erroneous—often the very reverse of the truth,—that one ceases to place much reliance on them. And if, as is done by the old-school, medicines are employed in accordance with theoretical deductions from their experiments, the result cannot but be eminently unsatisfactory. One has only to look in the younger Wood's *Materia Medica* at the article on *aconite*, and on some other drugs, to see what we mean. The various experiments made with the view of ascertaining what nerves or tissues are primarily affected by *aconite*, and thus to decide the proper cases for its use in medicine are there recorded,—each seemingly unimpeachable till the next observer overturns the whole flimsy structure. Hence Dr. CLARK'S strong language.

Besides, as Dr. CLARK observes, we have no certainty that because a drug affects a rabbit or frog in one way, it will affect man in the same manner. In fact we know

that this is frequently not the case. But, yet again, a still weaker point in the value of experiments on animals is, that it is quite impossible to obtain, even if accurate, other than in a crude and rough manner, the effects of drugs upon them. All the finer points—all the subjective symptoms, which can only be obtained from the man, are absent, and must be so, in the nature of things. Hence, it is rare to hear of homœopaths taking up their time and energies with experiments on the lower animals. We read the accounts of such experiments as conducted by the old-school, withhold our judgment on them, and decline to make use of them as any guide to the use of these drugs in disease. If they corroborate what we already know from provings on the human subject, well and good; they thus enable us to feel that our previous knowledge was correct, but if they go counter to this, we hold them aloof with distrust till they are *proved* to be absolutely correct, and ourselves wrong. But putting, for the sake of argument, these experiments on animals, and our own provings on man on a level, the great difference between the uses made of them by the two schools is this. The old-school go entirely on a theoretical basis; they observe the results of their experiments, and theorise from these on the *modus operandi* of the medicine, thus making pathology and physiology, with the theories of action based on them, the ground of therapeutical use. The “tests and counter-tests of clinical experience,” therefore, are absolutely necessary, as Dr. CLARK very correctly urges, before the value of such theoretical deductions can be estimated. They have no certain key to the practical interpretation of what they discover, hence the miserable record of results which Dr. CLARK deplures. The homœopathic school, on the other hand, in making their “provings” on the human body note the results which are palpable, namely, the symptoms objective and subjective, which are produced. Due stress is laid on the subjective symptoms, or those felt by the patient, which are of inestimable importance in the comparison of the drug disease with the natural one. We, then, putting aside theory, draw the picture of the medicinal disease in its full detail, and can at once, with our grand key to the mode of utilising in practice such a disease-picture, prescribe the drug with *certainty* of result, provided the provings are accurate and reliable. We, of course, theorise

also, as it is human nature to do, but our theories are only put forth for what they are worth; they may be adopted or rejected at pleasure, since they, right or wrong, in no way invalidate our facts. We thus steer clear of the fallacies of practice, which the old-school so often fall into, and the record of which inspires Dr. CLARK with "a feeling of shame." And until the key which we possess to the interpretation of the meaning of "provings" on man or animals is made use of by our friends of the old-school, this lament on the miserable results of experiment which Dr. CLARK utters will have to be repeated. Without this key half, or more than half, of the results of experiment on man or animals will be useless, and the rest probably misinterpreted as far as therapeutic use is concerned. This is one great reason why there is such a dearth of "provings" of drugs on the healthy body, in the old-school. One has not the heart to pursue difficult and elaborate investigations, when the practical value of the disease-phenomena produced is not apparent.

Dr. CLARK concludes his address with a defence of vivisection, but we have no intention of following him into this question. Suffice it to say that for therapeutic purposes we do not need such experiments on the lower animals. They are at the best uncertain in value, and what we want, for the cure of disease in man, is a minute record of the symptoms produced by drugs on man also. For this no vivisection is required, but simply the devotion and self-sacrifice of persons who are enthusiastic on this subject, to take various doses of drugs and watch their effects. With the key of the law of similars in our hands, it is marvellous to observe the vast amount of "provings" on the healthy human body which homœopaths have collected, from HAHNEMANN downwards. The knowledge that each pathogenetic symptom is of value as a guide to the cure of some form of disease, is the secret of this fact, and stands in strong contrast to the feeble and unenthusiastic manner in which this all-important investigation is conducted by our opponents. We think we are safe in saying, that if vivisection were entirely abolished, therapeutics at any rate would not really suffer.

In concluding this examination of Dr. CLARK's address, we find first and foremost the admission of the fact, and

lamentation over it, that therapeutics in the old-school are in a very "backward and unsatisfactory" condition—this being the text of the address. Next, in giving the reasons for this, we find Dr. CLARK mistaking in some instances effect for cause; the two real reasons being (1) the ignorance which, Dr. CLARK says, exists in the minds of "experienced practitioners," as to the true action of the "commonest medicines"—a statement which would astound the public if they knew it; and (2) the want of attention to minute details in the observation of important points in disease. The latter follows as a consequence of the former; for what is the practical use of such symptom-detail, "hereditary temperament" and mental phenomena, unless there are medicines known to meet them?

We take upon ourselves to inform Dr. CLARK that the grand remedy for the present condition of therapeutics is to ascertain the effects, subjective as well as objective, of medicines when given to the *healthy human* body, and in order to give zest to such inquiry, and utilise the facts when ascertained, to keep before his mind the new light which the law of *similars* will throw on the subject, and to try whether this law is not the key to the hitherto insoluble problem of the therapeutic relations of drug and disease.

Till this is done, no progress will be made. He will find the whole matter already worked out, and ready to his hand, if he will but study HAHNEMANN'S writings and those of his followers, and deign to examine the immense mass of "provings" which are now to be had in the ten volumes of ALLEN'S *Encyclopedia of Pure Materia Medica*. These are not perfect, and we shall be glad of the help of members of the old-school, to make them more perfect. It is simply blind folly continually to lament over the backward state of therapeutics, to ignore HAHNEMANN, homœopathy, and all this mass of labour, and to propose to begin, *de novo*, in the search after light. When this point is reached by the old-school, we shall find HAHNEMANN everywhere enshrined, as he is with us, as one of the greatest geniuses that ever lived, and certainly the greatest of medical reformers and workers.

FURTHER REMARKS ON THE THERAPEUTICS OF PHTHISIS PULMONALIS.*

BY HERBERT NANKIVELL, M.D.

I PROPOSE this morning to limit my remarks to three remedial agents in the treatment of pulmonary phthisis; viz., the arsenical group, including *arsenicum album*, the *iodide of arsenic*, and the *arsenite of lime*; *hepar sulphuris* (*sulphide of calcium*), with its allied mineral water, the Eaux Bonnes; and *lachnanthes tinctoria*.

With regard to the arsenical group, some members of this Congress may recollect that six years ago I had the honour of reading a paper at Leamington on the special treatment of some forms of phthisis, in which I then laid stress on the value of arsenic. The year before that I had also read a paper with a similar aim before the British Homœopathic Society. On each of these occasions I adopted the pathological views of Professor Niemeyer on the non-tubercular origin of most cases of phthisis, and I endeavoured to show by related cases the remarkable influence of arsenic in many instances over the pneumonic and hæmorrhagic forms of phthisis.

I shall not to-day repeat what I then said on the pathological side of this question, as I feel sure that Niemeyer's views have won for themselves the consideration of all of you. For myself, I can only say that each year's increasing experience in the treatment of this grave malady compels me on clinical grounds alone to admit the general truth of his observations, and to recognise the fact that primary tubercular phthisis is a comparatively rare form of that really large class of cases which we commonly group under the name of pulmonary consumption.

But in the discussion which arose on the subject it was adduced, and with much justice, that the cases which I had reported were all too recent, and that the improvement I had recorded was probably only of a temporary nature. I could not, of course, whatever my own convictions were, combat such an objection. Time alone could settle this point. I shall therefore to-day first give a history of four selected cases, selected on account of their general interest, and from the fact that the benefit obtained from the

* Read before the British Homœopathic Congress, Malvern, September 11th, 1879.

arsenical treatment was all but indisputable; and then I shall tabulate the results obtained in these cases and in the fourteen others reported by me in 1872 and 1873, so that a fair conclusion may be drawn as to the permanent efficacy of this method of treatment.

In indicating the class of cases most readily benefited by arsenic, I cannot do better than repeat what I wrote six years ago: "I believe it to be worthy of a trial in every case of pneumonic phthisis, when the exhibition of another remedy is not decidedly demanded; but I consider it to be indicated more especially in those cases where bronchial symptoms have been decidedly prominent, and in those cases of *phthisis ab hæmoptoæ*, where the hæmoptysis has laid the foundation of the disease and has no strong tendency to recur.

CASE 1.—*Pneumonic: chronic cavity: cicatrization.*

A. B., æt. 22, came under observation in January, 1874. Two years ago had suffered from an acute pleuro-pneumonia, since when he has had cough and expectoration, and has been getting thinner, notwithstanding medical treatment and wintering at Bournemouth. Looks thin and pale; pulse 90, weak; appetite and digestion fair; no diarrhœa. Physical examination showed a sound right lung; the front of the left lung had impaired resonance on percussion, and the respiratory sounds were extremely harsh and jerky; posteriorly resonance became quite dull towards base; the respiratory sounds at apex were pretty normal, but there was amphoric respiration for about $2\frac{1}{2}$ inches long by $1\frac{1}{2}$ inches wide opposite lower third of scapula; this tract was surrounded by medium-sized crepitations; absence of respiratory sounds at base of the lung. The expectoration was muco-purulent; there had been occasional hæmorrhage, the worst attack having occurred in the previous autumn after going through a course of Dr. Churchill's inhaling treatment.

A few days after the commencement of the arsenical course, this patient experienced a sharp attack of a dysenteric character, which still further lowered him, and caused for about a fortnight a suspension of the treatment. It was, however, soon resumed, and by the close of the spring his condition had very much improved; the jerky, harsh respiration in front of the lung had given way almost entirely to healthy vesicular breathing; the crepitations

around the cavity had almost disappeared, and the cavity itself had been reduced to nearly one-half its size.

He was under my treatment again the following winter, and the improvement already marked was continuous, though there was still amphoric breathing to be noted about the junction of the lower and middle third of the lung posteriorly. This, however, had disappeared in 1877, and is now permanently absent; during the two last years he has been enabled to study medicine pretty steadily. *Iodide of arsenic*, *arsenicum album*, and *arsenite of lime* were all used at different times during the progress of this case: the attenuations were the second, third, fourth, and sixth decimal.

CASE 2.—*Hæmorrhagic: partial resolution: partial fibrosis.*

C. D., æt. 30, seen in October, 1874, pale, losing flesh, pulse 90-100, feverish at night, hacking cough. Family history bad, several near relatives having died of phthisis. On examination, slight moist click in right apex; breathing in other parts of chest jerky and rough. On November 1, early in morning, was taken with violent hæmoptysis; on examination, moist râles were discovered over right lung. Within three days severe congestion of that lung set in; the expectoration became profuse and prune-juice in character; the temperature rose to 103° and over, and the prostration and sweats were very intense. For a fortnight life was in imminent danger, and it was feared that the lung tissue was being freely broken down. As soon as the more acute symptoms had passed, *i.e.*, after about twelve days, *arsenic* was exhibited, and continued for several months. Health was steadily re-established, and by the spring the condition of the right lung was as follows: impaired resonance generally in front and behind; impaired vesicular respiration; pretty general soft crepitations; flesh had been put on in a remarkable manner and strength regained. Since that date the patient has had no return of his illness. I examine him four or five times in the year, and his present condition is one of good health. The functions of the right lung are still imperfect, but the respiratory power notably increases, and there are now scarcely any moist sounds, expectoration, or cough. He takes arsenic once or twice a day for six or eight months out of the year.

CASE 3.—*Catarrho-pneumonic phthisis : partial resolution ; partial consolidation.*

E. F., lad, æt. 16, came under care in January, 1877. He had been ill for 10 months with cough, expectoration, and progressive weakness and emaciation ; had been improving in the autumn of 1876, but since his arrival in Bournemouth had decidedly retrograded. He was a tall, pale, thin lad, with light hair and a long thorax. His pulse was about 96 ; temp. 101° ; the expectoration abundant, muco-purulent and chiefly floating. Appetite fair ; tongue clean ; tendency to constipation ; night sweats, but not excessive. Physical examination disclosed a flattened chest, dull at right apex in front, and at left apex posteriorly, the dulness shading off and not being sharply limited. These two localities were found to be the seat of abundant coarse crepitations, which shaded off towards the rest of the lung, the moist râles becoming less abundant ; the respiration in other parts of the lung was harsh and jerky, and there seemed to be scarcely a square inch of pulmonary tissue free from moisture. The case was typical of what we should formerly have called "infiltrated tubercle," but which we now more correctly appreciate as a catarrhal pneumonia, affecting more or less the whole pulmonary tissue, and which has already passed into the caseous stage in the apices. I looked upon this case from the extensive nature of the affection, the age and build, as decidedly unfavourable for treatment. The *iodide of arsenic* in the 3rd decimal preparation was exhibited, and on my next visit, a week afterwards, I was gratified in finding that improvement had set in. The lungs were notably freer from moist râles ; and his improvement went steadily on until June, when he left for his home. On my last examination I found that the dull spots were decidedly more limited, and the chest expanded more ; the moist râles had passed away to a great extent, and in fact were only to be detected at all during forced inspirations. Another winter was spent in Bournemouth. Some slight relapses took place from contracted colds, and from threatenings of hæmoptysis ; but the progress made was so far good that he was enabled to spend last winter in the climate of North London—a winter which would have been happily without history so far as his thorax was concerned, had he not taken a severe attack of bronchitis at the close thereof, from which, however, he made a good recovery.

CASE 4.—*Chronic catarrho-pneumonic: severe hæmorrhage: recovery.*

G. H., æt. 22. This gentleman, who had been suffering for 6 or 7 years from a chronic form of phthisis, affecting chiefly the right apex posteriorly and the left base anteriorly was seized with severe hæmoptysis in May, 1877. So far as could be judged, the bleeding proceeded from the right apex; it was but little affected by medicine; *hamamelis*, *ipecacuanha*, *ergot*, *gallic acid*, all seemed at times to exercise a restraining power, but for 6 or 7 weeks the hæmorrhage kept up, returning every 2, 3, or 4 days in quite alarming amounts of florid frothy blood. As often happens, when hope seemed gone, the hæmorrhage ceased, and the patient who had borne this trying illness with the utmost fortitude and calmness, began to mend. As soon as an examination could be made of the posterior portions of the lungs it was found that there were medium crepitations from apex to base on both sides, probably hypostatic in character, while at the right apex there was abundant coarse crepitation and dulness on percussion. The front of the chest was clear on percussion, with numerous moist râles; the left base was dull, with fine and coarse râles intimately mixed. The pulse varied between 80 and 94; the temperature had been very steady, never exceeding 101°, and often not 100°. He was, of course, very weak and thin.

The arsenical treatment was here extremely valuable; and the 3rd decimal of *arsen. iod.* was the lowest given. The amendment was very striking, the patient becoming fatter than he had been for years. *Phosphorus*, *ipéc.*, and *hepar*, as I shall afterwards mention, were given on occasions as well, but I have no doubt that the *arsenic* was the most active therapeutic agent. I examined this patient only a short time ago. He was looking extremely well, and could take a fair amount of exercise. There was on examination a feeble crackle to be heard at the left base; and at the right apex a slight moist sound. He usually expectorates a lump of muco-pus in the mornings.

The following table gives the result of the treatment in these 18 cases; they are classified according to the stage of the disease; the year when first seen, the sex, age, and character of the disease are given, as well as the result,

and reference is made in a separate column to the page and work, in which the full history may be found.

FIRST STAGE.

Date.	Sex.	Age	Full history.	Character and course.	Result.
1870	F.	18	<i>B. J. H.</i> vol. xxx., p. 526.	Catarrho-pneumonic: partial caseous de- generation & fibrosis	Permanent cure.
1871	M.	16	<i>B. J. H.</i> vol. xxx., p. 521.	Broncho - catarrho- pneumonic: resolu- tion.	
1871	F.	28	<i>B. J. H.</i> vol. xxx., p. 523.	Broncho - catarrho- pneumonic. Laryn- geal complic.: reso- lution.	
1871	M.	5	<i>B. J. H.</i> vol. xxx., p. 524.	Catarrho-pneumonic: extensive consolida- tion: resolution.	
1871	F.	40	<i>B. J. H.</i> vol. xxx., p. 525.	Catarrho-pneumonic: resolution.	
1871	M.	30	<i>B. J. H.</i> vol. xxx., p. 528.	Hæmorrhagic phthi- sis: resolution.	

SECOND STAGE.

Date.	Sex.	Age	Full history.	Character and course.	Result.
1870	F.	18	<i>B. J. H.</i> vol. xxx., p. 522.	Broncho - catarrho- pneumonic: soften- ing: induration.	Cure: slight re- lapse in 1879.
1870	F.	20	<i>B. J. H.</i> vol. xxx., p. 527.	Catarrho-pneumonic: softening: partial resolution: partial induration.	Temporary cure: d. in 1875, one year after marr.
1870	F.	30	<i>B. J. H.</i> vol. xxx., p. 529.	Broncho - pneumonic and hæmorrhagic: fibroid changes.	Considerably im- proved.
1872	M.	25	<i>B. J. H.</i> vol. xxx., p. 528.	Hæmorrhagic.	Permanent cure.
1872	F.	39	<i>M. H. R.</i> vol. xvii., p. 630.	Hæmorrhagic: exten- sive consolidation: arrested softening.	Temporary cure: d. of hæm. in 1876.
1874	M.	30	Present Paper.	Hæmorrhagic: exten- sive consolidation: arrested softening.	Cure.
1877	M.	16	" "	Catarrho-pneumonic: partial resolution: partial induration.	Cure.
1877	M.	23	" "	Hæmorrhagic: arres- ted softening.	Cure.

THIRD STAGE.

Date.	Sex.	Age.	Full history.	Character and course.	Result.
1871	F.	16	<i>B. J. H.</i> vol. xvii., p. 523.	Catarrho-pneumonic: cavity: cicatrization	Temporary cure: d. in 1875, after several fresh at- tacks.
1872	M.	65	<i>M. H. R.</i> vol. xvii., p. 631.	Hæmorrhage from chronic cavity, which contracted considerably under treatment.	Great temporary improvement: d. in 1876 of cardiac dropsy.
1872	M.	45	<i>M. H. R.</i> vol. xvii., p. 632.	Large chronic cavity, following hæmorr- hagic and pneu- monic attacks: com- plete cicatrization.	Permanent cure.
1874	M.	22	Present Paper.	Chronic cavity: fol- lowing pleuro-pneu- monia: complete cicatrization.	Permanent cure.

This table gives us six first stages of phthisis, in which a permanent cure has been obtained by the arsenical treatment; to one, nine years of health; to five, eight years have been granted; making hitherto an average of eight years and two months to each patient. We have eight cases of the second stage; of these, two, which were much benefited, have since died, one five years, the other four after treatment; an average of four and a half years to the fatal cases. Of the six who are still living, one, after nine years of health, has had a relapse; another has had for nine years improved but not altogether satisfactory health; of the remaining four, who are reported as cured, one has seven years, another five, and two others two years of health already granted to them. The cases still living of this stage have enjoyed each an average of five years and eight months of health up to the present date.

Of the third stage we have four cases reported; two of these have died, one, after four years' life, chequered with recurrent pneumonic attacks, and probably terminating in true tuberculosis; the second, after four years of tolerable health, was terminated by cardiac dropsy; the average prolongation of life in these fatal cases was thus four and a half years. The two cases which are still living are in the enjoyment of good health, and are capable of considerable physical and mental fatigue; one has enjoyed seven

years, the other five years' prolongation of life, an average that is hitherto of six years to each case. I believe these results will compare favourably with those of any other treatment, and I shall be glad to know if similar results have followed the use of arsenical preparations in the practice of my colleagues.

Hepar sulphuris is such an old and tried remedy amongst us that I feel an apology almost is required for bringing it forward, as if anything new could be said about it. But no one can study its pathogenesis without noting the great hiatus there is in the "respiratory and cough" class of symptoms. There has been no attempt made to add to the provings those physical signs which would define the limits within which *hepar* is indicated. Laryngeal irritation, laryngeal cough, spasmodic suffocating cough, dry cough, cough with expectoration of mucus, of bloody mucus, of blood, are the main symptoms that are related; and while they are abundantly sufficient to indicate the value of *hepar* in thoracic diseases, they are almost useless in precisionising the exact types of disease in which it is curative. It should therefore be our endeavour to supply these *lacunæ* by careful clinical observations, until at any rate experiments have been undertaken on men, and on the lower animals, to complete our knowledge of the pathogenetic action of this remedy. So far as I am able to judge, and I desire to speak with all deference on this point, and to elicit very fully the opinions of members of this Congress thereon, *hepar sulphuris* acts beneficially on the following conditions of the respiratory tract:—1. On the pharynx, when the mucous membrane is roughened and somewhat congested; when the follicles are enlarged; and occasionally when toughened mucus lining the walls is present. 2. In the larynx, when the mirror reveals similar conditions; when the vocal chords are thickened; when the voice is altered; and when these conditions are not associated with advanced tubercular deposits. 3. In the bronchial tubes, when from the harsh, dry sibili we judge that the mucous membrane is tumefied; when the moist sounds are scanty and the expectoration not copious. 4. When the pulmonary vesicles are partially occupied with secreted matters; the percussion note is not absolutely dull, and the ear detects vesicular breathing, with scarcely any prolongation of respiration, side by side with moist râles of a fine medium character. 5. In those cases of

cheesy pulmonic deposit; when the tendency to suppurative changes is strong but irregular; when the tendency to cicatrize is frequently interrupted, the extrusion of the caseous material being imperfect; a condition which is often illustrated, *cæteris paribus*, by that of the chronic strumous cervical gland.

I do not consider that in cases involving the pulmonary tissue it can be used so freely or so continuously as arsenic. It is essentially an intercurrent remedy in these cases, enabling the constitution to overcome a certain definite difficulty; but its action, if prolonged, would be too solvent, and probably would give rise to excessive and too rapid excavation. Its action therefore requires to be carefully watched. Three years ago I noted very considerable benefit in a large spreading cavity occupying the left base of a woman's lung. The case was undoubtedly tubercular, the larynx being implicated; the cavity was irregular in outline, and spread slowly in an upward direction, while a good deal of cicatrization went on at its lower border. For nearly three months after a course of *hepar* the condition of the cavity and neighbouring tissues was very much improved.

In the No. 4 case, which I just now read to you, I referred to the valuable effect that *hepar* had exercised; about two months after the cessation of the hæmorrhage the lungs remained burdened with moist râles, fine in the air cells, coarser in the bronchioles, and the breathing on exertion was very short. A course of *hepar* for a week had a remarkable effect in removing this condition, causing at the same time free expectoration and great debility. After another six weeks a second course was given with still better effect, and the patient being stronger, the debility was less marked.

In those affections of throat, larynx, and bronchial tubes, to which *hepar* proves suitable, I have generally followed its use by the exhibition of the Eaux Bonnes mineral water, the chief constituents of which are sulphide of calcium and sulphide of sodium, in solution with free hydro-sulphuric acid. My attention was first drawn to these waters in the spring of 1875, and in July of that year I had an opportunity of visiting them, and of conversing with Dr. Leudet, one of the resident physicians, on their effects. Although, apparently, no pathogenesis of these waters has ever been

constructed, I have learnt from Dr. Leudet, and also from Dr. Cazenove de la Roche's work, that Eaux Bonnes, while not affecting the healthy in fractional doses, will, in full doses, produce pharyngitis, severe cough, expectoration, and even hæmoptysis. Aggravations of irritation in the respiratory tract are of frequent occurrence among the patients, and necessitate the use of "fractional" doses, *i.e.*, of a drachm or two drachms only of the water. Dr. de la Roche is hard put to it in his tractate to explain away this evident similarity between the pathogenetic and therapeutic effects of the water. He naïvely attributes the majority of the former to the excitation which all sulphur waters have the power to produce on the organism. He is aware that some people do refer the respiratory group of symptoms to the special localised action of the water, but M. Claude Bernard has explained all that chemically, "the hydrogen is burnt in the system, and the sulphur excreted by the respiratory mucous membrane"—a truly French method of endeavouring to explain away a fact by a theory. Finally he writes: "Here I touch one of the bits of doctrine on which allopathy and homœopathy are most in opposition. Consequently I shall hand over into the abstract regions of that theory the likeness between the physiological and special pathogenetic phenomena with which certain writers have wished to endow mineral waters in general and Eaux Bonnes in particular. Such researches being without aim or object, I hasten towards a subject more fruitful in practical application—the therapeutic action of Eaux Bonnes." It is thus that Dr. de la Roche having thrown a little dust into his readers' eyes, effects a strategical movement to the rear—in other words, runs away from his subject. We, who consider that the only true guide to therapeutics lies in a knowledge of the physiological action of a drug, may be very well guided to prescribe Eaux Bonnes from a knowledge of the action of *hepar sulphuris* on the system. I have seen admirable effects obtained even from the imported waters in cases of follicular pharyngitis and laryngitis, in a case of chronic loss of voice from thickening of the vocal chords, in cases of the most severe and stubborn forms of chronic bronchitis. The occurrence of eczemas or herpes in some previous period of the life of such patients is always to be taken as a most valuable and special indication for the use of either *hepar sulphuris* or Eaux Bonnes.

Lachnanthes is a remedy which was brought under my notice in a pamphlet written by Dr. Edwin Alabone. This brochure makes no pretence to scientific accuracy, and is in fact one of those addresses *ad populum* which we must all regret to see in print. Still I considered that there was sufficient ground in the statements made by the author to warrant further inquiry. I therefore first read up the pathogenesis, and found there a few subjective indications for its use, but no respiratory symptoms that would lead us to infer for its employment any great value. This may, however, have been due to the fact that the provings have been scanty, and have been made with 3rd, 15th, and 30th dilutions only, with the exception of one drop of tincture which was taken once by one of the more heroic among the provers. I then wrote to Dr. Alabone, who informed me that, having been a *poitrine* himself, he began accidentally to take *lachnanthes* one day, and felt better; that, having left it off, he got worse again, but that, after returning to it and taking it for some days, his symptoms were much alleviated, and he was enabled to carry on his practice with greater ease and vigour. This was not very encouraging, but, having at the time several cases of chronic phthisis on hand, I determined for a few weeks to give this remedy a trial, and I am bound to say that it has proved of very considerable use to a certain class of them. Cases of the second and third stages, even when the amount of lung destruction has been considerable, but where the destructive process is for the time arrested, and the evening temperature is not over $100\frac{1}{2}$ or thereabouts, seem amenable to its influence. The presence of fever, of rapid lung changes, of actual tuberculosis, all seem to render it useless, and even demand its suspension. The pre-occurrence of hæmorrhage does not prove a barrier to its employment, but it should be left off if hæmorrhage occurs. I will relate three cases shortly, in which it seemed to have a marked benefit. It was given to all in doses of from 3 to 5 drops of the matrix tincture three times a day.

I think I have in these three cases sufficient grounds to warrant me in the continued use of *lachnanthes* during the coming winter, and also in recommending it to your notice as a remedy worthy of a careful trial, although our present knowledge of it is purely empirical.

CASE 5.—A young woman, æt. 25, had been for four years the subject of chronic phthisis. The left lung had been first attacked, several abscesses had broken in the apex, the left side was an inch smaller than the other; there was but slight expansion when breathing, and coarse râles were to be heard throughout its length. The right lung had followed suit six months previously, the anterior surface, especially under the clavicle being occupied by coarse crepitations; its posterior surface remained healthy. The catamenia had disappeared for four months. The aspect of the case was bad, but there was very slight pyrexia, though the pulse was quick and weak (108). The emaciation and pallor were considerable, and the conjunctiva markedly pearly. *Iachnanthes* was given in October, 1878, and continued till nearly Christmas. The right lung cleared up completely, except a slightly harsh expiratory sound under the clavicle. The left lung dried very much, and the râles decreased to a very marked extent. Flesh was gained, and the catamenia reappeared. The improvement has, with certain fluctuations, been sustained.

CASE 6.—A woman, æt. 36, was accouched in December, 1878. She was a chronic *poitrinaire*, possessing a contracted left lung, with probably a central cavity, and a congested base to the right lung. She had been an invalid for about twelve years, and had passed through several severe attacks of hæmoptysis, congestion, and bronchitis during that period. As no rise of temperature followed the accouchement, the *lachnanthes* was administered for about three months. Notwithstanding the severe cold of last winter, to which of course, in its degree, Bournemouth was liable, she gained ground steadily—*i.e.*, there was less cough and expectoration, lessened amount of moist sounds, more power of resisting cold and of taking exercise, and a larger amount of *bien-être* than had been the case for many previous years.

CASE 7.—A man, æt. 58, had suffered from chronic disease of the left lung for seven years. Two years previously a cavity had declared itself behind the fourth rib anteriorly. In April, 1878, a catarrhal pneumonia had affected the lower and posterior parts of the same lung. The deposit soon became cheesy and softened, so that in August examination detected a large cavity posteriorly on the left side. The right lung continued sound, the appetite was fair, there was no diarrhœa or night sweats, the evening

temperature varied from $100\frac{1}{2}$ to $101\frac{1}{2}$. It was determined to exhibit *lachnanthes*. Slow and steady improvement set in. In two months' time it was noted that the posterior cavity was drier, that the anterior cavity was nearly healed, that the resonant border of the right lung extended to the left side of the sternum, and that the left side was 1 inch less in girth than the other. In two months more the anterior cavity had quite healed, and the posterior one was decidedly contracting. The left side was now $1\frac{1}{2}$ inches less in circumference than the other, and the border of the right lung extended $\frac{1}{2}$ inch beyond the left border of the sternum. This condition has been maintained, though not markedly improved on since. Weight has been also gained, the evening temperature varies between 99° and 100° , and the pulse averages 70. It may be remarked that arsenic was never tolerated by this patient..

I cannot close this paper without alluding to the rather burning question of Davos-Platz. Of all mountain resorts for phthisical patients in Europe, this is probably the best; therefore, what one has to say about it is applicable in its degree to others as well. Of the value of mountain air to consumptives in summer I, for one, can have no doubt. Braemar in Scotland, Ilkley in Yorkshire, Dartmoor in Devon, Grindelwald, Murren, Davos, and the Engadin, in Switzerland, and the Eaux Bonnes in the Pyrenees, are places of which I have personal knowledge, and to which I have frequently sent patients with very considerable benefit. They come back toned up, more vigorous in their resistance to cold and change of climate, with clearer, more strongly acting lungs, with better spirits and appetite. But the question lately discussed is not this—it is whether Davos is a suitable place in winter for *poitrinaires*, for this is what the Davos physicians and several leading English physicians now stoutly maintain.

The *pros* I take it in this argument are chiefly the following: (1) a pure and rarefied air; (2) a generally unclouded sky and brilliant sun; (3) a sun warmth to which England and even the South of France is a stranger; (4) the more vigorous respiration and circulation and tissue change which obtain at such an altitude; (5) the fact that consumption at a height of 5,000 feet is not endemic.

The *cons* are (1) a long and wearisome journey to the invalid; (2) the intense variation of temperature between day and night; (3) the necessity of breathing for 18 hours

out of the 24 the stove-heated atmosphere of an hotel, in which many invalids are living; (4) the discomforts induced by the sudden rise of temperature during the "fohn"—the warm south wind which thaws everybody into an influenza; (5) the absolute necessity of leaving Davos for a lower station while the snow is yet on the ground, before the dreaded thaw begins.

There are other drawbacks which are only accidental; chief of these being that the physicians use scarcely any therapeutic means, but trust almost entirely to fresh air, cold douches to the chest, and walks up the Schatzberg; the last process must be extremely injurious to any one in an advancing second, or in a third stage.

I have experience of five patients who have been under the Davos treatment; the first was there in the summer of 1870 with a softening left lung; cold douches and mountain walks were ordered; in three weeks he fled away, as he felt so ill, and came in for a severe hæmoptysis on reaching lower ground, and a cavity soon established itself. The second was convalescent from a severe catarrhal pneumonia in the lower half of the right lung; she spent an autumn and winter there, but the improvement in the physical signs was by no means marked. A third had had a slight catarrh of the right apex, which had yielded to *arsenic* during a winter in Bournemouth; it recurred slightly during a cold May in town; three months at Davos, during the summer, with cold douches, removed it, and the patient has been well since. A fourth case had a catarrhal pneumonia of the left apex following on several attacks of vicarious hæmorrhage; as the disease had come on during a residence at Bournemouth, I advised this patient to winter at Davos; she did amazingly well the first 8 or 10 weeks, but then fell off again; as she said, "sitting out in the sunshine was very catch-cold work with the snow all round," and on the whole she is not inclined to repeat her experiences. The fifth and last case was one of true tuberculosis, with much loss of appetite and emaciation, but without excessive pulmonary lesion; from May to December, 1878, the evening temperature had exceeded 103° every night, the morning averaging 97°; *lycopodium* and *quinine* then reduced it to about 99½ for the rest of the winter; but as there was no improvement in weight or appetite I suggested Davos as a last resource for the next winter; for two or three months after his arrival, there was

decided improvement in appetite, and some in weight; but after January commenced he began to decline, and was sent home in March, scarcely reaching England alive, and in fact sinking three weeks after his arrival.

From these cases, and from those reported lately in the *Lancet*, I am inclined to believe that Davos in winter may be suitable for cases of incipient and first-stage phthisis, that in acute softening it is doubtful policy to send patients there; that in extensive lung lesions it is decidedly injurious. In true tuberculosis it is of no more permanent value than any other climate or treatment—I here use the term strictly in Niemeyer's sense. Hæmorrhagic cases probably do better there than any other class, but so they do in any good climate with careful treatment. Dr. Clifford Allbutt's suggestion that Davos acts by supplying an aseptic atmosphere to the lung ulcer, and thus diminishes the hectic, which he looks upon as a septic fever, will scarcely hold water. We may get intense and prolonged hectic before any suppuration has occurred at all; and we may have a copious purulent discharge from the lung without any hectic. Moreover, Dr. Allbutt is at issue with Dr. Hassall, who adverts on the large proportion of pyrexia he noted at Davos. We shall not, I think, be wrong in concluding that, while this health resort may be very valuable for certain specified cases, its present popularity is due rather to medical fashion than to a scientific appreciation of its relative advantages and disadvantages,

Penmellyn, Bournemouth,
September 8th, 1879.

ON THE REVIVAL AND FURTHER DEVELOPMENT OF ORGANOPATHY DURING THE FIRST HALF OF THE PRESENT CENTURY.*

By J. C. BURNETT, M.D.

“Nur Egoismus, oder Unkunde dessen, was vor uns geschehen, verraeth es, zu wachnen, die Gegenwart allein sei vorzugsweise strebsam und productiv; man vergisst dabei, dass sie auf den Schultern von Jahrhunderten steht und die wissenschaftliche Grundlage, gleich einer Lavine, immer groesser, ihre Zunahme immer rascher und augenfaelliger werden musste.”

J. FRANK.

MR. PRESIDENT AND GENTLEMEN,—Your attention is asked for a very few minutes to consider a point of history with regard to what has been called organopathy.

* Read before the British Homœopathic Congress, Malvern, Sept. 11, 1879.

Before entering upon an enquiry it is right to define its subject and object.

Our object is merely historic fixation ; to give honour to whom honour is due. It is right to premise that personal feeling has no place whatever in this enquiry.

Our subject is : "Organopathy, and its Revival and Further Development during the first half of the present Century." What is meant by organopathy ? We need not consider its etymology ; that is obvious to all. By organopathy is meant a supposedly general fact or law—a doctrine embodied in the explanatory definition that all diseases being local or topical, and all drug action being local or topical, drugs, to be remedies, must affect the same organs, or parts, as the diseases.

This definition is tripartite :—

1. It assumes that all diseases are primarily topical.
2. It assumes that all drug action is primarily topical.
3. It asserts that all drugs to be remedies, must affect the same parts as the diseases.

The first assumption—that all diseases are primarily local, constitutes an anatomical basis of diseases : an anatomical nosology. The second assumption—that all drug action is primarily local, constitutes an anatomical basis of pharmacology.

The third point—that all drugs, to be remedies, must affect the same parts as the diseases, constitutes an anatomical basis of therapeutics. The word organopathy might, with equal propriety, be applied to either one of these three supposed general facts singly.

Thus we may say that the first is the organopathy of Broussais. But Broussais' organopathy really included the other two, inasmuch as his general law ran thus :—

Every stimulus must and does act locally. More strictly it is that of Morgagni and Rokitsansky ; for you cannot well seek the seat of disease unless you assume it has a seat.

The second is included in homœopathy, as was, *de facto*, established when Hahnemann wrote down his first proving, his divisions of symptoms is a purely anatomical one. The third is essentially contained in many authors.

But for us, in this paper, organopathy is as above defined.

It would lead too far, if we were to bring in everything bearing on the subject that was written during the first half

of the present century. The enquiry will, therefore, be confined to one line, viz., to those whose practice consisted principally, or exclusively, in organopathy in the present sense, that is to Rademacher, to his forerunners, and to his followers.

Perhaps it would be right to start with stating that my object is not to prove the truth or falseness of organopathy at all; with that I have here nothing whatever to do. My object is simply to show that the anatomical basis of nosology, of pharmacology, and of therapeutics, i.e., organopathy—both singly and collectively—were well known doctrines (I do not say *true* doctrines) many years ago.

I shall, therefore, consider organopathy as a doctrine that, naturally, may be either true or false. It constitutes a considerable portion of homœopathy, and has done so ever since homœopathy came into existence.

But it existed before, collaterally with, and independently of, homœopathy.

Within the higher science of homœopathy, organopathy is equivalent to specificity of seat, and the word has probably no legitimate place in it. But in its extra-homœopathic existence it is a very useful designation.

Now if organopathy, i.e., organ-suffering either from drug or disease, was revived and further developed during the first half of this nineteenth century, it must follow that it had a previous existence. Of course it is not meant that the local action of drugs was, prior to Hahnemann, ascertained by trial on the healthy. Practically, no such a thing as a proving was known before Hahnemann. Nevertheless, we must maintain that the recognition of the general fact of local drug-affinity is of very ancient date.

Thus, to cite only one example, Paracelsus distinctly recognises it (in the third book of his *Fragmenta*) in these words: "Therefore you must know, as I mentioned above, that drugs are to be classified *secundum loca*: some affecting the *heart*, some the *liver*, some the *kidneys*, and so forth." And he then enjoins his readers not to deviate from this true way of nature, viz., finding out the local affinities of remedies.

As we all know, Rademacher published his *magnum opus* in 1841. At this period he had practised his system of medicine for a quarter of a century, and the backbone of this system is organopathy.

Now, lest it should be objected that Rademacher made no use of the trial of drugs on the healthy, we will quote a few facts from his work.

In vol. i., page 679, he relates how he tried to find out the action of the chloride of silver; he made an experiment on his own body in health by taking one grain four times a day; it moved the bowels. Then, continuing the medicine for a couple of days, this action on the intestines ceased. Further, he took two grains of it four times a day, in order to extend his knowledge of its action.

In vol. ii., p. 346, he says (apropos of the question of the poisonous qualities of copper): "In order to ascertain whether the internal administration of copper could sicken a *healthy* person or not, I thought it would be the most simple and convincing plan to make some experiments on my own *healthy body*. At first I took for eight days, in the early morning, fifteen grains of the black oxide of copper;" to prevent its being vomited, he made it up in pills, with an extract of oak mistletoe.

Subsequently he tried a second experiment on his own healthy body, by taking four grains of the black oxide of copper every day for three weeks.

Still later, wishing to know the action of copper when taken for a length of time, he, being in good health, took *four grains* of its oxide *every day for eight months*. So, altogether, Rademacher must have taken about a thousand grains of copper. Surely this is not rejecting experiments with drugs on the healthy.

Again, p. 513, Rademacher says: "Whether a drug acts inimically on a healthy person or not, one can easily ascertain by taking it ones'self *when in good health*; after taking it, there will be, sooner or later, a general feeling of indisposition; or, besides this, one feels a *disturbance of the function of one or other of the organs*; or one feels, without any general sensation of illness, *slight irregularities in the functions of one or other of the organs*."

It is not maintained that Rademacher proved drugs after the manner of Hahnemann and his followers, but that he distinctly recognised local drug affinity, *i.e.*, *organopathy*, the three *universalia* not even always excepted.

It has been asserted that Rademacher sought to learn the action of drugs in the common way, by experiments on the sick. This is a mistake. His object in giving an organ remedy for an organ disease was not to learn the

action of the drug *quoad* the organ at all, but *quoad* the organ disease. This is a great difference.

The common way of finding out the action of drugs is to give them to the sick; thus *jaborandi* was introduced to the profession in France, and to find out its action it was given to sick persons to see how it would act; it was found to sweat and salivate. Then physiological medicine said—When the skin is dry, when we wish to determine to the surface, and produce diaphoresis, *jaborandi* will be indicated. Now, Rademacher would read that in this way: *jaborandi* is a remedy that acts upon two organs principally, viz., the skin and the parotid glands. It is, therefore, possible that there may be in nature an affection of one or the other that will yield to the use of *jaborandi*; but this cannot be determined *à priori*, it must be left to clinical experience to find out. It is pretty certain that Rademacher was greatly influenced by Hahnemann in regard to pure drug experimentation, and it is not a little remarkable that the longer he lived the more he inclined to attach importance to drug provings. Already in his lifetime Rademacher was twitted with having no regard to drug physiology. His followers refuted it, and he himself denied it. True, he did not attach the *same importance* to it as did Hahnemann and the homœopaths, for the very good reason that he was neither a Hahnemannian nor a homœopath. It is fortunate that we have Rademacher's own words on the subject. That is, being questioned on the subject, he quoted the words of his disciple Loeffler *as exactly expressing his position*. These are the words: "*Das anatomisch-physiologische Wirkungsgebiet der Arzneien im gesunden Organismus ist auch ihr Heilwirkungsgebiet im Kranken.*" That is: "The anatomico-physiological sphere of action of drugs in the healthy organism is also their sphere of curative action in the sick." This is a purely anatomical division, and is organopathy both in its wider and in its narrower sense. The German equivalents of organopathy are *Organleiden* and *Organkrankheiten*, and these words occur on almost every other page of Rademacher's great work. The English equivalent is organ-diseases, or better organ-suffering, as that would include the natural disease and the drug disease. The sum and substance of the system of medicine of Rademacher is organopathy, and when we speak and write of organopathy it is that of Rademacher we must mean. For Rademacher

all diseases are general (universal) or organ-diseases, and these organ-diseases he treated with organ remedies. For him diseases have local affinities and drugs likewise; they have the same local spheres of action.

If you will understand by organopathy the local affinities of *drugs only*, then it is included in that of Rademacher and, *a fortiori*, in homœopathy. If you mean by organopathy to express the localisations of drugs and of diseases, then it is Rademacherianism *minus* the epidemic constitutions of disease, and, *perhaps, minus* the three *universalia*. Now the epidemic constitutions of disease have nothing to do with organopathy in the sense of the present enquiry. And if you except copper, nitrate of sodium, and iron, then you must still admit that organopathy was known as a well developed doctrine (or law if you will) already during the first half of the present century, but with these three exceptions. Rademacherianism took deep hold of the advanced medical mind of Germany, so that in 1847 a journal was established by his leading disciples. I refer to the *Zeitschrift für Erfahrungsheilkunst*, published in Eilenburg.

The first article of their creed is to prove drugs on the healthy in order to find out their effects on the *individual organs* and on the organism.

The *first* article of this journal (p. 26), after developing their programme, is by Dr. Gobbins, and *begins* with the word *Organleiden*, that is, organopathy! Date of observation, 1846.

The second article in this journal is by Dr. Loeffler, and is a narration of an epidemic liver disease treated with a liver remedy, *viz.*, *chelidonium*; that is to say, an organ-disease with an organ-remedy—*organopathy*.

The third article is also relating to an organ-disease treated with organ-remedies; again the liver and again *chelidonium*, by Dr. Bernhardt. Then Loeffler treats on the subject of organopathy (pp. 81, *et seq.*), and says: "We want something stable and constant as a basis for our therapeutical nomenclature. . . *The organs of the organism are stable* and constant, even as are the remedies whose curative actions are to be designated. Therefore, *in lieu of symptomatic forms*, we must introduce and maintain the *anatomical designation* for the actions of remedies." He then enters into the most elaborate argumentation on the subject, and that there might be no doubt about it, he, on page 96, actually prints the words ORGANLEIDEN and

ORGANMITTEL in large letters, and gives as the latin equivalent of the latter word, *topica*.

Then, on page 110, he says: "From the positive results of the physiological drug provings, we simply get the anatomico-physiological sphere of action of the drugs. More and more is confirmed the supposition that drugs affect the *same organs*, both in a *state of health and in a state of disease*. From the subjective and objective phenomena produced by them in the healthy, more especially from the objective, we shall be enabled to use them in the sick whose illnesses are conditioned by disturbances in the *same organs* which was affected in health. This is the application of *similia similibus* as it now appears to me as scientifically justified."

Thus, Mr. President and Gentlemen, we see that organopathy was not only revived in the first half of the present century, but attained its highest degree of theoretical development by bringing in the direct drug experiment on the healthy.

In conclusion, if you refuse the dignity of a general law to the organopathy of Paracelsus and of Rademacher because they claimed a general action for copper, iron, and nitrate of soda, and because they did not find out local drug action by experiment on the healthy, still you must give them the credit of maintaining that the basis of therapeutics must be an anatomical one. But, in that case, Loeffler must stand as the discoverer of organopathy, and then the date of its discovery and promulgation is 1847; for Loeffler, as we have shown, asserts (1st), that the basis for therapeutics must be an anatomical one; (2nd), that the disease and the remedy affect the same organs; and, (3rd), that minute symptomatology must be cast overboard, and give place to pathology—*i.e.*, the disease, and not the symptoms, must be the object of treatment.

What I here bring forward is, you will perceive, purely a fragment of history, and I break off at the year 1848. If anyone coming after this date claims to be the originator of organopathy, he must be good enough first to dispose of the claims of Paracelsus, of Rademacher, of Gobbins, of Bernhardi, of Loeffler, and of numerous others of the same school. The proof of the inclusion of organopathy, as specificity of seat, in homœopathy, beginning with Hahnemann's proving of *china*, needs nothing that I can say.

My object in giving this historical fragment is not to put in a lance for organopathy as a system of medicine. To my mind, organopathy is a kind of half-way house between allopathy and homœopathy, being a great advance upon the former, and very inferior to the latter. When an allopath becomes an organopath, he is looking our way, and not far from us—he is advancing. When a homœopath becomes an organopath, he is either in a lazy mood, or is neglecting his *Materia Medica Pura*, preferring organopathy as a kind of homœopathy made easy, and he has his back to us—he is retrograding, and you will soon find him coquetting with the old flesh-pots. As you are all aware, Dr. Sharp, F.R.S., of Rugby, lays claim to the discovery of organopathy. From what I have said, you will perceive that his claim cannot be maintained. In order to place this in the clearest possible light, I will put Dr. Sharp's words and those of Loeffler in juxtaposition; thereby I beg you to remark that Loeffler does *not* pose as the discoverer of a law, or as the founder of a new system of medicine, but as the exponent of revived Hohenheimianism respectively of Rademacherianism.

DR. LOEFFLER, 1847.

1. The different organs are the seats of disease.
2. Drugs have a local action; a topical anatomical seat.
3. Drugs to exercise a healing action must affect the same organs as the disease. Organopathy and organopharmaceutics stand in direct relationship to one another, organopathy is the organ-disease, organopharmaceutics (organmittel) are the organ-remedies.

DR. LOEFFLER, 1847.

1. The Anatomical Basis of Therapeutics.

This second essay on the "Anatomical Basis of Therapeutics," is merely an attempt at a further elaboration of the former essay on organopathy. It contains also nothing new, except unbecoming remarks on the immortal

DR. SHARP, 1867.

1. Diseases have a local habitation.
2. Drugs have a local action.
3. Drugs to be remedies must affect the same organs as the disease affects. This is organopathy. It has for its foundation not merely the resemblance of the symptoms in the disease, and in the drug, but the identity of their seat.

DR. SHARP, 1868.

1. Title, The Anatomical Basis of Therapeutics.

and genial Rademacher; and, with this exception, all the real information in it may be found in the *Zeitschrift für Erfahrungsheilkunst*, Eilenburg, 1847, that is just twenty years before.

Dr. Sharp retrograded from true scientific homœopathy to the very useful, but imperfect organopathy, that thoughtful men had gone into and abandoned many years before.

Organopathy suffices for functional organ disturbances, consisting in a simple plus or minus, but in anything like deep-seated mischief with a dyscratic ground-work, the organ remedies, unless homœopathic to the whole historical state, *ab initio*, will only *displace* the disease, not get rid of it. As Grauvogl says in reference to such cases, "No real good can be got out of organopathy."

I am sorry my little paper is merely a dry chip of history; but I am sure you will agree with me that honour should be given "to whom honour is due."

ON THE HOMŒOPATHIC TREATMENT OF INTERNAL ANEURISM.

By F. FLINT, M.D.*

The division of aneurisms into internal and peripheral is misleading, as it associates peripheral aneurism with surgery and internal with medicine. One would not wish to throw a shadow of disrespect on the surgical treatment of this disease; the proportion of cures in those varieties which are peculiarly amenable to surgical methods is very gratifying; but the surgical treatment of whatever kind should be appreciated, even in popliteal aneurism, as the handmaid of, and not, as is frequently done, the substitute for medical treatment: and for this reason, that in an overwhelming proportion of cases the aneurism arises from disease of the arterial coats, and is only an extreme symptom locally of what is progressing to a different or perhaps similar termination elsewhere—as, for instance, to calcification and stenosis of the aorta, multiple aneurism, and other terminations of chronic arterial disease. I venture to say accurate observation would discover that in many cases surgical treatment, unqualified by medical, gives a serious impulse to the progress of the disease elsewhere;

* Read before the British Homœopathic Congress, Malvern, Sept. 11, 1879.

for most of the surgical methods cause for a longer or shorter time more or less general increase of blood pressure—a condition always unfavourable to arterial disease.

We will then at the outset claim aneurisms in any situation arising from other than traumatic causes for medical treatment; and think of surgery as of a useful friend, indispensable in some cases, and available always in case of need.

I should have prefaced my paper with a few remarks on the etiology and pathology of aneurism, but time will not permit. I will, however, just remind you that chronic endarteritis is the disease which is at the root of most aneurisms, and in our treatment we must pay careful attention to this fact. It has indeed been urged that chronic endarteritis is a disease of advanced life, and that as aneurisms occur with the greatest frequency between 30 and 50 years of age, this arterial disease cannot be so very important a factor in their production. Here we must bear in mind that the progress of chronic endarteritis is very slow, and that unless an aneurism be developed, the disease may not give rise to any symptoms of importance for years instead of months. The disease is started in middle life or earlier; its sequences, unless promoted by some extraneous cause, do not manifest themselves till more advanced years. One competent observer (Guéneau de Mussy), from careful observation, maintains that arterio-sclerosis is just as frequent before the 45th year as after, and that it is not a disease peculiar to age. Chronic alcoholism, syphilis, gout (inherited and acquired), and scrofula are influential causes of the earlier development of endarteritis.

We now enter upon the subject of treatment of aneurism, and here at the outset it will be prudent for us to form a clear idea of the objects we should keep in view in the treatment. I think no one will dispute that one thing it is desirable to do is to diminish the distending force within the elastic blood-carrying tubes; this can be done by reducing the bulk of blood within the entire circulation area, and by diminishing the blood-impelling force—partly by diet and posture, and partly by certain drugs. Is this the only thing that we can do? If it be so, homœopathic therapeutics will have no sphere of action in the treatment of aneurism; of this we should not be painfully jealous; as physicians we look to the homœopathic rule for guidance,

but we do not close our eyes against light from any other quarter, and if *similia similibus* could not give us any help in this disease, we should feel ourselves untrue to ourselves as physicians if we did not abandon homœopathy in such a case and subject our patient to the feeble light of empiricism. But is the case so? Is there no place for specific drug treatment? Let us just consider what is the condition of the parts we have to deal with. The walls of an artery—both muscular and fibrous, are in a limited area relaxed; so that instead of contracting vigorously upon the pulsating blood, they do so only in a feeble, retiring manner, until they finally give up the struggle, and are converted into a passive sac. So that we have practically to deal with a paralysis of the walls of a muscular cavity; and as in paralysis of the bladder we relieve and prevent over distension with urine before we endeavour to restore contractile vigour, so here in the first place we diminish the power of the opposing force by reducing the tension within, and in the second place we try to strengthen the weakened walls, and by gentle stimulation arouse their exhausted energy. The one is the work of hygiene and physiologically acting remedies; the other is an all-important sphere for the beneficial working of specific drugs.

We have therefore two important classes of remedies:—

1st. Those which reduce tension.

2nd. Those which stimulate contractile energy.

In the first class and in the first position, we place treatment by regulation of diet and posture. Mr. Tufnell, of Dublin, has, with great care, laid down rules for the carrying out this part of the treatment. The posture of the patient must be one for complete, persistent, and protracted rest in the recumbent position; the body must not be raised for any purpose whatever; the necessities of nature must be relieved by the use of the bed-pan and urinal, and the patient fed by an assistant; a well-stuffed hair mattress is cooler and more agreeable to the patient's sensation than a water or air mattress, and it should be placed upon an easy spring-bed. The room should be light, cheerful, and well-ventilated, and capable of being warmed without exposing the patient to draughts of cold air. As even a temperature as possible should be maintained, as the occurrence of cough is very detrimental to the safe progress of the case. For this purpose some kind of stove is better than an open fire, providing, of course,

for proper ventilation. Every effort must be made by friends and attendants to beguile the intellect and imagination of the patient during the tedium of so prolonged a rest. Emotional excitement increases the blood pressure, and counterworks the treatment. All business anxieties, domestic troubles, and the small worries of life, should, as much as is possible, be hindered from fretting or exciting the patient's mind; and, to this end, care should be taken in the selection of visiting friends, and those who are full to overflowing of scandal, and addicted to blurting out irritating hints and exciting emotion, should be rigidly excluded. The patient should always be prepared for the friends' visits, and no one objectionable to him admitted. The oversight of these apparently insignificant precautions may frustrate a treatment otherwise carefully laid down.

In the matter of diet—tea, coffee, and all alcoholic beverages should be forbidden. Mr. Tufnell allows about 4 ozs. of claret at dinner. This small quantity probably has no effect on the circulation, but milk is better. There are, however, some patients who fret under too severe a *regimen*, and if a very small quantity of excellent claret satisfy their craving and promote quietude of mind and submission to the remaining requirements of the prescription, it will be better to yield than to irritate the mind, and consequently excite the circulation by contending the point. The amount of liquid is to be reduced to a minimum. Mr. Tufnell allows 8 ozs. daily: 2 ozs. of milk or cocoa at breakfast, 4 ozs. of water, milk, or, if admissible, claret at dinner, and 2 ozs. of milk or cocoa at tea or supper. Some patients prefer to distribute the 8 ozs. over the twenty-four hours at their own convenience, but if this quantity rigidly enforced gives rise to much discomfort, it will be wise to add from 2 to 4 oz. to the daily allowance. If the quantity of fluid can be kept well in hand, the patient's appetite may be considered as to the amount of solid food. Mr. Tufnell prescribes 2 oz. of bread and butter at breakfast, 3 oz. of cooked meat with 3 oz. of potatoes or bread at dinner, and 2 oz. of bread and butter again at tea or supper. The object of this dietary appears to be to get as near as possible to the dangerous starving diet of Valsalva, with the hope of bringing about a deficiency of red corpuscles, and excess of fibrine in the blood. This is not in harmony with our principle; we wish to diminish the total quantity of the blood, but to maintain it in a healthy condition; and this

can best be done by reducing the amount of liquid to a minimum, and by varying the amount of solid food according to the nutritive requirements of the patient. Some patients will get fat on a very scanty diet—others fret and pine under too severe restrictions.

The diet and perfect rest are the most important agents in diminishing the intra-vascular tension, and, as a rule, will be all that we require. Sometimes, however, temporary relief will be demanded from an exacerbation of pain; and we may then need to call to our aid the physiological action of certain drugs—such as *aconite*, *cactus*, *verat. vir.*, *digitalis*, *muscarin*, *ergot*, *jaborandi* or *pilocarpin*, *nitrite of amyl*, and *iodide of potassium*. Some of these act by diminishing the force of the heart's impulse, as *aconite*, *cactus*, *verat. viride*, *digitalis*; others, as *iodide of potassium* in full doses, *jaborandi*, and *nitrite of amyl*, by dilating the arterioles, and so enlarging the circulation area and diminishing the pressure; *muscarin* combines both actions; *ergot* diminishes the blood pressure by causing an enormous plethora of the veins. Time will not permit us to dwell on the sphere of action of these remedies; we may just observe that *iodide of potassium* will come under our notice further on, and that we should perhaps find, as most available for the purpose under consideration, viz., a sudden reduction of tension—small and frequently repeated doses of *aconite* or sub-cutaneous injection of 1-3rd of a grain of *pilocarpin* or *muscarin*.

Muscarin, or the *agaricus muscarius* from which *muscarine* is derived, is capable of dilating the arterioles and capillaries, and at the same time retarding the pulsations of the heart by its stimulating effect on the inhibitory cardiac ganglia (it does not appear to affect the vagi); so that by the combined slowing of the central impulse and enlargement of the peripheral area, the blood pressure may be reduced to sometimes one-third. This drug therefore promises to be of special value for the sudden reduction of blood tension. It is true that its primary action is that of constriction of the arterioles and excitement of the heart's action, but this action is brief, and most of the other drugs enumerated are open to the same objection. My notice fell upon the peculiar action of this drug after any occasion for its use in my case had passed away, or I should have tried to avail myself of any benefit, though temporary, that might have been derived from it. In my case I thought

that *aconite* 1x 2 or 3 drops very frequently repeated on several occasions reduced the frequency of the pulse and comforted the patient; but after several trials it gradually lost this influence.

I have not included *alcohol* in the list of remedies for the temporary and rapid relief of blood pressure; but if the explanation of its physiological action given by Dr. Richardson be correct, one ought confidently to venture to use it for this purpose. My belief is that the primary stimulating action of such chemical bodies as nitrite of amyl, chloroform, and especially alcohol, would more than counterbalance any advantage to be derived from their paralyzing action; and I think that the primary action of these drugs has been insufficiently estimated by writers of the school to which Dr. Richardson belongs.

The value of these remedies may in some cases be great, but it is amongst more protracted tissue irritants that we must search for remedies in such a chronic condition as that at the base of most aneurisms.

Lycopodium is highly spoken of as a remedy in aneurism in our works on therapeutics, and Dr. Hughes, in his instructive lectures on "Pharmacodynamics," has noted a case in which it exerted an undoubtedly beneficial influence. I do not learn from the provings how it acts in such a case, but I presume by some undeveloped affinity for the arterial walls.

Lead has a profound action in the arterial system. The characteristic slow, full, hard pulse, the albuminuria, the arthralgia, the impaired nutrition of various organs in chronic lead-poisoning, and finally the frequent appearance of atheromatous degeneration of arteries in fatal cases, present a striking picture of the chronic endarteritis which is at the base of most aneurisms; and it is here, rather than in aneurism itself, that I expect we shall find the special work for *plumbum*. Still, the pathogenesies of lead-poisoning indicate that it would not be unsuitable even in aneurism proper. In the selection of specific remedies for the direct treatment of aneurism, we must try to dismiss from our minds the question of blood pressure, and keep before us that we have to deal with a local paresis of the arterial walls. An abnormal blood pressure is, no doubt, a very important cause of aneurism; and, if it persists, greatly aggravates the symptoms, but it is not an *essential* symptom of aneurism; indeed, as one can very easily

perceive, the diverticulum for the blood tends to *diminish* the pre-existing pressure. The blood tension, when present, must be reduced by rest and physiologically acting remedies, and we must treat the arterial paralysis by specific drugs. That lead, which has such a markedly irritating effect on the arterial walls should, by reaction, present symptoms of paralysis, we can understand, and we have these opposite effects very well brought out in *Allen's Materia Medica*. Amongst the pulse symptoms, we have the well-observed characteristic, slow and hard pulse; and we have, on the opposite tack, "pulse small, slender, soft, easily compressible;" "pulse from 70 to 80, yet so feeble, depressed, and irregular, that it can hardly be counted," and these are not isolated symptoms, but frequently repeated. We have, therefore, in lead a remedy peculiarly appropriate for the chronic endarteritis at the base of the aneurism, and one also which we might rely upon to restore contractile vigour to the paralysed arterial walls. I have said nothing about the theory of the action of lead on the system, because there is no reliable one. Were the theory advocated by Naunyn, and based upon some experiments of Heubel, that the peculiar hard and slow pulse is to be considered as a reflex phenomenon caused by irritation of the sensory fibres of the splanchnic, correct, the force of my remarks would be diminished, though not abolished. The arguments, however, in favour of this hypothesis cannot stand in the presence of the fact of the fall and rise of the lead colic symptoms with the fall and rise of the tension of the pulse under the action of *pilocarpin*, interesting details of which, with sphygmographic tracings, are given in *Allen's Materia Medica*.

Iodine, in pathognomonic doses, causes a prolonged arterial spasm, producing weakness, suppression of urine, paleness and coldness of surface, and thereby exciting the heart to excessive exertion. In *Allen's Materia Medica* there is the following symptom taken from the effects of 2 ozs. of tincture, containing 98 grains: "pulse hard, thin; the carotid pulse small, weak, 120; in marked contrast to the tumultuous, irregular, at times intermitting action of heart." Again, the following symptom is given from another source: "pulse small, hard, and so rapid that it could scarcely be counted." This arterial spasm may end in paralysis of the heart, or by reaction give rise to flushing

of the skin, and surface increase of temperature—the so-called iodine fever.

The *iodide of potassium* appears to combine the separate action, in several points antagonistic, of the two drugs. Since Binz has by experiment demonstrated that iodine may be separated from aqueous solution of iodide of potassium in the presence of carbonic acid and protoplasm, the break up of the iodide of potassium in the organism into an iodine albuminate, and a potassium compound, cannot be doubted. The action of iodine on the arteries we have already had before our notice. Iodine has an affinity for the arteries mainly; the salts of potassium for the heart, exciting and increasing its force, and, when pushed to extremes, paralysing it. The potassium influence combined with iodine, renders the iodide of potassium an analogue of lead and the baryta salts. It has less contractile influence over the arteries than lead, and less action on the heart than barium. We have the action of the iodide very well brought out in *Allen's Materia Medica*. One observer gives "quick and very full pulse after 4 doses of 3 or 4 grains;" another, "pulse always strong and quick;" these are symptoms of the stimulating dose. On the other hand, we have the paralysing effects brought out in the following symptoms: "pulse rapid and small," "pulse very rapid and irregular," "pulse very quick, at least 120, but varying every moment," and we may add the observations of some foreign toxicologists that iodide of potassium in large doses lowers the blood tension uniformly throughout the body (of the animals experimented on), by causing dilatation of the arterioles. These symptoms show that the action and reaction of the iodine on the arterial system on the one hand, and of the potassium on the heart on the other, do not precisely coincide in point of time. The action is complicated, still the symptoms are sufficiently clear to bring out the point I have observed. This action of the iodide explains the application to its observed effects of such epithets as "tonic," and "depressing," and other apparently irreconcilable statements. There is no doubt that we have in iodide of potassium a drug which first stimulates, and secondarily paralyses the heart and arterial system, and the paralysing influence is attained to without the prolonged arterial spasm of the pure iodine. We are all aware that iodide of potassium has a considerable reputation in the treatment of aneurism. How does

it act? I think that the doses used by Dr. Balfour, pushed almost to the paralysing extreme, act by virtue of their power of dilating the arterioles, and lowering the intra-arterial blood pressure, and this is the opinion of Dr. Balfour himself: the drug has no clot-forming properties. At the same time, we must bear in mind that Dr. Mahomed has not observed any effect of the iodide on the circulation appreciable by the sphygmograph, though this may be because the dose was not pushed to a sufficient extent. This action of the drug would comprise it with our first class of remedies, but it is a remedy which, on account of the frequent occurrence of depressing mental effects, of its action on the skin, and of the enormous doses requisite to produce the desired effect, we should eschew, if we can find, as I think we can, other drugs which will do the work in a more genial manner. This, however, is not the only action of iodide of potassium. In whatever way it may do so, whether as a germicide or as an absorbent, we have undoubted evidence that it is a powerful anti-syphilitic. In syphilitic aneurism it will have a decidedly beneficial action, and it has been asserted by many, and was to the last maintained by the late Dr. Sibson, that it is only as an anti-syphilitic that iodide of potassium has any place whatever in the treatment of aneurism. Here much more moderate doses will suffice. These two are not the only uses of iodide of potassium. It, or by preference, iodine, from its strong affinity for the arterial system, may be expected to exert a power in stimulating the relaxed arterial walls of the aneurismal sac. It bears no comparison, however, as an arterial remedy, with the chloride of barium, and I think its uses should be confined to undoubted specific diseases, in which moderate doses of the iodide will act as an anti-syphilitic, and also by virtue of the direct curative action of iodine on the aneurismal walls.

We come now to the *baryta salts*, which I have the honour of introducing to your notice in this connection. I need not detain you with details of the history of the case in which I used the chloride of barium; they will be found in the *Monthly Homœopathic Review* for June and in the *Practitioner* for July; it will suffice to say that the case was one of abdominal aneurism in a lady æt. 65. During the six first months of the case the patient was kept perfectly at rest, and was put upon Tuffnell's diet, with this

exception, that after about three months a raw egg was given once a day, and a few one-inch beef jelly squares at night, and 4 oz. of strong soup or meat essence were often substituted for the prescribed dinner. The remedies used were *lycopod.* 1x, and under the advice of Dr. Smart, *hydrastis* 1, *phytoll.* 1, *graphites* 12 and 30, *silic.* 6, 12 and 30, with occasional doses of *acon.* and *cactus*; and for three weeks I gave an intercurrent course of *plumb. ac.* 1x 2 grains twice a day. All, however, was of no avail; and at the end of about 6 months from the first detection of the aneurism, the condition of the patient was such that I began to prepare my mind to expect a rapid progress towards a fatal rupture. At this time I was studying the last volume of Ziemssen's *Cyclopædia*, and it occurred to my mind that on the homœopathic principle some soluble salt of baryta should be of service in such a case as that of my patient. I selected the chloride of barium, and began to give it in 2 gr. doses of the 1x trit., i.e., 1-5th gr. of the chloride, dissolved in 3 ij. of distilled water, and administered 3 times a day; in about four weeks I increased the dose to 2-5ths of a grain, and with the exception of a short trial of $\frac{3}{4}$ of a grain, I persevered with the 2-5th gr. dose three times a day for three months. I then discontinued it for about three weeks, at the end of which time I again resumed the 2-5th gr. dose for six weeks more, and then finally gave it up. The chloride of barium was therefore given nearly continuously for about 5½ months.

The change wrought in the patient during this time, both locally and generally, was truly marvellous; all sensations of throbbing had disappeared, even under the influence of exciting emotion, and there remained only a faint systolic murmur; a considerable increase of flesh was made, and the countenance of the patient was expressive of cheerfulness, instead of resignation to distress. So marked was the change, that a professional gentleman, unconnected with our school, who saw the patient at the outset, and again a few months after the discontinuance of the chloride, stated that he was more than gratified with the improvement in the general appearance of the patient, and with the marvellous alteration in her specific ailment.

As it may be suspected by an outsider, though I am not aware that any of the medical practitioners who examined the case differed in the diagnosis, that the case

after all was not one of aneurism, but of a throbbing abdominal aorta in an asthenic, hydroemic female, I wish to make a few remarks on this point. I had the fact of the frequent existence of a throbbing abdominal aorta in hydroemic individuals, especially in hysterical females, well in my mind in diagnosing the case; the absence of any symptom of hysteria, the locality of the impulse, being just above and to the left of the umbilicus, instead of in the epigastrium, the existence of a tumour, though from its depth not well defined, the limitation of the bruit by a line about 1 inch above the umbilicus, and its indistinct propagation in the course of the common iliacs (especially the left), the murmur in the back close to the vertebral column, the countenance expressive of suffering, the age, the albuminuria, and the character of the pulse in all the arteries not being indicative of an empty artery suddenly distended by the ventricular systole, but giving to the finger the sensation of an artery with thickened walls, these were symptoms that did not harmonise with the idea of a simple throbbing aorta. The diagnosis was also confirmed by the progress from bad to worse during five months' perfect rest. I would like here to guard myself from giving anyone a wrong impression about the case; the cure has not been perfect; since the discontinuance of the chloride—now about eight months—the patient has been distressed with biliary symptoms, and at one time with bronchitis, and there still remains a systolic bruit over the remnant of the tumour; so that I have not ventured to do more than remove the patient from her bed to a couch. At the present time, in consequence of uneasiness and a slight return of subjective throbbing, I am again giving the chloride of barium, but in the 2x trit., and with great advantage. Though the result has not been as perfectly satisfactory as one could have desired, yet the change during the administration of the chloride was so marked, and so manifest to all observers, that I think I am justified in urging a full and fair trial of it upon the profession.

We will now address ourselves to an attempt to understand the *modus operandi* of the drug.

The baryta salts have a profound influence over the heart and arterial system; by moderate doses the heart is excited to increased activity, and by the contractile stimulus given to the arterial muscular tissue the blood pressure is enormously augmented; by overwhelming doses the heart

is paralysed, and the cessation of action occurs uniformly during systole. According to Mickwitz's experiments, the injection of small quantities of barium solutions into the veins causes a primary considerable lowering of blood pressure, followed by an enormous increase; the increase often occurs very suddenly, and the pressure not infrequently becomes increased by three or four times what it was before. The vascular symptoms in the pathogenesis of the barium compounds are imperfect in our works on *Materia Medica*. Allen's, however, gives under carbonate of baryta "violent, long lasting palpitation," "pulse full and hard;" and under chloride of barium, the double action of the salt is very well brought out. We have, on the one side, "pulse rapid and full," from effects of 1-5th to 3 grains; and on the other, "beating of heart irregular, pulse scarcely perceptible," after one and a half hours, from a teaspoonful being taken by mistake for Epsom salts.

It is not, I think, a great strain of the imagination to suppose that the chronic action of the baryta salts would give rise to arterial disease, and to a condition very similar to that which is observed in the pathology of aneurism; and this view is, I think, confirmed by the preference given by homœopathic practitioners for baryta salts in the complaints of elderly people, amongst whom chronic arterial disease is so very prevalent. We find *baryta carb.* recommended in "paralysis and palsy of aged persons;" "in great weakness of mind and body of old men;" again, "in apoplexy, principally in old people;" conditions all commonly arising from chronic endarteritis.

It is the paralysing symptoms of barium compounds that we have to think of in connection with aneurism proper, and these render probable not only paralysis of the heart, but also of the arteries. In the use of the salts in aneurism, we try to attain to the stimulating effect on the aneurismal walls by the use of a dose sufficient to affect a part made sensitive by disease, but insufficient to exert its stimulating property over the arterial system generally. One unaccustomed to the use of homœopathically acting remedies, when he considered the remarkable power of chloride of barium in increasing the blood pressure so enormously, would shrink from using it in aneurism; it would appear to him like fighting the disease with one hand and aiding it with the other, increasing the contractile power from without, and increasing the blood pressure from within. The

homœopathic physician, however, is not staggered by this fact; he sees in it, indeed, a rare promise of cure, but he knows all depends on the dose. In the selection of a suitable dose I had to be tentative. I expected that in a disease of so chronic a nature as aneurism I should have to get somewhat near to the physiologically stimulating dose. What that dose was I could not make out accurately. I suspected it would be somewhere about 1 gr., but of this I am still uncertain, and I therefore began with $\frac{1}{2}$ gr., and then increased to $\frac{2}{3}$ gr. Under both of these improvement went on, but $\frac{2}{3}$ of a gr., which I used for two or three weeks, seemed to overstretch the desired effect. Improvement began under $\frac{1}{2}$ gr. doses. Of this I have indubitable evidence, and it is very probable I should have done better by adhering to that quantity, or perhaps by diminishing it.

Allowing that the chloride of barium was curative in my case, and the progress of the case did not make it appear at all probable that the improvement was coincident in time *only* with its administration; allowing the curative action of the drug, it can only have taken place by virtue of its homœopathic relation to the diseased parts, or of its heart paralyzing power. I think the following considerations make the latter view untenable:—The improvement began with $\frac{1}{2}$ gr. doses, the increase of the dose to $\frac{2}{3}$ gr. was detrimental; there was throughout nothing noticeable in a decrease in the rapidity of the pulse; there was no sudden diminution of the tension of the pulse; and, finally (and this is, I think, conclusive), there was no sign of any physiological action of the drug. The baryta salts have a peculiar property of rendering the peristaltic movements of the intestine exceedingly active, causing, in one characteristic case recorded by Christison, profuse purging without griping, then vomiting, then excessive muscular debility, amounting to paraplegia, the symptoms lasting for twenty-four hours, and only gradually passing away. Bœhm also in Ziemssen, points out the state of excessive contraction into which the smooth muscular fibres of the intestine and bladder are thrown by the baryta salts. This symptom of intestinal action precedes, and is a signal of near proximity to, the paralyzing dose, and I believe co-exists with the stimulating action on the heart and arteries. In my case, the patient's bowels had to be moved by enemata every second day from the period of confinement to bed, and there was no change in this

respect during the long period of the administration of the chloride, except during the two or three weeks when I used $\frac{3}{4}$ gr. doses, and then the bowels were moved unaided several times. The action of this dose was, however, injurious to the aneurism; it caused increase of the throbbing. I think I have demonstrated that the action was not paralyzing; there remains only the homœopathic relation, by virtue of which the drug stimulated the exhausted contractile energy in the aneurismal walls, and by the smallness of dose missed its action on the arteries generally.

I think it very probable that the baryta salts will earn a very high place in the specific treatment of aneurism. Theoretically, it would be proper to reduce the blood tension to a normal or subnormal degree by perfect rest, appropriate diet, and, if necessary, physiologically acting remedies, previous to the administration of the specifically acting drug. I say theoretically this would be proper, but in my case the pulse tension (which, by the way, is to the finger *only* very deceptive) appeared to be but little influenced by the hygienic treatment, and it appeared only to subside with the gradual improvement in the throbbing tumour. Of course no improvement could be expected if the aneurismal sac were converted by prolonged distension to a passive sac. At what stage, however, the reaction to abnormal as well as normal stimuli is exhausted, can only be discovered by experiment. My present impression is that chloride of barium is the best remedy we have for aneurism generally, iodide of potassium and iodine for syphilitic aneurism, and *plumbum* for the chronic endarteritis, which is at the base of most aneurisms. Further consideration, and the experience of other men, may modify these views.

I have no time to enter upon the action of arsenic and phosphorus; neither of them is a powerful arterial remedy, but they should undoubtedly have some important place, as tissue irritants, in the treatment of chronic endarteritis.

In conclusion, we must be humble and bear in mind Dr. Balfour's observation, "that the actual cure of an aneurism is a very rare occurrence, either spontaneously brought about, or as the result of treatment," and "that is the best treatment which most often relieves symptoms, and prolongs life."

REVIEW.

Lectures on Clinical Medicine, Delivered in the Hospital Saint Jacques of Paris, by M. le Dr. P. Jousset. Translated, with copious notes and additions, by R. LUDLAM, M.D., Professor of the Medical and Surgical Diseases of Women and of Clinical Midwifery in the Hahnemann Medical College and Hospital, Chicago, &c. Chicago: S. C. Griggs & Co., 1879.

RATHER more than a year ago we reviewed this work by Dr. Jousset. We are now glad to be able to introduce to the notice of our readers a most excellent translation of it by Dr. Ludlam. Rarely have we met with a rendering into English of a foreign author more pleasantly or perfectly done. These lectures have been translated by Dr. Ludlam, not merely into English words, but into the English language.

Dr. Jousset's Clinical Lectures, which in themselves contain, as we have in our previous notice of them remarked, much valuable and practically useful instruction, have, by the addition of numerous notes by the translator, been rendered of still greater utility. Every few pages, Dr. Ludlam has inserted some remarks of a practical character, which the practitioner and student of medicine will find of considerable importance. Indications for the use of medicines, serviceable hints in rendering diagnosis more accurate, and general observations on the management of cases constitute the material of which these editorial notes consist. A lecture by Dr. Ludlam on puerperal pneumonia, based upon a case admitted into the Hahnemann Hospital of Chicago, is also inserted, giving a very complete description of the pathology of this form of disease; while Dr. Comstock, of St. Louis, and Dr. Small, of Chicago, have contributed to increase the value of Dr. Jousset's work by observations, the former on pelvic hæmatocele, and the latter on typhoid fever.

We have much pleasure in acknowledging our indebtedness to our able and genial colleague in the far West, for having given us not only an elegant and scholarly translation of a useful series of Clinical Lectures, but also for having himself added much to their value as a source of instruction in practical medicine.

NOTABILIA.

A REPUDIATION.

IN the *Lancet* of the 27th September, and again in the *British Medical Journal* of the 4th ultimo, the following note appears:—

“A REPUDIATION.

“Sir,—An untrue report that I profess homœopathy having repeatedly come to my hearing, I should feel obliged if you

would allow me, through the columns of the *British Medical Journal*, to repeat the denials made in private. Ever since studying medicine, I have regarded homœopathy as a system or separate mode of practice, as a mistake and an anachronism, and this conviction has only been deepened by time. It is not the place here to enter into the question whether homœopathy may not have important legacies for medicine as other erroneous systems have had, but I would distinctly repudiate any connection with a sectarian medical position.—I am, sir, yours obediently,
“ W. WILBERFORCE SMITH.

“ London, September 22nd, 1879.”

Whether Dr. Smith “ professes ” homœopathy, or whether he has repudiated it as “ a separate system,” and regarded it as such as an “ anachronism,” “ ever since studying medicine,” or whether he has openly acknowledged its truth and prescribed accordingly, is a matter of little or no importance—except in one particular—to any save those who consult him. But, when a physician is generally believed to practise homœopathically, when his surroundings are such as to lead persons to think that he does so, when individual patients are recommended to apply to him for relief on the ground that he so practises, and when they fail to derive any benefit from his advice and prescriptions, they habitually attribute the result to the imperfections of homœopathy, rather than to those of the physician. But Dr. Smith now tells us that he does not “ profess homœopathy ” and that ever since studying medicine he has regarded it as a mistake, as a system or separate mode of practice, &c. It is, therefore, to be regretted that he should, when assistant to Dr. Kidd, have taken consulting rooms over the shop of a homœopathic chemist ; that, after some success in obtaining public confidence he should have taken a house within a stone’s throw of the shop where he had hitherto had consulting rooms ; that he should have been recommended by the manager of the said shop as a homœopathic physician, and that his prescriptions, at any rate in a certain proportion, should have been dispensed at the homœopathic pharmacy in question. We cannot understand how any medical man who did not “ profess homœopathy,” who did not, that is, desire the public to suppose that he practised homœopathically, should have done all these things. If Dr. Smith has, “ ever since studying medicine,” regarded homœopathy as a system or separate mode of practice, as a mistake and an anachronism, we cannot but think that he has unwisely exposed himself to the charge of having “ traded upon a name.”

What we would ask is the value of such a “ repudiation ” as this ? Having, by being *apparently* a homœopathist, obtained a certain *clientèle*, he now endeavours, by repudiating homœopathy, to make his peace with the dominant section of the profession.

There is unquestionably a large amount of worldly wisdom in all this.

We trust, however, that Dr. Smith has not only endeavoured to satisfy the prejudices of his medical neighbours, but that he has taken steps to prevent those who have hitherto been his patients from supposing that he is now a homeopathist, and that he has instructed his pharmaceutical neighbour never again to mention his name to anyone enquiring for the address of a homeopathic physician.

When Dr. Wilberforce Smith has given evidence of an intelligent acquaintance with homœopathy, his opinion regarding it may possibly be worth having. At present it is valueless, and we are surprised at the assurance with which he has ventured to express one.

Since the foregoing was in type, we have received for publication some correspondence which has passed between Dr. Cooper and Dr. Smith on this matter. This we had intended to publish, but finding that there was another letter from Dr. Smith, which he had taken some pains to write, and to which we must therefore assume that he attaches a certain degree of importance, but one too lengthy to appear this month, we have postponed the publication of the correspondence until we can give it in its entirety.

SOCIETY FOR IMPROVEMENT OF THE PHYSIQUE OF THE BLIND.

THIS Society has been formed for the purpose of giving the blind better health, independent power of using their bodily faculties, in order to enable them to be less dependent upon others, and in so doing to contribute to the general welfare of 85,000 to 40,000 blind in Great Britain.

The first object is to improve the physique of the adult blind of both sexes; the second, to assist the physical education of blind children; and the third, to prevent blindness as far as possible by removing ignorance regarding the hygiene of the eyes, which is probably—besides accidents and disease—the most fertile cause of blindness.

The means to be applied are :—

1. To train a few blind and seeing teachers in the elements of hygiene and physical development; these teachers to be employed in the various centres where blind congregate, for the purpose of giving the adult the necessary instruction in health and in the mode of systematically exercising all parts of the body; models and raised drawings of the various positions and exercises will assist the oral instruction,

2. To induce the principals of blind institutions to introduce the free exercises as an obligatory part of the education of the young blind of both sexes.

3. To collect information about the origin of blindness, and the means of preventing it in the various injurious trades and occupations.

Those who wish to assist this Society are requested to send their names and subscriptions to Mr. John Jervis Beresford, B.A., Cambridge, *pro tem.* treasurer, 4, Gloucester Crescent, Hyde Park, London, W. ; or to Dr. Roth, 48, Wimpole Street, London, W. ; or to the National Bank, Oxford Street Branch, Old Cavendish Street, London, W.

LONDON SCHOOL OF HOMŒOPATHY.

THE Introductory Address at the opening of the School was delivered on the 2nd October by Dr. BLACKLEY, the Librarian and Curator of the Museum. The board room of the hospital was fairly filled on this occasion. Among those present we noticed Dr. Bayes, Dr. Yeldham, Dr. Dunn, Dr. Hughes, Dr. Dyce Brown, Mr. Engall, Mr. Chambré, Dr. Sandberg, Dr. A. C. Clifton, Dr. Dixon, Dr. Pullar, Dr. Whitmarsh, Dr. White, Dr. F. H. Williams, Dr. Everritt, Dr. Ricketts (Boston, U.S.), and a number of gentlemen of the old-school.

Dr. Blackley's address, which we hope to have the opportunity of publishing next month, dwelt upon some of the difficulties which encompass the study and practice of homœopathy.

We understand that twelve gentlemen have up to the present time entered their names as students of the School.

STATISTICAL SOCIETY.—“HOWARD MEDAL.”

THE following is the title of the essay to which the medal will be awarded in November, 1880. The essays to be sent in on or before June 30, 1880 :—

“The Oriental Plague in its Social, Economical, Political, and International Relations : special reference being made to the labours of Howard on the subject.”

The Council have decided to grant the sum of £20 to the writer who may gain the “Howard Medal” in November, 1880.

Further particulars or explanations may be obtained from the assistant secretary, at the office of the society, King's College Entrance, Strand, London, W.C.

LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted during the sixteen weeks ending October 23rd, 1879, gives the following statistics:—

Remaining in Hospital July 3rd, 1879	38
Admitted between that date and October 23rd ...	145
	183
Discharged between July 3rd and October 23rd	140
Remaining in Hospital October 23rd, 1879 ...	43
The number of New Out-Patients during the above time has been	
	2,059
The total number of Out-Patients' attendances for the same period has been... ..	
	6,197

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of this Society for the session 1879-80 was held on Thursday, the 2nd ult., when the chair was occupied by Dr. DUDGEON, who was elected President of the Society *vice* Dr. QUIN, deceased, at the annual assembly in June last.

Dr. HUGHES, who on the same occasion was elected secretary in the room of Dr. DEURY, who resigned on his retirement from London, read a very interesting historical sketch of the Society, and made several suggestions for further developing its work, some of which are well worthy of consideration.

The next meeting will be held on 6th November, when a paper will be read by Dr. E. T. BLAKE, of Reigate, on "Colic, and the conditions which simulate it."

OBITUARY.

C. J. HEMPEL, M.D.

WE have heard with much regret that Dr. C. J. HEMPEL, the indefatigable translator of German homœopathic literature, died at his residence, Grand Rapids, Michigan, in the United States of America, during the last week of September. We hope in an early number to be able to give some account of the career of this most industrious worker—one to whom all English speaking homœopaths are deeply indebted.

CORRESPONDENCE.

DR. HUGHES ON THE WYLD-RICHARDSON LETTER.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have read Dr. Hughes' address to the Congress with great interest and pleasure. Like all that emanates from his pen, it is a thoughtful and refined expression of opinion, but

there are a few sentences on the last page which compel me to make some reply.

He says: "One caution only I must add, and that is, that it is not for us to take any steps towards the reconciliation (with the profession) we nevertheless so devoutly desire. We cannot do so without misunderstanding. There must be no excuse for saying we have 'hailed down our flag.' When we evacuate the fort we have so long held, it must be with all the honours of war, without the surrender of a weapon, with drums beating and colours flying. It was the failure to recognise this necessity, even more than the unguarded language employed, which rendered so injurious the action taken by our well-meaning colleague, Dr. Wyld, two years ago. Happily no voice was raised from our ranks, except to repudiate his motion, and it fell to the ground for the want of a seconder. We can now, without danger, sympathise with its object, but let us be warned against its way of compassing the same. The true note was struck by Dr. Hayle in 1876, when he compared our position to that of St. Paul in the dungeon at Philippi: 'Let them come themselves and fetch us out.'"

These sentences, with the flourish of trumpets and beating of drums, appear to me more like the utterances of a youthful convert, than the mature words of a thoughtful and learned president addressing a congress of medical men.

The Wyld-Richardson letter can be read in this journal, July 1877. I have just re-read it, and I fail to discover one word in my letter which is not strictly true, and therefore cannot help thinking that Dr. Hughes must be repeating the memory of opinions he held then more than those he would express now if he re-read and thought over my letter.

I can find no "unguarded language." I re-wrote the letter several times, and then submitted it for revision to the three members of our body, who are by mutual consent admitted to stand at the very head, and to be men not only of rigid truthfulness, but hard-headed, cautious, and logical men; and, if these men passed my letter with approval, it is certainly unlikely that it contains "unguarded language."

I cannot help feeling extremely surprised when Dr. Hughes says, "It is not for us to take any steps towards reconciliation." Surely it always requires two parties to make a quarrel, and if so, how is it possible to make up the quarrel unless one side make the first movement? Dr. Hughes will admit, when in the Pauline spirit, that to be "reconciled to our brother" is a duty, and that the privilege is with him who should first respond to the call.

Still more am I surprised when Dr. Hughes, who is so constant a student of St. Paul, quotes that apostle in justification of our refusing to make the first move. St. Paul, as a Roman citizen,

was *illegally* cast into prison, and in such an instance he could justly stand on his legal rights; but the ostracising of homœopathy by the profession was not an illegal act, although I admit it was an erroneous one, although done in self-defence against a form of homœopathy which noisily proclaimed its *exclusive* healing powers through the voices of various stump orators who at that date perambulated the country.

Dr. Hughes should remember that, although St. Paul on the above occasion stood on his legal rights, he yet most pre-eminently preached a different doctrine when he said, "Be not overcome of evil, but overcome evil with good," and "If thine enemy hunger, feed him; if he thirst, give him drink, for in so doing you shall heap coals of fire on his head."

If Dr. Hughes will attempt this method, he will only be obedient to the highest morality, and he will quickly find that the reconciliation he "so devoutly desires," will be at once accomplished.

I have a right to speak on this subject, for I speak from experience.

When I am brought face to face with the profession, and am asked if I am not a homœopathist, I reply, "I am so far a homœopathist inasmuch as I believe there exists a similarity between the symptoms of drug action and disease action, suggesting a law of cure of the greatest importance; but I believe, with Hippocrates, that some diseases are best cured by similars, and some by contraries, and I employ hydropathy, occasional aperients, electricity, medical rubbing, Turkish baths, German waters, and all other means known to me."

I do not surrender one atom of principle, and yet I am, on giving this answer, at once admitted to all medical rights and privileges.

I am therefore at a loss to conceive what Dr. Hughes means when he says the action I took was "so injurious."

I do not believe it injured any human being except, perhaps, myself, and that only in the eyes of a few bigoted patients, who may have desired to have an out-and-out "homœopathic doctor," rather than a free-minded physician.

Dr. Ross, in the *Practitioner*, vol. xx., p. 431, says:—"I regarded Dr. Wyld's letter to Dr. Richardson as peculiarly valuable. It was a model of conciliation in word and spirit, and while he declared that he still adhered to the fundamental principles of Hahnemann, he endeavoured to smooth over the non-essential differences."

This verdict in the eyes of the profession shows that my letter was in their estimation neither "unguarded" or "injurious."

I am, Gentlemen, yours sincerely,

GEORGE WYLD, M.D.

[Dr. Wyld must surely have very brief memory. It is certainly

within our recollection that the terms and tone of his letter were all but universally regarded by homœopathically practising physicians as unguarded and undesirable. He may even now feel perfectly satisfied with his production two years ago, but we can assure him that he stands nearly alone in entertaining that feeling. For our part we believe that that letter gave a sort of shock to the general confidence in the reality of our faith in homœopathy, which has even now not been recovered from. It was so also in the United States where the action Dr. Wyld took on that occasion is still remembered with the deepest regret. Of course, as here Dr. Wyld has some sympathisers there—but as is the case at home, their number is small.

The action of the allopathic bodies in this country towards homœopathists, if not technically illegal, was morally so; but we believe that it was technically illegal, for when the British Medical Association was formed into a limited company or a friendly society (we forget which), and it became necessary that its laws should be inspected by Government officials, it was found expedient to leave out that which prohibited qualified men from becoming members if they practised homœopathy. Had such a bye-law been legal, it would not have been omitted.

Who were "the stump orators" to whom Dr. Wyld refers we do not know, never having heard of any.

The declaration which Dr. Wyld says he gives if asked if he is a homœopathist would not be regarded as adequate to secure his admission to a medical society; it would not be deemed enough to permit his holding office at a hospital. In short, there are no medical rights and privileges from which, on the ground that we practise homœopathy, we are now excluded that this formula would restore to us.

Dr. Wyld has, we can assure him, no reason to suppose that his letter has had the good influence that he fondly trusts it has. On the contrary, the justice of Dr. Hughes' criticism has been abundantly verified by results.—Eds. *M. H. R.*]

"BRITISH JOURNAL OF HOMŒOPATHY" CRITICISM.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In a letter addressed to the Malvern Congress I said I thought that the nibbling spirit of criticism which of late it has been the fashion to apply to Hahnemann, his writings, and his practice, would in part account for that falling away from homœopathy in this country so visible in these latter days. The current number of the *British Journal of Homœopathy* gives us a beautiful example of the working of this variety of the critical faculty. It seems that in my letter to the Congress the word which should have been spelt "integrity" was spelt "intregrity!" This, in addition to one or two similar clerical errors,

affords the editors a notable standpoint from which to launch their thunderbolt against me. No doubt the British subscribers to the journal will duly appreciate the compliment thus paid to their intelligence, and will be alike edified, instructed, and amused. But what will our hard-headed cousins on the other side of the Atlantic think of this display of the critical acumen of these our brightest luminaries, *omne ignotum pro magnifico*. Perhaps that if I had applied the term "school-girlish" instead of "nibbling," I should far more correctly have described it.

In the same article there may be seen another and more mischievous *modus operandi* of the critical spirit. To it the term "dishonest" may be fitly applied. Now, this is a very naughty and wicked spirit, for it leads the critics to misrepresent the words and opinions of a writer, in order to give them the opportunity of vilifying or maligning him to their heart's content. Thus I find myself charged with "having come to the desolating conclusion that there was but one person in this country fully competent to form an opinion on any subject connected with homœopathy, and that was Dr. Hilbers himself." And again, "How could we have known, except from Dr. Hilbers himself, that he is almost, if not quite, the sole representative of homœopathy in this country who abides by the teaching of Hahnemann." Now, I confidently affirm that neither in the letter to the Congress nor yet in a poor little sixpenny pamphlet which I published two years ago, and which at the time led these veracious editors to abuse me right sorely, can a sentence be found which would warrant any one in making such nasty insinuations against me. The pamphlet was written with the innocent object of bracing up the feeble knees of some of our weaker patients, and was hardly worthy of a five-line notice in a scientific journal. Instead of this, there were many pages devoted to misrepresenting it—and to abusing me. What could have been the exciting cause of this curious phenomenon it is hard to say. At first sight it appeared to be merely the outpouring of long pent-up venom. But a more careful consideration of the editorial "utterances" point to another and different cause, or perhaps to a combination of the two. In the pamphlet to which the editors refer, as also in my letter to the Congress, I argued that though every man should enjoy the most perfect freedom in his treatment of disease, and this, too, without reproach, yet if a reputed homœopathic practitioner, *in intention*, mark, thought it desirable materially to diverge from our principles in his treatment of any particular case, it was his duty to let the fact be known, so that the patient might not remain under the erroneous impression that he was being treated homœopathically when he was not. The following extract from my letter contains the whole sum and substance of

my contention:— “I do not mean to impute blame to those who attach less curative powers to homœopathy than I and others believe it to possess. But what I do reproach such practitioners for, and ever will reproach them for, is this: if they allow their patients to suppose that they are being treated homœopathically when *in the intention of the practitioner* the treatment can in no fair sense be considered to be homœopathic.” It seems almost incredible, but, judging from the general tone and tenor of their remarks, I can only come to the conclusion that all this grievous turmoil has arisen in consequence of my having broached this proposition so self-evident to every honest mind. If there is any other cause, even if my life depended on it, I cannot guess what it is.

Pray, gentlemen, do not suppose that I am so vain as to think that this story of my woes and grievances is in itself of sufficient importance to merit a place in the obscurest corner of your journal, but I hope you may consider it to be different with the practical application I mean to make of it. My object is to try, if possible, to convince your younger readers of the fallibility of the critics, and, in consequence, of the worthlessness of much of their criticism. If, for instance, the editors of the *British Journal* (one of whom I have heard say specially prides himself on the possession of a large measure of the critical faculty) are not able fairly to review a trumpery little pamphlet or letter like mine, why should we give them credit for being more competent to deal faithfully with Hahnemann's writings? And if this is true of these extra acute gentlemen, with how much greater force must it apply to less gifted critics! Doubtless there may be imperfections in Hahnemann's teaching, but on the whole we may reasonably believe that it is safer to accept it in the block than to have our minds disturbed with a heap of fanciful objections. We may take it for granted that the chance of Hahnemann being right and the critics being wrong is in about the direct ratio of the mental calibre of the one to the other. This is a question of serious importance to young beginners, for if in the outset of their career they are once set on a false scent, it is more than probable that they may never find their way into the right road. As a general rule, they may rest assured that the closer they keep to Hahnemann and his teaching, and the less attention they pay to the “chatterings” of vain glorious critics, the better healers they are likely to become.

It may be worth while to remark that the criticism on “*Curie's Jahr*” is wholly unfair. It may be a good or a bad book according as each person chooses to consider it; but it certainly is not true to say of it that it is a “most confused and confusing jumble of symptoms, pathogenetic and clinical,” for these are carefully distinguished the one from the other by clear and unmistakable signs.

Of the taste displayed in the article in the *Journal* I shall say nothing, but I hope without offence I may be permitted to remind the editors that they are they whom certain of the wise men of the British Homœopathic Society—to wit, the majority of a meeting of some fifteen or twenty members—have for some inscrutable reason chosen to rule over us. They are now our Jupiter and Vulcan, and the senior editor occupies the chair of our dear old friend Quin. If, then, on any future occasion it should be found necessary to apply the rod of correction to a weak and erring brother, it behoves them to perform the painful, though perhaps not uncongenial, task with becoming dignity. *Calo tonantem credidimus Jovem regnare*; but when we read these articles in the *Journal* the thought will arise to the mind—if poor Quin had wished to annihilate a hapless wretch like me, on how different an anvil would the bolt have been forged!

Yours obediently,

Brighton, October, 1879.

GEO. HILBERS.

[In the course of some remarks on his letter to the Congress in the *British Journal of Homœopathy*, on the tone of which Dr. Hilbers very properly comments, the following passage occurs in reference to myself, written on account of a too flattering allusion to me in Dr. Hilbers' letter: "Now, as is well known, Dr. Brown argues for the homœopathic action of blisters, and prescribes mustard and iodine as external homœopathic applications, besides advocating the application of nitrate of silver to an ulcerated os uteri, and swabbing the diseased part in follicular pharyngitis with a solution of nitrate of silver gr xx ad. ʒj; and he says, 'We charge our opponents with prejudice, but we forget that we ourselves may be equally prejudiced, and for fear of using what seems to savour of allopathy, we may neglect to use what may sometimes be of benefit to our patients.' As, according to Dr. Hilbers, Dr. Brown's teachings are the 'one bright spot in the homœopathic horizon,' perhaps he will find in these specimens no departure from the teachings of Hahnemann, and nothing resembling that 'homœopathised allopathy,' or 'allopathised homœopathy,' so detested by himself."

Now, although this passage is written in a manner calculated to mislead, I had not intended to take any notice of it, as the papers in which I speak of these pieces of treatment are in print, and can be read by any one who chooses to see what I do say, but I have learned that in certain quarters they have very considerably misled those who do not personally know my practice.

One would suppose from the above quotation that I not only prescribe mustard and iodine and the other applications named, as part of my every-day practice, but "advocate" their use.

Now, not only could anyone who has attended my course of

lectures, or knows anything of my practice say, that this is quite erroneous, but the papers in print which are referred to by the reviewer, need only be read to show this.

The paper "*on the use of external applications in homœopathic practice*," which I read before the Congress in 1878, was chiefly theoretical in argument. I then endeavoured to show that the homœopathic law was of much wider application than it was generally supposed to be; that the various external applications in use for generations in the old-school were in reality homœopathic in their action, and that all belonged to a gradually ascending scale of power or severity, beginning from the simple wet compress, the hot fomentation or poultice coming next, then mustard and iodine, and lastly the blister. So also of the so-called "astringent" applications to inflamed mucous membranes, I pointed out that they also acted on the homœopathic principle, and that consequently any homœopath who *chose* to use any one of these, was, in doing so, acting quite consistently with his principles. So much for the theory of the thing, and the editors are therefore strictly correct when they say that I "argue for the homœopathic action of blisters."

But what do I say of the *use* of such applications as the blister? I say, "This is a remedy which, I may say, homœopaths *never* require to use, and which we may safely leave to our friends of the old-school. Still it is interesting to be able to show that even this rude and barbarous piece of treatment acts on the same principle as does the wet compress or poultice—a novel idea, perhaps, to some. . . . While thus arguing, as a matter of interest, the homœopathic action of blisters, I again repeat, and I hope I shall not be misunderstood, that they are *never* necessary in our practice. We *rarely* need anything more powerful than the hot poultice, and *never* any than mustard or iodine."

Of mustard, I say, "Our experience of sinapisms, as homœopaths, is limited, as we so seldom require to employ them. . . . It, therefore, I claim, acts homœopathically, and though, as I have already said, rarely necessary, yet, in virtue of its action, it may be employed, if desired, with perfect consistency by the homœopathic practitioner." Of iodine, "though rarely required or employed by homœopaths, may be used by them with perfect consistency of principle."

As to "advocating the application of nitrate of silver to an ulcerated os uteri," here is what I say: "For myself I now comparatively rarely require to use this application, as the majority of cases do better without it, still I claim my right to use it, if I choose, not as a caustic at all, but simply as a local stimulant." As to the use of nitrate of silver locally in follicular pharyngitis, this is what I state: "Follicular pharyngitis is frequently, how-

ever, a very obstinate affection, and in *certain cases*, you may require to assist the internal treatment by local applications, which may be either applied by swabbing the parts, or by the atomising apparatus. . . . You will understand, however, that I do not advise you to use these local stimulants, except in such obstinate cases as resist internal treatment." As a matter of fact, I have only had occasion to use such local stimulants in follicular pharyngitis four times since I became a homœopath. But if I consider them necessary even on such rare occasions, I hold that I am right in saying so, especially as nitrate of silver has a strictly homœopathic relation to certain forms of follicular pharyngitis.

There are thus, it will be seen, two ways of stating a matter, one of which may be very misleading as to the author's intention and practice.

D. DYCE BROWN.

REPLY TO DR. COOPER'S REMARKS ON *CALCAREA* IN ECZEMA OF THE HANDS.

Gentlemen,—As I doubt not that Dr. Cooper, like myself, desires the promulgation of truth, I must crave the indulgence of a reply to his remarks in the October *Review*. Dr. Cooper makes the following assertions:—

1. That he "distinctly stated that it was the preparation of the drug, and not its relationship to the affection, that was under discussion." Does Dr. Cooper mean to imply that in a question as to the comparative value of different dilutions of a medicine, its "relationship to the affection" is of no consequence? If so, I think he will find himself in a minority of ONE.

2. That if *calc.* 2x or 3x cures more cases of eczema of the hands than *calc.* 80 or 200, this is "a very strong argument in favour of the low potencies." This proves too much. Every physician knows that an ounce of castor oil will very often open constipated bowels, and that one drop of the same will not. By parity of reasoning, therefore, we might say that these facts offer "a very strong argument in favour of" massive doses. No one ever denied that in some cases low potencies have affected more than the higher ones, but these cases are, according to Hahnemann, cases where the medicine was not perfectly homœopathic. I have seen this brought forward in print as an argument for the preferential use of the low potencies, because less trouble was needed in selecting the remedy! But the point to be first considered is, not our trouble, but the welfare of our patients. If Dr. Cooper wishes to show the superiority of his method of treating eczema of the hands with *calc.* low, he must prove that his treatment effects as frequent, as rapid, and as permanent cures

as do high potencies of remedies selected, not for the "disease," but according to the symptoms of each individual case.

3. That I ought to "know" that a long standing skin disease could not be cured by an infinitesimal particle, unless it were homœopathic. I am much obliged to Dr. Cooper for telling me what I ought to "know," but if he will read Hahnemann he will find that he is in error. Medicines given on allopathic or anti-pathic principles do their work by producing their physiological action; Hahnemann teaches that even the 80th dilution can produce its physiological action on the healthy. If it can do so on the healthy, it can also on the sick; therefore a cure by an infinitesimal is not necessarily homœopathic. To establish its homœopathicity in the absence of provings, other tests and precautions are necessary.

4. Dr. Cooper quotes five symptoms of *calc.*, which in brief are "tickling, burning, and itching in the hands;" these, he says, are "eminently characteristic of eczema of the hands." I do not deny it; but an *eruption* is also needed to complete the picture, and this is wanting in the pathogenesis of *calc.* as given by Allen. It is quite possible for the symptoms Dr. Cooper quotes to exist without any eruption.

5. In the cases Dr. Cooper quotes from his practice, he gives no information as to the *permanence* of the cure. Without this, all reported cures of chronic disease are nearly worthless. An unhomœopathic, or partially homœopathic, remedy, often suppresses or changes the symptoms for a time; but that is not a *cure*.

Finally, here is Hahnemann's challenge. (The italics are in the original). "Take one case of disease after another; note it down according to the directions given in the *Organon*, especially in respect of all its discernible symptoms, in so exact a manner that the founder of homœopathy himself shall be unable to find fault with the minuteness of the report (of course any case selected must be one for which a homœopathic medicine is to be found amongst those medicines whose peculiar symptoms are known), and administer the most appropriate homœopathic medicinal substance that can be discovered, pure and unmixed, for the cure of the disease in question, in a dose as small as this doctrine directs; but, as is especially insisted on, *taking care to remove all other kinds of medicinal influences from the patient*; and if it do not give relief—speedy, mild, and permanent relief—then, by the publication of the duly attested history of the treatment according to the principles of the homœopathic system strictly followed out, you will be able to give a public refutation of this doctrine which so seriously threatens the old darkness. *But I pray you to beware of playing false in the matter; all roguery comes to light, and leaves an unfavourable stigma behind it as a warning.*"

Such was Hahnemann's challenge in 1817; it has never been accepted by his opponents, without their becoming convinced of his accuracy. Now again, after the lapse of 62 years, one of Hahnemann's followers repeats the challenge; let his opponents now take up the gauntlet honourably, or else hold their peace for ever.

Yours, &c.,

E. W. BERRIDGE.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Communications have been received from Dr. BERRIDGE, Dr. COOPER, Dr. WILBERFORCE SMITH, Dr. E. T. BLAKE, Dr. MCCONNELL REED, Dr. WYLD, Dr. NANKIVELL, Dr. HILBERS, Dr. SAMUEL BROWN, ALAN E. CHAMBRE, Esq., Dr. JESSEN (Chicago), Dr. DUNN (Mentone), D. ANLEY, Esq. (Halifax), Dr. LUDLAM (Chicago).

We regret that for want of space we have to defer a notice of the Nursing Institute at the London Homœopathic Hospital. Our obituary notice of Dr. C. Hempel, of America, whose death has just been announced, has been also unavoidably postponed.

Many of our readers will be interested to know that Dr. Dunn, formerly residing at Doncaster, is spending the winter at Mentone, and is willing to attend to any patients who may be sent to him. His address is Hôtel des Isles, Britanniques.

BOOKS RECEIVED.

- The Organon.* October.
British Journal of Homœopathy. October.
The Homœopathic World. October.
Annals of the British Homœopathic Society. August.
An Examination of the Doctrine of the Minimum Dose, &c. By H. M. Paine, M.D. Albany, N.Y.
The Unity of Poison of Scarlatina, Typhoid, Puerperal Fever, &c. By Dr. E. de G. Griffiths.
Hahnemannian Monthly. October.
New Preparations. Detroit. May and June.
Cincinnati Medical Advance. Sept.
Clinical Assistant. By R. W. Wilson, M.D., Chicago.
Student's Journal. September.
Homœopathic Times. September.
Index Medicus. No. 8.
Chemist and Druggist. September.
Boericke & Tafel's Quarterly Bulletin. August.
Regulations of the Hahnemannian Convalescent Home, Bourne-mouth.
The Pathology and Treatment of Hereditary Syphilis. By H. C. Jessu, M.D. Chicago.
L'Homœopathic Militante. Aug., Sept.
Bulletin de la Société Médicale Homœopathique de France, Sept., Oct.
Revue Homœopathic Belge. August.
Allgemeine Homœopathische Zeitung. Nos. 11, 12, 15, 16.
Homœopathische Rundschau. October.
Rivista Omiopatica. August.
The American Homœopath. October.
Annual Address, Massachusetts Hom. Med. Soc. By D. B. WHITTIER, M.D.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. Gould & Son, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

PROFESSIONAL SUCCESS IN MEDICINE.

DURING the last two months, a considerable number of young men have entered upon the study of medicine. The motives which have influenced them in their choice of a profession have, doubtless, been various. By some, a sort of instinctive desire to enquire into the processes of nature has impelled them to devote their energies to obtain a knowledge of those sciences, the investigation of which forms a part of a medical education. Others (and we trust there have been many such) have been animated by a wish to take a part in the great work of relieving suffering. Not a few, it may be, have adopted medicine as a profession because it is one that is regarded as "respectable," one that may lead to a social position, which is looked upon as "good." Some, again, have made this choice because it is the profession of their fathers, and a practice exists, in which they may some day have a share, and thus obtain a sufficient livelihood with the *minimum* of anxiety at the outset. Others, too, there probably are, who, without knowing anything, or having thought anything of the kind of life led by medical men, after casting about in various directions for some means by which they may learn to provide for themselves, have entered at a hospital for lack of anything better presenting itself. It is inevitable

that, among so many young men whose tastes are as yet undeveloped, who, in common parlance, hardly know their own minds, there should be many who will in the course of a year or two find out that they have made a mistake, that the study of medicine has no real attraction for them, that its practice is in many ways repugnant to them. Of these, some will forthwith turn their attention to other pursuits; while others of them, finding themselves "in for it," will persevere to the end, and, unless finally disgusted by failure in examinations, will enter upon professional work with a somewhat heavy heart, and with but a languid interest in its performance. It is indeed a rare thing for such an one to succeed in professional life. Better far would it be for his future prosperity that he should betake himself to some more congenial profession or business than that he should spend his energies in working throughout life against the grain. There is in this world scope for everyone. An opportunity exists for each so to occupy himself as to find an interest, if not a pleasure, in the work of his life. Happy is it for one who, having made a mistake in the choice of a profession, sees his error early, and has the good sense to refrain from pursuing it. In the commercial world the mere love of acquiring wealth constitutes a sufficient stimulus to persevere in learning a business, and it can make but really little difference to the pleasure of life what the article of trade is. There can be no greater interest, one would think, in dealing in cotton, than there is in buying and selling sugar—the question which will pay best is the one on the answer to which the selection may be most satisfactorily made.

We do not suppose that many, if indeed there are any sufficiently ill-directed to do so, who enter the profession of medicine for the sole purpose of making money. If any such there have been, they have, we will venture to say,

long since regretted the course they took ; if any are now studying medicine with a single eye to the accumulation of a fortune, they had better retire at once, and devote their time and energies to some (to them) more promising pursuit. Money is rarely made by the practice of medicine or surgery. An income sufficient to provide for the wants of a family may indeed be secured, and perhaps is so in most instances ; but that money is " made," *i.e.*, that over and above the ordinary expenses of living and conducting a practice, money is saved, is, we believe, quite exceptional, and is only accomplished by those whose good fortune has placed them at the top of the tree in the metropolis or one of our largest provincial towns. Medical men who are reputed rich, or are reported to have died wealthy, have generally acquired their property through other than a professional avenue. In proportion to the work done, to the time consumed in doing it, and the expenses entailed in accomplishing it, the ordinary fees of a general practitioner are so small, his extraordinary fees so rare, that anything like the acquisition of wealth from purely professional effort is out of the question.

If, then, success in the pursuit of an occupation is to be estimated by the amount of money it produces, we must admit at once that the profession of medicine presents but slight prospects of procuring any such success, and we feel sure that all who enter it with this object in view will, save in very exceptional instances, be doomed to disappointment.

In what then, it may be asked, does professional success consist, if not in obtaining wealth? The pleasure, the intellectual pleasure, which flows from the inquiries and researches to which its study gives rise ; the interest attaching to the relief of pain, and to the diminution of sickness which spring from it ; the satisfaction which all right-minded men must feel of possessing a power of doing

good ; the warmly attached friends it presents opportunities for making, and the esteem and respect of professional brethren which a consistent, honourable, and useful career invariably brings, constitute the chief results which lie within the reach of a medical man, and in proportion as they are enjoyed may he be said to have achieved success.

Success, then, may be acquired by members of the medical profession in two directions, the one being *scientific*, the other *social*. It is rarely that we find success obtained in both directions by the same individual. The latter succeeds, to a certain extent, through the work of the former, but the scientific physician depends for his success upon qualifications quite different from those which determine that of one whose wide sphere of practice enables him to enjoy extensive opportunities for dispensing personal advantages, and for obtaining the affectionate regard of a large number of friends.

The reputation of the scientific physician, too, is contingent upon the judgment of scientific experts ; it is based upon work of a kind that will bear the closest investigation. With him knowledge is power. It is that power by the exhibition of which alone he may rise to eminence and distinction. To add to our stores of scientific learning requires, indeed, a habit of mind differing from that which will render a man a successful practitioner. In scientific enquiries the mind must be undisturbed by any other considerations than those which bear upon the acquirement of information ; while in the practice of the art of medicine the physician must take into account much that the experimental investigator is not called upon to regard. True it is that, without an adequate degree of professional knowledge, no man's success can be permanent. The imperfectly educated physician, however much his personal qualifications and the circumstances of his position may effect for him at

the outset of his career, does but seldom maintain his ground for any but a very brief period. That there are exceptions, even here, we allow, but they are so few as to do little, if anything, more than prove the rule.

Without an average acquaintance with the structure and functions of the body, and the influences which conduce to their maintenance in health, as well as of those which provoke disease, without a knowledge of the conditions present in disease, and without a capacity to discriminate between one morbid state and another, without diagnostic skill that is, few physicians can achieve a degree of success which will be other than ephemeral. One error after another will inevitably be made, until an accumulation of blunders has destroyed for ever a career which at its outset may have appeared full of brilliant promise.

But at the same time it must be admitted that the highest professional attainments will not by themselves secure the kind of success we have described. A sick person is not simply an object of scientific interest, not a mere specimen of something abnormal that requires correction, but a fellow-creature whose intellectual power is for the time weakened, whose emotional nature is more or less increased; one whose hopes and fears are accentuated by illness. Such an one is therefore more keenly alive than any to be influenced by that grand feeling, one touch of which "makes the whole world kin."

Sympathy, then, with suffering, an obvious anxiety to relieve it, the expression in tone and manner of earnestness in the giving of directions to nurses and friends, the power to impart confidence in the value of the measures prescribed—a power which must be felt before it can be conveyed—the clearness and decision with which explanations are afforded to the relatives of a patient of the reasons which have led to the diagnosis and prognosis, and to the

treatment which is to be enforced, when sustained by sound medical learning, constitute the chief sources of success in medicine. The solemn mystery which in former days surrounded the oracular utterances of the physician, never desirable, is now impossible. It is regarded as the sham it ever was; as a mere cloak for ignorance. If, as is indeed the case, knowledge has increased among members of the profession, if the general practitioner of to-day is a far better informed man than the consulting physician of fifty years ago—so, too, has education enlarged the minds of persons outside the profession. The more general teaching of natural science has enabled a very considerable proportion of the public to appreciate a clearly and decidedly expressed opinion, to comprehend, and therefore the better to carry out, a simply explained plan of treatment. People will endeavour to find out the *rationalè* of their doctor's instructions, and if this is not properly interpreted to them, they will, not unfrequently, bring their imagination to bear upon it, and then, in nine cases out of ten, will go wrong, and probably enough losing heart will barely attend to the letter, and not at all to the spirit of the advice they have received. Moreover, few things tend more to inspire that confidence, without which success is impossible, than carefully and clearly explaining what it is proposed to do for a patient, and the reasons why the proposals are made.

Look where we will among the successful practitioners of medicine, we shall ever find them to be men of warm and active sympathy; decided and clear in their intercourse with those with whom they have to deal, but kind and tender withal, and full of lively interest in all that concerns their welfare. Among those who are exclusively devoted to consulting practice, well pronounced feelings of this type are less important perhaps; they see a patient but seldom, are brought into contact with him through another, and then but briefly; but to the general practitioner, the family physician they are a *sine quâ non* of success. A physician may be abundantly endowed with professional knowledge, his diagnostic skill may be exceptionally great, his powers

of accurate prognosis everywhere acknowledged, and his therapeutic directions remarkable for their results, but if he be a cynic, one whose lack of what is expressed by the word "heart," marks well nigh every step he takes, one who does not feel, or cannot show anything beyond a scientific interest in a patient—his failure to achieve professional success is certain. That he should be left behind by men who are intellectually far inferior to himself is no marvel, and though often ascribed to jealousy and backbiting, is but the natural consequence of his being wanting in that sympathy for suffering without which no physician or surgeon can ever acquire the confidence of the public.

Of great influence also in determining the measure of success a physician will meet with is *tact*, the ability to do the right thing in the way that is most congenial to the patient and appropriate in point of time. Without a certain amount of "tact" it is perhaps difficult to succeed in any walk of life, but in medicine it has often proven invaluable. Its exercise is so remarkably seen in some men as to lead one to regard it as a "gift" or "instinct." That it is, however, capable of being acquired to a sufficient extent for all legitimate purposes is unquestionable.

By carefully studying and reflecting upon all the surroundings of a patient, and by anxiously avoiding doing or saying anything likely to be needlessly painful; by unfolding, as we are at times in duty bound to do, facts, that we know full well must involve bitter grief to those who have to be made acquainted with them, in a cautious, gentle, and sympathetic manner, all the advantages that can be derived from tact will be obtained.

We have endeavoured to show that by the diligent acquisition of medical science, by the exercise of sympathy, firmness, and tact, will the practitioner of medicine most certainly obtain among the public the reputation of being a successful man. But gratifying as is the feeling that one's success is recognised by his patients and his neighbours, much more so is that which is experienced by the consciousness that it is acknowledged by professional brethren. No

medical man's success can be said to be complete without this. We all know that the public are not the best judges of the value of professional work, that a physician often obtains credit where he has done little to deserve it, and, more frequently still, is blamed for want of success where he has done all that human skill could accomplish to achieve it. It is those who themselves have daily experience of the difficulties, uncertainties, and anxieties through which we pass, who can best estimate our title to be regarded as successful. A physician may—though happily such an event is rare—through possessing a degree of tact in excess of knowledge, obtain a considerable reputation with the public, while he is lightly esteemed, if not avoided by his professional brethren. The jealousy of medical men is we know considered an established fact. Without attempting to dispute the existence of such a feeling, we feel, nevertheless, sure that a man's success in practice need never, and very seldom does, prevent his obtaining the good-will and confidence of his medical brethren. Let but the practitioner, in his dealings with his professional friends, rigidly and constantly observe the golden rule—do unto others as ye would that they should do unto you—and he will command and secure their regard. The complete observance of this grand basis of medical, as of all ethics, involves a careful abstention from saying or doing anything which may be injurious to the character of a professional brother, supporting him when in a difficulty, guarding his reputation when some ignorant or ungenerous person has endeavoured to impair it, and scrupulously avoiding, either by word or manner, weakening in any degree, however slight, the confidence reposed in him by those with whom, whether in consultation or in friendly intercourse, one may be brought in contact.

A professional career in which these principles are uniformly carried out, must be, as we believe it ever has been, one full of pleasure, full of usefulness, full of honour; and, therefore, abundantly successful to all who have engaged in, or may be about to enter upon it.

SOME DIFFICULTIES IN THE STUDY OF HOMŒOPATHIC THERAPEUTICS.*

BY J. GALLEY BLACKLEY, M.B., Lond.,

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Gentlemen,—The London School of Homœopathy commences to-day its third winter session, and upon me devolves the pleasing duty of offering a hearty welcome to those of you who purpose attending the curriculum of the school during the ensuing year, the lectures upon “Materia Medica and Therapeutics,” given by Dr. Hughes, those upon “Principles and Practice of Medicine,” by Dr. Dyce Brown, and the courses of clinical instruction given in the wards of this hospital and in its out-patient rooms by Dr. Dyce Brown, Dr. Hughes, Mr. Wood, Dr. Cooper, and myself. To each and all of you I would offer a cordial welcome. Amongst those present to-day, from the number of familiar faces around me, I see there are many who have already dipped deeply into the study of scientific therapeutics; many whose experience of the law of *similia* as a trustworthy guide to the administration of remedies, in our essentially practical art, is far greater than my own. To all such I am afraid the remarks I am about to make will appear neither very new nor very original; nor is it my intention that they should, for it is not to these that such remarks are in any way addressed, but simply to those who come amongst us for the first time to learn something of what homœopathy really is. To these last, whether first year’s students at their respective medical schools, or men who, having passed through the regular curricula, are now only beginning the study of homœopathy, I shall address myself solely to-day.

In casting about for a subject upon which to address you, I have found it not easy to avoid, to some extent, a repetition of what has been so ably said by my accomplished predecessors in this place, but as each session brings its quota of new students, I hope that to these at least what I have to say may have the merit of novelty, and, let us hope, of utility. Remembering the days when I myself commenced the study of homœopathy, and the difficulties

* Introductory Lecture to the students of the London School of Homœopathy for the Session 1879-80.

which that study presented to one who had already attended the regulation number of lectures upon "Materia Medica and Therapeutics," "Pathology," and "Principles and Practice of Medicine," I have thought that it might not be unprofitable to recapitulate to you a few of these difficulties in the order in which they presented themselves to me; to show you how far such difficulties have proved real or imaginary, and, lastly, to tell you how many of the former class further study and more intimate practical acquaintance with the subject are likely to remove.

1. *The fundamental law of homœopathy*—"similia similibus curantur."

I need hardly remind you that the guiding principle of our system of therapeutics is briefly expressed in the words *similia similibus curantur*; likes are cured by likes, or, more precisely, a disease with a certain train of symptoms is cured by a drug which produces a similar train of symptoms when given to a healthy individual. This "practical rule of therapeutics formulated by a German physician half a century ago was an empirical generalisation founded on accurate observation and experiment, and hitherto no rational theory of a rule so successful in practice has been attempted, or if attempted no satisfactory explanation of homœopathy as a whole has as yet been adopted," nor is it my intention to attempt one to-day; of its practical utility, however, there can no longer be any doubt, though for the proofs of this I must refer you to our already somewhat voluminous literature. I would speak now simply of the difficulty which the principle itself naturally presents at first sight to the mind of one full of the traditions of the schools. To such a one fresh from the benches of the orthodox teacher of *Materia Medica*, where *ipecacuanha* has been classed simply as an emetic, *colocynth* as a purgative, or *opium* as a sedative; where, in fact, the guiding principle has been *contraria contrariis curantur*, it seems at first sight in the last degree improbable that these medicines should be of use, *ipecacuanha* to stay vomiting, *colocynth* to check diarrhœa, and *opium* as a cure for drowsiness. I can only assure you that they are so used daily, even hourly, by physicians in this country and abroad, and moreover with complete success, as a walk round the wards of our hospital, or, still better, an experiment upon the first suitable case you may yourselves meet with, will speedily convince you.

After all, the difficulty presented to the novice by the law of similars is more apparent than real, for if we glance for a few minutes into the domain of physics we shall find that phenomena analogous in many ways to the homœopathic action of medicines upon the diseased organism, can be readily produced by experiment, or are occurring spontaneously at every moment throughout the wide realm of nature.

I refer to the now well-known phenomena of *interference* in the provinces of acoustics and optics. A graceful writer in an article upon "*Recent discoveries in physical science illustrating the law of similars*,"* describes some interesting experiments illustrating the mutual interference of similar modes of motion. The first experiment is one of Professor Stokes's, and is as follows:—

"Imagine a room filled with structures composed of sets of bells, each answering to a definite note. Let these notes be c, f and a. Then suppose the gamut or an air to be sung softly at one end of the room while a listener is stationed at the other end, the bells forming a screen between. As long as any note is sounded which does not belong to the bells, the voice is heard undiminished, and the bells are still and silent; but when the voice comes to either of the notes c, f, or a which belongs to the bells, the sound of the voice notes is deadened, or entirely inaudible, and the bells begin to vibrate softly themselves.

"Again, suppose a trumpet to play a tune at the end of an avenue, and a screen of violin strings tuned to the note f to be interposed between it and the hearer, then every other trumpet note will be audible, but whenever the note f occurs it will be deadened. The structure capable of causing the sound f is also able to absorb or destroy the same note."

Turning to the province of optics we see analogous phenomena occurring:

"Just as the bells filter out certain sounds from the gamut of voice notes, just as the strings absorb certain definite waves of sound produced by the trumpet, so do the bell-like atoms of a gas filter out definite waves of light from the spectrum or light gamut. If we pass light through oxygen, for example, it weakens or intercepts certain particular colours or tones of light; similarly,

* W. D. Butcher, in *Annals of British Homœopathic Society*, vol. viii., p. 441.

hydrogen absorbs certain other tints. Each substance absorbs those waves which coincide with the particular rate of vibration of its atoms.

“This is no fanciful analogy, but represents exactly what takes place when light is absorbed by the vapour of any chemical substance. It is the basis of spectrum analysis, one of the most wonderful developments of modern science.”

A third experiment given by the same writer is even more striking, and approaches more nearly the conditions and complexity of vital phenomena. He says: “I shall take the flame of a lamp in its ordinary healthy condition. I shall show you the same flame suffering from disease, exhibiting symptoms of healthy or diseased nutrition. We will seek among different chemical substances for a simillimum in true homœopathic style, and lastly we shall see the flame cured and the unnatural symptoms disappear under the influence of a substance which is able to produce similar phenomena in a normal flame.

“Here then is a lamp, a favourite symbol of life, a classic emblem of its brevity and destructibility. From a scientific point of view it is no inert type of a living organism, inasmuch as it possesses identity, notwithstanding constant change of material; individuality, in spite of ceaseless influx and efflux. It resembles a living organism, too, in its capability of self-support and its power of reproduction; in its need of air and aliment; and, lastly, in its being a centre or arena for the play of certain forces rather than a substantial entity or collection of material particles.

“Such being the case, it will need no great stretch of the imagination to suppose a flame capable of imitating the phenomena of disease by exhibiting morbid and unnatural symptoms. Now the instrument best calculated for noticing and isolating these unusual symptoms is the spectroscope. We will use it as a sort of lamp-stethoscope—first to make ourselves acquainted with the symptoms of a natural healthy flame. If, then, we unravel a ray of the light when burning with a clear, steady, white healthy flame, we shall obtain a bright, continuous spectrum, with no marked transverse lines, and no evidence of a surplus or deficiency of molecular action.

“Suppose the light to become suddenly smoky, flickering, and unpleasant to the sight, but with one marked peculiarity, a yellow or jaundiced tint. If we then submit

the yellow light to the action of our spectroscopé, and endeavour to diagnose the disease, instead of the gently graduated uniformly bright spectrum of the healthy flame, we shall find an index of the flame's molecular motion in the presence of two brilliant yellow lines athwart a faint spectrum, showing a manifest excess of atomic vibrations of a certain definite character and velocity. We know from their position that the peccant atoms are vibrating at the rate of some 550 billion times per second. How then can we arrest this motion, which we know to be the cause of the disagreeable yellow tint in the light ?

“ First, let us try according to the homœopathic rule for a therapeutic agent which will *cause* a similar symptom in a healthy flame.

“ We may introduce a number of different substances into a white flame without producing any like effect. Potash will give a violet tint and lines, copper a green colour, &c. But we find at last that one substance, soda, will make the light burn with a yellow tint. When in addition we examine a soda-poisoned flame with our spectroscopé, there is no longer any doubt. The two vivid light lines, D, show that a simillimum has been found.

“ Let us put it to the test, and see if our similemum will, in fact, neutralise or destroy the symptom akin to the one it is found able to produce.

“ In fact, if we introduce into the exterior of the jaundiced yellow-coloured flame some vapour of sodium, we shall see that the disagreeable colour disappears, and the light will burn white once more. Not only so, but the morbid symptoms, as revealed by the spectroscopé, will disappear. The two bright yellow lines are blotted out, and two dark lines will show that the excessive molecular waves have been intercepted and absorbed by the vapour of the soda, leaving darkness in their place.

“ This phenomenon is well known as the reversal of the bright lines in the spectrum, and is a most beautiful example of strictly homœopathic action. It is a case of transfer of energy between similars, *i.e.*, bodies capable of similar motion.

“ The disease in the flame was unknown except by its symptom—yellowness. In this case, it is true, we could go one step further and isolate the molecular motion which is in excess. We cannot do this, however, in the human body, but we believe that certain morbid symptoms of an

organ are always associated with definite alterations in the molecular vibrations of its tissue. Pain, for instance, is always associated with an excess or deficiency of vibratory motion in the nerve tissue. Let us suppose that a vibration of x billion times per second produces pain. Then in order to arrest that motion we must find a medicine which is able to cause pain by itself communicating an identical frequency of vibration to healthy nerve tissue."

Without hazarding a guess as to how long a period will elapse before the properties of living matter, both in health and disease, will be shown to be governed by the same kinetic laws which govern the inanimate world, I would submit that we are doing no violence to our preconceived ideas by admitting the probable existence in the case of living matter of similar manifestations to those which we now know to exist in the non-living world; that the doctrine, in short, of homœopathic action is not only possible, but in the highest degree probable.

For the purpose of satisfying the inquiring mind upon this point, the best advice I can give is "*Fiat experimentum!*" Take one of our commonest drugs, one possessed of some well-marked characteristic, say emetic properties; such a drug we have in ipecacuanha. Try the effect of a small dose, say a drop of the tincture in the first case of vomiting in a child suffering from acute catarrh of the stomach, or of vomiting during the paroxysms of hooping-cough, or in the morning vomiting of drunkards; I will venture to say that the majority of your cases will at least experience decided benefit even from this rough and ready species of homœopathy. If it be objected that the effects of ipecacuanha are capable of being explained on other grounds than that of homœopathic action, I would refer you to another substance belonging to the class of emetics, and one whose properties are almost wholly confined to this sphere. I mean the now fashionable emetic, apomorphine. Some years ago my friend Dr. Dyce Brown and I were occupied in studying the action of this drug, he with its therapeutic and I with its physiological effects. The immediate result of our labours was that, whereas I found that 1-20th of a grain of apomorphine injected under the skin sufficed to produce copious and uncomplicated emesis lasting several minutes,* Dr. Brown discovered that he had in

* "On the Physiological Action of certain Alkaleids derived from Opium." *Annals of Brit. Hom. Soc.*, vol. vii., p. 42.

minute doses of the drug a most trustworthy addition to his armamentarium ; a thousandth part of a grain given by the mouth proved efficacious in curing a large number of cases of cerebral and reflex vomiting.* These results have since been repeatedly verified, and the drug has even been recommended very highly as a palliative in sea-sickness.

2. *Smallness of the dose in homœopathic treatment.*

Supposing the beginner to be now convinced of the existence of a guiding rule for the administration of remedies, let us pass on to the next difficulty, one fully as important as the truth of the homœopathic law. I refer to the relative smallness of the doses employed in homœopathic treatment ; for, although considerable latitude exists amongst different members of our school, it is still a fact that compared even with the average doses of ordinary physic, ours are often small and sometimes almost infinitesimal. It is not my intention to enter to-day into a disquisition upon the method of selecting the proper dose, for this you will learn in due course from the lips of our lecturer on *Materia Medica*. I would simply refer now to the "small dose" as a stumbling-block in the way of the inquirer into homœopathy.

To the present generation of students the heroic doses of orthodox medicine are happily almost a matter of history ; and a glance into the annals of medicine will at once convince the most sceptical of the completeness of the change which has been gradually taking place in the matter of posology. Doses of many of our commonest drugs are now recommended by your teachers of "*Materia Medica*," and in well known hand-books of "*Therapeutics*," which thirty years ago would have been laughed utterly to scorn. Drop doses of tincture of aconite, hundredth of a grain doses of corrosive sublimate, are now given daily in many of our largest clinical hospitals, and in appropriate cases with success ; so that your minds will be in some measure prepared to find in walking round our own hospital that the doses given, if not absolutely identical, are, in many cases, very little smaller than those you have already seen administered.

In a considerable number of cases, however, the dose prescribed will be much less than anything you have previously seen given. A little patient inquiry and the quiet

* "On some points in the *Therapeutics of Apomorphia and Chloral.*" *Annals of Brit. Hom. Soc.*, vol. vii., p. 233.

observation of a few suitable cases will do much, however, to dispel any feeling of distrust on this score.

Referring you again to the domain of physics, I would remind the sceptic how small a quantity of soda suffices to produce its characteristic effects upon the spectrum. A quantity certainly not greater than the five-millionth of a grain of sodium can be recognised with certainty by the modern analyst armed with his spectroscopic.

Leaving the domain of pure physics, and entering upon that of animate nature, we find that quantities of matter so small as to be only capable of being expressed in figures are able, when brought in contact under proper conditions with living matter, to cause physiological changes which are at once evident to the senses.

Darwin, in his experiments upon insectivorous plants, has shown that the leaves of the common sundew not only respond mechanically to the stimulus of exceedingly small quantities of matter, but put forth all their peculiar digestive functions. A quantity of phosphate of ammonia in solution, not more than the 20,000,000th of a grain, suffices not only to incurve the whole of the tentacles, but to cause a bending of the entire leaf itself, the tentacles meanwhile pouring forth their peculiar viscid secretion preparatory to digestion of the expected morsel.*

A wide deviation even from the normal physiological action of tissues and organs, pathological change in fact, may be effected by the stimulus of exceedingly minute quantities of matter.

My father, in his recent researches upon the causation of hay-fever, has shown that a quantity of grass-pollen, weighing less than the 40-000th of a grain, inhaled during the 24 hours, suffices in certain individuals to bring on the malady in its mildest form; whilst less than the 3,400th of a grain inhaled daily will keep up hay-fever in its

* "It is an astonishing fact, on which I will not here again enlarge, that so inconceivably minute a quantity as the 1-20,000,000th of a grain of phosphate of ammonia should induce some change in a gland of droers, sufficient to cause a motor impulse to be sent down the whole length of the tentacle; this impulse-exciting movement often through an angle of above 180°. I know not whether to be most astonished at this fact, or that the pressure of a minute bit of hair, supported by a dense secretion should quickly cause conspicuous movement."—*Insectivorous Plants*. By Charles Darwin, M.A., F.R.S. London: John Murray. 1875. Page 272.

severest form.* These effects, moreover, are brought about by a substance which he has since shown to be destitute of zymotic properties.

These two chief difficulties, that of the homœopathic law and the relative smallness of the doses employed, not being of such magnitude as to deter you from proceeding further—and after what I have said I feel sure you will be ready to admit that they are not—you are now prepared to enter zealously upon the systematic study, firstly of our *Materia Medica*, and secondly of our mode of utilising at the bedside the knowledge so gained of the physiological action of drugs.

If time permitted, it would doubtless be advantageous for you to have the opportunity of hearing the course of lectures upon *Materia Medica* first, supplementing them by your own reading, and perchance by practical provings of medicines either in your own persons, or the persons of those under your immediate ken. As few, however, have time for this, you will, I presume, attend simultaneously the course on "Practice of Medicine," and after a time the course of clinical instruction given in this hospital.

In all these you will be met from time to time with slight impedimenta which, although to the determined student only an incentive to fresh zeal, might perhaps serve to deter the doubting one from further trouble and inquiry. I will briefly draw your attention to one or two of the chief of these.

Firstly, you will find that the *Materia Medica*, as it is taught in this school, is something far more thorough and complete than anything you have been accustomed to elsewhere, and as such demands necessarily more careful study. In place of being studied in groups, with mere foot notes, so to speak, as to any peculiarities one drug may have, distinguishing it from other members of the same group, our drugs are studied separately and exhaustively; only occasional reference being made to the "classification of remedies." Although the utility of this method of mastering the rudiments of our art may not at first sight be very apparent, you will ere long discover that upon this very individualisation of our remedies (and, as I shall have to tell you presently, upon the individualisation of cases of disease that come before us for diagnosis and treatment)

* *New Experiments and Observations on Hay-fever.* By Chas. H. Blackley, M.D. London: Baillière. 1876. Pages 15, 16.

depends so much of the perfect adaptability of homœopathy to unusual or new forms of disease. I cannot, therefore, impress too strongly upon you the advantage of studying such drugs as you undertake, in the first instance, at least, separately and thoroughly. It is better to know a few medicines thoroughly than a large number superficially. To this end I would counsel you after, or even during your attendance upon the lectures, to read for yourselves, carefully, the full accounts of the provings of some at least of our best-known drugs. In this way you will have the knowledge gained in the lecture room supplemented by a mental picture not only of the effects produced by the drugs, but of the order in which these effects occur—the natural history, in fact, of the drug disease. This is a point of considerable practical importance, and one that is, perhaps, hardly brought so prominently before the notice of the student as might be. Not the least of its advantages is the facility which it affords for committing to memory for ready use, the chief at least of the symptoms of the various remedies. The order of sequence of various symptoms, in any case, is a point of constantly recurring importance, and the choice of a remedy will frequently depend not so much upon the symptoms themselves, as upon the order in which they occur.

Supposing the student to be engaged in the perusal of some of our standard text-books, Hahnemann's *Materia Medica* and *Chronic Diseases*, or Rückert's *Clinical Experiences*, there is another difficulty that presents itself, and it is not a trifling one, especially to the student who comes full of the knowledge gained in our modern physiological and pathological laboratories; I refer to the comparative paucity in our records of the pathogenetic effects of drugs, of anything but what appear at first sight to be groups of comparatively trifling symptoms, references to morbid appearances, ante or post mortem being the exception and not the rule. Knowing how great a part physical diagnosis and the teachings of the laboratory have played in modern methods of treatment, it is easy to understand how great an obstacle the apparent ignoring of these should present to the really earnest student, and that there are some grounds for this impression I do not for one moment attempt to deny. If we consider the immense strides that physiology and pathology have made during the last thirty years, it cannot be wondered at if our older text-books are

somewhat meagre in the kind of information which is most acceptable to the modern student. Thanks, however, to the labours of my friend Dr. Hughes, and others, this objection is speedily becoming a thing of the past, and I venture to affirm that not one of you will have any cause to complain that our lectures, either upon the properties of drugs or their practical therapeutic applications, are not fully abreast of the age.

Passing now from the mere systematic study of the *Materia Medica* to the utilisation of the knowledge so gained in the practical treatment of disease, as taught in the systematic lectures on "Practice of Medicine," and in the wards of the hospital, the student may still be somewhat inclined to doubt the truth of what I have just said. He will undoubtedly find that, compared with anything to which he has hitherto been accustomed, we are guided in our selection of appropriate remedies, to a very great extent, by *symptoms*, either isolated or in groups. This is quite true. Let me, however, repeat to you the words of my colleague, Dr. Dyce Brown, who in his introductory lecture in this place last year, said:—"Do we prescribe for symptoms, or rather, I should say, do we take the symptoms of each case as our guide to the choice of a remedy? We do! I freely admit the soft impeachment. But I shall proceed to show you, as will I think be easily done, that not only is this the surest guide to the treatment of a case, but it is by far the most scientific course to adopt. This, however, is a very different thing from ignoring physiology or pathology. We value these branches of study as highly as any one of the old school can do; we consider that no one can be a scientific or trustworthy physician who is not perfectly conversant with them; we make our examination of the patient as carefully as possible, not only from the subjective symptoms, but from the physical signs present in each case, and we thereby form our diagnosis in exactly the same manner and with the same care as any of our brethren of the old school do; but when we come to treatment we diverge, and not till then. I have said that we make as careful an examination as any of our old-school brethren do; I should rather say we make it more careful and thorough, by elucidating and observing subjective and objective signs or symptoms, which are passed over as of little importance by an old-school practitioner.

“In support of my claims that enlightened symptom-treating is the most scientific and accurate mode of therapeutics, let me ask how disease manifests itself to our observation. The more you think of it the more clear it is that it is by the symptoms only. Under the term *symptoms*, however, let me not be misunderstood as referring to subjective ones alone. These are only part—a very important part—but still only part of the symptoms in any case. We have besides the objective symptoms, in which are included the history of the case, and what are known as the ‘physical signs,’ these being only objective symptoms produced by the diseased condition and elicited by careful examination. We form our diagnosis of the nature of the case from these symptoms alone; but the formation of this diagnosis is the result of an elaborate, though almost instantaneous and unconscious, train of reasoning, the fruit of long study and observation; still the elements upon which this reasoning is based you will observe are the symptoms.”*

Upon the expiration of your curriculum here, some amongst you will be embarking in the practice of your profession fortified in the matter of treatment by the light afforded by the method of Hahnemann. Let not the student suppose that his troubles are over, however. It has been well said of the physician that “once a student he is always a student,” and this remark applies *par excellence* to the homœopath. Long practice will do much to facilitate his labours in the selection of the right remedy, and a certain amount of generalisation may, after a time, be ventured upon. His earlier years of practice, however, must perforce be given up to the careful and exhaustive study of individual cases, and even to the end of his days cases will constantly occur unlike anything he has seen before, and which must be studied and treated entirely upon their own merits. Here it is that homœopathy steps in so signally to our assistance. Rare forms of disease may be prescribed for equally with those best known, and diseases absolutely unknown to the present generation, such as the epidemics which have from time to time invaded the western hemisphere, may be prescribed for in advance of their coming with perfect confidence. This

* Introductory lecture at the opening of the winter session 1878-79 at the London School of Homœopathy. By D. Dyce Brown, M.A., M.D., p. 5.

was done with brilliant success by Hahnemann in the case of cholera, and there is no reason to doubt that should the plague visit these shores we shall, so far as our knowledge of the nature of the disease permits, be prepared to attack it *vi et armis*.*

One more reference to the difficulties of the novice, and I have done. You will doubtless find occasionally that in spite of your careful study of a case you have not succeeded in deciding which of several remedies to choose, each perhaps resembling the disease so closely as to defy selection of the right one. My advice is, *begin with one and persevere with it*; and this advice applies equally to the treatment of a disease presenting diverse phases in its different stages. Do not yield too readily to the temptation of changing the medicine with every change of phase in the disease. Having selected the right remedy to the best of your ability, give it, and have patience. The more you study the detailed provings of individual medicines, the more you will find that there is, in drug-diseases, just as in the course of most acute and some chronic diseases, a division into different stages, and you will be more likely to cure your case *cito, tuto et jucunde*, by imitating this (within the limits, of course, of safety to your patient) as closely as possible. A single medicine will often suffice to remove a disease presenting an almost infinite variety of symptoms, if only you have selected the right remedy and give it steadily and perseveringly.

In conclusion, it is perhaps fitting that I should add a word or two touching the probable extent to which you will find the law of "similia" useful in the treatment of such cases as you are likely to meet with in your daily round of practice. I should not be doing my duty if I sent you away to-day with the belief that our law is *universal* in its applicability. Large as is its sphere of usefulness, I should be the last to claim for it the attribute of universality. Cases will occasionally arise, few in number it is true, but still they do occur, where you will feel it to be your duty to prescribe for your patient otherwise than homœopathically; to order, perhaps, a Turkish bath, or a course of Faradisation; or even, reverting to your old experience, to

* *Vide* "Report of the Committee appointed by the British Homœopathic Society March 6th, 1879, to consider the most suitable treatment for the plague should it visit Western Europe."—*Annals of Brit. Hom. Soc.*, vol. ix., p. 189.

prescribe a stiff purge, a brisk emetic, or a powerful hypnotic. In all this I would say—let the safety and comfort of your patient be your first consideration; only be fully convinced in your own minds that their use is necessary.

One thing more I would ask of you, and that is that, in due time, when you have become convinced of the very large extent of ground which homœopathy can cover in the field of modern therapeutics, you will have the courage of your convictions, and not be ashamed to let the world know that not only have you given single remedies in small doses with the happiest effects in a large majority of the ills which “flesh is heir to,” but that it is the existence of a guiding law which has enabled you to do this, the law formulated by the immortal Samuel Hahnemann, the law “*similia similibus curantur.*”

DISPENSARY EXPERIENCES.—PAPER No. II.

BY ROBERT T. COOPER, M.D.,

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AMONG the many valued lessons that Hahnemann taught, there is none more highly esteemed by the student of drug-action than that of the necessity for considering all the symptoms of a case in connection with those of the remedy; and there is none more likely to be abused, or more calculated to give a young physician a wrong idea of his duties towards his patient than this.

It is perfectly true that the symptoms of the disease and those of the remedy should be in homœopathic relationship, if we are to prescribe accurately and with success, and that, when we obtain this intimate connection between our drug and the patient's symptoms, we may with absolute certainty expect the best possible result that can be obtained by medicinal agency.

But as our acquaintance with disease increases, the conviction becomes more settled, at least I speak for myself, that no practitioner of medicine, in any way worthy of the name of a physician, is justified in prescribing any drug for any case of disease until he has first satisfied himself that the requirements of the case demand the administration of

medicine, that is of drug force. There are many cases that come before a physician, that *for the removal of the prominent symptoms present*, do not require the administration of any medicine whatever. For example, a dispensary patient once came to me suffering from numbness of both hands and forearms; I elicited that she had been much in the habit of washing in water impregnated with soda; at St. Mary's Hospital they had treated her for three months with potions of various descriptions, and getting sick of physic she had discontinued treatment.

The woman was poor and ill-fed, and the conclusion was obvious that there was an insufficient capacity for reaction in the hands and arms to counteract the depressing influence of the exposure to the water used in washing, and that in all probability a little warm rum and milk taken in the morning before breakfast would stimulate the local circulation sufficiently to remove all paralytic feeling from the hands. And this it did in a very short time; the numbness entirely went away.

Take another case; a lady consulted me a short time since for sickness in connection with the pregnant state; her only other pregnancy had rendered her life wretched, and nothing had been done to relieve her.

I, contrary to what subsequent experience taught me to regard as the best course, prescribed what appeared the indicated remedy, and gave at the same time the much-quacked *ingluvin*; but oh no! the sickness continued as violent and as persistent as ever, and then it was that I adopted a modification of Copeman's plan of treatment, and inserted a Hodge's pessary, which for the four days it remained in caused complete cessation of the sickness, to again return when the pessary slipped out.

But it is unnecessary to multiply examples; such cases are useful as a warning to those who would trust implicitly in medicine, to the exclusion of other methods of treatment.

In these papers, my object must be more to illustrate the actions of medicines than to dilate upon the natural course of disease. In vol. xxix. of the *British Journal of Homoeopathy*, and at p. 781, I thus expressed myself regarding the action of capsicum: "A glance at the proving of capsicum will show that the principal symptoms occurring in the extremities are myalgic. 'Stiffness of the nape of the neck, diminished by movement. Pain in the muscles of the thigh,

resembling an aching and as if the parts had been strained. Convulsive jerking and twitching, now of the thigh, now of the lower (? fore) arm,' besides many others, pointing in the same direction."

Subsequent experience has amply proved to me the great value of capsicum as a remedy for myalgia; I look upon the case that follows as an example of it, and one in which capsicum was beautifully indicated.

Joseph F., a light haired and fairly plethoric man, who for nine months had been a teetotaler, came to me with this account of himself:—He used to suffer a great deal from spasms in the lower bowels, but for two or three years has been free from them until three days back, when, while on walking, a great pain seized him, as he describes, "almost in the bladder," and it continued for three-quarters of an hour, but unaccompanied by any urinary difficulty. Since this he had been troubled with a horrible pain in the left side of the chest, a sharp pain, which is felt "inside the chest, and which catches him in breathing and prevents him making a full inspiration." His bowels are confined the last two days, but has had a constant ineffectual desire for stool.

The case is simple enough. The man was seized with a spasm in the bowel near to, or, as he said, "almost in the bladder." This spasm moved downwards along the rectum, giving rise to ineffectual urging, and the tendency to spasm then showed itself in the chest, where it affected the internal intercostals much as *arnica*, *ranunculus bulbosus*, and other myalgic remedies do, giving rise there to pain upon breathing; it was clearly a case of myalgia; and then let us bear in mind the man had been a teetotaler for nine months.

Now, it is remarkable that abstinence from all alcoholic stimulants is very often accompanied by a train of symptoms, a condition of system, calling for capsicum, perhaps as frequently as is contrariwise the condition of system produced by excessive indulgence in alcoholic beverages.

The very fact of a man being an abstainer from alcohol becomes, in itself, an indication for capsicum. At least this is my experience of this remedy, and as I have not seen it noticed by others I simply give it for what it is worth. The symptoms, then, as well as the conditions present

pointed to capsicum ; and as I expected great things from it, I took the precaution to extract a promise from my patient that he would return and acquaint me as to the effects of my prescription.

In about ten days he did so, and this is as he reports :— The first dose which he took going to bed was followed by complete relief, and next morning he awoke with a slight soreness where the pain had been, and which soon wore away, being unaccompanied by any impediment whatever to free inspiration. I must add that it was a third of a drop of mother tincture of capsicum, given in water, that effected this result.

In concluding, I must not forget to acknowledge that capsicum is very frequently an ingredient in drinks prepared for abstainers from alcohol. It is used, of course, to satisfy cravings ; it has not that I know of been suggested that the condition induced by alcoholic abstinence is in reality in homœopathic harmony with this very valuable medicinal agent.

Additional illustration of the pronounced influence exerted by *capsicum* upon enfeebled and painful muscles is afforded by this case :—

Daniel A., a thin, delicate looking man, of 35, whose appearance gives one the idea of his being overworked, a teetotaler for the last twelve months, by occupation a carpenter, has complained for six months of the symptoms given below. A noticeable feature about his appearance is the red, watery, weakened look of his eyes ; the lids and the palpebral conjunctiva is unnaturally vascular.

Symptoms : Aching tiresome pains in the chest, back, and about the shoulders, which he himself distinctly states to be situated in the muscles, much aggravated by exertion, worse on the left side, but affecting both sides.

Has much pain about the apical region of the heart.

He is greatly incommoded at his work by these chest pains, for whenever he engages in planing or sawing the pectoral and scapular muscles become very painful ; and when he lies down in bed the pains torture him all through the night, the feeling being as if each muscle were twisted and rolled out of its place.

He is easily thrown into a perspiration, any exertion, for instance, making him sweat profusely.

Bowels are regular, but inclined to be confined ; urine is

clear; appetite good, and is not troubled with flatulence or piles.

On examining the chest, there was no discoverable interference with healthy respiration.

Prescribed (19th August, 1879), seven drops of *capsicum* ϕ , in 3 ozs. of water—a teaspoonful in half a wineglass of water three times a day.

26th August.—Greatly improved, but still exertion will bring on the pains; gets much better nights.

Prescribed *capsicum* in the same way, fourteen drops for the week.

2nd September.—Felt quite well till three days ago, when he washed in cold water, and he has since had aching pains all over the body, felt to be confined to the muscles; pains in the groins, down both arms, over the whole of his back, the lower extremities being alone free from pain.

Prescribed *bryonia alba* ϕ , seven drops for the week.

9th September.—The pains have been very bad; in no way improved.

The impression now seized me that dependence must be placed upon the indicated remedy, and that it only required an increase of dose to secure the desired results. Accordingly, I now reverted to *capsicum*, but gave 35 drops, that is, five drops in three doses daily, to go over the week.

16th September.—In every way better; does not feel the slightest pain unless he over-exerts himself, and his nights' rest is undisturbed.

There are a class of practitioners in homœopathy who, whenever they discover a pain produced by injury or by over-exertion, forthwith proceed to prescribe *arnica*, and who seem to think that the *panacea lapsorum* will meet all kinds of pains that result from mechanical injuries whenever or wherever these may occur.

I have ere this protested against such unmeaning generalisations. Let it be distinctly understood (and in this Hahnemann himself would side with me) *arnica* is not homœopathic, and will not prove effective for all the consequences of mechanical injuries. Prolonged exertion produces two precisely opposite effects upon muscular structures; it causes sometimes hypertrophy, at others precisely the opposite effect, atrophy. As far as my observations go, *arnica* meets the hypertrophic effects produced by exercise, but is not as often related to a settled atrophic condition.

Arnica seems to me peculiarly applicable to a disordered activity of the *vasa vasorum* and capillary circulation; it prevents the capillaries from concentrating their energies upon a part to the perversion of its nutrition.

The muscle to which capsicum applies itself is one in which all capillary activity is lost; an absolute impairment of muscle force due to almost complete deprivation of nutrition, and not, as with *arnica*, to perversion of its nutrition.

Capsicum to the homœopath is a remedy of surpassing utility; it only requires some little skill in the regulation of its dose to obtain from it the most pleasing results.

A *blear-eyed appearance*, if found to be accompanied by a history of poor living, abstinence from stimulants, or insufficient animal food, will be found an almost unerring indication for it.

A *pain at the apex of the heart*, is eminently characteristic. In a patient recently treated it was thus described:—

Pain over the heart just below the nipple, first felt five weeks ago when carrying a weight.

A *pain fixed in a circumscribed place in the chest*, or, as the proving has it, "Simple pain in the region of a rib, at a small place, worse when touching the parts, but neither excited by breathing nor by coughing."

In the light of these remarks I would ask any young student of our *Materia Medica* to read over very carefully Hahnemann's proving of capsicum, and he will there see how muscle pains predominate, and how closely related in every way *capsicum* is to the affection described with such pains by Inman, and denominated by him "myalgia."

SULPHURIC ACID IN AGUE.

BY ROBERT T. COOPER, M.D.

THE following case, though imperfectly reported, has a value for us as students of drug-action. Along with a case of ague reported by me in the *Homœopathic World*, and more especially in connection with remarks made from time to time upon sulphur as an anti-periodic, it possesses this interest for us, that it shows incontestibly how entirely

wrong the allopaths are in the way they set about investigating drug-action.

Only the other day a medical man professing to be an impartial student of both schools, instanced the success of quinine in ague as an example of the superiority of the mode of investigating drug-action usually resorted to by the ordinary run of practitioners, whereas he could not have instanced a better example of the defects of their system, if system it may be called.

For nothing is more certain than that sulphuric acid has been employed as the most usual solvent for quinine, and seeing that sulphuric acid is in strong homœopathic relationship with ague, and is, as I could easily show you from case-books, one of our most powerful curatives in aguish diseases, the untenableness of a position that ascribes all their cures to the quinine and none to the sulphuric acid is apparent, one would imagine, even to a very feeble intellect; and it shows plainly enough that the way they set about investigating drug-action is altogether unscientific and misleading.

I was called a few weeks ago to see a gentleman, in the Government Engineering Service in India, about twenty-eight years of age, who the same day had had a bad attack of ague of the *tertian* form; he looked pale, haggard and worn to a degree; the spleen I found all right, but the liver seemed slightly enlarged. I prescribed, there and then, sulphuric acid, second decimal dilution, and from the time he began to take it he never had another attack.

As I was unable to take down the symptoms, I since requested particulars of him, and these are as he gives them:—

“My first attack of fever occurred at Rowulpindee, in September, 1877; I was then treated with quinine, but ineffectually. As the cold season came on the fever gradually disappeared, but in June, 1878, again made its appearance, and became worse in the months of September, October, November and December, and kept on steadily until August, 1879, when I arrived in England. The attacks, however, continued before and after landing, as bad as, if not worse than before, and after being home two days, I sought treatment, and after taking the first prescription no attack occurred, and the fever left me entirely, and has not since showed signs of re-appearing. The attacks generally came on every second day, and lasted

from five to ten hours ; in three stages, first, ague ; second, fever ; third, sweating."

Sulphuric acid is specially appropriate for complaints caused by or occurring during seasons of high temperature, summer diarrhœas, agues, dysenteries, skin eruptions ; and even cholera seems influenced by it to an extent greater than might be expected from the symptoms. I would suggest it as remedial for affections caused by the abuse of warm baths or of Turkish baths ; in the uterine affections of India, as we meet them in England, it is often, as I can testify from experience, an agent of immense utility. Sulphur is, contrasted with sulphuric acid, oftener indicated in the periodic, or epidemic diseases of spring and autumn.

ORGANOPATHY.

BY WILLIAM SHARP, M.D., F.R.S.

"Truth may be wrested, truth may be distorted, truth may be made an instrument of self-destruction—but truth is truth, and can take care of itself."
F. W. FARRAR.

I AM not able, from the increasing infirmities of age and illness, to write more than a few lines, but something must be said on the papers of Dr. J. C. Burnett, or my silence may be misconstrued.

In the *Monthly Homœopathic Review* for March of this year, while speaking of what he calls the *magnum opus* of Rademacher, and which he describes as "the most bare-boned lawless empiricism that one can conceive," Dr. Burnett charges me with having "appropriated" Rademacher's organopathy. In the same sentence he defines this organopathy of Rademacher as "no more or no less than the homœopathic specificity of seat [what is that?], with just a dash of a mystic psychic something [and what is that?] in the several organs" (page 158.) And in a paper published in this (November) number, he gives two startling columns, *but not from Rademacher*, apparently in proof of this charge against me.

Dr. Burnett, therefore, makes two assertions:—First, that organopathy has long been known and taught by certain German physicians ; and secondly, that I have appropriated this from them without acknowledgment.

On the first assertion, were I younger and in better health, a good deal might be said ; but now it must suffice

to make a few remarks of the plainest and most obvious kind, and to leave the subject to others. Let it be fairly sifted, and then let Dr. Burnett's desire be granted, and honour be given to whom honour is due.

When it is said that "diseases are local," and that "drugs act locally," the meaning may be either that *many* diseases are local, and that *many* drugs act locally (Rademacher); or, that *all* diseases are local, and that *all* drugs act locally (myself). Unhappily, some men do not see the importance of the difference between these two interpretations. In reality the difference is so great that, in the first meaning (*many*), the statement is empiricism; in the second meaning (*all*)—if it be true—it is science, for it is the perception of a *general fact* in nature, which is called a law. Those who are able to appreciate this distinction will see the confusion in respect to it which pervades Dr. Burnett's papers.

But, notwithstanding this confusion, he may be judged out of his own mouth; and, without looking beyond his two papers, it can be made quite clear that Dr. Burnett, so far as his own researches have extended, *has proved historically that there had been no knowledge of the general fact to which the name of organopathy has been given previous to 1867.*

He says:—"For Rademacher all diseases are general (universal), or organ-diseases; and these organ-diseases he treated with organ-remedies" (p. 688.) It follows necessarily that there are universal remedies also; and he goes on to say, "If you except copper, nitrate of sodium [*sic.*], and iron, then you must still admit that organopathy was known as a well developed doctrine (or law if you will) already during the first half of the present century, *but with these three exceptions.*"

Here, then, is the admission of a cardinal difference between Rademacher's organopathy and mine. For it would be absurd to call Rademacher's *two* classes of diseases a general (universal) fact; and equally absurd to say so of his "well-developed doctrine" of drug action. How can a universal fact have exceptions?

Rademacher's organopathy is partial; it is a fact respecting many drugs, but it does not include all. It is, therefore, as Dr. Burnett calls it, "*lawless empiricism.*" If the individual facts given in my essay are true, this organ-

opathy is science, for it includes all drugs. It is not a doctrine, nor a theory; it is simply the expression of a general fact—a fact in nature—whether men perceive it or not.

Dr. Burnett continues:—"In conclusion, if you refuse [and of course we must, for we cannot do otherwise], the dignity of a general law to the organopathy of Paracelsus and of Rademacher, *because they claimed a general action for copper, iron, and nitrate of soda; and because they did not find out local drug action, by experiment on the healthy* [another cardinal difference between Rademacher's organopathy and mine, and for which I gladly own myself indebted to Hahnemann], still you must give them the credit of maintaining that the basis of therapeutics must be an anatomical one." No; not of the therapeutics of Rademacher. He said there were universal diseases and universal remedies; these can have no distinguishable anatomical basis; local diseases, and drugs having a local action, can alone have an anatomical seat which Morgagni and Rokitsky might seek.

Dr. Burnett thus bears the most distinct testimony, it may be unwillingly, but not the less truly, that the organopathy of the essay of 1867 was not "appropriated" from Paracelsus or Rademacher.

Having thus given up the charge brought against me in March, he says in November:—"But in that case Loeffler must stand as the discoverer of organopathy!" and it must have been appropriated from him.

Who Dr. Loeffler is I do not know. I never saw his books; and if I had them now I could not read them. But Dr. Burnett amply supplies this deficiency of mine, and vindicates me from his own charge, in the most perfect manner possible; for on the next page he says:—"I beg you to remark that Loeffler does *not* [the italics are his] pose as the discoverer of a law, or as the founder of a new system of medicine, but as the exponent of revived Hohenheimianism respectively of Rademacherianism."

And so it is proved, on the evidence of Dr. Burnett, that Loeffler's organopathy did not differ from that of Rademacher, and it plainly follows that it has not been appropriated from him. And it would seem also to follow as plainly, that there has been no predecessor from whom it could have been appropriated; for, surely, Dr. Burnett would have found one, if he could. Without the intention,

he has now done for *Organopathy* what, a few years ago, Dr. Hughes did so admirably, and with the intention, for *Antipraxy*.* He says: "Dr. Sharp's claim cannot be maintained;" but he has thoroughly maintained it himself.

The first assertion has been dwelt upon longer than was intended, not as a private matter concerning myself, but because it is one which concerns the sick. Dr. Burnett says he has written his papers about an "imperfect organopathy that thoughtful men *had gone into and abandoned many years before*" (page 692). But the general fact explained in my essay is true, and is an advance in medical knowledge, and as such is of value to the sick, and is again pressed upon the attention of my medical brethren.

Dr. Burnett's second assertion is of a widely different character. It is more than a great mistake. In saying that I have "appropriated" the labours of others, he has charged me with a serious moral delinquency, and in doing so has gone beyond his knowledge. I deny that there is one atom of truth in this assertion. When the essay called "Organopathy" was written, I knew nothing whatever of Rademacher, or of his doctrine, or of any of his followers, or of their books. On the appearance of this essay, Rademacher was "flung at my head" by the *British Journal of Homœopathy*," and I heard of him then for the first time.

In the preface to the last edition of the *Essays* (1874) it is remarked: "With regard to the writings of others, it has been the earnest wish of the author to do justice to all; but, living in the country, his own library alone has been within his reach, and it is feared that some books which ought to have been read have been unnoticed. He wishes also to say that the German language, which he once knew, had slipped from him before the study of Hahnemann's system was undertaken. Finding such good translations as those of Dr. Dudgeon and Dr. Hempel [of Hahnemann; he never heard of any of Rademacher, or of Loeffler], time being very precious, and the subject large and difficult, he did not feel bound to recover the lost language. It is to be hoped that the time and labour have been spent in a manner more useful to medicine."

There is such a thing as independent observation, experiment and thought, and this I can honestly claim for myself. And, assuredly, if independent observers in

* *Monthly Homœopathic Review* for November, 1876, page 720.

different countries, and at different times, see the same facts in nature, and draw from them the same or similar conclusions, this, so far from being an impeachment of them as witnesses, is a confirmation of their testimony.

It is believed that two things have now been made clear. (1) That Paracelsus and Rademacher and their disciples did not see organopathy as a general fact, or law of nature; and, therefore, that the knowledge of this fact could not have been appropriated from them. And (2) that though they saw a large part of this general fact, my ignorance of their knowledge prevented me from profiting by it.

Dr. Burnett is wonderfully mistaken in some other things which he says; but I can notice now only one. He says that organopathy has constituted a considerable portion of homœopathy, "*ever since homœopathy came into existence.*" It is surprising to be compelled to remind him that the study of the pathological *seat* of symptoms, whether of diseases or of drugs, is quite foreign to Hahnemann's homœopathy. The *Organon* of Hahnemann affords the strongest possible proof of this. Notwithstanding this fundamental divergence from the system of Hahnemann, organopathy was not put forward as "a new system of medicine," but as "a step in advance" towards a true knowledge of the action of drugs; and other steps have been taken since, of as much importance and usefulness.

Rugby, Nov. 7, 1879.

CLINICAL NOTES.

By T. E. PURDOM, M.D., &c.

Lupus Exedens.

Mrs. B., æt. 47. Catamenia ceased two years ago. She is now suffering from lupus exedens of nose and face. Her general health is much below the mark. She is thin, and looks cachectic. Bowels very costive. There is no trace of disease in the family history. The left ala of the nose is swollen, and ulcerated with nodules covering it; crusts from over surface of ulceration frequently. The septum is eaten away as far as it can be seen. The disease is spreading towards right ala, lip, and cheek, the skin being reddened. There is a slight discharge from diseased surface, occasionally offensive.

No. 11, Vol. 24.

April 16. \mathcal{R} *hydrastis* ϕ m. $\frac{1}{2}$, ter die, is to be taken, and an ointment composed of *ars. alb. trit.* 1 \mathcal{z} .j. \mathcal{R} *hydras.* ϕ \mathcal{z} .j., and *ungt. petrolei* (gasoline) \mathcal{z} .j.

April 25. Sore decidedly cleaner and flatter; granulations visible; no fœtor; is very well herself, and bowels regular. \mathcal{R} *hydrast.* ϕ m. $\frac{3}{4}$; repeat ointment.

May 5. Left ala smaller, and sore healing rapidly. Repeat *hydrast.* ϕ mj. and *ungt.*

May 16. No raw surface, save one projecting point at left side. To touch this part with sulphate of copper once daily. Continue *hydrast.* and *ungt.* only to raw surface.

June 5. Nose nearly well, save the destruction of tissue. Projecting part smaller and flatter. *Hydrast.* ϕ mj. $\frac{1}{4}$ and *ungt.*

June 19. No signs of ulceration. Disease completely arrested, and surface quite healed. She never enjoyed better health; bowels have kept regular. Mrs. B. reported herself on July 7th and 28th, when there was no sign of any relapse.

Remarks.—I report the case from the time of decided progress; the one or two medicines were tried before, specially *arsenicum* 1. This improved her general state; so did the *hydrastis*, but the ulceration did not fairly heal till the ointment, with both medicines in it, was applied. The *hydrastis* ointment alone did not suffice. The *ungt. petrolei* was used to correct fœtor. The *hydrastis* removed the constipation, and suited the case well throughout.

Carbuncles.

Mr. Y., about 40, bilious temperament. History: health broke down during winter of 1874-5, which he spent at Bournemouth to recruit. He suffered much from rheumatism of head. Has had otorrhœa for many years. On his return to hard work as a solicitor his health again gave way; he was troubled with spots (papular) on different parts.

Present attack, Aug. 1875. Mr. Y. consulted me for symptoms of indigestion. These did not yield readily, and as there was considerable pain over gastric region, I examined the parts. Here we found a flat swelling, covering false ribs, anteriorly, smooth, glistening, and undefined. Movement and touch cause much pain. Pulse feeble, tongue covered with a yellowish white slimy fur-

Bell. 1 et merc. sol. 3x were prescribed, poultices applied locally, and light diet ordered.

Aug. 8. The swelling is more defined, evidently carbuncular, the size of a dessert plate, very painful, even from movement of ribs; the swelling is brawny, and does not move freely over ribs. Stomach much deranged; much flatulence.

Decided to strap the swelling, which I did tightly and convergently with strips of *emplast. sapon. c. opic.*, leaving the most red and prominent part bare. To this part we applied poultices, hot pan, *belladonna* liniment, to relieve pain quickly, and prescribed internally *hep. sulph. 1x* gij every three hours. Charcoal powder was given once or twice to control flatulence.

Aug. 24. Much better in every way. The strapping raised the swelling from ribs, and thus gave instant relief. This has been renewed as plaster became slack. *Hep. sulph. 1x* was taken steadily, with full diet, port wine, beef-tea (milk, gelatine, and brandy), &c. Advised getting out, as Mr. Y. was staying at seaside.

Sept. 10. Mr. Y. came by train to see me; looking and feeling well. No inflammatory action, but a doughy, irregular, dusky swelling. Continue pressure, and *hep. sulph. 3x*.

Oct. 21. Has been at business for some time now. Still some swelling, and a painful point at side of sternum. General health good. *Kali hyd. grs. j-ij.* was given for a few days, but made him sick. He then went on steadily with *silicea 3x*.

Dec. 8. Brawniness nearly all gone. Patient is quite well. *Silicea* has been given in different strengths, and I think the 12th dilution acted best. The case well illustrates the value of strapping in carbuncular swellings, the action of *hep. sulph.* in favouring resolution, instead of suppuration, and the *silicea* in perfecting this.

Tubercular disease of Mesentery, with Lung Complication.

Miss B., æt. 13. Tubercular diathesis. Family history: Father had white swelling of knee. History: Has had good health, save constant constipation of an obstinate character. In 1876 had measles with purpuric spots—good recovery. In 1877 Miss B. had scarlet fever—a mild form. Shortly before this her mother thought bowels were a little swollen. While convalescing the bowels were observed to

be more swollen. The urine became scanty. Then followed severe colicky pains in bowels, with vomiting and purging. Up to this point the case was under allopathic treatment; the medicine at this time being rejected, and the patient losing ground.

March 19, 1877. The 1st trit. of *ars. alb.* was prescribed from my pocket-case.

March 22. The diarrhœa and vomiting have ceased. Pain much relieved. There is considerable fever present—no albumen in urine. Great emaciation. Abdominal tenderness. The swelling here is mostly from a hard distinct mass of matted glands, probably. Tongue, whitish coating, tip and edges very red. Moderate appetite. Slight return of pain. Bowels not relieved for two days. Felt sickly again last night. Perspires occasionally. Pulse 120, weak and small; temp. 100°. *Ars. iod.* 2x, and *merc. corr.* 3 in alternation. Some light food every hour.

March 24. Slight general improvement. Respiration natural. Bowels not quite so large, seldom any pain. Natural relief from bowels. Hectic flush. Pulse 112; temp. 99.4 morning, and 100° evening. This varying very little for a considerable time.

Merc. corr. 3x, *ars. alb.* 3x, *ol. olive* rubbed into bowels twice daily after sponging.

April 18. Fever sometimes quite gone, but always returning.

Calc. carb. 6, *sulph.* 3 has been taken for a week, and there has been improvement in her whole state. Is able to sit up for some hours daily. We have been using latterly wet compress to abdomen, changed twice daily; also giving an enema every second day.

June 7. For a short time there has been cough, hard and short, with harsh respiration over anterior surface of right lung, not extensive.

Dr. M. saw the case for me, and wrote as follows: "I make out a large mass of tubercular glands, or of lymph in cellular tissue. It is easily felt per rectum, and can be balanced between the two hands." He advised the external use of liniment *iod.*, with suppositories of *ung. hydrarg.* grs. iii., internally *bellad.* grs. $\frac{1}{2}$, *butyri cacao* ϕ gr., and Parrish's syrup.

In conversation he favoured the idea of tubercle. Thought it might be from arrested development, as catamenia had occurred once. He thought the chest symptoms

confirmed the diagnosis. These latter quite disappeared under a short course of phosphorus. The *ars. iod.* was tried for a few days, but only irritated, and we went back to the wet compress. The suppositories were never used. I chose syrup *ferr. iod.* instead of Parrish's, for the *iodine* it contained. *Calc.* 6, *sulph.* 3, koumiss. Pancreatic emulsion.

July 5. Steady improvement. *Calc. carb.* 12, *sulph.* 6, have acted very well. Much less fever.

July 28. Miss B. says she is quite well. The swelling in abdomen is confined to a ridge. No pain. Walks out daily. After the *calc.* and *sulph.*, *iod.* 1, and *ars. iod.* 2x were each given for a short time.

I now prescribed *silicea* 6. While taking this the swelling became scarcely detectable. The patient has been gaining flesh, for some time all ordinary foods eaten. The *syrup of iron, ol. morrh.* and emulsion being given occasionally as she could take them.

Miss B. made a complete recovery, the menses returning some months afterwards.

Remarks.—This case presents a not very common sequel of scarlet fever; the measles may have laid the foundation of it. I record it as showing the good of persevering with constitutional medicines, which might have acted better but for the occasional alternation. The *ars. alb.* 2x relieved the acute symptoms at first very rapidly. The *phos.* 3 removed the lung complication. The *iod.*, *calc.*, *sulph.* and *silicea* all seemed to do good work. The wet compress seemed the best application. The power of assimilation gradually returned as the disease gave way.

Newcastle-on-Tyne.

COCA IN CHRONIC CONSTIPATION.

BY ADRIAN STOKES, M.D., Sidmouth.

It is very interesting to note, as we journey along the highway of medical life and practice, the striking illustrations of the law of cure which occasionally present themselves, as if to console one for the many disappointments and defeats which the negligence of patients, or other cause, occasions us. Some 12 months ago it was my privilege to record a striking case of cure of hæmatmia with *tereb.* 1. Now it is to record a fact illustrating the therapeutic value

of a remedy less well known, perhaps, but good in its own spheres, viz., *erythroxyton coca*. The case is that of a lady, of perhaps 68 years, mother of several grown-up daughters, many years subject to constipation from atony of the bowel; never relieved during many years, except by the aid of enemata. The digestive power is low, and as she has been able to take so little food at a time, she has used quantities of all the concentrated preparations of meat, especially Brand's solid beef extract, jelly, &c., and lately Valentine's beef tea. Accompanying this constipated state, and to a great extent depending on it, as I think, were frequent attacks of spasmodic dyspnoea, and violent palpitation of the heart, from incarcerated flatus, which would sometimes pass from her with such force that it seemed as if the œsophagus would be rent by it. These attacks occurred more or less frequently as the patient was in a more or less robust state. They were treated by hot applications to the chest, and liberal supplies of hot brandy and water, which, indeed, the lady took as her usual drink at meals, because wine turned acid with her. Having been consulted several times for this painful and intractable affection, and prescribed *nux vom.*, *zinc.*, *phos.*, *ars.*, *cuprum*, *strychnia*, to but little purpose, I gave *tinct. chin.* after the last attack in June. This, in 30 drop doses, pulled her up somewhat, and gave me time to consult the *Materia Medica* for something that should regulate the impaired innervation, both of the pneumogastric and sympathetic. My memory recalled the powerful influence over the digestive system and its nerve supplies possessed by the coca, and as its pathogenesis points particularly to states of constipation and difficult defæcation, I thought it would be a remedy likely to help my patient in her distressing debility. I had by me some of the leaves, of which I gave her a portion to make an infusion. This I directed to be taken twice a day after food, a small coffee-cupful at a time. She began it on the 20th August, and after that I saw the lady no more as patient. When she had used the small quantity of leaf I gave her, she procured a supply for herself, and continued to take her "tea" regularly, using 1½ oz. of leaf per week. I saw the lady on the 25th October, and learned from her that not only has she been free from spasmodic attacks, but that her digestive powers have improved to a degree never expected. And more than all, that the bowels have recovered tone sufficient to act spontaneously with daily

relief; thus proving that nutrition and excretion balance each other. She had not seen the enema syringe, she said, for three weeks; and, in fact, could scarcely think she was the same woman at all! With this regaining of an important function has also returned the power of locomotion, to such an extent that she can go up and down the steep hill on which stands her house, and is now not so dependent on her donkey as she used to be. Perhaps this case will lead some of our practitioners to think of coca as a rejuvenescent to some of their aged patients.

REVIEWS.

Homœopathic Therapeutics. Second edition, revised and enlarged. By S. LILIENTHAL, M.D., &c., &c. Boericke & Tafel. 1879.

THE first edition of this work we reviewed in our September issue. Unfortunately, the whole of this edition remaining in stock was destroyed by the fire at the publishers' warehouse. Instead of issuing a mere reprint of this edition, Dr. Lilienthal has revised and very much enlarged it, thus making the work much fuller and more complete. The alterations and additions can be seen by any one who takes the trouble to compare the two editions, and to have taken this opportunity to improve his book reflects the highest credit on the author. It is a valuable work, the recent additions rendering it more so. Having so recently reviewed it we forbear again entering into detail.

Lectures, Clinical and Didactic, on the Diseases of Women. Fourth edition. By R. Ludlam, M.D., &c., &c. Chicago: Duncan Bros. 1879.

WE are glad to see a fourth edition of this valuable work. The present one consists of a reprint of the former ones, with the addition of two new lectures, on ovariectomy and puerperal endometritis respectively. We think it a pity that the main portion of the work is simply reprinted, as though the book is a valuable one, and one that ought to be in possession of every homœopathic practitioner who has diseases of women to prescribe for, yet there are faults which might well have been corrected. These are chiefly two. Many cases are related as they appeared when first prescribed for, with the medicine ordered, and then passed by with clinical remarks as to the course of such cases, and the

medicines most likely to be required. Now this is very well, so far, but it is decidedly unsatisfactory for the impression such a case makes on the reader, or for the clinical or teaching value of the case, when its actual course and progress is left to the reader's imagination. One wants to know, in a clinical lecture, how the case really did progress and end, and so to be enabled to judge for oneself as to the effects of the remedies prescribed. We do not mean to say that this is done—or rather left undone—in every case, but in a sufficient number to constitute a grave blemish in the work. The notes of the progress of the case were kept, we presume, as well as the *status præsens* at the patient's admission, and therefore we cannot see the reason or the excuse for not following each case up. Clinical remarks come with double emphasis when they are a comment on what actually was seen to occur, and not merely on what might, could, would, or should occur.

The second fault we find is that the lectures do not contain all that has to be said on one subject or disease within the compass of one or two lectures, so that the reader may "read up" easily all that the author has to say on one topic. Instead of this we find one disease glanced at in one lecture, touched on in another in a different part of the book, and taken up again, perhaps a third time, somewhere else, while when the whole is formed and put together, some point which one wants to know *non est inventus*; this would be impossible, or less likely to occur, if a subject were taken up "clinically and didactically," and finished off completely and at once. Dr. Ludlam will pardon us suggesting improvements which would make a fifth edition among the most valuable works in our literature.

The two new lectures are admirable. That on ovariectomy gives an excellent *résumé* of the subject, with the author's views as to the best mode of conducting the detail of the operation, while that on puerperal endo-metritis is equally worth reading. The author's remarks on the value of *veratrum viride* and alcohol in the acute stages are well worth noting. He prefers *veratrum viride* to *aconite*. His remarks also on the value of quinine in certain cases are interesting and instructive. As a utero-vaginal injection, Dr. Ludlam prefers one composed of calendula, glycerine and water, to any of the other "antiseptics," except chloride of lime, which he uses in preference in certain cases.

Notwithstanding the faults we have named, the work is an excellent one, and one that, we have already said, ought to be in the library of every homœopathic practitioner.

NOTABILIA.

THE HAHNEMANN CONVALESCENT HOME,
BOURNEMOUTH.

WE have much pleasure in informing our readers that this much-needed institution is now in working order, and open to receive patients. We congratulate Drs. Nankivell and Hardy on this result, and feel sure we have only to announce the fact that patients can now be received, to ensure numerous applications for admission. Full particulars will be given by the Secretary on application.

HOMŒOPATHY IN GUILDFORD.

WE have received a letter from a gentleman of position residing near Guildford, requesting us to draw the attention of the profession to the importance of Guildford as a field for a homœopathic practitioner. Dr. Shuldham, who has been resident there, has, we understand, gone to practice elsewhere, and his loss is much felt. Our correspondent states that the opening is an excellent one, as there are a number of families of importance and influence at or near Guildford. There are a number of similar good openings, but we have much pleasure in complying with our correspondent's wish that we should bring prominently forward the claims of this town.

THE NURSING INSTITUTE, LONDON HOMŒOPATHIC
HOSPITAL.

THE following statement, regarding the arrangements for supplying sick nurses in private families, has just been issued by Mr. CHAMBER, the official manager of the hospital :—

“ Previous to 1877, a few nurses on the staff of the institution had been occasionally employed, two or three at a time and chiefly in London, on out-nursing, when they could be spared from the ordinary duties of the hospital.

“ The success of this very limited trial encouraged the Board of Management, in 1877, to profit by the services of the present highly-efficient lady superintendent, and to extend the measure by increasing the staff of nurses from twelve to eighteen, so as to allow, on the average, eight nurses to be engaged in attending to private cases.

“ In 1878 the staff was further increased to twenty; and at the present moment it amounts to twenty-two; allowing, on an average, twelve to be employed for out-nursing. Occasionally as many as fourteen have been out at the same time.

“ Information on the subject was given in the annual reports for 1877 and 1878; but experience has shown that many

homœopathic medical practitioners are still unaware of the establishment of a 'nursing institute' attached to this hospital. Consequently, the call for trained nurses, although it is constantly on the increase, is yet far from being thoroughly developed. The Board of Management are quite prepared to sanction further additions to the staff to keep pace with the demands for trained nurses; and they hope that, on your attention being specially drawn to the matter, you will be induced to try them.

"The rate of remuneration for the attendance of a nurse is fixed at £1 1s. per week in ordinary cases, and at £1 11s. 6d. in cases of infectious diseases, for any number of weeks not exceeding eight.

"Should the number of weeks exceed eight, the remuneration after that period will be at the rate of two guineas per week.

"Travelling expenses and washing are to be paid by the family employing the nurse. In infectious cases, a sum of 15s. extra is required to be paid, when the attendance of the nurse is dispensed with.

"Each week commenced must be paid for in full as one whole week."

The same circular also supplies information regarding the admission of paying patients, which cannot, we feel sure, be too generally known:—

"Paying patients are now received at this hospital, one ward having been arranged to accommodate female patients, and another male patients, at a weekly charge of two guineas each person, all included, except the washing of personal linen. A limited amount of patients can be received at higher rates for more exclusive accommodation. A fair amount of success has already attended this measure since it was inaugurated about two months ago, and it only requires to be more generally known to be entirely successful."

LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted during the month ending November 20th, 1879, gives the following statistics:—

Remaining in Hospital October 23rd, 1879	...	48
Admitted between that date and November 20th		86
		79
Discharged between October 23rd and Nov. 20th		85
Remaining in Hospital November 20th, 1879	...	44

The number of New Out-Patients during the above time has been 581

The total number of Out-Patients' attendances for the same period has been... .. 1,855

AN APPEAL FOR HELP.

A HOMŒOPATHIC practitioner, who from unfortunate circumstances is at present in pecuniary need, is endeavouring to improve his prospects by removing to another sphere of practice more likely to be remunerative. This step involves expenses, which he has not the means at present to defray. He appeals through our columns for help from his professional brethren, to enable him to make a fresh start. Those who do not know the exigencies of poverty will, it is hoped, come forward to help our professional brother to put himself in a position to earn a comfortable income.

Subscriptions will be received by Dr. Dyce Brown, 29, Seymour Street, Portman Square, W.

The following have been received:—

Dr. Dyce Brown...	...	...	£1	1	0
Dr. Pope	...	...	1	1	0
Mr. Damon	...	...	1	1	0

THE QUACK DOCTOR OF THE LAST CENTURY.

PERHAPS the most notorious quack doctor of the days of our grandfathers was a foreigner, Doctor Bossy—the very last mountebank practitioner who performed in public in the streets of this metropolis. He was the seventh son of a seventh son, or at all events he said that he was, and that was in effect the same thing. Every Thursday his stage was erected opposite the north-western colonnade in Covent Garden, near to what now are Evans's Supper Rooms. The platform was raised about six feet from the ground, and ascent to it was gained by a ladder of very broad steps, so that the ladies could ascend. On the one side was a table with a small medicine chest, and surgical apparatus was displayed on a side table with drawers. In the centre of this stage was an arm-chair, in which Bossy seated his patients; but before he commenced operations he stepped forward to the front, and taking off his gold laced hat, and bowing politely to the right and to the left and to those in front, he began to address the mob who crowded round and into his booth. The doctor was a humourist; and occasionally the most amusing scenes and dialogues would take place. For instance, on one occasion a poor old woman was helped up the stairs and placed in the chair; she had been and still was nearly blind and deaf, and was very lame to boot; indeed, she may be said to have been visited by each of Mrs. Thrale's "three warnings," and Dr. Bossy was asked to stay the approach of death. The doctor asked his questions not *sotto voce*, but quite aloud, and at his patient's answers he repeated her words in his jargon of Anglo-German after the following fashion:—Doctor: "Dis poora woman, vot is

de matter? How old vosh you?" Old Woman: "I be almost eighty, sir; seventy-nine last Lady-day, old style." Doctor: "Ah! dat is an incurable disease." Old Woman: "Oh! sir, don't say that. Why, you've restored me my sight, and I can hear a little again now, and I can walk without my crutches, thanks to you, sir." Doctor: "No, no, my good voman, old age is not curable; but I vill cure you of vot is elshe, by de plessin of Gote. Dis poor voman," he added, addressing the crowd below, "vos lame, and teaf, and almoshte blind. How many hossipals have you been in?" Old Woman: "Three, sir; St. Thomas's, St. Bartholomew's, and Guy's." Doctor: "Vot, and you found no relief? Vot, none, not at all?" Old Woman: "No, sir." Doctor: "And how many shentlemen attended you?" Old Woman: "Some twenty or thirty, sir." Doctor: "Oh, mine Gote! drree sick hossipals and dirty [thirty] doctors. I should vonder vot if you had not enough to kill you twenty time. Dis poora voman has become my patient now. Dr. Bossy gain all pashents fronounced to be ingurable; but vid the plessing of Gote I shall soon set you on your legs again. Cooode peeples, dis poora voman was deaf as a door nail; now [holding up his watch to her ear and striking the repeater] gan you hear dat pelli?" Old Woman: "Yes, sir." Doctor: "O, den be tankful to Gote. Can you walk round dis chair?" offering his arm. Old Woman: "Yes sir." Doctor: "Sit you town again, good voman. Now, can you see?" Old Woman: "Pretty so-so, doctor." Doctor: "Vot gan you see, my goot voman?" Old Woman: "I can see the baker there," and she pointed to a pieman who was passing by with a tray on his head. Doctor: "And vot elsh can you see?" Old Woman: "The poll-parrot there," pointing to the window of Richardson's hotel. "You old liar," cried out Poll at this moment, and all the crowd shouted with laughter. The doctor, however, was by no means disconcerted, but waited till the laughter had subsided, and then, looking across the way, shook his head at Polly, and gravely exclaimed as he laid his hand on his bosom, "'Tis no lie, you silly bird, 'tis as true as the Goshpel," and then he sat down, and coolly ordered his patient to take some pills, probably of coloured paste, gave her a phial of some coloured but innocent decoction to take home, and told his man to help her down the steps, while he passed on to the next who was waiting for his services.

It may be supposed that his drugs being as inexpensive as they were harmless, and his reputation for wonderful cures being extraordinary, Dr. Bossy was able to retire with a small fortune—though large for a German—all realised out of the credulity of his patients, to whom, if he never did any real good, at least he never did any real harm."—*The Globe*.

THE BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on Thursday next, December 4, at 7 o'clock, when a paper will be read by T. ENGALL, Esq., on "*The Foot and its Troubles.*"

OBITUARY.

FREDERICK SMITH, Esq.

ON the 8th September of this year, there died at Bournemouth one who had, though a layman, often been a contributor to homœopathic and scientific literature—Mr. FREDERICK SMITH, of Leeston, Weston-super-Mare. Thirty years previously he had been converted by the late Dr. Curie to a belief in the truth of the homœopathic law, having been cured by that physician of an affection of the sight which had resisted the well-meant efforts of many leading men in the old school. Being one of those on whom, what is now called altruism, but which we prefer to call by its old name of Christian philanthropy, had a stronghold, he at once threw himself heart and soul into the struggle which was then going on to win standing ground and breathing room for the new school of medicine. He interested himself very deeply in the formation of the "Cholera" Hospital in 1848, and some years afterwards, having settled in Penzance, he founded the Penzance Homœopathic Dispensary, which for many years, under the care of Mr. Nankivell (now of York), did good work in spreading the benefits of homœopathic treatment amongst the villagers of West Cornwall. At Malvern, where he resided for several years, he was always foremost in every philanthropic and scientific scheme. The germ theory of infection having then just come into vogue, he published a scheme for methods of disinfection in zymotic diseases, which is a model of clearness; and when scarlatina broke out in his own family, from infection incurred in church, he carried out his own principles fearlessly to the letter, isolating his family and house, posting notices on his gates, and advertising the fact in the newspapers, and not until the family doctor could certify that all was safe was the quarantine raised. At Weston-super-Mare, where he purchased a house and resided the last few years of his life, he assisted greatly in founding the Cochrane Dispensary, in memory of Dr. Cochrane, and it was during this period that he strongly interested himself in starting the agitation for providing shop girls with seats, and thus lightening in some degree the long hours of

fatigue they endure; and through all these years he was ever the champion and friend of the new medical truth, and gifted as he was with a most acute intellect, and with a powerful command of language and of illustration, he scarcely let a day pass without in some way spreading the influence of homœopathy. Now he would be tackling, and not unequally, some unbelieving medical friend; now he would be urging on some uncured case the advisability of consulting one who practised according to Hahnemann. Such is but a slight sketch of his works, of himself as he appeared to the outer world; those who knew him in his inner life, knew also that he was a sterling friend, with a warm heart and an open purse for many an unknown object of charity. Of still closer relationships, and of the way in which he discharged them, a journal like this is scarcely the place to speak—suffice it to say, that he died as he had lived, his last expressed thoughts, through an illness which was borne without a murmur, were for others and not for himself.

CORRESPONDENCE.

DR. WILBERFORCE SMITH AND HOMŒOPATHY.

THE following correspondence between Dr. R. T. COOPER and Dr. W. WILBERFORCE SMITH was received for publication in our last number; but being, from the pressure upon our space, unable to give it in its entirety, we were obliged to postpone it; we now willingly give it a place in our pages:—

“ 17, Stanley Gardens,
“ Kensington Park, W.,
“ October 8rd, 1879.

“ My dear Smith,—I have read with astonishment your letter in to-day's *British Medical Journal*. If homœopathy be the erroneous system you represent, and if, as you imply, you have never practised it, at least admit that you have in many ways identified yourself with the system, and that, even subsequently to the date of your letter, you have been prescribing as a homœopathic attendant for homœopathic patients, and have been sending prescriptions to a homœopathic chemist. Your denials of homœopathy in private seem not to have been very energetic the last few days. Whether they were ever sincerely made, I leave the last fact to answer.

“ Very truly yours,

“ Dr. Wilberforce Smith.”

“ ROBT. T. COOPER.

“ 2, Eastbourne Terrace,
“ Paddington Station,
“ October 4th, 1879,

“ My dear Cooper,—Your note to me is fiery enough, but marked by your usual honesty of conviction, and I reply accordingly.

“ Misapprehension of my position both by members of the profession and of the public has long been the greatest possible annoyance to me.

“ I am surprised that you should express so much astonishment, however, because many months ago, in reply to some statement of mine, you wrote to me to the effect that you would feel free to oppose me in consequence.*

“ It has fallen to my lot, because of the views I hold, to argue both *pro* and *con* about points in homœopathy. I will enclose, for instance, a copy of a letter which I have by me, written two years ago to a hospital physician. This doctor replied,†

* Reference here is to a letter dated 25th September, 1877. My (R. T. C.'s.) words are: “ I tried your plan of dropping the word ‘homœopathy’ altogether . . . in practice. I found it impossible . . . Do not be surprised if I oppose you in the position you say you are taking up.”

“ 25th June, 1877.

† Dr. W. S. to Dr. —

. . . “ I could not properly give a mere bare negative to the inquiry whether I am a homœopathist or not, for the answer involves the further question, What is a homœopathist? . . . If I might mention briefly something of my personal history, it will help to explain why I hold—as I feel conscientiously compelled to do—a sort of neutral position on this subject.” (Personal and domestic details here described, commencing in boyhood.) “ As a boy, knowing nothing of the subject, I was of course a homœopathist too. . . . Subsequently I studied medicine at the ——— Hospital, &c., and long before I had completed my studies . . . I was clearly minded not to adopt the same course” (identification with the homœopathic sect.) “ From this resolution I have never wavered.

“ You and others may reasonably ask how it is the report has reached you that I practise homœopathy, and in considering the point I will freely acknowledge, in looking back, that I have not taken sufficient pains to define that which I should call my neutrality. If challenged on the subject I have endeavoured clearly to express my views, but when patients, knowing my former relations, have implied that I was a homœopath, I have often simply let it pass without sufficient explanation. Lately, since the matter has been forced upon my attention, I have made a rule of saying that I do not belong to the homœopathic or any other sect, often going out of the way in order to make this explanation. . . .

. . . If some of the homœopathic tenets could be considered simply in the ‘cold light of science,’ it would be seen that many of the best men amongst the profession had been condemning as *primâ facie* absurd certain doctrines which had never been presented to them—except in association with certain peculiarities and absurdities taught concurrently—and that these doctrines would be found at least to deserve discussion.

If, as I am disposed to believe, the homœopaths hold an *approximation* to certain truths not generally recognised, I wish to regard them just as

expressing what is, I believe, a leading objection to the modern position of "homœopaths," viz., that homœopathy appeared before the public as a speciality, and as such attracted patients, just as any speciality may, apart from the question of its real claims.

"Nothing would have been more lucrative to me than to make an out-and-out profession of homœopathy, and if (as you so candidly suggest) fees have come to me on any other ground than my personal position with patients, I fervently hope that, as the result of my published letter, I may dispense with any such extraneous recommendation in future.

"I hope you will disabuse all with whom you have the opportunity, only do so with your natural honesty, and present the *whole truth*. Years ago a young fellow (qualified) at the Homœopathic Hospital told me that he had come to study because his friends had heard that homœopathy fared best. I had gone there in a deeply-felt desire to fathom all the claims of homœopathy, and to know its comparative merits, but have been surprised to find obstacles at the hospital to independent investigation.*

"Some twelve years ago I replied to a circular for the *Homœopathic Directory*, and declined to have my name inserted. I heard afterwards that the editor condemned my cowardice in consequence. This is too much the spirit in which some homœopaths regard a neutral position.

"Surely it would be much better to welcome, instead of opposing the action of those who, standing apart from the *ethical* position of homœopathy, seek to ascertain and represent its true place scientifically.

"I hope yet to find time to publish materials which I have long been collecting, representing, to the best of my ability and without prejudice, the *pros* and *cons*.

"As I wrote in the printed letter you saw, it was not there 'the place to enter into the question.'

"You will never convert medicine to 'homœopathy;' it will (D.V.) [*sis.*] take its place and be absorbed into medicine. It would be valuable, indeed, if liberal 'homœopaths' would do more to remove the *ethical* objection—viz., your special and distinctive place *before the public*, which, in modern times, is the main obstacle to your evidence being more widely listened to by the profession.

I would the 'atomic theory,' or the 'germ theory,' or any other scientific doctrine. It is absurd that such doctrines should remain erected into a system, or mark off a sect."

* What Dr. Smith here refers to we cannot conceive, since nothing gives more satisfaction to the physicians than to assist enquirers, and every facility is given for study.—Eds. *M. H. R.*

“ You are misinformed as to my having lately directed my patients to ‘ homœopathic ’ chemists, or that I have professed homœopathy. A few old patients have gone there as formerly accustomed, and I may have consented, if asked, knowing they would get any drugs I ordered. . . . It brings misunderstanding (the sending patients to homœopathic chemists), and a false position with it, and this though modern homœopathic chemists dispense full doses of any drug whatever. I have come to feel it false to allow this, especially since patients will find on the counter literature condemning their use, and will identify me with such papers, addressed as they are to the public.

“ I have thus, feeling the deepest interest in the subject, written fully in reply to your letter, and I am also keeping a copy of this for reference.

“ I hope you will show my letter to anyone interested in the matter.

“ Very truly yours,

“ W. WILBERFORCE SMITH.

“ P.S.—It is several years ago that a patient wrote to inquire if I was regarded as a homœopath, since there had been some controversy on the subject, *first*, to the Secretary of the Homœopathic Hospital, who replied that he believed not, my name not being in the Directory; and, *second*, to an editor of a homœopathic journal, who wrote in reply that he believed I did not profess homœopathy, and added some characteristic expressions of his opinion about me.”

“ 17, STANLEY GARDENS,

“ KENSINGTON PARK, W.

“ October 6th, 1879.

“ My Dear Smith,—My letter to you was, I admit, fiery, and I may add unfriendly. This our personal relations would not justify, I willingly admit, but as the occasion is not one for passing compliments, the less we have of them the better; suffice that it is because my opinion in many respects of you is a high one that I now interest myself in your letter.

“ That letter is conceived in a spirit utterly unworthy of you; you speak in it of the legacies homœopathy may leave for medicine, but judiciously omit to mention what they are, knowing well that if you truthfully and intelligently enumerated them, you would be turned neck and crop out of the British Medical Association, or any of the other medical societies to which, I understand, you belong.

“ More than this, however you may explain your conduct, it must be well known to you that homœopathy would have no legacy worth a straw to leave had its adherents coquetted with its principles as you have done. Had you, like others, taken your stand upon the platform of truth, and honestly confessed your readiness to avail yourself of the facts brought to light by

homœopathy, as well as by other means, I could not alone have sympathised with you, I could have admired your courage.

“Instead of this, you allow the force brought to bear upon you by the profession to torture you into a contracted, narrow-minded, and disingenuous confession of faith, a confession that shuts you out from availing yourself of some of the grandest truths that have ever adorned the history of medicine.

“That much of your practice has come to you upon the supposition of your being homœopathic, is, explain your position how you may, undeniable. Into isolated matters it is unnecessary to enter. It was quite open to you, had your conviction been founded so long ago, never to have joined homœopathy.

“You speak of the absurdity of erecting the doctrines of homœopathy into a system, but such a statement is only on a par with your disingenuous letter to the *British Medical Journal*; for you yourself know that the ordinary medical journals would not, and even now will not publish many of the facts brought to light by homœopathy that have proved an inestimable benefit to the suffering; and that so long as they refuse to admit such, we cannot help assuming what may appear to be a sectarian position. It is because you have never taken the trouble to investigate the actions of medicines in the only scientific manner ever offered, that you have not practically experienced the necessity of our position, though it is very evident you must be well aware of it.

“Very truly yours,

“ROBERT T. COOPER.

“Dr. Wilberforce Smith.”

“My Dear Cooper,—Your strictures rest on the assumption that homœopathy is of such paramount importance that one is bound to be absolutely *pro* or *con*—that there is no middle ground. When an object is held close to the eye, it nearly covers the field of vision. It is, excuse my saying, only because homœopathy has this place in your medical view that you can write as you do. To those who believe it to hold a supreme position amid modern medical knowledge there may be no alternative but that they should continue distinguished by its name. For myself, from all the facts learned during many years, I can recognise no such claims.

“The distinctive homœopathic doctrine contained in the phrase *similia similibus*, appears to me a generalisation as yet undeveloped, which fails to define a truth that it points to, whilst the true formula still needs diligent seeking, perhaps as much in the physiological laboratory as in the sick room. Had Newton announced a doctrine that bodies were repelled by the sky, it might have appeared to explain many of the facts of gravitation, but the generalisation would have been a false one.

“In regard to the remedial effects of drugs, very much is due to homœopathy, yet for myself, during many opportunities for observation, I have met with no evidence of anything actually introduced by Hahnemann or his followers which can equal in value and certainty the effects of, for instance, the salicine compounds in acute rheumatism, of quinine in ague, of mercury and the iodides in different stages of syphilis, or of digitalis in certain forms of heart disease. I know that the effect of some of these drugs would be claimed as illustrations of a homœopathic *modus operandi*. I will not in this place enter into so large a question. I only say here, that the belief in the doctrine *similia similibus* has not, so far as I have been able to observe, led to the introduction into practice of remedies equally valuable.

“But a careful and observant practitioner must travel on many other lines of truth. For instance, he may, I believe, recognise that the existence of germs has an importance in medicine not much less than in surgery—bearing upon the causation and cure of disease—and it may be just as reasonable if he call himself a *germicide* as that he should maintain the name of homœopath; or because he may recognise that hydro-therapeutics have an immense value, ascertained and prospective, that he should be styled a *hydropath*. Or, since he may believe that the duty of medicine is to guard against the approach of diseases quite as much as to cure them, shall he invent for himself such a name as *prophylopath*? Or, if he be of opinion that the aim at obtaining rest—physiological and mechanical—for diseased tissues, defines a great part of the treatment of the best practitioners—that such rest for parts suffering from minute pathological processes is just as important as it is for broken bones—shall he, therefore, call himself, say, a *pausopath*? For myself, if one must take any distinctive therapeutic appellation, daily practice amongst the sick would be better indicated by adopting one or more of these names than by that of ‘homœopath.’ But the ‘ethical’ evil of appearing in any such character is that it is just as likely to attract a certain portion of the public as when a draper announces a new ‘specialité’ in dresses. The effect upon the profession is to deter from investigation—and the distinction adopted inevitably tends to make the possessor a partisan, to narrow his judgment, and to limit him in any research that might shake his position.

“I am far from rejecting as a matter of medical science the truths connected with the name ‘homœopathy,’ but, to use the words of the memorandum published in the *Lancet* and *British Medical Journal*, I entirely reject it ‘as a system or separate mode of practice, and repudiate any connection with a sectarian medical position.’ Being unable to put after one’s name M.D., Homœopath, Hydropath, Germicide, Pausopath,

and Prophylopath, &c., &c., I think it better to be content with the first two letters only.

"I should be sorry to underrate the great value of observing the effect of drugs on the healthy, the need for which was so early recognised by Hahnemann. Yet I readily admit that I think time can be much better spent than in the study of the heterogeneous lists of sensations which constitute the bulk of homœopathic 'provings.' To illustrate:—I find it an excellent plan to divide my notes of patients' symptoms into two columns, headed respectively *Reported* and *Observed*. One soon comes to find the former column of entirely subordinate importance—its contents are only too much like the 'provings.'

"I do not shrink from the reproach that it is by degrees that I have arrived at this conclusion, viz., that it is impossible in any measure to countenance homœopathy as a *system or special method* without being placed in a false position, and becoming identified with teachings and opinions with which one has no sympathy. An unswerving course throughout in matters of scientific opinion is apt to degenerate into narrowness and bigotry. History and experience teach that this kind of consistency has not strikingly characterised all those whose judgment and teaching have proved of the greatest value. Doubtless it once required courage and honesty to confess homœopathy. In these days it is questionable whether it may not need more of those qualities to repudiate a supposed profession of it; for whilst the popularity of modified homœopathy remains great with the public, the accession of medical adherents to its distinctive ranks has long fallen off (a fact partly due doubtless to the modifying influence of homœopathy upon former heroic practice), and a wide field is left for those practitioners who retain their position.

"In the history of medicine it has again and again occurred that a sect has gathered itself around a set of doctrines, and that whilst the sect has ultimately disappeared it has contributed some legacy to the store of medical knowledge, besides perhaps exercising an indirect beneficial influence upon contemporary opinion and practice during its definite existence. I venture as a diagnosis that as a separate system homœopathy presents symptoms of decay, that it has become an 'anachronism,' and yet that it has important legacies which must not be lost.

"You accuse me of having 'coquetted' with it (now, of course, leaving apart the question of its *age*), and I do not even blush to confess that I hope still, in the interests of the sick, to woo every well-founded therapeutic method without being so devoted to any as to wed myself to its name.

"Yours faithfully, W. WILBERFORCE SMITH.

"London, 11th October, 1879."

[We have given insertion to the foregoing letter partly to oblige its author, who, we understand, thinks it of importance, and partly also to show how utterly ignorant of the meaning of homœopathy this ostentatious repudiator of it really is, and doubtless always has been. Had Dr. Smith but carefully read one of the numerous expositions of homœopathy that have been published during the past eighty years, and supposing him to have been capable of understanding what he read, he could not, we should imagine, have described homœopathy as "an undeveloped generalisation" whether he believed what he read or not. A therapeutic basis of drug selection in the treatment of disease may be sought for in the physiological laboratory and in the sick room, but the innumerable researches of a similar character recorded in medical history render any hope of success in either direction very, very dubious. The sick room is the place in which to test such a "basis," not one where it can be discovered. The physiological laboratory may assist in ascertaining the tissues which drugs will injure in the lower animals, and may thus be of some help—albeit but very little—in connecting the subjective symptoms observed in the human subject with organic changes, but there is here no hope of finding out a therapeutic basis of drug selection.

That Dr. Smith should not have met with anything introduced by Hahnemann equal in value to the drugs he names, notwithstanding many opportunities for observation, shows, in the first place, an entire misconception of what Hahnemann did introduce; and secondly, that supposing his opportunities for observation to have been as good as he says that they have been numerous, he must have turned them to a very poor account. The salicin compounds to which he refers as of so much value in acute rheumatism, are already showing signs of losing their importance in the eyes of the profession, and to be merely holding their ground until some other empirically suggested remedy arises to attract attention. But Hahnemann did not propose to himself the introduction of remedies for definitely named diseases. He did not pretend to label rheumatic fever *bryonia*, or ague *quinine*. One of his strongest points is, that diseases of every kind manifest themselves so variously, both in individuals and at different seasons, that not one is amenable to the same remedy in all persons and under all conditions. Hence, he developed—however much Dr. Smith may think to the contrary—he developed a method, a system by which the most appropriate remedy may be discovered not for each form, but for each *case* of disease. The individuality of disease, the importance of treating each case on its own merits and with due reference to its own peculiarities, is now recognised to a very great degree by the leading teachers of medicine.

Dr. Smith has a notion that a physician who recognises the power of germs to create morbid states would be as reasonably called a "germicide" as one who took as his basis of drug-selection a principle so far-reaching, so little understood, and so generally denounced as absurd as homœopathy is, would be described as a homœopath! Dr. Smith imagines, for the sake of what we suppose he considers his "argument," a physician who devotes himself to guarding against the approach of disease (what that has to do with its treatment we don't exactly see—perhaps Dr. Smith does!) and thinks he might be termed a "prophylopath!" The advocate of rest he, with unconscious humour, terms a "Pausopath!" Every one recognises that germs have a morbid influence. Every one regards prophylaxis as a great deal more useful than treatment, on the old principle that "prevention is better than cure." Everyone knows how delightful a thing rest is to the sick, but neither germs, prophylaxis, or "pausopathy" has anything to do with drug-selection—save in the first instance, when on occasion carbolic acid and remedies having a similar repute may be useful. Notwithstanding, however, Dr. Smith's intelligence is such, his comprehension of homœopathy is such, his mode of treating disease we must presume is such, that he declares that he would be more fitly described as a Germicide, a Prophylopath, or a Pausopath—than as a homœopath, and we can easily believe that such is the case. For though his letter shows that of homœopathy he knows next to nothing, we have no evidence proving that he is not convinced of the importance to the community of preventing the causes of diseases, neither have we any reason to suppose that he is not alive to the advantage of rest in the treatment of disease—so that he may be a "prophylopath" or a "pausopath"—but before he can be entitled to be regarded as a homœopath he must learn somewhat more of homœopathy.

To Dr. Smith, what he calls the "ethical" evil of homœopathy is that which is so serious, this being the public admission that one practices homœopathically! Dr. Smith has found it all out now. The name attracts "a certain portion of the public!" Well, Dr. Smith has, from having had consulting rooms over a homœopathic chemist's shop, been admirably situated for making this discovery, and we doubt not that he has found it profitable, and can now well afford to dispense with it in the future. To our minds believing in homœopathy and refraining from acknowledging that one does so is the real ethical evil in the matter, and that to know little and to believe less about homœopathy and yet to appear to practice homœopathically, and seem to believe in it, is one greater still.

Honesty is ever the best, the wisest, the most ethically correct policy, and we defy any one to show what moral wrong, what

professional impropriety there is in a physician who knows full well that homœopathy constitutes the basis of scientific therapeutics, that homœopathically selected remedies are, in 99 per cent. of the medical cases we are called upon to treat, those which are the most efficacious, stating that he does so. To say that the doing so deters the profession from investigating it is to utter simple nonsense. What does deter its members is the fear of what the Mrs. Grundy of the profession will say, the dread of losing professional status, of exclusion from professional societies, of being deprived of the chance of filling public appointments. They are too often, we fear, encouraged in refraining from this investigation by the frequency with which patients come to them who suppose themselves to have been treated homœopathically—but who have, in reality, been uselessly, if not injuriously, drugged with large doses of powerful and empirically selected substances by physicians who, though generally believed to be homœopaths, in reality know little about homœopathy.

It is satisfactory to note from the next paragraph that Dr. Smith does so far recognise the existence of two sets of indications of morbid action, of symptoms and signs, of subjective and objective symptoms. Possibly he may some day be able to turn to more useful account than it appears from his letter that he is able to do now, those which are subjective. A reading of the introduction to Reynolds' *System of Medicine* may at any rate encourage him to make the effort to do so, as may also the opinion expressed by Dr. Fenwick, in dedicating his little book on *The Outlines of Medical Treatment* to Dr. Marston, that "the tendency to adopt physical diagnosis as the basis of treatment to the disparagement of those indications furnished by symptoms which are of so much importance in leading to a correct method of rational treatment," is "a defect in our medical education." When Dr. Smith writes of his want of sympathy with the teachings and opinions connected with homœopathy, he should have referred rather to his want of knowledge of them. For there is nothing—except, perhaps, its general absurdity—which impresses us in this letter so forcibly as the all but complete ignorance it displays of what is understood by homœopathy, and of the way in which homœopathy is practised by those who have made a careful study of it.

Dr. Smith hazards the diagnosis that as a separate system homœopathy presents symptoms of decay. What these "symptoms" are—"whether reported or observed"—Dr. Smith wisely refrains from stating. Homœopathy can never cease from being a separate system until it has, as in time it will have, supplanted the empirical and unscientific therapeutics which are at present prevailing.

We have perhaps given a degree of notice to this letter to which it has no claim. But it is not often, happily, that we have

brought before us such a remarkable instance of a physician who takes the trouble, first, to ostentatiously assure his professional brethren that he does not profess homœopathy, and then to sit down and indite a long letter demonstrating that he labours under an entire misconception of the whole subject.—Eds. *M. H. R.*]

NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Communications have been received from Dr. J. G. BLACKLEY, Dr. HAYLE, Dr. R. T. COOPER, Dr. SHARP, Dr. STOKES, Dr. E. M. MADSEN, Dr. SAMUEL BROWN, Dr. DOUGLAS MOIR, Dr. KNOX SHAW, Dr. NEVILLE WOOD, Dr. OWENS, Dr. MCCONNELL REED, Mr. G. S. DAVIES (Detroit).

We regret that we are obliged to postpone till January the papers of Drs. HAYLE and SAMUEL BROWN.

We understand that Dr. MCCONNELL REED has removed to High Wycombe.

We would remind our readers that Dr. OWENS, of the Arboratum, Leamington, is the only practitioner who employs homœopathy in the treatment of cases in a hydropathic institution. Those sending patients to such institutions should be aware of this in selecting the place of residence and treatment.

BOOKS RECEIVED.

The Diseases of Women, especially those Causing Sterility, &c., &c. By Edwin M. Hale, M.D. Second Edition Enlarged. Boericke and Tafel. 1880.

A Text-Book of Electro-Therapeutics and Electro-Surgery. By John Butler, M.D., &c. Boericke and Tafel, 1880.

The Grounds of a Homœopath's Faith. By Samuel A. Jones, M.D. Boericke and Tafel. 1880.

Address upon the American Institute of Homœopathy. By J. J. Youlin, M.D., Philadelphia. 1875.

Transactions of the American Homœopathic, Ophthalmological, and Otological Society. 1879.

Condensed Materia Medica. By C. Hering. Second Edition. Boericke and Tafel. 1879.

A Guide to Homœopathic Practice. By J. D. Johnson, M.D. Boericke and Tafel, 1880.

The Homœopathic World. November.

New England Medical Gazette. October and November.

Homœopathic Times. October.

St. Louis Clinical Review. September, October.

Hahnemannian Monthly. October, November.

Chemist and Druggist. October.

Revue Homœopathique Belge. September.

Bibliothèque Homœopathique. June.

L'Art Médical. October.

El Criterio Médico. September.

Allgemeine Homœopathische Zeitung. Nos. 17, 18, 19, 20.

Homœopathische Rundschau. November.

Boston Evening Traveller. October 8.

Boston Daily Advertiser. September 12.

The Argonaut. San Francisco, September 20.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

The Monthly Homœopathic Review

3, No. 12.]

DECEMBER 1, 1879.

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EDITED BY DRS. POPE & DYCE BROWN.

Contents:

PAGE

Professional Success in Medicine	721
Some Difficulties in the Study of Homœopathic Therapeutics. By J. GALLEY BLACKLEY, M.B., Lond.	729
Dispensary Experiences.—Paper No. II. By ROBERT T. COOPER, M.D.	742
Sulphuric Acid in Ague. By ROBERT T. COOPER, M.D.	747
Organopathy. By WILLIAM SHARP, M.D., F.R.S.	749
Clinical Notes. By T. E. PURDOM, M.D., &c.	753
Coca in Chronic Constipation. By ADRIAN STOKES, M.D., Sidmouth	757
<i>Reviews.</i>	
Homœopathic Therapeutics. By S. LILIENTHAL, M.D., &c., &c. ..	759
Lectures, Clinical and Didactic, on the Diseases of Women. By R. LUDLAM, M.D., &c., &c.	759
<i>Notabilia.</i>	
The Hahnemann Convalescent Home, Bournemouth	761
Homœopathy in Guildford	761
The Nursing Institute, London Homœopathic Hospital	761
London Homœopathic Hospital	762
An Appeal for Help	763
The Quack Doctor of the Last Century	763
British Homœopathic Society	765
<i>Obituary.</i>	
Frederick Smith, Esq.	765
<i>Correspondence.</i>	
Dr. Wilberforce Smith and Homœopathy	776
<i>Notices to Correspondents, &c.</i>	
<i>Title Page and Index.</i>	

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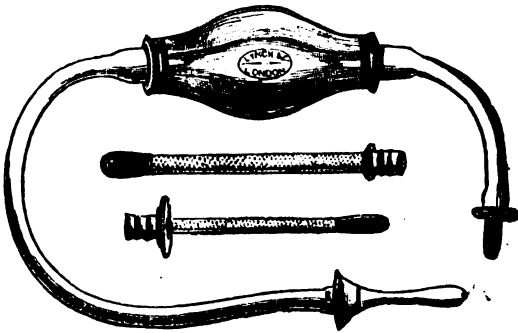
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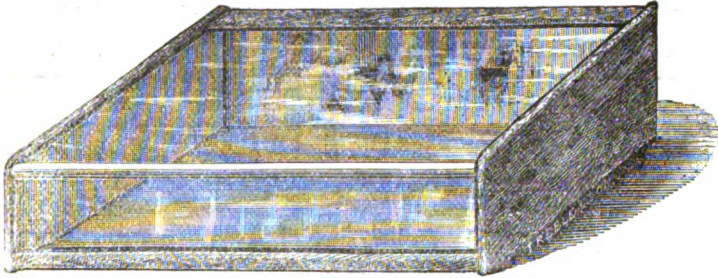
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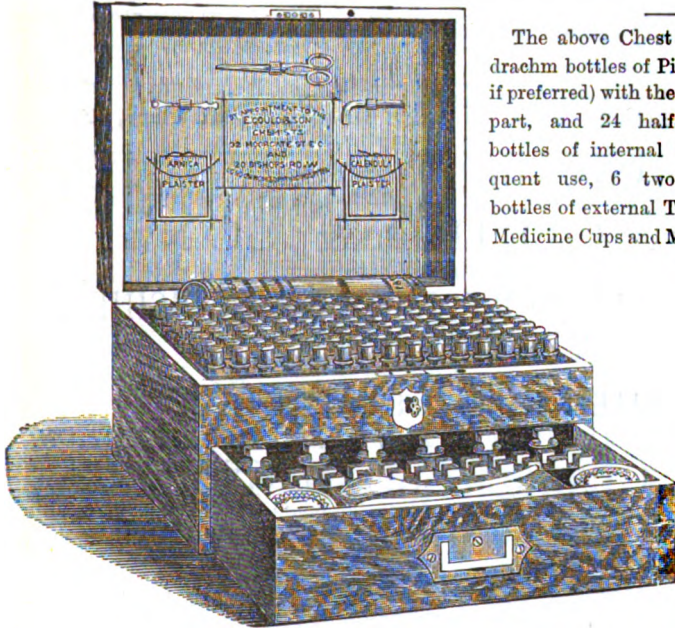
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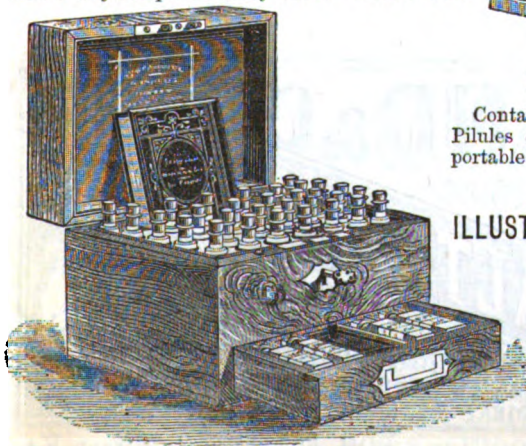
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